Healing & Prosperity: India-Japan's Path to Collaborative Growth

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Introduction

India and Japan possess complementary strengths that can be harnessed to deliver better health outcomes and shared prosperity. India's role as a global medical-tourism and wellness hub, providing timely access to medical procedures ranging from joint replacements to fertility treatments (IVF), coronary artery bypass grafts (CABG) and advanced oncology care, pairs well with Japan's expertise in eldercare, high-quality standards, and medical technology. India's medical tourism sector was valued at $6 billion in 2022, with over 700,000 foreign patients annually and a compound annual growth rate (CAGR) projected at 21%.[1]

Strategic cooperation between the two nations across four pillars – medical tourism and patient facilitation, wellness and traditional medicine, eldercare workforce and caregiving corridors, and joint innovation in technology and supply chains – can reduce waiting times, improve access, and create economic value for both nations. Policy alignment, workforce training, and pilot projects (including a joint Emergency Medical Team) will accelerate impact.

Medical Tourism in India: Health as a Strategic Bridge

Healthcare is both a moral imperative and a strategic economic sector. Access to timely specialist care is a global problem: long waits for diagnostics and procedures in developed systems can delay diagnosis and worsen outcomes. India's combination of internationally accredited hospitals, affordable pricing, and end-to-end patient facilitation has made it a leading destination for patients seeking faster access to specialized care.

Simultaneously, Japan has built a reputation for quality healthcare and innovative eldercare. Japan's healthcare delivery system is highly regarded internationally and universal healthcare coverage ensures good health outcomes. While India faces challenges like inequitable access to healthcare, especially in its rural areas, Japan's healthcare system is challenged by rising costs and an aging society.

This complementarity creates an opportunity for bilateral collaboration that is practical, people-centered, and economically attractive.[2] India's youthful healthcare workforce and cost-effective service delivery can alleviate Japan's demographic challenges, while Japan's quality assurance models and geriatric care expertise can inform India's rapidly aging future. Together the two nations can create a new paradigm of cooperative healthcare diplomacy.

Indian tertiary centers routinely provide a broad spectrum of high-volume specialized services that many patients in developed countries wait months for. Prominent examples include:

Orthopedics & sports medicine: Arthroscopic procedures; total hip and knee replacements; revision arthroplasty, robotic surgeries.

Cardiac care: CABG, percutaneous coronary interventions/ angioplasties, heart valve repair and replacement.

Fertility and reproductive medicine: IVF and associated assisted-reproduction techniques.

Oncology & day-care chemotherapy: High-quality radiation oncology and outpatient chemotherapy models.

Neurosurgery and organ transplantation: Advanced neurosurgical procedures and Organ transplant programs in major centers.

These procedures are delivered at costs that are often a fraction of Western prices while maintaining international standards through JCI and NABH accreditation in many hospitals. Specialized surgeries (joint replacements, CABG, IVF) in India cost 20–30% of Western equivalents. Some 38+ Indian hospitals are JCI-accredited, and over 500 hospitals have the NABH accreditation, thereby ensuring global quality and patient safety standards (NABH, 2020).[3]

For Japanese patients facing long elective wait lists for non-emergency procedures, formalized pathways to accredited Indian hospitals can provide timely, safe, and affordable options (ICRIER, 2021).[4]

Indian hospitals that serve international patients typically operate integrated International Patient Departments that manage the entire patient journey: medical record review and second opinions, scheduling, visa support, interpretation, travel logistics, pre-operative optimization, coordinated post-op rehabilitation, and telemedicine follow-up after repatriation. Many hospitals now provide language-concierge services, diet options tailored to foreign patients, and bilingual care coordinators to ease cultural transitions. These services are essential to reduce the stress and logistical friction often associated with cross-border care. Japan and India could work together and collaborate with international insurance providers that ensure hospitals from both countries fall under their coverage networks. This could help reduce the financial burden of costly medical treatment on the insured international medical traveler *(Table 1)*.

TABLE 1

Prices of common medical procedures across major destinations for medical value travel (US$)

Medical Procedure	India	Thailand	Malaysia	Singapore	Turkey	South Korea
Heart Bypass	7,900	15,000	12,100	17,200	13,900	26,000
Angioplasty	5,700	4,200	8,000	13,400	4,800	17,700
Heart Valve Replacement	9,500	17,200	13,500	16,900	17,200	39,990
Hip Replacement	7,200	17,000	8,000	13,900	13,900	21,000
Hip Resurfacing	9,700	13,500	12,500	16,350	10,100	19,500
Knee Replacement	6,600	14,000	7,700	16,000	10,400	17,500
Spinal Fusion	10,300	9,500	6,000	12,800	16,800	16,900
Dental Implant	900	1,720	1,500	2,700	1,100	1,350
Lap Band	7,300	11,500	8,150	9,200	8,600	10,200
Gastric Sleeve	6,000	9,900	8,400	11,500	12,900	9,950
Gastric Bypass	7,000	16,800	9,900	13,700	13,800	10,900
Hysterectomy	3,200	3,650	4,200	10,400	7,000	10,400
Breast Implant	3,000	3,500	3,800	8,400	4,500	3,800
Rhinoplasty	2,400	3,300	2,200	2,200	3,100	3,980
Rhytidectomy	3,500	3,950	3,550	440	6,700	6,000
Liposuction	2,800	2,500	2,500	2,900	3,000	2,900
Abdominoplasty	3,500	5,300	3,900	4,650	4,000	5,000
Lasik (Both Eyes)	1,000	2,310	3,450	3,800	1,700	1,700
IVF Treatment	2,500	4,100	6,900	14,900	5,200	7,900

Low Price | Moderate Price | High Price

Source: India: Building Best Practices in Healthcare Services Globally. FICCI. Retrieved January 5, 2021 from http://ficci.in/spdocument/23136/ FICCI-EY-Report-on-MVT.pdf, Medical Tourism Association, 2019

Heal-in-India, E-medical Visas & Connectivity

To promote medical and wellness tourism, Indian authorities have facilitated several practical measures: e-medical visas extended to 170+ countries, streamlined visa renewals, and facilitation desks at major airports to assist incoming patients. Facilitation centers have been set up in some airports (Delhi, Mumbai, Hyderabad, Chennai, Vishakhapatnam, Guwahati) across India to guide medical tourists upon arrival. There are over 50 international terminals at airports in Tier 2 and Tier 3 cities in India and therefore connectivity in India is less of a challenge.

Fast track approvals of medical visas for international patients and Medical Attendant visas have been encouraged for ease and comfort of patients and their loved ones. The government-led Heal-in-India and related digital portals aim to centralize accredited hospital listings, ease appointment bookings, and coordinate visa and logistics support measures that directly address key patient concerns of trust, safety, and continuity.

Wellness Tourism & Traditional Medicine – Ayurveda, Yoga & Beyond

India's wellness sector – rooted in Ayurveda, yoga, Panchakarma, and other traditional systems – offers preventive and rehabilitative programs attractive to international visitors seeking lifestyle and longevity interventions. Wellness packages often include diagnostic labs, radiology screening, lifestyle counselling, supervised detoxification (Panchakarma), yoga and respiratory retraining (pranayama), and nutritional medicine. For conditions common in aging populations – chronic musculoskeletal pain, metabolic syndrome, stress-related disorders, and certain chronic dermatological conditions – integrative programs can be adjunctive to conventional care. Japan, with a culture that values longevity and preventive care, is a natural market for tailored medical and wellness packages combining diagnostics and traditional therapies.

Integrated medical-travel products for Japanese patients can be piloted by Indo-Japanese collaboration that can include:

1. Curated network of NABH/JCI hospitals with Japanese-language concierge services and dietary options.
2. Bundle packages: diagnostics → treatment → rehabilitation → follow-up telemedicine, with insurance linkage and flexible payment options.
3. Wellness + screening packages for middle-aged Japanese citizens combining advanced cardiac/metabolic screens with Ayurvedic and yoga rehabilitation.
4. Retiree villages: small, high-quality retirement communities in India designed to Japanese quality and operational models (care, robotics, diet), offering lower-cost long-term living and respite care.

Demographic Challenges in the Two Nations: Opportunity for Collaboration?

India's public healthcare system has expanded notably in recent years. The Ayushman Bharat initiative[5] – particularly the Pradhan Mantri Jan Arogya Yojana (PMJAY) – offers health coverage for the poor and vulnerable, with a focus on institutional care. While international patients often seek treatment in private hospitals, these public schemes signal a governmental push to broaden access. Insurance penetration in India is steadily rising, though it still lags behind developed nations. Here, cross-border insurance products could prove transformative: Japanese patients could access treatment in India at lower out-of-pocket cost, while Indian insurers could benefit from Japan's expertise in cost management. Lessons from Japan's universal coverage can help expand Ayushman Bharat, while micro-insurance products tailored to rural India and longevity-linked coverage for Japan could emerge as innovative models. Leveraging India's scale alongside Japan's actuarial strengths could also enable cross-border reinsurance frameworks, distributing health risks more efficiently.

Japan, meanwhile, faces profound demographic pressures. Nearly 30% of its citizens are aged 65 and above, with projections suggesting the super-aged phase will endure for decades (UN DESA, 2022). Changing family patterns – more elderly people living alone – intensify the demand for long-term care professionals, rehabilitation services, home-based technologies, and affordable medical devices. The Japanese model, built on universal coverage and a hybrid of private providers with public financing, consistently delivers high-quality outcomes but now struggles with escalating costs and workforce shortages.[6] These realities create opportunities for collaboration with India in workforce exchange, technology transfer, and joint service design.

Demographic projections further underline the urgency. Japan's elderly population is expected to peak around 2040, with the proportion of "super-aged" citizens reaching its highest point by 2060. Declining fertility alongside longevity growth means the system must simultaneously manage specialized care and long-term support. Private institutions currently provide most of Japan's healthcare, leaving doctors and nurses with dual responsibilities: functioning as both general practitioners and specialists, while addressing acute and chronic needs alike. Though this model has sustained high standards, it places mounting stress on personnel and facilities.

Japan's healthcare system, like India's, is a free-access model where patients can choose their doctors and hospitals. While this offers autonomy, it also transfers responsibility for seeking care onto patients themselves. For older individuals – especially those with medical conditions like dementia – the capacity to decide when and where to seek care may be compromised. Here, teleconsultations and virtual platforms can fill critical gaps, guiding patients to timely interventions and reducing unnecessary strain on physical infrastructure.

Another challenge is Japan's high average length of hospital stay compared to other developed countries, a factor closely linked to physician workloads. This dynamic signals heavier burdens for doctors in the future and underscores the need for more nurses, paramedics, physiotherapists, and allied health professionals. Expanding material resources and deploying advanced medical technologies will also be vital to meet the evolving demands of an aging society.

India's demographic trajectory offers a counterpoint. Its working-age population is projected to rise by about 4.2 million annually between 2021 and 2031, generating a large pool of potential healthcare workers. Already, Indian nurses are migrating in significant numbers to OECD countries in search of better pay, career growth, and professional exposure. This trend highlights India's capacity to help alleviate workforce shortages in aging societies like Japan.

The OECD projects that healthcare spending as a share of GDP will increase across developed nations in the coming decades, driven by higher demand for chronic disease management, extended treatment durations, and prolonged nursing care. Japan, already at the forefront of these challenges, faces intensifying pressure on both financing and manpower. India, with its growing supply of young healthcare professionals, can therefore serve as a partner in addressing these systemic gaps. Structured workforce corridors, mutual training programs, and shared financing models could align the demographic strengths of India with the demographic needs of Japan – transforming what might otherwise be crises into

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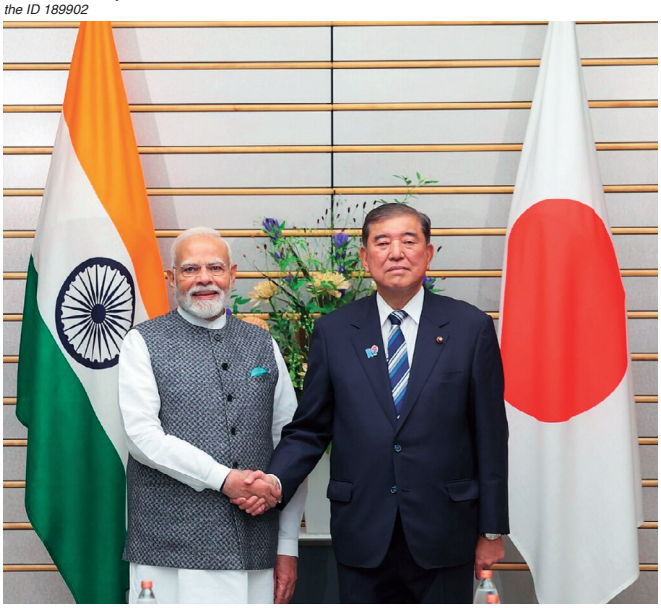

Prime Minister Narendra Modi of India and Prime Minister Shigeru Ishiba of Japan, at the 15th India-Japan Annual Summit in Tokyo, 2025

opportunities for sustainable collaboration *(Photo)*.

Two-Way Workforce Corridor: Nurses, Caregivers & SSW/TITP Pathways

Japan has already opened several regulated migration pathways (e.g., Specified Skilled Worker (SSW) and the Technical Intern Training Program (TITP)) to attract foreign healthcare workers. India's large pool of trained nurses and caregivers, combined with targeted Japanese-language and cultural training, can help fill gaps in Japan's long-term care sector.[7]

Proposed measures include:

1) Joint training academies in India with Japanese trainers to certify caregivers to Japanese service standards.
2) Guaranteed interview schemes and language scholarships to expedite placement.
3) Reciprocal short-term fellowships for Japanese nurses to learn community care models in India and for Indian nurses to gain geriatric-care experience in Japan.

This two-way corridor preserves quality through standardized certification and reduces pressure on both countries: Japan gains workforce capacity while Indian healthcare personnel access higher wages and skill transfer.

Governance, Quality Assurance & Policy Instruments

To scale collaboration, governments and industry must align on: cross-recognition of accreditations, visa facilitation for medical travel and caregivers, mutual recognition of select professional certifications, joint standards for telemedicine and e-prescriptions, and an India-Japan health innovation fund to co-finance pilots and manufacturing. The India-Japan Joint Committee on Healthcare is a natural institutional vehicle to steward these initiatives. Japanese elder-care apps and devices could be connected to India's Ayushman Bharat Digital Mission (ABDM) standards for consented health data exchange. This could help cross-border tele-consultations for chronic disease and rehabilitation. E-prescriptions could be matched with local formularies. This could lead to a reduction in avoidable ER visits. Data standards, inter-operability and cyber security concerns associated with such data exchange will have to be addressed by the two governments.

To help in elderly care, affordable robotic walkers, falls sensors and AI-based dementia monitoring can be done. India's physiotherapists and speech therapists can provide remote rehabilitation services to Japanese elderly. Small retirement villages can be set up in India with Japanese design, robotics and quality standards, operated at Indian costs and can target Japanese middle-class retirees. Such models could help the Indian elderly population as well.

An India-Japan health task force could be set up and co-chaired by the health ministries of both countries to work together on workforce and skills, medical technology, pharmaceuticals and regulation, digitals services and data. Cross-border insurance product development and health reimbursement tariff agreements should be agreed upon mutually. Coverage of malpractice protections, dispute mechanisms, and medical liability frameworks are essential for patient safety and to address liability concerns.

Co-innovation in Medical Technology, Devices & Pharmaceutical Collaboration

Japan's imaging AI and India's massive patient data sets can help to train fair, globally applicable models in AI diagnostics. Infectious disease surveillance can be done by joint AI-driven outbreak prediction systems using India's digital backbone and Japan's epidemiology expertise. Japan's success in reducing stroke and metabolic syndrome can be studied and incorporated into Indian national programs against diabetes and hypertension

A well-designed India-Japan healthcare corridor creates multiple

wins: reduced waiting times and greater access for Japanese patients; export revenue and inbound tourism for India; employment and skill development for Indian healthcare workers; resilient supply chains for medical goods; and scalable models for other aging societies in the region.

Japan's engineering and design strengths, paired with India's prototyping speed and manufacturing scale, create scope for co-innovation in affordable imaging, dialysis disposables, rehabilitation robotics, home-monitoring devices, and remote rehabilitation platforms. The Central Drugs Standard Control Organization (CDSCO) of India and the Pharmaceuticals and Medical Devices Agency (PMDA) of Japan are the two regulatory bodies responsible for ensuring the quality, safety, and efficacy of drugs and medical devices in their respective countries. The CDSCO-PMDA cooperation channel as well as the annual India-Japan medical product symposia could be used to align requirements and run parallel reviews for pilot products.

Regulatory cooperation between the CDSCO and PMDA could accelerate approvals for joint products, saving lead time and reducing costs.[8] Structured long-term purchase commitments from Japanese buyers can make Indian API parks and device manufacturing investments bankable – improving supply-chain resilience for both countries.

India's $50 billion pharmaceutical market and role as a major global supplier of generics and vaccines underpin any durable healthcare partnership. Joint investments and quality-by-design upgrades for APIs, sterile injectables, and critical care drugs can make supply chains more resilient. Long-term offtake agreements and joint R&D on biosimilars or regionally relevant therapies would benefit Japanese hospitals and global health security.

Medical Education, Joint Clinical Research & Real-World Evidence

Bi-national medical colleges with joint MBBS/MD programs with rotations in both countries could help medical students from both countries. Japan's cutting-edge simulation labs can be replicated in India for emergency medicine, surgery and disaster response. Hospital administrators and policy makers can work on 6–12-month exchange programs in both countries.

Bi-national clinical trials and real-world evidence (RWE) programs – aligning Japan's rigorous protocols with India's large and diverse patient cohorts – would accelerate therapeutics and diagnostics tailored for Asian populations. Joint research centers focusing on geriatrics, chronic disease prevention, integrative medicine, and AI diagnostics could attract public and private funding, producing evidence needed for policy change and reimbursement decisions.[9]

India's Ayurveda and Japan's Kampo can be studied together for evidence-based integration into chronic disease and wellness care. Indo-Japan institutes can be established for clinical trials on herbal formulations, standardization and safety. Wellness tourism packages and export of validated herbal products can be explored.

Emergency Medical Cooperation: a Joint EMT Proposal

Natural disasters (earthquakes, tsunamis, floods) and infectious disease outbreaks demand rapid, interoperable response capacities. India and Japan could create a Joint Emergency Medical Team (Joint EMT) trained to WHO EMT standards, with bi-national drills, shared caches of deployable equipment, and harmonized protocols for cross-border disaster missions. Such a joint unit would serve immediate humanitarian goals and build operational trust – while training clinicians and logisticians in both countries.

Cultural Synergy

Beyond economics and healthcare systems, India and Japan are bound by deep cultural affinities that strengthen the foundation for collaboration. Both societies value respect for elders, harmony within the community, and a collective sense of responsibility – principles that are central to Japan's social order as well as to India's ethos of Vasudhaiva Kutumbakam ("the world is one family"). The Indian concept of dharma – righteous duty – resonates strongly with Japan's emphasis on discipline, sincerity, and mutual obligation. Such shared values create an enabling environment for joint initiatives in healthcare, wellness, and eldercare, where compassion and dignity are as important as clinical excellence. Cultural synergy also extends to spiritual traditions: Ayurveda and yoga, and Kampo and Zen practices, all highlight balance, prevention, and holistic well-being. By grounding policy cooperation in this cultural convergence, the two nations can build people-centered healthcare partnerships.

Conclusion: a Roadmap for Shared Well-Being

Healthcare collaboration between India and Japan is more than a bilateral initiative; it is a strategic investment in shaping the future of Asia's social and economic landscape. India's strengths in affordability, human resources, and holistic traditions converge with Japan's technological excellence, eldercare models, and quality systems to create a uniquely complementary partnership *(Table 2)*.

India's commitment to universal, people-centric care and Japan's

TABLE 2

Immediate & long-term opportunities for both countries

Immediate Opportunities	Long-Term Opportunities
• Fast-track medical visa issuance for Japanese patients	• Joint innovation hubs in medical AI, robotics, and geriatrics
• Pilot "caregiver exchange" programs and joint training	• Creation of Indo-Japanese insurance products and cross-coverage networks
• Co-branded "Ayurveda/Yoga + Diagnostics" wellness packages	• Establishment of Indo-Japanese elderly care/retirement village ecosystems
• Joint EMT (Emergency Medical Team) deployments for disasters	• Harmonized regulatory approval for pharma/devices and long-term clinical research centers

Source: Compiled by the author

long experience in managing aging societies provide lessons not just for India but for the entire Global South that will soon face similar demographic challenges. Together, the two nations can pioneer innovations in medical tourism, integrative wellness, and eldercare that are scalable, sustainable, and rooted in the shared ethic of collective well-being.

If institutionalized within the broader India-Japan Strategic and Global Partnership, healthcare cooperation can evolve into a flagship pillar – enhancing mutual trust, improving quality of life, and generating economic dividends. In doing so, India and Japan will not only improve health outcomes for their own citizens but also offer the world a model of how diverse societies can align their comparative advantages to create both health security and economic prosperity.

High-level political commitment (including recent high-level engagements between leaders of both nations) offers the momentum; it is time to convert that momentum into operational partnerships that heal, protect, and create prosperity for both India and Japan.

To translate vision into action, the following steps could anchor cooperation:

1. Bilateral frameworks for medical tourism: Simplify visas, insurance, and recognition of Indian hospital accreditations for Japanese patients.
2. Caregiver training alliances: Establish programs in India tailored for Japanese eldercare needs, supported by language and cultural training.
3. Integrated wellness initiatives: Promote Ayurveda and yoga as complementary therapies within Japanese healthcare and eldercare.
4. Joint technology platforms: Co-develop telemedicine, AI diagnostics, and eldercare robotics for aging societies.
5. Research and knowledge hubs: Create joint centers for geriatrics, preventive health, and integrative medicine.
6. Cultural exchange programs: Encourage professional and patient exchanges to build empathy, trust, and long-term bonds.

Indo-Japanese collaboration is unique and can serve as a model of sustainable development, demonstrating how two major economies can shape a more equitable global future together.

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