Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

MEDICAL TOURISM IN NIGERIA: ISSUES, CHALLENGES AND RECOMMENDATIONS

Dr. Erhauyi Meshach Aiwerioghene PhD

¹Assistant Professor, Healthcare Management, Mena College of Management, Dubai, UAE

Abstract

Medical tourism has been made possible due to the globalization of healthcare, where medical treatment can be provided across the border. Medical professionals from all over the world travel to developed countries for getting new technologies to be applied in their medical services. The term medical tourism has become a household name, which involves patients from developed and underdeveloped countries to seek medical treatment abroad for various reasons. Nigeria is not well known as a medical tourism destination compared to countries like India, Thailand and Singapore. This paper reviews and analyzes the issues, challenges and recommendations in Nigeria medical tourism. In recent time Nigerian patienthas been obtaining medical treatment abroad.

Key Words:

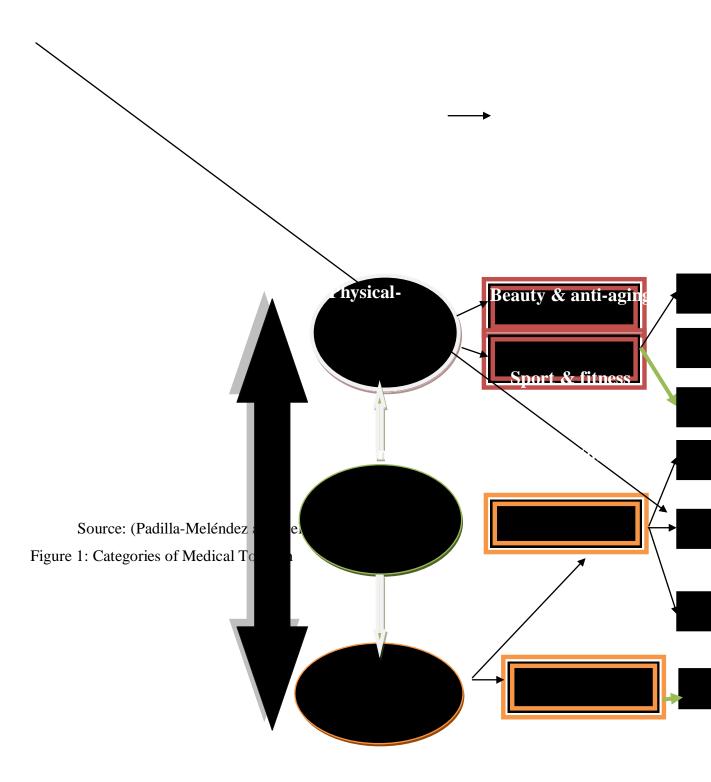
■ Medical Tourism ■ Research ■ International Healthcare ■ Healthcare Policy ■ JCI (Joint Commission International ■ Globalization

1.0 Introduction

People across the globe have been travelling for medical or health reasons for a long time. Global tourism for the medical purpose also became popular as an alternative to domestic treatment in the home country and for the services unavailable in the homeland. The services that were prerogative of a few affluent of the society gradually turned out to be a preferred choice of middle and lower income group of the society. People globally have now become conscious of their fitness and medical upkeep. Globalization has lessened transport costs and also lowered language barriers. Improvements in information technology have made possible for easy access to information about foreign healthcare supplier. Standardization and quality awareness gave way to the availability of accredited facilities.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com Double-Blind Peer Reviewed Refereed Open Access International Journal



Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

1.1 Key Drivers of Medical Tourism Growth

Several motivating factors are responsible for the travel of medical tourist; this key driver is mentioned in the table given below:

| S/NO | KEY DRIVERS OF MEDICAL TOURISM |
|------|--|
| 1 | Lifestyle and non-communicable diseases |
| 2 | Travel opportunities |
| 3 | Awareness |
| 4 | Ageing world population & increasing longevity |
| 5 | Long waiting time in own country |
| 6 | Unavailability of the quality healthcare facility |
| 7 | The high cost of medical treatments in own country |
| 8 | Demand for holistic wellbeing |

Table 1: Key Drivers of Medical Tourism

Source: Assocham, 2017

- 1. **Lifestyle and non-communicable diseases:** With hectic work schedules and more number of desk jobs, most global population, especially in developed nations, is facing the rise of diseases due to an inactive way of life.
- 2. **Ageing world population and increasing longevity:** Increase in longevity is assumed to increase the need for healthcare while individuals live longer.
- 3. **Long waiting time:** Waiting time is defined as the length of time between the date a patient agrees to a procedure and is placed on the waiting list to the date of receiving the services the patients are waiting for.
- 4. **Unavailability of quality healthcare facility:** Affluent/rich patients are looking for opportunities beyond borders because of their dissatisfaction in their own health systems, such as lack of appropriate treatment, low-quality care, a lack of modern technology and a lack of healthcare providers.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

5. **The high cost of medical treatments:** Patients looking for affordable healthcare can also travel to neighbouring countries or countries with comparably low-cost health care.

- 6. **Demand for holistic wellbeing:** Excessive stress at work and in personal life, awareness about lifestyle-related diseases. Many people around the world are taking steps to change how they live, work, and play while the government eventually recognises the value of investment in prevention while curbing healthcare costs.
- 7. **Awareness of medical treatments abroad:** The ease of access to information through the internet has created much awareness among the medical treatment seekers. Patients are now able to collect information much faster and in a more accessible way.
- 8. **Travel opportunities:**Recent advancements in transportation and internet connectivity have addressed the issue and made travelling quicker, more accessible and affordable. Thus making it easy for the ailing travellers to travel across borders for a preferred line of treatment, affordable cost of travel, better air connectivity and better access to information has made the process of travel abroad much more accessible and well informed.

1.2 Nigerian medical tourism sector

Nigeria is the most populated country in Africa with approx. 185 million population. Nigeria ranks 1st as Africa's largest economy(World Health Organization: Global Health Observatory, 2006). Despite Nigeria's strategic status in Africa, Nigerian healthcare has suffered some failures. Healthcare amenities like medical equipment, health centres and staff are insufficient. According to Communiqué of the Nigerian national health conference, in 2009, the healthcare system remains weak, demonstrated with a lack of cooperative effort, the distribution in services, a lack of amenity, like drugs, insufficient infrastructure provision, and depletion of poor distribution of resources and poor quality of care (Osain, 2011). It also highlights the lack of coherence about the task and duties between different tiers of government which makes the conditions more complex. WHO recommended doctor/patient ratio currently is 1 to 600 population. The United Kingdom, the world's first industrialized country, has doctor/patient of 1:440 population. The doctor/patient ratio in Nigeria is 1:3500

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

population, which reduces the quality of care that is expected to be provided; it is even worse at the state level (Elumelu et al., 2014).

2.0 Review of literature

Sharkdam, (2015) did a study on "Medical Tourism and Nigeria-India Relations" and stated that India is widely regarded as a popular destination for "MT" from developing nations like Nigeria seeking better treatment at cheaper rates than developed countries. Therefore, public and private hospitals in India have many patients from Nigeria who can afford to pay their bills or be forced to borrow money for medical treatment in India. The main points for selling India's MT industry to Nigerian people and other patients in developing countries are the combination of cost-effectiveness, tourist attractions, high quality, high-quality medical & English-speaking. MT provides the main basis for a partnership between Nigeria & India. In this regard, the report recommends that the Indian model is re-established in Nigeria, encouraging entrepreneurs from Nigeria and India to cooperate and invest heavily in providing affordable health services in Nigeria.

Akinwale, (2010), conducted a study to investigate inappropriate facilities in Nigeria using the data of observers and participants. The study showed that official attempts to improve infrastructure in Nigeria failed due to lack of proper maintenance and corruption requiring an urgent need for upgrading Nigeria's infrastructure to prevent future accidents. It was recommended that Nigerian government would encourage new reform model i.e. the transfer of control over political factors to the private sector from the public sector.

Hopkins et al. (2010) in their review paper titled "MT Today: What is existing knowledge?" has established that the impact of the globalization of medical tourism is still unknown and due to cost, long waiting lists or lack of access to new treatments in developed countries, most medical visitors (mostly from the United States, Canada and Western Europe) are seeking to focus on Asia and Latin America. Although the risk of individual patients can be compensated by credit and improvements in some of the country's goals, the lack of benefits for poor developing countries providing treatment remains a common problem. It was recommended that medical data collection and health tourism studies should be significantly improved.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

3.0 Statement of Research Problem

The Research question for the present study was framed as:

What are the issues and challenges before Nigerian Healthcare system in context to medical tourism sector?

3.1 Objectives of the Study

- 1. To review the current status of the healthcare system in Nigeria concerning medical tourism sector.
- 2. To analyze the issues and challenges which Nigerian healthcare system is facing in context to the Medical tourism sector.
- 3. To explore the reasons why patients are travelling to India to avail medical treatment.
- 4. To provide recommendations to strengthen Nigeria medical tourism Sector.

4.0 Methodology

Research Design

The adopted research design for the present research is an exploratory and analytical research design.

Sampling Design

Non-probability purposive sampling was implored in this research study. Nigerian Patients availing medical treatment in 5 corporate hospitals in Delhi/NCR in India were included.

Data Collection Tool

4.3.1 Primary Source

With regards to this study, primary data were collected via a structured questionnaire set. The questionnaire was framed from the perspective of Nigerian patients who travelled to India, for availing various medical procedures in selected corporate hospitals in Delhi/NCR region of India.

4.3.2 Secondary Source

Secondary data was sourced from online Journals and Publications, medical/healthcare portals, government portals with relevance to healthcare delivery and medical tourism.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

4.4 Sample Size

200 Nigerian International Patients who availed medical treatment/procedure in India (Delhi/NCR Region).

5.0 Results

(Objective 1)

5.1 To Review the Current Status of the Healthcare System in Nigeria Concerning Medical Tourism Sector.

5.1.1Doctor-Patient Ratio

Currently, Nigeria has a doctor-patient ratio of 1 doctor to 3,500 Population, (Nigerian Medical Association, 2017) compared to WHO recommended Ratio of 1 doctor to 600 Population (World Health Organization: Global Health Observatory, 2006). Nigeria's doctor-patient ratio is relatively on the high side, which indicates a shortage of doctors in the country.

5.1.2Number of Beds/1,000 Population

The capacity of the current beds/1,000 population in Nigeria is 0.5 beds (per 1000 population), while the World Health Organization's guidelines/recommendation are five beds per 1000 population. (World Health Organization, Global Health Observatory, 2006).

5.1.3 Number of Teaching Hospitals and Medical Colleges in Nigeria

There are currently 21 federal teaching hospitals in Nigeria. These hospitals are the specialized hospitals in Nigeria and also handle the training of doctor and nurses (NFMOH, 2017). The NFMOH have listed 31 recognized government and private medical colleges in Nigeria. These medical colleges train doctors in the country. This is less in a country of 36 states and over 190 million population. This has also led to reduced doctor patient's ratio.

5.1.4International Accreditation

Currently, only one hospital in Nigeria is recognized by JCI (Joint Commission International, 2017). Health institutions must ensure of international accreditation of health care in others to be recognized worldwide and will promote the health sector in Nigeria and will encourage developed African countries to travel to Nigeria for profitable medical treatment.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

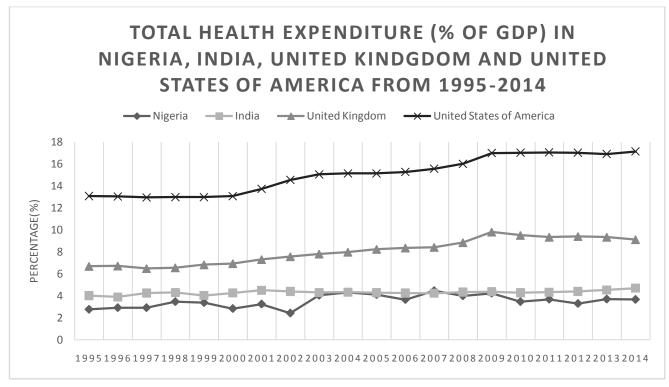
Double-Blind Peer Reviewed Refereed Open Access International Journal

(Objective 2)

5.2 To Analyze the Issues and Challenges Which Nigerian Healthcare System is facingin Context to Medical Tourism Sector.

Percentage of GDP Spent on Healthcare in Nigeria

The full health expenditure is the sum of public and private healthcare costs, including health care, family planning, nutrition and emergency care for healthcare, but excluding water and sanitation (World Data Atlas, 2014). The graph shows that spending in Nigeria as a share of GDP has shifted significantly in recent years, which has increased between 1995 and 2014, reaching 3.7% in 2014. India, a portion of the gross domestic product, has shifted significantly in recent years, rising between 1995 and 2014, reaching 4.7 percent in 2014.



Graph 1. Total health expenditure (% of GDP) in Nigeria, India, UK and USA Source: World Health Organization Global Health Expenditure database, 2014

Brain Drain of Healthcare Professional

Doctors from Nigeria have over the years migrated to North-America and Europe. The year 2005, estimated figure of about 2,392 Nigeria-doctors were also practising in the United States of America alone, and 1,529 in the United Kingdom (Tankwanchi et al., 2013).

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

Mismanagement in Healthcare Delivery

Poor governance in providing health care and accountability is a major issue in Nigerian health systems. A study shows that 25 percent of Nigeria's health care facilities account for about half of the minimum package, while 40 percent are less than a quarter of what is needed in healthcare facilities (World Bank, 2006). Another rating in Nigeria found a small degree of knowledge among FMOH's employees regarding the current standard procedures and standards and budget. Also, current budgets and expenditures are not sustainable (ahead of the World Bank). An evaluation in Nigeria shows that the existing management system is considered ineffective due to complex and incomplete reporting requirements, incomplete and low capacity records (World Bank, 2006). Moreover, in the State of Jigawa Hospital Management in Nigeria, which aims to monitor and guide hospital managers, it is unclear whether it is regarding its responsibilities and little involvement in the Strategic Plan, Goals, or Budget Control (World Bank, 2008).

(Objective 3)

To Explore the Reasons Why Patients are travelling to India to Avail Medical Treatment.

Table 2.0 below shows the selected variables from the questionnaire (questionnaire measuring the perspective of Nigerian patients who travelled to India for medical treatment). The table 2 shows the percentage (%) the views of Nigerian patients concerning healthcare delivery.

| VARIABLE | NIGERIAN PATIENTS WHO TOOK TREATMENT IN INDIA |
|---|--|
| Satisfaction with services provided in the Indianhospital. | 90.0% |
| Expert and skilled doctors and other healthcare staff in thehospital in India | 100% |
| Standard of medical equipment used for treatment in Indian Hospital | 78.0% |
| Need for Improvement in infrastructure for Nigerian Hospitals. | 94% |

Table 5.0:Percentage representation of selected variables.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

It is inferred from the table that Nigerian patents choose to travel to India for medical treatment because of satisfaction with medical services provided, availability of expert and skilled doctors coupled with high standard and availability of medical equipment.

6.0 Discussion

Healthcare delivery is a very important context in any country, be it a developed or underdeveloped. Every country's government is expected to ensure that its healthcare system meets the highest standards of healthcare. Unfortunately, in present-day Nigeria, some specialized medical procedures are being referred to Indian hospitals and other countries like the USA. Nigeria Healthcare system has remained relatively weak despite effort from the government over the years. The questions remain; are these efforts not adequate?

Over the past decade, an increasing number of medical patients travel to India to avail medical treatment, & they pay either from their savings, loans or sponsorship. Millions of dollars in scarce resources are spent abroad which in turn has a negative impact on the Nigerian economy. Hospitality & Tourism Management Association of Nigeria in 2014elaborated that a large population of outbound medical tourism in Nigeria, which is estimated to about, 47 percent travelled to India in the year 2012, and they did so to get medical treatment. This 47- percent of Nigerians who travelled to India for medical purposes estimated to about 18,000 people and spent over 41.6B Naira (\$260 million) in travel and medical expenses (HATMAN, 2014)

The credibility of Nigerian healthcare professionals has been greatly tarnished due to the lack of updated medical equipment and the infrastructure. The healthcare system is still frail, as demonstrated by a lack of coordination, service fragmentation, a lack of resources, including drugs & insufficient supplies & infrastructure breakdown. Uneven allocation of resources & poor quality of care (Communiqué of the Nigerian National Health Conference, 2009).

7.0 Conclusion

In conclusion, Nigeria healthcare system has much catch up to do with regards to healthcare delivery both in the government and private sector. This study has highlighted areas of weakness and reasons why Nigerian patients travel to India to avail medical treatment which

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

in turn help to identify these areas and make a recommendation to boost the healthcare delivery system in Nigeria. Nigeria healthcare professionals are well trained, but only a few had the opportunity to have studied abroad and acquired postgraduate training to be abreast with the latest medical technology. On the other hand, only a few hospitals have updated medical equipment making it difficult for proper diagnosis and further medical treatment. Currently, Nigerian healthcare system is not being complimented enough with high standard corporate hospitals like India. Hence hindering the strong in her medical tourism sector, being that medical tourism sector is private/corporate sector driven.

8.0 Recommendations

Medical tourism, although always existed in the past has now become more organized and focuses on marketing strategies to attract medical tourists. Nigeria should focus on medical technology, skill enhancement. Nigeria should develop means to benefit from the trending medical tourism sector and allocate more funds to invest in its healthcare system. Policies should be made to favour the existing private hospitals to ensure their swift growth to ensure delivering world standard healthcare. Nigeria needs to be successful in modernizing healthcare by establishing a regular monitoring system and medical system for its healthcare sector. Nigerian government should encourage patients to avail treatment in Nigerian hospitals for which the government should do major reforms in healthcare facilities in Nigeria. The quality of healthcare delivery in Nigeria is below average. Hence it is recommended that government need to improve its approach to ensure quality in healthcare. Moreover, the government should also focus on improving the tourism locations up to international standard because Nigeria is also a country of mix culture, heritage and great geographical locations which can attract tourist from abroad and neighbouring countriesto avail medical treatment in Nigerian hospitals which will also boost the economy of the country. Medical tourism industry around the world is private sector driven which makes it more dynamic and resilient. Nigerian Government should focus on PPP (Public-private partnership) model and also encourage the private sector to invest in Healthcare by making favourable policies to attract private investors in Nigeria, thereby increasing the hospital infrastructures and healthcare delivery system to meet world standards.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

References

Akinwale, A. A. (2010). The menace of inadequate infrastructure in Nigeria. *African Journal of Science, Technology, Innovation and Development, 2(3), 207-228.*

Assocham India. (2017). Medical Value Travel in India: Synergizing Modern, Traditional and Tele Medicine.

Communiqué of the Nigerian national health conference. (2009).

http://nigeriahealthwatch.com/wp-content/uploads/bsk-pdf.

Elumelu, T. N., Adenipekun, A. A., Eriba, L. O., &Akinlade, B. I. (2014). Knowledge of cancer pain management among nurses in a Nigerian tertiary health institution. *Journal of Nursing Education and Practice*, 4(4), 74.

Hopkins, L., Labonté, R., Runnels, V., & Packer, C. (2010). Medical tourism today: what is the state of existing knowledge? *Journal of public health policy*, 31(2), 185-198.

JointCommission International. (2017). JCI-Accredited
Organizations https://www.jointcommissioninternational.org/about-jci/jci-accredited-

organizations/?c=Nigeria.

Nigeria Federal Ministry of Health. (2017). Federal Medical Centers http://www.health.gov.ng/index.php/parastatals/federal-medical-centres.

Nigerian economy. Hospitality & Tourism Management Association of Nigeria. (2014). CHALLENGES OF TOURISM IN NIGERIA: AS TOURISM MINISTRY IN FEDERAL LEVEL IS SCRAPPED OR MERGED. http://hatman2010.org/.

Nigerian Medical Association. (2017). punchng.com/one-physician-3500-patients-yet-nigerian-doctors-beg-posting/.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

Osain, M. (2011). The Nigerian Health Care System: Need for Integrating Adequate Medical Intelligence and Surveillance Systems'. Journal of Pharmacy and Bio-allied Science. Oct-Dec; 3(4): 470–478.

Padilla-Meléndez, A., & Del-Águila-Obra, A.-R. (2016). Health Tourism: Conceptual Framework and Insights from the case of a Spanish mature destination. Tourism & Management Studies, 12(1).

Sharkdam, W. (2015). Wapmuk, Sharkdam (2015) Medical Tourism and Nigeria- India Relations, (with Agatha Eileen &Gbajabiamila, TitilolaAbike) Journal of Tourism Research, *Volume 12. pp. 44-65 (Vol. Volume 12)*.

Tankwanchi, A. B. S., Özden, Ç.,&Vermund, S. H. (2013). Physician emigration from sub-Saharan Africa to the United States: *analysis of the 2011 AMA physician masterfile*. *PLoS Medicine*, 10(9), e1001513.

Welcome, M. O. (2011). The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems. *Journal of pharmacy &bioallied sciences*, *3*(4), 470.

World Bank forthcoming.(2006). THE WORLD BANK ANNUAL REPORT. http://siteresources.worldbank.org/INTANNREP2K6/Resources/2838485-
1158333614345/AR06 final LO RES.pdf.

World Bank forthcoming.(2008). THE WORLD BANK ANNUAL REPORT. http://siteresources.worldbank.org/DEVCOMMINT/Documentation/21928837/DC2008-0009(E)ClimateChange.pdf.

Volume 6 Issue 1, January 2020 ISSN: 2455-2569 Impact Factor: 5.433

Journal Homepage: http://mbsresearch.com, Email: mbsresearchp@gmail.com

Double-Blind Peer Reviewed Refereed Open Access International Journal

World Data Atlas. (2014). Nigeria - Total health expenditure as a share of GDP. https://knoema.com/atlas/Nigeria/Health-expenditure-as-a-share-of-GDP.

World Health Organization. (2006). The world health report 2006: working together for health.

World Health Organization. Global Health Workforce Alliance (2008) Scaling Up, Saving Lives. Task Force for Scaling Up Education and Training for Health Workers. *Global Health Workforce Alliance*. WHO, Geneva (accessed 1 June 2015).