

Assessment of the Frequency and Pattern of Outbound Medical Tourism in Government-Owned Hospitals in the Federal Capital Territory (FCT), Nigeria

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Abstract

Outbound medical tourism is becoming common in Nigeria as patients are frequently sent to other countries for specialized care. The frequency and pattern of Outbound medical tourism help to direct the investments in medical tourism. This study sought to assess the frequency and pattern of outbound medical tourism in government-owned Hospitals in the Federal Capital Territory (FCT), Nigeria. This was a descriptive cross-sectional study conducted among 160 medical doctors who had made referrals for medical tourism in other countries. A multi-stage sampling technique was used, and data was collected using an Interviewer-administered structured questionnaire. In the last 12 months, 227(36.15%) respondents had not done any referral, In the last 6 months, 381 (60.67%) had not done any referral outside the country, 215 (34.24%) had referred one (1) patient in the last 6 months 32 (5.1%) had done two (2) referrals. Commonest destinations included India 268 (42.68%), USA 98 (15.61%), UAE 71 (11.31%), UK 68 (10.83%), Saudi Arabia 42 (6.69%), Germany 27 (4.3%), Israel 18 (2.87%), Egypt 12 (1.91%), Canada 10 (1.59%), Singapore 8 (1.27%). Sixty-six percent of the clients selected their destination themselves, while 211 (33.60%) were selected by the doctors. The Top five referrals done by doctors in the last 12 months include Childbirth 53 (13.22%), Transplantation surgery 112 (27.93%), Ophthalmological surgery 44 (10.97%), Checkup 42 (10.47%), and Diagnostics 17 (4.24%). Improvements in local healthcare services will reduce outbound bound medical tourism and put Nigeria in a position to gain from inbound medical tourism.

Keywords: Frequency, Medical Tourism, Outbound Medical Tourism, Pattern.

Introduction

A worldwide phenomenon at the moment is the rising demand for health care. Growing worldwide trade in healthcare goods and services, as well as increased cross-border patient migration, are indicators of the globalization of healthcare. The desire for health care outside of one's country is fueled by several factors, including the need for more and better health services, demographic shifts, particularly the aging of the population and the increased need for medical services by older adults, and epidemiological shifts, such as the rising prevalence of chronic illnesses. This need

is reflected in the equivalent rise in the global health services sector [1-3]. Global patient and health professional flows, medical technology, capital finance, and cross-border regulatory frameworks have all increased. Over the past few decades, this has led to new trends in the supply and consumption of healthcare services [4, 5]. The World Trade Organization and the General Agreement on Trade in Services' free movement of goods and services has sped up the liberalization of the health services industry. Since the majority of the health care sector is a service, health services are now a more traded global commodity. The movement of patients

across borders in search of medical care and treatment—a practice known as medical tourism—has become a substantial new component of this trade [6-8].

The new 21st-century style of medical tourism is largely driven by low-cost treatments, cheap flights, readily available information over the internet, new and enabling infrastructure like affordable, accessible travel, and industrial development by both the private business sector and national governments in both developed and developing nations. These have been instrumental in promoting medical tourism as a potentially lucrative source of foreign revenue [5, 9-11]. Medical travel has new destinations from emerging nations of Asia, Latin America, Middle East, Eastern Europe and South Africa. Medical tourism provides massive opportunities for emerging nations like Nigeria, India, Thailand, Malaysia, UAE, Brazil, Argentina, Costa-Rica and South Africa. These opportunities include influx of foreign revenues and the incentive to develop their local medical capacities both human and infrastructure [12-15].

Outbound medical tourism is prevalent in Nigeria because patients are frequently sent to other countries for specialized care, and the country's healthcare system is dilapidated and neglected. While regular residents gather money on their own or through contributions and charities for medical treatment abroad, government officials are sponsored to receive medical care abroad for both minor and major illnesses. The state of Nigeria's health system is depressing, which hinders the growth of inbound medical tourism, which is already very primitive. Nigerians' health and survival are still being negatively impacted by vaccine-preventable diseases, infectious diseases, parasitic diseases, and non-communicable diseases. They continue to be the principal contributors to morbidity and death [16-18]. The evidence that is currently available indicates that Nigeria's healthcare system is weak. This healthcare system is characterized

by the following: high maternal and child mortality, high brain drain, poor infrastructure, insecurity, poor implementation of health and social policies, poor coverage with high-impact cost-effective interventions, unavailability of essential drugs and other health commodities, lack of integration and poor supportive supervision, decaying infrastructure, poor management of human resources for health, negative attitudes of health care providers, and weak referral systems [16, 18, 19]. Together, these factors make the healthcare system unappealing to foreigners.

Given that the majority of Nigeria's tertiary hospitals are unable to treat patients' complex medical issues, including brain surgery, open heart surgery, hip replacement, cancer treatment, complex eye problems, and microdissection surgery, it has been predicted that it will be challenging to curb outbound medical tourism in the country. Referrals to India, South Africa, Dubai, Germany, the United Kingdom, and other nations are required. At the moment, Nigeria lacks the infrastructure necessary to perform these procedures and investigations, and those that do have inadequate upkeep [20, 21]. The Nigerian Tourism Development Corporation (NTDC) partnered with the Medical Tourism Association (MTA), a non-profit organization based in the United States, to promote Nigeria as a viable medical tourism destination and curb the influx of Nigerians of all ages and statuses seeking medical care abroad to stop the rising number of Nigerians seeking medical treatment abroad and capital flight [22]. After our health system is fixed, efforts will be made to reposition the nation's health industry to turn Nigeria into a medical tourism destination [16, 19].

There are limited verifiable statistics regarding the magnitude of outbound medical tourism, [23] this study forms part of a database and provide frequency information, referral patterns, the procedures they undergo, and destination countries. This study seeks to assess

the frequency and pattern of Outbound medical tourism among Medical Doctors in government-owned Hospitals in the Federal Capital Territory (FCT), Nigeria.

Methodology

A descriptive cross-sectional study design was used in conducting this study among fully licensed medical doctors practicing in Government-owned tertiary hospitals in Abuja City in 2024. This study focused on identifying the pattern, frequency, and factors affecting medical tourism in Abuja City. This study was carried out in a teaching hospital in Abuja - FCT. Abuja is a city in central Nigeria that serves as the country's capital and is located within the Federal Capital Territory (FCT) [24, 25]. The Abuja Federal Capital Territory (FCT) is bordered on all sides by four states: Niger, Nasarawa, Kogi, and Kaduna [26- 28].

Abuja was chosen for this study as it is now one of Nigeria's ten most populous cities and one of the world's fastest-growing cities with an increasing population with the representation of all tribes living in Nigeria. It has 3 major government-owned teaching hospitals. University of Abuja Teaching Hospital, Gwagwalada; National Hospital, Abuja, Federal Medical Center, Jabi, Abuja. All of which have easy access to experts who can recommend treatment outside the country [27]. There is a comparatively high level of literacy in the state, with enormous communication facilities available too. The state is also well served by a good network of roads, and the capital, Federal Capital Territory (FCT) has an airport [24, 25]. There are different categories of medical doctors in the state, ranging from medical officers to senior, principal, and chief medical officers, who have basic medical training and field experience. Also, there are those seeking postgraduate qualifications as registrars, senior registrars, and upon qualification consultants/specialists in the requisite field [29]. Medical tourism will most likely occur in tertiary hospitals since it is the

highest level of care in Nigeria before referral out of the country [30]. Most patients seeking special care will have contact with tertiary hospitals where specialists are trained and medical research done before seeking health care overseas.

The minimum sample size for medical doctors was calculated using Cochran's formula for minimum sample size determination in cross-sectional study:[31],

$$n = \frac{Z^2 pq}{d^2}$$

n= the desired sample size when the population is less than 10,000

z= standard normal deviate set at 1.96 corresponding to the 95% confidence level.

In a previous studies conducted in India, UAE, Jordan and China where 13.0% of patients were referred by their doctors [32].

A minimum of 160 questionnaires was used for data collection amongst the medical doctors.

A Multi-stage sampling technique was used in selecting the respondents for this study. Data was collected using an interviewer-administered questionnaire. frequency and pattern of referral, and types of treatment sought. These questions were adapted from medical tourism publications in Canada, the United States, Malaysia, and India [5, 33-36].

A one-week training program was conducted for 6 research assistants who were medical interns. The training covered the use of questionnaires on the research topic, ethical considerations, and quality control. Emphasis was laid on proper conduct during interviews and discussions as well as how to recognize the progression of interviews in line with themes. The study instruments was pretested among medical doctors and patients in Federal Medical Center Keffi, Nasarawa State, located about 120km away from the study area. All ambiguous questions were reviewed to reduce the possibility of information bias. Questions were rewritten or deleted to reflect specific aspects of medical tourism related to the study objectives. Results from the different data

collection methods were triangulated to obtain an overall picture of medical tourism in Abuja City. Questionnaires were screened for completeness, coded, and entered by the researcher into the Statistical Package for Scientific Solutions (SPSS) version 22.0 software for analysis.

Ethical clearance to conduct this research was sought and obtained from the Bingham University Teaching Hospital Research Ethics Committee before the commencement of the study. Permission to conduct this study was sought from all the Health facilities that were used in this study.

Written informed consent was obtained from each respondent before the conduct of interviews after adequate information must have been given to the respondents by the interviewers concerning (i) the identity of the researcher and the university; (ii) the purpose of the research; (iii) the nature of the questions; (iv) the approximate length of time required to complete the survey; and (v) advice on how to make a complaint to the university if desired. Confidentiality and privacy were respected during the interview. Participants will be treated with dignity and respect.

To ensure confidentiality, respondent's serial numbers rather than name was used to identify each respondent. Respondents shall be informed that there will be no penalties or loss of benefit for refusal to participate in the study or withdrawal from it. There will be no risk of harm or injury to the participants during or after the study is conducted. The benefit of the study to the participants is that no quantitative studies on medical tourists had previously been conducted. The findings from this study present potential benefits for patients, healthcare providers, and relevant policy-makers in terms of creating better choices for medical tourists. All data shall be kept secure and made available only to the researcher. Findings from this research will be made public and will contribute to the knowledge of the scientific community.

Results

Frequency of Referrals, Common Destinations for Outbound Medical Tourism among Doctors

In Table 1, all respondents had done a referral as this was the criteria for their selection in the first place. But, less than half (45%) had only done one referral since then, a quarter had done two (2) referrals, while 30% had done three (3) or more referrals in their lifetime.

In the last 12 months, 227(36.15%) had not done any referral, 322 (51.27) had done one (1) referral, 51 (8.12%) had done two (2) referrals, 17 (2.71%) had done three (3) referrals, 9 (1.43%) had done four (4) referrals.

In the last 6 months, 381 (60.67%) had not done any referral outside the country, 215 (34.24%) had referred one (1) patient in the last 6 months 32 (5.1%) had done two (2) referral in the last 6 months.

Commonest destinations included India 268 (42.68%), USA 98 (15.61%), UAE 71 (11.31%), UK 68 (10.83%), Saudi Arabia 42 (6.69%), Germany 27 (4.3%), Israel 18 (2.87%), Egypt 12 (1.91%), Canada 10 (1.59%), Singapore 8 (1.27%). Other countries were Australia, Thailand, and South Africa.

Distribution of Source of Information and Choice by Doctors

Table 2 shows that Four hundred and seventeen (66.40%) of the clients selected their destination themselves, while 211 (33.60%) were selected by the doctors.

Of the 198 doctors who selected for their patients, sources of information were respectively: 358 (57.01%) internet adverts, 158 (25.16%) hospitals abroad, 78 (12.42%) travel agencies, 22 (3.50%) hospitals at home and 3 (0.48%) adverts in magazines.

Type of Referral Done by Medical Doctor in Last 12 Months

Table 3 shows that the Top five referrals done by doctors in the last 12 months include Childbirth 53 (13.22%), Transplantation

surgery 112 (27.93%), Ophthalmological surgery 44,(10.97%), Checkup 42 (10.47%), Diagnostics 17 (4.24%).

Frequency of Referrals for Outbound Medical Tourism in Last 3 Years

In Table 4, 16 (10.00%) reported one referral in 2021 while 9 (5.63%) reported at least 2 referrals. Fourteen (8.75%) had one referral in 2022 while 4 (2.50%) had 2 referrals. Lastly, eighteen (11.25%) had one referral in 2023 while 10 (6.25%) had 2 referrals.

Table 1. Frequency of Referrals, Common Destinations for Outbound Medical Tourism Among Doctors

Variable	Freq (n = 628)	Percent
Lifetime frequency (n = 628)		
1	284	45.22
2	159	25.32
3	77	12.26
4	65	10.35
5 or more	43	6.85
One year frequency (Last 12 months) (N = 628)		
None	227	36.15
1	322	51.27
2	51	8.12
3	17	2.71
4	9	1.43
5 or more	2	0.32
Frequency in the last 6 months		0.00
None	381	60.67
1	215	34.24
2	32	5.10
Commonest destinations for referral (n = 628)		
India	268	42.68
United States of America	98	15.61
United Arab Emirates	71	11.31
United Kingdom	68	10.83
Saudi Arabia	42	6.69
Germany	27	4.30
Israel	18	2.87
Egypt	12	1.91
Canada	10	1.59
Singapore	8	1.27
Others* Australia , Thailand, and South Africa	6	0.96

Table 2. Distribution of Source of Information and Choice by Doctors

Variable	Frequency	Percent
Destination selected by Doctor (n = 628)		
Yes	211	33.60
No	417	66.40
Source of information on Destination* (n = 628)		
Internet adverts	358	57.01
Hospital abroad	158	25.16
Cooperation with travel agencies	78	12.42
Hospitals at home	22	3.50
Insurance company abroad	6	0.96
Magazine adverts	3	0.48
Mediators	2	0.32
TV advertisements	1	0.16

**Multiple responses*

Table 3. Type of Referral Done by Medical Doctor in Last 12 Months

Types of referrals	Frequency (n* = 401)	Percent
Child birth and complications	53	13.22
Transplantation Surgery	112	27.93
Ophthalmological surgery	44	10.97
Checkup	42	10.47
Diagnostics	17	4.24
Neurological Surgery	22	5.49
Orthopaedic surgery	14	3.49
Cosmetic surgery	32	7.98
Cardiac surgery	40	9.98
Fertility	10	2.49
Bariatric surgery	7	1.75
Dentistry & maxillofacial	6	1.50
Gastroenterological surgery	2	0.50
	401	100.00

**Multiple responses*

Table 4. Frequency of Referrals for Outbound Medical Tourism in Last 3 Years

Referrals (in years)	Frequency (n = 160)	Percent
2021		
None	26	16.25
1	16	10.00
2	9	5.63

≥3	2	1.25
2022		0.00
None	25	15.63
1	14	8.75
2	4	2.50
≥3	3	1.88
2023		0.00
None	25	15.63
1	18	11.25
2	10	6.25
≥3	8	5.00

Discussion

Frequency of Referrals for Outbound Medical Tourism among Doctors

All respondents had done a referral as this was the criteria for their selection in the first place. However, less than half (45%) had only done one referral since then, a quarter had done two (2) referrals, while 30% had done three (3) or more referrals in their lifetime. In the last 12 months, more than half of the doctors had done at least one (1) referral, while 40% had done at least one (1) referral in the last 6 months. This finding demonstrates the reality of the situation. Medical tourism is being practiced in Nigeria on a medium scale without notice. This also corroborates the narratives that Nigerians travel a lot and make up a high proportion of those who make international trips to seek healthcare or wellness. It is also surprising that despite the difficulty in securing visas, a majority still get to their destination countries.

The top 5 destinations were India (43%), the USA (16%), UAE (11%), UK (11%), and Saudi Arabia (7%). Others included Germany (4%), Israel (3%), Egypt (2%), Canada (2%), and Singapore (1%). Less than 1% were referred to Australia, Thailand, and South Africa. These findings lend credence to established newspaper publications, news bulletins,

internet information, and others that state that India is the number one medical tourist destination in the world. It is important to note that the Indian Health system is well prepared for the business of medical tourism while still grappling with the challenges of poverty, and lack of access to health care among their people. It is worth noting that countries that host patients from all over the world make deliberate efforts to attract patients from foreign countries [37, 38].

The selection of a destination is important to the practice of medical tourism, as both patients and doctors are involved in the selection process. It can take a while, depending on the type of health services sought. Two-thirds of the clients selected their destination themselves; the referring doctor selected the destination for a third of the patients. The majority of respondents got their information from internet adverts, others got it from hospitals abroad, travel agencies, and hospitals at home. The use of adverts has not been approved by the Medical and Dental Council of Nigeria. (MDCN). This may make it difficult to compete with other countries that spend heavily on advertisements, tourism magazines, the internet, and other social media platforms [39, 40].

Service Sought by Clients in Last Referral for Outbound Medical Tourism

To review the patient perspectives, this study tried to identify the service that patients were interested in, the top 10 services sought by patients for referral in their last referral were Transplantation surgery (21%), Cosmetic surgery (17%), Checkup (16%), Childbirth and delivery (10%), Ophthalmological surgery (9%), Fertility treatment (8%), Cardiac surgery (4%),Diagnostics (3%), Gastroenterological/Colorectal (3%), Chemotherapy (2%), Urological (2%), Bariatric (2%). This paints a picture of a lack of these services or a lack of confidence in patients about the top ten (10) services requested in Nigeria. A study of the specialist services available in Teaching Hospitals in Nigeria will show that these services listed are available, but not optimal. There is evidence of an increase in the number of transplant surgeries done in Nigeria, especially renal transplants. Cosmetic surgeries by plastic surgeons are becoming common as well as eye surgeries. One can state that childbirth abroad may be due to a person's preference by the family or need for citizenship or affiliations with host or benefitting countries. [41, 42].

It will require further studies to point out the reasons why some services are not sought after. This study showed that less than 1% referral occurred for Dental & Maxillofacial, Neurological surgery, Orthopaedic surgery, Oesophageal, Physiotherapy, Hernia repair, and Thyroid surgery. In real situations, we can state that these services with less than 1 % are very well established in Nigeria. Nigeria can confidently state that it has a world class orthopaedics service, while others are currently on the verge of growth with the training of experts ongoing in the teaching hospitals. The type of referral done by medical doctors in last 12 months shows a similar trend. The most important reasons for referral were lack of facilities (46%), lack of expertise (23%), and 11% stated that no treatment not available in

Nigeria. These responses give away the answers to the problem of our health system.

Conclusion

About half had only done at least one referral since then, a quarter had done two (2) referrals. The most common destinations included India, the USA, UAE, UK, Saudi Arabia, and Germany. About 66.4% of the clients selected their destination themselves. The top 10 reasons for referral by doctors in their last referral were for Transplantation surgery, Cosmetic surgery, Checkup, Childbirth and delivery, Ophthalmological surgery, Fertility treatment, Cardiac surgery, Diagnostics, Gastroenterological, Chemotherapy, Urological, and Bariatric. The top five referrals done by doctors in the last 12 months include Childbirth, Transplantation surgery, Ophthalmological surgery, Checkup, and Diagnostics. The reasons for referral were lack of facilities, lack of expertise, and treatment not available in Nigeria. The majority stayed for up to less than 6 months. Two-thirds had either a total cure or significant improvement in their health condition after treatment, 21% were not cured, 11% got worse, and 5% died.

Recommendations

To the Health Ministry and Government

In a bid to learn from common destination countries, there is a need to invest in facility development and equipment and address gaps in healthcare infrastructure by investing in facility development and equipment upgrades. The government should develop specialized training programs for healthcare professionals to enhance the skills and expertise of healthcare professionals in areas of special interest to patients, thus, reducing the need for international referrals. It is important to establish partnerships with international organizations, this collaboration will help health workers access expertise, technology, and resources that can help address healthcare system gaps.

To Medical Doctors and Health Care workers

They should facilitate training in key sought-after specialties like Transplantation surgery, Cosmetic surgery Ophthalmological surgery, Fertility treatment, Cardiac surgery, Diagnostics, Gastroenterological, Chemotherapy, Urological, Bariatric surgeries, Medical Checkups, Childbirth, and delivery.

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Conflict of Interest

No conflict of interest.

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