Journal of Resilient and Sustainability for Health (JRSH)

Review Article

Building a Resilient and Equitable Medical Tourism Ecosystem in Malaysia: A Narrative Review of Governance, Workforce, Patient Safety, and Sustainability Challenges

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Abstract

Background/ problem: This narrative review explores the policy-oriented challenges, system resilience, and sustainability specifically defined as economic viability, social equity, and health system resilience of health tourism globally and within Malaysia.

Objective/ purpose: Synthesizing findings from 48 credible sources (including academic databases such as Scopus and PubMed, and official government reports spanning 2014 to 2026), this review identifies systemic vulnerabilities and governance gaps.

Design and Methodology: A narrative review approach, guided by the Scale for the Assessment of Narrative Review Articles (SANRA), was chosen to effectively map complex policy frameworks and socioeconomic impacts.

Results: The manuscript first examines the global health tourism context before narrowing into Malaysia's healthcare travel sector. A comparative analysis evaluating patient volumes, revenue, and regulatory frameworks against regional competitors (Thailand, Singapore, and India) highlights Malaysia's competitive advantages and equity risks.

Conclusion and Implications: Ultimately, the study provides specific policy recommendations to build a resilient and ethically sustainable medical tourism ecosystem in Malaysia.

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Article Information

Received: 12 June 2026
Revised: 30 July 2026
Accepted: 31 July 2026

Keywords

Global health travel, healthcare sustainability, health tourism, Malaysia healthcare, medical tourism, system resilience.

Introduction

Health tourism is recognized as a complex, rapidly evolving global sector that requires deep understanding to capitalize on emerging economic opportunities while addressing systemic challenges. The overarching term encompasses both wellness tourism focused on preventive, lifestyle-enhancing activities and medical tourism, which utilizes evidence-based medical resources for diagnosis, treatment, and rehabilitation. In recent years, the global healthcare tourism market has expanded significantly, driven by overburdened public health insurance systems and the rising costs of long-term care in advanced economies.

Historically, the paradigm of medical travel has shifted. While wealthy individuals once traveled from developing nations to Western medical hubs, the 21st century has seen a reversal. The establishment of international accreditation standards, such as the Joint Commission International (JCI), has enabled countries in Asia to emerge as premier destinations capable of drawing millions of patients seeking affordable, high-quality care. Previous studies on the global context highlight that affordability, advanced medical technology, and targeted government visa schemes are primary catalysts pushing individuals to seek medical care abroad.

Narrowing to the Malaysian context, the country has positioned itself as a leading global healthcare destination. Historically managed by the Malaysia Healthcare Travel Council (MHTC), an agency under the Ministry of Health, Malaysia has successfully unified public and private sector efforts. Following the severe disruptions of the COVID-19 pandemic, Malaysia's medical tourism sector has demonstrated remarkable resilience and growth. In 2024, Malaysia welcomed 1.6 million international patients, generating RM2.72 billion in medical tourism revenue. This upward trajectory continued into 2025, with patient arrivals rising to 1.85 million, and revenue increasing to RM3.35 billion.

However, this rapid growth introduces critical challenges regarding healthcare equity and the potential "crowding out" of local patients. Therefore, the primary objective of this policy-oriented review is to evaluate the governance, workforce, and patient safety challenges of Malaysia's medical tourism ecosystem. Furthermore, this study aims to propose strategic recommendations to ensure the future sustainability of the sector specifically focusing on economic viability, social equity, and long-term health system resilience.

Review Method

Search Strategy and Source Selection

To conduct this narrative review, a structured literature search was performed focusing on the governance, resilience, and sustainability of health tourism globally and within Malaysia. A narrative review approach was specifically chosen over a systematic review to allow for the broad mapping of complex policy, economic, and governance frameworks that do not easily fit into rigid clinical systematic inclusion criteria. The methodology was guided by the Scale for the Assessment of Narrative Review Articles (SANRA) to ensure transparency and academic rigor.

The search strategy utilized major academic databases, including Scopus, PubMed, Web of Science, and Google Scholar, alongside verified official reports from the Malaysia Healthcare Travel Council (MHTC) and the Ministry of Health Malaysia. The search was restricted to articles published primarily in English over the last decade (2014–2026) to ensure the inclusion of contemporary, up-to-date data, particularly post-COVID-19 trends. Key search terms included "medical tourism," "healthcare sustainability," "health system resilience," "Malaysia healthcare travel," and "crowding out effect healthcare."

To address potential selection bias and ensure evidence validity, data from newspaper reports and official websites were strictly triangulated with peer-reviewed academic literature. Non-scientific sources were critically appraised for conflicts of interest and only utilized to provide current policy context or recent statistical figures. Ultimately, 48 highly relevant sources were selected for full-text synthesis. Data was extracted and analyzed thematically, focusing on competitive advantages, governance models, equity risks, and system resilience.

Results

Top Global Destinations for Healthcare Tourism

How do we decide which countries are the best destination for healthcare tourism? The most widely used is the Medical Tourism Index (MTI), first published in the Tourism Management Journal in 2014. The index was the brainchild of International Healthcare Research Centre (MedicalTourism.com, 2022). The index is a country-based performance tool to look at the attractiveness of a country as a destination for healthcare tourism (Medical Tourism.com, 2022). The approach to build MTI is described as ‘multi-year, multi-step and multi-stakeholder’ consisting of eight steps of methodological, statistical and index construction process. Three major dimensions are looked at and there are 34 indicators measured in MTI. The index is a guide for stakeholders within the healthcare tourism industry for decision-making for strategies and policies, infrastructure development and upgrading, dissemination of information to various parties such as hotels and airlines and others. The dimensions assessed in the MTI are; country environment,

medical tourism industry and facility and services (MedicalTourism.com, 2022). The general condition of the country is assessed based on economy, safety, image, language and culture. The medical tourism atmosphere of a country consists of the costs incurred for a service or treatment to be given and the attractiveness of a country as a healthcare tourism destination. Facility and services of a country are also a vital component whereby reputation, accreditation and internalization of healthcare facilities and medical professionals are taken into consideration, as well as patient experience and quality care. Besides the three main dimensions, the MTI also looks at push and pull factors in healthcare tourism; push factors referring to the sociodemographic criteria of individuals who go abroad to seek healthcare treatment and pull factors are the features in a receiving country which makes it attractive as a healthcare tourism destination (Fetscherin & Stephano, 2016).

We will briefly summaries the top 10 countries for healthcare tourism. For the year 2020 until 2021, MTI has listed 46 top destination countries for healthcare tourism. Based on the ranking by MTI, the top 10 destinations for healthcare tourism are; Canada, Singapore, Japan, Spain, the UK, Dubai in the United Arab Emirates (UAE), Costa Rica, Israel, Abu Dhabi in the UAE and India (MedicalTourism.com, 2022). Canada ranks top in the list, scoring number one in the construct of destination environment, number seven in the construct of medical tourism industry and number four in quality of facilities and services. Among the specialties offered are cardiovascular medicine such as coronary angiography and coronary angioplasty, orthopedic surgeries such as total hip replacement, total knee replacement and total shoulder replacement, drug addiction rehabilitation programmes and alcohol addiction treatment programmes (MedicalTourism.com, 2022). Singapore placed second in the ranking and is renowned to be one of the key players for healthcare tourism in Southeast Asia. Singapore has clean environment, is safe and English language is widely spoken there (Wong et al., 2014). The government also supports healthcare tourism by the establishment of Singapore Medicine in 2003, which is a government-industry partnership to uplift the country's image as the main destination for healthcare tourism (Wong et al., 2014). Retrospectively, approximately 200 000 patients travelled to Singapore in 2012 for healthcare purposes, this figure is after subtracting the number of family members accompanying the patients and expatriates (Wong et al., 2014). 47% of the travelers were from Indonesia and 12% were from Malaysia (Wong et al., 2014). Singapore provides high-quality medical care and has 21 accredited hospitals under Joint Commission International (JCI), which are among factors weighted in decision making process by healthcare travelers.

The third spot in the ranking is The Land of The Rising Sun. Japan. Interestingly in Japan, in addition to the usual medical tourism packages offered, which is the subset of healthcare tourism, they also offered 'wellness tourism' which includes yoga and meditation classes, spas and fitness activities. Examples of these wellness programmes are Kurort Health Walking in Kaminoyama in Yamagata

Prefecture. Hiking activity in Minakami, Gunma Prefecture and in Minami Boso in Chiba Prefecture, they provide Forest Therapy to interested participants (Japan Online Media Center, 2022).

In Spain, which takes the fourth spot in the MTI, the major services offered are plastic surgery, clinical analyses and traumatology, attracting French, German and British nationals. Modern clinics and their arrangements which cater to healthcare tourists and well-trained medical personnel add advantages to the competitiveness of the European country as healthcare tourism destination (Perera-Gil et al., 2017). The fifth spot belongs to the UK. Although it is classically assumed that the United Kingdom always has outbound of healthcare tourism travellers, they also have a large number of inbound travellers, approximately 52 000 individuals in 2010, which were mostly treated as private patients in the National Healthcare Service (NHS) (Hanefeld et al., 2013). The travellers were mostly form within European continent, for examples, Greece, Cyprus and Ireland and also Middle Eastern Countries, for examples, Kuwait and the UAE. In the case of the UK, inbound patients search for high-end specialist treatment, such as at Great Ormond Street Hospital for Sick Children (Hanefeld et al., 2013).

There are two cities in the UAE which takes the sixth and ninth positions in the MTI; they are Dubai and Abu Dhabi respectively. In Dubai, there is an initiative called Dubai Healthcare City (DHCC). In 2015, 46% or 293 359 from total of 630 831 medical tourists in Dubai were from abroad. The foreign medical tourists were mainly from Asian countries and Gulf Cooperation Council (GCC) countries. Less waiting period and human resources who can speak in multiple languages plus state-of-the art facilities are among the attractions drawing influx of international patients to the city of Dubai (Lunt et al., 2011). A unique feature in the capital city of UAE, Abu Dhabi is Cleveland Clinic Abu Dhabi. Before the development of this project, the aim of opening the clinic was to cater to the need of the Abu Dhabi population. At the same time, the multi-specialty clinic which is run by physicians from North America also enables the patients especially from the region to access the world-renowned service (Falk & Martinez, 2015). There is a dedicated section on the Cleveland Clinic Abu Dhabi's website for international patients (Cleveland Clinic Abu Dhabi, 2021).

Costa Rica ranked seventh in the ranking. Nestled between Nicaragua and Panama in the Central America region, the country is only approximately 2.5-hour flight journey from Miami, Florida in the USA. Historically, healthcare tourism in the country started with aesthetic and plastic surgery services offered to international travellers (Warf, 2010). This has evolved to include other specialties such as dentistry, gastric and bariatric surgeries and other medical disciplines such as orthopedics (Warf, 2010). Patients prefer to go Costa Rica which is described as "Cinderella country" due to safety, political stability, less corruption and abundance of public services (Warf, 2010). Israel is in the eight place, having one of the most advanced healthcare systems with regards to technology and has many sophisticated medical equipments (Ile & Țigu, 2017).

The 10th best country in the MTI ranking is India. The country offer several advantages to healthcare tourists; high expertise covering various medical disciplines, human resources with approximately 600 000 doctors, ability of healthcare workers to speak English, competitive price whereby patients may only need to pay 1/10th the amount of costs compared to in developed nations, minimum waiting time and also by being an attractive general tourism destination which offers unique geographical, cultural and art experience (Sultana et al., 2014). Furthermore, the country offers alternative therapies such as Ayurveda, naturopathy and yoga (Sultana et al., 2014). The major cities focusing on health tourism in India are Bangalore, Chennai and Mumbai and hospitals which are famous for providing healthcare tourism are Apollo Hospitals, Fortis Hospitals and Columbia Asia (Sultana et al., 2014). Marketing strategy, for example the use of Incredible India logo and brand for wellness and medical tourism, together with addition of countries under Tourist Visa on Arrival (TVoA) and medical visa, M-Visa also help to accelerate the booming of healthcare tourism in India (Natarajan, 2015).

Top Specialities for Medical Travellers

In recent years, health tourism has become a lucrative tourism industry by producing revenue of USD billions yearly with an estimated 11 million patients travelling outside of their country for healthcare services. (Suseela, 2017) The most common medical specialities engaged by international patients are cosmetic surgery followed by dentistry either general or restorative or cosmetic dentistry. Cardiovascular procedures like angioplasty, CABG, and transplants are also sought after. Other medical specialities are orthopaedics mainly joint and spine and sports medicine; cancer treatment; reproductive medicine either women's health or procedures like IVF for fertility and weight loss procedures like gastric bypass. Some of these international tourists travel to outside countries for procedures like imaging, tests, and health screenings and to seek second medical opinions (Sarwar, 2021).

The main appeal of seeking medical treatments outside of one's country is the perceived value for money of the services sought after. This, however, may come with subsequent risks and complications. There are the risk encounter diseases such as malaria, dengue and other arthropod-borne infections because of travelling to countries with different ecosystems and disease profiles. Therefore, general measures and preventative measures (e.g immunisations and prophylaxis drugs) must be made aware to medical travellers before a trip overseas.

Risk Exposure To Medical Tourists

The lack of any routine data on medical tourists indicates that there is little idea of how prevalent infections are or how they compare with rates from regular tourists (Lunt, 2011). Another issue that could arise from this is a communication barrier. This is especially concerning when it occurs around pre-counselling and informed consent which evidently could lead to poor procedural outcomes. There is a

chance that the medical travellers become ill while in the foreign country, perhaps unrelated to their primary reason for their trip or they might develop complications or side effects due to their treatment.

The public health aspects of significance in medical tourism are the potential of transferring hazardous microorganisms to different parts of the world. These could either be antimicrobial resistance or a dangerous pathogen, such as SARS or COVID-19 (Lunt, 2021; Sarwar, 2021).

Other than the issues mentioned above, travelling itself can lead to acquired stress for medical tourists due to being away from their closest people. There is also the issue of a mental burden, especially during the healing period abroad. On top of that, medical tourists are more susceptible to deep vein thrombosis with a high risk of subsequent pulmonary embolism (Sarwar, 2021).

There is little evidence on long or short-term follow-up of patients returning to their home countries following treatments overseas as it becomes the responsibility of the home medical care system, and for certain reasons, some patients may encounter problems accessing adequate healthcare. Thus, affecting the quality of care received by medical tourists. (Lunt, 2011) For example, a medical tourist from America may have trouble finding physicians who are willing to provide follow-up care after their return. They may also have an issue regarding their medical insurance to have to assess for adequate post-medical care in their home country (Sarwar, 2021).

Many medical tourists are concerned about malpractice and the quality of care received. The low cost of the procedures sought after may come with the risks of getting a questionable treatment done by incompetent health care professionals. Thus, much-needed robust clinical governance and quality assurance procedures in provider organizations to ensure quality and safety of care are provided to tourists. (Lunt, 2011) Those top countries involved in medical tourism usually advocate the use of accreditation from the Joint Commission International from the United States in endorsing their health care services to medical tourists (Subbaraman & Reddy, 2020).

Additional crucial issues for the regulation of the medical tourism sector include the use of IT by professionals and the transfer of patient information across international borders. Sharing patient records can make it easier to provide continuity of care. The expectation is that tourists should have the same rights as citizens of destination countries regarding the confidentiality of their data and information, particularly when these are stored in electronic formats, according to the World Tourism Organization's "Global Code of Ethics for Tourism" (1999). However, some individuals may choose to receive medical treatment outside of their native nation because they anticipate more privacy there than they would back home (e.g. HIV care, infertility treatment, gender reassignment surgery). Confidentiality concerns may also surround medical tourists. Clinical data on patients may be accessible to the employees of medical tourism facilitators' offices, and this private and sensitive information would need to be handled extremely carefully because there is a chance that they could sell the data to other medical service providers (Lunt, 2011).

Discussion and Conclusions

Discussion of Main Results

Factors that Make Malaysia a Health Tourism Destination

There are many factors that give Malaysia an edge in health tourism. These factors make Malaysia one the best place for medical tourism compare to other country inn the world. Health tourism in Malaysia consists of two main categories which are medical tourism and wellness programme. Patients can opt for medical treatments in one of our internationally recognized hospitals, and stay on during the convalescence or recovery period. Or they can come for a holiday by exploring the various forms of wellness programmes that are available in Malaysia (Aniza et al., 2009).

Human capital and physical facilities that Malaysia can provide for the health tourism sectors. By evaluating the model for medical tourism in Malaysia justified that human capital and physical infrastructure are the main determinants for medical tourism demand in Malaysia (Awang et al., 2015). Many healthcare in Malaysia have been improving services to obtain international healthcare accreditation. These accreditations obtain from international Joint Commission which their standard are on international level. Other accreditation includes Reproductive Technology Accreditation Committee's (RTAC) International Code of Practice for the delivery of safe fertility treatments. Our hospitals had already won several awards at international level such as "2019 Medical Tourism Hospital of the Year in the Asia Pacific" for Sunway Medical Centre; "2019 Hospital of the Year Malaysia" for both Prince Court Medical Centre and Subang Jaya Medical Centre; and "2019 Cardiology Service Provider of the Year" going to IJN. Winning these make our country renowned as a medical hub boost over medical tourism.

Besides that, Malaysia's hospital cost of treatment is relatively low compare to other hospital at other country where the services are comparable to the hospital in develop country. Patients can undergo treatment much less than what it would cost them for a treatment in other countries. As for example, a normal cardiac bypass surgery (CABG) in Malaysia would cost only between US$10,000 to US$13,000, compare to United State that would cost up to US$134,000 per treatment (Naglie et al., 1999). This is a benefit for international tourists as they can receive the same treatment with a fraction of the cost in their own country. Subsequently, they will some more money to spend in Malaysia after the treatment complete as Malaysia also known for holiday vacation destination.

At the same time, many of these private hospitals have collaboration with hotels and travel agencies that offer packages that would be a called "post treatment friendly" toward patient. These will help patient for faster recovery and at the same time experience best of Malaysia's tourism has to offer. These will not just benefit patient and private hospital, but also other agencies such as hotels, travel agencies and also local people.

Malaysia also offers a wide choice of state-of-the-art private medical centers boasting an impressive array of sophisticated diagnosis, therapeutic and in-patient facilities. Malaysia's hospital also constantly keeps up with the newest breakthroughs in medical technology. One such example is the National Heart Institute's (IJN) successful implantation of the Micra AV pacemaker, used to treat irregular heartbeats, in 2020. IJN would be the first hospital outside of the United States to perform this surgical procedure. The small size of the pacemaker makes it easy to implant it without requiring significant open surgery, requiring only a minimally invasive procedure in a much shorter time, and with far fewer complications in the long term (National Heart Institute [IJN], 2020).

To ease entry formalities for patients, the Immigration Department of Malaysia has implemented the Green Lane System at main entry points which expedites custom clearance for medical travellers. This will reduce the amount of stress and waiting time to enter Malaysia for medical tourism and promote Malaysia as tourist friendly country. Furthermore, accompanying family members or friends of the patient can take advantage to visit Malaysia's various interesting tourist attractions while waiting for medical procedure and recovery process. (Hazilah & Manaf, n.d.)

Malaysia can also be viewed as a gateway to Asia itself, with its location bordering many Southeast Asian countries like Indonesia, Thailand and the Philippines, while also still accessible to travellers from other Asian countries like Japan, South Korea and China. Malaysia is well known for its all year long tropical climate, natural beauty for its rainforest, island, mountain and many others.

It was reported that at the same time, Malaysia also well known for Traditional Complementary Medicine (TCM). It is estimated to contribute around RM100 million annually. The National Policy of Traditional and Complementary Medicine Ministry of Health Malaysia in 2007, TCM may comprise of a combination health practice from various cultures. These practices comprise of traditional Malay medicine, Islamic medical practice, traditional Chinese medicine, traditional Indian medicine, homeopathy, and complementary therapies (TCM Division 2011). Malaysia has taken steps to integrate both modern and traditional medical practices as part of the healthcare industry. The Traditional and Complementary Medicine (T&CM) Act 2016 was implemented for legislation, policies and guidelines. These ensure practitioners are properly registered and trained and abide to the law and regulation that being stated by Malaysia Government (TCM, 2011)

Another advantage of Malaysia's Health Tourism is the implementation of halal pharmaceuticals and medical treatments. This has helped to draw in Muslim medical tourists from places such as Indonesia and Saudi Arabia. There have also been formal agreements with Kazakhstan, Libya and Oman to send their medical tourists to Malaysia, as part of efforts to bolster our country's medical tourism sector (Hassan, 2015). It was found that Muslim tourists' decision to Malaysia was mainly due to Halal Concept comprises of six (6) main factors namely availability and easy access to halal food, prayer facilities in the room and

access to masjids (mosques), prohibition of behaviours that violates general Islamic moral behaviour, Muslim friendly tour packages which considers festive seasons, religious affiliated sites and religious devotedness towards Islam.

Comparative Analysis: Health Tourism in Malaysia, Thailand, Singapore, and India

The Southeast Asian and South Asian regions form a highly competitive medical tourism landscape. Malaysia, Thailand, Singapore, and India employ divergent strategies regarding pricing, clinical focus, target markets, and regulatory frameworks.

Patient Volumes and Revenue

Thailand recorded the highest medical tourism revenue in ASEAN in 2023, generating approximately US$850 million (RM3.79 billion) from 2.86 million international patients (Mordor Intelligence, 2026). Malaysia followed closely, generating over RM2 billion in revenue in 2023, and reaching RM2.72 billion from 1.6 million international patients in 2024. In contrast, Singapore targets a lower volume of high-yield patients, with estimated revenues of US$270 million in 2023 (Grand View Research, 2026). India is also a massive player, processing over 635,000 medical visas in 2023 with targets of reaching 2 million arrivals by 2030 (Ministry of Tourism India, 2024).

Pricing and Clinical Quality

Singapore possesses a reputation for handling highly complex procedures, such as oncology and organ transplants, but remains the most expensive destination in Asia. In contrast, Malaysia competes heavily on cost-efficiency without compromising clinical quality. Patients traveling to Malaysia can expect savings of 65% to 80% compared to US costs, whereas savings in Singapore range only from 25% to 40% (Surendra, 2017). India offers the deepest cost differentials, with procedures costing up to 90% less than in the USA. Malaysia and Thailand compete heavily on cost-efficiency combined with clinical excellence, offering significant savings compared to Western costs.

Primary Markets and Patient Segmentation

Thailand predominantly attracts patients from Middle Eastern countries and neighbouring CLMV (Cambodia, Laos, Myanmar, Vietnam) nations, aided by expansive 90-day medical visas. Singapore targets high-income regional markets and affluent patients from China. Malaysia captures a broader demographic, relying heavily on the Indonesian market which accounts for over 60% of its healthcare tourism revenue and positioning itself as a Muslim-friendly destination offering certified Halal medical treatments (Hassan, 2015; Surendra, 2017).

Governance Ecosystem

Singapore operates a highly controlled system designed to insulate local healthcare access from foreign demand. Thailand aggressively promotes its sector through government initiatives like a 10-year medical hub plan and multiple-entry medical visas. In Malaysia, foreign patients are largely integrated into

the domestic private hospital network. This raises the risk of increased overall medical inflation and the "crowding out" of local patients when complications necessitate emergency transfers to public facilities. Malaysia utilizes the MHTC, which acts as a central coordinating body to create a seamless, end-to-end patient experience spanning immigration, teleconsultation, and treatment (Sendingan, 2019; Wong & Musa, 2012).

Equity Risks and the Crowding Out Effect

A critical challenge to the social sustainability of medical tourism in Malaysia is the equitable delivery of local healthcare. A notable risk is the potential crowding out of local citizens in public hospitals. This inequity typically manifests when a medical traveler, initially treated in a private facility, develops unanticipated, severe complications requiring highly specialized care. These patients are frequently transferred to public facilities, such as Penang General Hospital (Sarwar, 2013). Consequently, these referrals compete for finite public resources, hospital beds, and specialist appointments with local citizens (Sarwar, 2013). This raises profound ethical questions regarding whether public subsidies indirectly absorb the financial and infrastructural burdens of complications arising from foreign patients.

System Resilience amidst Global Crises

The COVID-19 pandemic starkly tested the structural resilience of the health tourism industry. Extended lockdowns and border restrictions severely impacted key value chain players, including travel agencies, health facilitators, and hoteliers. More critically, these sudden border closures highlighted the urgent need for a formal resilience framework within the health tourism sector, as travel disruptions directly compromised the continuity of care for international patients dependent on timely oncology and cardiac treatments.

To build future durability, system resilience must be evaluated through two lenses: absorptive capacity (the ability to maintain core functions during a shock) and adaptive capacity (the ability to adjust to new operational realities). Moving forward, mitigating these vulnerabilities requires robust digital continuity, secure telemedicine frameworks for long-distance post-treatment follow-ups, and highly adaptable medical supply chains. Malaysia's current ecosystem demonstrates a strong baseline for this adaptive capacity via public-private partnerships orchestrated by the MHTC. By collaborating closely with international facilitators in core markets like China, Indonesia, and Vietnam, the nation prioritizes patient safety through coordinated end-to-end routing protocols from pre-departure to post-treatment repatriation.

Strategies for Improving Health Tourism in Malaysia

Although Malaysia is a popular destination for health tourism, additional strategies and policies must be implemented to maintain its regional competitiveness. Formulating a comprehensive policy framework is essential to attract a diverse global patient base. Such policies should be collaboratively developed by government entities, including the Ministry of Health and the Ministry of Tourism, alongside

private healthcare providers and tourism associations. Currently, Malaysia lacks specific legislation dedicated exclusively to health tourism. While the Private Healthcare and Facilities Act 1998 governs private hospitals, future regulatory frameworks must be drafted to comprehensively address the unique challenges of the health tourism sector. Furthermore, private hospitals involved in health tourism should be encouraged to pursue international accreditation. Although achieving international standards requires significant effort and capital, it guarantees that the services provided meet global benchmarks, thereby boosting the industry's competitiveness. Affiliations with prestigious international institutions similar to Hospital Punta Pacifica's affiliation with Johns Hopkins Medicine International, or Wockhardt Hospitals' association with Harvard Medical International can significantly elevate the global image and acceptance of Malaysian private hospitals. Government intervention is also crucial in developing supportive infrastructure. Improvements to public transportation, pedestrian pathways, telecommunications, and tourist attractions, alongside incentives for mid-range accommodations, will enhance the international perception of Malaysia as a supportive health tourism destination. Financial incentives, such as tax concessions or exemptions on imported medical equipment, would assist private hospitals in upgrading facilities and pursuing specialized staff training. Finally, while the Indonesian market currently dominates Malaysia's health tourism influx, exploring new markets is vital for sustainability. The Middle East represents a highly prospective market; promoting Shariah-compliant "Halal-hubs" combined with Malaysia's natural beauty and tropical climate can attract more Muslim medical tourists. Additionally, leveraging the National Policy of Traditional and Complementary Medicine (2007) positions Malaysia to become a recognized regional hub for traditional and complementary medicine within the ASEAN region.

Conclusion

In conclusion, global health tourism will continue to expand alongside the globalization of the world's population. Countries worldwide are upgrading their infrastructure and policies to attract healthcare travelers, making this sector a crucial economic pillar for the future. Malaysia's health tourism sector is undergoing rapid expansion and has garnered numerous international awards, indicating strong global recognition. The future prospects for the country's health tourism industry remain highly promising. Backed by effective government initiatives, resilient public-private collaborations, and continuous marketing exposure, Malaysia is well-positioned to sustain its competitive edge on the international stage.

Declarations

Funding: The authors declare that no financial support was received for the research, authorship, and/or publication of this article**.**

Conflicts of Interest: The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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