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Tourism and Economic Integration: Institutional Perspectives from Europe and India

Priya Gupta and Charan Singh

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Priya Gupta¹ and Charan Singh²

1. Introduction

Tourism has emerged as a strategic sector influencing economic growth, cultural diplomacy, and the projection of soft power across nations. In advanced economies, tourism policy has moved beyond destination-based promotion toward the creation of integrated ecosystems that combine religion, leisure, healthcare, and experience-based services. Globally, tourism accounts for approximately 10 per cent of world GDP and employment, underscoring its systemic importance to national economies.

The European Union provides a useful analytical benchmark for understanding how tourism can be institutionalized as an integrated economic system rather than a collection of destinations. This model enables year-round demand, diversification of tourism risk, and high-value service delivery through institutional coordination rather than isolated destination marketing. India, despite possessing comparable, and in several dimensions, superior civilizational depth, natural diversity, and medical capabilities, has yet to operationalize a similarly integrated tourism ecosystem fully. Instead, tourism segments in India continue to function mainly in isolation, limiting value capture and international competitiveness. Against this backdrop, the paper first examines tourism as an economic system and then analyses the European experience to derive policy-relevant insights for India's tourism development strategy. Tourism is therefore increasingly understood not merely as a service sector, but as an integrated economic system with implications for employment, regional development, and external competitiveness.

1.1 Tourism and Economic Contribution

Tourism has evolved into a major driver of economic growth, employment generation, and regional development across both developed and emerging economies. Unlike capital-intensive industries, tourism exhibits strong backward and forward linkages, creating multiplier effects across transport, hospitality, retail, food services, healthcare, and local enterprises.

¹ Associate Professor, Atal Bihari Vajpayee School of Management and Entrepreneurship, Jawaharlal Nehru University

² Chief Executive, EGROW Foundation

Beyond its direct contribution to national income, tourism plays a critical role in foreign exchange earnings, particularly for countries with strong international visitor inflows. Tourism receipts function as a non-traditional export, generating stable foreign exchange while stimulating domestic consumption and infrastructure investment. The sector also supports inclusive growth, as tourism-related employment spans skilled and semi-skilled labour and provides livelihood opportunities in rural, coastal, and mountainous regions.

An essential characteristic of tourism-led growth is its ability to stimulate micro, small, and medium enterprises (MSMEs). Local transport operators, accommodation providers, artisans, food suppliers, and service professionals benefit directly from tourist inflows, allowing tourism to function as a decentralised growth engine. When effectively integrated with transport, urban planning, and regional development strategies, tourism contributes not only to economic expansion but also to balanced spatial development.

1.2 Countries Highly Dependent on Tourism: The European Example

Several European economies demonstrate that tourism can serve as a core pillar of national economic structure rather than a supplementary activity. Among these, Switzerland represents one of the most mature and institutionally integrated tourism models.

Tourism in Switzerland is a strategic economic sector that contributes significantly to national income, employment, and regional stability. The country has one of the highest per-capita tourism revenues globally, reflecting both high-value tourism and extended visitor stays. Switzerland's tourism system is closely linked with transport infrastructure, hospitality services, financial services, and regional development planning, allowing tourism to function as an integrated economic ecosystem.

A defining feature of the Swiss model is its year-round tourism structure. Winter tourism is anchored in alpine sports and snow-based activities, while summer tourism focuses on leisure travel, wellness tourism, hiking, and international conferences. This seasonal diversification ensures consistent asset utilisation, stable employment, and reduced vulnerability to seasonal shocks.

Similar patterns are observed in other European economies. Austria has developed a strong alpine and cultural tourism model supported by regional specialisation and hospitality infrastructure. France combines cultural heritage, leisure tourism, and medical and wellness travel to sustain high tourist inflows across seasons. Italy integrates cultural tourism, gastronomy, and regional experiences to generate both domestic and international demand.

Together, these European examples illustrate how tourism, when institutionally supported and strategically managed, can serve as a long-term driver of employment, regional development, and economic diversification.

1.3 Tourism, Employment, and Economic Growth

Tourism plays a critical role in employment generation and economic expansion due to its labour-intensive nature and extensive supply-chain linkages. The sector generates large volumes of direct employment in accommodation, transport, food services, travel operations, and healthcare, while simultaneously supporting indirect employment in construction, retail, agriculture, and handicrafts.

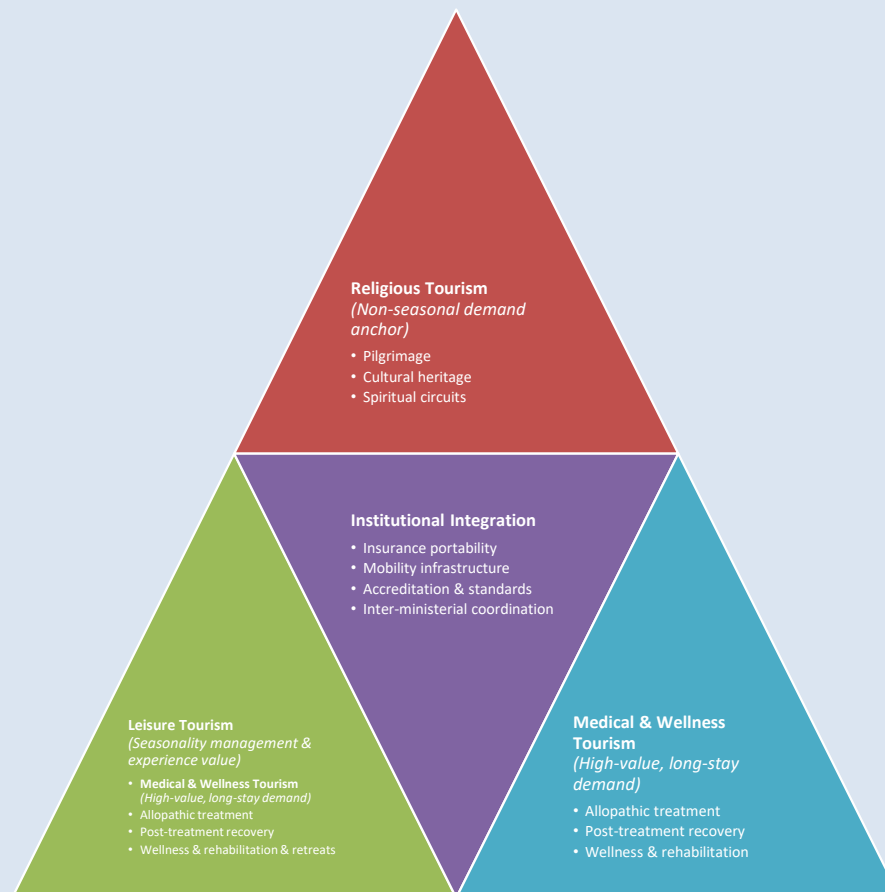
One of tourism's most significant economic contributions lies in its capacity to stimulate inclusive growth. Tourism activities often extend into rural and semi-urban areas, enabling income generation beyond metropolitan centres. This characteristic makes tourism an effective tool for regional development, poverty reduction, and balanced spatial growth.

From a macroeconomic perspective, tourism also strengthens foreign exchange reserves and encourages infrastructure investment. Airports, roads, hospitality infrastructure, and urban services developed for tourism generate long-term economic benefits beyond the sector itself. Countries that successfully integrate tourism into their development strategies therefore benefit not only from revenue generation but also from improved connectivity, employment stability, and enhanced global visibility.

2. The European Union's Triangle Tourism Model

The European tourism ecosystem operates on a triadic structure in which diverse tourism motivations coexist within a harmonized institutional framework. Rather than treating tourism as a collection of isolated destinations, the European model aligns religious, leisure, and medical tourism within a coordinated policy architecture. This approach ensures year-round tourist inflows, mitigates seasonal and demand-related risks, and enables the delivery of high-value tourism services that extend beyond short-term visitation. The European case is not presented as a prescriptive model, but as an analytical benchmark for understanding how institutional coordination shapes tourism outcomes (Figure 1).

Figure 1: The Triangle Tourism Framework



At the religious and cultural apex of this triangle stands Vatican City, a permanent global pilgrimage destination attracting millions of visitors each year. Reliable infrastructure, standardized hospitality standards, and robust security and mobility management support religious tourism in Europe. Crucially, pilgrimage is not treated as a standalone activity; instead, it is embedded within broader cultural, heritage, and leisure experiences that encourage longer stays and repeat visits.

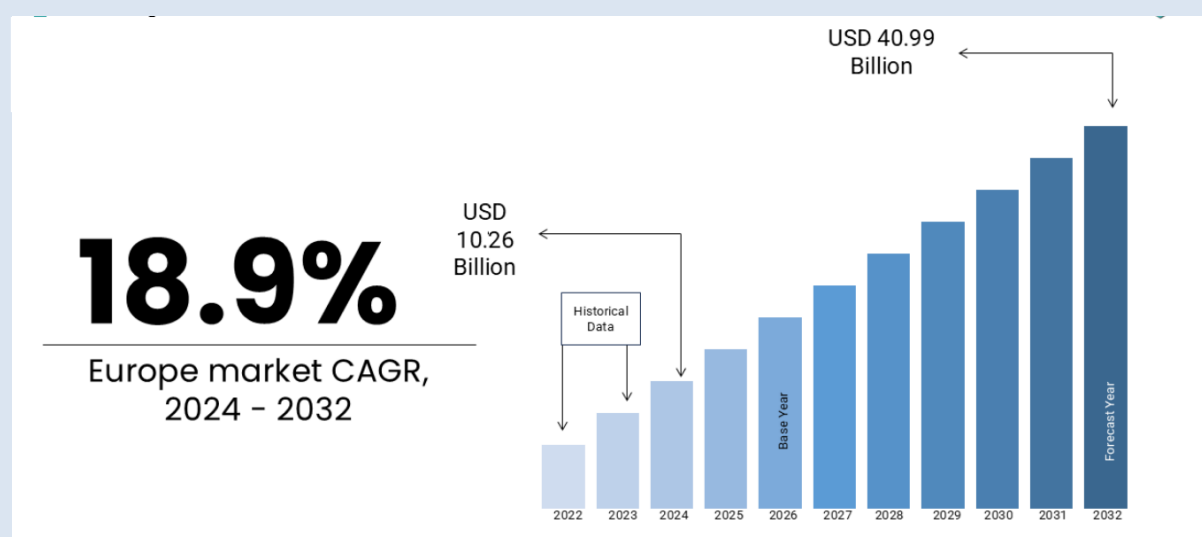
The leisure and pleasure segment of the triangle is exemplified by Switzerland, which has successfully converted geographical constraints into economic strengths through strategic policy design. Swiss tourism has evolved from a predominantly snow-based seasonal model into a year-round ecosystem by integrating alpine sports, summer wellness tourism, conference and convention travel, and cultural festivals. A similar approach is evident in European coastal economies, where structured festival calendars, cruise tourism, and international events are used to smooth seasonal fluctuations and stabilize tourism revenues.

The third vertex of the triangle is medical and wellness tourism, where Europe demonstrates a high degree of institutional maturity. Advanced allopathic healthcare systems are supported by insurance portability, cross-border patient mobility frameworks, and standardized accreditation

mechanisms that facilitate medical travel across national boundaries. Patients can access treatment at one location and recover at another, supported by air ambulance networks and formal institutional partnerships. This integration enables combining medical intervention with recuperative leisure in regulated, high-quality environments. Integration in the European context is achieved through institutional interoperability rather than through the expansion of individual destinations.

Figure 2 illustrates the projected growth trajectory of the European medical tourism market, indicating a strong compound annual growth rate over the forecast period. The expansion reflects rising demand for cross-border healthcare, recovery-oriented travel, and integrated medical–wellness services within institutionalised tourism systems.

Figure 2: Europe Medical Tourism Market Size and Growth Outlook



Source: Market Data Forecast Analysis.

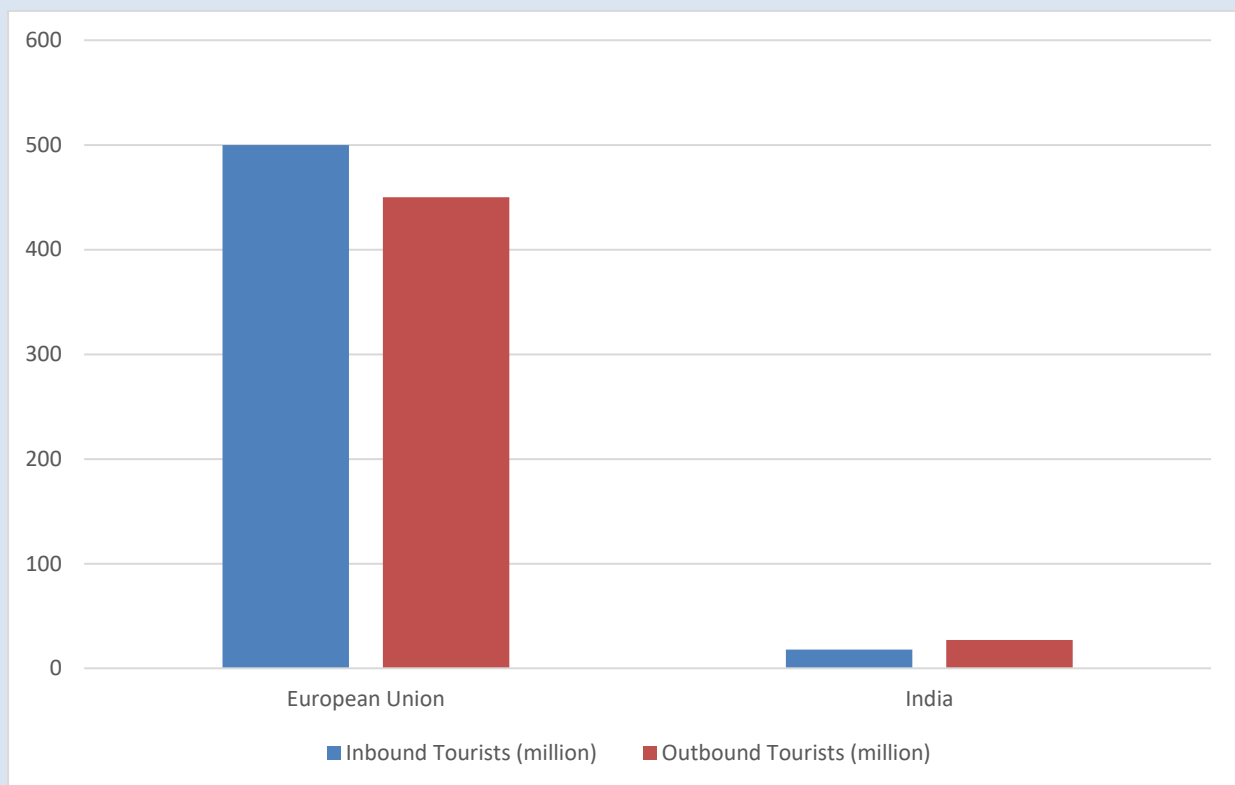
3. Institutional Orchestration and City-Level Specialisation in Europe

A defining feature of the European tourism model is its emphasis on institutional orchestration rather than destination-centric marketing. Tourism governance in Europe operates through coordinated regulatory frameworks that align health, transport, insurance, and cultural policy, allowing tourism to function as a structural component of economic and social systems rather than as an isolated sector. European tourism integration is operationalized through differentiated city-level roles that together function as a connected tourism system.

Figure 3 compares inbound and outbound international tourist flows in Europe and India. Europe exhibits relatively balanced two-way tourism mobility, reflecting institutional

integration and facilitation of cross-border travel. In contrast, India sees more outbound than inbound tourism, indicating structural asymmetries in tourism inflows.

Figure 3: Inbound and Outbound Tourist Flows in Europe and India



Source: UN World Tourism Organisation (UNWTO), pre-pandemic averages (2018–2019).

This structural asymmetry is not merely a function of preference but a result of institutional friction. While Indian travelers find seamless, integrated experiences abroad, international visitors to India often encounter a fragmented landscape that increases transaction costs. Bridging this gap requires transitioning from isolated destination marketing to the 'Triangle Tourism' model, which uses institutional enablers such as insurance portability and mobility grids, to create a predictable environment that can attract high-value inbound flows and retain domestic capital that might otherwise flow outbound.

This institutional logic is reflected in the spatial organisation of tourism across specialised cities within Europe. In religious tourism, Rome, anchored by Vatican City, serves as a permanent pilgrimage hub while also offering heritage, museum, and cultural experiences that extend visitors' stays beyond ritual travel. Similarly, Lourdes has developed a distinctive model of faith-based healing tourism, and Santiago de Compostela exemplifies long-stay pilgrimage circuits supported by accommodation networks and cultural infrastructure distributed across regions rather than concentrated in a single site. These religious cities function as demand

stabilizers within the European tourism system by generating predictable, non-seasonal visitor flows and encouraging longer stays through the integration of pilgrimage with cultural and heritage experiences.

In leisure tourism, European cities and regions demonstrate deliberate seasonality management through diversified offerings. Zurich and Lucerne integrate alpine tourism with conference, business, and wellness travel, ensuring year-round utilisation of their assets. Coastal and urban destinations such as Barcelona and Nice combine beach tourism with festivals, cruise circuits, and global events, while cultural cities such as Vienna and Salzburg leverage music, heritage, and international events to attract repeat and long-duration visitors across seasons. Within the tourism ecosystem, leisure-oriented cities play a critical role in managing seasonality and improving asset utilization by diversifying visitor motivations across climate, events, business travel, and cultural programming throughout the year.

Europe's medical and wellness tourism further illustrates city-level specialisation embedded within institutional integration. Berlin functions as a centre for advanced allopathic care and rehabilitation, supported by insurance portability and cross-border patient mobility. Vienna integrates medical treatment with structured recovery stays, while Budapest has emerged as a hub for dental and rehabilitation tourism linked to medium-term recovery travel. In contrast, Baden-Baden represents a mature model of medical spa and recovery tourism, where rehabilitation and preventive care are institutionally embedded within the local tourism economy. Collectively, these cities demonstrate how Europe captures value across the full continuum of medical tourism from intervention to recovery through deliberate urban differentiation and coordination.

Table 1 summarizes the system-level functions performed by specialised European city clusters across religious, leisure, and medical tourism segments, illustrating how city-level differentiation supports integrated tourism outcomes.

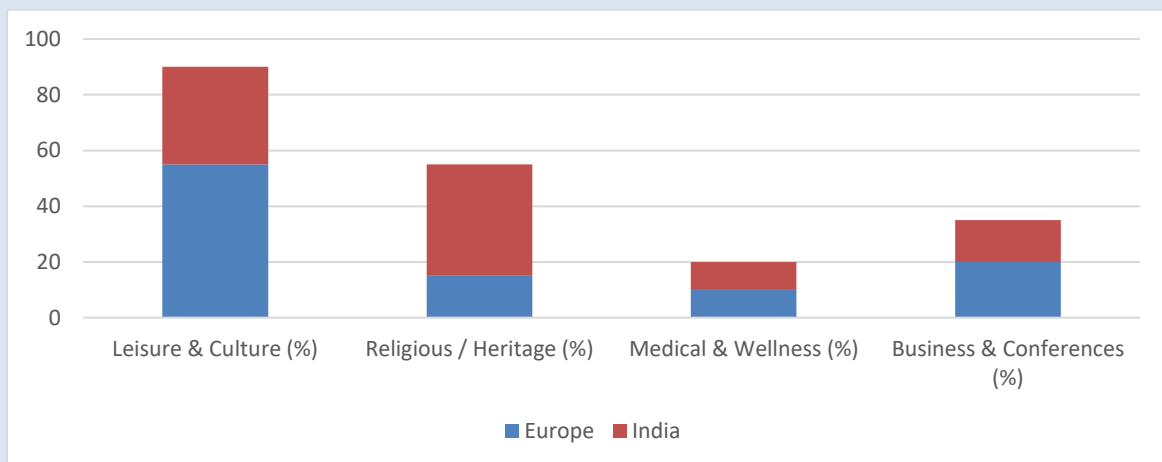
Table 1: Functional Role of Cities in the European Tourism Ecosystem

Tourism Segment	City Cluster	System-Level Function
Religious tourism	Rome – Santiago de Compostela	Demand stabilisation through long-stay pilgrimage circuits
Leisure tourism	Zurich – Barcelona	Seasonality management and asset utilisation

Medical & wellness tourism	Berlin – Vienna – Baden-Baden	High-value, long-stay demand through treatment–recovery integration
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Figure 4 illustrates the distribution of international travel purposes in Europe and India. The figure highlights Europe's diversified tourism demand across leisure, business, religious, and medical segments, compared with India's relatively higher concentration in religious and leisure travel.

Figure 4: Distribution of International Travel Purposes in Europe and India



Source: UNWTO; OECD Tourism Profiles; national tourism reports (indicative distribution).

4. India's Tourism Potential: Structure and Opportunities

4.1 Religious Tourism Circuits in India

India possesses one of the world's most extensive and diverse religious tourism networks, attracting millions of domestic and international visitors each year. Religious tourism forms the backbone of India's tourism economy and remains resilient, largely unaffected by economic cycles.

The Hindu pilgrimage circuit includes major destinations such as Kashi, Ayodhya, Mathura–Vrindavan, and Tirupati, which attract sustained year-round visitation. They also follow cycles of 12 years and in some cases, 6 years. The Buddhist circuit, centred around Bodh Gaya, Sarnath, and Kushinagar, holds global significance and attracts international pilgrims, particularly from East and Southeast Asia. Similarly, the Sikh pilgrimage circuit, encompassing Amritsar, Patna Sahib, Anandpur Sahib, and Nanded, represents an essential component of India's religious tourism landscape.

Despite this scale, religious tourism in India remains mainly event-based and short-stay. Limited integration with leisure, wellness, and cultural experiences restricts its potential to generate higher economic value and longer visitor stays.

4.2 Water-Based and Coastal Tourism

India's extensive coastline and inland water resources offer significant potential for water-based and coastal tourism. Regions such as Goa, Kerala, the Andaman and Nicobar Islands, and parts of the eastern coastline possess substantial natural advantages for beach tourism, water sports, and cruise tourism.

However, the sector remains underdeveloped due to infrastructure gaps, limited international branding, and seasonal concentration of tourist inflows. Inland river tourism along the Ganga and Brahmaputra also remains underutilised despite growing global demand for experiential and eco-friendly tourism products. With targeted investment and policy support, water-based tourism could emerge as a major contributor to regional development and employment generation.

4.3 North-East India as an Emerging Tourism Region

The North-Eastern region of India represents one of the country's most promising yet underexploited tourism destinations. Rich in biodiversity, cultural diversity, and natural landscapes, the area holds strong potential for eco-tourism, adventure tourism, and cultural tourism.

Despite these advantages, tourism development in the North-East has been constrained by connectivity challenges, limited infrastructure, and inadequate promotion. Strategic investment in transport connectivity, hospitality infrastructure, and safety assurance could enable the region to emerge as a central tourism hub while supporting inclusive development and livelihood generation.

The analysis demonstrates that tourism, when approached as an integrated economic system, can serve as a powerful engine of growth, employment, and regional development. The experience of countries such as Switzerland illustrates how institutional coordination, infrastructure development, and diversification of tourism offerings enable tourism to serve as a stable, high-value economic sector.

India possesses the scale, diversity, and cultural depth required to replicate and adapt such models. However, realising this potential requires a shift from fragmented tourism development toward an integrated policy framework that links religious, leisure, and medical

tourism with regional development strategies. Strengthening institutional coordination, improving connectivity, and promoting long-stay tourism models will be essential to unlocking the full economic potential of the sector.

If effectively implemented, tourism can evolve from a supplementary activity into a strategic pillar of India's long-term economic and employment strategy.

4.4 India's Parallel Tourism Assets: Potential without Integration

India presents a contrasting yet highly instructive case: while it possesses scale, diversity, and civilizational depth unmatched by most tourism economies, these assets have not yet been institutionally aligned into an integrated tourism ecosystem. The result is fragmented sectoral growth, underutilization of tourism assets, and a comparatively limited global positioning despite substantial domestic scale. Institutional coordination aligns multiple tourism motivations across cities and regions. India's tourism segments continue to operate mainly in silos, constraining value creation and long-term competitiveness. Unlike Europe, India combines religious scale, medical cost advantage, and wellness traditions within a single national geography.

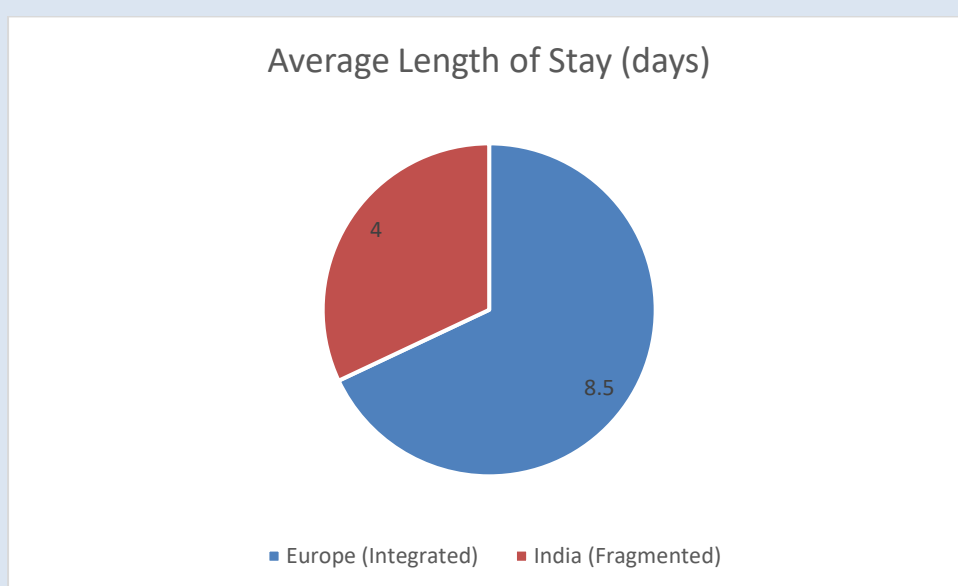
India's religious tourism ecosystem is anchored in a powerful civilizational geography. The cities of Mathura, Kashi, and Ayodhya together form a spiritual triangle of global significance, attracting hundreds of millions of domestic religious journeys annually and maintaining strong appeal for the global Indian diaspora and international spiritual seekers. From a demand perspective, religious tourism in India is a permanently non-seasonal, highly resilient segment. However, policy attention has remained primarily focused on crowd management, ritual facilitation, and bare infrastructure provisioning, with limited emphasis on experience design, extended visitor stays, or integration with wellness, cultural, and leisure services. Consequently, average stays in major pilgrimage towns typically remain limited to one or two days, markedly shorter than those observed in comparable European pilgrimage circuits. Despite high and stable demand, limited integration with leisure and wellness services constrains the length of stay and value capture.

In leisure tourism, India exhibits exceptional geographic and climatic diversity but limited effectiveness in managing seasonality. Kashmir, for instance, continues to be marketed predominantly as a winter destination, despite its potential for summer retreats, wellness tourism, nature-based leisure, and conference travel comparable to Alpine models. Similarly, India's extensive coastal tourism remains heavily dependent on conventional beach-based visitation, with relatively limited use of structured festival calendars, international events, or

cruise-linked tourism to stabilise year-round demand. The economic cost of this seasonality is substantial, as tourism infrastructure in highly seasonal destinations can remain idle for an estimated forty to sixty percent of the year, reducing asset productivity relative to integrated European models. Seasonality thus reflects not a lack of demand, but limited diversification of tourism functions across the calendar year.

Figure 5 compares the average length of stay in integrated and fragmented tourism systems. Integrated models, as observed in Europe, are associated with more extended visitor stays, higher per-capita expenditure, and improved asset utilisation, whereas fragmented systems exhibit shorter stays and greater seasonality.

Figure 5: Average Length of Stay in Integrated and Fragmented Tourism Systems



Source: UNWTO tourism indicators; policy synthesis.

India's medical tourism sector constitutes a significant comparative advantage within the tourism triangle. The country offers internationally competitive allopathic healthcare outcomes at substantially lower costs, complemented by traditional systems such as Ayurveda, yoga, naturopathy, and herbal medicine. This combination positions India uniquely at the intersection of modern clinical care and holistic wellness. Nevertheless, medical tourism in India continues to function mainly as an individual-driven activity rather than as a policy-coordinated ecosystem. Patients typically manage treatment, travel, recovery, and post-care arrangements independently, limiting scalability and institutional value capture. As a result, India's primary constraint in tourism development is not the absence of destinations or capabilities, but low asset productivity arising from limited integration across religious, leisure, and medical tourism

segments. From a policy perspective, the total cost of care, rather than procedural costs alone, increasingly determines medical travel decisions.

5. Medical Tourism: India's Greatest Opportunity

Medical tourism represents the most scalable and internationally competitive component of India's tourism triangle. Global patients seeking procedures such as cardiac surgery, orthopedic interventions, and oncology treatments increasingly face prohibitively high costs within Western healthcare systems. Treatment at leading tertiary-care institutions in advanced economies typically involves not only high procedural expenses but also substantial ancillary costs related to hospitalization, post-operative care, accommodation, and extended recovery periods. As a result, patient decision-making is increasingly shaped by the total cost of care rather than by surgical expenses alone.

India is well-positioned in this evolving landscape, as it can deliver clinically comparable outcomes at a fraction of the cost of advanced economies. When procedure costs, hospital stay length, and recovery-related expenses are considered together, complex surgeries in Western hospitals can cost five to eight times as much as equivalent treatments in India. At the same time, India offers a growing number of internationally accredited hospitals with outcomes aligned to global benchmarks, strengthening its credibility as a medical destination. Beyond cost advantages, India's climatic diversity and wellness traditions enable the provision of superior post-operative recovery environments, an increasingly important determinant of patient satisfaction and outcomes.

States such as Kerala have demonstrated the viability of integrating modern allopathic medicine with Ayurveda-based rehabilitation, yoga therapy, and nature-supported recovery practices. Similarly, cities such as Rishikesh have strong global brand recognition for yoga and spiritual healing, making them particularly well-suited as recovery destinations following intensive medical procedures. From an economic perspective, post-treatment recovery constitutes a distinct and significant segment of medical travel, accounting for an estimated thirty to forty percent of total medical tourism expenditure.

Despite these structural advantages, India's medical tourism sector remains constrained by institutional gaps. The absence of international insurance portability limits access to insured patient flows, while uneven visibility of accreditation standards reduces confidence among first-time international patients. In addition, the lack of integrated medical mobility systems, including coordinated air ambulance services and seamless movement between treatment and recovery locations, restricts scalability beyond niche and self-organized travel. Consequently,

India's medical tourism potential remains under-realized, not due to deficiencies in clinical capability or wellness resources, but because of the absence of a coordinated policy framework that integrates treatment, recovery, insurance, and mobility into a single ecosystem. The challenge, therefore, is not one of resource availability but of institutional coordination and policy sequencing.

6. Institutional Gaps and Policy Discrepancies

The fundamental difference between tourism systems in Europe and India lies not in resource availability but in the degree of institutional coordination. European tourism operates through harmonised regulatory frameworks that align healthcare, insurance, transport, and mobility systems, enabling tourism to function as an integrated economic ecosystem. Insurance portability and cross-border healthcare arrangements allow patients and travellers to move seamlessly across locations for treatment, recovery, and leisure. Tourism governance in this context extends beyond a single ministry, functioning instead as an inter-ministerial and cross-sectoral system that reduces transaction costs and enhances predictability for international visitors.

In contrast, tourism policy in India remains siloed mainly across administrative domains, with limited coordination among healthcare, civil aviation, tourism, and external affairs. While medical air ambulance services exist, they lack standardised corridors, predictable clearance mechanisms, and integrated scheduling with hospitals and recovery destinations. International patients are therefore often required to navigate visa procedures, insurance approvals, treatment arrangements, and post-care logistics independently. This fragmentation increases uncertainty and reduces India's competitiveness despite its substantial cost and capability advantages. From an institutional perspective, the absence of bundled treatment–recovery–tourism packages limits value capture and constrains the development of longer-stay, higher-spending visitor segments.

Insurance portability represents a critical institutional lever within this landscape. In systems where insurance coverage is transferable across borders, patients tend to travel longer, spend more, and plan treatments through institutional channels rather than informal or ad hoc arrangements. Insurance-backed medical travelers are more likely to engage with accredited hospitals, extended recovery services, and ancillary tourism offerings, thereby generating sustained economic activity. Conversely, the limited integration of international insurance frameworks in India restricts medical tourism largely to out-of-pocket, one-time visitors, inhibiting scale and repeat engagement. As a result, the challenge facing India is not the lack

of medical demand, but the absence of institutional mechanisms that convert episodic travel into a structured, repeatable tourism market. Addressing these gaps is essential not only for scaling tourism volumes but for improving predictability, trust, and institutional confidence among international travelers and investors.

The absence of these institutional mechanisms explains why India struggles to realize the economic potential of its assets fully. By operationalizing insurance portability, India can pivot from being a destination for 'episodic' out-of-pocket travelers to a global hub for institutionalized healthcare mobility. This reform is a primary lever for rebalancing tourist flows; it allows India to tap into global insured patient pools, thereby increasing inbound 'stickiness' and ensuring that a larger share of global medical expenditure is captured within the domestic economy rather than lost to more integrated regional competitors.

7. Policy Framework for an Indian Triangle Tourism Model

Policy interventions must be sequenced, beginning with institutional enablers before corridor-level integration. India can adopt and adapt the triangle tourism framework through targeted policy interventions that prioritize institutional integration over sector-specific expansion. The first pathway involves creating integrated tourism corridors that strategically link religious destinations, tertiary healthcare facilities, and wellness or recovery retreats. Such corridors can significantly increase visitor duration and per-capita expenditure by enabling sequential movement across treatment, recovery, and spiritual or leisure experiences. For instance, a patient undergoing surgery in a metropolitan hospital could transition to post-operative recovery in Kerala or Rishikesh, combining medical care with wellness and spiritual engagement within a single, coordinated travel itinerary.

This sequential movement is the key to addressing the 40-60 percent idle time currently observed in India's seasonal infrastructure. By linking these assets into standardized corridors, policy can effectively 'smooth' the demand curve. This increased asset productivity makes the domestic market more competitive with international alternatives, incentivizing domestic travelers to explore integrated, homegrown circuits (reducing outbound leakage) while simultaneously providing the high-quality, long-stay options required to attract a higher volume of international visitors.

Furthermore, these corridors should be extended to incorporate the North-East and coastal regions as primary 'Leisure' destinations for long-stay recovery. By linking tertiary care in metropolitan hubs with eco-tourism and adventure-based recovery in the North-East, or cruise-linked wellness along the Goa and Kerala coastlines, India can replicate the Swiss model of

converting geographical diversity into year-round asset productivity. This ensures that leisure assets are not just standalone destinations but are institutionally tied to the medical and spiritual vertices to maximize visitor duration.

Second, formal institutional partnerships between Indian hospitals and international medical institutions should be encouraged through government-facilitated memoranda of understanding. Such alliances can include joint certification mechanisms, structured second-opinion protocols, and faculty or specialist exchange programmes. These arrangements would enhance international confidence, improve transparency of clinical outcomes, and embed Indian healthcare providers more firmly within global medical networks, thereby strengthening the credibility of India's medical tourism ecosystem.

Third, insurance integration must be prioritized as a core structural reform. Bilateral agreements and targeted incentives for international insurers to empanel Indian hospitals can shift medical tourism from discretionary, out-of-pocket travel to institutionalised healthcare mobility. Insurance-backed medical tourism enables longer treatment planning horizons, greater engagement with accredited facilities, and higher utilization of recovery and ancillary services. Over time, this transition would support repeat visitation and stable demand, aligning medical tourism more closely with the integrated ecosystem observed in European contexts.

Fourth, establishing a national medical air mobility grid is essential to enabling seamless patient movement between treatment and recovery locations. Time-sensitive medical tourism depends on predictable, coordinated connectivity between airports, hospitals, and recovery, particularly for high-acuity procedures. In the European model, medical transport is treated as part of healthcare logistics rather than as a subset of aviation or tourism services. Adopting a similar approach would require standardized operating protocols, single-window clearances, and integration with hospital scheduling and recovery infrastructure. These measures, supported by transparent accreditation standards and outcome reporting, would reinforce global branding and position medical mobility as a foundational component of an integrated tourism ecosystem.

This corridor-based approach is a direct response to the fact that post-treatment recovery accounts for an estimated thirty to forty percent of total medical tourism expenditure. Currently, India loses a significant portion of this value because treatment and recovery remain siloed; once a surgery is completed, the economic 'tail' of the visit is often lost to fragmentation. By institutionally linking a surgery in a metropolitan hub with a standardized recovery itinerary at a wellness retreat such as Rishikesh or Kerala, the policy framework converts a short-stay

clinical intervention into a long-stay economic event. This integration is essential to capturing the total cost of care—rather than just the procedural cost thereby maximizing the productivity of tourism assets and reducing the 40-60 percent idle time currently seen in standalone destinations.

To transition from a fragmented model to one of institutional orchestration, this 'single-window' must function as a cross-sectoral clearinghouse that synchronizes Civil Aviation (for flight paths and landing rights), External Affairs (for expedited medical visas), and Healthcare Administration (for hospital bed and surgery scheduling). By moving medical transport from a subset of general aviation to a core component of healthcare logistics, India can adopt the European model of institutional interoperability. This reduces the 'institutional friction' that currently forces patients to navigate logistics independently, thereby creating the predictability required to attract high-value, insured patient flows.

Fifth, leveraging regional specialization for seasonality management. Following the benchmark of European coastal and alpine cities, India must transition its North-Eastern and coastal assets from seasonal attractions to institutionally managed leisure hubs. For the North-East, policy should focus on 'Eco-Recovery' packages that combine its biodiversity with post-operative rehabilitation, mitigating connectivity challenges through the proposed medical air mobility grid. For coastal tourism, the integration of structured festival calendars and cruise circuits like the models in Barcelona and Nice can stabilize year-round demand and reduce the forty to sixty percent idle time currently seen in fragmented coastal infrastructure. This 'Leisure' vertex integration is essential to rebalancing the structural asymmetry of India's tourism flows.

8. Conclusion

The European Union's experience demonstrates that tourism competitiveness is determined less by geography and more by the degree of institutional integration across sectors. India, by contrast, already possesses extensive spiritual capital, internationally competitive medical capabilities, and exceptional natural diversity. Yet, these assets continue to operate primarily as standalone destinations rather than as components of an integrated system.

The central policy challenge, therefore, is not one of resource creation but of governance design. Transforming destinations into systems requires a whole-of-government approach that coordinates tourism development with healthcare regulation, civil aviation logistics, insurance frameworks, and external affairs. In the absence of such coordination, fragmentation increases transaction costs for international visitors and reduces institutional confidence, particularly in high-value segments such as medical and wellness tourism.

From a comparative perspective, Europe illustrates how institutional integration converts existing assets into sustained competitive advantage. India, in turn, illustrates how scale, diversity, and civilizational depth can generate even greater value when institutionally aligned. Institutionalizing a triangle tourism framework that integrates pilgrimage, leisure, and medical–wellness pathways would enable tourism to function not merely as a service sector, but as a strategic ecosystem. Such an approach would strengthen foreign exchange earnings, deepen international engagement, and enhance soft power in an increasingly experience-driven global economy, while maintaining neutrality between comparative analysis and policy direction. The comparative lesson is that institutional alignment, rather than asset creation, determines whether tourism systems translate scale into sustained competitiveness. By aligning tourism policy with institutional coordination, mobility frameworks, and regional specialization, India can transform tourism from a fragmented activity into a strategic pillar of sustainable economic growth.

References

- European Commission. (2022). *European tourism: Trends and policy frameworks*. Brussels: European Union.
- European Travel Commission. (2023). *Tourism trends and prospects in Europe*. Brussels.
- International Labour Organization. (2019). *Tourism and employment: Impact assessment*. Geneva: ILO.
- Market Data Forecast. (2023). *Europe medical tourism market size, share and growth forecast*. Retrieved from <https://www.marketdataforecast.com>
- Ministry of Tourism, Government of India. (2022). *India tourism statistics at a glance*. New Delhi: Government of India.
- NITI Aayog. (2021). *Medical value travel in India*. New Delhi: Government of India.
- Organisation for Economic Co-operation and Development. (2022). *OECD tourism trends and policies*. Paris: OECD Publishing.
- OECD & European Commission. (2021). *Health at a glance: Europe*. Paris: OECD Publishing.
- Swiss Federal Office of Statistics. (2022). *Tourism and regional economic contribution in Switzerland*. Bern.
- UN World Tourism Organization. (2019). *International tourism highlights*. Madrid: UNWTO.
- UN World Tourism Organization. (2022). *Tourism and economic development: Policy brief*. Madrid: UNWTO.
- UN World Tourism Organization. (2023). *Compendium of tourism statistics*. Madrid: UNWTO.
- World Bank. (2020). *Tourism and competitiveness in developing economies*. Washington, DC: World Bank.
- World Health Organization. (2021). *Health services and cross-border mobility*. Geneva: WHO.