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# Outbound Medical Tourism: Result of a Poor Healthcare System



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## The Federal Government proposes to ban civil servants from travelling abroad for medical treatment. Will this policy improve the poor quality of healthcare outcomes in Nigeria?

“Medical tourism,” a term used to describe the practice of people travelling to other countries to receive medical attention, is an inherent trend in Nigeria’s healthcare sector. In response to the growing concerns about the high rate of outbound medical tourism, particularly as practised by public officers, Nigeria’s Minister of Health announced that the Federal Government intends to curb such capital flight. According to The Punch newspaper, Professor Onyebuchi Chukwu, the Minister of Health, stated that a policy is currently being developed for approval by the Federal Executive Council to stop public officers from depleting public funds by medical treatment abroad that could be undertaken locally. Professor Onyebuchi Chukwu added that any public officer who must embark on medical treatment abroad would have to bear the cost personally, except when medical treatment is not available in the country.

The goals of this proposed policy are to reduce government expenditure, discourage outbound medical tourism and redirect attention and resources to the deteriorating healthcare sector in Nigeria.

The move to limit foreign medical trips abroad is welcomed by the general public especially as the current leadership of the Ministry of Health is seeking ways to improve the quality of outcomes in the healthcare sector. However, the success of this policy in improving the poor quality of health will be greatly undermined if the current state of healthcare outcomes in the country remains unchanged. The measure of success of this policy rests on the extent of improvement of healthcare for the whole country.

## State of Nigeria’s Healthcare Sector

For many years, the country has experienced a continuing decline in the healthcare sector and currently underperforms when compared with equivalent sectors of other developing countries. Budgetary allocation and per capita government expenditure on healthcare has also remained low when compared with per capita government expenditure in more developed countries. In the 2008 appropriation at the federal level, the healthcare sector had N89.45 billion to expend, out of which N29.12 billion was meant to handle approximately 700 capital projects. However, by the end of the year, N11.34 billion of the total allocation of N89.45 billion was returned as unspent funds. In 2009 and 2010, the allocation for the healthcare sector was N138.17 billion and N161.8 billion respectively, representing 4.5% and 3.5% of the national budget. These amounts are grossly inadequate compared to the World Health Organisation’s (WHO) recommendation that 11% of a country’s budget should be dedicated to its healthcare sector. At the state and local levels, there is little evidence to indicate the proper breakdown of funds allocated to the healthcare sector.

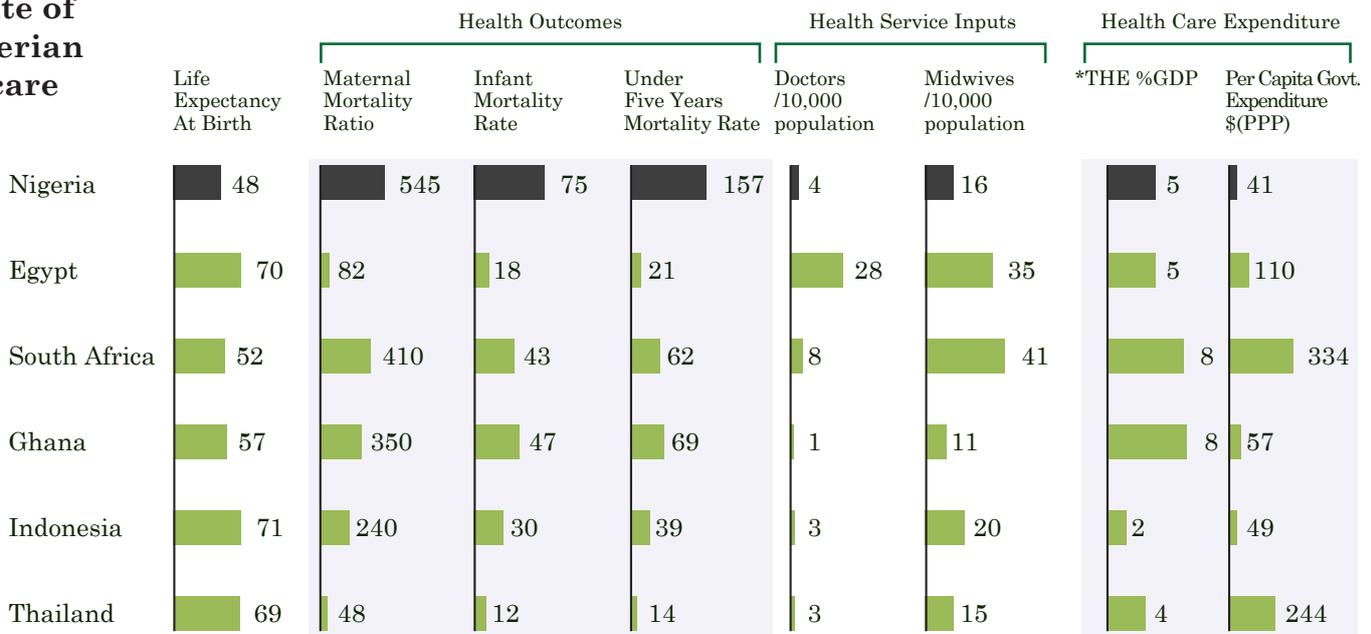


Despite the increased budgetary allocation to the healthcare sector, there is a wide disparity between the highest and lowest income segments of the population in the utilization of health services in Nigeria. Studies reveal that, due to financial constraints, the lowest income segments of Nigeria die frequently from tetanus, stroke, diarrhea, road traffic accidents and childbirth, but wealthy Nigerians and top government officials overcome this challenge by travelling abroad for medical treatment.



**Chart 1:**

**The State of the Nigerian Healthcare Sector**



Maternal Mortality Ratio is the ratio of the number of maternal deaths per 100,000 live births.

Infant Mortality Rate is the number of children dying at less than 1 year of age, divided by the number of live births that year.

Under Five Years Mortality Rate is the number of deaths of children under the age of 5 per 1,000 children in that age group over a period of a year.

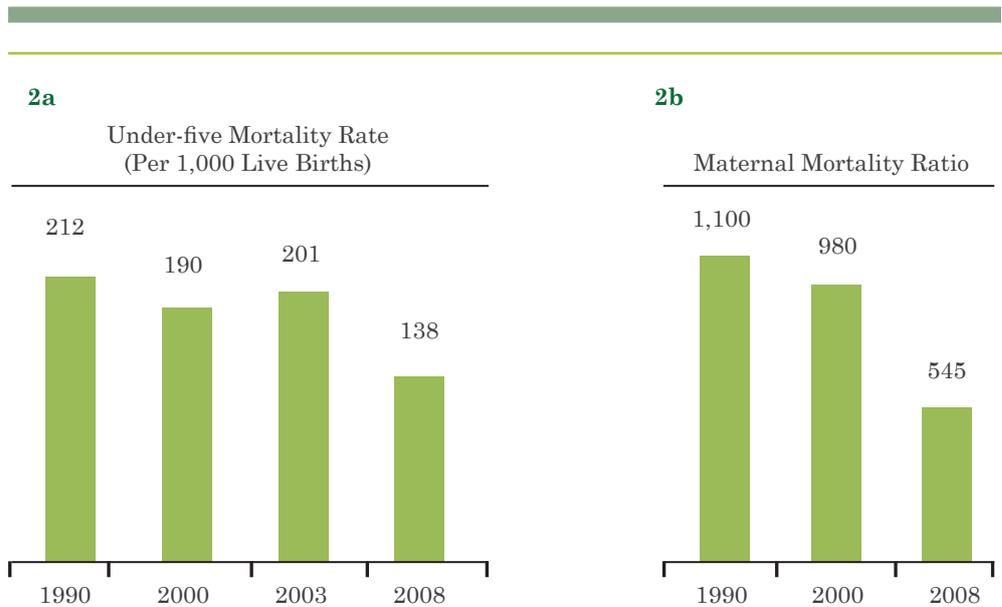
\*THE - Total Health Expenditure

The Minister of Health, Prof. Onyebuchi Chukwu in his presentation of the situation report to President Goodluck Jonathan, said the healthcare sector had achieved modest success based on Mr. President’s Transformation Agenda. The achievements include the introduction of new vaccines for killer diseases; roll out of new technologies by the National Agency for Food, Drug Administration, and Control (NAFDAC) to detect fake drugs; the free provision of 50 million insecticide-treated nets to families across the nation; and the first stem cell transplant for the treatment of sickle cell diseases, leukemia, anemia and other life threatening diseases. The healthcare sector also experienced continued improvement in the reduction of maternal and child morbidity.

**Chart 2a:**

**Under five: Mortality Rate**

Per 1000 Live Births



**Chart 2b:**

**Maternal Mortality Rate**

Per 1000 Live Births

Source: U.N. Millennium Development Goals; WHO Country Report, Transforming Primary Health Care in Nigeria 2011



Although these achievements are commendable, there is still a lot of room for improvement as the country’s healthcare outcomes are well below what they should be. Fundamental challenges of the healthcare sector impact both the quality and the distribution of healthcare services. The generally poor standards of healthcare at both public and private hospitals are due to inadequate facilities, inadequate or insufficient standard operating procedures, and poorly trained or incompetent medical personnel. Where there exists comparatively good services, they are not affordable and accessible to all patients. The poor and medium income segments of population are at the mercy of the dilapidated public hospitals or sometimes incompetent private hospitals, whereas wealthy Nigerians and public officials have access to care in the expensive but competent private hospitals within the country, or more often travel abroad to seek it.



## Outbound Medical Tourism. A Consequence of Nigeria's Poor Healthcare Outcomes

The Director-General of Standards Organisation of Nigeria, Dr. Joseph Odumodu, in his lecture entitled, "The 21st Century Pharmacy Professional in Healthcare and National Development," stated that the changing social, technological and economic environments have contributed to the creation of a burden on effective delivery of quality healthcare. He added that the results of these factors are; substantial but preventable infectious disease profiles, very high mortality at a young age, negative impact on average life expectancy, staggering health inequalities and disparities among different groups as well as high mortality rate from treatable and avoidable ailments found among poor people.

It is therefore not surprising that in recent times, due to the ruined state of the nation's healthcare sector, resulting from lack of medical equipment, epileptic power supply, and inadequate medical personnel, the people have generally lost confidence in this sector. Such lack of confidence has, furthermore, led to the increased frequency of top government officials and wealthy Nigerians with life threatening ailments, travelling abroad in a last minute attempt to save their lives. Others who participate in outbound medical tourism for life saving treatments are sponsored by organisations and philanthropists.

Studies reveal that the most frequently visited countries by Nigerian medical tourists are the USA, UK, Germany, Switzerland, and more recently, India. Nigerians form a large proportion of medical tourists to India, Europe, and the US. The most frequent treatments sought by Nigerians in these countries are alternative medicine, corrective, and transformative surgeries.

India is currently the choice destination for medical care by many Nigerians. Beyond the deteriorated state of the Nigerian healthcare sector, affordable and accessible medical treatment in India influences the decision to consider the country as a medical tourism destination. According to a Business World report, a heart bypass operation costs approximately US \$144,000 in the U.S., US \$25,000 in Costa Rica, US \$24,000 in Thailand, US \$20,000 in Mexico, US \$13,500 in Singapore, but only US \$8,500 in India where there is a similar quality of healthcare.

Although the actual cost of treatment in India may be low, the additional costs of travel, accommodation, feeding and other charges, make the overall cost high. Usually patients need to travel with a companion, which increases the cost. However, Nigerian medical tourists are in general less concerned about the total cost incurred if they are assured of receiving world-class quality treatment and care for their illnesses.



## The Consequences of Outbound Medical Tourism on Nigeria's Healthcare Sector

The continued practice of outbound medical tourism is an indication that the government over the years has not done enough to improve the deteriorating healthcare sector. The quality of health care in Nigeria has left much to be desired partly due to the ineptitude of healthcare workers, the increasing death rate during child delivery, lack of accident and emergency services and inadequate equipment for life support and medical diagnosis.

In a statement credited to Professor Babatunde Oshotimehin, Nigeria's former Minister of Health, by the International Medical Travel Journal, at least 3,000 Nigerians travel each month to India for medical treatment and spend close to \$200 million (N30 billion) annually. This is equivalent to about 20% of the budgetary allocation for the healthcare sector in 2010.

In 2011, Dr Ngozi Okonjo-Iweala, the Minister of Finance, while explaining the national economic plan, stated that \$200 million, a substantial sum compared to the national budget could be saved annually if Nigerians who travel abroad for medical services could be treated locally.

In the document titled "Creating Jobs: A Short to Medium-Term Agenda," the Minister equally emphasized the contribution of good healthcare to economic growth when she stated that poor health reduces the efficiency and output of workers. She further stressed that the healthcare sector has a huge potential in job creation, adding that 10 of the 20 fastest growing occupations in the US were healthcare related. If the money expended annually on medical treatment abroad by government officials and other wealthy Nigerians were retained in the country, it would add to the resources needed to restore the inadequate infrastructure in the sector. The funds could also be re-invested to initiate the building of state-of-the-art hospitals, purchase and distribute critical health saving equipments to all teaching and federal hospitals and promote other critical areas in Nigeria's healthcare sector.

Beyond the monetary effect of outbound medical tourism to individuals and the country, there are other risks for unwary Nigerian medical tourists in going to other countries. Doctors have repeatedly drawn the attention of the general public and the government to the problems that medical tourists encounter from the long distance travelled for medical treatment and the lack of post-operative follow-up. Some of these risks include complications from travelling long distances after a lifesaving procedure and degenerative conditions arising from poor post-operative check-ups especially for cancer cases.

It is rare to find anyone willing to talk publicly about the negative aspects of their experience as medical tourists to another country, in consequence, many Nigerians still travel to other countries for unsupervised medical care that could very well be provided locally.



## The proposed ban on civil servants from travelling abroad for medical treatment is a welcomed policy, however ...

The proposed ban on civil servants from travelling abroad for medical treatment by the Federal Government is a policy welcomed by the general public. This is particularly so, based on the assumption that the implementation of this policy will compel government at all levels to consider improving the quality of healthcare outcomes in Nigeria. Also, medical tourism is big business and Nigeria can exploit the opportunities it presents. A report by the *Economist Intelligence Unit*, entitled, “Travelling for Health: The Potential for Medical Tourism,” suggests that many countries are well placed to develop medical tourism that would create the much-needed healthcare jobs and expertise, as well as generate revenue. It, however, advises that to make the most of this opportunity, government and the private sector need to work together to ensure that the benefits from medical tourism filter down to the wider population. A framework for continuous assessment of hospital standards of practice needs to be developed to ensure patients’ confidence in the healthcare system. Due to Nigeria’s large population and the level of the healthcare needs of its citizens, the country constitutes a big market for investors in healthcare products and services. However, in the absence of local alternatives to quality healthcare that is accessible abroad, prohibiting civil servants from travelling abroad for medical treatment is neither the solution to the increasing incidence of outbound medical tourism nor to the poor healthcare system. To successfully discourage outbound medical tourism and achieve the goal of providing quality healthcare, there has to be a massive improvement in the country’s healthcare sector.

## ... The first need is to improve the quality of healthcare outcomes in the country

In improving the quality of healthcare outcomes in Nigeria, key activities focused on two critical areas within the sector need to be accomplished across public and private hospitals in Nigeria.

### 1. Infrastructural Development

For Nigeria to experience real transformation in the healthcare delivery sector, urgent attention needs to be paid to medical infrastructural development within the sector. Appropriate healthcare technology, policies and initiatives capable of turning healthcare delivery around in the country should be put in place. Some of these initiatives include:

- **Increased Budgetary Allocation for Healthcare**

This will equip public hospitals and tertiary health institutions with the monetary capacity to operate optimally, by purchasing needed equipment and facilities, hiring competent personnel, etc. Regular maintenance organization and standardization codes for equipment should, however, be developed to ensure durability and proper use of the equipment.



- **Provision of Turnkey Medical Equipment in major public hospitals within the country**

This medical equipment would be used in important areas of medical specialty such as non-operative medicine (cardiology, oncology, critical care medicine etc.) and surgery (general surgery, plastic surgery, transplant surgery etc.).

- **Review of Regulatory Mechanisms and Professional Codes of Conduct in the healthcare sector**

The standard operating procedures should be comprehensive to capture all stages and aspects of healthcare procedures, from triage, to clinical and surgical operations, to error detection, prevention and documentation. There should be regular audit and re-accreditation of both private and public hospitals. The National Health Insurance Scheme (NHIS) should also be revised and implemented to ensure accessibility of healthcare for all citizens.

- **Development of a Standard Operating System (SOP)**

To ensure strict and continuous adherence to set standard operating procedures and infrastructural requirements, regularly auditing and reaccreditation of both private and public hospitals should be carried out.

- **Development of a Public/Private Partnership (PPP) Strategy**

An effective PPP strategy should be developed and implemented to augment the government's effort in improving the quality of healthcare in the country.

## 2. Human Resource Optimization

In addition to infrastructural inadequacies in the healthcare sector, there is also the problem of incompetent medical personnel. There is a need to raise the minimum competence requirement for all healthcare institutions. All healthcare institutions should be mandated to consistently train and retrain healthcare professionals. The training should focus on improving clinical effectiveness, ensuring patient safety and patient care.

- **Improving Clinical Effectiveness**

A robust performance management system should be developed to constantly evaluate performance of staff at all levels and across all functions. Strategies to improve medical processes should also be implemented, such as effective ways to reduce waiting time from when a patient arrives to when they receive medical attention.

- **Ensuring Patient Safety and Care**

Staff should be educated on patient safety protocols, types of errors that could occur in clinical settings as well as prevention of these errors. Training should also include error reporting mechanisms and specific protocols.

By embracing these recommendations, among others, Nigeria can radically improve accessibility and quality of health care and ensure the local provision of essential services and facilities at affordable prices to all patients. To ensure the accomplishment of world-class quality health outcomes in Nigeria, concerted effort of all stakeholders is required.

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*Analysts*

**Lore Muraina**

**Israel Tommy**

*Partner*

**Chukwuka Monye**

editorial@ciuci.us



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