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Structural Inequality and Economic Determinism in the Global Wellness Economy (2019-2023)

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Abstract: The global wellness sector, valued at $6.8 trillion in 2024, is projected to grow at 7.3% annually, reaching $9.0 trillion, surpassing the estimated 4.8% global GDP growth. Despite this rapid expansion, regional equality and structural inclusion in the wellness economy remain insufficiently examined. This study investigates the structural and economic determinants of wellness expenditure across six global regions to identify development and accessibility gaps between the Global North and the Global South. Using data from 52 countries sourced from the Global Wellness Institute and the World Bank, the research applies quantitative measures, including the GINI Coefficient, Location Quotient (LQ), Coefficient of Variation, Pearson Correlation, and Lorenz Curve, to evaluate inequality and spatial concentration. The results reveal a "Hub vs. Mass" structural pattern in the global wellness economy. Countries such as Australia, the UAE, and Switzerland (LQ > 2.0) function as concentrated "wellness hubs," where the sector operates as a luxury or export-oriented industry. In contrast, most countries with large populations remain "demographic frontier" markets (LQ < 0.8) with substantial unmet demand. China is an exception, showing that large developing economies can mature into markets. Most regions have a near-perfect correlation (r > 0.95) between GDP per capita and wellness expenditure, demonstrating that economic capacity determines access. This "wellness gap" may worsen global health disparities without concerted policy intervention.

Keywords: Economic Determinism; Global Wellness Economy; Regional Wellness; Regional Inequality; Location Quotient; Market Maturity; Structural Disparity; Structural Dualism.

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1. Introduction

The word wellness started appearing in print and conversation as a ubiquitous concept only in recent years. However, it has been prevalent for thousands of years in India and China in their traditional health and medical systems. Commonly, the term is understood as a multidimensional, holistic concept that is liable to change over time [36]. The modern word 'wellness' has

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ancient roots [78]. The key tenets of wellness, such as preventive and holistic approaches, have been derived from the civilisations of the East (India and China) and the West (Greece and Rome). The focus of the medical movements developed in nineteenth-century Europe and the USA, founded on holistic and natural approaches, self-healing, and preventive care, encouraged a new perception of a happy and healthy life, laying the groundwork for the present outlook on wellness. Many factors have contributed to the development of the ''wellness industry'' to the present scale [79]. They are the increasingly hectic pace of living, high levels of stress experienced at the workplace as well as at home, the breakdown of traditional family structures and declining influence of religious organisations, and the resultant desire for a simpler and slower pace of meaningful life [14]; [66]; [21]. In addition, increasing health costs, growing scepticism towards modern medicines, and rising consumerism in Western health-care systems have encouraged a desire to live better and to adopt a holistic, alternative medical system [81]; [93]. Against this background, the wellness economy is set to grow indefinitely [76].

1.1. Global Wellness Economy

The global wellness economy emerged as a major economic force in the post-COVID-19 period. The volume of the economy of wellness expanded from 5,030 billion USD in 2019 to 6,321.2 billion USD in 2023 and 6.8 trillion USD in 2024 (a growth of 7.9 per cent from 2023-2024), reaching double the size of 2013. The interesting fact is that it has grown faster than the global economy (wellness grew by 6.5 per cent annually from 2013 to 2024, while global GDP grew by 3.2 per cent annually). Among the regions, North America, MENA, and Europe are the fastest-growing regional economies over the last five years and have shown the strongest resilience in the post-pandemic period (constituting almost 90 per cent of the global wellness economy). It is notable that all eleven sectors of the wellness economy have recovered from the shock of the Pandemic and have outgrown their 2019 status. Now, in 2025, the wellness economy accounts for 6.12 per cent of global GDP, up from 5.67 per cent in 2019, indicating that the post-COVID-19 period is a time of recovery. The positive income elasticity of 1.0 or higher in the wellness industry indicates that global consumers are allocating a greater share of their consumption expenditure to health, fitness, mental wellness, and preventive care [64]. It is expected that the global wellness economy will reach a targeted $9.8 trillion in 2029, with 7.6 per cent annual growth, marking a substantially higher rate than the IMF's projected 4.5 per cent growth in global GDP. It also means that consumers will allocate an increasingly larger portion of their budgets to wellness as global incomes rise. A 10 per cent increase in global income correlates with a >10 per cent increase in spending for wellness, suggesting a shift from a luxury good (especially in mature markets) to a normal/superior good across all income levels, with consumers prioritising health spending even during economic uncertainty.

During the eleven years from 2013-2024, the average annual growth rate of GDP at the global level is ~2.5 -3.0 per cent, whereas the global wellness economy's growth rate is ~6.5 per cent. This Figure 1 show some interesting points: wellness has become a structural economic priority among the consumers rather than a cyclical or temporary trend based on certain niches (the industry has grown 2.2 to 2.6x faster than the global economy); the positive income elasticity of wellness economy is greater than 1.0 which means that as income grows, wellness spending grows proportionately faster; otherwise mature markets like North America (6.6 per cent), Europe (9.3 per cent) show wellness growth rates 2.1-3.7x higher than global GDP growth, demonstrating that market maturity does not mean 'saturated' but rather featured with sustained high demand. Even emerging markets (Asia-Pacific: 9.3 per cent; Latin America: 4.3 per cent) show higher multiples relative to GDP growth, indicating accelerating adoption. It is predicted that the growth of the wellness economy will continue unhampered over the next five years. The compelling factors behind the rapid growth of the wellness economy are an ageing population, chronic diseases, the unsustainable costs of caring for the sick, widespread mental unwellness, and growing awareness of healthy lifestyles. Post-COVID responses to chronic diseases are also a reason. Besides, there is a growing awareness of the influence of the environment on health. GWI predicts that the wellness economy will grow at 7.6 per cent over the next five years and reach $9.8 trillion in 2029.

1.2. Problem Statement and Research Gap

Tables 1 and 2 give a profile and the growth trajectory of the wellness economy till 2024. North America, with a CAGR of 7.9 per cent, has the fastest historical growth over the 5 years, but the 2023–24 rate is only 6.6 per cent (83.5 per cent of the global rate of growth for the same period). In North America, 93.34 per cent of the wellness economy is controlled by the USA, which accounts for 31.88 per cent of the global wellness economy. And their populations have reached the maximum level of wellness spending. This is a classic symptom of market maturity in the USA. But the fact that Canada, which accounts for 36.92 per cent of the regional population, claims only 6.66 per cent of the regional wellness economy is a classic example of regional disparity.

Table 1: Global wellness economy - a panoramic analysis 2023

Regional Rankings by Market		
Region	**2023 Market ($B)**	**Global %**
North America	2158.71	34.15%

Asia-Pacific	1878.3	29.71%
Europe	1652.8	26.15%
Latin America-Caribbean	374.2	5.92%
MENA	165.2	2.61%
Sub-Saharan Africa	91.9	1.45%
Global Total	6321.2	100%
Gini Coefficients (Inequality Analysis)		
Region	**Gini**	**Type**
Asia-Pacific	0.657	Dominance by Peers
Latin America-Caribbean	0.632	Brazil leads within a two-country concentration
Sub-Saharan Africa	0.608	Uneven Development
North America	0.433	Mature but dominated by the US
Europe	0.445	Well balanced
MENA	0.475	Driven by oil wealth
Dominance by the Top Country and Concentration of the Wellness Economy		
Region	**Top Country**	**Share %**
North America	USA	93.34%
Asia-Pacific	China	46.34%
Europe	Germany	18.77%
LAC	Brazil	29.69%
MENA	UAE	20.61%
SSA	South Africa	25.70%
Per Capita Spending on Wellness		
Region	**Per Capita ($)**	**Rank**
North America	4839	Highest
Europe	1892	2nd
MENA	841	3rd
Asia-Pacific	439	4th
Latin America-Caribbean	563	5th
Sub-Saharan Africa	74	Lowest
Fixability and Development Potential		
Market	**Population Gap**	**Fixability**
SSA: Nigeria	-16.5pp	Highest
APAC: India	-10.8pp	Medium
LAC: Brazil	+22.7pp	Low
Key findings		
Gini Paradox: SSA has the lowest Gini, but the lowest per capita		
North America has claimed one-third of the global wellness economy.		
APAC's highest inequality reflects the deep China-India divide		
SSA shows the most addressable inequality		
Mexico is growing faster than Brazil (26 per cent vs 10 per cent)		
Note: *Data from The Global Wellness Economy-Country Rankings. Data for 2019–2023 [Data set], by Global Wellness Institute [101].*		

In the Asia Pacific, a single country, China, has brutal dominance over the wellness economy. It controls 46.34 per cent of the region's wellness economy in 2023, whereas the country's share of the region's total population is only 35.08 per cent, creating a population gap of 11.26 pp. In Latin America and the Caribbean, Brazil and Mexico together control around 54.63 per cent of the wellness economy, whereas the region's population accounts for 58.08 per cent. It is interesting to note that even controlling for around 30 per cent of the region's wellness economy does not close the population gap in Brazil (6.28). Likewise, MENA shows strong performance, with a substantial 8.3 per cent CAGR (second-highest) and 8.5 per cent in 2023–24 (107.6 per cent of the global average for 2023–24). However, here too, about two-thirds (61.6 per cent) of the region's wellness economy is concentrated in Saudi Arabia and the UAE. In contrast, most of the other countries in the region are facing a negative population gap, meaning their wellness economies are too small. Asia-Pacific and Europe have experienced explosive growth relative to the global rate (117 per cent each – Table 2) as disposable incomes rise and wellness awareness spreads. There is a 20.8 per cent increase in per capita income globally during the same period, showing that wellness spending is growing faster than population growth, which is a genuine testament to market expansion. The per capita increase at this rate far outpaces typical inflation (4–5 per cent annually), proving that wellness is a value-driven growth category, not just inflationary spending. Concerning per capita wellness spending, developed regions also lead. However, here too, there is a

disparity within the region: Germany and the UK control 32.66 per cent of the wellness economy, whereas the combined population of the two countries is only 19.52 per cent, resulting in a population gap of 13.14pp:

- **Population Gap** = (Country's % of regional wellness spending) − (Country's % of regional population)

Inter-regionally, SSA, MENA, and LAC lag in terms of disparity. Even in SSA, one of the regions severely lacking in the magnitude of the wellness economy (these regions command only 1.45 per cent, 2.61 per cent and 5.92 per cent respectively of the global wellness economy in 2023), there is severe intra-regional disparity, with South Africa claiming 23.62 per cent of the wellness economy in 2023, against the 9.08 per cent of the regional population. Whatever little expenditure on wellness in the region is highly concentrated in South Africa.

Table 2: Profile of wellness economy by region

Year	Details	NA	A P	Europe	LAC	MENA	SSA	World
2019	W. Eco. (US$B)	1574.7	1618.4	1322.4	306.8	127.4	80.2	4995.4
	W.Eco.. Per Capita (US$)	4303.0	387.0	1437.0	475.0	250.0	71.0	$652
	W.Eco.. as a % of Regional GDP	6.77%	5.27%	5.77%	5.58%	3.64%	4.34%	5.79%
	W.Eco.. as a % of Global Total	31.31%	32.18%	26.29%	6.10%	2.53%	1.59%	100.0
2020	W.Eco.. (US$B)	1517.1	1497.9	1171.1	228.2	118.6	71.9	4669.4
	W.Eco.. Per Capita (US$)	4106.0	356.0	1269.0	350.0	229.0	62.0	$596
	W.Eco.. as a % of Regional GDP	6.60%	4.86%	5.29%	4.90%	3.78%	4.10%	5.43%
	W.Eco.. as a % of Global Total	32.95%	32.53%	25.43%	4.96%	2.58%	1.56%	100.0
2021	W.Eco.. (US$ B)	1776.5	1703.	1438.7	275.0	136.1	79.3	5484.1
	W.Eco.. Per Capita (US$)	4798.0	402.0	1558.0	419.0	259.0	67.0	$699
	W.Eco.. as a % of Regional GDP	6.94%	4.83%	5.68%	5.09%	3.69%	4.02%	5.61%
	W.Eco.. as a % of Global Total	32.85%	31.49%	26.60%	5.08%	2.52%	1.47%	100.0
2022	W.Eco.. (US$ B)	2010.9	1705.8	1506.3	330.9	155.9	88.6	5869.7
	W.Eco.. Per Capita (US$)	5402.0	401.0	1636.0	501.0	293.0	73.0	$741
	W.Eco.. as a % of Regional GDP	7.21%	4.88%	5.92%	5.36%	3.55%	4.23%	5.81%
	W.Eco.. as a % of Global Total	34.68%	29.42%	25.98%	5.71%	2.69%	1.53%	100.0
2023	W.Eco.. (US$ B)	2158.7	1878.3	1652.8	374.2	165.2	91.9	6267.4
	W.Eco.. Per Capita (US$)	5768.0	439.0	1794.0	563.00	305.0	74.0	*788.0*
	W.Eco. as % of Regional GDP	7.32%	5.34%	6.07%	5.38%	3.84%	4.57%	5.9%
	W.Eco.. as a % of Global Total	34.15%	29.71%	26.15%	5.92%	2.61%	1.45%	100.0
2024	W.Eco.. (US B)	2299.6	2034.4	1742.6	402.8	190.1	94.0	6763.6
Annual Growth rate 2023-24 (%)		*6.6*	*9.3*	*9.3*	*4.3*	*8.5*	*2.3*	*7.9*
Growth rate relative to Global annual growth (%)		*83.5*	*117.7*	*117.7*	*54.4*	*107.6*	*29.1*	*100*
CAGR - W. Eco (2019-24)		*7.9%*	*4.7%*	*5.7%*	*5.6%*	*8.3%*	*3.2%*	*6.2%*
CAGR-Per capita W.Eco		*6.0%*	*2.6%*	*4.5%*	*3.5%*	*4.1%*	*0.8%*	*3.9%*
Notes								
1. N.A - North America, AP - Asia Pacific, LAC - Latin America and Caribbean, MENA - Middle East North Africa, SSA - Sub-Saharan Africa.								
2. The global wellness economy per capita was calculated using World Bank population data.								
3. Global GDP data from IMF, World Economic Outlook Database, April 2024 Edition.								
Global wellness per capita was $652 in 2019 and grew to $788 in 2023 (20.8% increase).								

While North America spent $5768.00 per capita in 2023, the corresponding Figure for SSA is a meagre $74.0, highlighting the disparity between developed and underdeveloped markets. In the case of SSA, the CAGR of per capita wellness expenditure for 2019-2023 is only 0.8 per cent. The total wellness expenditure CAGR of the SSA between 2019 and 2024 grew by 3.2 per cent, but the per capita CAGR was only 0.8 per cent. The increase in the population of the Sub-Saharan countries during the period explains this phenomenon (Table 2). In short, the market is growing mainly because of population growth, not because people are spending more on wellness. (Table 2). SSA has had the slowest growth over the last five years, with a CAGR (2019–2024) of 3.9% — the lowest among all regions and far below the global average (6.2%). The annual growth rate for 2023-24

relative to the global average is only 29.1 per cent, well below the global average and down from the previous year. Despite a massive population, the wellness economy is severely underdeveloped and not catching up, though the region represents both the greatest untapped potential and the most concerning disparity. Overall, it can be surmised that the wellness economy is undergoing a structural transformation, with mature markets (like North America) plateauing despite being the largest, developed markets (Europe) maintaining growth at lower rates, and emerging markets (Asia-Pacific, MENA) as the new growth drivers. At the same time, developing markets like Sub-Saharan Africa, Latin America, and the Caribbean remain severely underdeveloped, despite representing 40 per cent or more of the world's population.

From the above facts, there is a divergence between developed and developing regions regarding the growth pattern of the wellness economy. The trends in North America signal market maturity, as is evident from the deceleration from 7.9 per cent CAGR (2019-24) to 83.5 per cent relative to the global growth rate (Table 2), while Asia-Pacific and Europe are accelerating, and SSA/LAC are persistently lagging—indicating that wealth concentration and economic development, not population size, determine wellness economy growth. Since the growth of the wellness economy is structural rather than cyclical (meaning fundamental economic change, not a temporary trend), it follows that consumers will allocate more of their income to wellness as income increases. This argument is that the global economy's CAGR during 2019-24 is around 2.5–3.0 per cent, whereas the wellness economy grew at a CAGR of 6.2 per cent during the same period. This growth disparity over the six years and the greater disparity of 2.8x in the most recent year (2023-2024, 7.9 per cent wellness growth *vs.* ~2.8 per cent GDP growth) all support the argument. The trend will likely continue in the coming years; in other words, consumers will spend a greater proportion of their disposable income on wellness. Besides, the wellness industry will be more likely to be driven by demographic pressures such as ageing populations and chronic diseases, and by policy support through government initiatives to expand the sector's capacity.

Nonetheless, there are severe regional variations in adoption pace, not in adoption likelihood - all regions are aware of the increasing demand for wellness initiatives. Still, the equality concerns are more prevalent in certain regions. The regional performance analysis (Table 2) shows disparities in the development of the wellness economy. Sub-Saharan Africa, the Middle East & North Africa, and Latin America & the Caribbean account for only 10.16 per cent of the 6.76 trillion global wellness economy in 2024. This aggregate picture obscures a nuanced pattern of inequality prevailing within these regions. A further examination of the distribution of regional economic resources shows an important feature: the lowest-performing markets lag in overall wellness economy and exhibit severe internal inequality in how wellness economy resources are distributed within each region. This point is particularly important given that these three regions collectively house approximately 2.4 billion people — roughly 29 per cent of the global population — yet control around one-tenth of the global wellness economy. Preliminary evidence suggests this internal inequality is likely to be more pronounced than in better-performing regions. For instance, in Sub-Saharan Africa, South Africa and Nigeria together account for 38.78 per cent of the region's wellness economy spending in 2023 (Table 2), while these two countries account for only 23.10 per cent of the region's population. Between these two countries, South Africa, which has only 5 per cent of the region's population, accounts for 25.7 per cent of the region's total wellness spending, according to a 2023 figure.

The magnitude of the regional disparities is established by the quantitative evidence presented above—specifically, the 78-fold per capita gap between North America and Sub-Saharan Africa. However, the underlying currents driving this divergence remain under-theorised. The extant literature on the concept of wellness has dwelt upon micro-level variables, less frequently meso-level variables, and global aggregate growth, consumer behavioural models in Western contexts, and single-sector analyses, such as spa tourism related to wellness. However, these frameworks often assume a straight, homogeneous trajectory of development, failing to capture the structural, economic, and institutional variations that give rise to the distinct 'Mature,' 'Growing,' and 'Nascent' clusters identified in the preliminary data [35]; [21]. This concentration of wellness economy opportunities among a few countries within already disadvantaged regions, on account of many reasons, perpetuates a two-tier global wellness system: rich countries with concentrated but relatively equitable wellness markets, and lower-income regions where absolute scarcity and inequality in distribution of the facilities compound the disadvantages faced by their smaller economies. Understanding these constraints—underdevelopment and high internal inequality—is essential for systematic investigation. To the best of the investigators' knowledge, no research has been conducted to date on the different aspects of regional disparity in less developed wellness economies; hence, the present study. Consequently, to understand the dynamics behind these divergent CAGRs and market shares, this study reviews the literature, divided into micro- and meso-level variables and global-level analyses. However, the latter are fewer in number.

1.3. Research Objective

To assess the degree of regional inequality in the global wellness economy and identify the 'wellness development gap' in the Global South (SSA, LAC, Asia-Pacific) through a comparative analysis of market density indices, per capita income correlations, and inequality coefficients.

1.4. Significance of the Study

Theoretically, this study adds to the literature on the trajectory of the wellness economy by challenging the prevailing narrative of universal wellness expansion. By empirically analysing the disparity between global CAGRs for 2019-2024 (6.2 per cent) and regional outliers, this research shifts the academic discourse from 'wellness as a uniformly welcomed phenomenon across the globe' to 'wellness as a spatially stratified economy.' This study fills a critical gap by addressing the lack of a comparative analysis of regional disparities, especially in lagging regions. It offers a new framework for understanding how wellness markets mature differently in outlier regions. A single strategy does not fit all regions, because some are mature, others are growing, and some are still grappling with inherent economic problems. This study provides critical intelligence to wellness executives and investors to inform strategic decisions on market entry and portfolio diversification, tailored to the unique characteristics of regions and countries. At the policy level, this study addresses the inequity in access to wellness. The study addresses it as a development issue rather than solely a commercial one. This research helps policymakers in developing nations identify the institutional and infrastructural deficits that hinder the growth of the wellness economy.

2. Literature Review

Wellness and well-being are generally understood as closely connected synonyms. However, the academic world theoretically distinguishes the two terms; well-being as a broader, philosophical outcome, whereas the GWI (The Global Wellness Institute) treats "wellness" as an active industry and conceptualises it as the pursuit of activities, choices, and lifestyles that lead to a state of holistic health. Wellness is fundamentally conceptualised as the pursuit of health. It is Dunn [15] who gave a modern-day definition of wellness: the maximisation of health through an integrated method of functioning that considers an individual's environment. Later, Lalonde [45] suggested that more could be done to relieve disease and disability by promoting a state of well-being that achieves a holistic balance among physical, mental, and social activities. Thus, well-being is recognised as a broader, more inclusive concept than wellness [16]. Two distinct academic pursuits address well-being and wellness. Wellness has received greater institutional recognition, while well-being is more grounded in philosophical constructs. Institutionally, the Global Wellness Institute oversees global wellness and provides a formal definition of wellness as the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health. It is doubtful whether there are any big differences in the conceptualisation of the two terms. Simons and Baldwin [77] note that well-being and wellness differ in terms of responsibility: the state of well-being attained is more external to the individual. However, the individual might measure it, whereas the individual usually measures wellness, and it is responsible for it. According to the Cambridge Dictionary, well-being is 'the state of feeling healthy and happy' [6]. This identifies health as the principal component of well-being. Wellness, on the other hand, is rooted primarily in hedonic philosophy—the pursuit of pleasure through health-promoting behaviours like exercise, nutrition, and sleep.

Well-being, on the other hand, integrates both hedonic and eudaimonic philosophies, which seek meaning in life beyond mere happiness. Wellness is more individual-centred, whereas well-being encompasses physical, mental, social, spiritual, financial, and career well-being. Wellness is measured through behavioural indicators and observable variables, whereas well-being is measured mainly through latent constructs and subjective assessments. Despite arguments that distinguish the two terms, they are often used interchangeably and, at times, a part is taken to represent the whole, as argued by Martins et al. [53], who state that the term is often erroneously interchanged with medical tourism in the literature. This observation about the confusion between wellness and medical tourism parallels the confusion between wellness and well-being—researchers conflate related but distinct concepts. Moreover, academic journals seldom mandate the distinction between the two terms. And, the present authors also do not find any finer distinction between the two terms operationalised in the academic works. Besides, most research in the field of well-being/wellness is limited to micro- and meso-levels. It is interesting to note that studies have been tied to one or more dimensions of well-being/wellness, with few studies focusing on regional/global-level inequalities in the spread and growth of wellness economies [56]. According to the GWI's conceptual identification, wellness is the pursuit of activities and lifestyles that lead to a state of holistic health. The GWI views wellness from the perspective of industry and the broader economy. For GWI, it is the commercial vehicle (spas, yoga classes, real estate, etc.) that people engage in to achieve the state of well-being.

Wellness measures the money aspect of well-being from an economic and business perspective, whereas well-being is more psychological and philosophical rather than economic or business-related. However, well-being is a broader term than wellness, and it is argued that wellness is the path to well-being [57]. The broader concept, well-being, is a state of equilibrium between the challenges individuals face and the resources available, and it encompasses the philosophical and structural dimensions of human flourishing [12]. Therefore, the philosophical definition of the concept operates at the individual psychological level, and so are the research materials available on the concept. On the contrary, wellness operates at a practical/market level, and the prevailing perspective is on how specific services and products are consumed to achieve that equilibrium, as seen by proponents of well-being [37]. White [95] distinguishes relational well-being (the philosophical understanding of human flourishing) from the operational aspects of wellness (the individual practices and services aimed at

achieving that flourishing). Authors such as Smith and Diekmann [79] view well-being as the goal or outcome of the tourism experience and treat it as a measurable construct rather than merely a feeling. Many authors and their studies have been centred on well-being acquired through tourism [10]; [13]; [23]; [32]; [60]; [61]; [62]; [65]; [73]; [2]; [88]. Moreover, there is significant disagreement over the fundamental interpretation of the terms' well-being' and 'wellness' in the academic literature. Carlisle et al. [7] view the concept through a sociological lens - a condition fundamentally shaped and threatened by the social, cultural, and economic changes associated with the moral systems.

In contrast, Jayawickreme et al. [34] identify the core problem that the multiplicity of theories has led to a blurred and broad definition, suggesting that the field suffers from conceptual confusion. Global Wellness Institute [24], writing from the Stanford Encyclopedia of Philosophy, takes a fundamentally different approach by defining well-being as "what is non-instrumentally good for a person." These three positions reveal the depth of disagreement. Thus, the conceptualisation of the very term is not a unanimously accepted one; the main reasons being that the term has been borrowed mainly from philosophy and tied the concept to Quality of Life' and 'Life Satisfaction'. Since the concept is viewed from an individual perspective, macro-level studies are scarce compared to personal-level studies. Two disagreements have led to the present study: first, there is no agreement on the conceptualisation of the two terms (therefore, the review of previous studies does not distinguish between the two); second, the studies are mainly centred on the micro/meso levels. Very few studies exist at the macro level, let alone at the regional/global levels [58]. The different aspects of wellness are underexamined [80]. The wellness sector has experienced commendable growth and rapid diversification over the years, driven by consumer demand and its integration across sectors such as the corporate, healthcare, and tourism sectors [4]; [18]. Advancements in technology, especially Artificial Intelligence, have also contributed to its growth. This growth has led to increased research on wellness. Generally, literature on wellness research centres on themes such as the Physical activity sector, organisational health and workplace wellness, Digital Wellness and Technology in Health, Holistic Health and Mind-Body Wellness, and Societal and Educational Wellness [29]; [94]; [85].

Although the physical activity sector is one of the largest and fastest-growing components of the wellness economy according to the framework of the Global Wellness Institute [24], the wellness perspective of the physical activity is researched at micro level as well, focusing on health outcomes, individual behaviour or specific sub-populations, or at the corporate level to deal with stress management issues, costs of healthcare, to enhance job performance, morale, and to change leadership style [86]; [67]. The inter-relationship between wellness and other variables like digital transformation, employee engagement inclusive leadership, stress reduction programmes, resilience strategies, office spaces wellness-centric organizational culture, role of technology; hybrid work models, time management practices, commitment of leadership work-life balance, and so on are the points of enquiry regarding wellness-oriented physical activity [69]; [59]; [46]; [39]. The effects of digital integration on workplace wellness have also been subject to research. Digitally monitored health tools, such as virtual wellness platforms and AI-integrated coaching, have been studied [71] [55]; [5]; [9]. Wellness tourism explores how wellness has grown into one of the key drivers of tourism development [22]; [18]; [97]; [38]; [63]. There are studies on spas, yoga, and other rejuvenating techniques that analyse wellness tourism from the perspectives of healing methods, health benefits, economic impacts, and the integration of traditional healing into wellness. As is clear from the above, the research on physical activity, which is a part of wellness research, remains at the micro level and context-specific [49]; [17]; [31].

At best, studies are conducted at specific destinations or at the country level and do not compare how the Physical Activity sector develops across world regions, let alone the concept of inequality [74]; [75]; [8]; [4]. On the contrary, the Global Wellness Institute treats physical activity as a distinct sector of the wellness economy. It provides regional estimates of market size and growth, which reveal substantial disparities between mature markets (such as North America and Europe) and emerging regions, such as Sub-Saharan Africa. Yet there is scant evidence-based attempts that explain these regional disparities. This disparity between behavioural/public health evidence and macro-level wellness economy data justifies the present study's focus on regional differences in wellness achievement, with particular importance for regions lagging in the wellness economy. Nor does GWI's data explain why regions differ, especially why Sub-Saharan Africa remains a very small and slow-growing market despite high health needs [52]; [51]; [11]; [40]. The domain of wellness has been a major focus of tourism research. The main argument centres on bottom-up spillover effects, which cumulatively influence the overall quality of life (QoL). Authors like Li et. al. [47], Kim et al. [42], Kim et al. [43], Wang et.al. [89], Rahman et al. [72], Woo et al. [96], and Wang et. al. [90] have proved the bottom-up spillover effects on wellness resulting from tourism. Studies covering specific areas of countries are also available, e.g., Agboola and Yotsumoto [1]. Another branch of study undertaken with a wellness perspective is holistic health. Hannam [31], Majeed and Kim [30], Cramer et al. [87], Rahman et al. [72], and Kim et al. [42] have studied wellness holistically, focusing on health and peaceful lifestyles. Apart from the holistic aspects of wellness, another area of research is educational and societal wellness [84]; [21]; [68].

The importance of integrating wellness principles into educational practices, the social and economic factors that influence wellness, public health initiatives and wellness, and the influence of urban planning on wellness have been extensively studied [69]; [20]. Yeung and Johnston [98] focus on Asia's wellness development, compare it with global trends, and examine the

wellness economy in Australia, China, Japan, India, and Southeast Asia in 2017-18. But as usual, the other lagging regions are invisible in discourses on wellness, even when the authors provide a comprehensive analysis of the global and Asian economies of wellness for the Asian Development Bank [19]. Another paper examines the global and sectoral distribution of the wellness economy, providing an extensive sectoral overview based on data from the Global Wellness Institute [25] (GWI) for 2018–2019, followed by an in-depth case analysis of two fitness companies. Still, it does not explain the drivers behind the regional disparity in the distribution of the economy. Wang et al. [91] conducted a macro-level study using GWI data from 218 countries for 2017, 2019, and 2020. They examined correlations between wellness spending and happiness/health outcomes at the country level, but did not specifically address region-based disparities in wellness economy development or growth patterns. The study has not addressed the regional market growth trajectories, adopting the regional categorisation of the GWI, such as North America, Europe, Asia-Pacific, and Sub-Saharan Africa. GWI's 2025 Country Rankings give detailed regional wellness economy data, which show Sub-Saharan Africa at $91.9 billion, which is only 1.45 per cent of the global total, with $74 per capita spending and 3.5 per cent annual growth. The rates are the lowest across all metrics compared to North America [36].

However, the report is descriptive and documents these disparities, but does not provide explanatory analysis of the institutional, policy, or structural drivers behind the regional differences. Likewise, the Global Wellness Institute [26] provides macro-level analysis of the wellness economy, but does not delve into regional disparities, even though it covers 11 sectors globally. A micro/meso-level study conducted in China indicates that disparities in regional well-being development may reflect institutional barriers, which justify a study of institutional/policy differences across regions [48]. The foundational reports by the Global Wellness Institute [27] have provided essential macro-level data on market size and sector valuations. But their primary focus remains descriptive and industry-centric and does not systematically address the “why” behind the deep structural disparities between regions [37]. The GWI's regional chapters focus on market-size projections and sectoral breakdowns rather than analysing the causes of regional disparities; notably, lagging regions receive only brief attention. Apart from the studies led by the Global Wellness Institute [28], macro-level studies on wellness are scarce. Even these studies are rather descriptive than analytical, even though most argue about the shortcomings of inadequate infrastructure and other economic barriers. Yeung and Johnston [99], who focused on the Middle East and North Africa, provide descriptive accounts rather than analytical insights into regional variation. There has been a substantial growth in the various dimensions of wellness research. A bibliometric analysis by Suban [83] covering 1998–2021 has identified 381 peer-reviewed papers on wellness tourism in the Scopus database, with 804 total authors contributing to the field.

Another bibliometric analysis of 143 peer-reviewed papers from the Web of Science (WoS) database, published between January 2013 and June 2023, provides more recent insights into trends in wellness tourism research [54]. More recently, a literature review covering 2019–2023 identifies 72 peer-reviewed empirical papers from the Web of Science and Scopus databases, demonstrating continued research momentum in wellness. A macro-level study by Wayne and Russell [92] covering China, India, Thailand, Sri Lanka, Japan, Indonesia, Malaysia, Vietnam, etc provides detailed analysis of wellness tourism development in Asia-Pacific, and explicitly identifies Sub-Saharan Africa as an 'emerging market' for wellness tourism growth but provides no empirical analysis of why this region remains dramatically underdeveloped compared to Asia-Pacific. Another bibliometric analysis shows that research on wellness tourism, in particular, and on wellness in general, is concentrated in rich countries. However, these studies are not empirical ones but reviews [50]. The wellness economy literature shows extensive research across sectoral dimensions and niche-based that lacks global integration or comparative analysis. A more recent work by Putrevu and Mertzanis [70] identifies regional disparities in wellness across regions but does not address them. The Global Wellness Institute's commercial models provide quantitative analyses across countries. Still, these analyses lack critical scholarly engagement with how wellness is understood, operationalised, and received differently across cultures and economic and demographic contexts. Physical activity research is centred on motivation factors, exercise adherence, and health outcomes across diverse fitness contexts, workplace wellness, mental wellness, wellness tourism, and so on.

These sectoral studies are mainly Western-centric and do not examine how these wellness patterns differ across global regions, particularly in regions which lag behind the major regions as regards wellness markets, may be because Sub-Saharan Africa, the Middle East-North Africa and Latin America and the Caribbean claim only 1.45 per cent, 2.61 per cent and 5.92 per cent of the global total of the wellness economy, respectively. Besides, Sub-Saharan Africa shows the slowest growth (2.3 per cent annually) (Table 1). Yet no empirical studies examine why these regional disparities exist or how wellness sectors are operationalised differently across regions [44]. In particular, this research gap is significant because it indicates that researchers do not know whether the Global Wellness Institute's eleven-sector framework, developed primarily from North American and European data, is applicable or requires adaptation for Sub-Saharan Africa and other lagging regions. While the literature has established the theoretical importance of the wellness economy, it remains focused on micro aspects of wellness and is largely descriptive of regional disparities [82]. The gap identified is not one of concept, but of measurement aspects and methodology. The current scholarship lacks a rigorous, comparative framework to quantify the extent of regional inequality. Consequently, this study moves beyond descriptive analysis to operationalise these regional dynamics using four

specific quantitative instruments. The Gini Coefficient to measure concentration, the Location Quotient (LQ) to assess comparative advantage, Pearsonian Correlation to test economic determinants, and Percentage Growth Analysis.

3. Results

This section depicts the empirical findings derived from the analysis using the methodology outlined above. A descriptive overview of regional market dynamics has already been provided in the introduction. Now, an assessment of regional inequality using Gini coefficients follows. As the third step, an evaluation of regional specialisation via Location Quotients follows, and finally, a correlation analysis of the relationship between economic development and wellness spending will be given.

Table 3: Regional inequality metrics 2023

Region	Gini Coefficient	Total Wellness $B	Per Capita $	Ranking
SSA	0.608	91.9	74	3rd
North America	0.433	2,158.70	5,768	6th
Europe	0.445	1,652.80	1,794	5th
MENA	0.475	165.2	305	4th
LAC	0.632	374.2	563	2nd
Asia-Pacific	0.657	1,878.30	439	1st
Source: *Own computations from the data of GWI.*				
Note: *MENA- Middle East and North Africa, LAC- Latin America and the Caribbean, and SSA – Sub-Saharan Africa.*				

Table 3 presents the summary statistics of regional inequality. The inequality across regions has been measured using the Gini coefficient, which ranges from 0 (perfect equality) to 1 (perfect inequality; solid thin line in Figure 1).

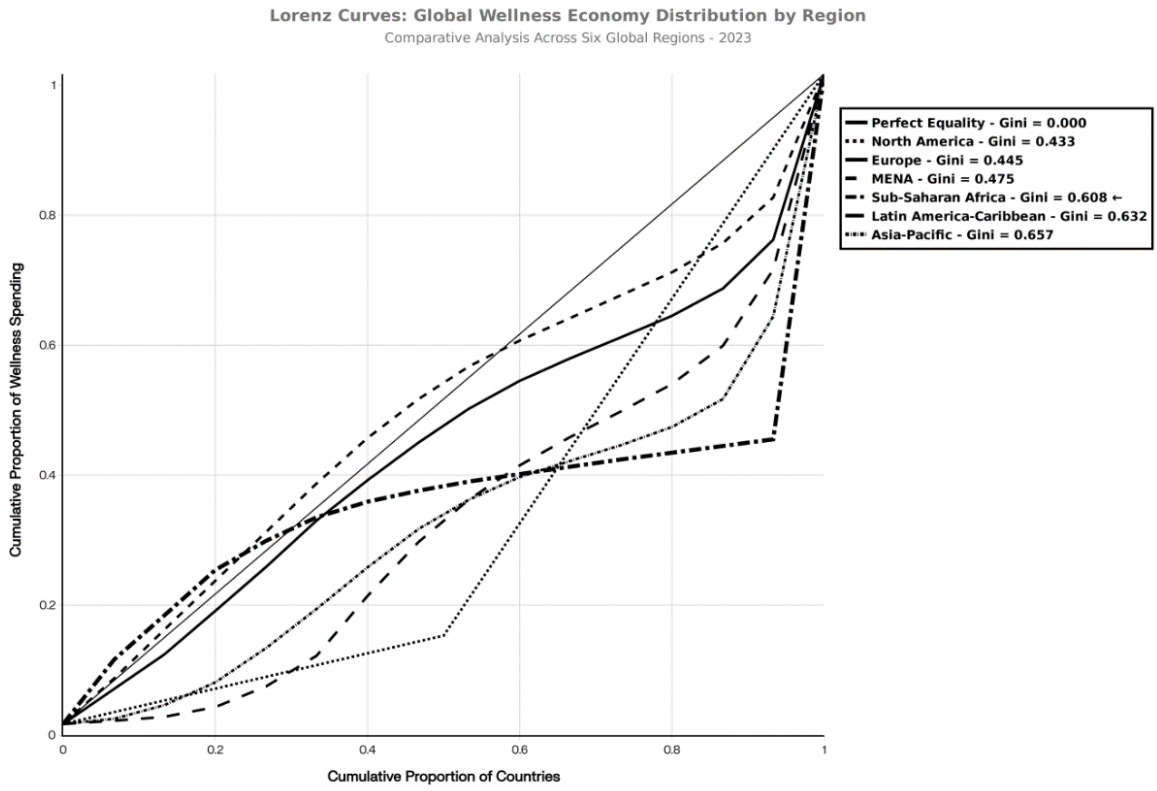


Figure 1: Lorenz curves - global wellness economy distribution by region 2023

The Asia-Pacific region has the highest concentration of wellness spending (Gini = 0.657), indicating that a few key markets heavily dominate the sector despite the region's large population. Conversely, North America exhibits the most equitable distribution (Gini = 0.433), reflecting a mature market in which wellness consumption is more widely standardised. The Lorenz

curve analysis, like the corresponding Gini coefficients, reveals the pattern of inequality. The area between each region's curve and the diagonal line, which represents perfect equality, is proportional to its Gini coefficient: larger areas indicate higher inequality. The Gini coefficients of the regions are: Sub-Saharan Africa (dash-dot line, Gini 0.608) demonstrates high inequality, with the bottom 50 per cent of countries controlling only approximately 20 per cent of wellness spending; 2. Asia-Pacific (triple-dot line, Gini 0.657) reflects the highest inequality, while Europe (Solid thick line, Gini 0.445) shows the lowest—source: Global Wellness Institute Country Rankings 2023 (corrected with official regional aggregates).

Table 4: Top 10 countries in wellness markets by region 2023 ($ in Billions)

Region	2019	2020	2022	2023			CAGR (2020-2023)
				Size of WE	Percentages to		
					Regional Total	Global total	
Asia Pacific							
China	718.7	682.70	790.35	870.43	46.34	13.77	8.43
Japan	290.54	303.60	241.17	254.82	13.57	4.03	-5.67
India	105.61	94.10	132.51	147.97	7.88	2.34	16.29
Australia	94.69	84.40	112.98	126.68	6.74	2.00	14.50
South Korea	101.68	77.60	109.59	117.17	6.24	1.85	14.72
Indonesia	43.55	38.40	48.64	56.43	3.00	0.89	13.69
Taiwan	44.3	36.40	42.74	53.06	2.82	0.84	13.38
Philippines	35.76	33.00	40.98	43.33	2.31	0.69	9.50
Thailand	42.02	29.00	34.60	40.54	2.16	0.64	11.81
Malaysia	29.59	24.40	28.41	31.71	1.69	0.50	9.13
Regional total		1497.90	1705.80	1878.30	100	29.71	7.84
Europe							
Germany	246.74	223.90	268.65	310.30	18.77	4.91	11.49
United Kingdom	173.44	158.40	223.83	229.57	13.89	3.63	13.17
France	158.1	133.10	171.90	195.11	11.80	3.09	13.60
Italy	110.73	91.80	112.12	131.15	7.94	2.07	12.63
Russia	94.95	71.40	94.52	107.96	6.53	1.71	14.78
Spain	78.51	62.60	82.95	96.07	5.81	1.52	15.35
Turkey	40.77	41.00	52.30	57.11	3.46	0.90	11.68
Switzerland	43.97	38.20	50.31	56.91	3.44	0.90	14.21
Netherlands	41.38	34.60	44.95	54.93	3.32	0.87	16.66
Austria	40.13	32.20	42.35	50.02	3.03	0.79	15.81
Regional total		1171.10	1506.30	1652.80	100	26.15	12.17
LAC							
Brazil	113.38	82.60	95.86	111.09	29.69	1.76	10.38
Mexico	63.08	46.50	73.61	93.32	24.94	1.48	26.14
Argentina	23.42	17.10	29.45	39.29	10.50	0.62	31.96
Chile	16.19	13.30	17.46	18.83	5.03	0.30	12.29
Peru	15.21	13.10	15.04	17.21	4.60	0.27	9.52
Colombia	14.43	11.60	14.19	17.12	4.58	0.27	13.85
Ecuador	8.05	7.20	9.20	8.60	2.30	0.14	6.10
Panama	6.99	7.20	8.40	8.47	2.26	0.13	5.56
Costa Rica	5.45	5.00	7.16	7.61	2.03	0.12	15.03
Puerto Rico	4.65	3.80	4.56	5.49	1.47	0.09	13.05
Total		228.20	330.90	374.20	100	5.92	17.92
MENA							
UAE	21.62	15.20	23.11	34.05	20.61	0.54	30.85
Saudi Arabia	16.62	14.20	19.77	27.55	16.68	0.44	24.72
Israel	14.61	13.90	19.13	17.86	10.81	0.28	8.71
Egypt	13.2	12.00	15.78	13.44	8.14	0.21	3.85
Iran	12.19	11.90	13.69	13.09	7.92	0.21	3.23
Morocco	6.97	6.40	7.88	9.12	5.52	0.14	12.53
Algeria	7.43	5.90	7.60	8.39	5.08	0.13	12.45

Kuwait	6.32	5.50	6.77	7.39	4.47	0.12	10.35
Qatar	2.88	2.80	3.94	4.28	2.59	0.07	15.19
Oman	3.25	2.80	3.67	4.20	2.54	0.07	14.47
Total		118.60	155.90	165.20	100	2.61	11.68
North America							
United States	1,466.24	1215.70	1773.45	2014.93	93.34	31.88	18.34
Canada	108.5	95.10	127.96	143.78	6.66	2.27	14.77
Total		1517.10	2010.90	2158.71	100	34.15	12.48
SSA							
South Africa	23.23	21.70	21.69	23.62	25.70	0.37	2.87
Nigeria	13.08	11.40	13.46	12.02	13.08	0.19	1.78
Kenya	7.00	5.90	6.60	7.85	8.54	0.12	9.99
Ghana	2.91	3.10	3.01	3.54	3.85	0.06	4.52
Tanzania	2.44	2.40	2.88	3.43	3.73	0.05	12.64
Cote d'Ivoire	1.75	2.10	2.34	2.47	2.69	0.04	5.56
Angola	2.15	1.90	2.19	2.39	2.60	0.04	7.95
Senegal	1.02	1.90	2.12	1.32	1.44	0.02	-11.43
Zambia	1.04	1.90	1.78	1.23	1.34	0.02	-13.49
Mauritius	0.96	1.80	1.13	1.07	1.16	0.02	-15.92
Regional total		71.90	88.60	91.90	64.13	1.45	8.52
World		4669.4	5869.7	6267.4	100.00	100	10.31
Note: *Percentages to the regional total will not add up to 100.*							

The Lorenz curve of Asia-Pacific's (Gini 0.657) shows the most extreme deviation from the diagonal line of perfect equality. It also reflects China's dominance (its share of the regional total wellness economy of $870.43B is 46.3 per cent), whereas India's share is only 7.88 per cent, as seen in Table 4. This is a 5.88x ratio between the two countries with almost identical population sizes, indicating a high degree of disparity within the region. The Lorenz curve remains near zero for the first 50 per cent of countries, indicating that half of the APAC countries account for only 34.5 per cent of wellness spending, rather than the expected 50 per cent. This extreme curvature is driven by China's dominance, which has resulted in an unprecedented concentration of wealth. The per capita gap between China ($617 in 2023) and India ($104) is 5.9x. In Latin America and the Caribbean, the Gini Coefficient (0.632) shows Brazil's concentration (Wellness economy of $111.09B, which is 29.69 per cent of the regional total of $374.2B, as shown in Tables 4 and 11). The ratio between the top two countries for wellness expenditure (Brazil/Mexico = 11.09/93.02) is 1.19x. Besides, Brazil, Mexico, and Argentina, the top three countries in the region, account for 65.13 per cent of the region's wellness sector, testifying to the market's concentration in the top-ranked countries. The dominance of China is structural (as evident from the $870.43B wellness economy, which accounts for 46.34 per cent of the region and LQ=1.32), stemming from an infrastructural monopoly, scale advantages, and technology leadership [100].

In Sub-Saharan Africa, which is the least penetrated region among the six regions (in 2023 only 1.45 per cent of the global wellness economy is claimed by SSA), South Africa and Nigeria together account for 38.8 per cent of the entire region's wellness market (Table 2) despite representing only 23.1per cent of the population of the region according to the World Bank data for the year 2023, demonstrating how a small subset of countries can monopolise limited wellness economy of the region. Out of this, South Africa alone accounts for 25.7 per cent of the regional total for the wellness economy in 2023. Of the two countries, South Africa and Nigeria, Nigeria's underperformance relative to population (32.7 per cent of Sub-Saharan Africa's population, but 13.1 per cent of wellness spending) is attributable to development gaps rather than permanent dominance. The Lorenz curve details show that inequality in SSA is substantial. The top three countries—South Africa, Nigeria, and Kenya—account for 47.32 per cent of total spending in the region, whereas the remaining top ten countries account for only 16.81 per cent. The other 40 countries in SSA account for only 35.87 per cent of total spending on wellness. This concentration, leading to a high degree of inequality, is evident in the curve's significant bowing away from the perfect equality line. This concentration of wellness economy opportunities among a few countries within already disadvantaged regions perpetuates a two-tier global wellness system: wealthy nations with advanced wellness markets that are relatively equitably distributed (North America, Gini = 0.433; Europe, Gini = 0.445), and lower-income regions where both absolute scarcity and unequal distribution further compound the disadvantages faced by their smaller economies.

Understanding this dual constraint—underdevelopment coupled with high internal inequality—is essential for formulating policy interventions that address not only the growth deficit but also the distributional mechanisms that determine which populations within these regions can access wellness-economy opportunities. Sub-Saharan Africa's Gini (0.608) reflects South African leadership ($23.62B, which is 25.71 per cent of the total for the region of $91.9B) with Nigeria's underperformance relative to population (32.7 per cent of SSA population but 13.1 per cent of wellness spending)—showing attributable

development gaps rather than permanent dominance. The Lorenz curve details show that inequality in SSA is substantial. The top three performers in the region—South Africa, Nigeria, and Kenya—control 47.32 per cent of total spending, whereas the remaining countries in the top ten account for only 16.81 per cent. The other 40 countries in SSA account for only 35.87 per cent of total spending on wellness. This concentration, leading to a high degree of inequality, is evident in the curve's significant bowing away from the perfect equality line. However, it can be stated that Sub-Saharan Africa's Gini (0.608) reflects moderate South African leadership ($23.62B, 25.7 per cent of $91.9B) along with the underperformance of Nigeria relative to population (29.6 per cent of SSA population but 13.1 per cent spending)—indicating fixable development gaps rather than permanent dominance. It is interesting to note that Sub-Saharan Africa achieved 115 per cent growth from 2019-2023 (growing from $80.2B to $91.9B at a 3.5% CAGR). This steady, positive growth, similar to that of India (140 per cent recovery) and Indonesia (130 per cent recovery), suggests market responsiveness rather than a structural stand-off. Moreover, SSA per capita spending has grown by 3.5 per cent annually.

In contrast, healthcare spending has grown by only 2.1 per cent annually, indicating that consumer demand for wellness services is growing faster than demand for medical services. This proves that the Sub-Saharan Africans are choosing wellness as incomes rise. Nigeria spends only 13.1 per cent of the regional wellness economy. In comparison, it accounts for 32.74 per cent of the regional population, supporting the presumption that its share of the wellness economy will grow once its income level reaches the regional median. Sub-Saharan Africa's lower Gini coefficient (0.608) compared to Asia-Pacific's (0.657), which has the highest inequality, and Latin America-Caribbean's (0.632) is paradoxical, as SSA's share in the wellness economy is significantly lower (SSA-$91.9B vs Asia Pacific-$1,878.3B). This paradox reflects a fundamental distinction between market concentration patterns measured by the Gini coefficient (which reflects how wellness spending is distributed across countries within the region and their development levels, which determine per capita spending).

The Gini coefficient shows that SSA has lower market concentration, as it has four countries (South Africa, Nigeria, Kenya, Ghana) that together account for 50 per cent of regional spending. In contrast, only two countries in the Asia-Pacific (China, Japan) control almost the same proportion (59.91 per cent). This point has to be read in the context that SSA spends the least per capita on wellness (SSA $74 vs APAC $439). This Figure reveal that inequality, as measured by Gini coefficients, reflects distribution patterns rather than the depth of poverty. The lower inequality of SSA is not 'better' but rather reflects that poverty is distributed more evenly across the region rather than concentrated. On the contrary, APAC's higher Gini reflects extreme concentration within one of the world's wealthiest regions, indicating a structural inequality rooted in institutional divergence (China vs. India), not merely uneven development.

3.1. The Structural Intensity of the Wellness Economy

The structural intensity of the wellness economy relative to demographic capacity can be captured by the Location Quotient (LQ). It measures specific countries against a regional or global benchmark and determines whether regional wellness spending is proportional to each country's population share. Methodologically, the value of LQ is interpreted as follows:

$$LQ\ of\ Wellness = \frac{Country's\ WE\ Share/Region's\ WE\ Total}{Country's\ Popuation\ Share/Regions\ Population}$$

- LQ of wellness > 1.0 = The country has a higher concentration of wellness-economy activity per capita.
- LQ of wellness = 1.0 = The country's wellness economy is proportional to its population.
- LQ of wellness < 1.0: The country has a lower per capita concentration of wellness economy activity.
- LQ of wellness > 2.0 = Extreme specialization (country accounts for >2x its population share).
- LQ of wellness 1.5–2.0 = High specialisation (likely due to infrastructure, wealth concentration).

A value above 1 indicates that the country is a wellness hub, whereas a value below 1 indicates that it is underserved. It also shows how the industry is structurally clustered in specific locations/countries. It doesn't reveal the overall "health" of the region's distribution; it only shows the status of individual countries. Methodologically, the Location Quotient normalises regional wellness data by the top ten countries in each region, calculating the ratio of a country's share of the regional wellness economy to its share of the regional population.

Analytically, this metric shows 'demographic injustice': it identifies which countries are 'Wellness Hubs' (with wellness-share above their population weight) versus 'Demographic Frontiers' (where populations remain underserved). This distinguishes structural specialisation from mere economic size. The Location Quotient shows that in developing regions (Asia-Pacific, MENA, SSA), the wellness economy is highly concentrated in small, wealthy, or tourism-focused hub nations. At the same time, the vast majority of the population lives in countries where the sector is significantly underdeveloped. Table 5 gives the details.

Table 5: Location quotient of the top 10 countries of each region, 2023

Region/Country	Wellness Economy ($B)	% of Regional WE	Population (M)	% of Regional Pop	LQ
Asia Pacific					
China	870.43	46.34	1410.71	35.08	1.32
Japan	254.82	13.57	124.52	3.10	4.38
India	147.97	7.88	1438.07	35.76	.22
Australia	126.68	6.74	26.66	0.66	10.17
South Korea	117.17	6.24	51.71	1.29	4.85
Indonesia	56.43	3	281.19	6.99	.43
Taiwan	53.06	2.82	23.32	0.58	4.86
Philippines	43.33	2.31	114.89	2.86	.81
Thailand	40.54	2.16	71.70	1.78	1.21
Malaysia	31.71	1.69	35.13	0.87	1.93
Regional Total	1878.30		4021.24		
Europe					
Germany	310.30	18.77	83.29	10.85	1.73
United Kingdom	229.57	13.89	66.63	8.68	1.60
France	195.11	11.8	68.37	8.90	1.33
Italy	131.15	7.94	58.98	7.68	1.03
Russia	107.96	6.53	143.83	18.73	.35
Spain	96.07	5.81	48.35	6.30	.92
Turkey	57.11	3.46	85.33	11.11	.31
Switzerland	56.91	3.44	8.89	1.16	2.97
Netherlands	54.93	3.32	17.88	2.33	1.43
Austria	50.02	3.03	9.13	1.19	2.55
Regional Total	1652.80		767.96		
LAC					
Brazil	111.09	29.69	211.70	35.97	.83
Mexico	93.32	24.94	128.93	22.11	1.13
Argentina	39.29	10.5	46.24	7.76	1.35
Chile	18.83	5.03	19.63	3.35	1.50
Peru	17.21	4.6	32.44	5.77	.80
Colombia	17.12	4.58	51.87	8.91	.51
Ecuador	8.60	2.3	18.19	3.06	.75
Panama	8.47	2.26	4.41	0.76	2.97
Costa Rica	7.61	2.03	5.18	0.87	2.33
Puerto Rico	5.49	1.47	3.06	0.55	2.69
Regional Total	374.20		586.91		
MENA					
UAE	34.05	20.61	10.48	1.90	10.84
Saudi Arabia	27.55	16.68	33.70	6.11	2.73
Israel	17.86	10.81	9.85	1.79	6.05
Egypt	13.44	8.14	114.54	20.77	.39
Iran	13.09	7.92	90.61	16.43	.48
Morocco	9.12	5.52	37.71	6.84	.81
Algeria	8.39	5.08	46.16	7.05	.72
Kuwait	7.39	4.47	4.85	0.74	6.03
Qatar	4.28	2.59	2.66	0.48	5.38
Oman	4.20	2.54	5.05	0.92	2.77
Regional Total	165.20		551.35		
North America					
United States	2,014.93	93.34	68.49	63.08	1.48
Canada	143.78	6.66	40.08	36.92	.18
Regional Total	2158.71		108.58		

SSA					
South Africa	23.62	25.7	63.21	9.08	2.83
Nigeria	12.02	13.08	227.88	32.74	.40
Kenya	7.85	8.54	55.34	7.95	1.07
Ghana	3.54	3.85	33.79	4.86	.79
Tanzania	3.43	3.73	66.62	9.57	.39
Côte d'Ivoire	2.47	2.69	31.17	4.48	.60
Angola	2.39	2.6	36.75	5.28	.49
Senegal	1.32	1.44	18.08	2.60	.55
Zambia	1.23	1.34	20.72	2.98	.45
Mauritius	1.07	1.16	1.25	0.18	6.47
Regional Total	91.90		695.94		

The inequality question, answered from the perspective of Sub-Saharan Africa, must also be viewed through the lens of the Location Quotient. In the case of the leading country, South Africa, its wellness economy is nearly three times (LQ=2.83) more concentrated ($23.62B, which is 25.7 per cent of the region's total wellness economy) than can be expected from the size of the population (only 9.08 per cent of the SSA population) (Table 6).

Table 6: Interpretation of the location quotient region-wise 2023 as per Table 5

Region	Wellness Hub(Highest LQ)	The Demographic Giant of the Region (Lowest LQ)	Inequality Ratio	Interpretation
MENA	UAE (10.84)	Egypt (0.39)	27.8x	Extreme dualism within the region: Luxury expat hub *vs.* mass populations.
Asia-Pacific	Australia (10.17)	India (0.22)	46.2x	Australia punches 10x above its weight by population; India is 5x below. These countries have the widest gap with India, the lowest performer in the region, at 46.2x compared to Australia. There is very high inequality within the region.
SSA	Mauritius (6.47)	Nigeria (0.40)	16.2x	Mauritius is a tourism island outlier, and Nigeria is underserved. High inequality
Europe	Switzerland (2.97)	Turkey (0.31)	9.6x	There is high inequality, but it is less extreme than in developing regions.
Latin America	Panama (2.97)	Colombia (0.51)	5.8x	The most "balanced" of the developing regions, though inequalities exist.
Source: *Data on wellness were retrieved from various GWI publications. Population data were obtained from the World Bank Development Indicators, except for Taiwan, which was sourced from Worldometer [102].*				
Note: $Inequality\ ratio = Highest\ LQ \div Lowest\ LQ$				

This exceptional LQ is because of South Africa's mature wellness infrastructure, higher per capita spending ($393), and an established market for wellness products and services. The LQ of Kenya (1.07) indicates that the wellness economy is 1.07 times more concentrated than the regional average. The proportion of Kenya's wellness economy is 12.5 per cent against the share of its population in the region (7.15 per cent of SSA's population), and the per capita wellness spending is $145, which is substantially higher than the SSA average of $83, suggesting a developed wellness market and strong consumer demand. Kenya's positive LQ indicates an emerging wellness hub with competitive strength relative to its population size.

Table 7: Classification of countries by wellness economy size as per Table 5

Category	Definition	Features	Main Countries (LQ Value)	Inference
Category I: High-level Specialisers	LQ > 2.0	The wellness economy is excessively large relative to the population. Driven by high wealth,	Australia (10.17), Austria (2.5), Israel (6.1), Kuwait (6.0), Japan (4.4), Mauritius (6.5), Panama (3.0), South Korea (4.9), Saudi Arabia (2.7), South Africa (2.8),	These are likely exporters of wellness services. They are also regional hubs that attract medical tourists and expats, or have deeply ingrained wellness cultures.

		tourism, or export focus.	Switzerland (3.0), Taiwan (4.9), UAE (10.8)	
Category II: Balanced Powers	LQ 0.8 - 1.9	Wellness economy almost matches population size. Indicates a mature or maturing inland market serving local demand.	Argentina (1.4), Brazil (0.8), Chile (1.5), China (1.3), France (1.3), Germany (1.7), Italy (1.0), Malaysia (1.9), Mexico (1.1), Netherlands (1.4), Spain (0.9), Thailand (1.2), UK (1.6)	These nations have successfully mainstreamed wellness and attained mature domestic markets. China's presence here (LQ 1.32) is a major finding, showing that it has "graduated" from developing status in wellness.
Category III: Demographic Frontiers	LQ < 0.8	The wellness economy is significantly underdeveloped relative to the size of the population. Represents massive "unmet potential."	Algeria (0.7), Cote d'Ivoire (0.6), Colombia (0.5), Ecuador (0.8), Ghana (0.8), India (0.2), Indonesia (0.4), Iran (0.4), Morocco (0.8), Nigeria (0.4), Philippines (0.8), Peru (0.8), Tanzania (0.4), Turkey (0.3)	These countries have future growth prospects. These nations have 30-40% of their region's population but <10% of the wellness market. As they develop, they will lead the next wave of global growth.

Thus, it can be concluded that the wellness economy in Sub-Saharan Africa is excessively concentrated in South Africa and Kenya. However, this concentration pattern reflects underlying economic development disparities rather than representing an anomaly. The wellness features of the region's leading two countries must be read alongside the fact that the top ten countries of the region, which account for 64.13 per cent of the regional wellness economy, command only 1.45 per cent of the global wellness economy. Not only is SSA one of the weakest wellness economies globally, but intra-regional disparities are at their peak.

Table 8: Comparison of the three lowest-performing regions

Region	2023 Market Size	Per Capita Spending	Ranking
Asia-Pacific	$1,878.3 billion	$439	Largest by absolute size among the regions
LAC	$374.2 billion	$563	5x smaller than APAC
SSA	$91.9 billion	$74	20.4x smaller than APAC
Note: *Data from The Global Wellness Economy: Country Rankings. Data for 2019–2023 [Data set], by Global Wellness Institute [101].*			

Table 8 shows the incomparability of the lowest three regions. SSA is 20.4x smaller than the largest of the three lowest-performing regions globally. There is a wide gap between the lowest-performing region globally and the third-to-last among the last three regions. Intra-region variation among the three is also very high. The status of the top performers, such as Brazil in Latin America and the Caribbean and China in the Asia Pacific, differs from that of the leading performer in SSA – South Africa. Brazil's share in the regional wellness economy is 29.7 per cent, whereas the population is only 20.5 per cent, and it is most likely locked in permanence, claiming one in every three dollars in LAC. In the Asia Pacific region, China claims one in every two dollars of the wellness economy (46.3 per cent of the regional economy). But in the case of the SSA, the South African Leadership accounts for only 1 in every 4 dollars spent in the region (25.6 per cent). Therefore, it can be argued that the SSA's inequality is not structurally concentrated in one or two countries but is fixable. In short, SSA's inequality is not due to Nigeria's structural inability to fund wellness spending (permanent dominance), but rather to its current poverty (a development gap). In short, Nigeria is currently underperforming relative to its population (it has 29.6 per cent of the SSA population, whereas spending on wellness is only 13.1 per cent). Relative to its population, it should have spent $27B (29.6% × $91.9B), but spends only $12.02B (13.1%), leaving a gap of $14.98B.

This is not because Nigeria cannot develop, but because the average Nigerian income is lower than the regional median. On the contrary, there is a high degree of dominance in the case of China, as its share in the Asia Pacific region is relatively fixed, ranging between 46 and 49 per cent for the period 2020 - 2023. In short, the inequality in the case of SSA can be reversed with income growth. On the contrary, the inequality in China is structural, due to the country's dominance in the Asia-Pacific region. The Location Quotient Figure reveals a fundamental "Demographic Injustice" in the regional disparities in the wellness economy. Rather than serving populations equitably, the sector is structurally hyper-concentrated in "Wellness Hubs" (Category I nations like the UAE and Australia, as is shown in Table 7). In contrast, the vast majority of the global population in "Demographic Frontier" nations (Category III) remains significantly underserved. This creates a distinctive Hub *vs.* Mass dualism, where the wellness economy functions as a specialised or luxury sector in select enclaves. China in the Asia Pacific, like many other countries in other regions, stands as a significant outlier because it has successfully transitioned into a "Balanced Power" (Category II), demonstrating that market maturity is possible in developing regions as well. This structural

concentration suggests that population size alone does not drive wellness development, raising the critical question of whether economic capacity is the primary determinant. This relationship will be examined in the correlation analysis.

3.2. Direction of the Change in the Wellness Economy

The Gini Coefficient identifies the problem, indicates whether it is structural, and whether it is fixable. But, to identify the direction of the movement of the wellness economy, i.e., whether improving or worsening, the Coefficient of Variation has been computed and is shown in Table 9. The CV analysis of the regions demonstrates that, despite being theoretically "fixable," the situation in Sub-Saharan Africa is actively worsening, as evidenced by the increase in the Coefficient of Variation between 2019 and 2023 (which reveals different regional trajectories). SSA's CV rose from 123.3 per cent to 128.7 per cent (+5.4 pp), indicating worsening market concentration. Not only is the region's wellness economy unnoticeable, but intra-regional conditions are worsening amid increasing inequality. The wellness market in SSA is bifurcating into two disconnected tiers with nothing in between. Of the top ten countries of the region, South Africa and Nigeria have claimed 38.78 per cent of the regional total, taking them to an upper plain, which is far off from the other countries in the region; Kenya ($7.85B) drops 35 per cent below Nigeria; then eight more countries cluster at $1-3B. Those ight smaller countries (Ghana $3.54B, Tanzania $3.43B, down to Mauritius $1.07B) are trapped below the starting line of development. This suggests the market development gap is not self-correcting and requires targeted intervention to develop secondary wellness economies in Ghana, Kenya, Tanzania, and other SSA nations. The Coefficient of Variation of MENA countries is just above 100 per cent in both years. It shows a structurally bifurcated region: oil-rich Gulf states with very high wellness spending and much less spending but more populous countries (Egypt, Iran, Morocco, Algeria). Intra-regional inequality in MENA is high, though richer countries dominate. There is no extreme fragmentation in LAC countries as seen in Sub-Saharan Africa or in MENA. Moreover, the condition here is stable; it has not worsened much.

Table 9: Coefficient of Variation (CV) of the per capita wellness expenditure of the countries of the three regions

Region	CV 2019	CV 2023	Change	Trend	Inequality Status
SSA	123.30%	128.70%	5.40%	Worsening	Extreme and the highest disparity
MENA	102.00%	100.80%	-1.20%	Stable	Extreme Dualism
Asia-Pacific	90.40%	99.90%	9.50%	Worsening	High Inequality
LAC	58.80%	59.20%	0.40%	Stable	Moderate Inequality

The Coefficient of Variation analysis provides compelling empirical evidence that regional well-being economies are not monolithic but are internally fragmented by inequality. The trajectories of change for Sub-Saharan Africa (SSA) and the Asia-Pacific reveal that they are regions of "Extreme Inequality," with CVs exceeding 100% and worsening trends (5.4% and 9.5%, respectively). The statistical dispersion shows that these regions are characterised by a stark "Hub vs. Frontier" dualism, where countries with advanced wellness enclaves (Mauritius, Australia) coexist with vast, underserved populations. The Middle East & North Africa (MENA) region exhibits "Extreme Dualism," yet maintains a stable, but exceptionally high, inequality coefficient (>100 per cent). This stability suggests that the region's structural wealth gap—likely caused by the dichotomy of oil-rich Gulf states and poor neighbours—remains a persistent barrier to regional wellness development. Latin America emerges as a region of relative "Convergence." Latin America's stability indicates a balanced regional development pattern, in contrast to the polarisation seen in Asia and Africa. Having established that extreme inequality exists within these regions, the critical question becomes why the status of the regions is as it is. Is the internal disparity solely a reflection of economic status, or are other factors at play? To test the hypothesis that economic wealth is the primary determinant of this structural inequality, the following section employs Pearsonian correlation analysis to examine the relationship between GDP per capita and per capita wellness spending across the diverse regional contexts. Having established via Location Quotient and Coefficient of Variation analysis that the size of the population alone does not decide wellness market development, now, to determine the economic factors influencing the disparity and to test the hypothesis that financial capacity is the primary driver of the structural inequalities, the following section employs Pearsonian correlation analysis to examine the relationship between GDP per capita and per capita spending on wellness across the regions. The correlation analysis results empirically demonstrate economic determinism: GDP per capita predicts wellness spending and shows that financial capacity gates access to wellness markets (Table 10).

Table 10: Correlation analysis of the per capita GDP and wellness per capita for 2019 and 2023

Region	Year	Pearson r	p-value	R^2 (%)	Sig. Level
Asia-Pacific	2019	0.988	< 0.001	97.6	***
Asia-Pacific	2023	0.991	< 0.001	98.3	***
Europe	2019	0.920	0.000160	84.7	***

Europe	2023	0.921	0.000155	84.8	***
LAC	2019	0.782	0.007574	61.1	**
LAC	2023	0.799	0.005587	63.8	**
MENA	2019	0.779	0.007889	60.7	**
MENA	2023	0.713	0.020590	50.9	*
SSA	2019	0.980	0.000001	96.1	***
SSA	2023	0.984	0.000000	96.7	***
Note: **** p<0.001 = Highly Significant ** p<0.01 = Significant * p<0.05 = Moderately Significant.*					

The phenomenon of rich nations becoming "Wellness Hubs" while poor nations remain "Demographic Frontiers" is not due to cultural preferences but the result of unique economic structures. The correlation coefficients across all regions are high ($r > 0.71$), indicating economic determinism in wellness markets. And the relationship between the two variables across countries is not random, as evidenced by the *p*-values. The coefficient of Determination (R^2) for Sub-Saharan Africa, Asia Pacific, and Europe shows that GDP per capita explains more than three-quarters of the variation in wellness expenditures. Only in MENA countries is it exceptionally low. The divergence arises possibly from two structural issues: It is worth enquiring whether the oil revenues have paved the way for 'Dutch Disease' effects, where wealth is concentrated in state subsidies for curative healthcare rather than private wellness spending, because the oil-rich countries have higher Location Quotients among the entire MENA countries (Appendix IV). Among the regions, Europe shows the strongest correlation between GDP per capita and per capita wellness spending ($r=0.921$, $R^2=84.8$ per cent, $p<0.001$). Among the emerging markets, Asia-Pacific shows near-perfect correlation ($r=0.991$, $R^2=98.3$ per cent), indicating economic capacity as the sole determinant of the size of the wellness market. Overall, the hypothesis that the non-economic factors determine wellness spending stands rejected.

4. Discussion

Regions that have yet to reach the stage of developed nations, or are far behind, such as Sub-Saharan Africa and parts of the Asia-Pacific, are structurally stuck in the Survival phase. A comparative analysis of the three smallest regions, as shown in Table 11, provides a clear picture of the situation in those regions. Wellness, which focuses on lifestyle enhancement, is a "Post-Materialist" value. Because of economic constraints in these regions, the shift in societal values has not yet occurred. Interest in wellness can be viewed as a part of the postmodern syndrome, which emphasises that the rise of advanced industrial society leads to another fundamentally different shift in basic values [33]. And in economically advanced countries, the shift is towards a better, more holistic way of living. The wellness economy requires trust-based institutions, such as certification for spa therapists, food safety standards, and accreditation for medical tourism facilities. In category 3 regions (Table 3), these institutions are missing. Usually, foreign direct investors avoid these regions not only because people are poor, but also because the cost of doing business in the wellness sector is too high due to infrastructural gaps and because focused strategies may go wrong [41].

Table 11: Regional wellness economy comparison: Asia-Pacific vs Latin America-Caribbean vs Sub-Saharan Africa 2019-2023

Metric	Asia-Pacific	LAC	Sub-Saharan Africa
Regional Gini Coefficient	0.657 (Highest)	0.632 (High)	0.608 (Moderate)
Inequality Type	Peer Dominance	Single-Country Dominance	Uneven Development (Fixable)
2023 Total Market Size	$1,878.3B	$374.2B	$91.9B
2023 Per Capita Spending	$439	$563	$74
Top Country (2023)	China: $870.43B	Brazil: $111.09B	South Africa: $23.62B
Top Country % of region	46.30%	29.70%	25.70%
2nd Largest Country	Japan: $254.82B	Mexico: $93.32B	Nigeria: $12.02B
Top/2nd Ratio	5.9x (China/India ratio actually)	1.19x (but Brazil dominance = 59%)	1.97x (SA/Nigeria)
Per Capita Wellness Economy Gap	China *vs.* India - $617 vs $104 (5.9x)	$513 vs $726 (1.41x)	$391 vs $54 (7.24x)
Top 3 Cumulative Share	63.50%	54.10%	47.30%
CAGR 2019-2023	3.80%	5.10%	3.50%
2023 vs 2019 Recovery	116%	122%	115%
Population-Spending Mismatch	India: 17.7% pop, 7.9% spending	Brazil: 7% pop, 29.7% spending	Nigeria: 29.6% pop, 13.1% spending
	India underperforms	Brazil overperforms	Nigeria underperforms

Note: *Data from The Global Wellness Economy-Country Rankings. Data for 2019–2023 [Data set], by Global Wellness Institute [101].*

Consumption is a way for elites to distinguish themselves from the lower strata in society. "Wellness" is a status symbol used by the wealthy to assert their sophistication. In high-inequality regions, the wellness market is heavily gated as an elite privilege. The wellness market is not designed to be exclusive with expensive memberships, luxury retreats, etc. In most cases, this distinction is intentional, serving as a mark of class distinction [3]. The global economy is divided into developed and developing nations. The wellness hubs (e.g., the Maldives, Bali, Costa Rica) in developing nations are extractive and cater to the Core nations (European and North American) rather than the local population. The countries and the relevant regions remain "backward" in domestic wellness consumption but export wellness services. The near-perfect Pearson correlation across regions shows that wellness markets do not naturally evolve in line with the population's health needs; rather, they are determined by economic factors. And, the markets remain statistically unresponsive and dormant until a nation crosses a specific GDP per capita threshold. This refutes the narrative that wellness is a universal cultural movement. There is extreme volatility within the regions, supporting the argument that the regional growth is not uniform. Heavier contributions by certain wellness hubs mask the underdevelopment of "Frontier" nations and create a false impression of regional health. The Lorenz Curve analysis shows that a small minority of nations captures the vast majority of health care revenue. The high Gini Coefficients across all regions quantify this injustice and prove that the “wellness cake” is not just smaller in developing regions—the elite economies within them snatch it away.

5. Recommendations

The mature markets can adopt a market optimisation strategy, an investment strategy with an immediate-term (0-5 years) approach focused on mature markets. It represents a cautious investment strategy that aims at maximising returns from existing market infrastructure rather than building new markets from scratch. This strategy applies to Brazil, Mexico, and Canada because they are the leading wellness economies in the Latin America and the Caribbean (LAC) region. The countries' characteristics are as follows: Brazil leads the region with a share of $29.69 billion, while Mexico is emerging as the secondary market with faster growth (26.14% versus Brazil's 10.38%; Appendix III). Canada operates within the broader North American market, which represents the world's largest regional wellness economy at $2.16 trillion annually. The optimisation strategy ensures steady, stable returns with minimal additional infrastructure growth in the wellness economy, rather than explosive growth (as in emerging markets). These countries already have established consumer markets, favourable conditions such as mature infrastructure, established consumer demand, and higher per capita spending; therefore, they are suitable for stabilisation strategies. On the contrary, emerging-market strategies (such as secondary-market development in India, Nigeria, and Kenya) carry medium risk and require 5-25-year timelines to reach mature-market conditions. Long-term infrastructure-led growth plays in Southeast Asia and East Africa carry medium to high risk and longer horizons. Besides, wellness can be introduced as a preventive infrastructural facility rather than an object of discretionary tourism. The government may subsidise entry-level wellness initiatives, such as community fitness and nutritional education.

6. Conclusion

This research has been undertaken to assess the degree of regional inequality in the global wellness economy and identify the 'wellness development gap' in the Global South through a comparative analysis of market density indices, per capita income correlations, and inequality coefficients. It is done with a view to determining whether the global wellness economy is a truly global phenomenon or a localised privilege of the wealthy nations and regions. Through a rigorous analysis using Location Quotient (LQ), Gini Coefficients, Lorenz Curves, Coefficient of Variation, and Pearsonian Correlation, the study provides a definitive answer. The Global Wellness Economy is not truly global; economic forces and wealth determine its strength, and it is structurally concentrated. The correlation analysis between per capita GDP and per capita wellness across countries supports this argument. In other words, the financial capacity is the dominant driver of market maturity. The Gini and Lorenz curves have shown deep intra-regional inequality. The CV and LQ analyses have revealed that "Wellness Hubs" are islands of excellence even amid underdevelopment. The study concludes that the current market structure of the wellness economy reflects global inequality rather than mitigating it. Structural interventions are required to lower the Gini coefficients of access and to transform wellness from an elite luxury into a democratised public good. The Global Wellness Economy is more like an archipelago of wealthy health enclaves floating in a sea of unmet needs.

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