

MEDICAL TOURISM AND NIGERIA'S PUBLIC HEALTH AND ECONOMY: ISSUES AND PROSPECTS

ABSTRACT

Background

Nigeria is a densely populated nation with high prevalence of communicable diseases and increasing prevalence of non-communicable diseases, an indication of “double burden” concept. This is the consequences of poor healthcare delivery system. Most Nigerians and her doctors now travel abroad for varying levels of moderate to severe medical conditions annually.

Objective

This study discussed the concept, effects, and consequences of medical tourism on the Nigerian healthcare delivery system and economy.

Methods

The study was a narrative overview of selected studies published in English Language in Google scholar, Pubmed, Medline, and recognized reference materials. Search terms were medical tourism, health tourism, public health, health system, Nigeria, and health access. The terms were individually used and in combination of two or more using AND/OR as link words with truncations where necessary. Study lasted from January 2016 to July 2016.

Results

Nigeria with an estimated population of 180 million people loses \$1.35USD Billion annually to medical tourism. An average of 9000 medical tours occurs monthly from Nigeria to other countries. India is a major destination with an average of 500 visits monthly and affordable treatments in modern medicine and specialties. The average growth rate of medical tourism in Nigeria is 20.0% annually. In 2013, 34,522 Nigerian tourists visited India, out of which 15328 (42.4%) were medical tourists. An estimated 700 Nigerian doctors move to Europe annually.

Conclusion

Poor healthcare delivery system encourages medical tourism in Nigeria. This leads to loss of huge foreign exchange, and medical work force. This coupled with poor government expenditures on healthcare has impoverished the sector. Improved and sustained health sector spending by the government with good public sector support in healthcare are major leveraging mechanisms.

Keywords: Healthcare, Public Health, Medical Tourism, Healthcare Financing, Universal Health Coverage, Nigeria

INTRODUCTION

Medical tourism, the phenomenon of leaving one's home country in order to obtain medical care in another, often incorporating a period of sightseeing during recovery has gained popularity in recent times. Although the definition is unclear, several authors seem to agree that it is a subset of health tourism [1, 2]. Carrera and Bridges describe medical tourism as ‘the organized travel outside one's natural health care jurisdiction for the enhancement or restoration of the individual's health through medical intervention’, distinguishing it from the wider term, health tourism which is ‘the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body’ [3]. This definition of medical tourism often excludes those travelling because of bilateral

agreements between countries, those who require emergency medical treatment due to ill health while vacationing in another country and long-term residents in a foreign country.

It is a fast growing, lucrative industry, grossing about 60 billion United States (US) dollars a year globally [4]. Its growth has been linked to globalization, economic development and acceptance of health services as a market commodity [2]. Medical tourism is fast assuming a global competitive dimension [4]. The practice of medical tourism dates back thousands of years. In ancient times, thousands flocked to the Greek healing temples dedicated to the Greek gods Asclepius, Delphi and Zeus [5]. From the 14th to the 19th century, many journeyed long distances to visit spas, which had healing springs purported to cure several types of ailments [5, 6]. The practice of washing in rivers such as the Jordan, Ganges or Nile for ‘cleansing’ is still commonplace today. During the 20th century, people from developing countries travelled to developed countries to obtain health care that was unavailable in their own countries. This is gradually giving way to the 21st-century trend where individuals from developed nations travel to developing nations to access health care [2, 6]. This latest trend is brought about by a variety of factors in the individual’s home country (source country) which include high treatment costs, long waiting lists for procedures, unavailability, illegality, or lack of insurance for the health service/procedure, desire for privacy, desire to combine medical treatment with luxurious vacationing [7- 9]. Medical tourism is made even easier by increasing access to high speed air travel, fast cross border communication via the internet, ubiquitous medical tourism facilitating firms and increased investment in the development of the private health care industry in destination countries.^{2,6,10} This study discussed the concept, effects, and consequences of medical tourism on the Nigerian healthcare delivery system.

METHODS

The study was a narrative overview of literatures from reorganized databases to generate evidence-based information for planning and policy. Literature search were with Google scholar, Pubmed, Medline, and recognized reference materials. Authoritative texts retrieved through hand search formed part of the materials for synthesis of the findings. The search terms were medical tourism, health tourism, public health, health system, Nigeria, and health access. The terms were individually used and in combination of two or more using AND/OR as link words with truncations and adjacency searching where necessary. Where more than one publication or documents had similar findings, the more recent ones were preferred. The inclusion criteria were studies and documents published in English Language, and studies carried out in Nigeria. The study period covered January 2006 to August 2017, and lasted from January 2016 to July 2016.

RESULTS AND DISCUSSION

Global Perspective of Medical Tourism

While the major source countries are in Northern America, Western Europe, the Middle East, United States of America (US) and United Kingdom (UK), destination countries abound in every continent of the globe [2, 6, 11]. Low and middle-income countries seem to have taken the lead among destination countries because of their lower exchange rates relative to that of high-income countries and the availability of medical services comparable with that obtained from these high-income countries. Among all the regions of the world, the South East Asian Region harbours some of the most popular destinations

for many tourists [6, 11, 12]. Within the African continent, South Africa is the only documented popular medical tourist destination country; several other countries in Africa are mostly exporters of medical tourists. According to a 2008 report, 95% of all medical travellers from Africa ended up in Asia, 4% in Europe and 1% in Latin America [6, 9, 13].

Nigeria is not known to be a tourist destination for healthcare, but serves as an important source country to destination countries such as India, Turkey, South Africa, US, UK, Saudi Arabia and Germany, with many Nigerian medical tourists sourcing services such as orthopaedic surgery, oncology and cardiology [14]. India is widely renowned for her prowess in nephrology, oncology, orthopaedic, neural and cardiac surgery [9, 15]. In 2013, there were 34,522 Nigerian tourists to India, out of which 42.4% were medical tourists [15]. The Indian High Commission in Nigeria estimated that in 2012, Nigerians spent about 260 million US dollars on medical bills in India [14]. Many of these tourists are attracted by the high-class, modern health care facilities, availability of skilled health professionals and the wide variety of complex medical procedures, friendly climate and lower treatment costs relative to Western countries [9]. These factors fuelled by poor infrastructure, outdated equipment and technology, lopsided staff mix in many of Nigeria's public health institutions. Poor knowledge about the few existing private multi specialist hospitals¹⁶ have culminated in a lack of confidence in the nation's public health care system available in the country and have, in turn, led to an ever increasing number of outbound medical tourists from Nigeria. The effects of medical tourism weigh heavy on both source and destination countries. These effects are poorly studied; there is a dearth of Nigerian studies on this subject.

Gains of Medical Tourism

Medical tourism serves to generate foreign income to countries [10, 12, 17]. From tourist-facilitating companies to visa fees, travel fares, accommodation, sightseeing expenses and the cost of treatment in itself, medical tourism is a very lucrative industry for destination countries. In 2006, an estimated 1.2 million medical tourists accessed health care in Thailand, generating about 1.1 billion US dollars in revenue [18, 19]. Hanefeld *et al.*, estimate that medical tourists to the UK generate about 219 million pounds sterling in tourism related revenue each year, excluding the cost of the treatment itself [20]. This income may, in turn, be used to service health care infrastructure or subsidise health care for the local population in these countries or used to service other needs. Treatment in state-of-the-art hospitals sourced in other countries lead to huge cost savings [21].

Within the health care industry, medical tourism prevents and reverses brain drain by facilitating increased retention of a country's health workforce who may otherwise have emigrated due to poor facilities and low wages [12, 22, 23]. Doctors and other health personnel can receive wages that are comparable with that of their counterparts in high-income countries while enhancing their skills through exposure to high-end international clients from all around the globe [12, 24, 25]. It helps hospitals in source countries reduce their waiting lists for procedures, without having to incur further costs on expanding their resources capacity [10]. For countries with health systems, which are cost-restrictive in nature, it may serve to reduce the cost of similar treatments in the home country by driving down demand for such services, thus making it more available for the local population [4, 26]. In the long run medical tourism encourages countries to maximise health resources in terms of labour, technology and capital [2].

Implications of Medical Tourism, Effects and Consequences in Nigerian Economy

Evidence from available reports indicates that medical tourism has far reaching economic and health system implications, in both source and destination countries. When high-income patients leave a country, it leads to a reduction in revenue for sustaining the country's local health services [10]. Losses of such clients also reduce the pressure to invest in certain beneficial health technologies, as well as reduce political support for developing the health system of the country [2]. This results in health worker migration to climes that are more favourable. Loss of health manpower not only leads to worsening of the health services of the country; it is also a loss of the funds used in training these workers [27]. Some tourists return to their countries with complications or multiple births arising from treatment abroad. Studies show that the cost of treating these complications and/or managing these births is enormous [28, 29]. In a UK based study, Hanefeld *et al.*, calculated the additional costs of having multiple births over singleton births due to fertility treatments in other countries in 2010 to be 15.5 million pounds [20]. The resultant effects of population increase are also primarily borne by the home country. Cross-border disease transfer, especially of antimicrobial resistant strains is also an increasing source of concern [30, 31].

Concerns have been raised over the possibility that medical tourism may create or worsen a 'two tiered' health system especially in developing destination countries, where the high paying clients get the best level of technology and care in private facilities while the local public who cannot pay as the foreign clients do, use the public health facilities [22, 32]. Governments may choose to invest taxpayers' money in pricey private tertiary facilities for clients who can afford them and generate much-needed revenue, abandoning the basic health facilities that are more tailored to the suit the needs of the majority of the public [13, 23]. The existence of such medical tourist facilities is also likely to create an in-country brain drain, where the skilled health professionals migrate to the better paying private hospitals, leaving the public hospitals bereft of much-needed health workforce [22, 33, 34].

Nigeria, with an estimated population of over 187 million individuals in 2016 is faced with a high communicable and an increasing non-communicable disease burden.³⁶ Unfortunately, Nigeria has not keyed into this fast growing industry of medical tourism, despite having the resources to do so. Government health spending is poor, valued at 5% of the nation's Gross Domestic Product in 2012; very different from the WHO recommended 11% [36]. This has contributed to infrastructural decay in hospitals. Disgruntled health workers, in seeking redress resort to recurrent strike actions leading to poor quality services in most of the public state and tertiary health institutions. This, in turn, has led to a sense of distrust in the populace of the public health system. Individuals, who can afford to, leave for other countries such as India, taking with them the much-needed income for the country. For others who can barely afford to pay, yet require such specialised treatment, travelling abroad is a life-saving necessity, which leads to impoverishment [37, 38]. The cost implications of managing complications and/or death arising from treatment are enormous for families and the society.

Most wealthy Nigerians have an elitist view about health care, and prefer to travel to foreign countries to access healthcare [6, 16]. This perception heightened by sponsoring of government officials as medical tourists to several foreign destinations at the nations expense [39]. The nation's health care system is poorly funded, and neglected. It has created a vicious cycle of disrepair-distrust-emigration. Like many

other countries in sub-Saharan Africa, Nigeria is experiencing a shortage of health work force, especially doctors. There is less than a tenth of the required number of medical doctors to meet the health needs of her teeming populace presently. Over 20 medical schools in the country churn out graduates every year [27, 36]. Most of the doctors, fed up with the difficulties in the health system respond to the promises of better job satisfaction in other developed countries. Report shows that Nigeria loses 700 doctors annually to Europe [36]. This results in not only a low doctor- patient ratio, but also a loss of the investment put into the training of these doctors. A recent study to estimate the loss of investment of home trained medical doctors migrating from nine African countries including Nigeria to the US, UK, Australia and Canada [27]. However, destination countries benefit from not having to spend money in training these doctors. The doctors themselves pay exorbitant fees to sit for the licensing examinations of these countries. In the aforementioned study, the UK's gains were the largest of all destination countries at 2.7 billion US dollars [27]. The government have attempted at improving health infrastructure via public-private partnerships and encouraging foreign private health sector investment [14]. However according to many of such facilities are underutilised, as many do not know the services they offer. This was attributable to the ban on medical advertisements in Nigeria [16]. Private Investors who are interested in the medical tourism industry may be reluctant to do business.

Nigeria has to develop herself as a key exporter of medical services. The economic and health sector rewards are great and she has the fertile ground for doing this. Being a heterogeneous country with diverse ethnic and religious groups, Nigeria is in a position to meet the needs of a wide range of clients no matter their inclinations. The nation has several tourist attraction sites, which are poorly developed and underutilized. Nigerian specialist doctors are also renowned in their various fields of expertise in several continents of the world. The recent devaluation of the country's currency against the dollar could be harnessed positively. This type of currency fluctuations encouraged medical tourism, since the cost of obtaining treatment is lower than that obtainable in the Western world [6]. The role of the government in the growth of medical tourism cannot be over emphasised. Governments of several of these popular destination countries supported the growth of this industry. The government of India massively supported private investment in healthcare through various means. This include creating a special visa category to accommodate medical tourists, collaborating with airlines to facilitate travel, giving tax breaks to these hospitals and reducing import duties of medical equipment for use in the facilities, with functional accreditation system in place, among others [15]. This has resulted in the great economic gains of medical tourism which India currently enjoys.

Nigeria needs total overhauling of her healthcare system to be able to halt and begin to reverse the trend of medical tourism and the associated economic loses. These are achievable through improved funding and healthcare technology development. Functional policies and health sector infrastructural development should not be dissociated from the development of key sectors of the economy like power and steel, human resources development, regulatory for regulation and monitoring of operational standards, and infrastructural maintenance agencies [40- 42]. Improvement on patients' safety and patients care protocols in line with global best practices. Continuous quality improvement through regular training, monitoring and evaluation is invaluable in promotion of quality healthcare. Provision of cost effective and essential healthcare services at the grass root while upholding the principles of evidence based and value based care will build trust and promote patronage of the local healthcare facilities and services [43, 44]. The gaps of unequal distribution of human resources for health between the north and southern Nigeria and poor distribution of medical personnel in the rural areas still exist. Provision of conducive

environment for practice, good incentives like sponsorship for foreign trainings to aid technology and skill transfer, security, and good remunerations are essential in bridging the gaps [45- 48]. Development of skills and competences in areas of interest like oncology, cardiovascular, and renal systems will stem the volume of patients travelling outside the country to access care in those areas [49- 52].

CONCLUSION

The Nigerian government can follow in this example. The government should create an investor-friendly, terror-free environment, make the airports safer and more functional, and reduce bureaucratic rednecks; these will serve to encourage investment in the country. Together with the leaders of professional health and legal bodies, there should be a framework for monitoring and regulating medical tourism in order to ensure strict adherence to all ethical procedures. Creating a regulatory framework is a means of ensuring the safety of these tourists. It will also serve to check, as much as possible the two tiered effect of medical tourism on the health system. Medical tourism in Nigeria remains relatively unexplored, as there is a dearth of research-based data on the topic while promoting research through improved funding and grants on the subject. Medical tourism is a fast growing industry. Despite its drawbacks and potential ethical implications, it promises great rewards for low and middle-income countries like Nigeria, especially in terms of employment generation, brain drain reversal, health infrastructure development, availability of standard, up-to-date facilities for the citizenry, reduction of health care costs and foreign exchange generation. Nigeria has all the human and material resources to key into this. All that remains is the will to do so.

Conflict of interest: The authors have none to declare

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