



RESEARCH ARTICLE

MEDICAL TOURISM: A REVIEW OF LITERATURE ANALYZING THE COMPARISON
BETWEEN INDIA AND NIGERIA

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ABSTRACT

Globalization of healthcare has brought about the possibility of medical tourism, where medical treatment can be provided across 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. This paper reviews and analyzes the literature based upon a comparison between the health care system in India and Nigeria. Across the globe, India has become one of the most sourced out destination for medical tourism. This paper also reviews the studies analyzing the issues faced by the Nigeria Healthcare sector, which has seen an increased level of travel of its patients for obtaining medical treatment abroad.

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INTRODUCTION

Healthcare is a process of taking necessary treatment as well as following preventive measures to improve a person's well-being. It is the duty of the Government of any country to take adequate measures to ensure that the best healthcare system possible is provided to its population. Inadequate medical facilities have resulted in increased travel of patients seeking medical treatment abroad and this process is known as medical tourism. It is the combination of high quality medical treatments coupled with a visit to the historic / tourist location to enable the patient's recuperation and rejuvenation. Apart from the migration of patients from one country to another in search of medical treatment, medical tourism has been known as a huge source of economic boost to the country offering the medical treatment facilities. This paper shows a systematic review of the literature on medical tourism between India and Nigeria, also the overview of Indian Healthcare system vis-à-

vis the Nigerian healthcare system. This paper focuses on India and Nigeria as a study for exploring the issues related to medical tourism between these countries.

Definition and important aspect of medical tourism

The word "Medical" means the treatment of illness and injuries while "Tourism" means travelling of people outside their usual environment for leisure, business and other purpose. Medical Tourism on the other hand can be defined as the travelling of patients outside their countries for medical treatment. Medical Procedures that are highly sort after by the medical tourists includes; elective surgery, dental implants, Ear, Nose and Throat (ENT), Assisted Reproductive Treatment (ART), organ transplantation, etc. The reason why people have to travel abroad for medical treatment are numerous; like being unable to afford the cost of treatment or non availability of medical and some diaspora will prefer treatment in their country. Many countries have experienced increase boost in their economy due to the high influx of medical tourists into the country of which India is an example. Economic growth has been

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identified as one of the important aspect of medical tourism. The ability for patients to acquire access to the form of diagnosis/medical treatment they deserve is another significant facet. Countries where medical facilities are inadequate, medical tourism becomes necessary for patients to research hospitals that are comfortably equipped with latest technologies and doctors with super specialized training for availing the treatment.

Indian healthcare system overview in context of medical tourism

India is a growing nation with over one billion population, its medical system was transformed by Dr Prathap C Reddy, Chairman, Apollo Hospitals Group. He was of the belief that public sector and charity hospitals needed to be supplemented by strong corporate medical institutions. He decided to transform the healthcare needs of a section of India's growing middle class. Presently, India is home to some of the best surgeons, doctors, and dentists in the world. India is one of the largest medical provider that offers attainable quality services to Arab countries as well as medical tourists from around the world (including Nigeria). Great number of outpatient clinics and the hospitals throughout India are accredited and licensed. These hospitals provide quality medical services that are affordable to medical tourist from around the globe. Dr Reddy brought to India world-class medical care, advanced technology, best practices and, by persuading Indian doctors living abroad to return home. Apollo hospitals today hold world records in heart, liver, lung, kidney and other organ transplants. Apollo hospital has cared for over 37 million people across its 54 hospitals and over 120 clinics in the past 30 years. *The New Indian Express by Anand Kumar, (2013).*

Nigerian healthcare overview in context of medical tourism

The Nigerian health care system has not attained the developmental level compared to Indian healthcare system. In spite of Nigeria's prudent position in Africa, she is greatly underserved in the health care system. Healthcare facilities such as; health centers, personnel and medical equipments are insufficient in the country, particularly in rural areas. Various reforms have been set forth by the Nigerian regime to address the issues in the health care system, these reforms have not been executed at the province and local government area levels. The Nigeria health care system remains frail due to lack of coordination, fragmentation of services, lack of resources, including drugs and supplies, insufficient infrastructures, biases in resource distribution, deplorable quality of care, *Communiqué of the Nigerian national health conference (2009)*, Generally, doctors are over worked worldwide. However, in developed countries the work load on doctors has been reducing with time. The World Health Organization (WHO) standard has been revised down, and is currently at a ratio of 1 doctor per 600 population. Nigeria has not been able to attain the WHO standard. Nigeria's ratio is 1: 3500 which reduces the caliber of care expected to be granted. At the province level, Benue and Katsina states is about one doctor to 10, 000 & 15,000 population respectively. *Olawale Oyedokun (2014)*

Aim

To do a critical analysis of the available literature comparing Indian and Nigeria healthcare system with regards to medical tourism.

Objectives

- To review studies comparing hospitality industry of both the countries context of the medical tourism sector.
- To find out the cost comparison of different medical procedures from the literature review of both target countries.
- To analyze the studies comparing the quality of equipments and clinical excellence in both countries.

Background of study

Agrawal (2015) in her thesis "Trade in Health Services and Medical Tourism in India: A study of NCR Region". The sample size was carried from 10 NCR hospitals, which included 52 doctors and 177 international patients who were interviewed through a structured questionnaire. The researcher used 20 variables to identify the service satisfaction of the medical tourists. These variables were low cost of treatment, overall cost, less waiting time, good quality of medical treatment, clinical infrastructure, general infrastructure, easily available visa, tour operators assistance, privacy, sensitivity of the daily care staff, nursing staff knowledge and skill, timely nursing care, doctor's competence, timely availability of doctors, medical staff communication, non-medical staff communication, good food, arrangement for attendant, connectivity to home country and quality of accommodation. Five point Likert scale ranging from highly satisfied represented through the score 5 to highly dissatisfied at 1 was used. The findings from the research are as follows:

- Medical tourist arrivals in India has been consistently increasing and has doubled from 1,12,689 in 2009 to 2,36,898 in 2013. The share of medical tourist arrivals has been increased from 2.2 per cent in 2009 to 3.4 per cent in 2013.
- The source for medical tourists are African countries, Middle East and neighbouring countries such as Bangladesh, Maldives and Afghanistan. Bangladesh topped in 2012 but was replaced by Afghanistan in 2013. India is not able to attract more tourists from developed world. There could be many reasons and possibly the old image of poor hygiene still dominates.
- The primary survey for the study indicated that maximum patients were in the age group of 30 to 60 years (51.8 per cent). The next category was of patients less than
- 30 years (41.4 per cent) which included children also. The least share was of people above 60 years.
- Friends and referrals were found to be the main source (46.7 per cent) of information as regards giving details about medical tourism destination.
- Majority of patients (63.8 per cent) funded their own treatment. Mauritius, Oman, and Nigeria funded the

treatment of their patients up to a certain limit based on the patient's condition.

- Cardiac, orthopaedic and cancer treatments are most sought after treatments. This is followed by other surgeries which included general surgeries and bariatric surgery, ENT and neurosurgeries.
- The hospitals stated that low cost of treatment, good quality, competent doctors and paramedical staff and clinical infrastructure largely influence medical tourism in India.
- The satisfaction of foreign patients was assessed on 20 variables on a five point Likert scale. The mean values show that satisfaction was highest for doctor's competence and good quality treatment. Satisfaction was lowest on food and overall cost of treatment.

Adeleke (2015) in his article on "Medical tourism in Nigeria: PROSPECTS AND CHALLENGES", laid emphasis on the importance of medical tourism in Nigeria. According to him, presently, in Nigeria, there is no medical tourism. However, there are some positive actions being taken by the government (Lagos State) to make it a medical tourist centre. Hospitality and Tourism Management Association of Nigeria (HATMAN) in 2014 stated in their journal "that in 2012, 47% of outbound medical tourist in Nigeria prefer India". The 47 percent of Nigerians who visited India for medical purposes amounted to 18,000 persons spending over N41.6 billion (\$260 million) in scarce foreign exchange in the process. These figures were primarily released by the Indian High Commission. It is a major sector boosting the economy of many developing countries, such as India, Malaysia and Singapore. Sharkdam *et al.* (2014) did a study on "Medical Tourism and Nigeria-India Relations", stated that India is increasingly seen as the favoured destination of 'medical tourists' from developing countries such as Nigeria, who seek better treatment at relatively cheaper cost than is obtained in the developed countries.

Thus, both the public and private hospitals in India are experiencing an influx of patients from Nigeria, who can afford to pay the bills or are compelled by fate of ill health to travel to India for treatment. The key selling points of the Indian medical tourism industry to Nigerians and other patients from developing countries are the combination of high quality facilities, competency, English-speaking medical professionals, cost effectiveness and the attractions of tourism. The conclusion of the finding of this article is that medical tourism provides a basis for partnership between Nigeria and India. In this regard, the paper recommends that the Indian example could be replicated in Nigeria by encouraging Nigerian and Indian entrepreneurs to partner and invest massively in the provision of quality, affordable and accessible healthcare services in Nigeria.

Ankita (2012) in her article on "Medical Tourism in India and its Advantages". In her finding, she identified that India is considered as the hub of highly educated specialized doctors and standardized treatment facilities. According to her, Indian nurses and Para medical staff are among the best in the world. Tourists seeking medical tourism basically look for a destination that offers world class medical facilities at

affordable rates. Wendt (2012) made study on "Medical Tourism: Trends and Opportunities", In her findings she elaborated that health care providers should stop engaging in back to front marketing, because medical tourism products and services are not developed based on good market research, they are incorrectly designed, incorrectly priced, and incorrectly marketed. Instead of learning what consumer wants, and focusing on the overall patient experience. The industry tends to focus on making a product and then trying to sell it (Youngman, 2011a). Other experts agree that the medical tourism industry needs to develop a more service-oriented view that focuses on consumer perceptions of value. Osain (2011) in his study "The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems", stated in his findings that Medical intelligence and surveillance represent a very useful component in the health care system and control disease outbreaks, bio attack etc. There is increasing role of automated-based medical intelligence and surveillance systems, in addition to the traditional manual pattern of document retrieval in advanced medical setting such as those in western and European countries. And that the Nigerian health care system is poorly developed. No adequate and functional surveillance systems are developed. To achieve success in health care in this modern era, a system well grounded in routine surveillance and medical intelligence as the backbone of the health sector is necessary, besides adequate management coupled with strong leadership principles.

Crooks *et al.* (2010) did a study "Patient's Experience of Medical Tourism: A Scoping Review". The researchers carried out a comprehensive scoping review of published academic articles, media sources, and grey literature reports to answer the question: "what is known about the patient's experience of medical tourism?" The review was accomplished in three steps which are: Identifying the question and relevant literature, selecting the literature, charting, collating, and summarizing the information. Overall themes were identified from this process. In their findings, the four factors identified through the review were:

- Decision-making (e.g., push and pull factors that operate to shape patients' decisions).
- Motivations (e.g., procedure, cost, and travel-based factors motivating patients to seek care abroad).
- Risks (e.g. health and travel risks).
- First-hand accounts (e.g., patients experiential accounts of having gone abroad for medical care).

These factors represent the most discussed issues about the patient's experience of medical tourism in the English-language academic, media, and grey literature. The researcher concluded that the findings from this scoping review and the knowledge gaps it uncovered demonstrate that there is great potential for new contributions to our understanding of the patient's experience of medical tourism. George and Swamy (2010) in their study titled "Medical Tourism: An analysis with Special Reference to India", which was published in the Journal of hospitality application and research (JOHAR) stated that the initiatives taken by both the Government and private sector provides a host of facilities like easier access to medical visas. In their findings, they both stated that the unique selling points

of the medical tourism industry in India are its cost effectiveness and its combination with the attractions of tourism. The cost differential across the board is huge: only a tenth and sometimes even a sixteenth of the cost in the West. They further stated that India offers value for money to its medical tourists as compared to many of the developed nations. The treatment costs are far less in India in case of cosmetic surgeries, cardiac and orthopaedic surgeries and treatments, bone marrow transplant etc.

Neeta (2010) in her article on "Medical Tourism: India Hospitals and Doctors Hope for an Onslaught of Foreign Patients", published in the Asia Sentinel. In her findings Neeta stated that India also offers an impressive scale of treatments, qualified english speaking doctors and a varied landscape in which medical tourists can recuperate. Hazarika (2009) in her publication in the oxford journal titled "Medical tourism: Its Potential Impact on the Health Workforce and Health systems in India", stated in her findings that the way ahead on medical tourism advancement in India is to:

- Address the current demand for health and wellness services which generated a global market in health services.
- Equitable growth of public and private sectors.
- Address the availability of skilled health professionals.
- Reduce variation or gaps in quality of care provided in public and private sectors.
- Establish links between the public and private sectors.

Horowitz *et al.* (2007) did a study "Medical Tourism: Globalization of the Healthcare Marketplace," stated that the citizens of many countries have long travelled to the United States and to the developed countries of Europe to seek the expertise and advanced technology available in leading medical centres. In the recent past, a trend has emerged wherein citizens of highly developed countries choose to bypass care offered in their own countries and travel to less developed areas of the world to receive a wide variety of medical services. Medical tourism presents important concerns and challenges as well as potential opportunities. This trend will have increasing impact on the healthcare landscape in industrialized and developing countries around the world. These themes frame medical tourism as follows:

- User of public resources.
- Solution to health system problems.
- Revenue generating industry.
- Standard of care.
- Source of inequity.

It is observed that what is currently known about the effects of medical tourism is minimal, unreliable, geographically restricted and mostly based on speculation. They concluded that given its positive and negative effects on the health care systems of departure and destination countries, medical tourism is a highly significant and contested phenomenon. This is especially true given its potential to serve as a powerful force for the inequitable delivery of health care services globally.

Figure 1. Cost Comparison of selected medical procedures between India and Nigeria

Specialities/procedures	India	Nigeria
TRANSPLANT SURGERIES	USD	USD
Bone Marrow Transplant	30000-35000	25000-28000
Liver Transplant	45000-49000	<i>Facilities are currently not available</i>
Kidney Transplant	18000-20000	10000-15000
BARIATRIC SURGERY	USD	USD
Gastric Bypass	7800-9000	5000-6500
Gastric Sleeve	7500-9000	500-6500
ORTHOPEDIC	USD	USD
Hip Replacement (Double)	12500-14000	8000-10000
Knee Replacement (Double)	12500-14000	8000-10000
NEURO AND SPINAL SURGERY	USD	USD
Minimal Spine Surgery Invasive	7000-8000	5000-6000
Gamma Knife for AVM or Brain Tumor	8500-9000	6250-7000
UROLOGY	USD	USD
Radical Nephrectomy	4500-5000	2500-3000
Laser Prostatectomy	3500-4000	2500-3000
CARDIOLOGY	USD	USD
Coronary Angioplasty	6700-7500	8430
Double Valve Replacement	14000-15000	11200
OPHTHALMOLOGY	USD	USD
Cornea Transplant	1300-1500	500-900
Cataract Phacoemulsification with foldable Multifocal lens	1750-1900	750-1000
COSMETIC PROCEDURE	USD	USD
Abdominoplasty	4200-5000	3500-4000
Cosmetic Rhinoplasty	3000-4200	2500-2750
SCOLIOSIS	USD	USD
Moderate (50-70 degree)	10200-11000	7500-9000
Severe (70-100 degree)	12500-14000	10000-13000
Complex (>100 degree)	16000-17000	14000-15000

Source: Sickle Cell Foundation of Nigeria, Pan Afr Med J. 2013, NHIS Healthcare Providers Service Price List, Nigeria 2013

* These rates are approximate, and its excludes flight and accommodation.

Figure 2. Issues, opportunities, challenges and recommendations

ISSUES	OPPORTUNITIES		CHALLENGES		RECOMMENDATIONS
	India	Nigeria	India	Nigeria	
Cost	The Cost effectiveness has been a unique factor behind the increased growth in Indian's medical tourism over the decade. India attracts patients from developed countries because medical procedure is affordable compared to the USA and UK.	Medical treatments are relatively cheap in Nigeria compared to India. Great opportunities can be opened to Nigeria as the hub of medical tourism in West Africa, if the medical facilities will be updated to international standard with the present cost.	Cost of medical treatments is varied making it difficult for international patients to avail medical treatment at a controlled price.	The foreign currency exchange rates make the cost of availing medical treatments by Nigerians who travel to India relatively high, compared to what the cost will be in Nigeria. Some patients from Nigeria find it difficult to spend such huge amount for treatment.	A government body should be established to check the cost competitiveness among corporate hospitals in India. To Ensure that medical treatment is easily paid for by Nigerian Patients. This will increase the inflow of Patients from Nigeria and other neighboring countries to avail medical treatment in India by 20%. Standardization of costs across hospitals would offset the losses in the long run by increased volume of workload
Clinical Excellence	In India corporate hospitals over the decade have strived to achieve clinical excellence and best clinical practice in the areas of patient safety and functional efficiency of a hospital. Focused and dedicated team of Specialists with a wealth of experience in their individual fields of expertise. Currently India has 27 JCI accredited hospitals. This has given India a great edge in the medical tourism industry.	Although Nigeria corporate hospitals are less developed compared to Indian corporate hospitals, they are making positive steps in achieving clinical excellence. In 2011 lagoon hospital in Lagos received JCI accreditation, which has given Nigeria corporate healthcare sector a step ahead in achieving its clinical excellence. Presently Lagoon hospital is the only JCI accredited hospital in Nigeria with the JCI Gold Seal.	India corporate hospital should improve in their numbers of accredited hospitals, as it might result in a great set back in the medical tourism sector. Because other developing countries are striving hard to develop its healthcare sector. As of June, 2016 Thailand has 52 JCI accredited hospitals, while India has just 27. India ranks 112 according to WHO ranking in Assessing the World's Health Systems	Clinical excellence in Nigeria compared with India is still low. Numbers of Specialized doctors and medical facilities are not enough. Nigeria's ranking by the world health organization is 187 out of 191 WHO member states.	With the healthcare industry and medical technology advancing rapidly, India and Nigeria needs to Increase on its clinical excellence as per their various levels. As patient requires the best hospitals for care for them and their family members, hospitals in both countries should be ready with the new technologies and keep increasing the level of services to cater for the overall requirements of the patients as well as focusing on the quality of patient care.
Hospitality Industries	Hospitality Industries in India play a major role in medical tourism. Foreigners who traveled to India in 2015 (January to November) are over 7.1 million, according to IBEF (India brand equity foundation) thereby increasing the chances of International patients getting aware of the healthcare facilities available in the country. According to ministry of tourism in 2015 (Jan-Sept) foreign exchange earnings from tourism in India was estimated to be \$15billion.	Nigeria hospitality industries should promote tourism in turn creating a high source of revenue for the country. Promotion of Nigeria Medical tourism around the African countries can be an opportunity to make Nigeria a medical tourist destination, Due to the presence of some Indian hospital in Nigeria Like Primus hospital and Apollo clinic etc.	India suffers from the image of poverty and poor hygiene and this has discouraged some patients from developed countries from coming to India to avail medical treatments and Inadequate budgetary support for the hospitality industries to promote the marketing of medical tourism internationally compared to other competing medical tourist destination.	Nigeria hospital industries have failed to gain high recognition in the world tourism market, compared to African countries like Kenya, Tanzania etc. Inadequate funding by the government to promote Nigeria tourism to International standard.	The government of both countries should be more involved in medical tourism through the empowerment of the hospitality industries, rather than allowing the private sector to be solely involved in medical tourism business. The Indian and Nigerian governments should ensure that necessary steps are taken in promoting tourism through training and orientation of hospitality industries responsible for tourism, in order to develop a sense of responsibility towards tourists and boost confidence of foreign tourists coming to both countries as a preferred destination for tourism.
Visa related issues	India medical Visa issued to foreign patients has been a source of revenue to the various issuing authorities abroad. Easy access to medical visa can create a huge opportunity for growth in the medical tourism sector in India. Medical visa also helps to keep track of international patients and the procedures in which they plan to undergo. And illegal organ transplant can be monitored.	The issuing of medical visa has made it possible for Nigerians to avail medical treatment in India. And also create opportunities for Inter country relation between India and Nigeria.	Due to the process involved in obtaining a medical visa, some patients travel to India on tourist visa. Making it difficult for determining the exact number of patients who came to India for medical treatment or to visit to tourist location for rejuvenation and fun. These patients who traveled to India for medical purposes on a tourist visa often do not have pre booked appointments resulting in delays in treatments, and also face problems in the transfer of funds for payments.	The challenges of obtaining a medical visa from Nigeria have its own issues, apart from its high expenses, the waiting time of obtaining a medical visa is long. And other additional procedures involved, which are; the requirement of wanting the patients to be physically present at the embassies, and the restrictions on multiple entry medical visas.	In view of the present medical visa procurement issues, Indian government should start issuing medical visas on arrival to every patient on providing proper and valid hospital Invitation letters. This will in turn help patients to avail quick treatment and avoid the stress of visiting embassies for the MV or Medical Visa.
Use of latest technology	India is home to the latest technologies this has made its medical tourism sector successful. And it has been a major force that has helped India its globalization of healthcare that had made it possible for interaction with a facet of patients around the globe.	Great opportunities will arise if more healthcare institutions in Nigeria develop the use of lasted technologies	Keeping up with the use of latest technology requires high financial inputs. Issues with regular evaluation and upgrades of these technologies are a rigorous task.	Only few health institutions in Nigeria have been able to keep up with the use of updated and latest technologies in its healthcare facilities. This has posed a huge challenge in the healthcare sector, which have made patients to have low confidence in the Nigeria healthcare sector.	With regards to healthcare globalization and increased competition, hospitals and governments should invest in the highest quality healthcare and medical technology in order to gain competitive advantage and market share in the industry.

It is recommended that empirical evidence and other data associated with medical tourism be subjected to clear and coherent definitions, including reports focused on the flows of medical tourists and surgery success rates. Additional primary research on the effects of medical tourism is needed if the industry is to develop in a manner that is beneficial to citizens of both departure and destination countries. Herrick (2007) carried out a study on "Medical Tourism: Global Competition in Health Care", review the different hospitals across the globe in term of their international accreditation by JCI, destination countries and how patients get treatment abroad. In findings stated that the number of uninsured and self-pay patients traveling abroad for health care has grown rapidly over the past few years. This trend is likely to continue as medical care becomes more expensive or difficult to obtain in countries such as the United States where third-party payment is the norm. It is unrealistic to assume that every American will travel abroad for medical care. But it doesn't require huge numbers to induce change. If only 10 percent of the top 50 low-risk treatments were performed abroad, the U.S. health care system would save about \$1.4 billion annually. As more insured patients begin to travel abroad for low-cost medical procedures, medical tourism will result in competition that is sorely needed in the American health care industry. Chinai and Goswami (2007) in their article in the bulletin of the world health organization titled "Medical visas mark growth of Indian medical tourism", They stated the evolution of M or Medical Visa by the Indian consulate abroad have made it easy for patients to travel to India for medical treatment. They also elaborated on the easy access to such visas from destination countries.

Issues, opportunities, challenges and recommendations

The literature reviews highlight the benefits and the issues faced by both India and Nigeria in view of their prospective relationship with medical tourism. The rising opportunities, risk and challenges between India and Nigeria and the relationship between both countries has brought about positive opportunities in term of medical tourism. The issues, opportunities, challenges and recommendations are reviewed in the table below;

DISCUSSION AND CONCLUSION

Nigerian patients spend Millions of Dollars annually for medical treatment in India, the savings made from treating these patients can be incorporated into the Indian budget. The advanced medical equipment in India and its cost effectiveness have made it possible for Nigerian patients to obtain the best healthcare service which they couldn't get at home. In line with medical tourism. Indian corporate hospital have started building multi specialty hospitals in Nigeria (e.g. Primus International Super Specialty Hospital Abuja, Nigeria) with best dental surgery, joint replacement surgery in Nigeria. Presently other Indian corporate companies are opening various healthcare facilities to bring health care service to the Nigerian patient at home, in turn reducing the stress of traveling a long distance, and cost factor on travel and stay. Also, another positive aspect highlighted by the literature is that the patient has the ability to choose, either to get treatment from India and another country or to stay back at home. The

means of employment for both countries' citizens, medical tourism companies have been opened to facilitate the patients from their destination countries for obtaining the medical treatment and returning back home. Furthermore, there is no waiting time for international patients as they are immediately attended to as soon as they arrive. In developed countries where medical treatment is very expensive, if one in ten patients travel abroad for medical treatment the overall saving will be very high annually, which is a great advantage to the home country of that patient. The challenges are also faced between India and Nigeria, these negative aspects are in areas relating to inadequate follow ups, complications may arise after patients return to their home countries. It will be the home country's healthcare professional that will handle the complications. The literature also emphasized that lack of patient medical record and information shared between doctors of the destination and the patients countries makes it difficult for monitoring of care. Presently Nigeria is not a medical tourism destination. The huge amount spent on medical tourism annually in India by the Nigerian patients is a huge drain to the economy. In conclusion, medical tourism, though existed in the past have now become more organized and focuses on marketing strategies to attract medical tourists. Beside ensuring their treatment facilities are of international standard and pricing is cost effective, there is also a need for increase relationship between India and Nigeria in the medical sector, so as to make both countries benefit from medical tourism and to serve as a vital source of income for both India and Nigeria. In line with the reviewed literature is it Ultimate for India to focus on cost, quality and timeliness of its health care delivery, while Nigeria should focus on technology transfer, skill enhancement and foreign exchange. Nigeria should develop means to benefit from the trending medical tourism sector and allocate more funds to invest in its own healthcare system. According to one of the literature reviewed in this paper, it was stated that in Nigeria, no adequate and functional surveillance systems are developed. Nigeria needs to achieve success in health care in this modern era, by developing a system well grounded routine surveillance and medical intelligence for her healthcare sector.

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