



MARKETING OPPORTUNITIES OF HEALTH TOURISM DESTINATION IN ECOWAS REGION: THE CASE OF NIGERIA.

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Received: 14th of September, 2021

Accepted 18th of November, 2021

Date of Publication: December, 2021

ABSTRACT

The study is motivated by the need to develop a health tourism destination in the region of Economic Community of West African States (ECOWAS). Due to deplorable healthcare sector, Nigeria serves as a rich source of health tourists to the international community, resulting in huge drain of the nation's resources. The study aims at investigating the extent of marketing opportunities associated with health tourism in the sub-region and explores the forces impeding Nigeria's transformation into a health tourism destination country. A survey method is used. The target population is 30,642 comprising Health tourists, Medical Consultants, Marketing Practitioners and the sample size is 395. One hypothesis and two research questions guided the study. Primary and secondary sources of data are accessed. The questionnaire is validated by expert opinions and adopts the five-point Likert Scale format. The reliability coefficient of the research instrument, 0.975 is estimated from the pilot study. With one-way ANOVA and Minitab software techniques, the hypothesis of the study is tested at 0.05 level of significance and 23 degrees of freedom. The study reveals significant marketing opportunities of health tourism destination in ECOWAS region with effect size of 82.68 percent and queried political system, social system, corruption and weak public institutions as forces impeding Nigeria's transformation into a health tourism destination country. It is recommended that Nigeria entrenches strong political system, overhauls social system, doggedly fights corruption and strengthens foundations of her public institutions while upgrading medical infrastructures, healthcare services, public utilities and security architectures to international standards to become a health tourism destination country in West African sub-region and beyond.

KEYWORDS:

Health tourism; Destination; Medical tourism; ECOWAS; Tourist's experience; Brain gain.

URL: <http://journals.covenantuniversity.edu.ng/index.php/cjbss>

1. INTRODUCTION.

The Economic Community of West African States (ECOWAS) is a regional organization of fifteen countries located in the West African region, namely, Benin, Burkina Faso, Cape Verde, Côte D'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo (Aidam and Sombie,2016). In 1987, the ECOWAS Authority of Heads of States established the West African Health Organization (WAHO), a Specialized Agency, to implement regional health integration program and curb the health problems of the sub-region. Many studies have queried the deplorable healthcare systems in the region, culminating into citizens travelling to America, Europe and Asia in search of quality medical treatments and healthcare services. Heads of States, Governors, top politicians/government officials and other able-to-pay Nigerians/Africans who are well placed to transform the National Health Scheme fly regularly to the best health tourism destinations to obtain medical treatments, leaving the healthcare system in 'comatose state' and less privileged citizens to fate. These cross-border trips undertaken for purposes of medical interventions constitute health tourism. The medical interventions include heart surgery, orthopedic surgery(knee or hip replacement), neurosurgery, organ transplants, assisted pregnancy (in-vitro fertilization), medical check-ups, health screening, dental treatment, prosthetic fitting, cancer treatment and other advanced healthcare services (Jones and Keith,2006). Patients often travel to other countries to access medical procedures physicians are unable to perform at home due to their delicate nature and perceived risks. The pathways through which the health tourists reach their destinations and visit places of attractions constitute the health tourism channels. In addition, the national health insurance programmes of the home country may not cover operations like cosmetic surgery (obesity and plastic), cosmetic dentistry, breast augmentation and stem cell therapy treatment, making health tourism inevitable.

Kabani, (2015) posits three requirements for a country to become a health tourism destination, namely; macroeconomic, microeconomic and individual patient requirements. The macro- and micro-economic requirements are to be fulfilled by government and hospitals respectively while individual patient requirements relate to conditions for easy access of health tourist to medical facilities. The macro-economic requirements focus on national security, visa/government policies, doctor to patient ratios, retention of local healthcare professionals and attraction of foreign specialist physicians (brain gain),among others. The micro-economic requirements include obtaining certifications such as ISO 9000 from international healthcare accreditation organizations (e.g., Joint Commission International-JCI Gold Seal). Shahijan, et al,(2015) posit that destination image, hospital service quality, hospital accreditation, patient satisfaction and word of mouth exert influence on the behaviors of medical travelers. Johnston, et al, (2015) reveal the role of health insurance portability in driving the process of international hospital accreditation. These factors are indispensable in the development of a health tourism destination.

In view of Africa's healthcare structure, comprising few well-equipped private hospitals and underfunded public medical institutions, the only health tourism destinations in African Continent are Tunisia and South Africa (Sencan, et al, 2012). In Nigeria, the health sector comprises private health care, public health care, non-governmental/ faith-based organizations and traditional health care centers. The local governments and private medical professionals operate the primary health care, the State Ministries of Health manage the secondary healthcare and the teaching hospitals, specialist hospitals and federal medical centers oversee the tertiary health care system. The voluntary, non-governmental organizations, faith-based organizations and private medical professionals collaborate with secondary and tertiary sections to deliver medical care, (Adeyemo, 2005). Due to the ever- deteriorating health sector, Nigeria

with a patient–base of about one hundred and ninety million (population estimate), serves as a huge source of health tourists to other countries of the world. According to Dr. Theophilus Ndubuaku, an average of 9,000 Nigerians travel to other countries for the purpose of receiving medical interventions on monthly basis (Onen, 2018). Out of this figure, India plays host to 500 and some patients still go back for check-ups and corrective surgery monthly. With the teeming population of the sub-region, the development of a health tourism destination would lead to the attainment of the objectives of regional health integration policy of the West African Health Organization (WAHO). The policy anchors on the provision of cost-effective healthcare system involving highly trained and experienced medical professionals, high-tech and specialized ultra-modern medical equipment and facilities. Considering her abundant human and material resources, Nigeria needs to transform the healthcare system and touristy to international standards as to access the marketing opportunities. That the Federal Government of Nigeria is mentally married to the petro-dollar sources, without safeguarding the health of the peoples of the ECOWAS region through health tourism with its accompanying revenue streams, is rather absurd. The study therefore attempts to determine the extent of marketing opportunities associated with health tourism destination in the ECOWAS region and explore the forces impeding Nigeria’s transformation into a health tourism destination country.

Furthermore, the study examined related literature, methodology, analyzed data collected and presented the findings with appropriate recommendations.

1.1 Statement of the problem.

The impressive growth of the tourism industry in the twenty-first century is attributed to the global phenomenon of health tourism. The rate at which Nigerians travel to foreign countries to seek medical treatment and greener pastures by healthcare professionals is alarming. According to Philips Consulting, (2017), the current doctor-to-patient ratio of 1: 2,000, nurse-to-patient ratio of 1: 20,000 and 37,000 Nigerian medical doctors in diaspora (Okafor, 2017), pose serious challenge to sustainable healthcare system, leading to lax implementations of policies such as National Health Policy, National Health Financing Policy, National Health Bill, National Strategic Health Development Plan, National Policy on Integrated Disease Surveillance and Response (IDSR), Mental Health Policies and Reproductive Health Policies. The broad objective of the healthcare policy is to strengthen the national health system to provide effective, efficient, quality, accessible and affordable health services to improve the health of Nigerian citizens under the umbrella of the health-related Millennium Development Goals (MDGs). But the pervasiveness of communicable and non-communicable diseases orchestrated by infrastructural dilapidations, obsolete/ insufficient equipment and technology (Akinsete, 2016; Abubakar et al, 2018), is ever-increasing. Orekoya and Oduyoye, (2018) reported that the health status indicators such as maternal mortality rate, (one mother’s death in about one hundred deliveries), under-5 mortality/adult mortality rates in Nigeria are about the highest in Sub-Saharan Africa. Some medical cases that require complex and delicate procedures are becoming frequent. Mekwunye, (2016) remarked that government owned hospitals now do referrals to private owned hospitals and laboratories. The deplorable healthcare system has given birth to uninterrupted referrals of most health conditions to foreign hospitals by medical consultants.

It is estimated that Africa incurs a huge economic loss of about \$1 billion on medical tourism annually (Iwuoha, 2016). The Economic Community of West African States has the biggest population size on the African continent (Ige and Odularu, 2008). With its large human population, ECOWAS cannot boast of a health tourism destination in the region. Even ‘Nigeria’s Buhari broke promise to end medical tourism’

(BBC, 2016). Ibekwe, (2016), noted with dismay that the underfunding of Nigeria's health care sector where only 4.3% of the total 2016 budget was allocated to health is in contradistinction to the 26% allocation recommended by the United Nations. At the launch in Abuja of the 120 Watts Holmium Laser equipment procured by Kelina Hospital, the National Secretary, Academic Staff Union of Research Institutions (ASURI), Dr. Theophilus Ndubuaku revealed that Nigeria losses N359.2 billion to medical tourism annually, which is more than the N340.45 billion allocated the health sector in the 2018 budget (Onen,2018).The analysis of the figure shows that medical tourism alone represents about 3.9 per cent of the total N8.6 trillion expenditure plan, implying health cost of N1,888 per citizen in 2018.

With the preponderance of poor road networks, uncoordinated transport modes, epileptic power supplies, inadequate communication infrastructures and abridged health insurance schemes in some ECOWAS countries especially Nigeria, meeting the health tourists' expectations poses serious challenges. The fragile security system in Nigeria arising from unbridled carnage embedded in criminality, the nascent democracy which seems to lack respect for human rights and competition by cheap foreign destinations, impede Nigeria's transformation into a health tourism destination in the sub-region. While the previous studies unveiled the impediments to Nigeria's attainment of health tourism destination, this study attempts to fill the knowledge gap by exploring the forces that precipitated the obstacles.

With the prevailing economic conditions in the ECOWAS region, where about 51 per cent of the people live in absolute poverty (Ige, et al, 2008), the emergence of cost-effective regional health tourism destination is rather compelling. In view of the untapped healthcare market in Africa, worth over \$35 billion annually (Iwuoha, 2016), evaluating the extent of marketing opportunities associated with health tourism destination in the West African sub-region and exploring the forces militating against the transformation of the healthcare infrastructures and public utilities to international standards, constitute the core of investigation of this study, among others.

1.2 Objectives of the study.

The broad objective of the study is to determine the marketing opportunities associated with health tourism destination in ECOWAS region, capable of motivating the Nigerian government to transform the healthcare institutions/infrastructures and public utilities to international standards. The specific objective is to evaluate the extent of marketing opportunities in the sub-region, capable of motivating the Nigerian government to transform the healthcare institutions/infrastructures and public utilities to international standards and explore the forces impeding Nigeria's transformation into a health tourism destination country in ECOWAS region.

1.3 Research questions.

- a). What is the extent of marketing opportunities associated with health tourism destination in the ECOWAS region?
- b).What constitutes the forces impeding Nigeria's transformation into a health tourism destination country in the ECOWAS region?

1.4. Hypothesis formulation

At 95% confidence level, the hypothesis, stated in null form, is formulated for testing.

Ho. Health tourism destination has no significant marketing opportunities for Nigeria in ECOWAS region.

1.5 Scope of the Study.

The study focused on evaluating the extent of marketing opportunities of health tourism destination in the Economic Community of West African State (ECOWAS). Nigeria, being one of the major sources of health tourists to the global community constitutes the study centre. The health tourists, medical consultants and marketing practitioners are involved in the study to elicit enlightened responses. Most health tourists are the referrals of the medical consultants who also render aftercare services to the patients when they return to Nigeria. The marketing practitioners are facilitators that provide support services to meet the health tourists' expectations.

2. REVIEW OF RELATED LITERATURE.

The literature was reviewed conceptually, theoretically and empirically.

2.1. Conceptual Review

When people travel from where they live to another place for purposes of treatment, it is health tourism (Khan, et al, 2017). Health tourism indicates either a breakdown of healthcare service delivery or high treatment costs at the tourist's home country. It consists of measures adopted by destination countries to attract foreign patients, including the channels the tourists use to reach their destinations. On a broad perspective, the elements in health tourism include medical, thermal/SPA-wellness, elderly and disabled tourisms (Sencan, et al, 2012). Medical tourism refers to travels for treatment and activities undertaken to improve the well-being of the tourist. Circumvention tourism is part of medical tourism. It involves people travelling abroad to obtain medical services which are legal in the destination country and illegal in their home country. The examples of such services include fertility treatments, abortion and doctor-assisted suicide. Thermal/SPA-wellness tourism relates to foreign trips undertaken to maintain physical and psychological health. It entails utilizing clean air (climatism), thermal springing (thermalism) and treatments involving fruits /vegetables (uvalism). When elderly persons (60 years and above) travel abroad for the purpose of seeking medical interventions, it is elderly tourism. Disabled tourism refers to the physically challenged persons (disabled) undertaking foreign trips for medical treatments and amusement. Each element requires strategic marketing approaches to meet the tourists' expectations. According to Olga, (2010), patients' desires for health tourism arise from unavailability of quality healthcare services, high treatment costs and long waiting times for certain procedures in the home country coupled with the ease and affordability of international travels, advanced technology, high standards of healthcare services and the opportunity to visit places of attraction in the recipient country.

2.1.1. Classification of Health Tourists

According to Cohen, (2006), the tourists are grouped into five categories based on the health tourism market, namely, regular tourists, emergency patients, tourists with travel and treatment purposes, tourist patients and regular patients. Regular tourists neither receive medical services nor treatments. Emergency patients receive medical treatment while on vacation as a result of sudden illnesses or accidents. Some tourists combine healthcare services with vacation while tourist patients travel for treatments and may visit places of attraction as well. The regular patients' purposes of foreign trips are for medical treatments only. Khan, et al, (2017) state that travel motivations/constraints and perceived risks are imperative in medical tourism destinations. An understanding of the patient's motivations, expectations, desires and fears is instrumental in devising marketing strategies for enriching his experience and creating health tourist delight. The health tourist delight is a situation where the service provider is able to exceed the

patient's expectations, culminating into strong brand loyalty and relationship. With the reverse flow in health tourism from the developed to the developing nations, marketers' efforts aim at alleviating patients' fears of medical complications through effective marketing communications.

2.1.2. International Patients' Service Cycle

Health tourism involves partnership and collaboration of stakeholders from different countries who offer their services at various levels in the patient's treatment process known as "International Patients' Service Cycle" (Sencan, et al, 2012). The stakeholders of the Service Cycle include patients, relatives and friends of the patients, healthcare providers (nurses, doctors, technical staff in the imaging departments), intermediaries (facilitators, agents, brokers, travel agencies or airlines), insurances and payers, hospital administration (International Patients' Department), quality control department, embassies and other public bodies. The healthcare providers apply unique procedures that cover preadmission and hospitalization, including the after-discharge services for foreign patients. The institutions such as Medical Travel Agencies, Consultant Companies, Assistant Companies and Health Care Provider Groups constitute the marketing intermediaries. They source patients from abroad and direct them to the internationally accredited hospitals, primary care centers, medical transport and ambulance services (Sencan, et al, 2012). The Medical Travel Agents arrange the tour packages (visa, airline, hotel accommodations) and assist tourists in the choice of healthcare providers. They also engage in word-of-mouth publicity to create awareness of health tourism destinations. The Consultant Companies schedule surgeries, facilitate appointments, medical billing and discharge procedures in the hospitals. The Assistant Companies have in-depth knowledge of government regulations and ensure that the rights of beneficiaries, insurers, providers and non-insured tourists are protected in the destination country. Healthcare Providers Groups are affiliated with hospitals of the patient's home country and insist on the sustenance of aftercare services for health tourists.

2.1.3 Sources of Health Tourists in the Global Community

Patients now travel from countries with highly advanced technology to the developing countries to seek "first-class services at third-world prices" (Anvekar, 2012). The factors responsible for this reverse trend include low treatment costs, expert surgeons / doctors, best infrastructures, pre-treatment counseling, no waiting period, medical visa assistance, stress-free airport transfers and hotel booking, tours and sightseeing, availability of interpreters / translators, follow-up care and 24*7 customer care support (Mogaka, et al, 2017). Even the detailing of the medical processes for the health tourists starts from the time of departing their home country and post-treatment period in the destination country to their journey back home. For any country to emerge as health tourism destination in ECOWAS region, these factors deserve attention.

With the increasing demand for specialized medical treatments and healthcare services, Africa has become one of the biggest sources of medical tourists in the global community (Iwuoha, 2016). Every year many Africans especially from Nigeria, Tanzania, Kenya, Sudan, Mauritius and Egypt travel outside the continent to seek quality medical interventions. Suffice it to state that many African countries are laced with multiple challenges in the healthcare industry. It is either the healthcare professionals are insufficiently trained and supervised coupled with obsolete medical equipment and infrastructures or there is virtually non-existent legal framework for medical malpractices. According to Iwuoha, (2016), most Africans lack confidence in the domestic healthcare schemes due to poor funding and inadequate infrastructures, regulation and poor medical standards. The negative perception of the quality of healthcare services on the African continent especially for complex and delicate medical procedures tends

to fuel the phenomenon of health tourism. Even the West African Health Organization (WAHO), charged with the responsibility of safeguarding peoples' health and synergistically confront health challenges, lacks the capabilities to address the growing demand for sophisticated medical interventions in the sub-region and negative perception of the healthcare industry on the continent. However, Orekoya and Oduyoye, (2018) posit that medical tourism is reversible if these measures are applied, viz, provision of adequate remuneration and good working conditions for health workers, expansion of National Health Insurance Scheme to accommodate every Nigerian citizen, collaborating with Nigerian healthcare professionals in diaspora, willing to contribute their core competencies toward a sustainable health sector, provision of special incentives for medical staff in rural communities and ensuring regular electricity supplies.

The first country in Africa to emerge as a health tourism destination is South Africa. Recently, Ghana launched the largest healthcare project in West Africa, the Eco Medical Village, capable of providing employment for 5000 healthcare professionals (Key, 2019). When completed, the 1,100 bedded state-of-the-art health village with 4-star hotels, pharmacies and air ambulance facility would promote health tourism market across the sub-region. In view of this development, the dawning of qualitative medical interventions on the African continent is becoming a reality. Nigeria, being the principal economy of the ECOWAS region (Ige, et al, 2008), the study attempts to determine the extent of marketing opportunities of health tourism destination in the sub-region, capable of motivating the Nigerian government to institute policy frameworks to access the competitive health tourism market.

2.2 Theoretical Review.

2.2.1 Features of Healthcare Services

Healthcare services have the characteristics of intangibility, heterogeneity, inseparability and perishability (Lovell and Gummesson, 2004). They cannot be stored or saved and are consumed simultaneously at the point of production. Every medical service is unique and may not be exactly replicated even by the same provider.

2.2.2. 7P Model Theory

The 7P Model theory of services marketing mix, (an extension of Jerome McCarthy's four traditional marketing mix) is an embodiment of the 7Ps of service marketing, namely, Product, Price, Place, Promotion, People, Process and Physical evidence (Van Vliet, 2011). They provide the framework for the formulation and implementation of marketing strategies deployed in health tourism. According to Zeithaml and Bitner, (2008), $Service = Product + Process$. The formula indicates that the totality of healthcare services rendered to a patient and the delivery process constitute the core service offerings. It implies that service not delivered is incomplete. The prices demanded for healthcare services are interrelated with the stage of development of the destination country (Sencan, et al, 2012). The pricing of the health services also depends on the type of medications. The bottom-line of any pricing method is to attain low treatment cost in the global competitive health tourism market. Interviews held with health tourists revealed that most health tourism services are provided with package rates including flat rates and discounts. The patients decide on the healthcare services they can afford the prices from the multiple choices of medical interventions. It is imperative to state that though price is a significant indicator in health tourism, it is not the most important factor. Most health tourists prefer quality medical care and advanced technology, price notwithstanding. The place of consumption includes destination country/location, its accessibility, convenience and timing of the medical procedures. Promotion emphasizes tangible cues that communicate the benefits of health tourism, including the qualitative

medical interventions at affordable costs and places of attraction in the destination country. The key element of the service marketing mix is people. Zeithaml, et al, (2008) posit that people are all human factors involved in the service delivery that influence the health tourists' perceptions, namely, the hospitals' personnel, intermediaries and facilitators in the service environment. People are involved in every aspect of the production and consumption of healthcare services. The service delivery and the operating systems constitute the process. Process refers to the actual medical procedures, mechanisms and flow of activities by which healthcare services are delivered (Zeithaml, et al, 2008). The process features two aspects of services for in-patients and out-patients. The scope of services include tele-medical consultation, diagnosis, treatment, post operational care and counseling. It is the phased interface between the healthcare service providers and patients. Physical evidence of healthcare services entails quick recovery, physician's assurance, success acquired through medical response, satisfaction of patient and persons that accompany them, physical fitness, including other observable signs and tangible components that communicate accomplished service benefits.

2.2.3 Segmentation of Health Tourism Market

Sencan, et al, (2012) posit that the health tourism market is segmented and stratified as no "one size" of offering fits all. There are wholesale and retail markets, segmented on the basis of sponsorship and geographic region/country market. The wholesale market involves organizations as payers or cost bearers. The retail market comprises insured individuals, self paying and who seek discretionary services not covered by insurance. The uninsured individuals, self paying but seek both essential and discretionary services are part of the retail market. The geographic region/country market involves patients from the neighboring countries that have wholesome relationships with one another. The essence of segmentation is to satisfy the needs of each target market efficiently.

2.2.4 Differentiation of Medical Tourism Services

The medical tourism services can be differentiated into essential services, discretionary services, surgical, and non-surgical, diagnostic (check up) to facilitate promotional activities (Sencan, et al, (2012). The costs of essential services are often borne by third party payers and cost bearers while the discretionary services' costs are covered by the patients' out of pocket payment.

2.3 Empirical review

In spite of its abundant human and material resources, Nigeria secured 187th position among 191 countries in world health systems ranking, (WHO, 2000). Some ECOWAS countries such as Ghana, Togo and Mali even ranked higher than Nigeria. The heavy traffic of Nigerians to foreign health tourism destinations confirms the prevalence of the deplorable healthcare sector. For instance, an average of 5000 Nigerians travel abroad to seek medical treatment on monthly basis, according to Abubakar, et al, (2018). The studies conducted earlier by Obansa and Orimisan,(2013); Noree, (2015); Akinsete, (2016); Abubakar, et al, (2018); Orekoya and Oduyoye,(2018), reported the factors militating against the transformation of Nigeria into a health tourism destination country which include poor medical infrastructures; inadequate supply of essential drugs and medications; lack of integrated system for disease response, prevention, surveillance and treatment; high user fees ; inadequate funding; abridged National Health Insurance Scheme and dearth of qualified health care professionals. While the previous studies unveiled the impediments to Nigeria's attainment of health tourism destination, this study attempts to fill the knowledge gap by exploring the forces that precipitated the obstacles.

3. METHODOLOGY

The study adopts a survey method. The target population is 30,642 comprising Health tourists (5,662), Medical Consultants (11,430) and Marketing Practitioners (13,550, registered members of the National Institute of Marketing of Nigeria, NIMN). The stratified, simple random, convenience and judgmental sampling procedures are applied. The sample size of 395 is derived from Yamane (1967) formula (Eboh, 2009). Applying Bowley's proportional allocation formula, the sample size for each category of the respondents is estimated, viz; Health Tourists (73), Medical Consultants (147) and Marketing Practitioners (175). One hypothesis and two research questions guided the study. Primary and secondary sources of data are accessed. Personal interviews are held with the respondents. Telephone interviews and mail questionnaires are deployed. The questionnaire adopts the five point Likert Scale format, viz; strongly agree (5points), agree (4points), undecided (3points), disagree (2points) and strongly disagree (1point). The opinions of marketing experts validated the research instrument. The reliability coefficient of the research instrument, 0.975 is estimated from the pilot study, using Cronbach's Alpha technique. The Cronbach's Alpha is a test reliability technique that measures consistency among individual items in a scale but does not provide reliability estimates for single items (Gliem and Gliem, 2003). With one-way ANOVA and Minitab software techniques, the hypothesis of the study is tested at 0.05 level of significance and 23 degrees of freedom.

4. DATA PRESENTATION AND ANALYSES

TABLE 4. 1: Profile of respondents.

Parameters	Total	Percentage (%)
<u>Category</u>		
Health tourists	73	19
Medical consultants	147	37
Marketing practitioners	175	44
<u>Age</u>		
20-30	45	11.0
31-40	102	26.0
41-50	118	30.0
Above 50	130	33.0
<u>Gender</u>		
Male	235	59.0
Female	160	41.0
<u>Marital status</u>		
Married	289	73.0
Single	106	27.0

<u>Qualification</u>		
Ph.D.	15	5.0
MSc/MBA/ MBBS/FWA-CS/CP, FMC-OG/PH, BSc/HND	70	18.0
ND/NCE	147	37.0
WASC/GCE	57	14.0
FSLC	33	8.0
	48	12.0
	25	6.0

Source: Field data, 2020

Table 4.1 shows that the percentages of the respondents involved in the study; health tourists (19), medical consultants (37) and marketing practitioners (44). The age brackets of the respondents show that 56 percent are within 31 and 50 while 33 percent are above 50 and 11 percent between 20 and 30 years old. About 59 percent of the respondents are males and females 41. The married respondents are 73 percent and singles 27. The literacy levels of the respondents indicate that 18 percent possess FSLC/WASC/GCE, 22 percent ND/NCE/BSc/HND while 37 percent possess Bachelor of Medicine and Surgery in addition to professional certificates and 23 percent have Master’s and Doctorate degrees.

4.2 Application of Criterion Mean in Answering the Research Questions.

The five points Likert Scale in the study is scored as under listed;

Strongly Agree	(SA)	=	5 points
Agree	(A)	=	4 points
Undecided	(U)	=	3 points
Disagree	(D)	=	2 points
Strongly Disagree	(SD)	=	<u>1 point</u>
Total Scores		=	15 points
Number of responses		=	5
Mean cut-off point		=	<u>15</u>
(Or criterion mean)			5
		=	3.0

The criterion mean, 3.0 is used as a baseline for accepting or not accepting the item statements in order to answer the research questions (Nwankwo, 2011).The rule states that any item statement with mean score of 3.0 and above is accepted as a true statement and any statement with mean score below 3.0 is unacceptable. The item statements are the summaries of the questions in the research instrument.

Research question one:

What is the extent of marketing opportunities of health tourism destination in the ECOWAS region?

Table 4.2 Mean (x) scores of respondents on the extent of marketing opportunities associated with health tourism destination.

S/N	Item statement	Agree. SA+A	Disagree. U+D+SD	Total scores	Total no of respondents.	Mean score	Result

A1	Developing health tourism destination involves huge investment in medical colleges/ equipment and healthcare infrastructures for sustainability.	865	357	1222	395	3.09	Accepted
A2	Health tourism destinations reputed for quality medical services and relaxing ambiance at affordable costs / reliable health insurance schemes, safeguard health of citizens.	797	376	1173	395	2.97	Not accepted
A3	Intermediaries/tour operators emerge to create awareness of medical facilities and link health tourists to accredited hospitals/care centers.	854	444	1298	395	3.29	Accepted
A4	Meeting tourists' experiences involves sustainable development of drug manufacturing companies, hospitality/sub-industries like airlines, credit card/car rental companies, fashion, laundry, confectioneries/ diet, attraction sites, etc	664	622	1286	395	3.26	Accepted
A5	Health tourism destinations need standard road/airport infrastructures and coordinated transport modes to enhance smooth arrival and departure of health tourists.	762	521	1283	395	3.25	Accepted
A6	Health tourism destinations flourish under heightened national security networks and stable political environment.	791	452	1243	395	3.15	Accepted
A7	Health tourism destinations offer opportunity to generate revenues through steady influx of health tourists.	727	469	1196	395	3.03	Accepted
A8	Provision of appropriate legal framework ensures effective health tourism policies/sound medical practices in the destination countries.	687	478	1165	395	2.95	Non-Accepted
A9	Health tourism destinations require steady power supplies to perform 24- hour healthcare services, preserve medical equipment and secure efficacies of medications/vaccines.	742	480	1222	395	3.09	Accepted
A. 10	Health tourism destinations often encounter shortage of medical staff, leading to recruitment of qualified foreign healthcare professionals (brain gain).	795	450	1245	395	3.15	Accepted
A. 11	Health tourism destinations stimulate economic growth through joint ventures, partnerships and collaborative businesses.	738	470	1208	395	3.06	Accepted
A. 12	Healthcare institutions in destination countries need adequate communication infrastructures to reach global patients and connect them to home countries while on tour.	768	510	1278	395	3.24	Accepted
	Total	9192	5629	14819	4740	3.13	Accepted
	Aggregate mean	766	469	1235	395	3.13	Accepted

Source: Field data, 2020.

Table 4.2 shows that item statements A1, A3-A7 and A9-A12 have mean scores of 3.0 and above. The responses portend significant marketing opportunities of health tourism destination, ranging from well equipped medical institutions, high- tech medical equipment, chains of intermediaries/tour operators, stable security networks / political environment to multiple national income streams. The recruitment of foreign healthcare professionals resulting in the improvement of proficiency of existing medical staff elicited high responses. The respondents’ opinions on the economic growth arising from the sustainable development of drug manufacturing companies, hospitality/sub-industries, joint ventures, partnership and communication infrastructures, capable of generating employment for citizens are patently reminiscent of opportunities accruing from health tourism destination. As shown in table 4.2, items A2 and A8 have mean scores below 3.0. The implications are that the reputation of a health tourism destination for quality medical treatment and healthcare services at affordable costs may not guarantee good health for the citizens and the provision of legal framework on tourism policies/ medical practices may be eroded by lax implementation. The aggregate mean score of the entire item statements, above 3.0 for the research question, affirms the significance of marketing opportunities associated with health tourism destination for Nigeria in ECOWAS region.

Research question two.

What constitutes the forces impeding Nigeria’s transformation into a health tourism destination country?

Table 4.3 Mean (x) scores of respondents on the forces impeding Nigeria’s transformation into health tourism destination country.

S/N	Item statement	Agree. SA+A	Disagree. U+D+SD	Total scores	Total no of respondents.	Mean score	Result
B1	Political system makes or mars healthcare policies and programs of a nation.	761	478	1239	395	3.14	Accepted
B2	Nepotism affects location of health institutions and upgrading of medical infrastructures.	741	470	1211	395	3.06	Accepted
B3	Unpatriotic leadership impinges on the growth and sustainable development of health sector and encourages health tourism.	795	450	1245	395	3.15	Accepted
B4	Health tourism aids transfer of looted funds by corrupt leaders.	769	491	1260	395	3.19	Accepted
B5	Any social system that recognizes wealth without hard work and encourages business without morality nurtures corruption	751	467	1218	395	3.08	Accepted
B6	A social system prone to crimes and violence prevents influx of health tourists	757	467	1224	395	3.10	Accepted
B7	Corruption hinders transformation of healthcare facilities, public utilities and security architectures to international	768	510	1278	395	3.24	Accepted

Items	No. of Respondents. A	Scores of Respondents. A	No. of Respondents. D	Scores of Respondents. D	Total No. of Respondents.
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	standards.						
B8	Corruption permeates nations easily and undermines development of citizens' welfare schemes.	736	516	1252	395	3.17	Accepted
B9	The weak foundations of public institutions aid corruptive tendencies and lax policy implementations.	756	481	1237	395	3.13	Accepted
B10	When public institutions are compromised, it affects sustainable development of a nation, especially the health sector.	764	463	1227	395	3.11	Accepted
	Total	7598	4793	12391	3950	31.37	Accepted
	Aggregate mean	759.8	479.3	1239.1	395.0	3.137	Accepted

Source: Field data, 2020.

In Table 4.3, the mean scores of the item statements, B1 to B10 are above the criterion mean of 3.0, indicating that the composite forces of political/social systems, corruption and weak public institutions impeding the transformation of Nigeria into a health destination country are factual considerations. The aggregate mean of the item statements above 3.0 confirms the significance of the interplay of forces.

A1	192	865	203	357	395
A2	186	797	209	376	395
A3	198	854	197	444	395
A4	151	664	244	622	395
A5	177	762	218	521	395
A6	178	791	217	452	395
A7	167	727	228	469	395
A8	160	687	235	478	395
A9	182	795	213	450	395
A10	171	742	224	480	395
A11	170	738	225	470	395
A12	176	768	219	510	395
Total	2,108	9,190	2,632	5,629	4,740
Mean	176	766	219	469	395

Table 4.4
Marketing opportunities of health tourism destination in ECO WAS Region.

Source: Field data, 2020.

Table 4.4 shows that 55.44 percent of the respondents (395) affirm that health tourism destination has significant marketing opportunities while 44.56 percent differ in opinion.

4.5 Test of hypothesis

Ho. Health tourism destination has no significant marketing opportunities in ECOWAS Region.

Applying one-way ANOVA technique, data in Table 4.4 are analyzed below.

Analysis of Variance

Source	DF	Adj SS	Adj MS	F-Value	P-Value
Factor	1	528363	528363	129.18	0.000
Error	22	89983	4090		
Total	23	618346			

Model Summary

S	R-sq.	R-sq. (adj.)	R-sq. (pred.)
63.9540	85.45%	84.79%	82.68%

Means

Factor	N	Mean	St. Dev.	95% CI
Scores: A	12	765.8	59.9	(727.5, 804.1)
Scores: D	12	469.1	67.7	(430.8, 507.4)

Pooled St. Dev = 63.9540

Decision

The test of hypothesis, section 4.5, shows that F-critical (4.28) is less than F-computed (129.18) at 0.05 level of significance and 23 degrees of freedom. The null hypothesis is not accepted. The p-value gives additional insight into the strength of the decision. Assuming the null hypothesis is true, p-value would report the probability of getting a value of the test statistic, at least as extreme as the value actually obtained. The procedure involves a comparison of the p-value with significance level. The p-value, (0.00), is less than the significance level of 0.05, (i.e. $p < 0.05$). This confirms that the null hypothesis is not true. The coefficient of determination, R^2 , is 82.68 percent. The alternate hypothesis is upheld with the conclusion that health tourism destination offers significant marketing opportunities, with effect size of 82.68 percent.

5. DISCUSSION OF THE FINDINGS.

5.1 Profile of respondents

Of the 395 respondents involved in the study, 18 percent possess First School Leaving and West African School Certificates/equivalents, 22 percent possess National Diploma/National Certificate in Education, 37 percent have Bachelor of Medicine/ Bachelor of Surgery (MBBS) degree and other professional certificates in various fields of medicine while 23 percent possess Master’s and Doctorate degrees. The statistics show that about 82 percent of the respondents possess appropriate educational qualifications necessary to provide authentic information on the subject of investigation.

5.2 Marketing opportunities of health tourism destination in ECOWAS Region.

The findings of the study reveal significant marketing opportunities associated with health tourism destination in the region of Economic Community of West African States (ECOWAS) with effect size of 82.68 percent. The contrary opinions of respondents on marketing opportunities of health tourism destination is non-significant at 17.32 percent. The implication is that the health tourism market in the sub-region is large and Nigeria has much to gain in the regional health integration program of the West African States through the window of health tourism destination. Developing into health tourism destination involves investment in technologically advanced medical equipment, availability of genuine medications and highly-trained/ experienced healthcare practitioners. For Nigeria to transform to a health tourism destination, it is imperative to classify the health sector as a service industry and position it as a commercial entity deserving huge financial investment. With healthcare expenditure plan of less than 6% of the national budget and less than half of the 15% international benchmark (Iwuoha,(2016), Nigeria is yet to muster the political will to invest substantially in her health service industry. The upgrading of academic institutions especially teaching hospitals, federal medical centers, nursing schools, research centers and pathological laboratories to internationally accredited standards demands huge budgetary allocations. The attainment of health tourism destination and subsequent recruitment of foreign healthcare professionals to buffer the shortage of medical staff would reverse the negative public perception of the health service industry in Nigeria. Consequently, the huge amount of money spent on health tourism annually would be conserved and the exodus of the nation's health professionals revised.

The marketing opportunities associated with health tourism destination entail the functions of intermediaries (tour operators) who create awareness for the medical and healthcare facilities available in the hospitals/care centers and promote health tourists' satisfaction. The high mean score of the respondents on intermediaries affirms its significance. While the patients seek medical treatments, the tour operators arrange transportation, accommodation and visits to attraction sites. To embellish health tourists' experiences, the service marketing strategies embrace health care packages which offer pick-ups from the airport to the hospitals, comfortable hospital rooms with free in-room Wi-Fi, private chefs and recovery gardens. The ambient environment is nurtured to encourage health tourists bundle their elective treatments with vacations. The tour operators analyze the needs of the target market to increase the influx of health tourists through attracting patients the medical institutions are unable to reach. These intermediaries partner with health institutions to provide all essential services in attractive tourism package.

Many industries provide support services to meet the health tourists' expectations. The respondents' mean score of 3.26 buttresses the reality of this prospect. The manufacturing industries such as pharmaceutical companies, soap/cosmetics and other daily-need products firms strive to raise product quality to international standards. The paramedical services outfits such as fitness centers, beauty clinics (for obesity & skin problems), ambulance and private mortuaries upgrade their services to remain in business. The sub-industries such as hotels, airlines, airports, credit card firms, car rental companies, travel agencies, restaurants, attraction sites, spring up to meet the health tourists' delights. The activities of these linkage industries create jobs for the citizens and enhance their living standards.

The respondents' mean score on improved road networks and airport infrastructures is above the benchmark, underscoring the significance of these facilities in a health tourism destination. The construction of standard roads and provision of airport infrastructures enhance smooth arrival and departure of health tourists. Many roads in this country are death traps based on their levels of perennial

dilapidation and insecurity. The state of Nigerian roads and airports deserve serious State and Federal governments' interventions. Good road networks ensure increase in commercial activities necessary to serve the peculiar needs of the health tourists, particularly their visits to attraction sites. The transformation of airports facilities assures less of flight delays or cancellations and the ancillary services such as hotels, laundry, diet, boutiques, car rental and barbing would leapfrog.

The state of insecurity and political instability in a destination country hampers influx of health tourists and impacts negatively on revenue generation. The greatest challenge that may impinge on Nigeria's transformation to health tourism destination is the wanton destruction of lives and property perpetuated by boko haram, herdsmen, kidnapping, armed robbery and other heinous crimes. The rule of laws anchored by dependable judicial system and adherence to sound democratic principles of change of governments necessary to herald health tourism seem ignored in the country. The respondents acknowledged the indispensability of national security networks and stable political environment in a health tourism destination. For Nigeria to enlist in the competitive global health tourism market, restructuring of the national security architecture is essential to make the country safe for citizens, foreign healthcare professionals and tourists. A safe environment is indispensable for the recruitment and retention of foreign healthcare professionals to augment local medical staff strength, particularly in highly specialized areas of medicine.

The establishment and equipping of hospitals, care centers, research institutions and diagnostic/pathological laboratories through joint ventures, partnership and collaborations stimulates economic growth of a health tourism destination. The respondents' mean score of 3.06 affirms the significance of this factor. The multiplier effect of the collaborative businesses on commercial activities, employment generation/mobility of labor, standard of living of citizens and Gross Domestic Product is unparalleled. Health tourism improves the economic performance of a nation. Health tourism market thrives on effective communication to create awareness of the medical and healthcare infrastructures available in the destination country. The upgrading of the internet facilities to international standards derives from competent information and communication technology platforms in a destination country.

The respondents' mean scores on the opportunities of offering qualitative medical treatments to citizens and having effective health tourism policies through legal frameworks fell below the benchmark of 3.0. Though health tourism generates incomes, provides employment and leads to improvement of healthcare infrastructures in a destination country, most citizens may not be able to afford the treatment fees. The domestic patients may be deprived of first class medical treatment and healthcare services in favor of health tourists who pay higher fees. The health tourists usually receive preferential treatments. The disparity in the provision of medical services may be clandestine to prevent social disturbances and without recourse to safeguarding the health of citizens. In addition, the lax legal frameworks in Nigeria may render the implementation of health tourism policies ineffective. The crass attitude of Nigerians and non-commitment of policy makers toward policy implementations informed the respondents' thought on the subject and deserve attention.

5.3 Forces impeding Nigeria's transformation into health tourism destination.

The study queried the composite forces of political and social systems, corruption and weak foundations of public institutions as impediments to Nigeria's transformation into a health tourism destination country. The political system drives the economy and determines the types of developments/projects to embark on at any given period. The respondents' criterion mean of above 3.0 on infrastructural

developments/policies affirmed it. Political considerations affect the location of healthcare institutions and upgrading of medical infrastructures. The issues of nepotism, favoritism and conspiracy inherent in the leadership culture of unpatriotic cabinet impinge on the transformation of healthcare facilities, public utilities and security architectures to international standards. The obsolete medical equipment and infrastructural decay inadvertently promote health tourism that enables leaders seek medical interventions abroad and use the opportunity to transfer looted funds under the guise of treatment costs. The respondents accepted the statements as factual with mean scores above 3.0. The respondents' mean scores above 3.0 indicate the imperatives of social system and its inimicality to the safety of health tourists and medical practitioners.

The political system has failed to mobilize citizens with the right mindsets who are determined to galvanize the political will to effect changes in the social system, destroy corruption, and strengthen the weak foundations of public institutions and force them to be accountable to the people. A political system devoid of nepotism, sectionalism, wanton disregard for human lives and endeared to sound democratic principles of accommodating the people's choice of candidates is sine qua non to the transformation of Nigeria into a health tourism destination. A social system that frowns at politics devoid of integrity, wealth without hard work and business that ignores morality may not confer titles or awards of recognition to people anyhow. In Nigeria, leadership struggles metamorphose into building selves (self concept) instead of institutions. The foundations of public institutions are whittled down by compromise, leading to discriminatory service deliveries. The rule of law is disregarded with impunity and the deviants always have their ways. Furthermore, the military interregnum in Nigeria stemmed the tide of corruption, particularly the post civil-war corruption. The sudden dismissal of directors of industries and chieftains of government parastatals in 1976 by a military regime fostered corruptive tendencies. The affected officers were forced out of their official quarters at very short notice and they sold their property in order to be accommodated in smaller apartments with their families. Some officers who could not cope with the embarrassment and accompanying hardships fell sick and hardly survived the shocks. The newly appointed chairmen and directors learned lessons from the bitter experiences of their predecessors and created avenues for personal aggrandizement at the expense of the society. Corruption grew in leaps and bounds and permeated national consciousness. The collective determination of both the governments and the people of Nigeria to resolve these forces would open doors for Nigeria's transformation into a health tourism destination country, with the attendant marketing opportunities to exploit.

The resultant effects of these forces as reported by Orekoya, et al.(2018),namely, poor medical infrastructures; inadequate supply of essential drugs and medications; lack of integrated system for disease response, prevention, surveillance and treatment; high user fees ; inadequate funding; abridged National Health Insurance Scheme and dearth of qualified health care professionals, inclusive of poor security network and dilapidated public utilities, explicitly manifest to impede the transformation of Nigeria's healthcare system. That the Federal government of Nigeria through Central Bank of Nigeria, Oil and Gas Companies, Members of National /State Assemblies, Faith-based Institutions and rich Nigerians could raise hundreds of billions of Naira within a short time frame to tackle corona-virus (Cov.19) scourge, shows that the issue of inadequate funding of the health sector should not be contemplated. The fund generated this period is enough to transform some medical equipment and healthcare facilities to international standards. Suffice it to state that the journey of Nigeria to the status of health tourism destination country is being delayed by the political/social systems, in partnership with corruption and weak public institutions. The lockdown orchestrated by the siege of corona-virus that restricted people's

movements and instantly abrogated health tourism is a pointer to the necessity of equipping the nation's health service industry to safeguard lives.

5.4 Implications of the study.

The study presents a paradigm shift from the overburdened publicly-funded healthcare system to technologically advanced privately-funded health service industry, fostering the emergence of Nigeria from health tourism departure to destination country, particularly in ECOWAS region.

5.5 Conclusion.

The study reveals significant marketing opportunities associated with health tourism destination in the Economic Community of West African States comprising Benin, Burkina Faso ,Cape Verde ,Côte D'Ivoire ,The Gambia ,Ghana ,Guinea, Guinea Bissau ,Liberia ,Mali ,Niger ,Nigeria, Senegal, Sierra Leone andTogo. The effect-size of 82.68 percent portends a promising health tourism market in the sub-region. Suffice it to state that these marketing opportunities are largely untapped by Member States. The study posits that the transformation of Nigeria to health tourism destination country offers wide window of opportunities, ranging from technologically advanced health service industry, intermediary institutions (tour operators), sustainable industries, standard road/airport infrastructures, strong security network, multiple income streams, steady power supply, economic growth to adequate communication infrastructures. Health tourism accelerates sustainable developments of health service industry/ linkage firms and creates employment opportunities to improve living standards and enhance life expectancies of citizens. It generates income for the health service industry, the tourist sector and related businesses, in addition to other intangible benefits. The roles of various governments in the tasks of transforming Nigeria to health tourism destination are crucial. An enabling environment that guarantees safety of lives and property, rooted on strong legal frameworks is indispensable. The quality of public utilities and national health insurance schemes need upgrading to international standards as to march tourists 'experience. A national health tourism policy that incorporates the enforcement of International Codes of Medical ethics, ameliorating visa/border issues, encouraging brain gain through wage increments/better conditions of service, medical staff retention and attraction of specialist physicians is paramount. The destination image is nurtured through huge financial investments in modern medical equipment, healthcare infrastructures and training institutions. With the envisaged steady power supply and strong security network, many business outfits would blossom in the country, including small scale enterprises such as barbing /hair salons, cold stores, foods, laundry, among others. The hospitality industry, transportation, internet facilities and foreign exchange earnings would receive a boost with attendant increase in gross domestic product (GDP) of the nation. The hospitals need international certifications, highly experienced healthcare professionals, advanced technology as to cope with the demands of health tourists. The treatment costs, service quality, translators and patient relationship/satisfaction are forms of microeconomic requirements to be fulfilled by the hospitals.

Meanwhile Nigeria serves as a rich source of health tourists in the international community with an average of 108,000 patients travelling outside the country to seek medical interventions annually. If Nigerian leaders would address the root causes of the impediments by entrenching strong political system, embarking on value/norms re-orientation of communities, doggedly dismantling corruption in all strata of the society and strengthening the weak base of public institutions such as Anti-graft/Law enforcement agencies, Judiciary, Independent National Electoral Commission, etc., for effective performance, the vision of transforming the country into a health tourism destination is realizable. The barriers mounted by the underlying forces are bound to reduce to the barest minimum. The brain drain of Nigerian medical professionals would reverse to brain gain from foreign nations and the objectives of regional health

integration policy of the West African Health Organization (WAHO) achieved, especially with increase in wages of medical staff. It would even encourage the West African doctors working overseas to return home, having acquired international certifications/experiences which could be used in advertisements to attract potential health tourists to the region. In view of the straitened economic conditions in the ECOWAS region, where more than half of the population, or 51 per cent live in absolute poverty (Ige, 2008), Nigeria's transformation to a cost-effective health tourism destination remains a major stride in safeguarding people's health in the sub-region.

5.6 Recommendations

The following recommendations are articulated to promote the transformation of Nigeria into a health tourism destination in ECOWAS region.

1. The political system should be restructured to ensure true democracy geared toward electing citizens with right mindsets to pilot the affairs of the nation.
2. The National Orientation Agency should be overhauled and empowered to re-orient citizens on cultural values/norms of the society, instilling the ancient national consciousness and award prizes for outstanding performances.
3. The philosophy of zero corruption should be comprehensively articulated and stern measures adopted to eradicate corruption across board in Nigeria irrespective of the personalities involved.
4. The public institutions, particularly Anti-graft/Law Enforcement Agencies, Judiciary, Electoral Commission, should be completely restructured and substantially funded for effective performance.
5. The Federal Government of Nigeria should establish Health Tourism Commission (HTC) with clearly defined National Health Tourism Objective (crafted from Specialized Research & Development Studies). The Commission should be departmentalized and each unit sponsored to address a definite challenge to health tourism, including the establishment of accreditation rules for the medical institutions.
6. The membership of the public institutions, including the HTC, should comprise technocrats with impeccable characters and free from AIDS (Acute Integrity Deficiency Syndrome) in view of the enormity of the result-oriented tasks involved in the healthcare transformation project.
7. The healthcare service industry should be privatized and investors supported with loans/grants to upgrade hospital infrastructures, procure modern medical equipment to render quality services through first-class facilities and recruit highly experienced healthcare professionals.
8. The Health Tourism Commission should initiate the establishment of joint ventures, technical partnership and collaborations with internationally accredited hospitals to transform medical institutions/pathological laboratories and train medical personnel to achieve sustainable development of health tourism.
9. The Health Tourism Commission should step up the safety and efficacy of medications by supporting the pharmaceutical industries and allied firms financially to produce about eighty percent of their products in the country.

10. The leadership of ECOWAS should initiate liberalization policies and expedite action in the introduction of a single currency regime in the sub-region to accelerate sustainable development of health tourism markets.
11. The bureaucratic processes at the border posts of Nigeria and other countries in the sub-region should be reviewed to enhance unfettered access of health tourists to medical interventions in the country.
12. The security architectures should be given prime attention by various governments to guarantee safety of human lives in any part of the country.
13. The National Health Insurance policy should be reviewed and made attractive to ensure affordability of medical treatment and healthcare services by health tourists and domestic patients.
14. The Health Tourism Commission should mount epidemiological surveillance to disseminate information on public health, including accomplished sophisticated medical interventions to authenticate high quality of healthcare services in Nigeria.
15. The Economic Community of West African States should legislate on the patronage of internationally accredited health tourism destinations in the region and impose strict penalties on non-compliance, especially by Heads of States and government officials.

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