



NATIONAL DEFENCE UNIVERSITY-KENYA

RESEARCH THESIS

**HEALTH TOURISM AND ECONOMIC DEVELOPMENT IN AFRICA: A
CASE STUDY OF KENYA**

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The information contained in this paper is the result of my Research. The views and/or observations on this issue involved is my own. They do not in any way reflect the official position of the Ministry of Defence or that of National Defence University

DECLARATION

I, George Githuka, officially declare this research thesis as my original composition, and it has not been presented in any other institution. All the references made have been duly acknowledged.

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ABSTRACT

Background: Realizing that tourism has a significant multiplier effect on economic growth, countries are developing innovative strategies to spur the industry. Promoting health tourism, which is the travel to a foreign country for medical treatment, has been identified as one of the strategies to boost economic development. Traditionally, health tourism has involved travel from less to more developed countries. This has changed in recent years, where patients' motivation for travel is to seek lower-priced medical treatments, medical services unavailable or non-licensed in the home country, or higher quality treatment. More patients are now traveling from more to less-developed countries and between developing for medical treatment. Despite health tourism being on the rise globally, its adoption and scale-up have remained slow in many developing African countries. In Africa, for instance, despite the interest in medical travel, there have been very few studies on its potential for economic development. **Objectives:** The objective of this study was to assess and examine health tourism and economic development in Africa using Kenya as a case study. It specifically aimed to; examine the emerging trends and patterns of health tourism in Africa, establish the challenges of health tourism in economic development in Kenya, and analyze the opportunities of health tourism for economic growth in Kenya. **Theoretical framework:** The study used the regionalism theory as the blueprint to approach health tourism. The recognized top destinations for health tourism globally have a significant proportion of their clients coming from countries in their neighborhood and member nations of Regional Economic Blocks with them. Health tourists consider the distance of travel, culture, language, quality, and treatment cost when selecting their destination country. **Methodology:** The study adopted a descriptive design where questionnaire-administered interviews were conducted with key tourism and health stakeholders from the public and private sectors. **Results:** In Africa, the number of tourists traveling into and within its nations for medical care has steadily increased in the last ten years. The leading destinations for health tourists in Africa are Egypt, Morocco, and Tunisia in the North and the Republic of South Africa in the South. Health tourist destinations such as Kenya, Nigeria, and Ghana are classified as emerging in the Eastern and Western regions of the continent. The leading challenges to health tourism for economic development in Kenya are; high overall cost, lack of marketing, low capacity, and the lack of appreciation of the potential as an economically viable sector. The leading opportunities for health tourism for economic development in Kenya are; a conducive policy environment, the status of Kenya in the region, a thriving tourism sector, and the country's cultural diversity. **Recommendations:** The study recommended convening of all health tourism stakeholders to strategize on the sector's growth to achieve the “Kenya Vision 2030” target of being the region's leading destination for health travelers.

Keywords: Health tourism, Medical tourism, Treatment, Procedures, Regionalism,

TABLE OF CONTENTS

DECLARATION	i
ACKNOWLEDGEMENT	ii
ABSTRACT	iii
TABLE OF CONTENTS	iv
ABBREVIATIONS AND ACRONYMS	viii
1.0 CHAPTER ONE: INTRODUCTION	1
1.1 Background of the Study	1
1.2 The problem statement	4
1.3 Research Questions	5
1.4 Research Objectives	5
1.5 Literature Review	6
1.5.1 Theoretical Literature Review	6
1.5.2 Empirical literature review	12
1.6 Research Knowledge Gaps	22
1.7 Justification of the Research	23
1.7.1 Academic Justification	23
1.7.2 Policy Justification	24
1.8 Theoretical Framework	24

1.8.1	Regionalism Theory.....	24
1.9	Hypothesis of the study.....	26
1.10	Research Design.....	27
1.10.1	Study Site.....	27
1.10.2	Research Target Population.....	27
1.10.3	Sampling and Sampling Techniques.....	28
1.10.4	Sampling frame.....	28
1.10.5	Sample size determination.....	28
1.10.6	Data collection method.....	29
1.10.7	Data Analysis and Presentation.....	30
1.11	Ethical consideration.....	30
1.12	Study limitations.....	31
2.0	CHAPTER TWO: EMERGING TRENDS AND PATTERNS OF HEALTH TOURISM IN AFRICA.....	32
2.1	Emerging trends of health tourism in Northern Africa.....	36
2.2	Emerging trends of health tourism in Southern Africa.....	39
2.3	Emerging trends of health tourism in Western Africa.....	42
2.4	Emerging trends of health tourism in Eastern Africa.....	44
3.0	CHAPTER THREE: CHALLENGES OF HEALTH TOURISM FOR ECONOMIC DEVELOPMENT IN KENYA.....	47

3.1	Overall cost.....	47
3.2	Poor Marketing	51
3.3	Inadequate Capacity	56
3.4	Lack of appreciation of the potential	60
4.0	CHAPTER FOUR: OPPORTUNITIES OF HEALTH TOURISM FOR ECONOMIC DEVELOPMENT IN KENYA.....	67
4.1	Demographic characteristics.....	67
4.2	Opportunities of Health Tourism for Economic Development in Kenya	70
4.2.1	Conducive policy environment.....	70
4.2.2	Status in the region.....	72
4.2.3	Successful tourism sector	77
4.2.4	Cultural diversity	80
5.0	CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS	83
5.1	Summary	83
5.1.1	Introduction	83
5.2.2	Problem statement.....	84
5.2.3	Study objectives.....	84
5.2.4	Empirical literature review	84
5.2.5	Theoretical framework.....	86
5.2.6	Research design	87

5.2.7	Emerging Trends and Patterns of Health Tourism in Africa.....	89
5.2.8	Challenges of health tourism for economic development in Kenya.....	91
5.2.9	Opportunities of Health Tourism for Economic Development in Kenya	94
5.3	Conclusion.....	97
5.2	Recommendations.....	98
5.2.1	Academic recommendations	99
5.2.2	Policy recommendation.....	99
BIBLIOGRAPHY.....		101
APPENDICES		110
Appendix 1	Research Timetable	110
Appendix 2	Research budget	111
Appendix 3	Letter of Data Collection Authorization from NDC	112
Appendix 4	Research Permit from NACOSTI	113
Appendix 5	Research Consent Form.....	114
Appendix 6	Research Questionnaire	116

ABBREVIATIONS AND ACRONYMS

AfCFT	Africa Continental Free Trade Area
AKUH	Aga Khan University Hospital
AU	African Union
EAC	East Africa Community
FDI	Foreign Direct Investment
GDP	Gross Domestic Product
HT	Health Tourism
IGAD	Intergovernmental Authority on Development
MENA	Middle East and North Africa.
MT	Medical Tourism
NACOSTI	National Commission for Science, Technology and Innovation
NDC-K	National Defence College – Kenya
NDU-K	National Defence University – Kenya
RSA	Republic of South Africa
SADC	Southern African Development Community
USD	United States Dollars
UNWTO	United Nations World Tourism Organization
USMCA	United States-Mexico-Canada Agreement

1.0 CHAPTER ONE: INTRODUCTION

The purpose of this section is to introduce health tourism, economic development and how they have interacted. It will also highlight the gaps in knowledge of the subject matter in Africa and specifically Kenya. It also systematically highlights how the study was conducted. It contains the background of the study, statement of the problem, the research questions, objectives, literature review, justification of the study, theoretical framework, and hypothesis and methodology subsections.

1.1 Background of the Study

Realizing that tourism has a large multiplier effect on employment creation, foreign exchange revenues, the balance of payments and the tourist supply chain, governments in developing countries support, aggressively promote and pursue growth of the sector.¹ Further, by luring additional local investments and foreign direct investment (FDI) and erecting new and upgrading existing facilities, tourism spurs growth. The need to attract tourists motivates governments to improve infrastructure such as airports, roads and railways, improve the business environment and overall state of security. Private investors are driven to improve their facilities such as hotels, restaurants, shops and other services to globally competitive standards.

The opportunities of globalization and the challenges of the twenty-first century are compelling nations to consistently pursue their development goals by coming up with innovative strategies to boost their economic development. African nations lose millions of dollars each year to outbound medical tourism to mainly Asia and Western Europe. This has a negative effect on their economies

¹ Croes, R.; Vanegas, M. (2008). "Tourism and poverty alleviation: A co-integration analysis". *J. Travel Res.* 47, 94–103. [[Google Scholar](#)] [[CrossRef](#)] [[Green Version](#)]

and slows the development of their healthcare systems.² One of the ways is promoting tourism beyond the traditional outlook of travel for leisure to traveling in pursuit of medical treatment.

The Cambridge Dictionary defines health tourism as “travel to a foreign country for medical treatment.” The term “medical tourism” is often used interchangeably with health tourism. Historically, this referred to those seeking care that was unavailable to them at home and who traveled from less developed nations to major medical centers in developed nations.³ This has since changed in recent years, where patients’ motivation for travel outside one’s country is to seek lower-priced medical treatments, medical services unavailable or non-licensed in the home country or higher quality treatment. Due to these factors, patients are now traveling from developed to developing countries, developing to developing countries and developed to developed countries for treatment.

Most of the time, significant surgeries like transplants, therapy for chronic illnesses like malignancies, reproductive procedures, and dental work are why people travel abroad for medical care.⁴ These reasons vary from country to country based on availability, quality and cost of treatments in the home country. Distance, cost, language, economics, medical technological proficiency, and culture are all factors that influence how people choose their health tourism destinations.⁵ Health tourism host countries determine their health tourism clientele by the reputation that they build in their regions and globally. Over 14 million medical tourists from Canada's neighbor, the United States, travel there each year to avoid the protracted lines and high

² Ian Youngman. (2021). *Medical Tourism 2022: African Potential*. Research & Markets

³ Horowitz, M. D. (2007). “Medical tourism: globalization of the healthcare marketplace”. *MedGenMed : Medscape general medicine*, 9(4), 33.

⁴ Letunovska, N. (2020). “Scientific Research In The Health Tourism Market: A Systematic Literature Review”. *Health Economics and Management Review*, 1, 8-19.

⁵ Lee, J. and Kim, H.-b. (2015), "Success factors of health tourism: cases of Asian tourism cities", *International Journal of Tourism Cities*, Vol. 1 No. 3, pp. 216-233.

costs of healthcare back home. Costa Rica in South America is a highly ranked destination for cosmetic and dental surgery.⁶ In Africa, only four countries; South Africa, Egypt, Tunisia and Morocco are widely recognized as major destinations for health tourism.⁷ These countries are known for their advanced health infrastructure, highly skilled specialized medical staff and affordable treatments. They are popular destinations for cosmetic surgeries, fertility and dental treatments.

Even as countries plan to exploit health tourism for economic development, its effects on the local health systems must be considered. Health tourism, like conventional tourism, will inevitably lead to improved healthcare services in a bid to attract clients. These effects will spill over to benefit the locals, who will enjoy world-class medical services at home.⁸ Health tourism will also lead to a more specialized and professional health care workforce that will be better enumerated therefore reducing external brain drain. These staff will also be available to serve their citizens and therefore reduce outbound health tourists.

Most countries that are popular for health tourism have also long been attractive to leisure travelers. Apart from the medical facilities, health tourists consume the same transport and hospitality services as conventional tourists. They also enjoy the same weather, sites and culture. Health tourism therefore, can be correctly viewed as an extension of conventional tourism. Kenya is already a popular destination receiving 2.05 million visitors in 2019 which directly contributed

⁶ MedicalTourism Magazine. "Top 10 Medical Tourism Destinations in the World". Accessed on 3/11/2022. <https://www.magazine.medicaltourism.com/article/top-10-medical-tourism-destinations-world>

⁷ Africa Travel Week. Top 4 African medical tourism destinations. Top 4 African medical tourism destinations. Accessed on 3/11/2022. <https://atwconnect.com/top-4-african-medical-tourism-destinations/>

⁸ Illario M, De Luca V, Leonardini L. (2019). "Health tourism: an opportunity for sustainable development". *Transl Med UniSa*. 2019;19:109-115.

USD2.6 billion to the GDP and US\$7.9 billion total impact including indirect and induced impacts.⁹

Even as countries promote health tourism, its potential negative effects on health systems have to be considered and mitigated. Instead of being an integrated component of national healthcare systems, health tourism frequently coexists in competition with them.¹⁰ In Canada, the growth of health tourism has led to increased waiting times for local patients at health facilities. This in turn has led to Canadians themselves traveling abroad to seek treatment where they can access it faster.¹¹ Policies to protect local citizens against such effects and others like increased cost of healthcare should be developed even as African nations consider and promote health tourism for economic development.

1.2 The problem statement

The pursuit of economic security and prosperity has made countries come up with non-traditional approaches to attracting foreign tourists. One of these is advancing health tourism as an industry. Despite health tourism being on the rise globally, its adoption and scale-up have remained slow in many developing countries in Africa. Traditional tourist attractions cannot achieve accelerated economic development without policies to develop the capacity and potential for health tourism.

In Africa, for instance, despite the interest in medical travel, there have been very few studies on its potential for economic development. When such information is available, it is not sufficiently evidence-based and does not include content and context of health tourism for the development of

⁹ Government of Kenya. (2022). *“Travel and Tourism in Kenya Policy Brief”*. Ministry of Tourism and Wildlife.

¹⁰ J.J.O. Mogaka. (2017). “Effects of Medical Tourism on Health Systems in Africa”. *African Journal of Hospitality, Tourism and Leisure, Volume 6 (1)*

¹¹ Béland and Zarzeczny. (2018). “Medical tourism and national health care systems: an institutionalist research agenda”. *Globalization and Health (2018)* 14:68

Sub-Saharan African countries. This is in consideration that health tourism presents many opportunities and potential risks to patients seeking treatment and host states' populations as the translation to economic development occurs.

Kenya has made a name in the East Africa and Central African Region as a preferred destination for patients from countries within the region seeking cost-effective specialized treatment. This has seen nationals from these countries visiting Kenya for much more than official meetings and conferences, business engagements, and conventional holidays and vacations. Despite this realization, health tourism is not being developed as a niche service. The lack of empirical evidence is a barrier to evaluating the potential and opportunities for health tourism in economic development in Africa and Kenya in particular.

1.3 Research Questions

The below research questions guided the study;

- I. What are the emerging trends and patterns of health tourism in Africa?
- II. What are the challenges of health tourism in economic development in Kenya?
- III. What are the opportunities for health tourism in economic development in Kenya?

1.4 Research Objectives

The study's general objective was to assess and examine health tourism and economic development in Africa using Kenya as a case study. The specific objectives include to;

- I. Examine the emerging trends and patterns of health tourism in Africa.
- II. Establish the challenges of health tourism in economic development in Kenya.
- III. Analyze the opportunities of health tourism for economic development in Kenya.

1.5 Literature Review

This section presents information from published materials on health tourism for economic development globally, regionally, and in Kenya. Two types of the literature review were conducted; theoretical literature review and empirical literature review. The section also discussed the gaps realized during the review. These gaps were the basis on which the study was conducted

1.5.1 Theoretical Literature Review

The theoretical literature review aimed to study a sample of relevant existing theories and link them to the subject matter. It also purposed to discuss the debates among the theories detailing the pros and cons of each in application to the study. There are several theories that were used to understand, explain and predict the linkage between health, health tourism and economic development.

Institutional theory

Institutional theory is a theory on the deeper and more resilient aspects of social structure. It considers the processes by which structures, including schemes, rules, norms, and routines, become established as authoritative guidelines for social behavior.¹² Institutional theory focuses on understanding the processes that occur inside organizations through which aesthetic and humanistic ideas occur. It addresses how organizations attribute meaning to productive activities and how actors inside economically active organizations understand and justify humanistic and aesthetic practices. Organizations as interpretive systems give meaning to events, organizational

¹² [Scott, W. Richard](#) 2004. "Institutional theory." in *Encyclopedia of Social Theory*, George Ritzer, ed. Thousand Oaks, CA: Sage. Pp. 408-14

processes and outcomes.¹³ Throughout history, institutions have remained the main drivers of tourism globally. These institutions which are largely privately owned, create and set standards by which they operate for them to remain attractive and profitable. This is particularly so in conventional tourism where transport, hotel catering and accommodation and leisure activities service providers such as mountain climbing, among others are on offer. The role of Government is to provide a favorable environment through policies, infrastructure, security and other measures that project the country positively. Marketing and sources for tourism are mainly by the service providers, though host Governments do market the country as a whole through diplomacy and other channels.

Medical tourism being a breakout from conventional leisure tourism, institutional theory can be used to understand, explain and predict challenges and opportunities for economic development. In Africa in general and Kenya specifically, health tourism is driven by private health providers, health facilities and medical practitioners. They provide the services with the aim of expanding their client base and generating more profits. When the Government develops policies that promote health tourism in the country, the private sector will go ahead and transform their institutions towards attracting foreign patients. They will conform to institutions that are responsive to the health and welfare needs of foreign clients. Hotel and accommodation sectors, for example will begin to provide packages for foreign patients and the people who accompany them to the hospital. They will begin putting up facilities within or around hospitals and provide amenities like ramps where wheel chairs and trolleys can access the rooms and other facilities. The leisure tourism sector will also develop tour packages for foreign patients that will be designed to enhance the

¹³ Diham Chowdhury. (2021). *Institutional Theory*. University of Dhaka, Dhaka, Bangladesh.

recovery of the patients. These include spa treatment packages, scenery tours and visits to national parks, among others

Liberalism theory

Liberalism theory encompasses a wide range of ideas explaining how international cooperation for mutual benefits between states results in enduring peace and prosperity. This status is largely driven by international organizations and non-governmental actors.¹⁴ Liberalist posits that countries that trade with each other will not go to war against each other. Increased international trade is therefore good not only for prosperity but also peace and stability between states as they will seek diplomatic rather than confrontational ways to resolve their disputes. Democratic peace theory which states that democratic countries are extremely unlikely to go to war against each other is a key believe among liberalists. This is because democracies tend to view each other as legitimate and unthreatening therefore greater cooperation among themselves. Democracies, however tend to be more aggressive towards non-democratic states. The liberal world is characterized by an international system across states – international organizations, free trade and international norms. This situation is mutually beneficial and reduces conflict, making war less likely. War disrupts the benefits of trade and is not profitable for the state but rather detrimental.¹⁵ African states can view health tourism through the liberalists’ worldview to nurture and grow the industry. Kenya can position itself to benefit from such a policy proposition. Kenya is already benefitting from enhanced trade with the countries and the Eastern Africa region, Africa and globally. It is already a popular tourist destination which has positively portrayed its hospitality industry and culture.

¹⁴ Shiraev, Eric B. (2014). *“International Relations”*. New York: Oxford University Presses. p. 78.

¹⁵ Meiser, J. W. (2018). *“Introducing Liberalism in International Relations Theory”*. *International Relations Theory*.

Regionalism theory

Regionalism theory can also be used to approach health tourism, especially where the immediate target source markets are countries already in the neighborhood or Regional Economic Blocks with the host Country. Regionalism is the “political/economic trend toward cooperation and integration of states within a region, where the region has an equal or greater focus as the state.”¹⁶ African States, like most countries globally, have entered into a number of regional integration agreements; and currently, there is no country in Africa that is not a member of at least one regional economic group. These groupings advance common operating standards and lower reciprocal regional trade customs barriers to create larger markets for goods, services, capital and labor. Regional economic blocs face transnational public health threats due to increased travel, environmental factors, modern communications and technological change¹⁷. They also share epidemiological characteristics with respect to health problems, endemic and emerging pandemics. Increasing priority NCDs such as maternal, perinatal, and nutritional diseases, cancers, diabetes and mental disorders pose increasing threats to the health of Africa. Most countries that have successful health tourism industries have the majority of their source markets within their regions. South Africa, which is the most successful Country in the Southern Africa region as a medical tourist destination, gets most of its health tourists from the SADC member states.¹⁸ The Northern Africa medical tourists giants; Egypt, Morocco and Tunisia, have focused their health services to be responsive to the health needs of the Northern Africa Region, the Middle East and Lower parts of Europe. This has seen these countries ranked as the leading destinations for health tourism

¹⁶ Mary Farrell. (2005). *“Global Politics of Regionalism: Theory and Practice”*. Pluto Press

¹⁷ R. Beaglehole, R. Bonita. (2009). *“Global Public Health A new era Second Edition”*, Oxford University Press, Oxford

¹⁸ Crush, Jonathan & Chikanda, Abel. (2015). “South–South medical tourism and the quest for health in Southern Africa”. *Social science & medicine* 124. 313-320. 10.1016/j.socscimed.2014.06.025.

globally.¹⁹ From these examples, regionalism seems to be one of the leading factors in a country growing its health tourism sector. Countries that have tailored their health services based on the gaps in the neighboring countries' health systems; infrastructure, skills and professionalism have been able to attract sufficient numbers and quality of health tourists to make the sector profitable and contribute to a significant proportion of the GDP and foreign exchange earnings. It is from this growth that these countries have further gained a reputation that has gone ahead to attract clients from outside their region and even globally.

Kenya is a member state of the East Africa Community (EAC) and Intergovernmental Authority on Development (IGAD) and the Africa Union (AU). Through these cooperation blocks, Kenya can develop its private healthcare sector to attract clients for health tourism while contributing to increased cohesion within the blocks due to the interdependence and economic prosperity of the countries.

Neoliberalism theory

Free trade, deregulation, globalization, and lower government spending are all important components of the political and economic theory known as neoliberalism.²⁰ Neoliberals believe in political and economic policies on globalization, free trade and privatization.²¹ It has to do with laissez-faire economics, a school of thought that advocates for little to no government intervention in the financial matters affecting people's lives and society as a whole. They emphasize more on economic freedom and less on social justice and equality; an individual is solely responsible for

¹⁹ Medical Tourism Index. (2021). "Medical Tourism Index 2020-2021 Global Destinations." International Healthcare Research Centre.

²⁰ Goldstein, Natalie (2011). "Globalization and Free Trade". *Infobase Publishing*. p. 30.

²¹ Haymes, Stephen; Vidal de Haymes, Maria; Miller, Reuben, eds. (2015). *"The Routledge Handbook of Poverty in the United States"*. London: Routledge. ISBN 978-0415673440.

the outcomes of their own choices. According to laissez-faire economics, sustained economic progress will result in technological advancement, a wider range of free market options, and minimal government intervention.²²

Medical tourism has grown into a multi-billion-dollar industry with both global and local implications because it is framed within a neoliberal framework that seeks to privatize all facets of social life as a means of economic development, especially for developing nations. Individuals who travel outside their country to seek treatment will also do so directly and not through the state either for approval or referral. This will lead to the emergence of large medical facilities with a regional and international reputation for providing specialized services at market costs. Over and above providing quality services, the facilities will aim to generate profits.

In several emerging economies, this will lead to a change in market-driven healthcare systems. According to the logic of this type of neoliberal governance, a strong private medical sector will result in higher investments in healthcare industries, an increase in the number of healthcare specialists and medical expertise, as well as a general rise in national income, all of which will increase access to quality healthcare for more people.²³ Modern private healthcare facilities would benefit local healthcare systems by creating job opportunities for medical professionals and hotel staff, fostering the growth of a skilled labor force, and modernizing and professionalizing the healthcare and local tourism sectors.

From the spill over benefits to all sectors that support health tourism, such as the transport, hotel and accommodation, food and beverage sector among, the host countries' citizens benefit from

²² Haymes, Stephen; Vidal de Haymes, Maria; Miller, Reuben, eds. (2015). *The Routledge Handbook of Poverty in the United States*. London: Routledge. ISBN 978-0415673440.

²³ Smith, K. 2012. "The problematization of medical tourism: a critique of neoliberalism". *Developing World Bioethics* 12(1). 1–8.

employment and earnings from health tourism. The host Governments also get foreign exchange earnings, improved tax collections, improved international image, and higher national development.

Many academics have criticized the morality of wealthy nation people traveling to impoverished countries for medical treatment. Because they cannot access timely medical care or cannot afford necessary procedures in their own countries, they come to the global South as medical tourists. This is because the health sector's policies may change to prioritize profits over welfare.²⁴ This, it is argued, will make the inequality gap even wider and make it more difficult for developing countries to obtain universal health coverage. The public health system will also suffer from brain drain as the more specialized and professional health workers move to the now more profitable health sector for higher incomes.

1.5.2 Empirical literature review

This section will provide findings from an in-depth systematic literature review. This has been done through analysis of previous empirical studies in order to provide available information on health tourism from a global, regional, and country view and also form a historical to the current perspective.

Emerging trends and patterns of health tourism

One of the fastest-expanding tourist niches worldwide is health tourism. Among the primary causes of the favorable trends in health tourism are aging populations, health awareness,

²⁴ Zahra Meghani. (2011). "A robust, particularist ethical assessment of medical tourism". *Developing world Bioethics*. Volume11, Issue1

globalization, sports, and recreation.²⁵ Tourism for health and wellness has increased dramatically over the last ten years as more people have become conscious of their wellness and how to improve it. Except for the brief pause caused by the adoption of Covid-19 pandemic containment measures, which essentially halted foreign travel, the overall number of people traveling abroad in search of healthcare has steadily risen. Health tourism has recovered after Covid-19 and is anticipated to keep expanding.²⁶

Due to their world-class hospitals and highly qualified medical personnel, who have received training in developed countries, developing nations like Thailand, India, Singapore, Malaysia, South Africa, Brazil, and South Korea have become popular locations for outsourcing medical treatment abroad.²⁷ Countries developing and promoting their health tourism industry primarily target to attract patients from nations in their regions. In an effort to draw patients from North America, Latin American countries like Mexico, Brazil, and Colombia have made significant investments in their healthcare systems. Some Eastern European nations, like Poland, the Czech Republic, and Hungary, have positioned themselves as regional medical hubs, luring patients from Western Europe.²⁸

According to research conducted in 2019 by the Federation of Indian Chambers of Commerce and Industry and Ernst & Young, most medical tourists arriving in India came from the Middle East, Africa, Southeast Asia, and South Asia Association Regional Cooperation (SAARC). The Government of India has launched a few measures to promote and encourage the expansion of

²⁵ Peršić M., Vlasic D. (2016). "Health tourism development – specifics of Croatian health/Spas/healing resorts and special hospitals". *State and possibilities*. <https://bib.irb.hr/datoteka/956863.2018>

²⁶ GlobalData. (2021). "Key Trends in Health and Wellness Tourism". GlobalData Plc 2022. Accessed on 4/11/2022. <https://www.globaldata.com/reports/key-trends-in-health-and-wellness-tourism-2021/>

²⁷ Anita Medhekar. (2020). "Global Developments in Healthcare and Medical Tourism". IGI Global

²⁸ Beladi, H., Chao, C.-C., Ee, M. S., & Hollas, D. (2019). "Does Medical Tourism Promote Economic Growth? A Cross-Country Analysis". *Journal of Travel Research*, 58(1), 121–135. <https://doi.org/10.1177/0047287517735909>

medical tourism to the nation after realizing the benefits and potential for further growth. A few of these are the Government of India's health tourism policy, the establishment of a "National Medical & Wellness Tourism Promotion Board" for regulatory, accreditation, and marketing issues, hospital accreditation under the National Accreditation Board for Hospitals, and a specific website to promote medical and wellness tourism.²⁹ Foreigners can also receive any medical treatment in India, except for organ transplants, without a medical visa, as the Indian government expanded its e-tourism VISA regime to include medical visas in 2019.³⁰ This was done to encourage applications and simplify the travel process for medical tourists. Health tourism in India has grown to the extent that international patients contribute one-third or more of revenue in private hospitals.³¹ This has led to several private hospitals in this region targeting this global medical travelers' market, gaining a strong position for themselves in the industry.

Previously viewed exclusively as a source for medical tourists, certain African countries are now beginning to stand alone in the regional and global markets as destinations. One of the most popular destinations is South Africa because of the country's high standard of medical facilities and services, international accreditation, assurance of confidentiality and anonymity, and lack of access to certain medical and surgical services in clients' home countries.³² Treatment of cancers, reproductive medicine, aesthetic and plastic surgery, and microsurgery of the eye are all highly regarded in South Africa.

²⁹ Medhekar A, Wong HY, Hall JE. (2019). "Factors influencing inbound medical travel to India". *Journal of Health Organization and Management*.

³⁰ Mabiyan, Rashmi (2019). "Is India doing enough to carve a niche in medical tourism?". *The Economic Times*. Retrieved on 18/11/2022.

³¹ Malhotra, N., & Dave, K. (2022). "An Assessment of Competitiveness of Medical Tourism Industry in India: A Case of Delhi NCR". *International Journal of Global Business and Competitiveness*, 17(2), 215–228. <https://doi.org/10.1007/s42943-022-00060-0>

³² Lehlohonolo G. (2016). "Medical tourism: investigating the tourism potential of the medical cosmetic market". *African Journal of Hospitality, Tourism and Leisure* Vol. 5 (4)

Other popular destinations for health tourism are Egypt, Morocco, and Tunisia. These countries are usually categorized as belonging to the Arab Middle Eastern regions, which are significant destinations for health tourism globally.³³ Tunisia has a thriving medical tourism sector. This is caused in part by its close proximity to various European and Arab markets, as well as its standing for having highly qualified medical personnel. The nation is a well-known choice for Europeans looking for cosmetic surgery and other operations that are hard to access in their countries. Libya and Algeria are two more significant source markets; in both countries, the health services provide funding for patients' overseas medical care. Five hundred seventy-seven thousand three hundred wellness travelers arrived in Tunisia in 2017, spending \$313.8 million and, on average, 44% more than they would on a typical vacation.³⁴

Egypt was ranked 14th out of 46 international locations for medical tourism in 2017. Cost, care quality, alternative therapies, lifestyle and culture, food, and the enormous tourist business, in general, were recognized as the drivers for a thriving medical tourism economy.³⁵ It is appreciated that health tourism is one component of the broader tourism sector. These top medical tourism destinations are also top leisure tourist destinations. Marketing for health tourism has to ride on the marketing for the country as a whole.

Kenya is the most advanced economy in the East and Central African region as well as the horn of Africa region. It has the most advanced infrastructure and the most skilled and professional workforce. These factors, together with its political stability, are thought to make the country an

³³ Lehlohonolo G. (2016). "Medical tourism: investigating the tourism potential of the medical cosmetic market". *African Journal of Hospitality, Tourism and Leisure* Vol. 5 (4)

³⁴ Oxford Business Group. (2021). "Medical tourism in Tunisia flourishes as tourist numbers reach record highs". Report: Tunisia 2019

³⁵ Vaidam. (2022). "Medical Tourism in Egypt". Accessed on 4/11/2022. <https://www.vaidam.com/knowledge-center/medical-tourism-egypt>

attractive destination for health tourism. Kenya's GDP is boosted by tourism to the tune of more than 10%. The East Africa Community, which Kenya is a part of, is the most advanced Regional Economic Community in Africa. On the free movement of the people indicator, it scores the highest in the continent.³⁶ These factors present opportunities for the growth and expansion of health tourism. Indeed they may have already contributed as Kenya is now a well-known new location for medical tourism and was listed as one of the top six African locations for health tourism in 2017.³⁷

By supporting the private sector, Kenya aims to establish itself as the region's top destination for highly specialized medical care, paving the way for the development of the lucrative industry of medical tourism.³⁸ This is aimed to be achieved through; positioning Kenya as a destination for specialized health and medical services, training and maintaining specialized knowledge, giving Kenyans access to specialized medical services within the country and creating employment in specialized health care.

The Nairobi Hospital in Kenya already refers to itself as the Eastern Africa regional referral hospital.³⁹ It has attained various international accreditations such as the ISO Certification and become a member of the International Hospital Federation (IHF). It is marketing itself as able to provide specialized emergency treatments, cardiovascular and renal disease management and management for cancers. The hospital also intends to reverse the trend of Kenyan citizens traveling abroad in search of medical treatment. It has studied the reasons for travel and the most popular

³⁶ East Africa Community. (2020). *"EAC takes the lead as the most integrated bloc in Africa"*. EAC

³⁷ UNCTAD. (2017). *"Economic Development in Africa Report 2017: Tourism for Transformative and Inclusive Growth"*. United Nations

³⁸ Republic of Kenya. (2008). *Kenya Vision 2030*.

³⁹ The Nairobi Hospital. (2022). *"Medical Tourism in Kenya."* Dr. Joan Osoro-Mbui.

destinations for Kenyan patients with the aim of benchmarking and making the services available at its facilities at cost and quality offered out there.

Challenges of health tourism in economic development

These days, medical travel is not just about saving money on operations and vacations; it is also about the caliber of the medical professionals and the care models that many of the destination countries are implementing.⁴⁰ Countries positioning themselves as destinations for health tourism are not concentrating on the cost of treatment as their main attraction point. Clients are willing to pay premium prices for high-quality care.

There is the risk of health tourism having detrimental effects on the host countries' welfare. The pressure it puts on the host country's public health system in terms of resource allocation and internal brain drain is the negative effect that is most frequently discussed in the literature.⁴¹ This pressure could exacerbate the already severely unequal access to healthcare that many developing countries already experience. Due to better pay, health professionals may leave the public health system for the private health care industry, which might lead to a scarcity of staff in the public sector. People of lower socioeconomic status will thus have less access to primary healthcare, likely reducing their productivity. According to this viewpoint, less economically advantaged in developing nations lose out on the benefits of medical tourism and suffer from lower work productivity because of their worse health.

⁴⁰ Aparna S. (2015). "Health Tourism and Its Impact on Economy". *OSR Journal Of Humanities And Social Science (IOSR-JHSS)* Volume 20, Issue 3, Ver. IV, PP 89-92

⁴¹ Y. Y. Brandon Chen & Colleen M. Flood. (2013). "Medical Tourism's Impact on Health Care Equity and Access in Low- and Middle-Income Countries: Making the Case for Regulation". [*Journal of Law, Medicine and Ethics*](#) 41 (1):286-300

According to an investigation done in Israel, which has a universal healthcare system, medical tourists receive preferential medical care at the expense of the country's citizens.⁴² This implied that if medical tourism displaced publicly supported health care, it could burden the tax-paying citizens of host economies. Therefore, it is still debatable whether promoting medical tourism benefits the host nation's local population. Despite the significance of this issue, there is still little research on it since there isn't enough reliable and high-quality information about medical tourism. The United Nations World Tourism Organization (UNWTO) routinely collects and compiles general tourism data from nations worldwide. Still, detailed medical tourism data by country are scarce, dispersed, and not yet collected systematically because this industry is still considered to be in its infancy.

The revenue from medical tourism is acknowledged as an export that can increase a nation's balance of payments by bringing in foreign exchange.⁴³ The supply of health care services to foreign patients and the related expenditures by patients and their companions on food, lodging, and local tourism activities are examples of potential sources of income for host countries. Medical tourists spend much more than leisure tourists and not only on their medical expenses. According to a study conducted in Malaysia, less than half of the average total cost per medical tourist was spent on their health treatment.⁴⁴

The expansion of medical tourism expands job prospects in the healthcare industry and allied fields. An estimated 37,000 jobs were produced in Tunisia due to medical tourism in 2005, with

⁴² Cohen, I. G. (2015). "Medical Tourism, Access to Health Care, and Global Justice." *Canadian Journal of Comparative and Contemporary Law* 1 (1): 161– 239.

⁴³ Lautier, M. 2014. "International Trade of Health Services: Global Trends and Local Impact." *Health Policy* 118:105–13.

⁴⁴ Klijs, J. (2016). "A State-Level Analysis of the Economic Impacts of Medical Tourism in Malaysia." *Asian-Pacific Economic Literature* 30 (1): 3–29.

18,000 jobs being in the health sector and 19,000 in industries related to tourism.⁴⁵ In Malaysia for example, medical tourism is reported to have supported 19,587 jobs in 2007, with 14,839 of those jobs being in sectors other than healthcare.⁴⁶

Access to and the standard of local healthcare in developing nations are both improved by medical tourism. Although some public hospitals have established private health sections serving overseas patients, medical tourism typically occurs in the private sector.⁴⁷ Private health care providers in host nations have made large expenditures to modernize their medical facilities and to recruit and retain highly competent medical personnel to attract foreign patients. The quality of domestic health systems is enhanced by the accessibility of such cutting-edge facilities and a wide range of medical specialties, particularly in emerging nations. Additionally, it encourages locals to receive medical care at home rather than traveling for it, which lowers the flow of money.

According to research, the growth of medical tourism leads to an unequal distribution of public resources in developing countries.⁴⁸ Tourists typically seek elective and non-emergency medical procedures, which differ from local health requirements. Maintaining a competitive edge in these medical specialties has several negative effects, including excessive investment in high-tech medical equipment and a growing number of medical graduates choosing careers in specialties that are in demand from patients abroad while showing less interest in public health careers. This causes resources to be diverted from primary and preventative health care services, which local

⁴⁵ Lautier, M. (2014). "International Trade of Health Services: Global Trends and Local Impact." *Health Policy* 118:105–13.

⁴⁶ Klijs, J. (2016). "A State-Level Analysis of the Economic Impacts of Medical Tourism in Malaysia." *Asian-Pacific Economic Literature* 30 (1): 3–29.

⁴⁷ Chee, H. L. (2010). "Medical Tourism and the State in Malaysia and Singapore." *Global Social Policy* 10 (3)

⁴⁸ Gan, L. L., and J. R. Frederick. (2011). "Medical Tourism Facilitators: Patterns of Service Differentiation." *Journal of Vacation Marketing* 17 (3): 165–83.

communities rely on, to health care facilities and services geared toward treating patients from other countries.

Although medical tourism can lessen external brain drain, it can hasten internal brain drain because highly skilled and experienced health professionals in the public health care system of the host country are drawn to the private health care sector because of higher pay and more promising career opportunities.⁴⁹ Internal migration causes the public health care sector's patient-to-health worker ratio to rise, which worsens working conditions in public hospitals and encourages even more people to go from the public to the private health care sector. If human resources are transferred from rural areas where there is already a severe scarcity of medical personnel to metropolitan areas where private hospitals are concentrated, the internal brain drain is especially harmful to the public health care system in developing countries.

The cost of local healthcare services may increase due to a thriving medical tourism business, making care for locals less accessible. Private healthcare providers in the host nations make significant investments in cutting-edge medical technology and luxurious facilities akin to five-star hotels to draw in foreign patients.⁵⁰ They also provide individualized nursing care, high doctor-to-patient ratios, and quick access to specialists, radiology, and other services. Foreign investors who may not be concerned with the well-being of locals may own private healthcare institutions in developing nations. As a result, rising health care costs could drive out local residents, particularly those with modest incomes, from the local health system.

⁴⁹ Snyder, J. (2016). "How Medical Tourism Enables Preferential Access to Care: Four Patterns from the Canadian Context." *Health Care Analysis* 25:138–50.

⁵⁰ Chen, Y. Y. (2013). "Medical Tourism's Impact on Health Care Equity and Access in Low- and Middle-Income Countries: Making the Case for Regulation." *Journal of Law, Medicine & Ethics* 41 (1): 286–300.

Opportunities of health tourism for economic development

International travel generates extra employment opportunities, boosts the GDP, and benefits local companies, all of which help the destination country's economy.⁵¹ People have typically traveled from less developed nations to those that are developed for medicine in the past. This pattern has since changed as the destination developing countries increasingly provide services that are of a higher caliber, with fewer wait times, at lower costs and to international standards.⁵²

The lower cost of medical procedures is a major opportunity for growing the health tourism sector in developing nations. These lower costs are mainly contributed to by the weaker currencies of these states, leading to most treatments and procedures costing a small fraction of what they would in rich developed nations. This phenomenon has been credited to the success of medical tourism in South Africa, where its weak currency; the South African rand, leads to cheaper exports, of which health tourism is one.⁵³

There are recognized three categories for health tourism;⁵⁴ The tourist making their own personal payment make up the vast majority of the market for medical travel since they are either uninsured or have very little medical coverage. They usually search for locations that offer them affordable medical services. Those with health insurance who make advance arrangements travel to a foreign country equipped with a healthcare database, healthcare specialists and services. By employing a provider in another country, they can reduce the cost of their medical expenses and hence reduce the effects of their insurance coverage. Government-sponsored medical tourism also exists, in

⁵¹ Deloitte. (2013). *Tourism: jobs and growth. The economic contribution of the tourism economy in the UK* (London, United Kingdom)

⁵² LaRocco, S.A. (2011). "The emerging trend of medical tourism". *Nursing Management*, 24-29

⁵³ Rahul A. (2016). *South Africa's Exports Performance: Any Role for Structural Factors* International Monetary Fund

⁵⁴ Saayman, M. (2012). "The impact of tourism on poverty in South Africa". *Development Southern Africa*, 29 (3): 462-481.

which patients who travel to another nation to receive treatment that isn't offered in their country are reimbursed for their expenses. Private health facilities, which are the main providers of health tourism, should target all client types. They should offer high-quality, affordable services while seeking accreditation from international organizations and the target country's local accreditation bodies. This, together with being recognized and put in a database of service providers by insurance companies, will see their attractiveness and competitiveness increase in their source markets.

In 2019, Kenya held its first Health Care Convention. During the convention, President Uhuru Kenyatta recognized that Patients from a number of the region's nations, including Uganda, Rwanda, Burundi, the Democratic Republic of the Congo, Tanzania, Ethiopia and South Sudan already travel to Kenya for medical treatment.⁵⁵ The then-cabinet secretary for health stated that the Government's goal was to make Kenya a popular destination for medical travelers by offering high-caliber healthcare services comparable to those provided in nations like India. He continued to state that in order to accomplish this, healthcare expenses would need to be reduced in order to compete with or be lower than the rates established by Indian hospitals, which are popular destinations for patients from Kenya and Sub-Saharan Africa as a whole.

1.6 Research Knowledge Gaps

A review of the literature revealed that health tourism contributed positively to the economic growth of many states. This is well-pronounced and documented in the Asian region. The same can't be said about Africa, especially among the emerging health tourism countries. Here, the data

⁵⁵ Faith K. (2019). Kenya can become medical tourism centre, says Uhuru. Standard Media Group. Accessed on 7/11/2022. <https://www.standardmedia.co.ke/article/2001363574/>

on the extent of economic growth contribution and potential is scanty. Questions arise on the role of Governments in promoting and regulating health tourism for it to be economically beneficial without adverse effects on local health systems in both the source and destination countries. It has been argued that when wealthy patients leave a country to seek medical treatment elsewhere, it can further weaken the health systems of both the source and destination countries.

The literature reviewed showed that Kenya's health facilities are already receiving and treating hundreds of visitors from neighboring countries and helping to boost the tourism industry. This can be attributed to more advanced ultra-modern health infrastructure, highly skilled health workforce and its reputation of excellent hospitality from conventional tourism. The knowledge gap is in quantifying the extent of its contribution to economic development to enable deliberate efforts to develop and promote the industry.

1.7 Justification of the Research

This section contains the rationale for conducting the study.

1.7.1 Academic Justification

Health tourism is a phenomenon that has been studied, and a lot has been published about it. Most of the publications have been from regions where the industry is well established. They include Asia, the Middle East and South America. There exist few published studies about health tourism in Africa and particularly Kenya. This thesis will therefore add to the subject matter and enlighten scholars and researchers by building on the existing knowledge needed that helps countries such as Kenya to take full advantage of the emerging opportunities around health tourism.

1.7.2 Policy Justification

The Kenya Vision 2030 strategic objective under the health sector is to make Kenya the preferred region's destination of choice for highly specialized healthcare, making health tourism a leading foreign exchange earner by 2030.⁵⁶ The findings of this study will provide policy makers with information on the current status of health tourism in the country with the aim of formulating policies that will accelerate it towards achieving this target.

1.8 Theoretical Framework

This section provides the theory within which this study is anchored on. Among the many theories that can be used to understand, explain and predict health tourism and economic development, the researcher selected regionalism.

1.8.1 Regionalism Theory

The study used the regionalism theory as the blueprint to approach health tourism. The recognized top destinations for health tourism globally have a significant proportion of their clients coming from countries in their neighborhood and member nations of Regional Economic Blocks with them. Regionalism is the “political/economic trend toward cooperation and integration of states within a region, where the region has an equal or greater focus as the state.”⁵⁷ Canada, which is the leading destination for health tourism globally, has the USA as its major source of patients.⁵⁸ Canada is a neighbor to the USA and both are member states of the United States-Mexico-Canada Agreement (USMCA). India, which is also a leading destination for medical tourists, receives most

⁵⁶ Republic of Kenya. (2008). Kenya Vision 2030.

⁵⁷ Mary Farrell. (2005). *Global Politics of Regionalism: Theory and Practice*. Pluto Press

⁵⁸ Medical Tourism Index. (2021). *Medical Tourism Index 2020-2021 Global Destinations*. International Healthcare Research Centre.

of its patients from countries in the Asian region, with the top leading source countries being Afghanistan, Pakistan, Oman and Bangladesh.

Like most countries globally, African states have entered into several regional integration agreements. Currently, no country in Africa is not a member of at least one regional economic group. These groupings advance common operating standards and lower common regional trade customs barriers to create larger markets for goods, services, capital, and labor. Regional economic blocs face transnational public health threats due to increased travel, environmental factors, modern communications, and technological change.⁵⁹ They also share epidemiological characteristics with respect to health problems and endemic and emerging pandemics. Increasing priority NCDs such as maternal, perinatal, and nutritional diseases, cancers, diabetes and mental disorders pose increasing threats to the health of Africa. Most countries with successful health tourism industries have most of their source markets within their regions.

South Africa, which is the most successful Country in the Southern Africa region as a medical tourist destination, gets most of its health tourists from the SADC member states.⁶⁰ The Northern Africa medical tourists giants; Egypt, Morocco, and Tunisia, have focused their health services to be responsive to the health needs of the Northern Africa Region, the Middle East, and Lower parts of Europe. The majority of their health tourist come from the region that is popularly referred to as the Middle East and North Africa (MENA) region. These have seen these countries ranked as the leading destinations for health tourism globally.⁶¹

⁵⁹ R. Beaglehole, R. Bonita. (2009). “*Global Public Health A new era* Second Edition”, Oxford University Press, Oxford

⁶⁰ Crush, Jonathan & Chikanda, Abel. (2015). South–South medical tourism and the quest for health in Southern Africa. *Social science & medicine* (1982). 124. 313-320. 10.1016/j.socscimed.2014.06.025.

⁶¹ Medical Tourism Index. (2021). “Medical Tourism Index 2020-2021 Global Destinations.” International Healthcare Research Centre.

From these examples, regionalism theory understands, explains, and can be helpful in a country growing its health tourism sector. Countries that have tailored their health services based on the gaps in the neighboring countries' health systems; infrastructure, skills and professionalism have been able to attract sufficient numbers and quality of health tourists. This has made the sector profitable and contributed to a significant proportion of the GDP and foreign exchange earnings. These countries have gained a reputation from this growth have gone ahead to attract clients from outside their region and even globally.

Kenya is a member state of the East Africa Community (EAC) and Intergovernmental Authority on Development (IGAD) and the Africa Union (AU). Through these cooperation blocks, Kenya can develop its private healthcare sector to attract clients for health tourism while contributing to increased cohesion within the blocks due to the interdependence and economic prosperity of the countries.

1.9 Hypothesis of the study

This study will be guided by the following research hypotheses;

- I. Improved health infrastructure leads to a rise in health tourism for economic development in Africa.
- II. A weak policy framework limits health tourism from enhancing economic development in Kenya.
- III. Strengthened health systems advance health tourism for economic development in Kenya.

1.10 Research Design

This study used a descriptive research design to identify and describe the health tourism subsector and its relationship to economic development. Though the survey broadly examined this phenomenon in Africa, a case study approach was used, focusing the study on Kenya. Case studies are recognized for providing a holistic and comprehensive view and avoiding bias by capturing a range of perspectives on an issue.⁶² The disadvantages of case studies include being time-consuming due to the many interviews one has to conduct and the issue of the findings not being generalizable.

1.10.1 Study Site

The study site is the physical location where the study was conducted. This research was conducted in Kenya. The targeting of respondents was based on their expertise and experience in the field of health, tourism, diplomacy, security, and economic development. The study was conducted between October and December 2022. This research had an emphasis on the regionalism theory as an anchoring theory.

1.10.2 Research Target Population

The target population was health and tourism stakeholders from Government Ministries and Agencies; the Ministry of Health, the Ministry of Foreign Affairs and the Ministry of Tourism, medical specialists and private healthcare providers; hospitality and accommodation business

⁶² Ong, A. D. and Weiss, D. J. (2000), "The Impact of Anonymity on Responses to Sensitive Questions". *Journal of Applied Social Psychology*, 30: 1691–1708. doi:10.1111/j.1559-1816.2000.tb02462.x

practitioners and patients who have traveled abroad to seek healthcare. The target population was selected in a representative manner to ensure reliable study findings.

1.10.3 Sampling and Sampling Techniques

Purposive sampling, also known as judgmental, selective, or subjective sampling, was used as a form of non-probability sampling. The researcher relied on their rational judgment when choosing respondents from the target population. The researcher also relied on snowball sampling, where referrals from respondents and practitioners were used to select the most appropriate respondents to interview for the study.

1.10.4 Sampling frame

The target population for this study was the sampling frame. It was the group of people the researcher used to choose a sample from the population. The researcher did not intend to gather data from all target population segments due to a lack of resources, accessibility, and saturation. The respondents were drawn from; The Ministry of Health, the Ministry of Tourism and Diaspora Affairs, The National Treasury, major private hospitals in Nairobi, the hotel and accommodation industry and health practitioners.

1.10.5 Sample size determination

The sample size determination is the act of choosing the number of observations, in this case, in-depth interviews to conduct in the study. The study used the concept of saturation to arrive at the ideal sample size. The idea of "data saturation" refers to the point at which no fresh themes or information can be found by conducting more interviews. Saturation is a criterion for stopping

data collection and/or analysis in qualitative research.⁶³ According to a number of scholars, saturation has become "the gold standard by which purposeful sample sizes are chosen in health science research"⁶⁴ and is "the most commonly claimed assurance of qualitative rigor offered by authors."⁶⁵ Saturation appears in a variety of general quality criteria for qualitative methods and is sometimes referred to as a "rule" or "edict" of qualitative research.⁶⁶

This being a qualitative study, the researcher settled on a sample size of 30 respondents that achieved saturation for in-depth interviews. This determination was made based on qualitative studies of similar nature, the complexity and the desired level of depth for the research questions.⁶⁷

1.10.6 Data collection method

Primary data were collected from the respondents through in-depth interviews using a structured and unstructured questionnaire (**Appendix 6**). After development, the questionnaire was pre-tested to ensure it addressed the research objectives validly and reliably. The questionnaires were administered through face-to-face interviews, virtual interviews and telephone interviews. The in-depth interviews were conducted after the respondents provided consent. (**Appendix 5**).

Secondary data were harvested from published journals, books, and press reports, among others. These captured what has already been done on health tourism from a global, regional, national and

⁶³Fusch, P.I., Ness, L.R. (2015). "Are we there yet? Data saturation in qualitative research". *Qual. Rep.* 20(9), 1408–1416

⁶⁴ Guest, G. (200). "How many interviews are enough? An experiment with data saturation and variability". *Field Methods* 18(1), 59–82

⁶⁵ Denny, E. (2016). "I never know from one day to another how I will feel: pain and uncertainty in women with Endometriosis". *Qual. Health Res.* 19

⁶⁶ Sparkes, E. (2011). "Qualitative exploration of psychological factors associated with spinal cord stimulation outcome". *Chronic Illn.* 8(4), 239–251

⁶⁷ Fusch, P.I., Ness, L.R. (2015). "Are we there yet? Data saturation in qualitative research". *Qual. Rep.* 20(9), 1408–1416

local level. It also captured the perceptions of health tourism, its challenges, and opportunities towards helping sectors and nations, in general, achieve economic development.

1.10.7 Data Analysis and Presentation

The qualitative data were analyzed through thematic analysis. Thematic analysis is a technique for studying qualitative data that involves looking through collected data to find, examine, and document recurring patterns.⁶⁸

The researcher found the themes that recurred throughout the data by going over them. Finding information about people's experiences, viewpoints, and opinions was made more uncomplicated via thematic analysis. Thematic analysis was the ideal option because the study aimed to understand people's experiences with or views of medical tourism. It was not unusual for some study topics to emerge or even change as the researcher moved through the analysis because the thematic analysis is somewhat of an exploratory procedure. The main drawback of thematic analysis was how time-consuming it was.

The data are presented as per the specific objectives in chapters two, three, and four.

1.11 Ethical consideration

This study applied proper research techniques in adherence to the research procedures prescribed by the National Defense University – Kenya and as guided by the supervisor. A letter of facilitation to collect data for the study was provided by NDU-K (**Appendix 3**). Approval to carry out the research was sought from and granted by the National Commission for Science, Technology, and

⁶⁸ Michelle E. Kiger & Lara Varpio. (2020). "Thematic analysis of qualitative data." *AMEE Guide No. 131, Medical Teacher*, DOI: 10.1080/0142159X.2020.1755030

Innovation (NACOSTI) (**Appendix 4**). Before the questionnaire administered in-depth interview was conducted, verbal consent was sought from the respondents through the consent form (**Appendix 5**). The consent form informed the respondents of their right to choose not to participate in the survey and assured them of the complete confidentiality of the information provided.

1.12 Study limitations

Participants in qualitative research had more discretion over the content of the data collected because of the open-ended structure of the questions. Views and opinions expressed by respondents may have been influenced by factors other than their professional experience and personal emotions.

The researcher mitigated this limitation by triangulating the responses between the respondents and the respondents and credible published data. This triangulation ensured the reliability and validity of the results presented from the study.\

2.0 CHAPTER TWO: EMERGING TRENDS AND PATTERNS OF HEALTH TOURISM IN AFRICA

This section presents data on the trend of travel into and within Africa for health reasons. It will also attempt to explain the factors influencing the presented trends and their impact on the respective nations' economies.

With a compound annual growth rate of 11.7%, the global market for medical tourism increased from \$32.02 billion in 2021 to \$35.77 billion in 2022. The medical tourism industry is expanding, especially in developing countries due to the high cost of healthcare in industrialized nations and the ability of developing nations to offer less expensive quality healthcare. Patients are also traveling within the developing world to nations with affordable healthcare and high-quality medical facilities. Africa has not been left behind in this trend, as the number of tourists traveling into and within its nations for medical care has steadily increased in the last ten years. Medical tourism in Africa provides services that are frequently more affordable and of greater quality than what patients would have received in their home nations, particularly if they are coming from within the African continent.

Geographic proximity has a significant, although not a deciding, role in influencing people's decisions to go to particular locations for medical treatment.⁶⁹ Health tourists aim to minimize their cost of travel. As a result, most health tourism within Africa is intra-regional. Therefore, in an effort to take advantage of their geographic convenience, high standard of medical care, and low cost of healthcare, some African governments have worked to promote health tourism within

⁶⁹ Exworthy, M. & Peckham, S. (2006), "Access, Choice and Travel: Implications for Health Policy". *Social Policy & Administration*, 40, 267-287

their regions. For instance, Kenya targets nations in the EAC region while South Africa targets nations in the SADC region.⁷⁰

Language is also another consideration for patients choosing their destination for health tourism.⁷¹ Medical tourists must receive thorough information about medical procedures in a language they can comprehend. Therefore, it is very likely that the clients will look for a location where they can communicate with the service providers in their language. English-speaking countries will be source markets for English-speaking destinations for health tourism. The English-speaking Southern African countries will seek medical treatment in the Republic of South Africa as most of the nations in the SADC region speak English as their national language. Egypt has a robust health tourism industry driven mainly by the region's Arab-speaking countries who form its main client base.

Close to language as a consideration for a health tourism destination is the culture. Clients of international health visits, like those who travel for leisure, aim to travel to a destination where over and above having excellent hospitality, they are comfortable with the religion, food, and traditional and contemporary practices are at least tolerable if not desirable.⁷² The success of Kenya as a destination for medical tourists from the Eastern African region can also be attributed to the citizens of the nations “feeling at home” while in Kenya. They readily fit in and are comfortable due to the similarity and familiarity of the cultures across the borders in the region

⁷⁰ Dangor, F., Hoogendoorn, G. & Moolla, R. (2015). “Medical tourism by Indian-south Africans to India: An exploratory investigation”. *Bulletin of Geography. Socio-economic Series*, 29, 19-30.

⁷¹ Rydback, M. (2022). “Role of Facilitators in the Medical Tourism Industry - A Study of Medical Tourism Facilitators in an Emerging Market”. *Services Marketing Quarterly*, 43, 129 - 145.

⁷² OECD. (2009). “*Impact of culture on tourism.*” OECD

Regulations (such as visas, health clearances, and healthcare insurance) that the service providers are unaware of may obstruct the movement of medical tourists. The travel regulations policies are developed and implemented to ensure that there is no movement of people into the country that would result in adverse effects on national security through increased criminal activities and increased unemployment, among others. These travel restrictions are often relaxed to neighboring countries and within member states of Regional Economic blocks. The free movement of people within the SADC region has seen millions of people travel from countries such as Namibia, Botswana, and others to RSA for treatment, making the Republic of South Africa the regional and global giant in health tourism. Where travel restrictions exist in an important source market, health tourism service providers have worked through state systems by engaging agents that help the clients apply for visas and support them in availing the necessary documentation needed for travel.⁷³ The role of these agents continues to expand as they increasingly provide information about hospitals and the services they offer, advising patients on where to seek requested procedures, accommodation and hospitality services as they receive treatment, and what to expect overall.⁷⁴ Their role in health tourism in Africa has not been adequately studied and documented. Their utility in the African context is therefore, not certain.

Africa's governments' major strategy to promote health tourism is to facilitate the private sector to drive the health tourism industry. This is because most countries have a "two-tiered" health system; public health system that is often underfunded, overwhelmed, and inefficient, and a private health sector that attracts highly skilled professionals, is well equipped and is efficient.⁷⁵ Consistent

⁷³ Rydback, M., & Hyder, S. A. (2018). "Customization in medical tourism in the Philippines". *International Journal of Pharmaceutical and Healthcare Marketing*, 12(4), 486–500.

⁷⁴ Connell, J. (2013). "Contemporary medical tourism: Conceptualisation, culture and commodification". *Tourism Management*, 34(C), 1–13.

⁷⁵ Azevedo M. J. (2017). "The State of Health System(s) in Africa: Challenges and Opportunities". *Historical Perspectives on the State of Health and Health Systems in Africa, Volume II: The Modern Era*, 1–73.

economic austerity measures in the majority of Low- and Medium-Income Countries (LMICs) have caused public health spending to be reduced, which is one of the causes of its under-funding. These governments, prompted in particular by some international organizations, have presided over the elimination of the majority of subsidies or free basic healthcare for local populations, the privatization of state-sponsored healthcare facilities and the imposition of user fees.⁷⁶ This has led to some patients seeking treatment elsewhere which is either the private health facilities within their countries, other countries in the region or internationally as they seek better outcomes.

Health tourism, like conventional tourism, was heavily impacted by the covid-19 pandemic. The containment measures implemented during the pandemic's acute phase included international travel restrictions. With the containment measures now relaxed, countries have resumed their plans for general and health tourism promotion. However, according to Research and Market's Medical tourism 2022: Africa potential, "Medical tourism in 2022 and beyond will not be a restart of how it was left in 2019 and earlier as there is no guarantee that previous trends will return."⁷⁷ Following the Covid-19 pandemic, African states have been actively building more cutting-edge medical facilities, which are not only lowering the continent's outbound medical travel, but also turning the nations into tourist destinations. For instance, a new Integrated Molecular Imaging Center and Hospitality Center was established at the Kenyatta University Teaching, Referral and Research Hospital by the Kenyan Ministry of Health. The institution planned to save Kenya the over 10 billion shillings it spends on cancer care outside the nation each year and to draw patients from the region looking for high-quality and inexpensive cancer treatment.⁷⁸ These developments are set to

⁷⁶ Purohit, B. C. (2011). "Will medical tourism help the poor?" *From Editor's Pen*, 5

⁷⁷ Ian Youngman. (2022). "*Medical Tourism 2022: African Potential*". Research and Markets

⁷⁸ Ministry of Health. (2021). "President Kenyatta commissions Integrated Molecular Imaging Center and Hospitality Center at KUTRRH" Accessed on 12/11/2022. <https://www.health.go.ke/president-kenyatta-commissions-integrated-molecular-imaging-center-and-hospitality-center-at-kutrrh/>

change the nature of medical tourism in Africa from being a source market to an intra-African activity and eventually an inbound industry.

The following countries have been recognized as the leading destinations for health tourism in Africa; Algeria, Morocco, Tunisia and Egypt in Northern Africa, Ghana, Ivory Coast and Nigeria in Western Africa; Kenya, Mauritius, Rwanda, and Tanzania in Eastern Africa and South Africa in Southern Africa.⁷⁹ These nations provide all the necessary elements for a thriving international health sector, including a favorable climate, appealing international tourism destinations, and highly qualified medical professionals and facilities.

2.1 Emerging trends of health tourism in Northern Africa

Egypt was ranked 26th globally in terms of medical tourism in 2021 according to the Medical Tourism Index (MIT).⁸⁰ Due to Egypt's lower costs than other nations in the region and the use of its status as a historic vacation destination, it ranked third in the Arab world for medical tourism. Strengths like the country's established and well-developed tourism infrastructure, its abundance of medical specialists, and its advantageous location are also advantages for Egypt. Several initiatives have been launched in recent years to boost inbound medical tourism to the nation. In 2019, Egypt launched a massive project to build what they claimed would be the most extensive medical tourist metropolis in the Middle East and North Africa region. Egypt introduced the "Tour and Cure" medical tourism campaign in February 2017. The initiative offers a cost-effective, cutting-edge treatment regimen to people with hepatitis C virus infections from throughout the world. To ensure coordination between the Ministry of Tourism and the Ministry of Health in the

⁷⁹ Ian Youngman. (2022). *"Medical Tourism 2022: African Potential"*. Research and Markets

⁸⁰ Medical Tourism Index. (2021). *"Medical Tourism Index 2020-2021 Global Destinations."* International Healthcare Research Centre.

developing industry of medical tourism, the nation enacted a law on medical tourism in December 2018. Other significant draws for health tourists from the region and far-off countries like Russia, Denmark, Italy, Poland, and the United Kingdom include cosmetic surgery, abdominal reconstruction, liposuction, botox, renal dialysis, dental procedures, cancer treatments, and Lasik procedures.

In 2021, Tunisia was ranked as the 38th in the top medical tourism destinations globally.⁸¹ With an increase in private hospital beds from 2,100 in 2001 to 6,000 in 2019, Tunisia's private healthcare industry has experienced significant growth over the past 20 years.⁸² Tunisia has long been recognized as a dependable medical travel destination in the region due to its advantageous geographic location and a health care system that is relatively affordable. Around 500,000 foreign patients go to Tunisian hospitals annually for inpatient care, while another 2 million to 2.5 million use outpatient services. The majority of its patients come from its neighbors Libya and Algeria, although sub-Saharan Africa also sends a considerable proportion of patients. Tunisia is popular for its medical skin treatments and cosmetic surgeries. The country has implemented various policies to encourage investments in the health sector. These include tax exemptions on treatments sought by health tourists, medical equipment, and medical infrastructure investments to attract investments in healthcare. Following the 2010 revolution in Tunisia, healthcare tourism was seen as a critical factor in sustaining economic growth and enhancing the country's tourist and health sectors, hence the supportive policies.

⁸¹Medical Tourism Index. (2021). *“Medical Tourism Index 2020-2021 Global Destinations.”* International Healthcare Research Centre

⁸² Oxford Business School. (2020). *“Investments aimed at overhauling Tunisia's public health system increase quality of services.”* The Report: Tunisia 2019

Morocco is the 31st leading destination for health tourists in the world.⁸³ The country enjoys a variety of benefits, like being close to Western Europe, having a good climate, and having many inexpensive flights to the kingdom. Because so many Moroccans are bilingual in both Arabic and French, the country is particularly alluring to patients from both the Francophone world and Arab nations, who constitute a profitable and growing source market for patients.⁸⁴ The main attractions for patients seeking care in the country are cosmetic surgeries and dental implants which are offered at lower prices without compromising on quality.

The Northern Africa region has emerged as the leading medical tourism destination in Africa. Three regions' countries are ranked as the top forty-six destinations for medical tourism globally. There is a lot that other African states can learn from these states. The countries have taken advantage of their proximity to Europe and the Middle East, which are their Key source markets in addition to their neighboring countries. The nations have also implemented policies to develop the industry by; developing services that are much sought after and offering them at affordable costs while maintaining a reputation of quality. The countries have also leveraged their already successful leisure tourism sectors supported by their favorable climate, beautiful sightseeing destinations, and excellent hospitality by their populations and hotel and accommodation industries. Their infrastructure is also developed to support the sectors.

⁸³Medical Tourism Index. (2021). *“Medical Tourism Index 2020-2021 Global Destinations.”* International Healthcare Research Centre.

⁸⁴ North Africa Health. (2020). *“2020 Healthcare market insights for North Africa”*. Informa markets

2.2 Emerging trends of health tourism in Southern Africa

The Republic of South Africa is ranked number 22 leading medical tourist destinations in the world.⁸⁵ This makes it the most popular destination for health tourism in Africa and the only ranked medical tourism destination in the Southern Africa region. The nation is a key hub for health tourism worldwide alongside countries like India, Singapore, and Thailand. It is regarded by the Southern African Development Community (SADC) as the top African destination for health tourism.⁸⁶ The nation provides affordable medical care with some of the top physicians and medical facilities. Their public and private sectors both offer highly specialized services in addition to basic healthcare that is supplied by the government. There are 400 public and more than 200 private hospitals nationwide.⁸⁷ Affordable cosmetic surgery, infertility care, orthopedic surgery, dental work, organ transplants, and heart surgery are the major attractions to medical tourists to South Africa.

Like other popular medical tourist destinations in Northern Africa, the Republic of South Africa is a popular destination for leisure tourism. The nation has world-renowned tourist attractions like the Kruger National Park, that offers excellent wildlife safari experiences, famous wine-tasting experiences, and art galleries, to mention a few.

The health tourists visiting South Africa are divided into two main categories based on where they are coming from; health tourists from outside Africa, also known as inter-continental arrivals, and those from within Africa, also known as intra-regional south-to-south tourists.

⁸⁵ Medical Tourism Index. (2021). *“Medical Tourism Index 2020-2021 Global Destinations.”* International Healthcare Research Centre.

⁸⁶ Medical Tourism South Africa. Accessed on 23/11/2022. <https://medicaltourismsa.com/why-south-africa/>

⁸⁷ Makombo, Tawanda (June 2016). *“Fast Facts: Public health sector in need of an antidote.”* Fast Facts. 6 (298): 6.

South Africa is the most popular destination for patients travelling from outside into the continent to search for health care. This is boosted by how the country markets itself outside the mainland and to Europe specifically. Instead of just stating the cost of its medical skills, South Africa's strength is in how its tours are packaged. For example, the components of a cosmetic surgery package in South Africa will include a consultation, the procedure, a personal physical therapist and personal assistant for recovery in a spa, and a safari tour as an all-in-one. This package is sold at a very affordable price without compromising on the quality of treatment received. This leads to the country attracting wealth clients who visit the country for what has been christened as the “surgeon and safari” tour.⁸⁸ These categories of health tourists account for a small percentage of all the arrivals into the Republic of South Africa seeking medical treatment.

The largest portion of health tourists to South Africa (over 85%) are from Africa, making it a significant market for that country.⁸⁹ The African market can also be segmented into neighboring nations, SADC members, and other Southern African nations. Namibia, Botswana, Zimbabwe, Mozambique, Swaziland, and Lesotho are neighboring nations. Angola, Botswana, Comoros, the Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, Tanzania, Zambia, and Zimbabwe are SADC members. The majority of medical tourists to the Republic of South Africa come from these neighboring nations and SADC countries.⁹⁰

Patients traveling to South Africa from the southern African region can be divided into two categories; Those who travel to South Africa’s public hospitals for operations unavailable in their

⁸⁸ Saayman, Melville & Saayman, Andrea. (2012). “Shopping Tourism or Tourists Shopping? A Case Study of South Africa's African Tourism Market”. *Tourism Economics*. 18. 1313-1329. 10.5367/te.2012.0169.

⁸⁹ Crush, Jonathan & Chikanda, Abel. (2015). “South–South medical tourism and the quest for health in Southern Africa”. *Social science & medicine* (1982). 124. 313-320. 10.1016/j.socscimed.2014.06.025.

⁹⁰ Ibid.

home nations. These include those referred by physicians and hospitals. A lack of access to primary healthcare at source countries drives the majority of the travel.⁹¹ These patients do not generate any profits for South Africa. They actually lead to the straining of the already under-resourced public health system that is heavily subsidized by the Government and serves over 80% of the Republic of South Africa citizens.⁹² The South African government has pursued the formalization of medical travel arrangements to its public hospitals and clinics through inter-country agreements due to the great demand and significant informal flow of patients from neighboring countries. For instance, the government of Eswatini has established a funding mechanism to cover the costs of referred patients' medical care at South African healthcare facilities.⁹³ The influx of foreign patients into South Africa's public health system is due to the fact that, despite its challenges of underfunding and high workload, it is the most advanced public health system in the Southern Africa region.⁹⁴ It has the most skilled and professional health care workers, increased availability of diagnostic capabilities; laboratory and radiological and the lowest level of essential drugs stock-outs.

The other category of foreign medical visitors to South Africa is from the financially capable middle and upper class. These clients chose to seek healthcare in the country's private health facilities due to their confidence in their quality of healthcare at relatively affordable costs. They are usually capable of traveling to other leading destinations such as India or Thailand for similar

⁹¹ Harris, Bronwyn & Goudge. (2011). "Inequities in access to health care in South Africa". *Journal of public health policy*. 32 Suppl 1. S102-23. 10.1057/jphp.2011.35.

⁹² Ibid.

⁹³ Africa Business Initiative. (2014). Investment Climate Update: Medical Tourism. *US Chamber of Commerce; International Affairs*

⁹⁴ Health Policy Project. (2016, May). "Health Financing Profile - South Africa". https://www.healthpolicyproject.com/pubs/7887/SouthAfrica_HFP.pdf

services. However, other factors such as less distance of travel, similar weather, culture, and language end up being the deciders of their choice of South Africa.⁹⁵

2.3 Emerging trends of health tourism in Western Africa

The West African region has no established top-ranked global destination country for medical tourism. The nations developing the sector can be classified as emerging, and their success in establishing regional and eventually competitive sectors will depend on their strategies and how they implement them. Ghana and Nigeria have worked to upgrade their medical facilities in the region to increase access to inexpensive healthcare for their citizens and draw in medical tourists.

Ghana has set its eyes on developing and growing the health tourism industry. By building specialized health centers of excellence for treating complex disorders, the Ministry of Health Ghana has developed policies to turn the Country into a destination for African health tourists.⁹⁶ In 2020, the Country unveiled an ultra-modern medical complex branded as the greatest healthcare project of its kind in West Africa.⁹⁷ The development is planned to contain, among other amenities like hotels and pharmacies, a referral center for diseases, a center for senior care, a hospital for women and children, a disaster management center, and research facilities. In addition, it will provide air ambulance services. Plans call for selling Eco-Med Insurance alongside the Eco-Med Card that West African banks are providing to increase affordability and convenience.⁹⁸ The main aim of Ghana is to attract health tourists from the West African region and all of Africa who would

⁹⁵ Gan, L. L., and J. R. Frederick. 2011. "Medical Tourism Facilitators: Patterns of Service Differentiation." *Journal of Vacation Marketing* 17 (3): 165–83.

⁹⁶ LaingBuisson. (2021). "Ghana: Medical Tourism Profile." *International Medical Travel Journal*

⁹⁷Bob Koigi. (2020). "Ghana's Eco Medical Village set to revolutionise Africa's medicare and health tourism". *Fair planet*

⁹⁸ Ibid.

otherwise travel to Asia and other regions outside the continent in search of affordable, high-quality health care.

The Nigerian government is promoting the construction of top-notch medical facilities there. In addition to stopping the brain drain in the healthcare industry and citizen travel abroad for medical care, the goal is to make it a destination for medical tourism. Each year, Nigerians spend between \$1.2 billion and \$1.6 billion on medical tourism, which has been described as a significant drain on the nation's foreign reserves.⁹⁹ The government also aims to attract back to the country the health workers who have previously left in search of better employment terms such as modern facilities and remuneration.

As the Nigerian government pursues the above objectives, the challenges in its health systems, especially the public health systems cannot be ignored. In 2021, Nigerian healthcare was ranked position 144 out of 190 globally.¹⁰⁰ The brain drain syndrome, inadequate funding, outdated facilities and equipment, industrial unrest, Nigerians' cultural preference for receiving healthcare abroad, and the unfavorable attitudes of health professionals are just a few of the issues the country's healthcare system is currently dealing with.¹⁰¹ Some of the suggested solutions to the issues include: adequate system funding, improved healthcare facilities, better pay and incentives for health workers, government intervention on the power struggle among health workers, an immediate ban on government-sponsored medical travel abroad, adequate training, enforcement of legal action against medical negligence, improved medical research, and encouraging foreign

⁹⁹ Segun Adeyemi. (2022). "Nigeria Set To Become Destination For Medical Tourism, Reverse Brain Drain – Minister". *Federal Ministry of Information and Culture*. Federal Government of Nigeria

¹⁰⁰ Best Healthcare in the World 2022. Accessed on 15/11/2022. <https://worldpopulationreview.com/country-rankings/best-healthcare-in-the-world>

¹⁰¹ Abubakar, Mohammed. (2018). "Medical tourism in Nigeria: Challenges and remedies to health care system development." *International Journal of Development and Management Review*. Vol. 13 No. 1 (2018)

investment. Unless these challenges are comprehensively addressed Nigeria will not only fail to stem the travel abroad for treatment phenomenon, their health tourism industry will remain a mirage.

2.4 Emerging trends of health tourism in Eastern Africa

The "Tanzania's Medical Tourism Hub Plan" was unveiled in 2022 by the Tanzanian government through the Tanzania Tourist Board.¹⁰² As the nation aspires to become the regional center for medical tourism, the plan strives to enhance patient service at public healthcare facilities. In order to take advantage of the existence of various specialist medical facilities in the commercial center of Dar es Salaam, the nation will also work on difficulties relating to language barriers. Kiswahili, the country's official tongue, is not commonly spoken in Eastern Africa, unlike English, which is widely spoken in the Eastern Africa region. The Jakaya Kikwete Cardiac Institute (JKCI) and the Ocean Road Cancer Institute (ORCI) are located in Dar es Salaam, in addition to the Muhimbili National Hospital and a few top-notch private healthcare facilities. The government has stressed that better customer care services should be the priority because the nation has all the necessary components to become a center for medical tourism in the region and continent.¹⁰³ Its hospitals are well-equipped, employ skilled doctors, and have an adequate supply of medical supplies.

In 2022, the Tanzania Ministry of Health signed an MoU with Egypt's Alameda Healthcare company.¹⁰⁴ The partnership with Egypt aims to have that nation become a hub of excellence for

¹⁰² Tanzania Tourism Board. (2022). "Tanzania's Medical Tourism Hub Plan" Accessed on 15/11/2022. <https://www.tanzaniatourism.go.tz/en/highlights/view/tanzanias-medical-tourism-hub-plan>

¹⁰³ Ibid.

¹⁰⁴ Expogroup. (2022). "Tanzania's drive to promote medical tourism gains new momentum." Accessed on 15/11/2022. https://expogr.com/detail_news.php?newsid=6713&pageid=2

healthcare services, draw in patients from abroad, and reduce the number of Tanzanian patients who travel overseas for treatment.

Unlike most other African nations, the stewardship of health tourism in Tanzania is by the public rather than the private health facilities. The country has well-performing public health system due to its history of approving the Arusha Declaration in 1967, which eventually resulted in the Private Hospitals Regulation Act of 1977 outlawing private for-profit healthcare providers. This is argued to have led to a robust public healthcare system in the country. Though the Private Hospitals Regulation Act of 1977 was repealed in the 1980s, the private healthcare sector is yet to pick and gain momentum.

Kenya receives between 3,000 and 5,000 medical tourists each year, mostly from other African nations, according to the Ministry of Health.¹⁰⁵ In Africa, Kenya is a top location for medical tourism. It is currently one of the top six locations that African citizens travel to in order to access top-tier specialist medical care.¹⁰⁶ Large private hospitals like Pathway International, Apollo Information Center, Nairobi, and Aga Khan University Hospital (AKUH) Hospitals, have recently treated prominent patients from a variety of countries, including Uganda, Tanzania, Rwanda, Burundi, and the Democratic Republic of the Congo (DRC).¹⁰⁷ Hospitals like Karen, Nairobi, Aga Khan University Hospital (AKUH), MP Shah, and Mater are well known for having cutting-edge medical technology. There is also qualified staff on hand to do complex procedures like kidney transplants and heart and brain surgery.

¹⁰⁵ International Medical Travel Journal. (2022). Kenya: *Medical Tourism Profile*. Accessed on 16/11/2022.

<https://www.imtj.com/country/kenya/>

¹⁰⁶ Ministry of Health. (2020). "Expo 2020 Dubai UAE" Accessed on 24/12/2022. <https://www.health.go.ke/wp-content/uploads/2022/02/Brochure-for-MOH-Opportunity-the-Kenya-Health-Sector.pdf>

¹⁰⁷ Pathway International. (2018). "Medical Travel in Kenya." Accessed on 16/11/2022.

<https://pathway.international/medical-travel-kenya/>

Availability of advanced medical technology in the above major private hospitals in Kenya is a major attraction to medical tourists in Kenya. These include the diagnostic capability of chronic medical conditions such as cancers. Most of the countries in the region lack these technologies. The Aga Khan University Hospital in Nairobi revealed in 2018 that it had committed more than USD6 million to become the region's first hospital to implement cutting-edge technology that enhanced the detection and treatment of cancer, heart disease, and other illnesses.¹⁰⁸ The first such scanner in East and Central Africa was the Positron Emission Tomography-Computerized Tomography (PET-CT) scanner and Cyclotron that was introduced at that time. It made it possible for doctors to examine the human body in great detail, which helped them identify ailments early and devise the best treatment options. The availability of these technologies is often accompanied by enhancement of the health care workers skills to operate them and manage patients effectively

¹⁰⁸ Aga Khan University Hospital, Nairobi. Accessed on 23/11/2022.
<https://hospitals.aku.edu/nairobi/AboutUs/News/Pages/AKUH-launches-PT-CT-services.aspx>

3.0 CHAPTER THREE: CHALLENGES OF HEALTH TOURISM FOR ECONOMIC DEVELOPMENT IN KENYA

This chapter will articulate the challenges of health tourism as it seeks to contribute positively to the economic development of Kenya. This is in cognizance of its' potential riding on the already successful tourism sector in the Country. The challenges have been presented in themes in line with the thematic analysis of the responses from the study participants.

The leading challenges to health tourism for economic development in Kenya are; overall cost, marketing, capacity and lack of appreciation of the potential as an economically viable sector.

3.1 Overall cost

There is a consensus that medical services for health tourists in Kenya are offered almost exclusively by the private health sector. The private sector is divided into private-for-profit (P4P) entities, non-profit and Faith-Based Organizations (FBOs). For health tourism to contribute to economic development, there is consensus that the facilities to offer medical treatment must be the P4P facilities that charge for the services above cost. Due to the substitution of treatment costs at Government owned or FBO facilities, health tourists visiting the facilities do not generally lead to increased profits. These institutions are not profit-making.

Kenya is the most advanced economy in the East African region and is the only country classified as a lower-middle-income country.¹⁰⁹ Due to the higher standards of living in the country, the cost of social services such as education, housing, and healthcare is higher than in other countries in

¹⁰⁹ World Bank. (2022). "The World Bank in Kenya" Accessed on 21/12/2022.
<https://www.worldbank.org/en/country/kenya>

the region.¹¹⁰ Private hospitals in Kenya rarely give packaged estimates of costs for treatment. For a surgical procedure, for example, it is impossible to enquire and get consolidated cost; it will be broken down to doctors' fees, theatre fees, hospital bed costs, nursing care costs, medication costs, and imaging costs, among other unforeseen costs. Therefore, it is difficult for a health tourist to budget appropriately if they are planning to seek medical treatment in Kenya. After availability and quality of services, the next major thing that health tourists consider when they are choosing the destination is the cost¹¹¹

Due to limited domestic production, technical capacity, manufacturing infrastructure, and restricted access to raw materials, the health sector is heavily dependent on imports. The country imports all its medical equipment, drugs, and other non-pharmaceuticals. This has contributed significantly to the increased cost of healthcare in the nation, making it uncompetitive compared to other countries. In contrast, India has over 800 medical device manufactures and over 4,000 drug manufacturers.¹¹² These industries' primary market is India, which contributes to the lower cost of health services and hence the attraction of health tourists.

Over and above the cost of medical treatment, health tourist clients incur other expenses, including traveling, catering and accommodation, communication, and entertainment costs, among others. Health tourists will almost always travel with a chaperone, whose costs are also included in the overall cost of treatment. The overall cost of treatment to a health tourist is therefore considered

¹¹⁰ Economist Intelligence. (2022). "Worldwide cost of living 2022" https://www.eiu.com/n/campaigns/worldwide-cost-of-living-2022/?utm_source=google&utm_medium=ppc&utm_campaign=wcol-22&gclid=Cj0KCCQiA-oqdBhDfARIsAO0TrGF0AnokL35xc-ki6LhukTsvT-LlyFun0yMSPH9I3xyvMFD9Eg4J9fAaAgcrEALw_wcB

¹¹¹ Exworthy, M. & Peckham, S. (2006), "Access, Choice and Travel: Implications for Health Policy". *Social Policy & Administration*, 40, 267-287

¹¹² Invest India. (2022). "India is the 4th largest market for medical devices in Asia, among the top 20 markets globally." National Investment Promotion & Facilitation agency. Accessed on 24/12/2022. <https://www.investindia.gov.in/sector/medical-devices>

to be inclusive of all the expenses incurred, from when the client leaves their country to when they return. Often, the non-treatment-related expenses exceed the direct treatment costs as a study conducted in Malaysia revealed.¹¹³

Most of the health facilities capable of offering services to the standards of attracting health tourists are located in Nairobi, the capital city of Kenya. The city has the largest international airport in the East Africa region. It is also a regional connecting hub, therefore busy. Nairobi also has advanced transport and communication infrastructure and adequate catering and accommodation facilities. Nairobi is also home to the biggest national referral hospital in the region and a large proportion of the biggest private hospitals. This makes Nairobi home to a wide variety of highly qualified and experienced medical specialists. The city, however, has been identified as the most expensive city to live in East Africa.¹¹⁴

One of the challenges identified in Nairobi is the lack of a public transport system. Movement around the city is usually through a loosely regulated pooled private owned “public” transport system. Foreign travelers unfamiliar with the transport system resort to using individual cabs or taxis for movement around the city. These being non-pooled, they are safe and convenient but are much more expensive. Health tourists will travel across the city often from their arrival at the airport to their hotel, from the hotel to and from the hospital and to access other required amenities and facilities. The transport costs with therefore add up to a significant proportion of the overall cost

¹¹³ Klijs, J. (2016). “A State-Level Analysis of the Economic Impacts of Medical Tourism in Malaysia.” *Asian-Pacific Economic Literature* 30 (1): 3–29.

¹¹⁴ Expat Arrivals. (2022). “*Cost of living in Nairobi*” Accessed on 21/21/2022.
<https://www.expattarrivals.com/africa/kenya/nairobi/cost-living-nairobi>

Nairobi is a popular conventional tourist destination mainly for business travelers. In 2020, the city was awarded Africa's leading business destination due to its leading conference and accommodation facilities.¹¹⁵ Nairobi is also a top leisure tourist destination and has been recognized due to its unique feature of having a national park within a city. Due to this, the catering and accommodation services are designed for business and leisure travelers. These tourists consider the facilities and experience above the cost. The packages offered are tailored to cater to their needs. These include proximity to shopping malls, closeness to the airport, the national park, and offices, among others. They offer short-stay packages that include daily charges and meal schedules.

The catering and accommodation for medical tourists should ideally be close or even within the hospitals providing the services. They should have packages that cater for patients and chaperon, ramps, and other facilities to allow access using wheel chairs and stretchers and allow for after-hospital care such as nursing during patient recovery. Due to hotels not being close to the hospitals, the health tourist and chaperons incur additional transport costs every time they leave their hotel and travel to the hospital. Depending on the procedure they have undergone, medical tourists often require a long recovery time before being discharged back to their countries. This leads to extended hotel stays, which would be very costly on hotels packaged for short stays for leisure and business tourists.

Most hotels also offer buffet meals as part of their package. Sick and recovering medical tourists are usually on a prescribed diet which would require preparation outside the offered hotel food. The clients often feed at times outside the regular meal times of breakfast, lunch, and dinner.

¹¹⁵ World Travel Awards. (2020). "Africa's Leading Business Travel Destination 2020" Accessed on 21/12/2022. <https://www.worldtravelawards.com/award-africas-leading-business-travel-destination-2020>

Again, this would require special arrangements to avail. Since Nairobi's catering and accommodation sector is not set to provide for sick and recovering clients, any such arrangements come at additional costs that would vary based on the requests outside the offered package. These extra expenses escalate the overall cost of treatment for health tourists in Kenya.

In popular medical tourism destination countries, all-inclusive treatment costs are usually provided in a package form. For example, the components of a cosmetic surgery package in South Africa will include a consultation, the procedure, a personal physical therapist and personal assistant for recovery in a spa, and a safari tour as an all-in-one christened as the “surgeon and safari” tour.¹¹⁶

In India, a health tourist can obtain the overall cost of treatment based not only on the medical procedure but also on other wellness and hospitality services that they may be interested in partaking in. You can combine your medical procedure with a visit or leisure activities like yoga retreats, Ayurveda spa treatments, beach vacations, or backwaters as one packaged cost.¹¹⁷

3.2 Poor Marketing

Advertising and promotion to potential clients are critical for a country to be a popular tourist destination. Kenya is a leading tourism destination, with the sector contributing significantly to its economic development. In 2019, 2.05 million tourists visited the country, contributing USD 7.9 billion to the GDP.¹¹⁸ To achieve this, the government has a Ministry of Tourism and Wildlife whose vision is “A vibrant and innovative tourism industry supported by sustainable wildlife resources.” The Kenya Tourism Board has “Magical Kenya” as the official destination website for

¹¹⁶ Saayman, Melville & Saayman, Andrea. (2012). “Shopping Tourism or Tourists Shopping? A Case Study of South Africa's African Tourism Market”. *Tourism Economics*. 18. 1313-1329. 10.5367/te.2012.0169.

¹¹⁷ MediConnect India (2022). “Treatment cost comparison” Accessed on 21/12/2022.
<https://www.medicalindiatourism.com/treatment-cost.html>

¹¹⁸ Government of Kenya. (2022). “Travel and Tourism in Kenya Policy Brief”. Ministry of Tourism and Wildlife.

Kenya and the Kenya Export Promotion and Branding Agency, whose mandate is to “implement export promotion and nation branding initiatives and policies to promote Kenya's export of goods and services.”

The country has multiple other platforms where the tourist attractions for Kenya are exhibited. The promotion of Kenya as a tourist destination is not only conducted by government ministries and agencies; the destinations themselves also conduct it. Hotels, parks, malls, and tour operators directly market themselves outside the country. This promotion and marketing of leisure and business tourism in Kenya display all that is on offer in the country, going to the extent of even grading the services to attract a wide variety of tourists.

This is not the case with health tourism despite the country targeting to be the preferred region's destination of choice for highly specialized healthcare, making health tourism a leading foreign exchange earner by 2030.¹¹⁹ The ability to effectively inform potential patients about procedure alternatives, treatment facilities, tourism prospects, and travel arrangements is essential to the success of medical tourism. Numerous marketing tools, including flyers, pamphlets, and websites, are used to promote medical tourism.¹²⁰ There is no government agency or private entity that is actively promoting Kenya as a medical tourism destination. This has led to an information gap on medical services available, not only to potential health tourists but also to Kenyans themselves. Successful medical tourism destinations heavily rely on medical tourism agencies which are businesses that focus on coordinating appropriate international medical care, travel arrangements, and accommodations for patients while they are recovering.¹²¹

¹¹⁹ Republic of Kenya. (2008). *Kenya Vision 2030*.

¹²⁰ Valoria A. (2011). “Promoting medical tourism to India: Messages, images, and the marketing of international patient travel.” *Social Science & Medicine*. Volume 72, Issue 5

¹²¹ Gan L.L., Frederick J.R. (2011). “Medical tourism facilitators: Patterns of service differentiation” *J. Vacat. Mark.*

Kenya is still regarded as a source market in discussions about health tourism. The main destinations that feature prominently are India and South Africa.¹²² Kenya is hardly viewed and reported as a destination for health tourism despite many anecdotal reports that the country receives patients from neighboring countries; Tanzania, Uganda, Burundi, and South Sudan.¹²³

Kenya's ambition to be regarded as a health tourism destination has not been accompanied by investments in marketing within and outside the country. Tourism stakeholders, alongside health practitioners, concur that promoting health tourism in Kenya is not as easy as adding it as a component during the usual marketing for leisure tourism. This is because of the different markets that we will be targeting and the difference in messaging that will be required. The primary target for medical tourists to Kenya is the countries in the Eastern and Central parts of Africa. This is due to the recognition that successful health tourism destinations rely on their regions for most of their clients. Kenya's most advanced private health infrastructure and most qualified and experienced healthcare workforce in the region gives it an advantage from the outset.

The lack of marketing of available health services has led to continued travel outside the country for medical services available here and at an affordable cost. It has also seen health tourists from neighboring countries bypass Kenya to other countries outside the region and continent to endure the distance from home, the different climate, language, and culture for services that are available here where it will feel just like home. The lack of seeking for health services within the region has led to underutilization of medical expertise and equipment, leading to the loss of benefits of economies of scale. The lack of the economies of scale in turn leads to increased in the cost of medical procedures as the private sector has to break even and profit. The increased cost of

¹²² Leon Lidigu. (2022). *"97pc of Kenyans seeking treatment abroad go to India - report"* Nation Media Group

¹²³ HealthCare Middle East & Africa. (2021). *"New report lists Kenya, Rwanda, Ghana as upcoming medical tourist destinations"*¹²³ HealthCare Middle East & Africa.

procedures results in fewer clients, and the cycle continue strangling, resulting in stagnation of the health tourism sector in Kenya.

Facilitators and brokers for medical tourism are necessary to actively promote destinations in patients' home countries, destination countries, and third-party nations. These agencies frequently only focus on medical tourism, helping prospective patients choose hospitals abroad, complete visa applications and other paperwork, plan their trips and vacations, and occasionally even arrange for post-procedure care back home. India, Singapore, Thailand, and other Asian countries' industry growth is a crucial component of their national economic development and health sector plans. These nations' national governments actively market their countries as destinations for international patients.¹²⁴ In order to draw patients and promote their "world class" medical facilities, the governments sponsor trade exhibitions and other promotional activities that are hosted abroad.

As agencies advertise and promote medical tourism, it is important to recognize that they do so without spreading any falsehood or overpromising. When patients travel abroad for health care, they often seek services that are unavailable in their home countries. They are, therefore, vulnerable to falling for false promises of miracle cures. This is the case of what happened in the East Africa region in 2010, where a retired cleric in Tanzania claimed to have developed a herbal concoction that could heal myriad chronic diseases such as HIV/AIDS, diabetes and hypertension. The Tanzanian government actively backed him after expressing early doubts, and the national research hospital implicitly approved the medication.¹²⁵ The publicity that accompanied the miracle cure not only saw hundreds of thousands of Tanzanians taking the herbal medication, it

¹²⁴ Shetty P. (2010). "Medical tourism booms in India, but at what cost?" *The Lancet*

¹²⁵ Vähäkangas M. (2015). "Babu wa Loliondo—Healing the Tensions between Tanzanian Worlds" *Journal of religion in Africa*. Volume 45. Issue 1

led to thousands of Kenyans traveling to the country for the treatment. Only after a while, when it was publicly acknowledged that the treatment was ineffective, the Tanzania government stopped people from traveling to the cleric for the treatment. This is an example where health tourists were taken advantage of by false information about treatment.

To avoid unethical advertising for health tourism, countries must strictly regulate the messages being sent out there and restrict who sends them. The law in Egypt specifies that only one committee has the ability to oversee the content of any advertisements for medical products and services. The legislation also controls how healthcare products and/or services are promoted.¹²⁶ The country has set punitive measures for any individual or organization who promotes medical services without authorization.

In Kenya, there are regulations that govern advertising for medical practitioners and health facilities. These are contained in the “Kenya Subsidiary Legislation 2016: Legal Notice No. 130 – Kenya Medical Practitioners and Dentists Board Act (Cap 253)”¹²⁷ This legislation allows for advertising that, if conducted within the rules, would boost health tourism into the country. However, the legislation prohibits advertising through an “intermediary” that would amount to professional touting and arranged referrals where commission or otherwise is arranged or paid. These restrictions seem to make it illegal to use agencies by health workers and hospitals to promote their services and products. It is also important to consider the rules and regulations of advertising for medical products in the target countries and to ensure adherence to them.

¹²⁶ LaingBuisson. (2018). “*New advertising rules in Egypt to protect health consumers*” IMTJ Team.

¹²⁷ Cabinet Secretary for Health. (2016). “*Kenya Subsidiary Legislation 2016: Legal Notice No. 130*” Accessed on 24/12/2022. https://kmpdc.go.ke/resources/Advertising_Rules.pdf

Unlike conventional tourism, the promotion of health tourism requires a study of and interpretation of the rules and regulations in place at the source and host country, as it often has restrictions. The purpose of the restrictions is to avoid unethical behavior that has the potential to be rampant. This is because the clients and patients are vulnerable to false promises that could lead to loss of funds, disability and even death. It could also destroy the reputation of the country's entire medical fraternity hurting the sector rather than promoting it.

3.3 Inadequate Capacity

The concept of health tourism is not very clear-cut. Other factors considered over and beyond superior medical treatment include better accommodation, shopping, and frequent recreational options. While Kenya boasts of being one of the six leading destinations for health tourists in Africa, receiving between 3,000 and 5,000 patients annually, it is reported that about 10,000 patients leave the country annually to seek medical treatment abroad.¹²⁸ These statistics expose Kenya as a net importer of medical services. There is the argument that the reason for this is the state of our public health system that is plagued by several challenges. These include; inadequate number and skill sets of health workers, lack of modern diagnostic and treatment equipment, stock-outs and unavailability of critical drugs, and frequent industrial actions by health workers. These challenges lead to the unavailability of some medical services and procedures. Where they are available, there are often poor quality and long waiting times resulting in bad patient outcomes. The most affected patients suffer from chronic medical conditions such as cancers, kidney and heart failure, other organ failures, strokes, and fractures, among others.

¹²⁸ International Medical Travel Journal. (2022). Kenya: *Medical Tourism Profile*. Accessed on 24/12/2022. <https://www.imtj.com/country/kenya/>

The inefficient and ineffective public health system leads to patient referrals to private hospitals for specialized care. In Kenya, private healthcare is far more expensive than the nation's public healthcare, as is the case globally. Most people face financial difficulties because they must pay out of pocket before receiving medical care in private health facilities, even in an emergency. In addition, many insurance programs do not cover the poor.¹²⁹ This situation has seen only a tiny segment of the population being able to access and use private medical services. Due to this, the services remain expensive due to the lack of achievement of economies of scale; the outputs of the private hospitals remain low because of low demand for the services due to most of the population not being able to afford them. This, in turn, keeps the costs high. In 2020, The charge to a patient for a PET scan, an ultra-modern cancer diagnostic tool, was double that of India in Kenya. This has been attributed to the high cost of acquisition of the equipment and the subsequent under-utilization. Despite the need to utilize the equipment, the financial capabilities are limited and, therefore, is access.

Kenya also has a limited number of specialized health workers. Kenya had 12,792 registered doctors as of 2020, or 26 medical professionals for every 100,000 people, against the WHO recommended ratio of 100 doctors for 100,000 population. The country has only 20 oncologists (medical practitioners qualified to diagnose and treat cancers) despite more than 40,000 people being diagnosed with cancer diseases every year and cancer being the third leading cause of death.¹³⁰ These specialists are spread throughout the country and practice in public and private health sectors. For cancer, this means that even if all cancer diagnostic and management facilities

¹²⁹ Fenny AP, Yates R, Thompson R. (2018). "Social health insurance schemes in Africa leave out the poor." *Int Health*. 2018;10(1):1–3. doi: 10.1093/inthealth/ihx046

¹³⁰ National Cancer Institute of Kenya (2023). Accessed on 24/12/2022. <https://www.ncikenya.or.ke/index>

were available, access to cancer treatment would still be a challenge due to human resource challenges.

The challenge of inadequate human capacity concerns critics of promoting health tourism in Kenya. It might worsen Kenya's already glaringly unequal medical care access. Health professionals will increasingly leave the public health system for the private healthcare sector as opportunities grow, which might further reduce the number of employees in the public sector. As a result, those in lower socioeconomic levels will have less access to primary healthcare, which is already scarce. Stakeholders associated with the public health system are concerned about the likelihood of health tourism increasing health services access inequality that is not unique to Kenya. The same concerns have been expressed in other countries, such as Barbados and Israel, pursuing health tourism for economic development.¹³¹

In Kenya, the challenge of inadequate capacity can be looked at from the perspective of health tourism, offering an opportunity to build it up. Despite Kenya having a low doctor-to-patient ratio, it is reported that many doctors remain unemployed or underemployed. This is due to a lack of demand for their services due to many factors, such as the unaffordability of the services. It is argued that rather than health tourism causing internal brain drain from the public to the private health sector, it will lead to increased training of the requisite health workers. This will increase the pool of healthcare specialists at the disposal of the public, resulting in a win-win situation. From whichever perspective, inadequate capacity is a challenge to realizing health tourism for economic development in the Country.

¹³¹ Snyder, J. (2013). "Understanding the impacts of medical tourism on health human resources in Barbados: a prospective, qualitative study of stakeholder perceptions." *Int J Equity Health* **12**,

Most health facilities that can offer services to health tourists are located in the city of Nairobi. Hospitals like Karen, Nairobi, Aga Khan, MP Shah, and Mater hospitals that are well known for having cutting-edge medical technology and qualified staff on hand to do complex procedures like kidney transplants, and heart and brain surgery are all located in the city of Nairobi. They are not spread out throughout the country into other popular tourist destinations such as Mombasa city in the coastal region, Kisumu City in the Lake Victoria region and Nakuru city close to many national parks. This presents a challenge for the country when promoting medical tourism alongside leisure tourism, as medical facilities are not located in the tourist attraction locations. The capacity to offer complimenting packages for health tourists is therefore limited as the distances to attractions will be vast and may to be conducive for recuperating patients. The way South Africa packages its tours is one of its strengths. For instance, a surgery package in the country can include a safari excursion, and spa rehabilitation all rolled into one. This package, marketed as the "surgeon and safari" vacation, has established itself as a key draw for travelers seeking treatment in the country.¹³² In Egypt, top medical tourism destinations are also top leisure tourist destinations.¹³³ Egypt offers its medical tourism as a way to unwind in the splendor of the great outdoors while lying on its warm sands, gazing up at the sky and sea, or taking a dip in its warm, mystical springs. They state that it impacts tourists from all angles until they emerge from it with vigor, optimism, and a better psychological state that is stress-free and with a healthy body free of illnesses.

For Kenya to attract health tourists, it must align it with conventional tourist attractions. The most popular destinations are around the coast due to the beaches and warm climate, the national park

¹³² Saayman, Melville & Saayman, Andrea. (2012). "Shopping Tourism or Tourists Shopping? A Case Study of South Africa's African Tourism Market". *Tourism Economics*. 18. 1313-1329. 10.5367/te.2012.0169.

¹³³ Vaidam. (2022). "Medical Tourism in Egypt". Accessed on 24/12/2022. <https://www.vaidam.com/knowledge-center/medical-tourism-egypt>

which are mostly in the Rift Valley region, and Mount Kenya in the central region, among others. Nairobi, where most private health facilities are associated with traffic jams, cold climate, and air and noise pollution, is not favorable for walking. Health tourists will not find the city conducive to recovery after procedures. The limited capacity of hospitals outside the capital city to offer health tourists services is a major challenge.

3.4 Lack of appreciation of the potential

Beyond its borders, Kenya has no health policies. Health is not included in the Kenya Foreign Policy's (November 2014) framework for international interactions and diplomatic activities.¹³⁴ This is true even though Kenya hopes to become the region's top destination for highly specialized treatment, making health tourism a significant source of foreign exchange by 2030. Health is not one of the cornerstones of Kenya's foreign policy; hence neither health diplomacy nor documentation is used to attain this goal.

The Kenya Health Policy 2014-2030 does not outline any strategies for health beyond the Country's boundaries except to ensure that Kenya adheres to International Health Regulations and honors it has ratified.¹³⁵ However, the Ministry of Health has a Division of International Health Relations under the Directorate of Health Sector Coordination & Intergovernmental Relations. The Division has no strategy that guides its operations. It mainly coordinates the representation of Kenya in bilateral, multilateral, regional, and international health engagements. During these representations, Kenyan delegations are not guided by any written country's position on issues.

¹³⁴ Republic of Kenya. (2014). *"Kenya Foreign Policy."* Ministry of Foreign Affairs and International Trade

¹³⁵ Ministry of Health. (2014). *"Kenya Health Policy 2014-2030."* Ministry of Health

Therefore, it is impossible to tell to what extent our national interests are promoted and protected during international health engagements.

The tourism sector, specifically the Kenya Tourism Board, has begun implementing strategies to target Eastern and Central African countries for medical tourism. Their marketing strategy is to promote Kenya as a wellness destination that provides spa treatments and therapeutic environments for psychological and mental healing beyond offering medical services. In 2020, the Ministry of Health Kenya participated in the “Expo 2020 Dubai UAE.” During the tourism promotion event, the Ministry presented a brochure titled “Opportunity: The Kenya health sector.”¹³⁶ The main aim of the pamphlet was to highlight the capabilities and future potential of Kenya’s public and private health sectors to promote medical tourism and investments in the health sector in Kenya. This participation was, however not anchored on any overarching strategic approach and was ad hoc.

The big private health hospitals in Nairobi have realized that there is demand for the high-quality, professional and affordable health services they offer. The market is across the country and regionally in the Eastern Africa region. Their strategy to respond to the increased demand for services in the country has been to open satellite branches in other major towns. Hospitals like the Aga Khan University Hospital, Nairobi, and Mater hospitals have been expanding, opening facilities in Kisumu, Nakuru, and Mombasa cities, among others. These facilities are not as equipped as the main hospitals, but they offer most of the less specialized services. On realizing the demand for their services in the Eastern Africa region, the major hospitals plan to open branches in major cities and towns. This is their priority response to demand for their services in

¹³⁶ Ministry of Health. (2020). “*Opportunity: The Kenya Health Sector*” Ministry of Health, Kenya

the region as they do not see the potential of health tourism growth. They do not envision patients and clients traveling across borders in numbers to the extent of significant contribution to their income and, therefore profits.

The major reason for not seeing the potential for significant growth of health tourism within the country is the lack of what they refer to as “an all-stakeholder inclusive strategy” to promote the industry in Kenya. They state that it would not be viable to go alone or with a few stakeholders without Government stewardship. There is an appreciation of the strategic objective in Kenya’s Vision 2030 to make the country the leading regional destination for health tourism. Still, almost 15 years later, no significant efforts have been put in, unlike other sectors like infrastructure development. The focus on health has been on making the devolution of health services work and on attaining “Universal Health Coverage”. With the varied success of these two agendas, health tourism might not be prioritized in the remaining life of the Kenya Vision 2030.

The lack of realization of the potential of health tourism for economic development has also led to very few major health facilities acquiring and retaining international accreditations that would enable them attract medical tourists. The motivation for aiming to acquire certification or accreditation is to attract “Medical Tourists” by announcing (directly or indirectly) that the “facility” is offering “Export Quality Medical Services”.¹³⁷ The Aga Khan University Hospital (AKUH) was one of the six hospitals in Africa and the first in East Africa to receive the highly coveted JCI (Joint Commission International) accreditation in 2013, which is considered one of the top accolades for hospitals worldwide.¹³⁸ The JCI accreditation procedure requires a lot of time

¹³⁷ Constantine C. (2022). *“Addressing the Health Tourism Sector “decision-makers” (a.k.a. “the vital few” and “the leadership”) with Policy and Strategy - and the Protégés (a.k.a. “tomorrow’s leaders”) with Mentoring”* ExCTu.; United Kingdom

¹³⁸ Evangeline A. (2018). “The effect of hospital accreditation on the job satisfaction of nurses: a case study of Aga Khan University Hospital -Nairobi” *Strathmore University SU+ @ Strathmore University Library*

and resources and only facilities expecting to attract and receive a significant number of international patients would sacrifice to seek. In Kenya, Gertrudes’s Children’s Hospital is the only other hospital to receive JCI accreditation.¹³⁹ No other private hospital in Kenya publicly known to have this high level of international accreditation. There are other facilities that have received some other international accreditations such as Avenue Hospital, Parklands and Metropolitan Hospital both in Nairobi City that have been accredited by The Council for Health Service Accreditation of Southern Africa (COHSASA), which opens their access to markets in the Southern Africa region. International certifications are critical in assuring medical tourists of receiving safe and quality care. Most patients will seek advice about a health facility from various sources such as their primary physician, the internet, relatives, or any other person they perceive to have a good feel of the international health system. All these sources, before advising, will check on a facilities level, if any, for international certification. A critical mass of international certification contributes to developing universal norms for clinical practice and patient safety, improving cross-border patient choice and fostering greater confidence among healthcare professionals worldwide.¹⁴⁰ South Korea, a popular destination for medical tourists, had 31 medical tourism hospitals approved by Joint Commission International as of 2019.¹⁴¹

Beyond the facility’s international certification, a country must have a generally good reputation for its health care system. It must have a record of providing high-quality and safe health care services to its citizens devoid of ethical issues. If there are any complaints about patient outcomes from medical procedures within, these will dent the country's reputation as a potential destination

¹³⁹ Gertrude’s Children’s Hospital. (2022). “About Us” Gertrude’s Children’s Hospital Accessed on 27/12/2022. <https://www.gerties.org/about-us/>

¹⁴⁰ Woodman J. (2020). “Eight Drivers for Medical Tourism in 2019” *Omnia Health*; Informa Markets

¹⁴¹ Kim, S., Arcodia, C., & Kim, I. (2019). “Critical Success Factors of Medical Tourism: The Case of South Korea.” *International journal of environmental research and public health*, 16(24), 4964. <https://doi.org/10.3390/ijerph16244964>

for the same procedures. For example; if a patient undergoes a medical procedure and experiences adverse outcomes, this information will reach social media and the medical oversight organization, which in Kenya's case is the Kenya Medical and Dentists Practitioners Council (KMPDC), for resolution. This information will be available to potential medical tourists considering Kenya and will be a turn-off. There are several complaints by patients against Kenya's biggest health facilities that are in the public domain. There has been no effort to resolve them to assure their non-recurrence while safeguarding our medical profession's standing in the international scene. The approach of the KMPDC to resolve such complaints is mostly adversarial. The accused health facilities take a defensive stance, and the complainants take an offensive view. It is felt that either way, the health facility loses; it may avoid successful litigation but suffer a dent in its reputation. This dent in the facility's reputation is a dent in the country's health system reputation. The KMPDC complaints resolution procedures should be reviewed to ensure that the hospitals address the root causes of the complaints and assure their non-recurrence while ensuring that the aggrieved patients are adequately addressed and compensated.

Indeed, some of the strategies prosperous hospital operators use to attract lucrative patient flows from outside the country include providing top-notch, reasonably priced services, having a positive reputation abroad, and concentrating on the demands of foreign patients. The majority of individuals contend that in medical travel, reputation is everything. Patients who believe it is not a safe option will reject a location, hospital, or clinic. Patients' perceptions of medical tourism and places are greatly influenced by the media, whether online or in conventional print.¹⁴² It is

¹⁴² Keith P. (2022). "How to preserve your medical tourism reputation" *International Medical Travel Journal (IMTJ)*. LaingBuisson

important to note that, like with any other news, the media highlights medical tourism's drawbacks when things go awry.

Choosing which hospitals and clinics are permitted to handle patients from outside the country is challenging for places looking to maintain their image as medical tourism attractions. There are no such limitations in Kenya. This indicates that any hospital or clinic serving the domestic market can treat people from other countries. However, patients from other countries need to have special requirements and concerns attended to. If a country recognized the potential of health tourism for economic development, it would tightly regulate the health sector to ensure that only screened and approved health facilities offer services to foreigners. Examples of countries where the healthcare authorities have acted to regulate and restrict those hospitals and clinics that are allowed to operate in the medical tourism market include Malaysia and South Korea.¹⁴³

It is crucial to remember that no hospital or clinic can guarantee that every patient they treat will have an amazing experience. There will always be some patients, ideally very few, who are dissatisfied with the results of their treatment or the standard of care they received. There is always a chance that the patient will turn to the media to publicize what they perceive to be the faults of the hospital, the clinic, or the destination when is a failure to address these concerns amicably. Any concerns raised against a hospital should be viewed as concerns against the entire country's health system. This is especially true in this current era of everything ending up on the internet and social media. Resolutions should not only be resolved amicably, they should also be resolved transparently, and measures taken and seen to be taken to mitigate against the recurrence of similar concerns.

¹⁴³ Gopalan, N., Mohamed Noor, S. N., & Salim Mohamed, M. (2021). "The Pro-Medical Tourism Stance of Malaysia and How it Affects Stem Cell Tourism Industry". *SAGE Open*, 11(2). <https://doi.org/10.1177/21582440211016837>

The lack of appreciation of the potential of health tourism has led the major health facilities not to invest in attracting patients from outside the country. Their institutional character remains responsive to the needs of Kenyans. The result has been that if there is any growth in the sector as it is thought, it is not deliberate. The country and health facilities do not have any set of actions to grow the sector, and therefore, there are no targets against which they measure any progress. This is unlike in the conventional leisure tourism sector where strategies are in place and quantification of the trends and well as contributing to economic development is well documented and publicized regularly. Major locations periodically assess their performance and work to boost inbound medical tourism, while other locations shift their focus from merely raising medical tourism numbers to raising revenue. In South Korea, for example, around 60,000 medical tourists sought treatment in 2009, while 320,000 foreign patients received treatment there in 2017. One million medical tourists were anticipated to visit the nation by 2020.¹⁴⁴ Tracking health tourism numbers and setting targets indicates the commitment to growth.

This chapter has detailed the major challenges Kenya faces in realizing health tourism as a significant contributor to economic development. These challenges are intertwined, as none can be resolved in isolation. All the respondents agreed that a comprehensive approach is needed to address the challenges. Though unique in some aspects, health tourism can learn a lot from the interventions that have grown leisure tourism in the country to the extent of significant contribution to the GDP.

¹⁴⁴ Son J. (2019). "Traditional Korean medicine a gamechanger in medical tourism industry." The Korean Herald. Accessed on 2/1/2023. <http://www.koreaherald.com>

4.0 CHAPTER FOUR: OPPORTUNITIES OF HEALTH TOURISM FOR ECONOMIC DEVELOPMENT IN KENYA

This part of the study will be keen to analyze the opportunities for the growth and development of health tourism to maximize its contribution to the country's economy. The opportunities will be presented as articulated by the respondents selected from key stakeholders interviewed in the study. The chapter is therefore divided into two major sections; the first section to show the demographic characteristics of the respondents, and the second the opportunities for the sector to significantly contribute to the economic development of Kenya

4.1 Demographic characteristics

The study used the concept of saturation to arrive at the ideal sample size. In total 30 respondents were successfully interviewed for the study. They were selected purposively to represent key stakeholders in Kenya's tourism and health sectors, as shown in Table 1 below. The researcher also relied on snowball sampling, where referrals from respondents and practitioners were used to select the most appropriate respondents to interview for the study. All the respondents were Kenyan citizens with knowledge of tourism, health, and health tourism. They all concurred on positive linkage between health tourism and economic development of a nation.

Table 1: Organizations represented by the study respondents

Institution	Number
Ministry of Health Headquarters	3
Ministry of Foreign Affairs	2
Ministry of Tourism and Wildlife	3
Ministry of Foreign and Disapora Affairs	2
Government Health Facilities	3
Private Health Facilities	4
Kenya Medical Practitioners and Dentists Council	2
Nursing Council of Kenya	2
Kenyans who have traveled abroad for medical procedures	4
Kenya Tourism Board	2
Private hospitality and accommodation managers	3
Total	30

The majority of the respondents were female, 57%. Most of the study participants were between 40 and 49 years (37%) followed by those aged 30 – 40 years. All the respondents had at least an undergraduate degree, with 60% of them possessing a master's/post-graduate degree. Most of the respondents (30%) had worked for their current organization for 11 -15 years, with 23% of them having worked for 5 – 10 years and 20% for less than 5 years. The background characteristics of the study respondents are summarized in table 2 below.

Table 2: Background characteristics of study respondents

Demographic features	n	%
Gender		
Male	13	43%
Female	17	57%
Age (Years)		
<30	3	10%
30 - 39	8	27%
40 - 49	11	37%
50-59	7	23%
>60	1	3%
Education		
Undergraduate	12	40%
Postgraduate	18	60%
Work Experience (Years)		
<5	3	10%
5-10	7	23%
11-15	9	30%
16-20	5	17%
>20	6	20%

4.2 Opportunities of Health Tourism for Economic Development in Kenya

This section will analyze the opportunities for health tourism for the economic development of Kenya as presented by the key stakeholders interviewed. The information presented will be based on the technical expertise and experience of the study respondents and validated against secondary data and information published on the subject matter. The researcher will also add his opinions that are based on both the primary data collected and secondary data reviewed.

The leading opportunities for health tourism for economic development in Kenya are; a conducive policy environment, the status of Kenya in the region, a thriving tourism sector, and the country's cultural diversity.

4.2.1 Conducive policy environment

Kenya indicated its intention to develop its health tourism to contribute to its economic development back in 2008 significantly. The Kenya Vision 2030 indicates in one of its strategic objectives under the health sector that the country aims to be “the preferred regions’ destination of choice for highly specialized healthcare, making health tourism a leading foreign exchange earner by 2030.”¹⁴⁵ This was done in recognition that the development of the tourism sector would foster the expansion of other businesses as it has significant multiplier effects.

The tourism sector is supported by favorable policies such as; non-requirements or favorable visa policies for traditional tourist sources, consumer-sensitive pricing, and safe and secure cashless transactions. A Code of Practice for the tourism industry that outlines the minimum standards and guidelines for best practices is already in place. In order to ensure that various types of customers

¹⁴⁵ Republic of Kenya. (2008). “*Kenya Vision 2030*.” Government of Kenya

are provided for, tourism associations self-regulate to ensure specific ethics and standards. These associations include the catering and accommodation associations and the tours and travel associations.

To improve the industry's competitiveness and make informed policy decisions, the Tourist Research Institute exists to provide reliable statistical data and study on the subject. The Institute, however, has not published any research on health tourism. In publications about the contribution of various tourism segments to the overall income from the sector, health tourism is categorized as others and lumped together with academic and transit travel.

Two major marketing themes are being put out to promote tourism in the country. One of them is the “Magical Kenya Signature Experiences.” These are personalized, one-of-a-kind, authentic, and outstanding Kenyan travel experiences.¹⁴⁶ The other is the “Brand Kenya” by the Kenya Exports Promotion Branding Agency. This promotion aims to “transform Kenya into a TOP Global Brand.”¹⁴⁷ Tourism services providers have also invested in branding of their own. These brandings are meant to catch the attention of potential tourists and persuade them to choose the country and their products when they travel.

The Covid-19 pandemic led to a slump in tourist numbers in Kenya and globally, especially in 2020. Consequently, the Ministry of Tourism and all the sector stakeholders have developed and are implementing the Tourism Recovery Programmes. The activities being implemented include intensified advertising in leading source countries and enhanced quality and cost-effective

¹⁴⁶ Magical Kenya Signature Experiences. Accessed on 10/1/2023. <https://www.magicalkenya.com/>

¹⁴⁷ Republic of Kenya. (2023). “We brand our products We Brand our country” Kenya Export Promotion and Branding Agency. Accessed on 10/1/2023. <https://brand.ke/>

packages for tourists. These efforts are projected to return Kenya to the pre-pandemic tourism numbers by 2024 and return the country on the path to achieving its long-term tourism targets.

Kenya's favorable policy environment and promotion strategies have grown the tourism sector to become a significant contributor to economic development. Health tourism is barely mentioned in any of them despite being mentioned as a key target for growth in the “Kenya Vision 2030” development blueprint. The tourism stakeholders have not leveraged traditional tourism's success to leapfrog medical travelers' arrivals. The sector has remained mainly unexploited and therefore remained underdeveloped. The medical tourism stakeholders have either not realized these policy and strategy opportunities or have deliberately made no effort to take advantage of them.

If the country decides to take advantage of the opportunities in policy and strategy, it should customize them to fit the health tourism scope. This is important as the target market sources for health travelers will differ for traditional leisure and business travelers. Kenya will begin by targeting counties in its neighborhood to build the sector's capacity and reputation to attract clients from the rest of the continent and the world. This will align with what has been shown to work elsewhere in health tourism destination giants. Regional dominance has been the foundation of the health tourism sector.

4.2.2 Status in the region

Kenya is located in the Eastern part of Africa and is a member of the East Africa Community (EAC), whose member states are; Burundi, the Democratic Republic of Congo, Kenya, Rwanda, South Sudan, Tanzania, and Uganda. It is also a member of the Intergovernmental Authority on Development (IGAD) whose member states are Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South

Sudan, Sudan, and Uganda. The EAC is regarded as Africa's most integrated regional bloc.¹⁴⁸ The reason for the region's good performance compared to the other RECs in the continent is due to the ability of free movement of its citizens to any state without the requirement of a passport. There are also no tariffs for commodities produced by the member states and traded within the EAC. Within the region, Kenya has the biggest liberalized and most advanced and diverse economy and is the only country ranked as a lower-middle income economy. It has the largest population of an urban middle-class citizenry which is able to demand and pay for high-quality services, including private health care. Kenya has consistently ranked high in the region in terms of political and economic stability, making it an attractive destination to business and leisure tourists as well as foreign investment. Nairobi is host to the largest airport in the EAC and is the region's air transport connecting hub connecting the region with the rest of Africa and the world.

Within the IGAD, Kenya has the biggest economy and is regarded as having the most advanced and integrated infrastructure.¹⁴⁹ Within the IGAD region, Kenya is considered one of the most stable countries. In the previous few decades, the Horn of Africa has experienced more instances of violent war than any other region of the world. The Horn of Africa which is within the IGAD region is one of the world's most unstable regions due to trends in conflict and instability. Armed conflict, violent crime, intergroup violence, extremism, political instability, and state failure continue to afflict many areas of the Horn of Africa and have done so for many years. These conflicts have plagued Ethiopia, South Sudan and Somalia, all neighboring Kenya.¹⁵⁰ The region and the whole world had looked on Kenya to mediate the conflicts. Kenya has stepped up and

¹⁴⁸ Africa Regional Integration Index. (2023). *"Regional Economic Communities"* ARII. Accessed on 4/1/2023. <https://www.integrate-africa.org/rankings/regional-economic-communities/>

¹⁴⁹ Ibid.

¹⁵⁰ Pamba J. (2022). *"The 2022 Conflict Flashpoints to Watch in the Horn of Africa"* HORN. International Institute for Strategic Studies.

taken up the role and continues to take lead in resolving the conflicts. It is considered a neutral mediator and is mostly highly regarded by all conflict actors. The status of Kenya in the EAC and IGAD positions it the entry point to trade and investment in the region. In fact, most of the corporations operating in the region have their regional headquarters in Kenya. This presents an excellent opportunity for the country's development and growth of health tourism.

Kenya can tailor its health services to be responsive to the needs of the populations of the region's countries. It can research the countries' health systems to identify gaps in their health infrastructure, equipment, specialists, and professionalism. The research would also identify the most prevalent medical conditions that citizens of the region travel abroad for. Anecdotal data indicates that Kenya is already receiving about 5,000 medical tourists, mainly from the EAC and IGAD regions.¹⁵¹ These patients are said to be the elites from South Sudan, Somalia and Burundi, among all the other states in the region. These main source countries are known for having governance challenges and even conflicts that have led to underdevelopment and, therefore, low investment in social services such as health. The elites from these countries often travel abroad for routine medical check-ups and treatment of chronic illnesses such as cancer, diabetes, and hypertension. They also travel to seek emergency treatment for trauma and acute conditions such as strokes and infectious diseases. Being elites, they pay for medical services mainly in cash, and the cost of the services is rarely an issue. The issues are usually the availability of the medical services and procedures in the destination state, the quality of the services, and the health providers' professionalism. For these elites, discretion is also a major consideration for their choice of destination.

¹⁵¹ Lawi J. (2022). "Why Kenya is not reaping big from medical tourism" People Daily. Accessed on 7/1/2022. <https://www.pd.co.ke/business/why-kenya-is-not-reaping-big-from-medical-tourism-148330/>

The EAC and IGAD regions are potential sources of sufficient numbers and quality health tourists who, if successfully tapped, can make the sector profitable and contribute to a significant proportion of the GDP and foreign exchange earnings. The country already has the advantage of being a near and easily accessible destination for medical tourists, which is a significant consideration for medical travelers.¹⁵²

Within the region, Kenya has the most vibrant private health sector. Its hospitals are the biggest in the region, and some consider themselves regional referral hospitals. These facilities include the Nairobi Hospital, The Aga Khan University Hospital, Avenue Hospital, and Gertrude's Children's Hospital, among others. These hospitals have sought, received, and retained international accreditations that assure the quality of services and professionalism. The Aga Khan University Hospital and the Gertrudes Children's Hospital possess the highly coveted JCI (Joint Commission International) accreditation. This is considered to be one of the top accolades for hospitals worldwide and an important consideration referral of patients by doctors outside the country.¹⁵³ Kenya has the highest number of private health facilities with credible international accreditations in the region.

To enhance their visibility as specialized facilities, the major hospitals brand themselves as specialist centers for particular patients/client populations. Examples in Nairobi include; Gertrude's Children's Hospital, Texas Cancer Centre, and the Nairobi Hospice. These facilities in Nairobi have built a name and reputation for treating children and cancer patients, respectively. Research on the leading medical conditions that necessitate travel abroad in the region and making

¹⁵² Lee, J. and Kim, H.-b. (2015), "Success factors of health tourism: cases of Asian tourism cities", *International Journal of Tourism Cities*, Vol. 1 No. 3, pp. 216-233

¹⁵³ Evangeline A. (2018). "The effect of hospital accreditation on the job satisfaction of nurses: a case study of Aga Khan University Hospital -Nairobi" *Strathmore University SU+ @ Strathmore University Library*

their institutions centers of excellence for treating them is an excellent opportunity to leapfrog medical tourism in the country. To further boost their status in the region, the hospitals can additionally seek and attain international accreditation for their niche services. These actions would lead to the country marketing itself as a provider of these services to international clients and eventually becoming known as one of the key international destinations for patients requiring the specific health services. Tunisia's global prominence as a health tourist destination is driven mainly by its reputation for performing high-quality cosmetic surgery procedures.¹⁵⁴ This significantly adds to the relative competitiveness in the global medical tourism sector.

Major hospitals in Kenya such as have entered into collaborations with major pharmaceutical companies and hospitals abroad to become trial sites for the newest cutting-edge treatments and procedures. The AKUH, for example, has collaborative agreements with a major US-based hospital and pharmaceutical companies to become a trial site for experimental drugs to treat cancers. Patients seeking treatment with trial drugs often have life-threatening conditions, and standard approved treatments have failed. One major reason patients travel abroad, especially to the US, to receive cancer treatment is the failure of the disease to respond to the conventional approved treatments. Their only hope is usually a referral to receive promising experimental therapies only available in major university hospitals abroad.¹⁵⁵ Due to the availability of these trial drugs at AKUH, it has become a regional referral center for cancer patients who would otherwise travel to health facilities outside the region and even the continent.

¹⁵⁴ Oxford Business Group. (2021). *"Medical tourism in Tunisia flourishes as tourist numbers reach record highs"*. Report: Tunisia 2019

¹⁵⁵ Ka-wo F. (2021). "Scoping the literature on patient travel abroad for cancer screening, diagnosis and treatment" *The international Journal on Health Planning and Management*. <https://doi.org/10.1002/hpm.3315>

4.2.3 Successful tourism sector

Most nations that are popular for health tourism have long drawn tourists for other reasons. In addition to using medical facilities, health tourists use the same transportation and lodging options as other tourists. Africa's leading health tourist destinations are also the top traditional tourist destinations. Morocco, Egypt, South Africa, and Tunisia were the leading conventional tourist destinations in 2017.¹⁵⁶ These countries are also the only ones from Africa ranked among the top destinations for medical tourists. These nations have long made accommodations for visitors from abroad, providing magnificent natural beauty and all other conveniences.

Kenya has a well-developed tourism infrastructure, a network of professionally managed national parks, good roads, international and domestic flight connectivity, and a globally renowned hotel and hospitality sector. The country is situated east of Africa and has access to Lake Victoria in the west, Lake Turkana in the north, and 535 km of coastline along the Indian Ocean, all of which are popular tourist attractions. The nation has many expansive national parks in a wide range of topographies. In addition to the coastal region, there are huge deserts, steppes, and mountains that reach heights of 5000 meters. Numerous animal species have their natural habitats here, thanks to the size of the national parks and nature reserves. Like conventional tourists, health travelers look forward to enjoying the same climate, location, and culture. Therefore, it is accurate to view health tourism as an expansion of traditional leisure and business tourism.

The tourist industry in Kenya includes beach tourism, ecotourism, cultural tourism, conference, and sports tourism. In 2019, 2.05 million tourists visited Kenya, contributing USD 2.6 billion to

¹⁵⁶ Statistica. (2022). *“Selected African countries with the largest number of international tourist arrivals in 2019-2021”* Travel, tourism and hospitality.

the country's economy.¹⁵⁷ The tourism industry is the country's second-largest source of foreign exchange, following agriculture.¹⁵⁸ The sector generates 11% of all government revenue through taxes, customs, license fees, park admission fees, and other levies. It contributes 9% to GDP, accounts for over 10% of all jobs, and earns 18% of all foreign exchange earnings.¹⁵⁹ In 2020, the World Tourism Awards (WTA) feted Kenya for being Africa's Leading Business Travel Destination. WTA also ranked Kenyatta International Convention Centre in Nairobi, Africa's Leading Meetings & Conference Centre.¹⁶⁰ During these awards, Maasai Mara Game Reserve, Samburu National Reserve, Shimba Hills National Reserve, Sweet Waters Game Reserve, and Tsavo National Park were named among the country's top safari destinations. The only other destination that rivaled Kenya's tourism performance in Sub-Saharan Africa was South Africa.

Medical tourism has been recognized as one of the rapidly growing sub-sectors within the overall industry. This has been attributed to the country's attractive and advanced medical care facilities, highly qualified medical professionals, and affordable specialized medical care. However, despite the mention of medical tourism in tourism policies, no specific strategies have been developed to promote it as a niche product. Its promotion is integrated, and it is presumed that its growth will follow the overall development pattern of the entire sector. The growth of the medical tourism sector will occur concurrently with traditional tourism. This, however, is not the case. Successful medical tourist destinations have consciously built health tourism capacities on the backs of booming conventional tourism. Egypt is an excellent example of a country that has successfully achieved this. In 2017, it launched a "Tour and Cure" medical tourism campaign, which was

¹⁵⁷ Government of Kenya. (2022). *"Travel and Tourism in Kenya Policy Brief"*. Ministry of Tourism and Wildlife.

¹⁵⁸ "Kenya Tourism Board". (2023). Accessed on 10/1/2023. KTB.go.ke.

¹⁵⁹ Republic of Kenya. (2020). *"Draft Revised National Tourism Policy, 2020 on Enhancing Sustainable Tourism in Kenya"* Ministry of Tourism

¹⁶⁰ Diakite P. (2020). *"Kenya Ranks As Africa's Leading Tourist Destination"* Travel Noire. Accessed on 10/1/2023. <https://travelnoire.com/kenya-ranks-as-africas-leading-tourist-destination>

successfully implemented through coordination by the Ministries of Health and Tourism to boost medical tourism in the country.¹⁶¹

Kenya's tourism sector is divided into two components based on the source of the clients. These are domestic tourism and international tourism. The main benefit of international tourists in the generation of foreign exchange reserves. The domestic tourism sector keeps the entire industry afloat by maintaining tourist services. Domestic tourists keep the hotel and accommodation facilities open and running even as international arrivals fluctuate. Nairobi has the most advanced medical facilities in the country and receives a lot of patient referrals from out of town. These patients can be classified as "domestic health tourists." They face the same challenges as international medical tourists, the most significant one being hospitality. Due lack of patient-tailored hospitality services, the patients and their companions seek accommodation from their friends and relatives in Nairobi as they receive treatment.

As the country develops the medical tourism sector, the facilities that will be set up to be consumed by foreign travelers will also be patronized by domestic medical travelers. The packages that will be developed to cater to the treatment and recovery of foreigners will attract Kenyans. Like in traditional tourism, the local patients will keep the facilities profitable and running as the sector grows. It will improve access to specialized medical services for the locals due to the facilitation of travel and stay for treatment.

¹⁶¹ Medical Tourism Index. (2021). *Medical Tourism Index 2020-2021 Global Destinations.* International Healthcare Research Centre.

4.2.4 Cultural diversity

Culture is one of the major factors that health tourists consider when choosing their destination.¹⁶² It includes the language, traditional and contemporary practices, religion, food, and hospitality. Kenya has the most diverse cultural composition within the region if not the continent. Countries in the Eastern and Horn of Africa regions have had long history of conflicts that have led to many of their citizens fleeing to Kenya as immigrants or refugees. Kenya started hosting refugees from Uganda, Ethiopia and Somalia in the 1960s. In those years, the refugees could obtain work permits, enjoy employment opportunities, and move freely. In the 1970s, during the reign of President Idi Amin, many Ugandan professionals fled to Kenya with most finding jobs and settling here. As conflicts escalate in the countries in the region, the population of refugees in Kenya continues to rise with the current number being over 550,000. Somalia accounts for 53% of all refugees and asylum seekers. Congolese (10%), Ethiopians (5.6%), and South Sudanese (25%) are the other three significant nationalities. 6.9% of the population is made up of people who are of concern and come from other countries, including as Sudan, Rwanda, Eritrea, Burundi, and others.¹⁶³ Many of these refugees have integrated within Kenya and have either been assimilated or formed vibrant communities.

The United Nations Office in Nairobi is Africa's United Nations Headquarters. It is also the global headquarters for the United Nations Environmental Programme (UNEP) and the United Nations Human Settlements Programme (UN-Habitat).¹⁶⁴ The UN's staff establishment in Nairobi brings citizens from every corner of Africa and the world. Due to the stature of the UN offices in Nairobi,

¹⁶² ECD. (2009). *Impact of culture on tourism.* OEC

¹⁶³ UNHCR. (2022). *Figures at a Glance* UNHCR Kenya. Accessed on 7/1/2023. <https://www.unhcr.org/ke/figures-at-a-glance>

¹⁶⁴ UN. (2023). *The United Nations in Kenya* UN-Kenya. Accessed on 7/1/2023. <https://kenya.un.org/en/about/about-the-un>

most countries have embassies and high commissions in Nairobi. Most of these diplomatic stations boast of being their country's biggest missions in the region and even in Africa. Indeed, the city is host to 92 embassies and high commissions.¹⁶⁵ The international staff stationed at Nairobi often move in with their families. They, therefore, access social services such as education and health that are locally available.

The presence of communities from countries in the region and a vibrant expatriate community adds to Kenya's already rich and diverse culture. This has necessitated service providers in various sectors like hotel and accommodation, education, and even health to be empowered to understand the cultural dissimilarity of international clients. Most expatriates seek healthcare in the private sector. This sector's healthcare practitioners are particularly conscious of the significant cultural problems brought on by different geographies, languages, religions, societal views, customs, traditions, and personal opinions.

Due to the extensive mix of regional and global communities in Kenya and mainly its capital city Nairobi, service providers in health do not need sensitization on how to serve and treat foreigners. Anyone traveling to the country for medical treatment will not feel out of place; they will fit right in the health space. They will not only receive quality services but also be satisfied by the delivery. During their stay in the country, they and their chaperons can get an opportunity to interact with their home country communities and cultures and therefore feel at home in Kenya. Due to the high number of diplomatic missions in the country, they will also feel secure as they'll be assured of consular assistance if necessary.

¹⁶⁵ EmbassyPages. (2023). "Kenya: Embassies and Consulates" EmbassyPages. Accessed on 7/1/2023. <https://www.embassypages.com/kenya>

Kenya should seek to utilize the opportunity of its diverse local culture and the country's large and diverse international community to boost its health tourism sector. After receiving high-quality health services, the foreigners in the country can refer their relatives and friends in their home countries to visit Kenya for treatment. The country can also take advantage of diplomatic missions and international organizations such as the UN to upgrade the health facilities in Kenya into regional referral hospitals. Doing this will see the transnational organizations recommend to their regional staff to seek treatment if it is unavailable in their countries. This occurred in 2020 when the Nairobi Hospital partnered with the UN to establish an \$8 million coronavirus treatment facility, giving preference to UN staff employees and their families in Africa.¹⁶⁶ This was a sign of confidence in the hospital's capability and the nation's capacity to receive and treat acutely ill patients safely. Diplomatic missions could pursue the hospitals for their citizens where such are unavailable in their home countries.

This chapter has detailed the opportunities available to Kenya in its pursuit of becoming a leading destination for health tourists in the region. The opportunities within the government bureaucracy, the private health sector, the conventional tourism industry, and the population in general. All the stakeholders must convene, develop, and implement strategies to leverage the country's advantages over the other nations in the region.

¹⁶⁶ Kabale N. (2020). "Nairobi Hospital and United Nations ink Sh1.1bn Covid facility deal" Business Daily. Accessed on 10/1/2023. <https://www.businessdailyafrica.com/bd/corporate/companies/nairobi-hospital-and-united-nations-ink-sh1-1bn-covid-facility-deal-2296324>

5.0 CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary of the study process and results, conclusion, and recommendations of this study which looked into the topic of health tourism for economic development in Africa with a focus on Kenya.

5.1 Summary

5.1.1 Introduction

Due to the significant multiplier effect on the economy, governments worldwide have supported and aggressively promoted the tourism sector to ensure its sustained growth. The need to attract tourists has motivated governments to improve infrastructure, business environment, and security. Private investors have been driven to improve their facilities, such as hotels, restaurants, shops, and other services, to globally competitive standards. The opportunities of globalization and the challenges of the twenty-first century are compelling nations to develop innovative strategies to boost their economic development. Health tourism has been identified as one of the potential sectors whose growth can further spur economic development. Health tourism is the travel beyond one's country for treatment. Traditionally, this has involved travel from less to more developed countries. This has changed in recent years, where patients' motivation for travel is to seek lower-priced medical treatments, medical services unavailable or non-licensed in the home country, or higher quality treatment. Patients are now traveling from more to less-developed countries for medical treatment.

Distance, cost, language, economics, medical technological proficiency, and culture are all factors that influence how people choose their health tourism destinations. Health tourism host countries

determine their health tourism clientele by the reputation that they build in their regions and globally. Most countries famous for health tourism have also long been attractive to leisure travelers. Apart from the medical facilities, health tourists consume the same transport, accommodation and hospitality services as conventional tourists. They also enjoy the same weather, sites and culture.

5.2.2 Problem statement

Despite health tourism being on the rise globally, its adoption and scale-up remains slow in many African countries. Despite the interest in medical travel in the continent, there have been very few studies on its potential for economic development. When such information is available, it is not sufficiently evidence-based and does not include content and context of health tourism for developing Sub-Saharan African countries.

5.2.3 Study objectives

The study's general objective was to assess and examine health tourism and economic development in Africa using Kenya as a case study. The study examined the emerging trends and patterns of health tourism in Africa, established the challenges of health tourism in economic development in Kenya, and analyzed the opportunities of health tourism for economic growth in Kenya.

5.2.4 Empirical literature review

Tourism for health and wellness has increased dramatically over the last ten years as more people have become conscious of their wellness and how to improve it. Except for the brief pause caused by the adoption of Covid-19 pandemic containment measures, which essentially halted foreign travel, the overall number of people traveling abroad in search of healthcare has steadily risen.

Previously viewed exclusively as a source for medical tourists, certain African countries are now beginning to stand alone in the regional and global markets as destinations. One of the most popular destinations is South Africa because of the country's high standard of medical facilities and services, international accreditation, assurance of confidentiality and anonymity, and lack of access to certain medical and surgical services in clients' home countries. Other popular destinations for health tourism are Egypt, Morocco, and Tunisia. These countries are usually categorized as belonging to the Middle East and North Africa Regions, which are significant destinations for health tourism globally.

A review of the literature revealed that health tourism contributed positively to the economic growth of many states. This is well-pronounced and documented in the Asian region. The same can't be said about Africa, especially among the emerging health tourism countries. Here, the data on the extent of economic growth contribution and potential is scanty. Questions arise on the role of Governments in promoting and regulating health tourism for it to be economically beneficial without adversely affecting local health systems in both the source and destination countries.

The literature reviewed showed that Kenya's health facilities are already receiving and treating hundreds of visitors from neighboring countries and helping to boost the tourism industry. This can be attributed to more advanced ultra-modern health infrastructure, highly skilled health workforce and its reputation of excellent hospitality from conventional tourism. The knowledge gap is in quantifying the extent of its contribution to economic development to enable deliberate efforts to develop and promote the industry.

5.2.5 Theoretical framework

The study used the regionalism theory as the blueprint to approach health tourism. The recognized top destinations for health tourism globally have a significant proportion of their clients coming from countries in their neighborhood and member nations of Regional Economic Blocks with them. Regionalism is the “political/economic trend toward cooperation and integration of states within a region, where the region has an equal or greater focus as the state. No country in Africa is not a member of at least one regional economic group. These groupings advance common operating standards and lower common regional trade customs barriers to create larger markets for goods, services, capital, and labor. Regional economic blocs face transnational public health threats due to increased travel, environmental factors, modern communications, and technological change. They also share epidemiological characteristics with respect to health problems and endemic and emerging pandemics. Increasing priority NCDs such as maternal, perinatal, and nutritional diseases, cancers, diabetes and mental disorders pose increasing threats to the health of Africa. Most countries with successful health tourism industries have most of their source markets within their regions.

Regulations (such as visas, health clearances, and healthcare insurance) that the service providers are unaware of may obstruct the movement of medical tourists. The travel regulations policies are developed and implemented to ensure that there is no movement of people into the country that would result in adverse effects on national security through increased criminal activities, human trafficking, illegal trade in narcotics and weapons and increased unemployment, among others. These travel restrictions are often relaxed to neighboring countries and within member states of Regional Economic blocks.

Geographic proximity has a significant, although not a deciding, role in influencing people's decisions to go to particular locations for medical treatment. Health tourists aim to minimize their cost of travel. As a result, most health tourism within Africa is intra-regional. Language is also another consideration for patients choosing their destination for health tourism. Medical tourists must receive thorough information about medical procedures in a language they can comprehend. Therefore, it is very likely that the clients will look for a location where they can communicate with the service providers in their language. English-speaking countries will be source markets for English-speaking destinations for health tourism. Close to language as a consideration for a health tourism destination is the culture. Clients of international health visits, like those who travel for leisure, aim to travel to a destination where over and above having excellent hospitality, they are comfortable with the religion, food, and traditional and contemporary practices are at least tolerable, if not desirable

5.2.6 Research design

This study used a descriptive research design to identify and describe the health tourism subsector and its relationship to economic development. Though the survey broadly examined this phenomenon in Africa, a case study approach was used, focusing the study on Kenya. The target population was health and tourism stakeholders from Government Ministries, Departments and Agencies; the Ministry of Health, the Ministry of Foreign Affairs, and the Ministry of Tourism, medical specialists and private healthcare providers; hospitality and accommodation business practitioners, and patients who have traveled abroad to seek healthcare.

Purposive sampling was used as a form of non-probability sampling. The researcher relied on their rational judgment when choosing respondents from the target population. The researcher also

relied on snowball sampling, where referrals from respondents and practitioners were used to select the most appropriate respondents. The study used the concept of saturation to arrive at the ideal sample size. According to a number of scholars, saturation has become "the gold standard by which purposeful sample sizes are chosen in health science research" and is "the most commonly claimed assurance of qualitative rigor offered by authors." Being a qualitative study, the researcher settled on a sample size of 30 respondents that achieved saturation for in-depth interviews. This determination was made based on qualitative studies of similar nature, the complexity, and the desired level of depth for the research questions.

Primary data were collected from the respondents through in-depth interviews using a structured and unstructured questionnaire (Appendix 6). The questionnaires were administered through face-to-face, virtual, and telephone interviews. The in-depth interviews were conducted after the respondents provided consent. Secondary data were harvested from published journals, books, and press reports, among others. These captured what has already been done on health tourism from a global, regional, national, and local level. It also captured the perceptions of health tourism, its challenges, and opportunities towards helping sectors and nations, in general, achieve economic development.

The qualitative data were analyzed through thematic analysis. The researcher found the themes that recurred throughout the data by going over them. Finding information about people's experiences, viewpoints, and opinions was made more uncomplicated via thematic analysis. Thematic analysis was the ideal option because the study aimed to understand people's experiences with or views of medical tourism.

5.2.7 Emerging Trends and Patterns of Health Tourism in Africa

With a compound annual growth rate of 11.7%, the global market for medical tourism increased from \$32.02 billion in 2021 to \$35.77 billion in 2022. The medical tourism industry is expanding, especially in developing countries due to the high cost of healthcare in industrialized nations and the ability of developing nations to offer less expensive quality healthcare. Patients also travel within the developing world to countries with affordable healthcare and high-quality medical facilities.

Africa's governments' major strategy to promote health tourism is to facilitate the private sector to drive the health tourism industry. This is because most countries have a “two-tiered” health system, public health system that is often underfunded, overwhelmed, and inefficient, and a private health sector that attracts highly skilled professionals, is well equipped and is efficient. The following countries have been recognized as the leading destinations for health tourism in Africa; Algeria, Morocco, Tunisia and Egypt in Northern Africa, Ghana, Ivory Coast and Nigeria in Western Africa; Kenya, Mauritius, Rwanda, and Tanzania in Eastern Africa and South Africa in Southern Africa.

Egypt was ranked 26th globally in terms of medical tourism in 2021, according to the Medical Tourism Index (MIT). The high ranking is attributed to Egypt's lower medical costs than other nations in the region and the use of its status as a historic vacation destination. In the same year Tunisia was ranked 38th top medical tourism destination globally. The country has long been recognized as a dependable medical travel destination in the region due to its advantageous geographic location and a relatively affordable healthcare system. Most of its patients come from its neighbors Libya and Algeria, although sub-Saharan Africa also sends a considerable proportion

of patients. Morocco is the 31st leading destination for health tourists in the world. The country enjoys a variety of benefits, like being close to Western Europe, having a good climate, and having many inexpensive flights to the kingdom. Because so many Moroccans are bilingual in both Arabic and French, the country is particularly alluring to patients from both the Francophone world and Arab nations, who constitute a profitable and growing source market for patients.

The Republic of South Africa is ranked number 22 leading medical tourist destinations worldwide. This makes it the most popular destination for health tourism in Africa and the only ranked medical tourism destination in Sub-Saharan Africa. Most of the patients who travel to South Africa originate from Southern African countries, many of whom have much less developed healthcare systems.

The West African region has no established top-ranked global destination country for medical tourism. The nations developing the sector can be classified as emerging, and their success in establishing regional and eventually competitive sectors will depend on their strategies and how they implement them. Ghana and Nigeria have worked to upgrade their medical facilities in the region to increase access to inexpensive healthcare for their citizens and draw in medical tourists.

The East Africa region also has no country that can be considered a top-ranked global medical tourist destination. Kenya and Tanzania have laid down formal plans to build the sector by riding on the success of their overall tourism industries. Tanzania plans to have the health tourism sector driven by the public health sector, which is unique compared to other health tourists destinations in the continent. Like all the other countries in the continent, Kenya is looking into having the private health sector receive the health tourists. Both countries enjoy the benefits of economic, political, and social stability, unlike most of the other countries in the region that have experienced some turbulence at one time.

5.2.8 Challenges of health tourism for economic development in Kenya

For health tourism to contribute to economic growth, there is consensus that the facilities to offer medical treatment must be the P4P facilities that charge for the services above cost. Kenya is the most advanced economy in the East African region and is the only country classified as a lower-middle-income country. Due to the higher standards of living in the country, the cost of social services such as education, housing, and healthcare is higher than in other countries in the region. Due to limited domestic production, technical capacity, manufacturing infrastructure, and restricted access to raw materials, the health sector is heavily dependent on imports. The country imports all its medical equipment, drugs, and other non-pharmaceuticals. This has contributed significantly to the increased cost of healthcare in the nation, making it uncompetitive compared to other countries.

Over and above the cost of medical treatment, health tourist clients incur other expenses, including traveling, catering and accommodation, communication, and entertainment costs, among others. Health tourists will almost always travel with a chaperone, whose costs are also included in the overall cost of treatment. Most of the health facilities capable of offering services to the standards of attracting health tourists are located in Nairobi, the capital city of Kenya. The city, however, has been identified as the most expensive city to live in East Africa. The catering and accommodation services are tailored to cater for leisure and business travelers. They are close to tourist attraction sites and business centers and not to hospitals. They are designed for short stays and cater to conventional single, couple, or family guests. This makes them costly and even inaccessible for health tourists who require the facilities to be close to hospitals, cater to unique patients' recovery needs, and cater for longer stays at affordable rates.

In popular medical tourism destination countries, all-inclusive treatment costs are usually provided in a package form. In India, a health tourist can obtain the overall cost of treatment based not only on the medical procedure but also on other wellness and hospitality services that they may be interested in partaking in.

Advertising and promotion to potential clients are critical for a country to be a popular tourist destination. Kenya has multiple platforms where its tourist attractions are exhibited. Government ministries and agencies conduct the promotion of Kenya as a tourist destination, and all the stakeholders in the sector also conduct it. This is not the case with health tourism; no government agency or private entity actively promotes Kenya as a medical tourism destination. This has led to an information gap on medical services available, not only to potential health tourists but also to Kenyans themselves. Due to this, Kenya is still hardly viewed and reported as a destination for health tourism despite many anecdotal reports that the country receives patients from neighboring countries. Kenya's ambition to be regarded as a health tourism destination has not been accompanied by investments in marketing within and outside the country.

The lack of marketing of available health services has led to continued travel outside the country for medical services available here and at an affordable cost. It has also seen health tourists from neighboring countries bypass Kenya to seek treatment in other countries outside the region. In Kenya, there are regulations that govern advertising for medical practitioners and health facilities. These are contained in the "Kenya Subsidiary Legislation 2016: Legal Notice No. 130 – Kenya Medical Practitioners and Dentists Board Act (Cap 253)" This legislation allows for advertising that, if conducted within the rules, would boost health tourism into the country. The regulations, however, do not reflect the current need to promote health tourism outside the country as they do not allow for the use of agents or intermediaries in advertising health services by hospitals.

Unlike conventional tourism, the promotion of health tourism requires a study of and interpretation of the rules and regulations in place at the source and host country, as it often has restrictions. The purpose of the restrictions is to avoid unethical behavior that has the potential to be rampant. These should be considered when planning to promote health tourism in other countries.

While Kenya boasts of being one of the six leading destinations for health tourists in Africa, receiving between 3,000 and 5,000 patients annually, it is reported that about 10,000 patients leave the country annually to seek medical treatment abroad. These statistics expose Kenya as a net importer of medical services. The inefficient and ineffective public health system leads to patient referrals to private hospitals for specialized care. In Kenya, private healthcare is far more expensive than the nation's public healthcare, as is the case globally. Health insurance coverage among the poor is very low in Kenya, making most of them unable to afford health services at private hospitals. This has led to low utilization of the services, which has kept them expensive compared to other countries such as India, where they are cheaper partly due to economies of scale. Kenya has a very small number of specialists, doctors, and equipment and, therefore, limited capacity to treat many patients suffering from conditions such as cancer.

The majority of hospitals that have the capacity to offer services to health tourists are located in Nairobi. The city is not conducive to recovering patients. It is plagued by noise, and air pollution is not suitable for walking and has no scenery to enjoy. No suitable health facilities are located in areas popular with conventional tourists, unlike other popular health tourist destination countries. This limits the capacity of Kenya to attract health tourists who want to package their recovery with visiting popular tourist attraction sites.

Beyond its borders, Kenya has no health policies. Health is not included in the Kenya Foreign Policy's (November 2014) framework for international interactions and diplomatic activities. The major hospitals plan to open branches in major cities and towns to realize the demand for their services in the Eastern Africa region. This is their priority response to demand for their services in the region as they do not see the potential for health tourism growth. They do not envision patients and clients traveling across borders in numbers to the extent of significant contribution to their income and, therefore, profits. The major reason for not seeing the potential for significant growth of health tourism within the country is the lack of what they refer to as “an all-stakeholder inclusive strategy” to promote the industry in Kenya. They state that it would not be viable to go alone or with a few stakeholders without Government stewardship.

The lack of realization of the potential for health tourism has led to only a very small number of private health facilities seeking credible international accreditation. These accreditations are critical to attracting patients from outside the country as they first seek to know the level of certification of the facility they plan to visit. The health facilities and government regulatory institutions do not also put into consideration their international reputation when resolving conflicts with clients. Clients dissatisfied with any components of their treatment should be handled to amicably resolve the issues while retaining the credibility of the institutions.

5.2.9 Opportunities of Health Tourism for Economic Development in Kenya

In recognition that tourism has a multiplier effect on economic growth, Kenya has favorable tourism policies. These include favorable visa rules for tourism source countries, safe widespread cashless payment methods, consume-sensitive pricing, and a well-self-regulated sector to ensure adherence to minimum standards of practice.

There exists supporting institutions such as the Tourist Research Institute and the Exports Promotion Branding Agency, which do an excellent job in promoting traditional tourism. These institutions have not identified health promotion as in their strategies to boost the overall tourism sector. The country also has several tourism marketing themes, such as the “Magical Kenya Signature Experiences.” These themes and platforms can be tapped to add to them a component of health tourism, especially within the Eastern Africa region where most health tourists originate.

Kenya has the most advanced and diverse economy in the East Africa Community, in which it is a member state. The REC is the most advanced in the continent, boosted by the free movement of people within its member states. The IGAD region is plagued by chronic and recurrent conflicts in Ethiopia, South Sudan, Sudan, and Somalia. Often the country has mediated the resolution of these conflicts as it is regarded as a neutral arbitrator. Kenya's leading status in the region in terms of political and economic stability has made it an attractive destination to business and leisure tourists and foreign investment.

Using its status in the region, Kenya can tailor its health services to be responsive to the needs of the populations of the neighboring countries. It can research the countries' health systems to identify gaps in their health infrastructure, equipment, specialists, and professionalism. The research would also identify the most prevalent medical conditions that citizens of the region travel abroad for and offer management and treatment, affordable costs, and high quality. Within the region, Kenya has the most vibrant private health sector. Its hospitals are the biggest in the region, and some consider themselves regional referral hospitals. These hospitals have sought, received, and retained international accreditations that assure the quality of services and professionalism.

Kenya has a well-developed tourism infrastructure, a network of professionally managed national parks, good roads, international and domestic flight connectivity, and a globally renowned hotel and hospitality sector. Nations that are popular for health tourism have long drawn tourists for other reasons. Successful medical tourist destinations have consciously built health tourism capacities on the backs of booming conventional tourism. In addition to using medical facilities, health tourists use the same transportation and lodging options as other tourists. Despite the mention of medical tourism in tourism policies, no specific strategies have been developed to promote it as a niche product in Kenya.

Kenya has a robust domestic tourism sector that, if tapped to develop the medical tourism industry. Most of the specialized health facilities are located in Nairobi, a lot of patients are referred for treatment of difficult medical conditions from all over the country. These patients suffer the same hospitality and accommodation challenges that patients from abroad. They seek accommodation from their friends and relatives in the city as they undergo treatment. When medical tourism facilities are set up, they will also be patronized by the “domestic medical tourists,” who, like with traditional tourism, will keep them profitable as the foreign patient numbers grow.

Culture is one of the major factors that health tourists consider when choosing their destination. Kenya has the most diverse culture in the Eastern Africa region. It hosts refugees and asylum seekers from virtually all the countries in the region as they have, except for Tanzania, had conflicts at one time or another. Nairobi hosts Africa’s United Nations Headquarters and is the global headquarters for the United Nations Environmental Programme (UNEP) and the United Nations Human Settlements Programme (UN-Habitat). The city also has 92 embassies and high commissions. Nairobi, therefore, has citizens from every corner of the world.

Due to the extensive mix of regional and global communities in Kenya and mainly its capital city Nairobi, service providers including those in health do not need sensitization on how to serve and treat foreigners. Anyone traveling to the country for medical treatment will not feel out of place; they will fit right in the health space. They will not only receive quality services but also be satisfied by the delivery.

Kenya should seek to utilize the opportunity of its diverse local culture and the country's large and diverse international community to boost its health tourism sector. The country can also take advantage of diplomatic missions and international organizations such as the UN to upgrade the health facilities in Kenya into regional referral hospitals. Doing this will see the transnational organizations recommend their regional staff to seek treatment if it is unavailable in their countries.

5.3 Conclusion

Health tourism is a growing phenomenon globally and in Africa. The sector's growth has been spurred by the need for countries to diversify their sources of foreign exchange to grow their economies. The attendant benefits of globalization, such as increased access to information, reduced travel restriction, and cultural integration, have also contributed to its growth. Successful health tourism destinations have implemented policies and strategies to develop quality health services and tailored traditional tourism services to support the health tourism sector. They have also aggressively marketed their health services and packages within their regions and worldwide.

Kenya is aware of the potential health tourism has to contribute to the country's economic development. It has also recognized that this potential lies in tapping the region as the primary source of medical tourists, as stated in the "Kenya Vision 2030" development blueprint unveiled

in 2008. However, fourteen years later, no significant progress has been made in engaging tourism, health, and other relevant stakeholders to develop and implement policies to realize this vision.

The challenges to developing health tourism to a scale of significant contribution to the country's economy are not structural. They can be addressed by developing appropriate policies and implementing strategies to tailor the already available high-quality health and tourism services to serve clients from outside the country. The participation of all the relevant health, tourism, and health tourism stakeholders is critical to address the challenges sustainably.

Kenya should recognize the opportunities to exploit and leverage to scale up health tourism rapidly. The country has experience being a thriving tourist destination and a host to diverse nationalities to grow the health tourist arrival numbers further. There are opportunities to learn from other developing countries that are popular health tourist destinations in a similar context to learn and leapfrog the sector.

5.2 Recommendations

This section presents policy and academic recommendations based on the study findings that have been presented. These recommendations, if considered and implemented, will contribute to not only furthering the knowledge of the country's health tourism sector but will also lead to moving the country towards realizing the Kenya Vision 2030 aspiration of Kenya being a leading health tourist destination.

5.2.1 Academic recommendations

These are to institutions of higher learning; universities and colleges, and the research divisions within ministries, departments, and agencies. These will empower them to inform policies developed to boost health tourism in Kenya. The study proposed that;

- I. Commission studies on the status of health tourism in Kenya identify what attracts health tourists to the country and what challenges they experience as they undergo treatment in the country.
- II. Research on the medical conditions for which the populace of the Eastern Africa region travel outside the continent to pursue treatment for.

5.2.2 Policy recommendation

These are recommendations made to the government of Kenya and all the health, tourism and health tourism stakeholders to grow the health tourism sector as aspired in the country's development blueprint; "The Kenya Vision 2030". The study recommends that

- I. The Government should urgently convene all health tourism stakeholders to deliberate on and develop an all-inclusive strategy to leapfrog the sector in Kenya. The strategy should have key milestones and timelines and should be costed.
- II. The health tourism stakeholders liaise with the conventional tourism marketing players to incorporate mainstream health tourism marketing in the region as part of the overall tourism marketing.

III. Raise in-country awareness of the efforts to grow the health tourism sector for hospitality and accommodation and other relevant service providers to develop services and packages tailored to attract health travelers.

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APPENDICES

Appendix 1 Research Timetable

Date	2022						2023		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Selection of Title									
Final Proposal									
Submission to NACOSTI									
Data collection									
Data analysis									
Chapter 2 submission									
Chapter 3 submission									
Chapter 4 Submission									
Chapter 5 Submission									
Final Draft Thesis									
Completed thesis									

Appendix 2 Research budget

Item	No of units	Unit price (KES)	Total price (KES)	Budget justification
Transport	30	2,000.00	60,000.00	To interview the 30 respondents
Airtime/bundles	5	1,500.00	7,500.00	Five months at 1500 per month
Total			67,500.00	

Stationery and printing were provided by the college.

Appendix 3 Letter of Data Collection Authorization from NDC

RESTRICTED

Telephone: 254-2-884036
Fax: 254-2-884036
E-mail: ndc@ndc.go.ke

When replying please quote:

Ref: NDC/A/141



National Defence College
Warai North Road
P.O Box 24381
Karen - Nairobi
Kenya

10 November 2022

TO WHOM IT MAY CONCERN

FACILITATION FOR DR GEORGE NJOROGI GITHUKA ADM No. ND601/0046/2022

The above Senior Officer is a course participant at the National Defence College and has been admitted for Masters of Arts in National Security and Strategy, under the National Defence University- Kenya Programme.

As part of academic requirements, Dr George Njoroge GITHUKA is required to undertake a research project in partial fulfillment of MA degree programme he is enrolled in. His approved research topic is “**Challenges and Opportunities of Health Tourism in Promoting Economic Security in Africa; A Case Study of Kenya**”.

The purpose of this letter is to kindly request your office to facilitate the Officer as he conducts his research project.

Submitted for your kind consideration and facilitation.

Mr. FM MABEYA
Head of Programme
for Commandant



Appendix 5 Research Consent Form

Consent to Participate in Research “Health Tourism and Economic Development in Africa:

A Case Study of Kenya”

Identification of Investigators & Purpose of Study

You are being requested to take part in a research study that Dr. Githuka George is doing **from National Defence University - Kenya**. This study aims to assess and **examine health tourism and economic development in Africa using Kenya as a case study**. This study will contribute to the researcher’s completion of his master’s thesis

Research Procedures

You will be asked to give verbal consent if you choose to take part in the research study once all of your questions have been satisfactorily addressed. Individual participants in this study will each receive an in-depth interview. You will be required to respond to a number of questions about the study.

Time Required

This research will take about 30 minutes of your time to complete.

Risks

The investigator does not perceive any risks from your involvement in this study

Benefits

Potential benefits from participation in this study include adding to knowledge on health tourism and potentially informing and influencing policy on health tourism in Kenya.

Incentives

You will not receive any compensation for participation in this study.

Confidentiality

The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study.

Participation & Withdrawal

Your involvement is completely optional. You are allowed to decline to take part. You may choose not to participate at any moment with no repercussions of any kind.

Questions about the Study

If you would like a copy of the final aggregate results of this study, or if you have any questions or concerns throughout the course of your involvement in this study, after it has been completed, or otherwise, please contact:

Dr. Githuka George: gngithuka@gmail.com +254722303481

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to

Appendix 6 Research Questionnaire

Section 1: Respondent Profile

1. Name (optional)

.....

2. Your gender?

Male

Female

3. Your age range (years)?

Below 30

30-39

40-49

50-59

60-69

4. Your highest level of education?

Secondary

College

Undergraduate

Postgraduate

Others

5. Your organization and department?

.....

6. Just how long have you worked for your organization?

.....

7. What is your work carder (position)?

.....

.....

8. Work specialization?

.....

.....

9. Are you familiar with health tourism?

Yes

No

10. Is there a linkage between health tourism and development?

Yes

No

Section 2: The emerging trends and patterns of health tourism in Africa

11. Would you say that there is emerging trends and patterns of health tourism in Africa?

Yes No please explain your answer?

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12. List some of the conditions or procedures that have recently driven health tourism in Africa?

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13. List some of the common countries of origin for most health tourist coming to Kenya?

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Section 3: The challenges of health tourism in economic development in Kenya

14. What are the current challenges to health tourism for economic development in Kenya today?

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15. How best would you propose to address the challenges to health tourism for economic development in Kenya today?

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16. What can be done to expedite health tourism to lead to economic development in Kenya today?

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Section 4: The opportunities of health tourism for economic development in Kenya

17. What are the direct benefits of health tourism to Kenya?

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18. List some of the direct actors in health tourism in Kenya?

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19. What are the opportunities of health tourism for economic development in Kenya?

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20. What are the policy frameworks that can enhance the actors in realization of health tourism for economic development in Kenya?

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21. What is the future of health tourism in Kenya?

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22. Your final remarks?

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Thank you for your participation.