

MEDICAL TOURISM IN NIGERIA: CHALLENGES AND REMEDIES TO HEALTH CARE SYSTEM DEVELOPMENT

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Abstract

Medical tourism is fast becoming a culture among many Nigerians due to the deplorable state of the health care system in Nigeria. Every month, almost 5,000 people leave the country for various forms of treatment abroad when such treatment should have been carried out in Nigeria. About 1.2 billion dollars is lost to medical tourism yearly in Nigeria which could have been invested in the development of the country's health care system and the country as a whole. The World Health Organization recently ranked Nigeria 187 out of 191 countries in its ranking of the world's health systems above only three countries in the world while neighboring countries like Ghana, Togo, Niger, Mali, and Chad were ranked better than Nigeria. This paper therefore explores the remedies to the problem of medical tourism and development of health care system in Nigeria. The paper identified brain drain syndrome, underfunding, dilapidated structures and obsolete equipment, industrial strikes, culture of Nigerians preferring anything foreign and negative attitude of health professionals as problems facing the Nigerian health sector. Some of the remedies to the problem as suggested in the paper include: adequate funding of the system, improved health care facilities, better remuneration and motivation for health workers, government intervention on the battle for supremacy among health workers, immediate ban of government sponsored medical trip abroad, adequate training, enforcement of legal

action against medical negligence, improved medical research and encouraging foreign investment.

Keywords: Industrial strike, Underfunding, Brain drain, Remuneration, Foreign investment.

1.0 Introduction

Medical tourism occurs when people travel across international boundaries for their health care and health needs. According to Goodrich & Goodrich (1987), medical tourism is an attempt to attract tourists into a country by deliberately promoting its health care services and facilities in addition to the regular tourist amenities available in that country. Medical tourism is sometimes referred to as health tourism and it is a combination of two distinct services namely: healthcare and tourism. Associating tourism with healthcare such as chemotherapy, heart surgery, kidney transplant and other chronic diseases could sometimes be very hard to comprehend, especially when compared to other forms of tourism like cultural tourism and leisure tourism.

Although, medical tourism is a recent phenomenon, a number of countries like the United Kingdom, Middle East, Japan, United States, Canada, Belgium, Costa Rica, Cuba, Dubai, Hungary, Israel, Jordan, Malaysia, Singapore, South Africa, Thailand and several others have emerged as active players in the medical tourism business, many of whom have grown exponentially and emerged as major force for the growth of service exports worldwide, growing into a multi-billion dollar industry (Government of India, 2011; Wapmuk, Wapmuk & Gbajabiamila, 2013).

In the past, people travel from less-developed countries to seek for health care in developed countries in Europe and America, but in recent years, more people now travel from developed countries to less developed countries for medical treatment as a result of lower cost consideration (Horowitz, Rosensweig & Jones, 2007; Medical Tourism, 2012), less treatment period, improved technology and standard healthcare (Paul, 2006; Laurie, 2008 & Tompkins, 2010). For example, liver transplant that costs about \$300,000 USD in the United States would generally cost about \$91,000 USD in a country like Taiwan (Tung, 2010), while in a place like Canada long treatment periods for treatments and procedures have also been noted (Fraser Institute, 2005; CanWest News Service, 2007).

Globally, medical tourism has contributed immensely to the growth and development of health care system and the countries that engage in it because it attracts people from various parts of the world thereby adding value to the countries involved. In the United States for example, over 60,000 medical tourists were attracted to the country in 2008 (Dusen, 2008), while in the year 2012, Jordan attracted 250,000 international patients accompanied by more than 500,000 relatives generating well above 1 Billion US dollars income from medical tourism that same year (International Medical Travel Awards, 2014).

In Nigeria, the story is different, although the health care system in Nigeria is a blend of both public (Akhtaw, 1991) and private players (Uchendu, Ilesanmi & Olumide, 2013), the recent mass exodus of Nigerians abroad for treatment is worrisome. In 2013, Nigerians spent \$1billion on foreign medical trips for the treatment of various forms of illness in different countries abroad (British Broadcasting Corporation, 2016) which could

have been expended on the development of the country's health care system which in turn would have had a multiplier effect on the development of the country at large. While Nigeria is busy losing millions of dollars to medical tourism, other countries of the world are busy gaining from such cash fly.

According to Price Waterhouse Coopers (2016) report, Nigerians spend \$1 billion annually on medical tourism with 60% of it on four key specialties namely: oncology, orthopedics, nephrology and cardiology. This is nearly 20% of the total government spending on public health sector for the year including salaries of all public sector doctors, nurses and other healthcare workers as well as other health programmes like malaria, tuberculosis, polio and HIV/AIDS prevention as total government expenditure on health sector for the year 2015 which stood at \$5.85 billion.

A country like India, for example, has recently become a ready market for medically challenged Nigerians who can afford to or are compelled by fate of ill-health to seek medical attention outside the country. According to the Indian High Commission in Nigeria, 18,000 (47%) of Nigerians that visited India in the year 2012 alone did so for medical treatments with an estimated cost of N41.6 billion (US\$260 million) in foreign exchange in the process (Daily Independent Newspaper, 2014). It is against this background that this paper explores the problems of medical tourism and development of health care system in Nigeria. The objectives of the paper is to examine the factors responsible for medical tourism in Nigeria and the measures that can be put in place to ensure that medical tourism can be curbed in the country. The paper employed secondary data from existing literature in journals, books Dailies and magazines.

2.0 Theoretical Orientation

2.1 Anderson Model of Health Care Utilization

This paper employed the Anderson Model of Health Care Utilization, a theory postulated by Anderson in 1968. The 'pre-disposing characteristics' of the theory such as the social class of people, demographic factors and personal belief of the benefits of health services are instrumental to individuals' choice of health facilities. According to Anderson (1968), the social classes to which an individual belongs and personal beliefs of the beneficiaries of health services are what motivate individuals to seek medical help.

Following this argument, this theory serves as a platform on which this article can be explained on the following premise: (1) an individuals' social status would determine if such individual would be able to afford medical treatment abroad. It is assumed that people in the higher social status in Nigeria like politicians, government officials and those in power would be able to afford medical treatment abroad while people at the lower stratum in Nigeria may not be able to afford such treatment. (2) The fact that many health care facilities in Nigeria especially government owned hospitals are in deplorable state (Akinsete, 2016) is enough to push patients abroad where they can get better health care for their treatment if they must get well. (3) The place of personal belief would also determine the choice of health care utilization whether people should seek medical help abroad. Owing to loss of confidence in the system by Nigerians (Ihekweazu, 2016) as a result of negative attitude of health professionals, possibilities are that fear may set in, thus influencing the personal belief of many that the system would not be able to handle their

health issue, thereby seeking health care abroad. The theory has been criticized for overemphasizing health need at the expense of health beliefs and social structure (Wolinsky & Johnson, 1991) and also for not paying enough attention to culture and social interaction (Guendelman, 1991; Portes, Kyle & Eaton, 1992)

3.0 What Went Wrong?

3.1 Brain Drain Syndrome

One of the greatest problems causing medical tourism in Nigeria and under-development of the health system is the problem of brain drain. Nigeria is a major health staff-exporting country in Africa (Uneke et al., 2007) and this has affected the development of the healthcare system negatively due to shortage of health care providers in the system. According to Clemens (2007), many health care providers in Nigeria have left the shores of the country in pursuit of greener pastures abroad. Incidentally, it has been found that, some of the best doctors in the world who have made remarkable contributions in the field of medicine come from Nigeria (Akande, 2015). As at 2010, the number of Nigerian trained doctors practicing in the United States and the United Kingdom stood at 2,392 and 1,529 respectively while the ratio of doctors to patients in Nigeria is 39 per 100,000 people (Ogbom-Egbulem, 2010).

3.2 Underfunding

Another underlying factor causing medical tourism among Nigerians is the problem of underfunding of the health system. The way a country finances its health care system is a critical determinant for reaching universal health coverage because, health care finance determines whether the health services that are available are affordable to those that need them. Despite Nigeria's strategic position as the giant of Africa and her position in the League of Nations globally, Nigeria is still underserved in the healthcare spheres when compared to other sectors (Health Reform Foundation of Nigeria, 2010; Asangansi & Shaguy, 2011). Health facilities in the country including health professionals and medical equipments are grossly inadequate and where policies are in place to address these issues, they are barely implemented (HRFON, CIA World Fact book, 1991; Center for Reproductive Rights, 2008). As at 2016 budget, only 4.3% budgetary allocation was given to the health sector (Ibekwe, 2016) which is far lower than the recommended 26% allocation by the United Nations (Azi, 2011).

3.3 Dilapidated Structures and Obsolete Medical Equipment

In addition to the above is the problem of dilapidated structures and obsolete medical equipments. Despite the high number of available medical institutions in Nigeria, Nigeria still records below average health statistics because of inability to provide quality health care due to inadequate basic infrastructure and obsolete medical equipments (Akinsete, 2016). Many of the hospitals, especially government owned hospitals in and around the country, are in bad shape (Akor, 2015). In many developed countries, Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scans and other modern diagnostic procedures are common and affordable but in Nigeria, such procedures are still an exclusive preserve of the rich (John, 2016). Some government owned hospitals for

example, still refer patients to private laboratory and diagnostic centers for their laboratory examinations and investigations (Mekwunye, 2016). However, Egbujo (2015) has however argued that this predicament is as a result of poor planning, poor funding and poor regulation.

3.4 Industrial Strike

Furthermore, the incessant industrial action being witnessed in the system in recent years is another major problem causing mass exodus of Nigerians abroad for medical treatment. This has been identified as a major contributor to the country's poor health indices which has brought untold hardship, sufferings and death to many families and patients across the federation (Ogbebo, 2015). In recent years, the Nigerian health system has experienced numerous strike actions involving doctors, nurses and allied healthcare workers (Olatunji, 2013; Hassan, 2013; Okafor, 2013; Premium Times, 2014; Obi, 2014; Ibeh, 2015) as a result of various demands and unhealthy rivalry among health professionals in the system (Ehanire, 2016). This has negatively impacted on the healthcare system, leading to several avoidable deaths, complications and outgoing medical tourism, as the wealthy seek health services abroad (Adepimpe, Owolade & Adebimpe, 2010).

3.5 The Culture of Nigerians Preferring Anything Foreign

The culture of Nigerians preferring anything foreign is also a contributory factor to the mass exodus of Nigerians for medical treatment abroad. According to Bruce (2016), Nigerians have insatiable appetite for anything foreign. While the wealthy prefer the United States or European markets for treatment, some others prefer Middle-Eastern and South African markets for treatment while a large number prefer India for a host of reasons (Parmar, 2015). Out of over 5,000 people that fly out of Nigeria monthly, for medical treatment (Wapmuk, Wapmuk & Gbajabiamila, 2013), while a large number of these trips were done by politicians who were treated by Nigerian doctors abroad (BBC, 2016). Recently, the Nigerian President travelled to a London hospital for ear infection which could have been treated at home (Sahara Reporter. 2016). Reports also have it that many politicians in the country also go abroad for minor ailments like malaria on government expenses when there are competent hands that could treat malaria in Nigeria (Ogunyemi, 2016).

3.6 Negative Attitude of Health Professionals

The negative attitude of health professionals to patients and medical negligence among health professionals in the country is also alarming. Medical experts believe that adequate healthcare services such as diagnosis, treatment, prevention of disease, injury and other physical and mental impairments are essential but negative attitudes occasioned by socio-economic conditions may determine the quality of healthcare delivery in a society. Today, the impact of the negative attitude to work by health care providers especially in public and private hospitals is particularly worrisome. Years of poor attitudinal problems particularly in the public sector has further endangered lives of patients leaving many in critical conditions (Obinna, 2011). Several cases of death that could have been averted

have also been recorded in many hospitals in Nigeria as a result of negative attitude of health workers towards patients (Obinna, 2011; Mekwanye, 2015; Sahara Reporters, 2016). These have made many Nigerians to, rather than seek adequate health care services in public health institutions, opt for alternative medical care (Nwaebuni, 2016)

4.0 The Way Forward

4.1 Adequate Funding of the System

Its high time Nigerian government sees health care financing as an investment which certainly requires an effective management in form of political commitment for it to be profitable (Olakunde, 2012). Nnamani (2005) has also contended that, for effective service delivery to be realizable in the Nigerian health system, the sector must be adequately funded. Unfortunately, fifteen years after the Abuja Declaration of 15% annual budget on health sector, the Nigerian government is yet to deliver on this promise. Adequate funding is therefore imperative if the Nigerian health care system would be developed and people would be encouraged to utilize them for their health challenges (Nwambu, 2016).

4.2 Improved Health Care Facilities and Medical Equipment

Government and other relevant agencies in Nigeria should, as a matter of urgency, address the problem of dilapidated structures and obsolete medical equipments rocking the system if medical tourism must be encouraged in Nigeria. According to Parma (2015), most of the government owned hospitals in the country are ill equipped and in a dilapidated state. These facilities should be fully upgraded to meet the current health challenges of the teeming population. Government hospitals especially tertiary hospitals that attend to specialist cases should be adequately equipped with up-to-date medical facilities so that people can get adequate health services needed for their treatment and therefore discouraged from going abroad for medical treatment.

4.3 Better Remuneration and Motivation for Health care Workers

It has been noted that there are gross disparities and distortions in remuneration packages and schemes of service for health workers at different levels in the public sector especially for nurses and midwives (National Human Resources for Health Strategic Plan, 2007). The disparities, according to (NHRHSP, 2007), are more pronounced between staff on federal payrolls and their colleagues in the states and worse in the local government systems. Nigeria health workers salaries and remunerations should be reviewed upwards immediately to reflect what is obtainable in other nations. If Nigerian health workers are paid reasonably compared to what is obtainable in places where they are migrating to, possibilities are that they may not likely migrate. According to John (2016), the call-food in some hospitals is not different from the meal inmates of our prisons are fed with. Housing schemes and car loan schemes should also be established for health workers as an inalienable right, at all levels so that health workers can be motivated and give their humanitarian services to the country rather than serving other countries.

4.4 Addressing the Battle for Supremacy among Health Workers

The Nigerian government should immediately intervene in the ongoing supremacy battle rocking the Nigerian health care system between the Nigerian Medical Association and the Joint Health Sectors' Unions (JOHESU). The system has been literally grounded as a result of inter-professional bickering and struggle for supremacy (Babatunde, 2014). He argued further that, while doctors contend that, by virtue of their years of training and responsibilities, they are naturally heads of the sector, other health workers including nurses, pharmacists/technologists, radiographers, and practically every other non-physicians staff argue otherwise. It is therefore imperative for government to step in and save the system from total collapse through collective bargaining.

4.5 Immediate Ban of Government Sponsored Medical Trips Abroad

There has been several calls by various stakeholders in the country on government ban on medical treatment for public officers abroad (Adeyemo, 2012; Ojo, 2015; Agboola, 2016; Ogunyemi, 2016). The Nigerian government should, as a matter of urgency, ban sponsored medical treatment for government officials abroad. According to Amu (2005), Nigeria has highly qualified doctors who can compete favorably with their counterparts abroad. He argued further that when this is done, it will go a long way in improving the health care services in Nigeria. It is therefore high time government officials started patronizing Nigerian hospitals. Leadership should be by example, when government imbibes this attitude, possibilities are that others will follow suit.

4.6 Adequate Training for Health care Workers

According to Aina (2011), health care in Nigeria cannot improve beyond health workers capacity to manage well. The need for a trained work force in the system for effective performance cannot be overemphasized (Uneke, Ogbonna, Ezeoha, Ovibo & Ngwu, 2007). Health care providers in the country need to be adequately trained to ensure maximum customer service delivery particularly in government hospitals for maximum productivity. There is need for health care workers to develop positive attitude towards patients. This will equip them with the right attitude to delight and empathize with them rather than frustrating and adding to their ordeal. It is also imperative for health workers to know that their responsibility is not only to their employers but to the beneficiaries and community as well. All our decisions and actions must be guided by ethics and oath of profession which they have all sworn to uphold and defend.

4.7 Enforcement of Legal Actions against Medical Negligence

As a result of poor public enlightenment, social sentiments and prejudices, medical negligence and other professional misconducts victims hardly institute actions in court for redress (Ahmed, 2016). Thus, there is dearth of reported cases emanating from Nigerian courts. Government should immediately enact laws that enforce legal actions on health workers that mismanage patients. Medical practitioners should be cautioned since many have sent patients to their untimely graves in the course of their professional duties (Okogie, 2015). When this is enforced, it will discourage lackadaisical attitude of health

workers towards patients that is rampart in the system (Obinna, 2011) and restore people's confidence in the system (Okogie, 2015).

4.8 Increased and Improved Medical Research

There have been calls from some quarters on the need for government to massively fund health research in Nigeria (Ajasa, 2016; Ifijeh, 2016). According to Tayo (2016), the only way to improve health care service to save people from diseases that kill millions of people in Africa is through research. Therefore government should encourage intensive research into health care by massively investing into various health researches by granting funds to medical research institutes and other related institutions to embark on research that would improve the wellbeing of the people.

4.9 Encouraging Foreign Investors

Nigeria needs to improve her business environment in order to attract foreign investors into the health sector. Although, many of the current business policies in place in Nigeria are business friendly and progressive, there is still problem with implementation of such policies (Agbugar, 2016). The Nigerian government should ensure that players in the health sector have a conducive working environment to operate. Government should deal with the problem of infrastructural decay especially with power/energy sector to make the country attractive for foreign investments in the health sector so as to meet the growing health demands of the people.

5.0 Conclusion

The focus of the paper has been on medical tourism and the development of the Nigerian health care system. The paper has been able to enumerate the concept of medical tourism as it applies to the Nigerian society. A number of problems that have resulted to the mass exodus of Nigerians abroad in search for medical treatment and underdevelopment of the health system in the country were also extensively enumerated.

6.0 Recommendations

The paper made recommendations on the way forward that is, remedies that could be adopted by government and other relevant agencies to reverse the recent trend of Nigerians travelling abroad for medical treatment. Some of the remedies enumerated in the article to tackling the problem of medical tourism in Nigeria include: adequate funding, improved health care facilities, better remuneration and motivation for health workers, government intervention on the battle for supremacy among health workers, immediate ban of government sponsored medical treatment abroad, adequate training, enforcement of legal action against medical negligence, improved medical research and encouraging foreign investment. It is strongly believed that if the aforementioned remedies are fully adapted, the lost glory of the country's health care system would be restored and the country's health care system would be developed and able to attract foreign investors, thereby adding great value to the country.

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