Health Affairs Review

Health Affairs Review, 1(1): 37–45.
DOI: 10.3934/har.2026003
Received: 31 March 2026
Accepted: 24 July 2026
Published: 06 August 2026

https://www.aimspress.com/journal/har

Opinion paper

Embracing multiple quality assurance pathways for boosting India's Medical Value Travel in Global South

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Abstract: From a Global South perspective, India's pluralistic accreditation model provides a scalable and adaptable pathway for other countries in Asia, Africa, and Latin America striving to improve healthcare quality under resource constraints. By promoting South–South collaboration through quality assurance, digital innovation, and ethical frameworks, India can position itself as a catalyst for regional cooperation in medical value travel (MVT). India has emerged as a leading destination for MVT, marked by a 33% increase in international patient inflow in 2023. This growth is primarily driven by India's cost-effective healthcare services, which are 60%-80% less expensive than in developed countries. The Government of India has catalyzed this trend through initiatives like Heal in India and streamlined e-medical visas, while private hospitals have expanded outreach across Africa, the Middle East, and South Asia. A key differentiator in attracting international patients is hospital accreditation, particularly the Joint Commission International (JCI), which is often considered the global gold standard. However, the high cost of JCI accreditation and limited relevance to domestic and regional patient preferences restricts its widespread adoption, especially among small and mid-sized hospitals. This paper explores possible alternative accreditation pathways, emphasizing the role of the National Accreditation Board for Hospitals and Healthcare Providers (NABH), which offers a contextually appropriate, internationally recognized, and affordable framework. Additional global accreditors such as AACI and GHA are gaining traction due to their cost-effectiveness and adaptability. Importantly, the success of MVT hinges not only on hospital-based care but also on the seamless

integration of ancillary service providers such as international and domestic airlines, hospitality and hotel providers, food and nutrition services, medical tourism facilitators, and logistics and transport agencies. A coordinated, patient-centered ecosystem involving these stakeholders is essential for enhancing India's competitiveness. This paper proposes a strategic framework for accreditation and infrastructure development, including the creation of integrated MVT hubs. Strengthening intersectoral collaboration and quality assurance can position India as a global and South−South leader in equitable, trusted, and comprehensive medical travel services.

Keywords: Medical Value Travel (MVT); hospital accreditation; Joint Commission International (JCI); National Accreditation Board for Hospitals (NABH); global south healthcare; health system quality assurance

1. Background

The first Indian hospital to earn JCI accreditation was Indraprastha Apollo in New Delhi in 2005, which opened the door for medical value travel (MVT) in India [1]. Today, India is one of the leading destinations for international patients, as it witnessed a 33% surge in international patient volumes in 2023. The major reason for this surge is that Indian hospitals offer medical services at a cost that is 60% to 80% less than the cost in their home country [2].

Like many nations across the Global South, India's healthcare landscape is characterized by cost-sensitive patients, uneven regulatory oversight, and diverse provider quality. This makes contextualized accreditation systems essential for maintaining quality while expanding access. India attracts patients not only from developed economies but also from Africa, the Middle East, and neighboring South Asian countries, forming an emerging South–South medical travel corridor driven by affordability, trust, and cultural proximity [1].

Indian government initiatives, such as Heal in India and a streamlined e-medical visa process, are steps in the right direction to boost the expansion of medical services across national borders. Top private hospitals are expanding their outreach services in Africa, the Middle East, and beyond. A key competitive advantage for private hospitals in this area is hospital accreditation, which is an assurance of quality and patient safety measures [3,4]. Presently, Indian hospitals target international patients by conducting outreach camps in a particular country through their international marketing division. This is an individual-driven approach rather than a system-built method to attract foreign patients. Apart from this, many patients from around the globe look out for accreditations, especially the Joint Commission International (JCI). Furthermore, as Indian hospitals strive to attract both international and domestic patients, a critical question arises: Is JCI the only option to build trust among international patients, or are there other options to build trust and credibility? [5]. This short communication explores different accreditation mechanisms that can be applied in India's healthcare journey for a South−South collaboration.

2. Why are Indian hospitals captivated by JCI accreditation?

JCI is often considered the gold standard of hospital accreditation worldwide. JCI is a US Healthcare quality standard and marks the gold standard for quality. JCI-accredited hospitals adhere

to different objectives, which focus on patient rights, infection control, surgical safety, medication errors, adverse events, etc. For an international patient, a JCI certificate is an assurance that the hospital in India is adhering to the same safety norms as in a hospital back in their country. Even global insurance companies prefer JCI-accredited hospitals for care coverage. Indian hospitals have pursued JCI accreditation since 2005, intending to expand their medical care services outside India. A report has mentioned that as of 2024, there are 45 to 50 JCI-accredited hospitals. These JCI healthcare facilities are a magnet for foreign patients who seek familiarity with international standards while seeking care away from their home country [6].

However, the gold standard comes with a price, as its suitability in India's hospital budgets requires thoughtful consideration. Furthermore, pursuing JCI accreditation requires careful analysis as the Indian population is not wary of this international label when seeking care.

3. The cost of the"Gold Seal": Limitations of JCI accreditation for hospitals of the Global South

While the JCI tool is a valuable mechanism that ensures quality and safety of care, it is not a cure-all for all challenges faced by Indian hospitals. Hospitals often undertake a year-long quality improvement journey for the JCI accreditation process, but the cost is too high for the Indian hospital market. The average survey fee is approximately USD 50,0007; this does not include travel and lodging expenses for surveyors. Some reports suggest that the initial preparation for JCI accreditation can cost at least USD 250,000. Similar cost-related barriers are reported across the Global South, such as in Thailand and South Africa, where hospitals find global accreditations financially prohibitive despite providing quality services. This highlights the need for regional, affordable accreditation models that uphold quality standards without incurring excessive costs.

Smaller hospitals delivering high-quality services may find JCI costs prohibitive, restricting them from seeking international patients, limiting the Indian market to a few private hospital chains. These cost-related barriers are also reported across the Global South, even in Thailand and South Africa. Smaller hospitals cannot divert high resources to international accreditation, given the uncertain return on investment. Indian hospitals serve a mix of domestic and neighboring patients and Indian patients rarely choose a hospital based on its JCI status. Rather, the decisions by the Indian population to seek care from a hospital are majorly dependent on doctors' reputations, word of mouth, cost of treatment, and convenience. JCI accreditation alone does not fill beds. Moreover, JCI standards, although excellent, do not align with the expectations of Indian patients [7]. For example, JCI standards require a strict nurse-to-patient ratio to be maintained, which a patient may not visibly appreciate. There are reports where the CEOs of hospitals have quietly admitted that getting JCI accreditation is more for international marketing and not intended to strengthen the quality of care. As quality of care is a continuous process that requires 24/7 surveillance, JCI can set the floor to lure international patients but the hospital must build itself through regular training, quality culture, and safety practices. A JCI accreditation certificate hanging in the lobby of a hospital does not fix issues like staff communication gaps or human errors.

From a policy perspective, if Indian hospitals pursue JCI accreditation, those unable to afford the same would be left behind, despite offering quality care. The need of the hour is to promote internationally the quality standards that are contextualized for Indian hospitals, accessible, understandable, and affordable. These standards are those developed by the National Accreditation

Board for Hospitals and Healthcare Providers (NABH).

4. NABH: India's contextual standards are on par with JCI

While JCI is for the global market, India's NABH standards are the backbone of healthcare quality. Launched in 2005, with repeated revisions, NABH offers a comprehensive set of standards that covers 600 objective elements focusing on patient care and organizational management [8]. More importantly, NABH standards are internationally recognized by the International Society for Quality in Healthcare (ISQua), the global accreditor of accreditation bodies, thus implying it is equivalent to other international standards like JCI, France's Healthcare accreditation system, or Standards by Australia's Council on Healthcare Standards (ACHS) [8–11].

To date, there are around 1200 hospitals accredited by NABH as compared to 50 by JCI [12,13]. These NABH-accredited hospitals include not only large private hospital chains but also smaller hospitals, secondary hospitals, eye centers, Ayurveda Yoga Unani Siddha and Homoeopathy (AYUSH) hospitals, dental clinics, and even public district hospitals [12]. This penetration in accreditation of hospitals was possible mainly because of cost, which is approximately USD 10000 to 20,000, a fraction of the JCI cost [8]. In short, NABH provides a stepping stone toward the journey of quality, without being intimidated by high costs. Apart from the cost advantage, with growing awareness, Indian patients also recognize NABH-accredited hospitals, and Indian insurance companies also consider NABH accreditation [14]. Moreover, even government schemes, like the Central Government Health Insurance Scheme and the flagship Pradhan Mantri-Ayushman Bharat Jan Arogya Yojana (PM-JAY), pay higher incentives to NABH-accredited hospitals (10% extra for entry-level NABH-accredited and 15% for full NABH-accredited hospitals) [15,16]. This indicates that a JCI-only-accredited hospital may lose out on this domestic repute and benefits.

This clearly indicates that NABH aligns with the best international practices requirements. This makes it equally valuable when compared to JCI, especially in its domestic border or South Asia. Patients from Bangladesh also consider NABH a suitable accreditation model. The debate is not NABH versus JCI, as it is very clear that NABH strengthens the base system while JCI showcases global compliance. Many leading hospitals in India, like Apollo, Max, or Fortis, leverage the benefits of both accreditations [17].

From a Global South cooperation lens, NABH demonstrates how low- and middle-income countries can build credible, cost-effective accreditation systems aligned with local realities. With costs between USD 10,000 and 20,000, NABH provides an entry point for smaller hospitals, including AYUSH, dental, and public facilities. This inclusive approach could serve as a replicable blueprint for other Global South countries seeking to strengthen healthcare quality without relying solely on expensive Western models. India could extend NABH's reach through South–South partnerships, under initiatives like Heal by India, to help partner nations in Africa, ASEAN, and Latin America build domestic accreditation capacity. Establishing mutual recognition mechanisms with other regional accreditation bodies could also facilitate seamless cross-border patient care [17].

5. Alternative pathways

Apart from NABH (which is recognized at local and South Asian regions) and JCI (recognized globally), there are other accreditation bodies that are found relevant by international patients. Some

of these are the American Accreditation Commission International (AACI), QHA Trent from the UK, the Norway-based agency DNV-GL, or Global Healthcare Accreditation. Among the ones listed here, AACI is gaining familiarity among international patients [18–21]. While relatively new, AACI's entry into the hospital sector has been successful. Shalby Sanar Hospital, in Gurugram, became recently received AACI accreditation in 2024. The management of Shalby Sanar highlighted the rigorous accreditation mechanism followed by the AACI accreditation body, thus ensuring adherence to international best practices [22]. The entry of AACI in the Indian market was facilitated because of the lower cost associated with AACI accreditation fees, of approximately tens of thousands of US dollars, as compared to JCI's hundreds of thousands of US dollars [7,18]. With growing acceptance of AACI in regions like Asia and the Middle East, AACI accreditation can be a potential alternative to the higher-priced JCI accreditation. Another route some organizations are taking is ISQua's own endorsement. Strictly, ISQua does not accredit hospitals; however, it certifies the accreditation standards that accredit the hospitals. So, when a hospital is NABH or JCI accredited, it implies that the hospital is meeting the ISQua endorsed standards. While this may not be a rightful path, the implied meaning carried by the accreditation certificates is being used by hospitals to endorse their services to international standards [9].

There are also specialty accreditations and certifications, that are reasonably accepted in countries of the Global South. These include the Healthcare Accreditation Institute of Thailand and the Council for Health Service Accreditation of Southern Africa (COHSASA), among others [23,24].

Table 1 represents a comparative analysis of alternative accreditation bodies. Exploring a pluralistic accreditation strategy would allow India to strengthen its global credibility with affordability and regional relevance. This leads to the positioning of accreditation as a tool for MVT diplomacy rather than a mere hospital-level marketing instrument.

Table 1. Comparative presentation of accreditation pathways relevant to India and the Global South.

Accreditation body	Recognition	Cost (USD)	Context Fit (India/Global South)	Strategic relevance
JCI (USA) [7]	Global	Very high	Best suited for select centers of excellence targeting Western insurers and patients.	Global branding for elite centers
NABH (INDIA) [8]	Strong presence in India	Low	Presently in India but scalable across public, private, and AYUSH facilities	Scalable South–South model
AACI (USA) [18]	Growing acceptance in Asia and the Middle East	Moderate	Emerging substitute for JCI among mid-sized hospitals	Cost-effective JCI alternative
GHA (USA) [21]	Global	Variable	Emphasizes patient experience and end-to-end MVT processes	Complements hospital accreditation rather than replacing it.

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Accreditation body	Recognition	Cost (USD)	Context Fit (India/Global South)	Strategic relevance
DNV/QHA Trent (Europe) [19,20]	Global	Moderate	Limited contextualization for low- and middle-income settings	Niche international credibility
COHSASA/HAI (Africa/Asia) [23,24]	Regional	Low/moderate	High contextual fit	Regional cooperation and mutual learning

6. Policy implications and the road ahead

For policy makers and healthcare leaders across India, the rise of MVT and the push for globally acceptable standards present an approach to recalibrate our approach to quality assurance. The question becomes, "Is JCI the only option?" The answer comes with a resounding NO. India's strategy should be to explore and implement multiple paths to uplift its image as a global south leader in MVT.

The proposed strategies that emerge from this reflective short communication are:

(1) Strengthen and promote NABH to set the floor. The government is already focusing on this by integrating NABH accreditation into various schemes [8,12,14,15].

(2) Leveraging the international accreditation standards selectively. The government can initiate subsidizing the cost of JCI accreditation for public hospitals. Instead of competing with JCI standards, India can view it as a complementary layer for centers of excellence that cater to international patients. State governments can identify a few apex hospitals to render support in getting JCI accreditation for strengthening medical tourism, while NABH is being used to raise the stage for quality practices [25].

(3) India can spearhead the creation of a South–South Quality Network, involving accreditation agencies from Asia, Africa, and Latin America. This would enable training, cross-recognition, and shared quality monitoring mechanisms.

(4) Building on India's digital public infrastructure, Ayshman Bharat Digital Mission (ABDM), eSanjeevani, and CoWIN, regional partners could create interoperable accreditation databases for cross-border trust and benchmarking [26–28].

(5) The capacity building of Global South partners can be explored through organizations like NABH, DAKSHIN, or CAHO, which can host regional fellowships to train healthcare administrators from the Global South on hospital quality improvement, aligning with WHO-SEARO's emphasis on South–South learning [8,29].

(6) Further, accreditation standards must integrate equity and inclusion metrics, ensuring MVT expansion does not create two-tier systems that disadvantage domestic patients [6].

(7) MVT hubs like Gujarat's GIFT City can serve as prototypes for multi-country partnerships, similar to the Dubai Healthcare City model, but with Global South collaboration at their core [17].

Overall, India's vision to become a global healthcare hub will depend on trust-building. Accreditation, whether JCI, NABH, or any other, fundamentally helps in building that trust. The accreditation is not only for international patients but also for Indian citizens who experience inconsistencies in the caregiving process.

7. Conclusions

JCI remains a valuable international benchmark but is not the only route for ensuring quality.

India's NABH offers a credible, cost-effective alternative that reflects domestic realities while meeting global expectations. With complementary frameworks like AACI, GHA, and others, Indian hospitals can pursue a pluralistic accreditation approach balancing global excellence and local relevance.

From a broader Global South perspective, India's success in developing NABH underscores how indigenous quality systems can empower developing nations to strengthen healthcare trust, governance, and patient safety. By fostering partnerships with countries in Africa, ASEAN, and Latin America, and integrating digital tools for transparency, India can lead the formation of a Global South ecosystem for equitable, trusted, and sustainable medical value travel.

Authors contributions

Medha Wadhwa: Conceptualization, Writing–original draft, Visualization, Writing–review & editing; Apurvakumar Pandya: Conceptualization, Supervision, Methodology, Writing–review & editing, Critical revision; Kruti Gupta: Writing–review & editing; Monika Kochar: Investigation, Writing–review & editing, Expert inputs on Global South and stakeholder perspectives; Deepak B Saxena: Supervision, Strategic guidance and support throughout the process. All authors have read and approved the final version of the manuscript for publication.

Use of AI tools declaration

The authors declare they have not used Artificial Intelligence (AI) tools in the creation of this article.

Conflict of interest

The authors declare that they have no conflict of interests.

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