

## PERSPECTIVE ARTICLE

## Advancing global medical tourism: Health and economic perspectives from the Sub-Saharan Africa

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## Abstract

Medical tourism (MT)—the practice of traveling across borders to receive medical treatment outside of a patient’s home country—is a burgeoning industry globally. This article provides insights about MT and its impacts on sub-Saharan Africa. Globalization of medical care is a multi-billion-dollar phenomenon, associated with economic, ethical, legal, and cultural factors. Main drivers of MT are grounded in several factors, namely, medical costs, waiting lists, connectivity, and utilization of advanced technology. In contemporary Africa, health is no longer a fundamental human right but a commodity traded as a good in the marketplace, subject to forces of demand and supply. MT is increasingly embraced by the privileged in national governments to meet their health needs. To curb the growing medical expenditures abroad, the region needs to transform its health sector, reduce barriers to business growth, and create conditions conducive to strengthening health systems—especially in fragile and low-income countries. Thus, governments and other actors could design policies that implement the development of MT while upholding moral and ethical values.

**Keywords:** Financing; Medical tourism; Health insurance; Universal health coverage; Uganda

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## 1. Background

Throughout history, pilgrimages to find cures for the sick and afflicted have been a staple of human life since the earliest centuries. Travel to another country for medical treatment is a phenomenon called “medical tourism” (Adeleye *et al.*, 2022; Asa *et al.*, 2024). Medical tourism (MT) is a growing phenomenon with policy implications for health systems, particularly of sub-Saharan African countries.

Globally, more than 176 countries are actively involved in the MT industry. The industry contributes to national economies, fostering job creation and revenue generation, making it a key sector for sustainable economic growth. MT Index ranks Canada as the number one most attractive country, followed by Singapore, Japan, Spain, and the United Kingdom. South Africa is Africa’s premier positioned at 21, followed by Morocco at 22, and Tunisia at 29 out of 46 major destination countries (MTI, 2025). Certain countries, particularly those in Asia, including Malaysia, Thailand, Singapore,

South Korea, and India, actively promote their MT industry, with government support. This article disentangles the narrative of key dilemmas and opportunities of MT and proposes policy paths with a strong central argument fostering the National Health Insurance Scheme (NHIS) in tackling Uganda's medical expenditures abroad. Unlike many empirical insights, this comes from a health policy perspective and touches on ethical and moral issues associated with MT in sub-Saharan Africa, such as distributive justice and healthcare resource allocation. This offers invaluable perspectives exploring drivers to adopt NHIS as a policy choice for financing MT, while re-evaluating present financial mechanisms.

## 2. Methodology

This study employed multiple data sources—including a literature review, secondary datasets, and website analysis—from a societal perspective. Content analysis was conducted to identify common motives for seeking care abroad and providers' orientation toward medical travel. A CHEERS checklist statement was applied. In addition, a detailed overview of findings and alternative considerations of checklist items and suggestions for further development were done.

## 3. Reasons for seeking MT abroad

Globally, people travel to access care, motivated by push and pull factors of health service issues. Key drivers prompting individuals to seek healthcare abroad include financial barriers, limited treatment options, lengthy wait times, poor quality, lack of insurance coverage, and regulatory restrictions. On the contrary, pull factors include affordability, short wait times, diverse treatment options, high-quality services, and advanced technology, all set amid attractive locations. Underfunding in the health sector hinders progress toward achieving the Sustainable Development Goals (SDGs), consequently exerting corrosive effects on access to healthcare, which lead to poor services, and reinforcing the need to seek care abroad (WHO, 2025).

Access, affordability, and locality determinants are the primary health- and safety-related aspects considered by most medical tourists, while inbound MT is predominantly contingent on individual and institutional situations. Hence, by understanding these differences, Uganda can develop strategies to mitigate risks and capitalize on opportunities. By adopting a nuanced approach, Uganda can balance the risks of outbound MT with the opportunities of outbound MT. Implementing a policy framework based on ethical principles lends support to MT development while addressing outbound MT concerns.

In the East African region, a medical bill can push closer to poverty and death. The efforts to finance the health sectors are marred in a matrix of political economics. First, interplaying factors, such as corruption, poor attitude to the sector, political patronage, and contracted fiscal space for health have boosted outbound MT. Second, weak public health systems, decimated by decades of austerity policies, conflicts, and chronic underfunding, have plagued the sector.

## 4. Costs of MT

The global MT industry is valued at between US\$439 billion and US\$635 billion annually, contributing enormously to the sustainable socio-economic growth of destination countries. The estimated amount for each medical visit is US\$3,800–6,000. Globally, US\$45–72 billion is spent annually (Dalen & Alpert, 2019; Daykhes *et al.*, 2020). In Malaysia, Singapore, and Thailand, an estimated US\$3 billion in treatment costs was earned in 2006/7.

In contrast, disease burden costs Africa US\$2.4 trillion annually (African Development Bank Group, 2021), of which Africa spends US\$1–5 billion annually on medical expenditures abroad (Gatwiri *et al.*, 2020). South Africa, which is the African continent's largest tourism economy, generates up to US\$32 billion, while Nigeria spent US\$1 billion on medical expenditures abroad (Matiza & Slabbert, 2020; Adeoye, 2023) and Kenya spent US\$15 million in 2020–2021. In Burundi, it was estimated that medical referrals abroad cost more than US\$11 million, an amount equivalent to establishing a modern cancer care center (Niyonsaba *et al.*, 2021). This implies a significant loss of resources that can be used to support the internal growth of medical facilities.

In addition, Uganda is experiencing an increasingly higher costs of medical expenditures arising from seeking medical treatments abroad. A country of only US\$ 59 billion economy spent UgShs 270 billion (US\$73 million) on treatment and UgShs 418 billion (US\$113 million) on non-medical costs for patients referred abroad in 2024. A total of UgShs 455 billion (US\$123 million) was spent on 5000 people who were referred to India for treatments. This expenditure represented 36% of the health sector budget in FY2015/16 (New Vision, 2019; Daily Monitor, 2021; Mubatsi, 2022). The annual cost of referrals abroad was US\$3.5 million in FY2021/22, US\$1.9 million in FY2022/23, and US\$0.9 million in FY2023/24 (Ministry of Health-Uganda, 2024). This expenditure is significant given that the health sector budget was UgShs 2.7 trillion in 2020/21, UgShs 3.3 trillion in 2021/22, UgShs 4.6 trillion in 2022/23, and UgShs 4 trillion in 2023/24. The services Ugandans seek are cardiac care, kidney transplants, cancer

treatment, orthopedic treatment, bone marrow transplant, liver, and neurosurgical treatments. India, Kenya, and South Africa are preferred medical destinations due to their geographical proximity, whereas the USA and European countries, such as Germany, are also in favor, mostly due to privacy concerns.

Far from the present political rhetoric, some low-middle-income countries, such as South Africa, Tunisia, and Morocco, are MT destinations, mainly for medical tourists from the USA and UK. In addition to low-cost medical services, having a wildlife adventure visit is usually their secondary goal of the medical trip. Among the services they seek, the most common are cosmetic surgery, cardiac, orthopedic, and fertility treatments.

## **5. Concerns down the road**

### **5.1. Revolutionizing MT**

Africa is deeply connected to the global economy. However, internal political dynamics largely influence economic policies. The political will of national leaders to prioritize healthcare in their development agendas has been reaffirmed through tangible actions at the continental level, exemplified by the Abuja Declaration of 2001 on increasing government funding for health, the Addis-Ababa Declaration of 2006 on community health, and the 2008 Ouagadougou Declaration on enhancing primary health care and health systems in Africa. However, challenges inherent in Africa's healthcare system continue to persist, partly because of a lack of will to revamp. This has led to limited fiscal contribution to the health sector, compromising efforts to strengthen the healthcare systems.

### **5.2. Restoring the moral dimension of political economy**

African medical tourists rarely share their overseas experiences to improve domestic healthcare systems. This has led to stagnation of the poor development of the health sector domestically (Tseane-Gumbi & Ojakorotu, 2022), compromising the growth of the MT industry. Exposure to markets fosters universal moral values, such as fairness, that transcend personal relationships (Enke, 2023). Accordingly, the development of health infrastructure and a high-quality workforce—aimed at reducing outbound medical expenditures—can strengthen economic growth and promote inbound MT. While traditional African societies were deeply rooted in kinship and communal values, modern societies—shaped over centuries by enduring values underpinning moral, political, economic, and spiritual foundations—have gradually eroded African value systems. This has created loose kinship networks known to promote universal moral values, where fairness

is extended to all. Despite evidence of a reciprocal relationship between economic conditions and moral values, the latter remain lacking (Madukwe & Madukwe, 2010).

### **5.3. Economic uncertainty and financial stability**

MT is a high-value industry that generates substantial foreign exchange earnings along with a range of multiplier effects. In the midst of the fierce competition between countries to attract medical tourists and dominate this market, the sub-Saharan Africa faces numerous challenges that deter expansion in this industry, including geopolitical instability, health crises, inflation, and climate disasters, against a backdrop of mass poverty, underdeveloped financial sectors, and uneven economic growth, along with rapid technological shifts to a lesser extent (Ibrahim *et al.*, 2022). These factors have created a vicious cycle of macroeconomic and political uncertainty that often affects economic growth marked by financial instability, which potentially leads to market turmoil, delayed investment, and reduced credit access. Hence, this contributes to a persistent lack of improvement in healthcare systems and increased medical expenditures abroad.

## **6. Dilemmas and limitations**

Though globalization has catapulted MT into a thriving, revenue-generating industry worldwide, its impact on economic development in the sub-Saharan African countries, which is strongly contingent on population health, has been negligible. This may stem from several dilemmas and limitations in creating a sustainable global health ecosystem.

### **6.1. Policy development**

MT constitutes a mixture of healthcare and tourism elements, influenced by diplomatic policies, making it the largest dimension in the service sector. Southeast Asian countries, such as Singapore, Thailand, and Malaysia, along with Turkey, Canada, the UK, and India, already have fully developed MT policies in place. In contrast, with the exception for Morocco and South Africa, most countries on the African continent have not yet developed their own MT policy. In the case of Uganda, the tourism and healthcare sectors lack well-defined strategies for deploying MT in a way that aligns with and supports broader policy goals. This underscores an urgent need for these countries to develop customized, innovative context-specific strategies in the field of MT, which can be achieved through developing critical, multifaceted policies. To succeed in developing the MT ecosystem, while focusing on promoting the industry's growth, policymakers must diligently address its socio-economic, ethical, and legal

implications, ensuring responsible practices in both countries of origin and destination. The development of policies for MT management involves complex considerations, particularly regarding social and cultural sensitivity, legal and ethical issues, equity and access of services, and a multisectoral approach. By acknowledging these complexities, policymakers can obtain a nuanced understanding of MT's potential impact on Uganda's development.

### **6.2. Lack of evidence-based data**

Research about MT is nascent. Empirical evidence regarding medical expenditures abroad and inbound in the African context is limited due to a lack of methodically compiled evidence, unlike the availability of market share data and revenue estimations from OECD countries, Asia, Latin America, and Europe. At present, much of what is known about the political economics of MT comes from news media reports (Matiza & Slabbert, 2020; Chaudhry, 2022).

### **6.3. Inadequate transparency and prudent regulatory controls**

In most sub-Saharan African countries, MT is fraught with challenges of transparency, while the healthcare system remains lax and poorly regulated. This absence of oversight erodes confidence among patients. Furthermore, the region is devoid of a regulatory body to provide leadership and ensure implementation of harmonized and effective regulatory systems. The lack of a continental regulatory authority overseeing MT exacerbates these challenges. By recognizing gaps in present regulations, some countries, such as Kenya have initiated healthcare reforms aimed at establishing clear policy guidelines for regulating overseas medical referrals. Different countries adopted varying approach in improving their healthcare system and sector; for instance, Tunisia invested in developing their healthcare infrastructure, whereas Kenya delved into developing more specialized medical services. Some countries also took a different approach in branding their MT services; for example, Costa Rica put a strong emphasis on environmental and social responsibility, while Singapore leveraged advanced technology and expertise, and Thailand implemented competitive pricing, high-quality services, and targeted marketing. Experiences from these countries provide a useful and effective reference for Uganda to transform its domestic healthcare infrastructure and services, thereby reducing foreign exchange outflow as a result of outbound MT.

Uganda spends approximately UgShs 400 billion (US\$108 million) annually on medical referrals abroad;

therefore, a reduction of 21% could save the country UgShs 84 billion (US\$22.7 million). This amount is sufficient for building a general hospital with a 100-bed capacity, which can cater to the medical needs of 50,000 people, with an estimated cost of UgShs 70 billion (US\$18.9 million). In addition, to fully operationalize a general hospital, the government needs to bear the recurrent costs, such as wages for staff, non-wage costs, medicines, and health supplies, all estimated at a total of UgShs 12.2 billion (US\$3.3 million) per annum. If the medical referrals abroad could be halved per year, UgShs 200 billion (US\$54 million) can be saved, which is enough for constructing 12 community hospitals with a 60-bed capacity each (at UgShs 12 billion, or US\$3.2 million) and paying annual recurrent costs incurred to ensure smooth operations in each hospital (at UgShs 4 billion, US\$1.1 million) (Parliament of Uganda, 2024). Hence, a strategic allocation of these savings stemming from a reduction of medical referrals abroad can improve healthcare equity and reduce disparities in Uganda.

### **6.4. Cost-effectiveness of MT**

Seeking medical treatment abroad is no guarantee of better care, yet it is often marketed as the ultimate solution. While initial costs may seem lower, patients often overlook additional expenses. These costs can be crippling, as some patients are even detained in foreign hospitals due to unpaid bills, which add to the emotional and financial strain on families. To address these concerns, national governments have established procedures for referring patients abroad. For instance, Uganda has a medical board, while Kenya has the Kenya Medical Practitioners and Dentists Council responsible for overseeing international referrals. This is crucial because it enables the reduction of unnecessary overseas referrals, medical expenditures abroad, and ensures that patients' safety and healthcare needs are thoroughly addressed. However, implementation of such measures is still wanting and have been mistaken for a panacea to the menace.

### **6.5. Health system implications**

While the MT market is expected to grow, its expansion must be carefully weighed against the constraints of limited resources and capacity, as well as the potential risks of rising healthcare cost. The priority is to cater to citizens' healthcare needs. However, many leading healthcare professionals may be drawn to the MT sector, where financial incentives are more lucrative. This can create a disparity in service levels, leaving local citizens feeling anxious and concerned about the diminished quality of care they receive, which could be inferior to the superior experience offered to medical tourists.



### 6.6. Health policy ethics

The MT industry largely operates without comprehensive international standards and regulatory frameworks, except for organ transplantation. This oversight has enabled various unethical practices, including the administration of experimental or unlawful treatments to susceptible patients (Lunt & Mannion, 2014; Cong *et al.*, 2023).

Furthermore, the MT industry is at the forefront of facing cross-border health security risks, particularly through the potential spread of infectious diseases from overseas healthcare providers to medical tourists when they return to their home countries and vice versa. This can lead to emerging infectious diseases compromising the health of individuals and communities (Koussayer *et al.*, 2024). Another issue arising in the MT sector is the unclear professional accountability of intermediary healthcare actors (Mogaka *et al.*, 2017), who serve as liaisons between healthcare providers and international patients. Their role is to facilitate treatment arrangements and associated logistics.

Despite progress, systemic inequities and regulatory gaps persist, raising ethical concerns on equity, access, and sustainability. The ethical challenges facing the sub-Saharan Africa's MT sector should be addressed using a comprehensive approach. Integrating ethical frameworks in Uganda's MT landscape, such as the Four Principles of Bioethics, Human Rights-Based Approach, Public Health Ethics, and Ubuntu Moral Frameworks, can guide and shape reforms, prioritizing justice, autonomy, beneficence, and non-maleficence for an inclusive and fair health system through NHIS.

### 6.7. Impact of MT on paramedical and medical migration

MT could contribute to brain drain among healthcare professionals, leading to reduced capacity and increased workload for remaining staff. By addressing these issues, Uganda can develop more effective reforms exemplified by retention strategies and workforce development to mitigate paramedical and medical migration spurred on by the booming MT industry.

## 7. Recommendations to creating a sustainable health ecosystem

First, while taking cognizance of the challenges that arise in developing countries associated with MT, it is necessary to learn from other countries the dynamics of MT and to explore the potential of MT as a game-changer for health financing and achievement of SDG health goals. Second, a comprehensive strategy is imperative. This should include

investment in infrastructure and technology to modernize and equip healthcare facilities, and provide specialized training for healthcare professionals. Similarly, it is critical to design MT policies and improve regulatory frameworks, including familiarizing with destination country protocols and the public's overall health literacy, as well as implementing stringent quality standards, certifications, and accreditation processes to foster trust and confidence. Furthermore, to create a sustainable health ecosystem, comprehensive MT packages featuring visits to well-developed tourism attractions while receiving treatments in private healthcare institutions should be developed. This can be further enhanced by gradually transforming the region as a feasible MT destination, which could bring about beneficial impacts, such as strengthened health systems, increased investment, and contribution to the economy. To boost MT, a range of health system reforms can be implemented, especially in the aspects of policy changes, harmonized regulations, accreditation of standards, infrastructure development, financial incentives, streamlined visa processes, and strategic collaborations and investments. In addition, establishing a NHIS that offers coverage for treatments received abroad marks a significant step toward enhancing overall healthcare delivery and legitimizing MT as a recognized component of the health system.

## 8. Conclusion

Slated as a strategy to address the limitations of universal healthcare and curb outbound medical expenditures, MT should be designed to leverage government funds to stimulate growth in targeted sectors of the economy. To establish themselves as MT destinations, sub-Saharan African countries must invest in strengthening healthcare infrastructure and obtaining international accreditation for their medical institutions. This perspective paper offers valuable viewpoints drawn from a single-country case study. While not generalizable to all settings and contexts, our perspectives may inform the development of MT frameworks in socioeconomical settings comparable to those of the sub-Saharan countries. Thus, this can shift MT industry equilibria, drive firms to innovate, and enhance health system resilience.

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