



**World Health  
Organization**

**Patient Safety**

A World Alliance for Safer Health Care

# Medical Tourism

**Edward Kelley,  
WHO Patient Safety Programme**

**02 October 2013**



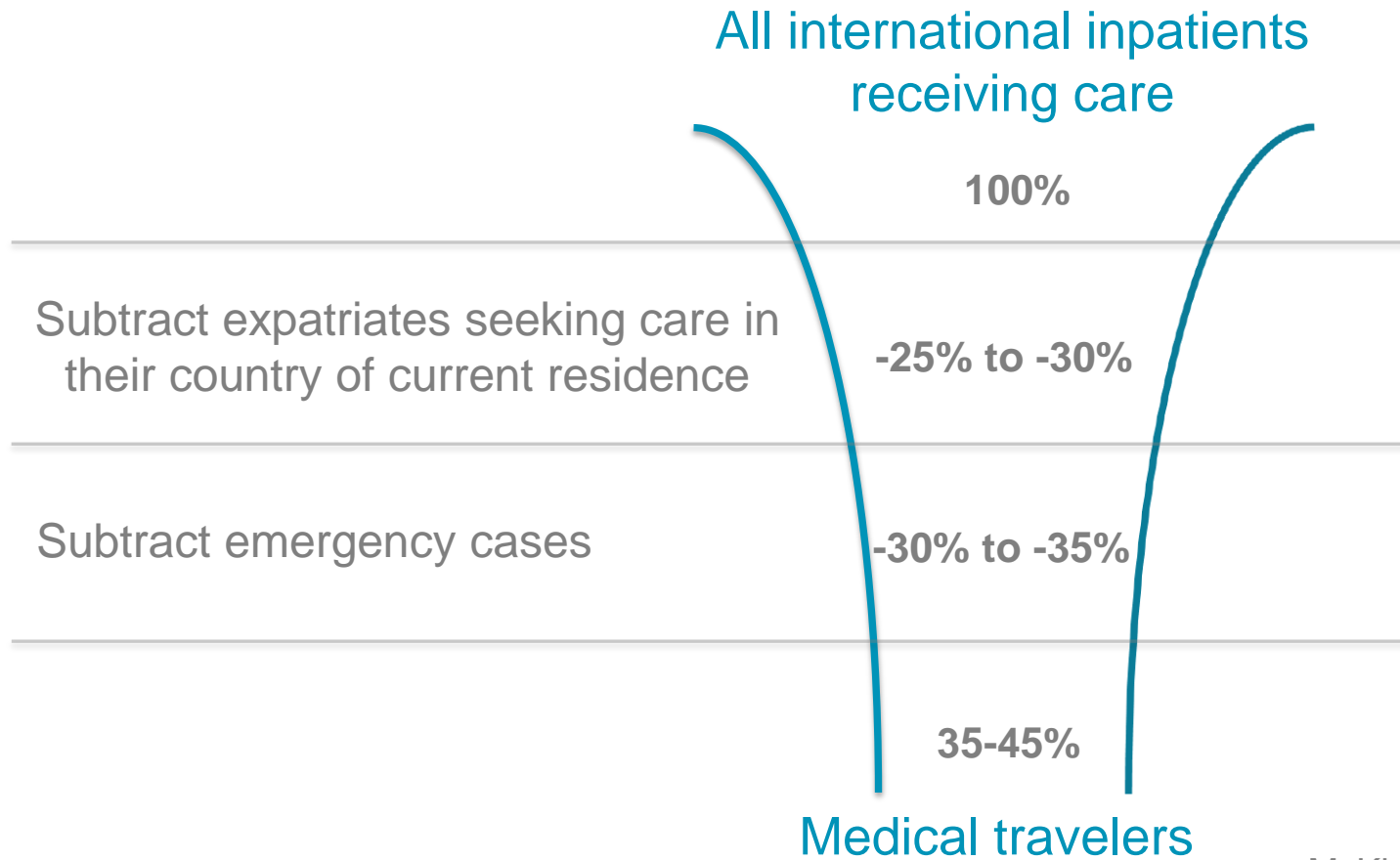
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# What is *medical tourism*?

- Medical tourists elect to **travel across international borders** to receive some form of medical treatment
  - *Treatments may span the full range of medical services*
  - *Most common: dental care, cosmetic surgery, elective surgery, and fertility treatment – OECD, 2010*
- **No agreed definition** of medical tourism exist; as a result methods applied by countries vary substantially
  - *Some countries count foreign patients' visits to hospitals whereas others count the entry of individual patients into the country*
  - *Other countries record nationality but not place of residence of patients, can be problematic when migrants return to home country for treatment – WHO, 2011*

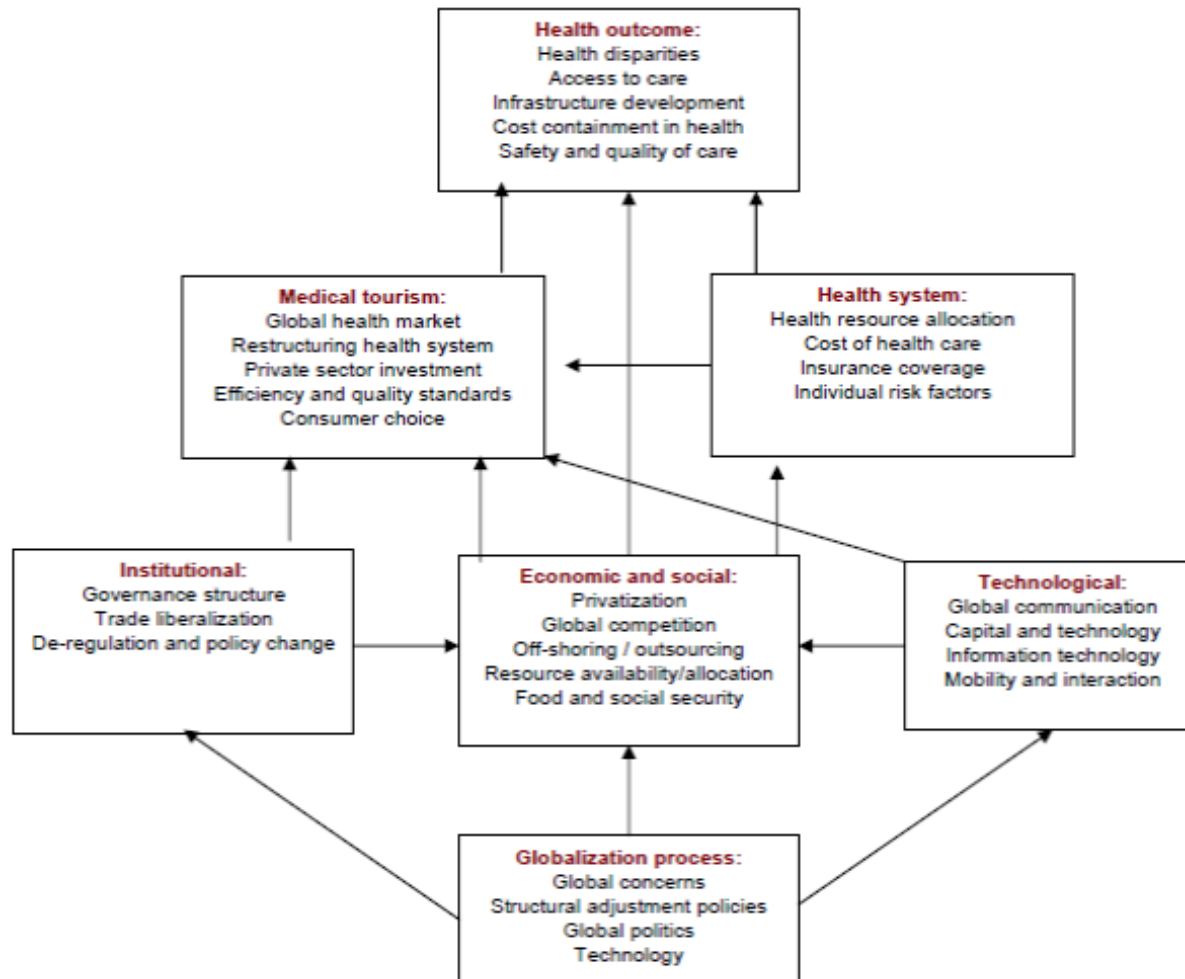
# What is *medical tourism*?



McKinsey Quarterly, 2008

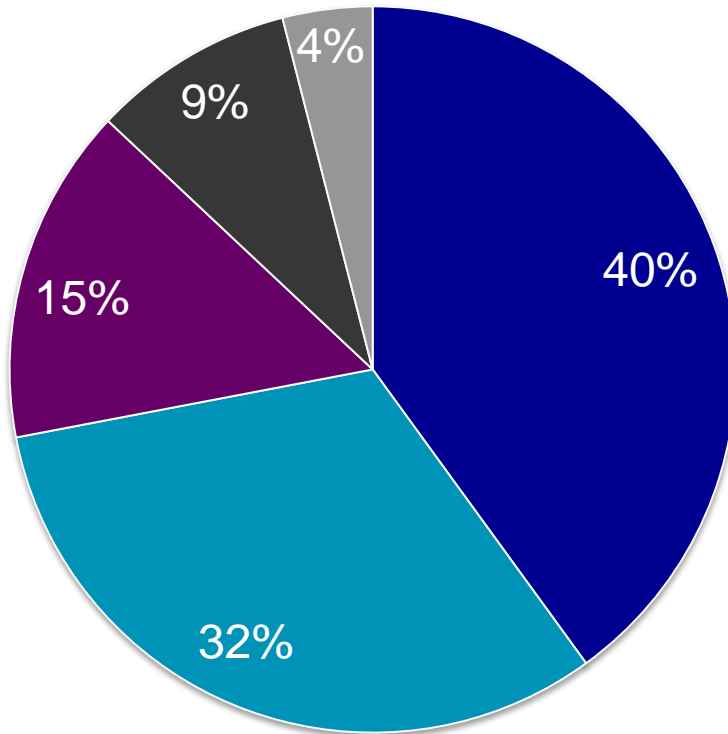
# What is *medical tourism*?

Figure 3 Conceptual framework of globalization and medical tourism



# Main drivers of medical tourism

Relative size of medical-traveler segments  
(100% = 49,980 patients)



- Most advanced technology
- Better-quality care for medically necessary procedures
- Quicker access for medically necessary procedures
- Lower-cost care for medically necessary procedures
- Lower-cost care for discretionary procedures

McKinsey Quarterly, 2008

# Prices & cost savings

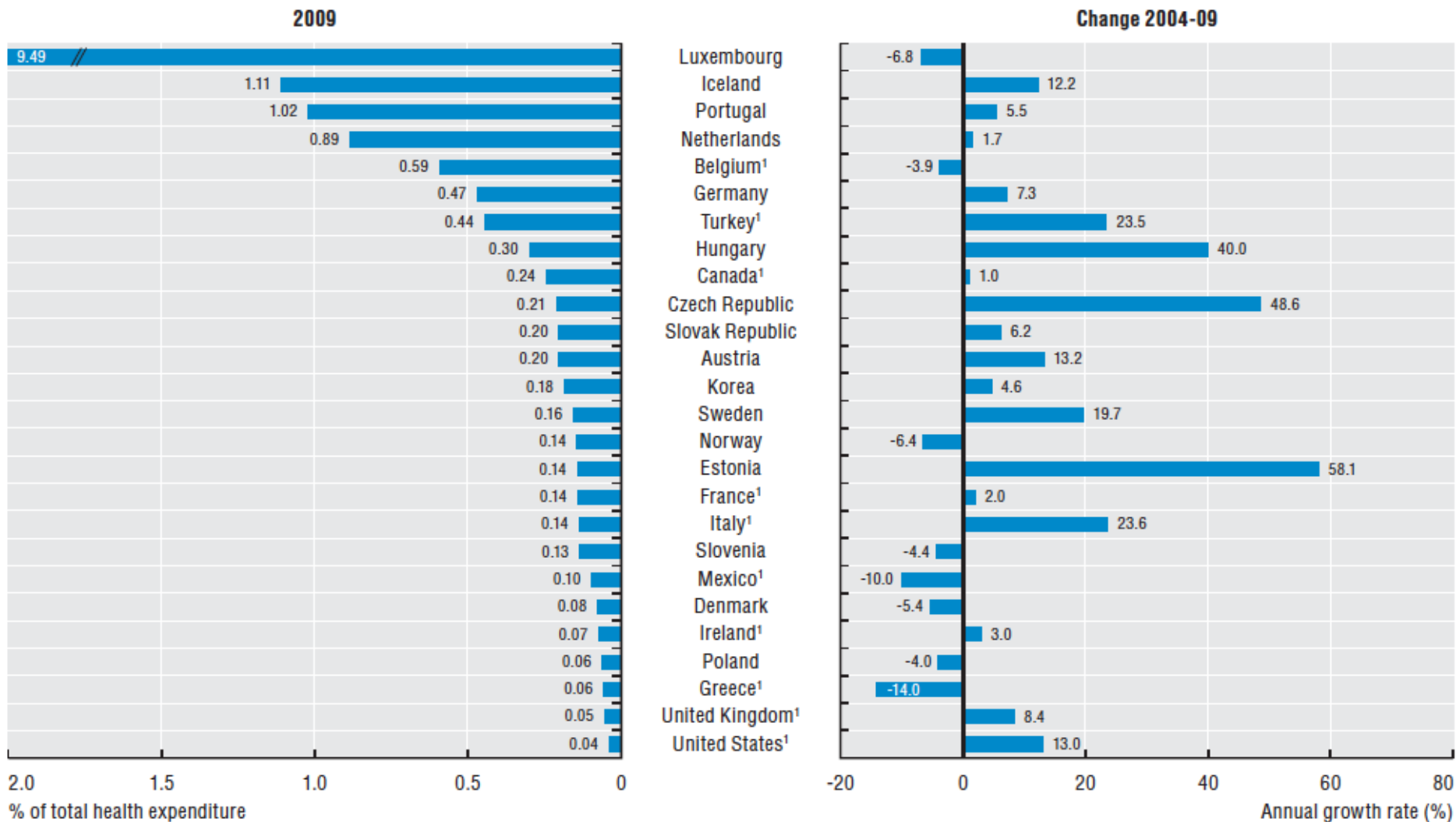
Procedure	Medical tourism prices (in US\$)						
	Countries						
	US	India	Thailand	Singapore	Malaysia	Mexico	Poland
Heart Bypass	113.000	10.000	13.000	20.000	9.000	3.250	7.140
Heart Valve Replacement	150.000	9.500	11.000	13.000	9.000	18.000	9.520
Angioplasty	47.000	11.000	10.000	13.000	11.000	15.000	7.300
Hip Replacement	47.000	9.000	12.000	11.000	10.000	173.000	6.120
Knee Replacement	48.000	8.500	10.000	13.000	8.000	14.650	6.375

Procedure	Cost savings (in £)						Total saved
	Cost UK	Cost India	Cost of flight	Total cost India	Cost saved per operation	Waiting list	
Coronary artery bypass graft	8.631	3.413	500	3.913	4.718	97	<b>457.646</b>
Total hip replacement	8.811	3.413	500	3.913	4.898	28.800	<b>141.062.400</b>
Total knee replacement	6.377	5.145	500	5.645	732	53.911	<b>39.462.852</b>

OECD, 2011

# OECD countries – Imports

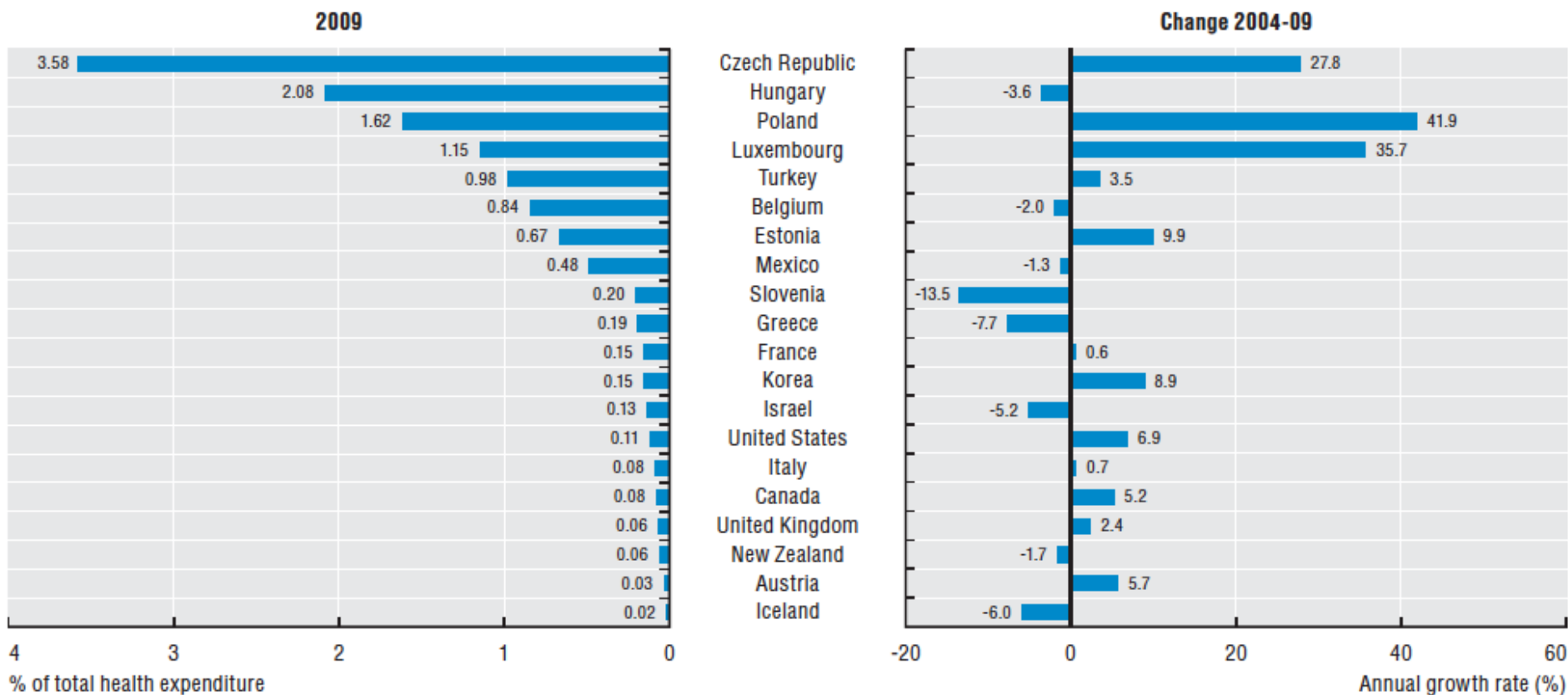
Imports of health care services as share of total health expenditure, 2009 and annual growth rate in real terms, 2004-09 (or nearest year)



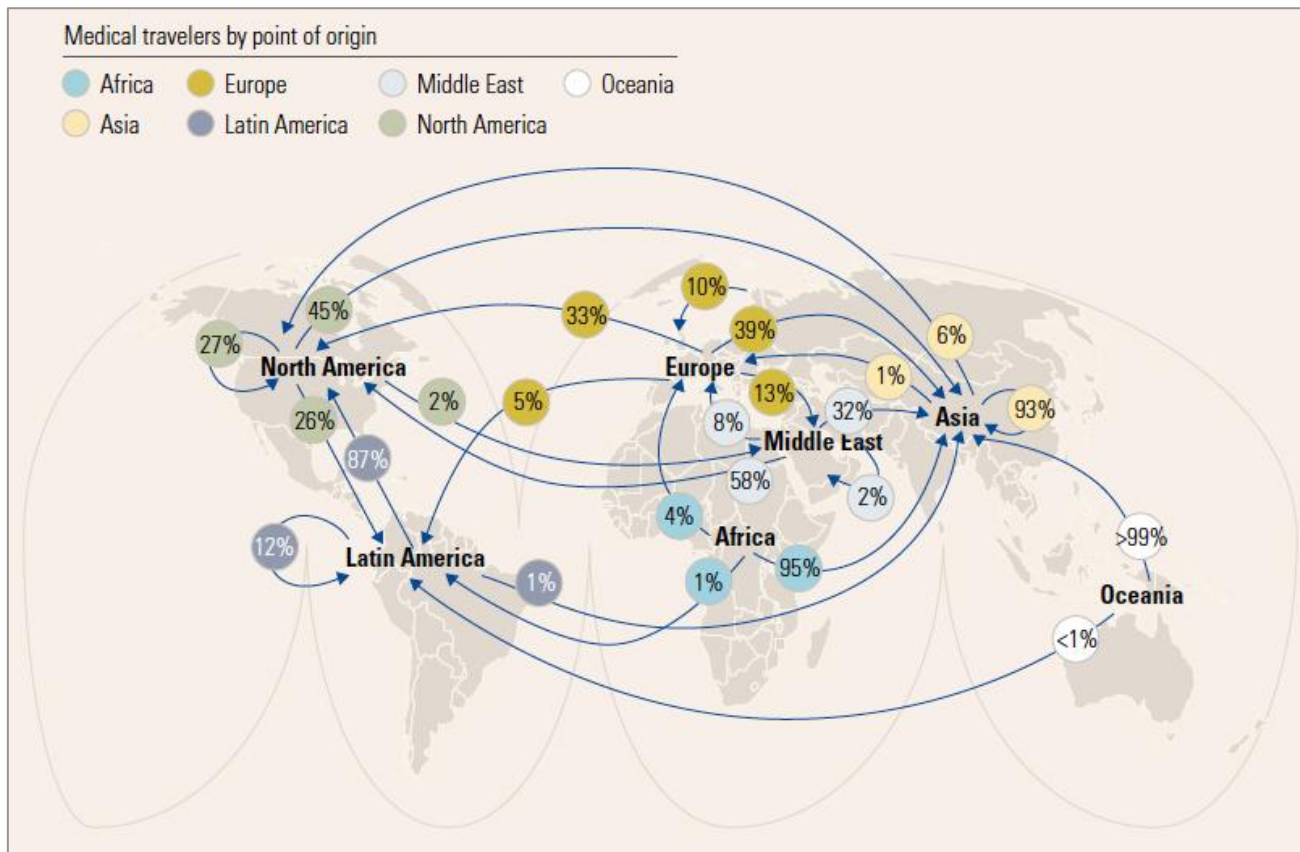


# OECD countries – Exports

Exports of health-related travel as share of total health expenditure, 2009 and annual growth rate in real terms, 2004-09 (or nearest year)



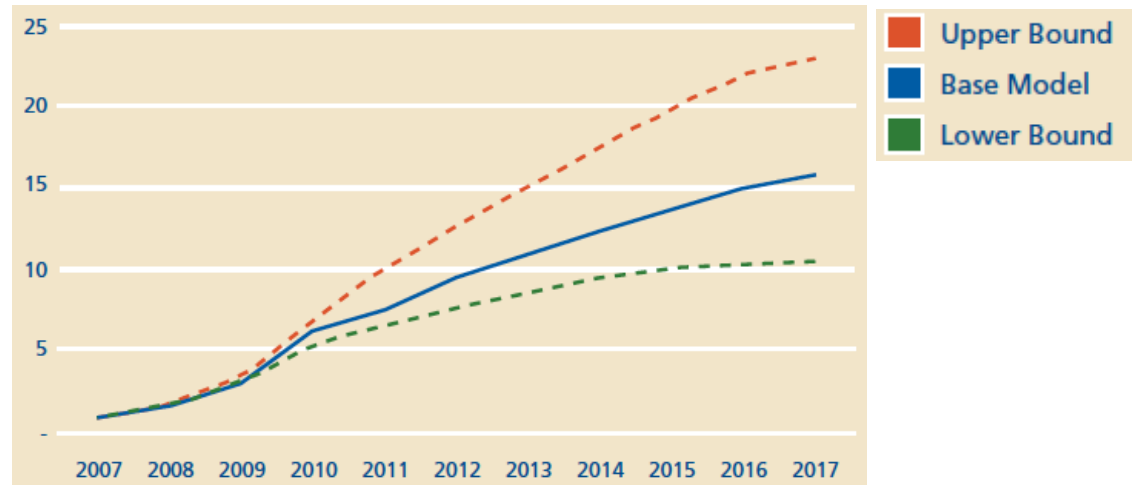
# Medical travelers by point of origin



McKinsey Quarterly, 2008

# US: Patient Demand

Outbound Patient Flow,  
10-Year Projection (millions)



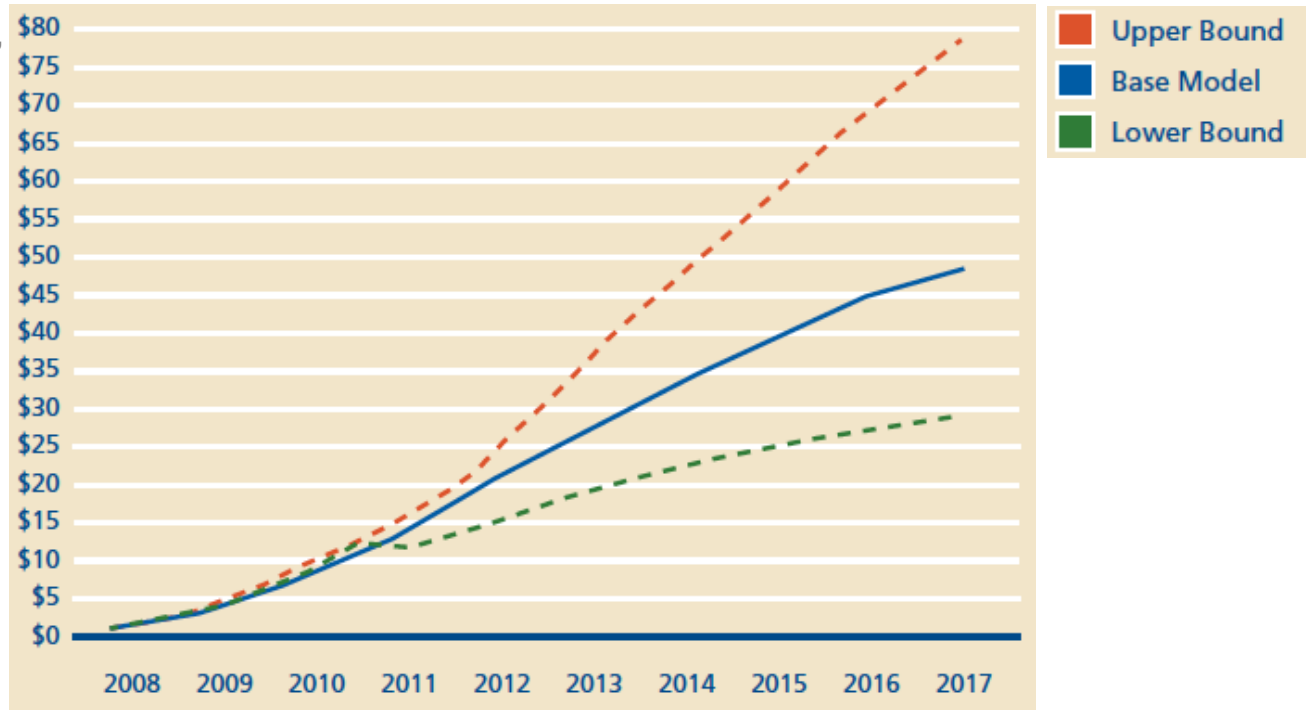
Patient Demand,  
Outbound Tourism

Year		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Base Case	Patients (millions)	0.75	1.50	3.00	6.00	7.50	9.38	10.78	12.39	13.64	15.00	15.75
	Growth Rate %	100	100	100	25	25	15	15	10	10	5	
Lower Bound	Patients (millions)	0.75	1.50	3.00	5.25	6.56	7.55	8.68	9.55	10.02	10.32	10.43
	Growth Rate %	100	100	75	25	15	15	10	5	3	1	
Upper Bound	Patients (millions)	0.75	1.69	3.38	6.75	10.13	12.66	15.19	17.47	20.09	22.09	23.20
	Growth Rate %	125	100	100	50	25	20	15	15	10	5	

Deloitte, 2008

# US: Cost Estimation

US Spending Abroad,  
10 Years



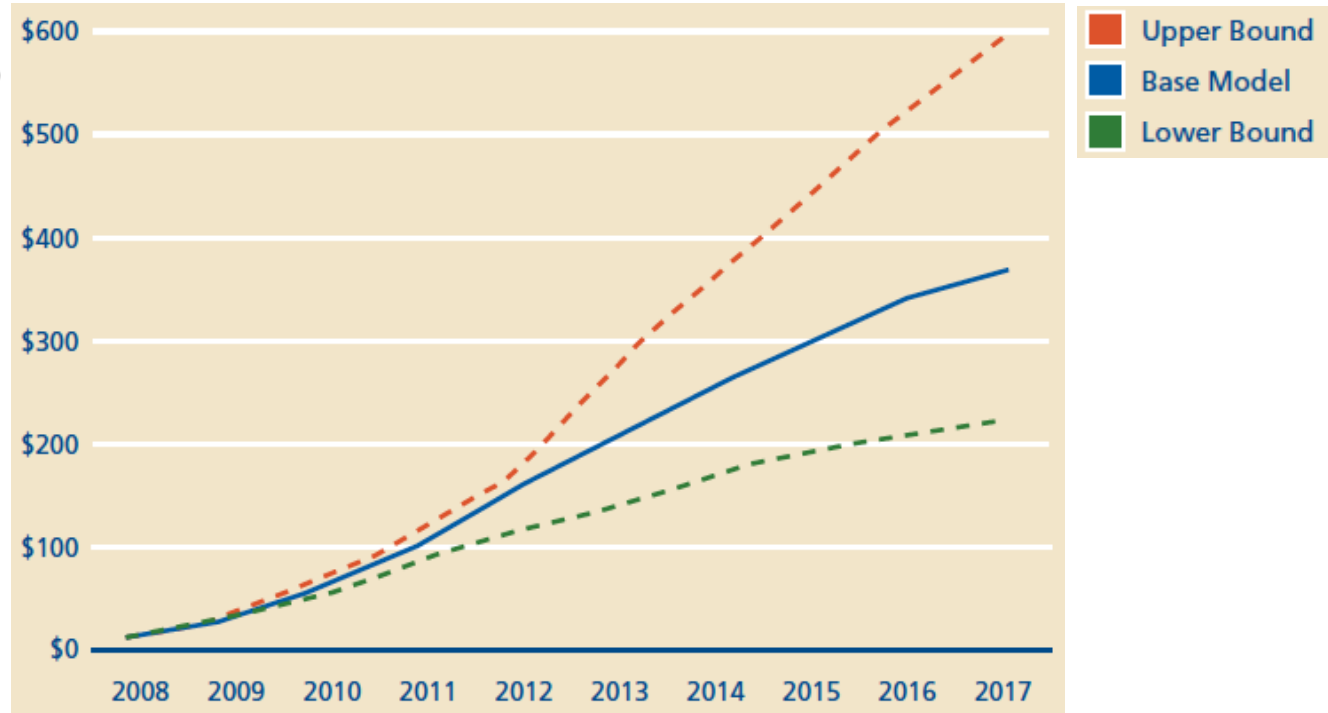
Cost Estimation for Spending by  
Outbound US Medical Tourists

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Base Case Spending (billions U.S.\$)	2.1	4.4	9.0	13.9	21.4	27.6	34.1	40.4	45.7	49.5
Lower Bound Spending (billions U.S.\$)	2.1	4.4	7.9	12.1	15.6	19.3	22.9	25.9	28.0	30.3
Upper Bound Spending (billions U.S.\$)	2.4	4.9	10.1	15.6	24.1	37.2	47.9	59.2	70.2	79.5

Deloitte, 2008

# US: Lost Domestic Spending

Lost US Domestic Spending,  
10 Year Projection (billion US\$)



Lost Domestic Spending in US by  
Outbound US Medical Tourists

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Base Case Lost Spending (billions U.S.\$)	15.9	32.8	67.7	104.5	161.5	207.9	257.0	304.4	344.9	373.0
Lower Bound Lost Spending (billions U.S.\$)	15.9	32.8	59.2	91.5	117.8	145.5	172.4	195.3	211.2	228.5
Upper Bound Lost Spending (billions U.S.\$)	17.9	36.9	76.1	117.6	181.7	280.7	361.4	446.7	529.1	599.5

Deloitte, 2008

# US: Insurance Pilot Programs

## Medical Tourism Pilot Programs within Health Benefits Plans

Insurer	State	Foreign Medical Site	Program Summary
<b>Anthem Blue Cross and Blue Shield (WellPoint)</b>	<b>Wisconsin</b>	<b>Apollo Hospitals, India</b>	<ul style="list-style-type: none"> <li>• Will send the employees of Serigraph, Inc., a corporate client of Anthem WellPoint, to Apollo Hospitals for certain elective procedures; the program will start with Delhi and Bangalore facilities and later expand to all JCI-accredited Apollo Hospitals</li> <li>• Pilot project will cover about 700 group members</li> <li>• All financial details, including travel and medical arrangements, will be managed by Anthem WellPoint</li> </ul>
<b>United Group Program</b>	<b>Florida</b>	<b>Bummigrad, Thailand Apollo Hospitals, India</b>	<ul style="list-style-type: none"> <li>• Actively promoting medical tourism to more than 200,000 individuals covered through self-funded health plans and fully-insured, mini-med plans</li> </ul>
<b>Blue Shield and Health Net</b>	<b>California</b>	<b>Mexico</b>	<ul style="list-style-type: none"> <li>• Covers about 20,000 patients</li> <li>• Focused on employers that hire a large number of Mexican immigrants</li> </ul>
<b>Blue Cross Blue Shield</b>	<b>South Carolina</b>	<b>Bummigrad, Thailand</b>	<ul style="list-style-type: none"> <li>• Will cover patients' procedures organized through Companion Global if their plans cover travel</li> <li>• Will also cover two follow-up visits with physicians at Doctors Care</li> </ul>

Deloitte, 2009

# Europe: New regulations

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## Cross-border healthcare 2013

- Accordance with principle of free movement of services
- Patients (insurers) have to pay same price of intervention as in their own Member State to avoid competitive disadvantages
- Although large differences in prices of healthcare services exist between individual Member States

European Parliament, 2013

# WHO Resolution WHA59.26 (2006): *International trade and health*

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- Urges **Member States** to:
  - *Promote multi-stakeholder dialogue at national level*
  - *Adopt policies, laws and regulations that deal with issues identified in dialogue*
  - *Apply/establish coordination mechanism to address public-health related aspects*
  - *Create constructive and interactive relationships across public and private sectors*
  - *Continue to develop capacity at national level for potential opportunities/challenges*
- Requests the **Director-General** to:
  - *Provide support to Member States in their effort to frame coherent policies*
  - *Respond to Member States' request for support of their effort to build capacity and to address relevant policies, opportunities and challenges*
  - *Continue collaborating with competent organizations to support policy coherence*
  - *Report to the Sixty-first WHA on progress made in implementing this resolution*



# Transplant Tourism & Organ trafficking



# Transplant Tourism & Organ trafficking

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## “Organ trafficking”

- ✓ financial gain on the organ as such (commercialism)
- ✓ and/or lack of consent of the donor
- ✓ and/or transplantation outside of the established system

## “Transplant tourism”

involves the donor, the recipient or both crossing national boundaries for the recipient to access a trafficked organ.

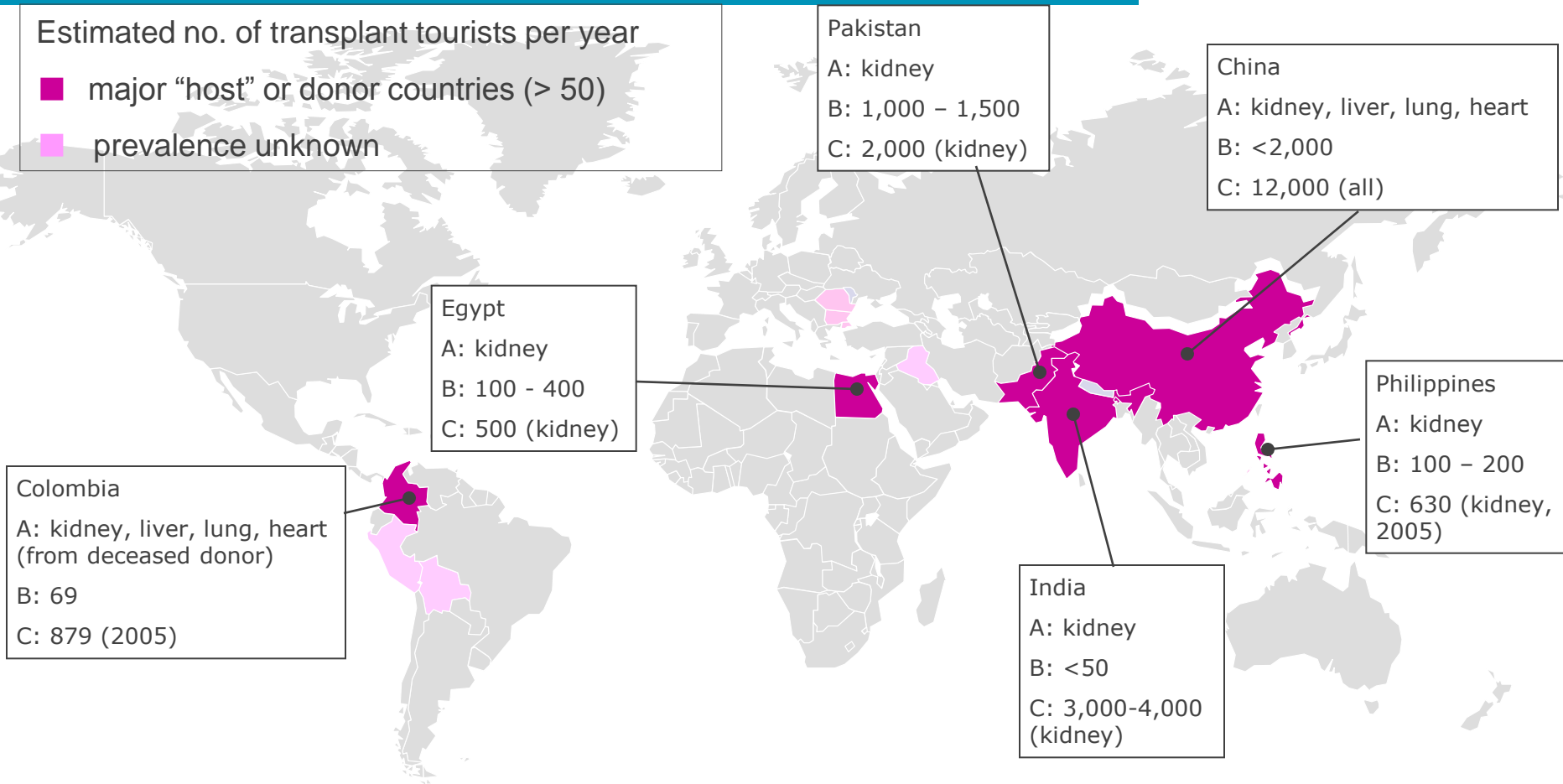
# Transplant Tourism

## Major destinations: "host" countries (2005/6)

Countries  
 A: type of organ  
 B: Estimated no. of transplant tourists  
 C: Estimated no. of transplantation

Estimated no. of transplant tourists per year

- major "host" or donor countries (> 50)
- prevalence unknown





# The Declaration of Istanbul



## The Declaration of Istanbul on Organ Trafficking and Transplant Tourism



*Participants in the International Summit on Transplant Tourism and Organ Trafficking convened by The Transplantation Society and International Society of Nephrology in Istanbul, Turkey, April 30–May 2, 2008\**

### Preamble

Organ transplantation, one of the medical miracles of the twentieth century, has prolonged and improved the lives of hundreds of thousands of patients worldwide. The many great scientific and clinical advances of dedicated health professionals, as well as countless acts of generosity by organ donors and their families, have made transplantation not only a life-saving therapy but a shining symbol of human solidarity. Yet these accomplishments have been tarnished by numerous reports of trafficking in human beings who are used as sources of organs and of patient-tourists from rich countries who travel abroad to purchase organs from poor people. In 2004, the World Health Organization, called on member states "to take measures to protect the poorest and vulnerable groups from transplant tourism and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs" (1).

To address the urgent and growing problems of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs, a Summit Meeting of more than 150 representatives of scientific and medical bodies from around the world, government officials, social scientists, and ethicists, was held in Istanbul from April 30 to May 2, 2008. Preparatory work for the meeting was undertaken by a Steering Committee convened by The Transplantation Society (TTS) and the International Society of Nephrology (ISN) in Dubai in December 2007. That committee's draft declaration was widely circulated and then revised in light of the comments received. At the Summit, the revised draft was reviewed by working groups and finalized in plenary deliberations.

International Summit  
Transplant Tourism  
Organ Trafficking  
Istanbul

International Summit  
Transplant Tourism and  
Organ Trafficking



# WHO: Strengthening Safety and Service Delivery



[Statistics](#)
[Media centre](#)
[Publications](#)
[Countries](#)
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**Health systems**

## Health systems service delivery

People-centred and integrated health services are critical for reaching universal health coverage.

People-centred care is care that is focused and



... rather, rather care is the individual care encompasses these clinical to the health of people in their communities policy and health services.



**WORLD ALLIANCE for PATIENT SAFETY**

*Safe Surgery Saves Lives*

World Health Organization

# WHO: Strengthening Safety and Service Delivery

## Legal/Ethical

- Impact on fair distribution of medical resources
- Is a proper contract of services made? Who is accountable in case of complications?
- Historically, what has been hospital's track record in dealing with malpractice claims?
- What are the local laws and regulations to deal with malpractice issues, particularly with IVF?
- Is there any government/non-profit organization to help them with legal assistance and advice in case of malpractice?

## Safety

- Quality of information provided to patients traveling abroad to get health care
- Are the accreditations regularly renewed?
- Is the hospital following the standard safety norms? Are the disposables being taken care of properly?
- Are the food and inpatient facilities hygienic?
- Is staff fluent in English or is interpreter competent to prevent any miscommunication?
- How safe and secure is the environment at the provider site?
- What are the precautions to be taken for the post-procedural care?

# Patient Story: Lin Yu Shan



- **Story of Lin Yu Shan** from Taiwan-China

- *Lin was completely blind after complications from a life-threatening skin condition*
- *Three surgeries were unsuccessfully and Lin almost lost her right eye completely*
- *In her desperation Lin travelled to Singapore to see Dr. Leonard Ang, an award-winning ophthalmologist at the Novena Medical Center in Singapore*
- *After a complicated four-hour surgery, Lin was able to see after a week*
- *Two and a half months later, her vision was completely restored on the eye and she was able to return to a life of light and sign*

- **Singapore** is one of the top medical destinations in the world

- *Around 850,000 foreign patients in 2012 generating revenue worth \$3.5 billion*

Asia Weekly, 2013