Exploring the Health Equity Impacts of Medical Tourism for Destination Countries

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Context

•'Medical tourism' (MT) describes the private purchase of elective medical treatments outside of an individual's home country

•**Poorly defined**: Emergency care by travelers, routine care by expats, formal cross border care arrangements between health systems are often included in estimates of the practice's scope
•**Novel flows**: Movement from the Global North -> Global South is relatively new, although Global South -> Global South and Global South -> Global North routes are well established
•**Likely Growing:** Despite the poor definition, many national governments and / or private care providers worldwide are working to increase international exports of Health Services

Health Equity Domain	Concerns	Benefits
Health Workers	Incentivizes private sector employment	Reduces incentive to emigrate
Hospital Investment	Narrow-reach, high-expense tertiary care prioritized	Increased overall demand spurs hospital investment
Income Generation	FDI sees little revenue remaining in destinations	Employment, foreign exchange, taxation generated
Cost of Care	Increased foreign demand for care drives up cost of care for locals	Cross-subsidization schemes improve access to care
Public Health Resources	Public resources to private / foreign sector	Public sector benefits from investments

•Health equity debates about MT (summarized above) are empirically thin
•Very little peer-reviewed evidence to support the claims of either side

•This CIHR funded study seeks to address knowledge gaps around the health equity impacts of MT by examining how the practice is unfolding across a variety of contexts at different stages of development
•*Established Health Service Exporters:* Chennai and Bangalore, **India**
•*Emerging Health Service Exporters*: Monterrey and Mexico City, **Mexico**
•*Nascent Health Service Exporters*: Guatemala City, **Guatemala** and **Barbados**
•All sites selected are currently engaged in medical tourism and have government interest in expanding the sector

Research Methods

•Ethnographic framework for data collection and analysis
•3-component of data collection and analysis

•*Component 1: Site Profiles*
•Involves developing comprehensive profiles of MT in study locations using media accounts, industry reports, and site visits to facilities known to be exporting health services

•*Component 2: Stakeholder Interviews in Destination Countries*
•Involves conducting semi-structured interviews with 50 MT stakeholders in each study location, specifically among public and private sector care providers, policy makers, and civil society groups with mandates to improve public health
•Interviews are focused on understanding and documenting health equity impacts / trade-offs that are occurring as each site further develops its MT industry
•Thematic analysis of the transcribed interviews to follow

•*Component 3: Stakeholder Interviews with Canadian Stakeholders*
•Involves conducting semi-structured interviews with 20 Canadian stakeholders in MT across the private and public sector
•Using specific examples and knowledge gleaned from Stages 1 and 2, we will solicit the perspectives of Canadian stakeholders on feasible individual and system level responses to addressing health equity impacts
•Thematic analysis of the transcribed interviews to follow

•Local collaborators are leading data collection at all sites except for Barbados, which is led by the Simon Fraser University research group
•Collaborators in India and Mexico are currently completing Component 1 and beginning Component 2
•Collaborators in Guatemala have completed Component 2 and are currently completing Component 1

Preliminary Findings – Components 1 & 2 in Barbados

•**Hospital Investment**
•*New Private Hospitals:*
•*Domestic:* Two specialized facilities were built by Barbadian providers in past decade with MT as key component of viability; increased access to specialties for small local population.
•*Foreign:* Longstanding interest by foreign investors in establishing mid-size (80-100) bed hospitals for MT; previous efforts have collapsed in planning, current bid close to completion.

•**Health Workers**
•*Foreign Physician Practice:* Foreign doctors wish to 'offshore' their practices to Barbados, obtaining local registration in order to primarily serve medical tourists.
•*Training:* Foreign investors have requested changes to training at local nursing colleges.
•*Nurse Migration:* The higher wages, better working conditions of one local specialist clinic serving medical tourists (Barbados Fertility Centre) has resulted in public-to-private nurse migration, with the public system losing some of their most senior and/or best quality nurses.

•**Income Generation**
•*Foreign Exchange & Employment:* As a small-island state, Barbados' economy is service driven and currently dependent on tourism. Exporting health services widely perceived to be a reliable generator of foreign exchange and *good quality* middle-to-high income jobs.
•*Foreign Direct Investment:* Barbados has a deeply liberalized international investment environment and foreign direct investment supported MT operations being pursued for peripheral economic benefit, not direct taxation.

•**Cost of Care**
•*Differential Pricing Schemes:* Some providers offer tiered pricing based on home country.
•*Universal Safety Net:* Barbados has a publicly funded, universal health care system that provides good quality of care for all citizens. This baseline standard informs the acceptability of increasing private care options on-island.