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Medical tourism

Health systems reporter, 24 June 2008

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Feature: Medical tourism

Medical tourism refers to the practice of people travelling abroad to obtain medical care and services. In the past medical tourism has mainly consisted of wealthy people travelling to countries such as the United States and paying for the use of advanced

medical facilities. Nowadays, there is an increasing trend whereby patients are travelling to middle and low-income countries to obtain low-cost health services with short waiting times. Medical and surgical procedures such as heart surgery, liver transplants and cosmetic surgery can cost between five to ten times less in India than the United States.

Some destination countries such as India and Thailand have actively promoted medical tourism. This is because it can bring about benefits including increases in revenue, foreign exchange reserves and tourism. It is estimated that medical tourism generates over US\$60 billion in business. In addition, it has led to the creation of high-tech private medical facilities in these countries.

Questions remain about whether local populations actually benefit from these facilities and national health systems from the revenues that they generate. Experience from Thailand suggests that private hospitals attract health professionals away from the public sector and rural areas. This internal brain drain creates shortages of trained health workers, thus reducing access to healthcare for local populations and exacerbating inequalities.

In India some private hospitals agreed to provide services to poor people for no costs and in turn received government subsidies in the form of land, tax breaks and medical equipment. However, the facilities oriented towards medical tourism (technology intensive tertiary services) do not meet the health needs of the average Indian and evidence suggests that few poor people have benefited from such care.

It is important that the governments of these countries do not overlook the negative impacts that health tourism can have on local populations, in particular on access to services and availability of public health professionals. They should also find ways of ensuring that the revenues accrued from health tourists are channelled into the public sector through national laws and regulations.

More information:

- 'Royal care for some of India's patients, neglect for others', New York Times www.nytimes.com/2008/06/01/weekinreview/01sengupta.html?_r=1&scp=21&sq=health+care&st=nyt&oref=slogin
- 'Are we ready for medical tourists', The Hindu www.hinduonnet.com/thehindu/mag/2005/04/17/stories/2005041700060100.htm

Recommended readings

1. Patients without borders: the emergence of medical tourism

Authors: S. M. Wolfe

Publisher: Public Citizen, 2006

This article published by the Public Citizen Health Research Group, is the first in a two part series that focuses on medical tourism - travelling with the express purpose of obtaining health services abroad. The article describes a trend, where large numbers of patients from wealthy countries, such as America, are travelling abroad to diverse countries including India, Brazil, the Philippines and Thailand in search of less expensive health care. The article uses examples of India and Thailand to examine the implications of medical tourism in these countries.

It shows that in both countries medical tourism has caused private hospitals to emphasise treatment over prevention, and promote technology-intensive tertiary services at the expense of primary care. This has created distortions in the allocation of resources and spending that doesn't match the needs of local people. The article concludes that the international market in health care can have adverse effects on host countries, in particular, medical tourism can create health inequalities between those who can and those who cannot afford to pay for care.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=38012&type=Document>

2. Medical tourism: subsidising health care for developed countries

Authors: N. M. Vijay

Publisher: Third World Network , 2007

This article, produced by the Third World Network, looks at the impact of medical tourism in India. In this instance, medical tourism refers to the practice where people from rich nations travel to poorer countries to obtain medical care. The article focuses on the impact of medical tourism on local people's access to health care. It argues that due to the medical tourism boom, private hospitals are expanding and demand more human resources. Qualified medical professionals from the public sector and small towns or hospitals are attracted to urban health centres, and this means that there are fewer available to care for local populations living in rural areas.

The paper also highlights other problems that are exacerbated by medical tourism. For instance a lack of proper medical waste management systems and accountability of private hospitals has resulted in medical waste being dumped into rivers or seas. The article concludes that India should not promote medical tourism and the government should focus its efforts on ensuring that the basic health care needs of all of its citizens are met.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=38009&type=Document>

3. Opportunities and challenges for expanding trade in health services in the English-speaking Caribbean

Authors: L. Brenzel; E. Le Franc

Publisher: World Bank, 2007

English-speaking Caribbean countries are appealing destinations for visitors seeking health services due to their proximity to North America and Europe, low labour costs and good transport infrastructure. This World Bank paper discusses the potential economic benefits from expansion of trade in health services and the challenges to achieving these benefits. Economic benefits include: additional public sector revenues; retention and repatriation of skilled health workers; additional health benefits for local populations; private sector innovation and revenue generation.

The challenges that need to be addressed include: the need for mechanisms to support entrepreneurship; the extent of high quality, accredited medical services; and policy, regulatory, institutional and legislative barriers to both foreign investment and movement of professionals within the Caribbean. The paper proposes ways of overcoming these challenges and provides recommendations, recognising that an incremental approach to expanding trade in health services should be adopted on a country-by-country basis. Specific recommendations include to explore strategic options for training and retaining health personnel in both the public and private sectors and to establish or strengthen mechanisms that can facilitate public-private sector partnerships.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=38036&type=Document>

4. Medical visas mark growth of Indian medical tourism

Authors: M. Meleigy

Publisher: Bulletin of the World Health Organization : the International Journal of Public Health, 2007

This news article, published in the Bulletin of the World Health Organization, argues that whilst India's medical tourism sector is a growing source of foreign exchange, the government is under pressure to find ways to make the sector benefit public health services. It documents India's efforts to promote medical tourism since 2002. India hosts medical tourists from industrialised countries, such as the United Kingdom and the United States, but also from its neighbours Bangladesh, China and Pakistan, offering services including heart surgery, joint replacement and holistic health care.

The article highlights the divide between facilities oriented towards medical tourism and those that care to the health needs of the average, usually rural, Indian. Health care in India's rural districts is affected by shortages of trained health workers, a lack of funds and corruption. It raises the concerns of public health advocates who argue that that the

government should allocate more resources to health systems. National laws or regulations should be set up to ensure that profits from private hospitals are taxed explicitly and channelled to the public sector.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=38010&type=Document>

Latest additions from the Health systems resource guide

1. Can working with the private for-profit sector improve utilisation of quality health services by the poor? A systematic review of the literature

Authors: E. Patouillard; C. A. Goodman; K. G. Hanson; A. J. Mills

Publisher: International Journal for Equity in Health, 2007

This paper published in the International Journal for Equity in Health reviews the literature on the effectiveness of interventions that involve working with private for-profit providers to expand access to quality health services for poor and disadvantaged populations. Interventions include social marketing, use of vouchers, pre-packaging of drugs, franchising, training, regulation and contracting-out health services.

The paper finds few studies that provide evidence on the impact of private sector interventions on quality and/or utilisation of care by the poor. The data indicate that poor people make significant use of the private sector to access health services but the quality of services they receive is at best variable. It is, however, evident that many interventions have worked successfully in poor communities. The authors conclude that better evidence of the equity impact of interventions working with the private sector is needed for more robust conclusions to be drawn.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36996&type=Document>

2. South-South consultation: connecting communities with their health systems

Publisher: African Medical and Research Foundation , 2007

This report highlights the activities and recommendations from the South-South consultation - a three day workshop that was hosted by the African Medical and Research Foundation in September 2007. The goal of the consultation was to examine and address issues that create and sustain the gap between health systems in the South and the communities they are meant to serve, whether in rural or urban settings. The discussion themes included: community-based health referral systems and their links to the formal sector; the private, unregulated health sector and its effect on the health of poor

communities; and the participation of civil society in health systems.

The paper concludes that whilst strengthening health systems has come to the top of the political and development agendas, the urgent need to close the gap between communities and their health systems is not a goal that is recognised by all. The paper offers recommendations for practice, research and advocacy. These include advocating that governments in the South develop policy frameworks that take into account the local context of communities, to guide community-based health care financing; and that governments develop a strategy for integrated health referral systems that include communities.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36995&type=Document>

3. Delivering health services in fragile states and difficult environments: 13 key principles

Authors: S. Oswald; J. Clewett

Publisher: Health Unlimited, 2007

This report by Health Unlimited draws out key policy recommendations and operational implications for stakeholders involved in delivering health services in fragile states and difficult environments. Drawing on examples and case studies from six countries (Burma/Myanmar, Cambodia, Ethiopia, Guatemala, Peru and Somaliland), the paper highlights 13 key principles for policy makers and implementers which improve the delivery of health services in fragile states and difficult environments.

These principles are to: understand the context; build trust; share information and evidence; provide long-term support; take a rights-based approach; reach marginalised communities; build on what exists; develop accountability mechanisms; facilitate an appropriate mix of aid modalities; focus on health systems as a whole; address human resource constraints; utilise appropriate communication approaches; promote co-operation rather than competition.

The report concludes that the benefits of supporting health systems as a whole in developing countries - rather than disease specific vertical interventions - are increasingly recognised, and this is particularly crucial in fragile states and difficult environments where capacity is limited. Given that governments in fragile states and difficult environments are unable or unwilling to deliver core services to their entire population, the paper offers recommendations that focus on the roles of international donors and NGOs.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health->

4. Handbook on community-led total sanitation

Authors: K. Kar; R. Chambers

Publisher: Plan International, 2008

Community-Led Total Sanitation (CLTS) is a participatory process focused on promoting change in sanitation behaviour through social action - stimulated by facilitators from within or outside the community. Aimed at empowering local communities this handbook is a source of ideas and experiences to be used for CLTS orientation workshops, advocacy to stakeholders as well as for implementing CLTS activities. It is intended as a tool for field staff, facilitators and trainers to plan, implement and follow up on CLTS activities.

A sequence of possible steps and tools, including do's and don't, are provided to help trigger CLTS in a community. They include:

- Pre-triggering: selecting a community, introduction and building rapport
- Triggering: participatory sanitation profile analysis, ignition moment
- Post-triggering: action planning by the community
- Follow up: scaling up and going beyond CLTS

Users are encouraged to use and modify the processes outlined in this handbook as they see fit to compliment their given context.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=37507&type=Document>

5. The effectiveness of a home care program for supporting caregivers of persons with dementia in developing countries: a randomised controlled trial from Goa, India

Authors: A. Dias; M.E. Dewey; J. D'Souza

Publisher: Public Library of Science Medicine , 2008

This paper presents the results of a trial evaluating the effectiveness of a community based intervention for persons with dementia and their caregivers. The study was conducted in Goa, on the west coast of India, and aimed to develop and evaluate the effectiveness of a home based intervention in reducing caregiver burden, promoting caregiver mental health and reducing behavioural problems in elderly persons with dementia.

Information about dementia was widely disseminated through handouts, newspaper

articles and through private and public health services. Concerned relatives and older people were urged to contact a special help line. Probable cases of dementia were also identified with the help of key informants (doctors, priests, health workers, local leaders). All probable cases were examined by a trained clinician to confirm the diagnosis of dementia. The principal caregiver, as identified by the family, was enrolled for the trial. The principal caregiver was generally the spouse, although in some instances another family member was the principal caregiver, particularly when the spouse was not in a position to care.

The community based intervention was delivered by a Community Teams, each comprised of two full-time Home Care Advisors (HCA), and a part-time local psychiatrist from the public health services, and a part-time lay counsellor. The specific components of the intervention carried out by the HCA were:

- basic education about dementia (what is the disease, its course, its features etc)
- education about common behaviour problems and how they can be managed
- support to the caregiver, for example for an elderly caregiver living alone with the patient, in activities of daily living
- referral to psychiatrists or the family doctor when behaviour problems are severe and warrant medication intervention
- networking of families to enable the formation of support groups
- advice regarding existing government schemes for elders

The authors conclude that this pilot trial shows that a community based intervention using locally available resources is feasible, acceptable and leads to significant improvements in caregiver mental health and burden of caring and is associated with reduced mortality of the person with dementia. Larger trials are needed to demonstrate the effect of such an intervention with greater confidence.

In the context of the rising burden of dementia in developing countries which are witnessing a demographic transition, such community based interventions have considerable potential to improve the quality of life of the caregiver and the person with dementia.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=37783&type=Document>

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Announcements

Training Planning and managing health communication, 15-20 September 2008, Institute of Health Management Research, Jaipur, India

Dates: 15 September 2008 - 20 September 2008

The objective of this training programme, organised by the Institute of Health Management Research in Jaipur, is to help participants to:

- understand concepts of health communication
- conduct situational analysis and audience analysis
- develop communication objectives and identify appropriate communication strategies
- plan, design and implement effective health communication projects/interventions
- conduct monitoring and evaluation and assess impact of communication interventions.

The training is designed for those who want to enhance their understanding of health communication models and to cultivate programme design and implementation.

More information: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=37886&type=Item>

Conference: The future of primary healthcare in Europe (II), 15-17 September 2008, University of Southampton, UK

Dates: 11 September 2008 - 12 September 2008

The Future of Primary Health Care in Europe is the biannual conference of the European Primary Care Forum. It will focus on the following themes: urgent health care; migration and mobility; specialisms; changing hospital interfaces; workforce; chronic conditions.

Its aim is to enable participants to identify, define and then appreciate the significance of those critical questions which will determine the future of primary care in Europe. The Forum is looking to support contributions which address, in particular, issues of equitable access, cost effectiveness, clinical quality and the maintenance of continuity of care. Both urban and rural settings are relevant, with their differing but equally important modern pressures.

More information: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=37963&type=Item>

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- Health Resource Guide - <http://www.eldis.org/health/index.htm>
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The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

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