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**EXPLORING MEDICAL TOURISM IN MAURITIUS: AN
IDENTIFICATION OF CHALLENGES AND OPPORTUNITIES
AFFECTING THE SECTOR**

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Abstract:

Mauritius although known for its tourism worldwide has reached a stagnating phase due to its reliance on the traditional sea, sand and sun concept; leading led to the branching of tourism industry towards medical tourism. This paper aims at identifying the limiting and precipitating factors in the Mauritian medical tourism industry; and tailor market-driven strategies in line with the governmental policies, ensuring a sustainable growth of this sector and most importantly remove trans-boundary barriers to medical services offered in Mauritius. A qualitative approach was used through face-to-face interviews with stakeholders from the private and public sector, inclusive of the main body regulating foreign investment and access to local medical platforms. Individuals within the category of medical tourists were also interviewed. Questions were formulated and systematically administered based on the SWOT framework. The Mauritian government is incentivizing this sector as reflected by the mushrooming of private clinics catering for international patients. However, the expansion is not rapid enough given the challenges they face legislatively as well as harboring and attracting more investors. The inability to showcase the existing state-of-the-art facilities on the international market is a major inhibiting factor. Relevant to the SWOT framework, the following were identified as per the Strengths: safety and location; Weaknesses: legislative boundaries and medical coverage; Opportunities: Branding and capacity-building; and Threats: Other travel destinations and Covid-19. Mauritius is still at its embryonic stage with respect to the medical tourism hub with the potential of becoming a support pillar to the economic development, given its central location bridging Asian and African regions. The legislative frameworks do require an extensive review to be more

supportive of such developments, while bi-lateral agreements with foreign allies may potentiate this hub.

Keywords:

Healthcare, Medical Tourism, SWOT Analysis, Strategic Management

Introduction

Developing countries such as Malaysia, Thailand, India, Brazil and South Africa among others are all competing for the current USD 100 billion global market represented by medical tourism (MT), on which the Asian and Middle East countries are moving in fast to set a mark (Health Tourism, 2020). The global MT market was valued at approximately USD 15.5 billion in 2017 and in a recent report carried out by PWC in 2018, the Medical Tourism market is expected to be valued at \$125 billion by 2021 (Wilson, 2018). This type of tourism grew out of reversed globalization; characterized by people from developed countries travelling to less developed countries for health care assistance (Connell, 2013; and Yeoman, 2008 in Singh, 2019). Some of the perks of medical tourism includes modern healthcare at an affordable price; avoiding long waiting lists in the home country for treatment and services, and limitations of treatment options (Karadayi-Usta and Serdarasan, 2020). Coupled with the ease of travel and accessibility to reputed healthcare professionals, these home-based limiting factors have contributed to the increasing growth of this sector. Emerging market economies with medical expertise and medical facilities at low cost, coupled with attractive tourism sites, are expected to drive MT market over the forecast period. Recent studies have shown that international patients value availability of high technology medical care over cost (Wilson, 2018), hence resulting in quality taking precedence over cost and accessibility. The top 10 destinations for MT have been found to be: Costa Rica, India, Malaysia, Thailand, Singapore, Dubai, Mexico, South Korea, Taiwan, Turkey and USA (Saxena, 2020). The most sought-after treatment by medical tourists are; dentistry, cosmetic surgery, cardiac conditions, in vitro fertility, weight loss, dermatology, liver, kidney transplants and spine surgery (Stephano, 2018). This boom in MT has been seen to benefit many countries as a means to diversify their economies and consequentially increasing the competition for MT destinations (Connell, 2006; 2013). Destinations have been compelled to introduce branding concepts as part of their medical tourism marketing approaching which others such as Cuba, have had to develop niche MT as they could not compete price-wise with destination in Latin America (Connell, 2006). Hence this bring to say that the concept of MT faces some opportunities and threats that engages destination to analyse on their strengths and weaknesses in order to establish themselves as reputed MT destinations.

Mauritius, set as a remote destination provides the opportunity to tourists to enjoy peaceful holidays away from the madding crowd. This paradise island picture serves as a pillar in establishing Mauritius as a favourite tourist hotspot for holiday makers wishing to have recourse to some form of medical treatment. The remoteness of the island offers medical tourist much sought privacy and calmness ideal for convalescence. Since the island has good private healthcare facilities, Mauritius is no exception to those countries that want to tap into MT. With a view to further diversify the Mauritian economy, the government is trying to convert Mauritius into an MT hub in Sub Saharan Africa region. As part of the sustainable growth experienced over the last few years, the Mauritian private healthcare sector now boasts state-

of-the-art facilities and highly-qualified personnel sources locally and overseas, providing comprehensive high-end medical care, enabling Mauritius to position itself as a leading destination for medical travel in the Indian ocean and across the African continent.

Mauritius has an impressive track record as an upmarket tourist destination and is now gradually transforming itself into a leading medical hub in the region. In 2016, more than 18,000 foreign patients travelled to Mauritius for both inpatient and outpatient procedures and the value of the private health industry is estimated at around MUR 2 Billion (EDB website). However, the Mauritian MT sector is facing lot of competition from Asian countries and challenges in the local context. Consequently, a SWOT analysis of the Mauritian MT sector is deemed essential to uncover areas of opportunities and weaknesses to tailor strategies ensuring a continuous growth in the sector. The outcomes of this research are critical to further attract foreign investment in Mauritius to improve the medical services as well as diversify the treatment options for a greater market.

Literature Review

Emergence of Medical Tourism

MT can be seen a niche market of the tourism industry (Singh, 2019; Connell, 2006). The term MT has overtime encountered several definitions in an attempt to shed light on its complex nature. The first taxonomy of Health, Wellness and Medical tourism definitions provided opened on the umbrella term “Health Tourism” consisting of medical tourism and wellness tourism. The term MT can be anchored as the act of travelling abroad for tourism purposes whilst at the same time having recourse to affordable and available medical treatment with the view of increasing one’s wellness. Here the notion of this definition is strongly rooted in the definition of tourism (Mathieson & Wall, 1982) where tourist travel to meet their needs; and aligns with Anvekar (2012), who defined MT as a blend of tourism and health where patients receive cost effective medical treatment in collaboration with the tourism industry. MT can be seen as an innovative product of the tourism industry especially that of developing countries (Fang, 2020). The development of MT, has given place to the emergence of brokers or intermediaries specializing in planning, organizing and coordinating MT (Lunt & Carrera, 2010; Mogaka, Mashamba-Thomson, Tsoka-Gwegweni and Mupara, 2017; Dalen & Alpert, 2019). Therefore, evidence of research point towards the business opportunities that arise out of MT.

Studies have further debated that the process of supplying MT is facilitated by the joint marketing effort between private and public sectors (Connell, 2006; Heung et al., 2010). Because of the interaction that exist between the health sector and the hospitality industry, governments have developed and marketed medical tourism as part of their strategic plan for addressing competition amongst destinations offering the same types of tourism product (Connell, 2006). Coupled with a destination’s attributes (Beerli and Martin, 2004) the success factors of MT can be attributed to globalization, reduced cost, demand for good health, technology, fast track action and accreditation and certification (Singh, 2019, Warren, 2020). Most countries that have become renowned for MT are developing countries such as Costa Rica, India Malaysia, Mexico, South Korea, Taiwan, Thailand and Turkey and form part of a top ten list of most preferred destination for medical tourism (Dalen & Alpert, 2019). In the African region, South Africa and Mauritius are well sought after for certain types of medical tourism ranging from cosmetic to physiological needs (Connell, 2006, Mogaka et al., 2017).

Beladi et al. in 2019, carried out a cross country analysis of the extent to which MT is economically beneficial, demonstrating that the economic revenues for non-OECD countries was much higher and therefore more economically profitable for those countries. In order to enjoy the benefits of MT several destinations have invested in its development, giving rise to destinations competing for market share.

Generic Drivers of Medical Tourism

Since MT pairs with the products and services offered by the tourism sector, studies have shown that beyond travelling abroad in search of more affordable medical treatments, people have been motivated by the push (affordability, adjournment, unavailability, inferior health service, lack of health insurance, privacy and confidentiality and legal liability) and pull factors (low cost, less waiting time, availability of treatment, quality, socio-cultural familiarity, tourist attraction, personalization and technology) of MT (Anvekar, 2012; Singh, 2019).

Demand for Medical Tourism

The range of treatments that triggers the demand for MT ranges from dentistry, cosmetic surgery, cardiology, IVF treatment, bariatric surgery, eye surgery, organ transplant, diagnosis and checkup, orthopedics surgery (Lunt & Carrera, 2010; Gaines & Lee, 2019; Dalen & Alpert, 2019). Recent studies have revealed that the demand for birth tourism, i.e. travelling to seek foreign citizenship for the newborn and cancer treatment were the new trends in MT (Karadayi-Usta & Serdarasan, 2020). The demand for MT has to be viewed in relation to the supply factors as there is a relationship between factors that affect a tourist destination choice and the medical treatments and services proposed (Heung et al, 2011). The conceptual demand and supply model developed by Heung et al. 2011, for MT identifies key factors to be taken into consideration. On the demand side factors such as need, advertising and distribution channels, selection of destination and selection of medical services are considered and on the supply side infrastructure, promotion, quality and communication are considered.

Meeting The Need for Medical Treatment Abroad

Countries in Latin America, North Africa and Asia has seen an increase in MT demand as the treatments sought after by people are either too expensive in their home countries, or unavailable, inadequate, illegal, too long waiting time or not covered by their insurance policy (Connell, 2013; UNWTO, 2018; Gaines & Lee, 2019; Singh, 2019). Hence the need for MT arises out of patients needing surgical or other specialized treatments (Anvekar, 2012; Dawn & Pal, 2011). Literature has pointed out that this need is mostly generated by the elites but in the African context, needs supersedes elitism (Mogaka et al, 2017). These different needs are met through the supply chain in terms of quality, accreditation and legislation above that of the relevant treatment. Research has revealed that patients are technology, cost, accessibility and experience conscious when it comes to MT (Figure 1).

The rise in price of healthcare cost in many developed countries has served as a catalyst in the emergence of MT (Connell, 2006; Fetscherin & Stephano, 2016; Gaines & Lee, 2019; Singh, 2019). The preferred countries for MT are largely due to the low cost of the medical services provided especially in South East Asian destinations given the relative difference in currency conversion, favoring travelers from developed countries; facilitating self-financing for medical tourists (Connell, 2006; Smith, Alvarez & Chanda, 2011; Dawn & Pal, 2011; Wong, Velasamy, Nuraina & Arshad, 2014). Technological advancement in developing countries has been possible due to globalization. People are indeed impressed by latest advancement in technology

that can cater for the treatments they require and are willing to embark in new models of treatment with a reliance on artificial intelligence as part of the therapeutical process (Singh, 2019). Trained staff and specialized medical practitioners are of paramount importance for MT development (Heung et al., 2011). Countries such as India even have state subsidies to train local supply of people working in the medical sector to cater for the needs of medical tourists (Dawn & Pal, 2011). However, the cost of meeting the needs of tourists through the provision of state-of-the-art facilities where highly skilled personnel perform their mastery does have implications for the host community. The legality of certain treatments is an important factor in attracting people seeking overseas medical services (Gaines & Lee, 2019). Imposed restrictions from the home-country can motivate MT among individuals. Unlawful abortions as observed in Ireland, the latter bearing the most stringent abortion law in the European countries (Aiken et al., 2018); Complex legal processes associated with gender reassignment as for the case of Turkish nationals, Citizenship-related complications with assisted reproduction (Hall, 2011; Gaines & Lee, 2019) and physician assisted suicide (Yu, Weng & Meng, 2020), all cater for MT to destinations such as Thailand or Argentina without barriers to such practices (Smith, 2012; Connell, 2013;). Lastly, International accreditation adds value by mapping medical institutions against the global standards of medical care (Anvekar, 2012). Hospitals specifically catering for medical tourists can be considered at a competitive advantage if they are internationally accredited (Wong et al. 2014; Anvekar, 2012; Dawn & Pal, 2011); with the parallel effect of improving and sustaining high quality service provision.

Marketing: Creating Exposure to Foreign Medical Services

Since many countries have found MT to have significant economic benefits, the marketing of MT in the face of competition is essential to attract ‘customers’ (Lunt & Carrera, 2010; Connell, 2013). Governments of MT destinations have devised strategies to market their comparative advantages as denoted by Thailand and Malaysia making use of large international trade fairs as platform to market MT (Wong et al, 2014). Malaysia also has a Health Care Travel Council (Wong et al., 2014) that nurtures public private partnerships through promotional campaigns similar to that of India (Anvekar, 2012). In Thailand, the Tourism Authority and independent high-profile private hospitals actively create awareness of their MT through e-marketing and media campaigns (Wong et al. 2014; Dawn & Pal, 2011). Web-based brokers, have put together packages and offer information regarding the different medical services available (Lunt & Carrera, 2010; Dawn & Pal, 2011).

Medical Tourism Sector in Mauritius: Inherent Pull factors

Mauritius is famous for being a sun, sand and sea destination (3S). For some years now, the island has been turning towards MT as a way to diversity its economy and make optimum use of its 3S-oriented strategy. This niche tourism industry has witnessed sustained growth with approximately 18,000 tourists coming to Mauritius in 2016 for medical treatment as in or out patients (EDB, 2020) primarily due to the quality and diversity of treatments made available. Common attributes which encourage medical tourism at the host country as usually, exoticism, accessibility, socio-cultural familiarity, language proficiency and uniqueness of the destination (Singh, 2019; Gaines & Lee, 2019; Connell, 2006; Hall, 2011; Fetscherin & Stephano, 2016; Gopaul, 2014). These boxes are easily checked by island destinations such as Mauritius. Indeed, Mauritius is sought for its exoticism, remoteness, bilingual features as well as the spectrum of medical treatment available; bundled together, creating an ‘appeal’ factor as destination choice for foreign visitors. MT in Mauritius essentially encompasses cosmetic surgery, dentistry, In Vitro Fertilisation (IVF), detox centers and hair transplant among others.

The benefit of such services in Mauritius is the coupling of treatment with recovery in secluded and peaceful locations; with the potential of enjoying different leisure activities that the island has to offer (MTPA, 2020). Mauritius boasts of free public medical care, with a total of 29 hospitals, out of which 18 are private clinics, the private medical sector has been encouraged by the government to develop MT for tourists which presently mostly originate from France, Madagascar and Seychelles (export.gov, 2019). Furthermore, the healthcare sector includes a large and international network of medical service providers through its private clinics where services are supported by the latest technological advances. Mauritius is gradually gaining momentum in wellness tourism, with an array of spas and therapeutic centers mushrooming across the island; supporting the establishment of Mauritius as a prominent MT hub.

Research Methodology

A qualitative approach was used for the purpose of this study segmented in 3 different stages; (i) semi-structured interview design, (ii) sample selection and interview process and (iii) data transcription and clustering. This method was deemed most appropriate given the relevance of information quality over a quantitative aspect and extraction of key elements using a 3-prong factorial sequence of questions to couple the progressive and immersive interactions with the involved stakeholders.

Development of the semi-structured interview questions was facilitated through a meta-analytical computerized search of literature using databases within the field (ABI/Inform collection, Emerald insight, Ingenta Connect, OxResearch, Science direct, and SAGE) and keywords such as medical tourism, SWOT, medical travel, trans-boundary medical coverage, barriers, opportunities; either as isolated terms or in strings. A total of 96 journals were identified and key factors relating to consumer-oriented, institutional strategies and governmental policies were used to formulate short-concise statements to open up discussions with the study sample (Table 1). Conventional strategies were also used to this end through screening of newspaper and business-related reports, conference proceedings, medical-tourism websites and advertised information from medical service providers.

A purposive selection of participants from different sectors of the healthcare industry engaged in MT was carried out. A list of all private national healthcare service providers was drawn including international franchises established in Mauritius offering services ranging from non-invasive to invasive treatments such as detoxification and surgeries among others. A total of 4 institutions were randomly selected. For the purpose of generating a holistic overview, a 'bottoms-up' approach was used, 4 participants were chosen from each of the following category: patient-consumer, medical practitioner, and institution management. A total of 3 individuals across all categories were taken per institution. Gender-bias was mitigated by adopting a 1:1 ratio for each segment. To minimize variability during the interview process, the same interviewer was used for all 12 participants. All sessions were limited to 45-minutes discussion. The interviewer used a passive format encouraging natural and perceptive ideas without engaging in debates; interviewees were only prompted towards the 4 dimensions of interest, i.e. strengths, weaknesses, opportunities and threats; only when deviating from the actual interview question or missing one/multiple dimensions of the study. The questions as listed in Table 1 were adopted for their respective segment. An interview was conducted with an official from the institution responsible for overseeing the development of MT in Mauritius by bridging the gap between private healthcare institutions, inclusive of potential investors and the different governmental agencies involved in regulating such establishments. All

information retrieved during the data collection stage was noted down and recorded for the purpose of this study, maintaining all ethical parameters.

Extraction and interpretation involved 3 researchers going through all the notes collected during all 13 interview sessions (Figure 2). Data recorded was randomly allocated to the researchers for transcription to fill-in missing information from the notes taken. Once consolidated, the 13 data sets were re-shuffled among the researchers, giving a naïve exposure to group data sets for coding purposes (1st pass coding). This exercise was repeated a second time to ensure all transcripts were screened carefully and coded in line with the factors and conceptual framework of the study (2nd pass coding). This also helped to better frame deductive and inductive reasoning applied during the exercise. Data was presented post coding and analysis as documented in the SWOT framework.

Results

Qualitative inputs from both private and public stakeholders (Table 2) were transcribed and paired with the current development plans of the government to establish the current status of MT in Mauritius. The findings also denoted the stimulants driving patients to choose Mauritius as their prime destination for medical purposes within the MT lens. Aligning the data with the strategic plans of the governmental agencies enabled the identification of the potential opportunities which could be exploited as well as weaknesses to be addressed in order to maximize the country's visibility as a potent MT hub (Table 3). The following agendas were developed based on the SWOT findings and the national strategy to increase tourism in the African sector while englobing the expansion of MT through a public-private partnership to capitalize on this market share.

Discussion

Agenda 1: Better Advertising and Promotion of Mauritius as a Major Player in the MT Sector in the African Region

Globally, marketing strategies are partly developed by private hospitals endorsing bi-lateral links with insurance companies and invest in international franchises in the view of promoting MT (Connell, 2006). Research has therefore put emphasis on the need to properly gear the marketing strategy using appropriate marketing communication tools to increase MT. This was the case for Mauritius, whereby international franchise such as the Fortis group was established in the country to increase exposure to international healthcare standards and catalyze MT. However, from our findings, private clinics have reported that the government is not promoting MT in the right countries. For them targeting European customers is a wrong strategy since very few of these people will come for medical treatment in Mauritius as they already benefit from good medical services and good coverage of medical expenses in their own countries. They propose instead to target patients in nearby countries like Madagascar, Seychelles, Comoros, Tanzania and Mozambique amongst others. These patients are more likely to favour Mauritius for MT because of the proximity of our country, better health care facilities available, our bilingual abilities, air connectivity and cheaper costs of services compared to countries like South Africa and Reunion Island. Economic growth in some African countries has led to the emergence of a middle class in these countries and they can now afford to travel and get medical treatment abroad. However, we can still target European customers for certain treatments which are not covered for by their social security system in their own countries.

Agenda 2: Improving Air Connectivity

Past studies have demonstrated time and over again the critical impact of air transportation accessibility on the influx of tourists at a destination country (Rehman Khan et al., 2017); and Mauritius is no exception to this concept. Indeed, the coupling of air access liberalization and potent marketing strategies have been identified as major impactors on the tourism index in Mauritius (Seetanah, Sannasee, Teeroovengadum and Nunkoo, 2018). The present findings report that patients from African Countries like Tanzania and Mozambique want to come to Mauritius for MT but they prefer destinations such as South Africa because of poor air connectivity to Mauritius. This would also apply to other European destinations whereby direct flights to Mauritius are not available, anchoring the need to transit to intermediary hubs in they want to travel to Mauritius. This certainly acts as a deterrent for medical tourists as one of the prime conditions to travel for medical purposes is the shortest airtime to minimize discomfort. A role model within such framework would be Malaysia, the latter positioned 3rd in the South East Asian countries as a preferred medical tourism destination given the quality of the healthcare and accessibility (Chandran et al., 2018). A synergistic strategy between airlines such as 'Air Asia' providing competitive airfares and the travel corridor arrangement framework through the Association of South East Asian Nations has considerably improved access to Malaysia (Nee, 2018). Hence, with those key variables in mind, the government should encourage better connectivity with countries within the African region through discussions with airlines already servicing those areas. Such improvements have been observed lately (2022) with the opening of the air corridor to the South African airline 'FlySafair' to drive tourism at competitive prices.

Agenda 3: Better Collaboration Between the Hospitality and Medical Tourism Sector

Mauritius is a well-known tourist destination around the world. People in the tourism and hospitality sector has developed a range of skills which are very important in attracting tourist in our country. Sharing the skills developed in the hospitality sector with the people working in the MT sector can help to further enhance the quality of service that is being provided to foreign patients coming to Mauritius for both medical treatment and tourism. In addition, collaboration between medical service providers and hospitality personnel can help to develop joint services in providing appropriate accommodation facilities to people accompanying the patient and the patient himself if the latter want to spend some more time in Mauritius for leisure purposes following his treatment in the medical institutions. This supports the idea proposed by Heung et al (2011) that there is a need to separate medical facilities for foreign patients and strengthen the collaboration between medical and hospitality institutions in an effort to cater for the moral support derived from the accompanying members of patients. Joint ventures can be done by organizations in the medical and hospitality sector so that they can provide better services to people coming to Mauritius for MT purposes.

Agenda 4: Development of a National Tourism Policy for Medical Tourism in Mauritius

In addition, the Mauritian government must develop an appropriate national tourism policy to regulate the MT sector. For instance, the government in India came up with its own national tourism policy in order to regulate the MT sector. The policy served as guidelines so as to provide better services to patients and at the same ensure that the image of India in MT is sustained over time (Dawn & Pal, 2011; Beladi et al., 2017; Singh, 2019). The existence of such a policy can also help to increase the confidence of foreign patients in using the services by provided by the medical institutions in Mauritius.

Agenda 5: Better Branding of Mauritius as a Major Medical Tourism Sector

Mauritius has lot of strengths in terms of MT which patients may not be aware about. Its location in the Indian ocean region puts it far off any peripheral geopolitical instabilities or even close to pandemic/epidemic epicenters such as Singapore or even India. Since the Covid-19 outbreak, Mauritius has ensured that the virus contamination has been kept to a strict minimum with the devise of various sanitary protocols and promotes the island as a safe destination (MTPA, 2022). Hence marketing Mauritius as a safe destination is imperative for MT patients to know the island is a safest alternative to other well-established MT destinations, given the current pandemic and beyond.

Furthermore, unlike Singapore, Thailand and even Iran, Mauritius needs to be more aggressive in its marketing strategy putting emphasis on the different medical services the island has to offer. For instance, countries considered as still being developed may face difficulties in being recognized as a destination providing high quality medical services unlike Singapore which enjoys a positive image when it comes to standards of care and living (Rerkrujipimol & Assanov, 2011; Anvekar, 2012). In today's digital world, digital marketing and e-marketing is the way forwards as it enables instant and at the finger tips information to people surfing the web. However, a study carried out by Lunt et al (2016) revealed that marketing strategies using the web downplays the risk associated with the different medical procedures on offer. Hence internet-based advertising and information should be trustworthy and clear when it comes to treatment process, post-operative care and issues of redress (Vicky et al, 2018).

Another strategy for MT development is that of international accreditation strategy. This helps boost the image of the quality of the services being on offer as well as help the destination developing its brand image as a MT destination. Iran which is well sought after by patients from its surrounding regions has gained in notoriety in the middle east through the international accreditation of its health care facilities could improve on the development of medical tourism (Jabbari et al., 2012). International accreditation of the hospital as well as it medical staff will give a significant boost in building trust and developing Mauritius as a MT destination. Actors in the MT sector must hence ensure that Mauritius develops an appropriate brand name that can highlight the strengths of the MT sector when compared to other countries, through medical marketing (Das, 2017). A study carried out by Ganguli and Ibrahim (2017) on the competitiveness of Singapore as a MT destination revealed that its success and brand name as a MT destination is based on the fact that there should be an integration between strategies for development of MT, government policies and proactive management practices. Having a core of high caliber medical staff and health care assistants can play a significant role in branding the destination to that of a medical tourism one (Jabbari et al, 2012). Putting emphasis on technology, quality and reliability as well as overseas training of medical staff is the way forward in building a brand image (Das, 2017). Despite its size and location and being labelled a developing country, Mauritius embraces innovative and digital technologies in the medical sector but there is still room for improvement.

Lastly an important feature that Mauritius has to offer is service quality and care. Already well established as a hospitable tourism destination, Mauritius multicultural society and bilanguidness, is a fine asset in building bonds and even personalized relations with patients. A personalized service will bring forwards the element of trust in patients and subsequent build on the reputation of Mauritius as a MT destination through positive word of mouth (Anvekar, 2017).

Conclusion

Mauritius has a great potential in terms of further developing the MT sector. However, there seems to be a lack of marketing and promotion of the different strengths that Mauritius can offer to foreigners in terms of MT. In addition, some private clinics can go for international accreditation to improve the brand image of Mauritius as an internationally recognized medical tourist sector where there is provision of quality service to customers satisfying international standards. The government also will have to provide additional incentives to promote the MT sector in nearby countries and at the same time ensure that regulations in terms of visa application is not administratively cumbersome for international patients. Medical travel is an integral part of MT. Segmenting the MT sector in Mauritius into medical travel and other different strata can help to devise better strategies to ensure further growth of the sector. There are different reasons that motivates a patient to choose a specific country for treatment and leisure and unraveling these specific reasons can help tailor strategies that can better suit the needs of different segments of MT in Mauritius. Failure to have appropriate marketing strategies, investment in health infrastructure and the right policy decision by the government may lead towards threats from other dominating medical tourism destinations.

Compliance with Ethical Standards

This research was conducted based on the standard ethical procedures related to informed consent of the participant, free-will to withdraw from the study and confidential management of data. Non-disclosure measures of personal information and information collected was strictly followed.

Conflict of interest statement:

The authors of this article have nothing to declare.

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N/A

Informed Consent [optional]:

Verbal and written consent was sought prior to data collection. Consent was also validated through agreement to participate in this study as requested electronically.

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Table Captions:

Table 1. Structured interview items.

Table 2. Respondent profile within the MT sector.

Table 3. SWOT analysis of MT in Mauritius

Figure Captions:**Figure 1.** Mapping the needs of MT for optimum operationalization. (*MT: medical tourism*)**Figure 2.** Data coding and validation process.

Segment	Questions
Consumer	<ul style="list-style-type: none"> • <i>What motivated your choice for Mauritius as destination country for medical purposes?</i> • <i>Would you re-new Mauritius as your prime destination for medical tourism? Please elaborate.</i> • <i>What measures would you like to see implemented at an institutional or governmental level to further motivate your choice?</i>
Medical institutions and Government	<ul style="list-style-type: none"> • <i>What is the role of your institution with regards to Medical tourism?</i> • <i>What are the benefits of medical tourism to Mauritius?</i> • <i>Why do foreign patients come to come to Mauritius to seek for medical treatments?</i> • <i>Does Mauritius have any bi-lateral or multilateral agreements with other countries with regards to Medical Tourism?</i> • <i>Can you elaborate on any barriers that Mauritius faces with regards to developing Medical Tourism?</i> • <i>How medical tourism demand to Mauritius be increased?</i> • <i>What does Mauritius possess as competitive advantage for being earmarked as a Medical tourism destination?</i> • <i>Are you aware if there are any regulations that act as framework for the development of Medical Tourism?</i> • <i>What do you think is lacking in making Mauritius a hub for medical tourism in the Indian ocean and African region?</i> • <i>Does the development of Medical Tourism offer business opportunities in other sectors and if so how?</i>

Table 1.
Author et al. (2022)

Sector	No of Participants	Characteristics
Consumer-Patient	4 2 males 2 females	<ul style="list-style-type: none"> • 25% first visit; 75% second visit to Mauritius • Visit mainly for cosmetic surgical purposes • Belong to the mid-aged to mature segment • Travel with a minimum for 1 accompanying member • Would stay for a recovery period of 1-3 days • Researched about the facilities and services using online sources
Medical Institution (management & practitioner)	8 3 males 5 females	<ul style="list-style-type: none"> • Participants involved in international marketing segment • Responsible for market diversification and branding • Bridge international collaborations for patient transfer • Participate in international health campaigns for service marketing • Foreign patient prospecting and welfare management • 33% of participants were medical practitioners treating foreign patients, the latter accounting for 45% of their patient quota • 3-7 years experience in the field
Government Division	1 female	<ul style="list-style-type: none"> • In-charge of developing the bio-economy sector in Mauritius • Handling foreign investors in the healthcare industry • Developing and maintaining an expert pool in the healthcare industry • Working with governmental stakeholders; parent ministries and regulatory institutions to attract foreign investment • Monitoring of health services and financial growth of the industry • Leveraging the Island's economic and aesthetic attractiveness to promote medical tourism

Table 2.
Author et al. (2022)

Strengths	Weaknesses
<ul style="list-style-type: none"> • Location; Mauritius being a centre-point in the Indian Ocean. • Well-connected air corridor to major African, Asian and European countries. • Safe destination – ranked 3rd safest in the African region and scored 88% versus the safest country, Singapore (97%) (Gallup Global Law and Order report, 2018) • Bi-lingual and multi-ethnic, closing language barriers. • Specialized treatment available – cosmetology and plastic surgery; laser medicine most prominent. • Reduced waiting time for elective procedures versus host country. • Competitive pricing for specific procedures. • Recognition of quality of care with international franchise established in the country and internationally accredited institutions • Quality of care also reflected by technological endorsements and professional care with dedicated expertise. • Structured follow-up plans for patients and remote consultations during recover period; guaranteed continuity of treatment. 	<ul style="list-style-type: none"> • Location; Travelling within African region puts South Africa as a closer destination. • High standard of living amplifies cost for travelling member. • Travelling patients do expect paired deliverables with cost of treatment – some institutions do not cater for proper recovery facilities beyond the inpatient ward/rooms. • Insufficient specialized services and treatment (Ex: cancer treatment). • Cost is not competitive for certain specific treatments – Countries such as India being a direct competitor. • Transboundary medical coverage for treatment requiring immediate interventions. • Trained staff within their domain of service as well as hospitality management to enhance patient-oriented service quality. • Current legislative framework does not allow direct marketing of healthcare professional expertise in international platforms. • Regulatory limitations with respect to high-demand treatments which can favor foreign versus local patients. • Lack of bi-lateral agreements with countries to facilitate movement and exposure to services offered in Mauritius.

Opportunities	Threats
<ul style="list-style-type: none"> • Branding – create an individual identity to promote specific treatments in high demand areas. • Government-mediated incentives to promote further anchoring of private establishments in Mauritius. • Tailor patient-oriented facilities to further improve accessibility to medical services such as subsidized airfare and fast-track visa processes. • Improve visibility of treatments and services through more aggressive marketing strategies. • Use current innovative platforms merging IT-based services and technological adoptions to upgrade treatment options and follow-up care services. • Encourage start-ups emphasizing on patient management to connect the ‘consumers’ with the right service from different global destinations (Ex: US-based platform- Doctours). • Diversify access to public facilities for inbound medical tourists to broaden the treatment spectrum while maintaining local equity (Ex: UK-based NHS system). • Government-led initiatives to increase capacity building through establishment of medical schools to support branding of Mauritius as a medical hub. 	<ul style="list-style-type: none"> • Resourceful countries such as those in the Middle-East region growing fast withing the MT sector with a well-established tourist population. • Geographical location of the island being prone to adverse weather conditions during specific seasons, impact the ‘tourism’ aspect. • Travel accessibility to other countries such as South Africa or Dubai through their air corridor expansion. • Misuse of levied-transboundary access to use Mauritius for other illegal operations – money laundering or trafficking. • Capital projects in the country down-playing the need to increase budget allocated to MT. • Coronavirus discouraging patients to travel abroad

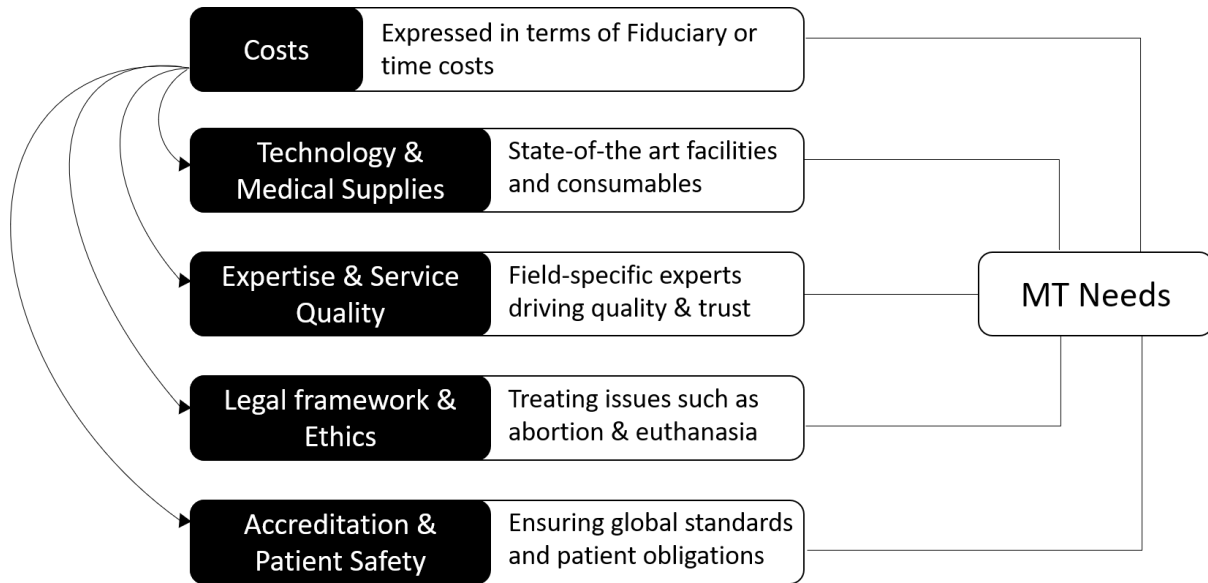


Figure 1.

Author et al. (2022)

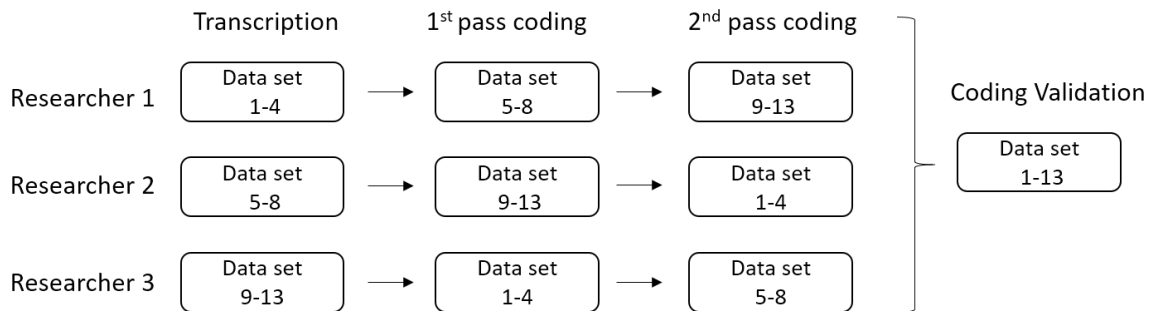


Figure 2.