Kaleidoscope Művelődés-, Tudomány- és Orvostörténeti Folyóirat
Journal of History of Culture, Science and Medicine
2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

Medical Tourism in Ghana: A History

Orvosi turizmus története Ghanaban

Samuel Adu-Gyamfi, Akua Adomah Sarkodie
Department of History and Political Studies, Kwame Nkrumah University of Science and Technology, Kumasi-Ghana
mcgyamfi@yahoo.com

Initially submitted July.20, 2022; accepted for publication Sept. 21, 2022

Abstract
Medical tourism can be defined as the process of travelling outside of an individual's country to another to seek medical care. The current research studies medical tourism in Ghana historically, focusing on Korle Bu Teaching hospital in Accra and Komfo Anokye Teaching Hospital in Kumase. Using a qualitative research approach, the study provides a historical argument on the continuities and discontinuities of medical tourism in Ghana. Indeed, medical tourism has undergone several transitions over time. To emphasize, the current contribution has thoroughly discussed the evolution of medical tourism in Ghana, the pull and push factors of medical tourism, its impact on the local health systems and the need to further promote it. The study concludes among other things that the improvement of medical facilities, personnel and equipment among other things will enhance the medical tourism prospects of the country.

Key Words: Medical Tourism, Continuity, Change, Korle Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Ghana

Kulcsszavak
Orvosi turizmus, folytonosság, változás, Korle Bu Oktatókórház, Komfo Anokye Oktatókórház, Ghána

1.0 Introduction

Medical tourism has become the fastest emerging global commercialisation of healthcare.[1] According to Connell (2006), medical tourism as a niche emerged from the rapid growth of what has become an industry. People often travel long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense.[2] According to the World Health Organization (WHO), medical tourism is defined as "travelling across international borders to receive some form of medical treatment."[3] Again, the Organization for Economic Co-operation and Development (OECD) has also defined medical tourism as a situation where consumers select to travel across international borders to receive some form of medical treatment.[4] These definitions show that medical tourism denotes a situation whereby people travel across international borders to seek medical care. Medical tourism has been in existence since ancient times. Simpson (2017) has argued that the ancient Greeks were known to be the

[1] Hopkins, Laura, Ronald Labonte, Vivien Runnels, and Corinne Packer. "Medical Tourism Today: What is the State of Existing Knowledge?" *Journal of Public Health Policy* 314, no. 2 (2014): 185-98.
[2] Connell, John. "Medical Tourism: Sea, Sun, Sand and … Surgery." *Tourism Management* 27, no. 6 (2006): 1093-1100.
[3] Ruggeri, Kai, Ladislav Zalis, Christopher R. Meurice, Ian Hilton, Terry-Lisa Ly, Zorana Zupan, and Saba Hinrichs. "Evidence on Global Medical Travel", *Bulletin of the World Health Organization* 93 (2015): 785-789.
[4] Lunt, Neil, Richard Smith, Mark Exworthy, Stephen T. Green, Daniel Horsfall, and Russel Mannion. *Medical Tourism: Treatments, Markets and Health System Implications: A Scoping Review*. Organization for Economic Co-operation and Development (OECD), 2011.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

first to lay a foundation for a comprehensive medical tourism network.[5] For example, the Asclepion Temple became the world's first health centre where people from different places travelled to seek medical care.

Again, the Greeks built shrines where they cured ailments. The sick were not only healed by the healing priests, but also attended to their nightly dreams, exercised, followed a good diet, attended theatre performances in the evenings (e.g. Epidauros), and had a strict schedule for each day. [6] The Greeks were also known to be good at using medicines to cure ailments, so people across the continent travelled to visit their shrines to seek medical care. With the emergence of the Roman civilisation, Rome developed different hot-water bath springs and the thermae, which gained popularity among the elite and were used to cure diseases.[7] This attracted several people to travel from different places to seek healthcare in Rome. Throughout the Roman Empire, hot springs were exploited and cities were built around them. Some examples include, Bath-city in Great Britain, or SPA town in Belgium, or in the city of Aquincum (aqua-water-city) in old Hungary (Pannon). The name comes from the therapy known as balneology. The meanings of SPA is a Latin mosaic word- Salus per Aquam, which is translated as health through water. It was a unicum of medical tourism in the Roman Empire.

Medical tourism also plays a big role in modern life, for example, many Muslim women from the southern Mediterranean go to the northern part of the Mediterranean (France) for hymen reoperations[8], or from the Catholic world; there is movement from Italy because of the ban on abortion, surgical ships have been organized to sail out to international waters (Italian law does not apply) to perform abortions[9], or to Brazil for special plastic surgery (facial plastic surgery, fingerprinting among others). Concerning Africa, around 1248 AD, the Mansuri Hospital was built in Cairo, and it became the largest and most advanced hospital in the world at the time with the capacity to accommodate 8,000 people, and this hospital became a healthcare destination for foreigners regardless of race or religion.[10] People moved from one place to another within Egypt to seek for cure or treatments because they trusted the efficacy of their traditional medicines, which attracted other people from other developed countries to visit their healthcare facilities.

Globally, there is an increase in medical tourism, and this has undoubtedly become an important industry today. According to the Medical Tourism Association, people who travel across the world to seek medical care annually are about 14 million, and the medical tourism activity is worth between 50 and 70 million dollars.[11] The number of patients who travel to different countries seeking treatment and medical procedures increases every year. [12]

[5] Simpson Les. "The History, Evolution and Future of Medical Tourism." *ColoradoBiz Magazine.* Accessed on 2nd February 2021. https://www.cobizmag.com/bios/les-simpson/
[6] Health-Tourism. "History of Medical Tourism from Ancient Times until Today." Assessed on 23rd February, 2021. https://www.health tourism.com/medical-tourism/history/
[7] Ibid
[8] Fortier, Corinne. "Des « Certificats de Virginité » aux Hyménoplasties en France (From Virginity Certificates to Hymenoplasty Surgery in France)." *Medecine/ Sciences* 37, no. 4 (2021): 392-395.
[9] Pennings, Guido. "International parenthood via procreative tourism." In *Contemporary Ethical Dilemmas in Assisted Reproduction*. CRC Press, 2006, 43–56.
[10] Health-Tourism. "History of Medical Tourism from Ancient Times until Today." Assessed on 23rd February, 2021. https://www.health-tourism.com/medical-tourism/history/
[11] Bookman, Millica, and Karla R. Bookman. *Medical Tourism in Developing Countries*. Palgrave Macmillan, 2007.
[12] Ruggeri et al., "Evidence on Global Medical Travel", *Bulletin of the World Health Organization* 93 (2015): 785-789.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

According to the Organization for Economic Cooperation and Development (OECD), the number of medical tourists in the world has risen to 50 million. There is likely to be an increase of 25% annually in the next decade.[13] The Medical Tourism Association estimated in 2015 that medical tourism has generated between $60 and $7O billion and was predicted at the time that health tourism could at least generate twice this amount globally by 2020.[14] Recent report has shown that "several existing and new countries are ramping up their national and local medical tourism campaigns targeting locals and overseas medical tourists"[15] Due to the COVID pandemic, we can see that the amount of money being spent by some countries to promote tourism and medical tourism is staggering as they all compete for a market where the size will be much smaller than in 2019.[16] Another recent report has shown that in 2019, the tourism sector demonstrated that it has become one of the important pillars of economic growth worldwide. A reflection on 2019 by the World Tourism Organisation showed that international tourist arrivals (overnight visitors) worldwide grew by 4% to reach 1.5 billion in 2019 when compared to 2018. However, compared to 2017 and 2018, the number of global international arrivals in 2019 grew at a decreasing rate (Ministry of Youth and Sports 2015).[17] Also, it is reported that international tourist numbers decreased by 65% in first half of 2020, pointing to the unprecedented and severe impact the COVID-19 pandemic has had on the sector. This is a huge departure from predictions the World Tourism Organization made concerning the fact that there would be a growth of 3% to 4% in international tourist arrivals worldwide in 2020.[18]

A study published by the American Journal of Medicine in 2019 showed that the number of medical tourists across all countries in 2017 was estimated at 14-16 million.[19] In particular, by 2006, the number of medical tourists to South Africa, was estimated to be between 50,000 and 200,000. This shows a wide varying effect on the figures.[20] In 2004, about 130,000 foreign patients received medical treatment in Malaysia. Thailand also receives 400,000 foreign medical tourists annually.[21] Again, in 2018, a data provided by Tripping.com, one of the world's leading vacation rentals, showed ten countries namely Brazil, Thailand, United States, Mexico, South Africa, India, Singapore, South Korea, Israel and Costa Rica as major medical tourism destinations. This data partially contrasts the 2017 report from Patients Beyond Borders, which reported that the top medical tourism destinations around the world were Costa Rica, India, Israel, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, Turkey and the United States. Essentially the combined market size was estimated at USD 45.5-72 billion, which was based on approximately 14-16 million cross-border patients worldwide spending an average of USD 3,800-6,000 per visit, including medical related costs,

[13] Lunt et al., *Medical Tourism: Treatments, Markets and Health System Implications: A Scoping Review* Organization for Economic Co-operation and Development (OCED), 2011.
[14]Bookman, Millica, and Karla R. Bookman. *Medical Tourism in Developing Countries*. Palgrave Macmillan, 2007.
[15] Research and Markets. "Medical Tourism Market Report 2022: Coverage of 169 Countries." Accessed 30th May, 2022 https://www.globenewswire.com/en/news-release/2022/03/23/2408286/28124/en/Medical-Tourism-Market-Report-2022-Coverage-of-169-Countries.html.
[16] Ibid
[17] South Africa Tourism Board. *South African Tourism Annual Report, 2019-2020.* Accessed 30th May, 2022 https://static.pmg.org.za/SAT_ANNUAL_REPORT_2019-20.pdf
[18] Ibid
[19] Ibid
[20] Ibid
[21] Ibid

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

cross-border and local transport, inpatient stay and accommodations.[22] Indeed, this list did not include South Africa or any other country in Sub-Saharan Africa. An earlier data showed that in 2004, 150,000 foreign patients travelled to India for treatment and some 50,000 British also travelled to Thailand, South Africa, India and Cuba within a year after.[23] With the above estimates and gains made in tourism in different countries, it can be deduced that globally and historically, the rate of demand and supply of tourists in the medical tourism market have shown increasing promise except for the 2019 COVID upsurge with its lock-down policies that disrupted global tourism in general and medical tourism in particular.

In a dated study, reference is made to the data of the World Health Organization that about 10,000 foreigners travel to African countries such as Ghana, and South Africa in search of medical care. Medical tourism has been one of the fast growing medical markets in Ghana. To boast of her health facilities, it is believed that Ghana's health practitioners make efforts despite the limited logistics and infrastructural base to render quality health services to their patients.[24] An earlier study has shown that Some African countries are said to have invested in or attracted ample pool of specialist physicians in quality private hospitals whose medical facilities are similar to the ones in developed countries.[25] Concerning Ghana, the Korle Bu Teaching Hospital in Accra which serves as a referral hospital for critical and serious health conditions boasts of specialist physicians. Similarly, the Komfo Anokye Teaching Hospital in Kumase offers related services. These two hospitals serve as major referral centres for the country. Also, patients are referred or transferred from one hospital to another across different regions within Ghana to seek medical care.

Healthcare services in Ghana combine orthodox and traditional medicine. Traditional Medical Practices in Ghana include herbal and bone setting among others. For example, foreign patients with bone conditions travel to Ghana for Ghanaian bone-setters to cure their ailments. In Ghana, medical tourism could also be viewed from the perspective of facilities that offer healthcare services. An example is the Noguchi Memorial Institute for Medical Research which contributes enormously to medical tourism in Ghana.[26] This was established by the Japanese government in honour of Dr. Noguchi[27], who succumbed to yellow fever in Ghana while researching into the origin of the disease in 1928.[28] According to Connell (2013), the quality and availability of affordable care by healthcare providers and stakeholders are key influences on medical tourism in emerging medical tourism destinations, alongside economic and cultural factors.[29] Medical tourism in Ghana does not only imply patients or sick travellers moving from one country or place to Ghana to seek medical attention but also medical personnel travelling to Ghana to offer services to patients.

[22]Wesgro. "Medical Tourism." Accessed 30th May, 2022. https://www.wesgro.co.za/uploads/files/Medical-Tourism-Study.pdf
[23] Bookman, Millica, and Karla R. Bookman. *Medical Tourism in Developing Countries*. Palgrave Macmillan, 2007.
[24] Kuuder, Conrad-Joseph Wuleka, Florence Esi Dosoo, and Raymond Adongo. "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no. 3 (2020): 208-233.
[25] Ahwireng-Obeng, Frederick, and Charl van Loggerenberg. "Africa's Middle Class Women Bring Entrepreneurial Opportunities in Breast Care Medical Tourism to South Africa." *International Journal of Health Planning Management* 26, no. 1 (2011): 39-55.
[26] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[27] "Dr. Nuguchi" named Hideyo Nuguchi is a prominent Japanese bacteriologist who in 1911 discovered the agent of syphilis as the cause of progressive paralytic disease.
[28] Kuuder et al., "Medical Tourism Potential of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[29] Connell, John. "Medical Tourism in the Caribbean Islands: A Cure for Economies in Crisis?" *Island Studies Journal* 8, no. 1 (2013): 115-130.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

Significantly, the history of medical tourism in Ghana has been treated as a trivial subject by scholars in the discipline of history. It is against this background that the current research seeks to examine the historical development of medical tourism in Ghana teasing out expert information from current and former employees of the Korle Bu Teaching Hospital in Accra and Komfo Anokye Teaching Hospital in Kumase. There have been limited works on the history of medical tourism in Ghana as a whole. Specifically, major works outside the purview of history have focused on the African continent. For instance, Abubakar et al. (2018) have reported that medical tourism is becoming a culture among many Nigerians due to the deplorable state of the health care system in Nigeria hence people move in and out of the country to seek medical care.[30] Crush et al. (2015) have also focused on the South-South movement to South Africa for medical treatment and the conventional notion of South Africa purely as a place for high-end surgeons and a safari destination for medical tourists from Global North.[31] Mogaka et al. (2017) have also discussed the ethical issues associated with medical tourism in Africa. The authors argued that Africa is simultaneously a source and destination for medical tourism and the global disparities in medical technologies, laws, economic inequities, and social-cultural differences drive medical tourism. They further argued that the practice of travelling to obtain healthcare that is either too delayed, unavailable, unaffordable, or legally proscribed at home, subsists.[32]

Crush et al. (2012) have focused on the motives and impact of Europeans and North Americans who travel to developing countries for lower-cost of medical care where medical tourism operators, facilitators and service providers generally advertise South Africa as a cosmetic tourism destination.[33] Maaka (2006) has discussed the role of medical tourism in Africa's health system. He argued that medical tourism began primarily with elective and cosmetic surgery and medical tourism is primarily about accessing healthcare and medical treatment in another country rather than tourism, which is visiting another country as a tourist and then accessing healthcare services while in that country.[34] Mogaka et al. (2017) have also focused on the role, structure and effect of medical tourism in Africa.[35] However, few works on medical tourism in Ghana have focused on contemporary issues in Ghana's Healthcare with limited attention to the history of medical tourism in Ghana, in general, and in Accra and Kumase, in particular. For instance, Kuuder et al. (2020) have focused on the medical tourism potential of the Tamale Teaching Hospital.[36] Gerrits (2018) also studied the reproductive travel to Ghana where fertility clinics in Ghana attract clients from West African countries as well as Ghanaians living in the US and Europe.[37] Krause (2008) also did a general

[30] Abubakar et al., "Medical Tourism in Nigeria: Challenges and Remedies to Healthcare System Development." *International Journal of Development and Management Review*. 13, no.1 (2018): 223-238.
[31] Crush, Jonathan, and Abel Chikanda. "South-South Medical Tourism and the Quest for Health in Southern Africa." *Social Science & Medicine* 124 (2015): 313-320.
[32] Mogaka, John J. O., Lucia Mupara, and Joyce M. Tsoka-Gwegweni. "Ethical Issues Associated with Medical Tourism in Africa." *Journal of Market Access and Health Policy* 5, no. 1 (2017): 1-13.
[33] Crush, Jonathan, Abel Chikanda, and Belinda Maswikwa. *Patients without Borders: Medical Tourism and Medical Migration in Southern Africa*. Idasa, 2012.
[34] Maaka, Thespo P. "The Role of Medical Tourism in 21st Century Africa Health System." *African Renaissance* 3, no. 4 (2006): 99-110.
[35] Mogaka, John J. O., Joyce M. Tsoka-Gwegweni, Lucia M. Mupara, and Tivani Mashamba-Thompson. "Role, Structure and Effects of Medical Tourism in Africa: A Systematic Scoping Review Protocol." *BMJ Open* 7, no. 6 (2017): 1-7.
[36] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5 no.3 (2020): 208-233.
[37] Gerrits, Trudie. "Reproductive Travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018): 131-144.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

study on transnational therapy networks among Ghanaians in London.[38] Other equally significant works on the health history of Ghana and Asante including; Twumasi (1975), Patterson(1981), Addae (1997), Arhinful (2003), Armah (2005) among others have all studied the various aspect of medical history in Ghana with no attention paid to the history of medical tourism in Kumase and Accra in particular. In fact, the history of medical tourism in Ghana is barely studied. However, the significance of medical tourism as a health and social question with economic ramifications cannot be ignored.

Again, Mogaka et al (2017) have already reported that the role and effects of medical tourism in Africa need to be investigated and documented in the face of Africa's two-tier healthcare systems, which has relatively over-burdened public healthcare sector and efficient private sector. Indeed, as suggested elsewhere in Mogaka et al (2017) concerning the need for regional studies and micro studies in particular, the current study is foregrounded. However, in the current discourse, we have chosen to focus on Korle Bu Teaching Hospital and Komfo Anokye Teaching Hospital. These are government hospitals that are relatively inundated with referrals from District Hospitals within the country. In particular, the existing specialists, and relatively available centres of excellence in these two medical facilities as well as available infrastructure compared to other emerging economies in the low and middle income brackets may serve as further justification for our current preoccupation. The other includes the need to highlight the prospects of medical tourism within the broader framework of development in Ghana. Also, notwithstanding the bias from earlier individual studies, methodological flaws, time and context constraints, which have resulted into conflicting conclusions; the current contribution on Ghana shall provide a basis for further micro studies in history and policy studies on medical tourism in Ghana. The building of systematic narrative or historical synthesis on medical tourism in the present context will add to the literature in applied history of tourism, history of medicine and history of health policy in Ghana with broader implications on the continent of Africa. Specifically, the research studies the history of medical tourism in Ghana from the 1960s to 2021. It further studies the impact of medical tourism on the health systems of Ghana, highlighting the pull and push factors surrounding medical tourism and ascertains the factors that can help to promote medical tourism in the present context and the foreseeable future.

Approach

To achieve these objectives, the current research adopted a qualitative approach. Both primary and secondary data were sourced for the study. The primary data included interviews with key informants. The other primary documents included hospital reports and records which helped to give accurate information concerning the pull and the push factors which caused people to travel to Ghana to seek medical care.

The study relied on detailed information from forty (40) key interviewees and expert informants. Why forty interviewees? A qualitative research such as this aimed at avoiding the saturation point (The repetition of same narratives from different informants). The interviewees included doctors some of whom were retired, hospital administrators and other health workers including nurses. Out of the forty respondents interviewed, the highest age recorded was Ninety (90) years whiles the lowest age recorded was thirty-two (32) years. This age group was chosen because they could provide useful information that cover the period under

[38] Krause, Kristine. "Transnational Therapy Networks among Ghanaians in London." *Journal of Ethic and Migration Studies* 34, no. 2 (2008): 235-251.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

review. They were sometimes individuals with expert knowledge whose depth of knowledge enriched the discussions and further informed some of the postulations in this study. The interviews required interviewees to provide information on the historical pattern of medical tourism in Ghana particularly Kumase and Accra. concerning the secondary sources, books and journal articles including online sources, which are related to the theme under review were selected and reviewed thoroughly to retrieve relevant arguments. These books and articles provided information on the various themes including the history of medical tourism in Africa, the causes and effects of medical tourism in Africa and the development of medical tourism in Ghana among others. The various arguments raised by these scholarly sources were very useful.

There were some challenges encountered during the field research. Three of the interviewees who are doctors, travelled within the period. These doctors work at the Komfo Anokye Teaching Hospital in Kumase. Indeed, it was a challenge to reach retired doctors, some of them had travelled abroad since their retirement. Also, much information was not derived from the Public Records and Archives Administration Department in Kumase. The archive held little or no information concerning the history and medical reports of immigrants who travelled to Ghana to seek medical care during the start date under review. Also, medical records of immigrants who came into the country were not available due to lack of proper record keeping on immigrants and their activities. The data collected contained estimates of immigrants who travel into the country but not an exact number. There is no proper data on immigrants who travel into Ghana to access medical care in Korle Bu Teaching Hospital and Komfo Anokye Teaching Hospital. Some respondents were also reluctant to provide delicate information due to professional and client privileges. This in essence limited the information which were needed for the report. Also, as a result of old age, information from some respondents lacked consistency. Some interviewees easily forgot some of the issues they were narrating hence, some interviews had to be rescheduled to different days. Despite these challenges, the study relied on related sources like published documents and reports to glean data to supplement oral sources to write a reliable report. Significantly, primary and secondary sources were further used as corroborative tools for each other to strengthen the validity of the present narratives.

Discussions

To proceed into the empirical aspects of the research which speak to the objectives, we have grouped our discussions into four sections. The first section deals with the introductory concept of the study which problematizes the study and clearly defines the research objectives and the approach. The second section deals with medical tourism in Ghana which captures the profile of the study areas, Korle Bu Teaching Hospital (KBTH) - Accra, and Komfo Anokye Teaching Hospital (KATH) - Kumase. The third section includes evolution of medical tourism in Ghana (1960-2018), the push and pull factors of medical tourism in Ghana, the impact of medical tourism on healthcare systems in Ghana, and promotion of medical tourism in Ghana. The final section concludes the discussions.

Medical Tourism in Ghana

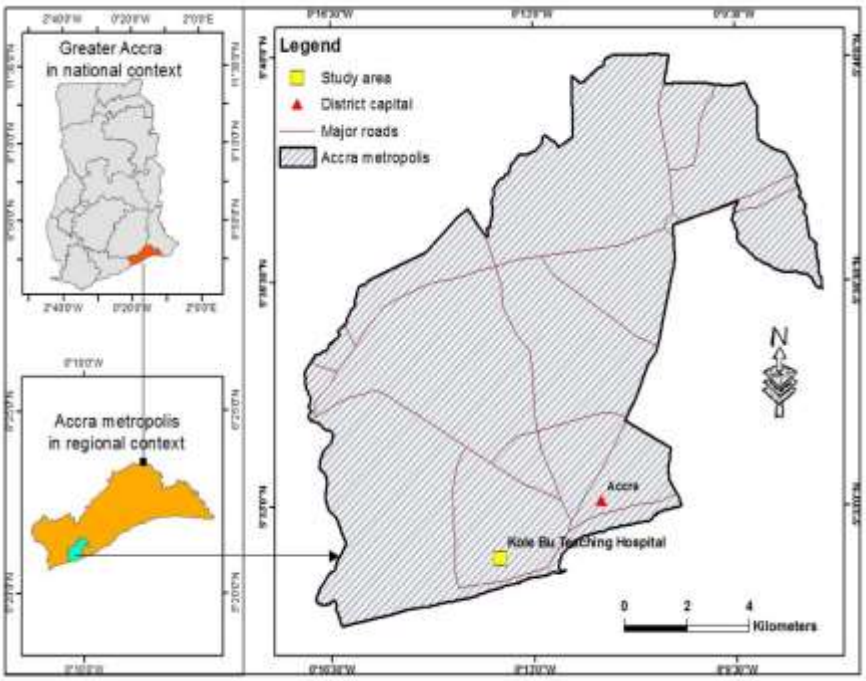
In this section, the study explores the evolution of medical tourism since the post-colonial period in Ghana. It considers the development, challenges, and factors that promoted medical tourism in Ghana from 1960 to 2021. It furtehr highlights the evolution of medical tourism in Ghana since the 1960s, the effects of medical

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

tourism in Ghana, the push and pull factors of medical tourism in Ghana, and the factors to consider while promoting medical tourism in Ghana. The current discussions focus on two hospitals; Korle Bu Teaching Hospital and Komfo Anokye Teaching Hospital in Accra and Kumase respectively.

The Korle Bu Teaching Hospital is located at the Accra Metropolitan District in the Greater Accra Region of Ghana. The Hospital was formerly known as the Gold Coast Hospital which was built by Governor Gordon Guggisberg on October 19, 1923. [39] Korle Bu, in the local Ga parlance means "the valley of the Korle Lagoon".[40] It is believed that the Korle Bu Teaching Hospital is the premier tertiary healthcare facility in Ghana. Also, to improve public health, Guggisberg focused on sanitation and pipe-borne water supply to Accra, Seckondi, and Winneba among other areas. The population of Ghana at that time was 2.3 million with 4,000 people living in Accra.[41] Again, Guggisberg extended medical services to other areas but recognised the primary need for a large modern hospital fully equipped for the care of the sick and for the training of local health personnel for health service and the outcome of this need was the building of the Korle Bu Teaching Hospital.[42] The hospital gained Teaching Hospital status in 1962 when the School of Medicine and Dentistry, formerly University of Ghana Medical School was established to train doctors.[43]

Figure 1. A map indicating the national, regional, town and district boundaries of Korle Bu Teaching Hospital



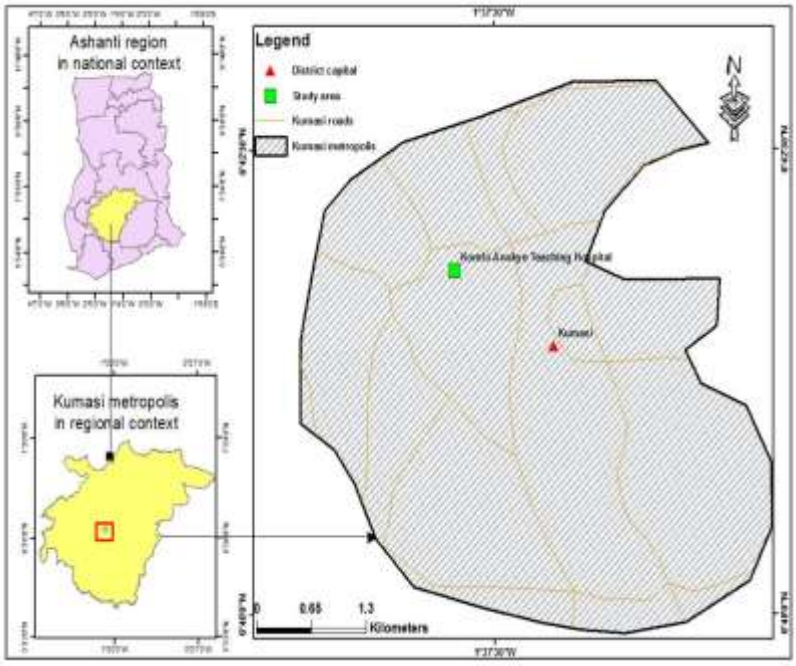
Source: Department of Geography and Rural Development, KNUST, Kumase-Ghana

[39] O. S. Michael, "Great Teaching Hospitals in Africa: Korle Bu Teaching Hospital, Ghana." *Annals of Ibadan Postgraduate Medicine* 7, no.1 (2009): 40-44.
[40] Ibid
[41] Ibid
[42] Ibid
[43] Ibid

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

The Komfo Anokye Teaching Hospital is located in the Kumase Metropolitan District in the Asante Region of Ghana with a total projected population of 4,780,380 (2010 Ghana Population Census).[44] The Komfo Anokye Teaching Hospital is 1,200 bed capacity tertiary hospital situated in the middle belt of the country and serves as a major referral hospital for 12 out of the 16 administrative regions in Ghana.[45] In the 1940s, there was a hospital located on the hill over-looking the Bantama Township designated as African and European Hospitals where the African wing treated Africans and the European wing treated Europeans. Also, by 1952 the need to construct a new hospital to cater for the fast increasing population in Kumase and Asante arose.[46] The European hospital was then transferred to the Kwadaso Military Quarters for the new project to begin. In 1954 the new hospital complex was completed and named the Kumase Central Hospital which commenced its operations in 1955. The name was later changed to the Komfo Anokye Hospital in memory of the powerful and legendary traditional priest, Komfo Anokye.[47] The hospital became a teaching hospital in 1975 to train medical students following the establishment of the School of Medical Sciences at the Kwame Nkrumah University of Science and Technology, Kumase.[48] A major referral and teaching hospital, it has served different communities beyond Asante and Kumase in particular.

Figure 2. A map indicating the national, regional, town and district boundaries in which Komfo Anokye Teaching Hospital is located



Source: Department of Geography and Rural Development, KNUST, Kumase

[44] Komfo Anokye Teaching Hospital. "About Us". Accessed on 23rd August 2021. http://www.kathhsp.org/about -us/
[45] Ibid
[46] Ibid
[47] Ibid
[48] Ibid

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

Evolution of medical tourism in Ghana (1960-2018)

Prior to the 1960s, the country Ghana was not unified.[49] Irrespective of the introduction of boarding schools which impacted social arrangements like inter-ethnic marriages, individuals outside particular ethnic groups were viewed from ethnocentric lenses and were best considered or seen as foreigners.[50] Adu-Boahen has reported that generally various ethnic groups in Ghana considered those who were not from them as "others" and best described as foreigners when they got involved in their ethnic or community affairs.[51] It can be inferred from the works of Adu-Boahen that the various ethnic groups at the time saw themselves as separate people in defined jurisdictions.[52] Therefore, when someone travelled from one ethnic jurisdiction to another, it could be seen as medical tourism. A 63 year old medical practitioner shared a similar view concerning the above. He hinted that;

> "... before the 1960s, we all know from our history books that, the country was based on ethnic lines. Thus, they saw themselves as a country in a defined jurisdiction and so when a person moves to other ethnic groups, he or she was seen as a stranger. In this context, when those at the southern part of the country moved to the northern sector for the treatment of bone fracture, it represented an internal medical tourism."[53]

A retired public health analyst at Korle-Bu Teaching Hospital shared a different opinion on the subject matter above. He hinted that;

> "There was nothing like medical tourism before the 1960s because medical tourism involves the movement of people from one country to another and before that period there was nothing like a country like Ghana, there was a place the Europeans named as Gold Coast. What existed was ethnic groups and ethnic groups occupying different territories cannot be classified as a country."[54]

The above notwithstanding, historically, there had been migration of indigenous healers alongside those who came to Gold Coast to seek healing. These migrant healers came from neighbouring countries including Togo, Nigeria, and Burkina Faso.[55] Through integration, they joined the indigenous healing environment.[56] The activities of the migrant practitioners were presided over by the *Nsumankwaahene* who oversaw health and healing in Asante.[57] These migrant healers cured a wide range of diseases which were endemic in Asante. They included stomachaches, coughs, piles, toothaches, headaches, dysentery, and yaws.[58] Some of the practitioners claimed to have cures for epilepsy, rheumatism, infantile mental disorders, and even blindness.[59]Among the migrant healers

[49] Boahen, Adu. "A New Look at the History of Ghana." *African Affairs* 65, no. 260 (1966): 212-222.
[50] Ibid
[51] Ibid
[52] Ibid
[53] Anonymised Interviewee. 3rd August, 2021 at Korle Bu Teaching Hospital.
[54] Interview with with Yaw Manste Boateng. 5th August, 2021 at Korle Bu.
[55] Adu-Gyamfi, Samuel. "A Historical Study of the Impact of Colonial Rule on Indigenous Medical Practices in Asante: A focus on Colonial and Indigenous Disease Combat and Prevention in Kumase 1902-1957". PhD diss. KNUST, 2010.
[56] Ibid.
[57] Ibid.
[58] Ibid.
[59] Ibid.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

were Muslims healers who introduced non-herbal practices into Asante.[60] Some of these practices included cupping, variolation, lancing, cauterization, and circumcision.[61]

Though there is no available data on medical tourism from the 1960s, Korle Bu Teaching Hospital was established in 1923 and was expanded in 1953 as a result of the proven efficacy of the hospital-based treatment. Comparatively, in Benin, the Benin General Hospital which was later changed to a specialist hospital was established in 1902 but faced some challenges. It had one surgeon, no x-ray services and eye clinic. The name of the facility has been changed to the Benin Central Hospital since the 1980s. Before 1960, the hospital had not developed compared to Korle Bu Teaching Hospital, which had expanded by 1953. Comparatively, before the 1960s, sick people from Benin were referred to Korle Bu Teaching Hospital for medical treatment because Korle Bu was equipped with facilities that were unavailable in their country.

Also, the Sylvanus Olympio Hospital in Togo was established after Togo gained independence in 1960 but was faced with some challenges. Their emergency rooms lacked first aid equipment, wards were in bad shape, there were not enough beds and the surgery rooms were underequipped. However, by 1953, the status of Korle Bu Teaching Hospital was better than the Sylvanus Olympio Hospital in Togo. Therefore, the Korle Bu Hospital attracted immigrants from Togo who came to seek for medical care and health services that were unavailable in their country. Again, the Tengandogo University Hospital located in Burkina Faso was built before independence in 1960 but was going through an infrastructural challenge. They lacked enough beds, medical equipment and specialist to provide specific treatment, but relatively, the Korle Bu Teaching Hospital had developed and expanded within the period under review. Due to these challenges in the Sylvanus Olympio Hospital in Togo, patients were referred from Burkina Faso to Ghana to seek medical treatment. Similarly, the Lagos University Hospital located in Nigeria was built in 1901 but even before it became a teaching hospital it faced some challenges and could not provide some of the medical needs of its patients. Patients from this hospital and others in Nigeria were referred from Nigeria to Ghana because the Korle Bu Teaching Hospital in Accra-Ghana had seen some expansions in facilities since its inception and the 1950s in particular. It can be inferred from the above arguments that, medical tourism started before the 1960s. Indeed, the hospitals in the neighbouring countries of Ghana were not well developed and equipped before the 1960s. Some patients with critical health needs from these countries were referred to Korle Bu Teaching Hospital to meet their medical or health needs.

It can be further deduced from the oral sources that even before independence, patients from other countries travelled to Ghana to seek medical care because the Korle Bu Teaching Hospital had expanded and developed before 1957. During the 1960s, medical tourism had seen some progress or expansion. Immigrants were referred from various hospitals across the neighbouring countries to seek specialist treatments that were unavailable in their respective countries. For example, in 1963 a woman who had an eye issue needed an urgent surgery but as a result of the lack of eye centres and surgeons' in Benin, she was referred to the Korle Bu Teaching Hospital to have her surgery. Kuuder et al (2020) have argued that after independence, the evolution of medical tourism in Ghana

[60] Maier, David. Nineteenth-Century Asante Medical Practices, *Comparative Studies in Society and History* 21, no. 1 (1979): 63-81.
[61] Ibid.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

was based on patients who were referred or travelled from other districts or regions within Ghana and abroad to receive medical treatment.[62] A specialist nurse working at the cardiothoracic centre at the Korle Bu Teaching Hospital explained: "I witnessed immigrants moving into the country especially to the hospital to seek medical care at my unit in 1987, this was the time I started working in the facility".[63]

Since 1987, health professionals in Ghana have witnessed people from neighbouring countries and elsewhere moving into the country for special medical care at the Korle Bu Teaching Hospital. Mrs Mooren, a nurse at the cardiothoracic centre said, "I witnessed immigrants moving into the Korle Bu hospital to seek medical care in 1993 when I started practising medicine". She gave an account of a Liberian immigrant who came to the hospital specifically at her unit. She hinted;

> There was one Liberian patient who travelled from Liberia into the country in 1995 to seek medical care with the issue of hole-in-heart. This Liberian patient came to stay here in the country with her husband. She got pregnant and the baby was delivered at the hospital but was battling with heart issues and was admitted together with her child. Still, immigrants do travel to Ghana to seek not only heart surgery but also to deliver their babies.[64]

A surgeon at the cardiothoracic centre at the Korle Bu Teaching Hospital also hinted that there were some immigrants who were admitted into wards for different ailments and also had the opportunity to access other treatments that were not related to the heart and such illnesses included infertility and stroke among others.[65] He further hinted:

> I have witnessed immigrants travelling into the country, especially from the year 2003 to 2013. These immigrants travelled into the country, especially to the hospital for heart surgery. Several of them came with the issue of heart surgery and a few came with the issues of the chest. However, there is no record of foreigners as they come but they could be counted in the ward. From 2003-2013 the number of foreigners who were travelling into the country was very high but after 2013, the number of immigrants travelling into the country has slightly decreased. Since 2013, the immigrants who came for medical treatment came from Togo, Benin, Nigeria, Liberia, Sierra Leone, and Ivory Coast but now it seems the number has decreased. When they leave Nigeria they go to India so in general there are not many foreigners in our medical wards.[66]

Also, another surgeon at the cardiothoracic centre, Korle Bu Teaching Hospital, reported that "Immigrants started travelling into the country around 1994 to seek for medical care".[67] He hinted:

> "...these immigrants are mostly from Liberia, Sierra Leone, Ivory Coast, Nigeria, and Togo among other countries. They travel to Ghana every year to seek expert care for their conditions. Some of the health conditions of these immigrants include, lumps such as hernia, lipoma, dermoid cyst, cardiac problems such as tetralogy of Fallot, ventricular septal defect, thoracic cases such as pneumothorax, mediastinal tumours, lung cancers, oesophageal stricture, and acquired heart diseases such as valvular disease, ischaemic heart disease. Within a month, an average of 2 to 5 immigrants travel into the country specifically to the hospital to seek medical care."[68]

[62] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[63] Interview with Patience Angela Efirrann. Dated 5th Aug. 2021 at Cardiothoracic Centre, Korle Bu.
[64] An interview with Mrs. Mooren. Dated Ibid.at Cardiothoracic Centre, Korle Bu.
[65] In personal conversation with Professor Martin Tamatey, Dated 3rd Aug.2021 at Cardiothoracic Centre, Korle Bu.
[66] Ibid
[67] An interview with Dr. Kofi Amoah. 5th Aug. 2021 at Cardiothoracic Centre, Korle Bu.
[68] Ibid

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

It can be inferred from the work of Kuuder et al (2020) that the Tamale Teaching Hospital in Ghana has had visits from foreign patients who are nationals of UK, USA, Russia and Cuba. As a result of less improvements in different aspects of the health care system in Ghana, the immigrants travelling into the country for medical care have decreased in number and now patients who hitherto came from Nigeria in particular for medical treatment in the country, rather travel to India and other parts of the world for such care.[69] The work of Trudie (2018) suggests that medical tourism in Ghana has been in existence for a very long time.[70] At the inception of medical tourism in Ghana, several immigrants within the sub-region visited the country for medical care and this trend has continued over time. According to a surgeon at the cardiothoracic centre at the Korle Bu Teaching Hospital, "immigrants travel into the country specifically to the hospital to seek medical care every week."[71] He hinted:

> Ghana has an active centre for the practice of cardiothoracic and vascular surgery. Due to this, it attracts most immigrants with heart issues into the country specifically at the centre to seek medical treatment. Most of the immigrants come with heart and chest issues such as oesophageal cancers, lung diseases, aneurysms, congenital heart diseases, acquired heart disease, valvular heart diseases and coronary artery disease. Ghana has quality health human resource who are experienced in the field of cardiothoracic and vascular surgery.[72]

Again, it can be inferred from the work of Kuuder et al (2020) that Ghana as a proposed medical tourism destination can boast of health facilities that can render quality services to patients.[73] According to a medical doctor at the Komfo Anokye Teaching Hospital, since 2010, she has witnessed immigrants especially from Cote D'Ivoire coming to the hospital for surgery and treatment of other health complications. He further hinted that there has been a decline in contemporary times. [74] Also, a nurse at the Komfo Anokye Teaching Hospital hinted that an immigrant travelled into the country in 2011 with kidney failure to seek for dialysis treatment at the hospital. She further added that in 2018, a child was brought with haematological malignancy from Burkina-Faso."[75] Kuuder et al (2020) have argued that immigrants who travelled to Ghana to seek medical care did not only come with heart related issues but other prevailing health issues. For Ghana is equipped with good doctors and surgeons who are able to tackle various health-related issues.[76] A doctor and an expert in paediatrics at the Komfo Anokye Teaching Hospital, simulates same:

> "Medical tourism has been in existence for a long time but there has been a decline in immigrants moving into the country with health complications to seek medical treatment from this hospital. In 2012, some immigrants from Burkina Faso and Cote D'Ivoire came to the hospital to seek medical care which was basically related to the oncology unit. Also, about a year ago, an immigrant from Burkina Faso came to the hospital to seek medical

[69] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism*5, no.3 (2020):208-233.
[70] Trudie Gerrits. "Reproductive travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018):131-144.
[71] An interview with Dr. Gordon Offei-Larbi. Dated 5th Aug. 2021 at Cardiothoracic Centre at Korle Bu.
[72] Ibid
[73] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[74] A personal conversation with Dr. Senam Amedo. Dated 24th Aug. 2021 at Komfo Anokye Teaching Hospital.
[75] An interview with Kumah Priscilla. Dated 24th Aug. 2021 at Komfo Anokye Teaching Hospital.
[76] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5 no.3 (2020):208-233.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

> care which was related to oncology and since then there haven't been any immigrant case which I can report on. They do come but not as many as compared to some years back."[77]

From this, it can be argued that medical tourism has been in existence prior to independence but it witnessed much progress when Ghana gained independence. Trudie (2018) has argued that people have moved from various countries to Ghana to seek medical treatment for as long as time could count.[78] The responses from this current study confirms the position of earlier studies like that of Trudie (2018).

The Push and Pull Factors of Medical Tourism in Ghana

Medical tourism occurs as a result of certain push and pull factors that urge immigrants or medical tourists to travel outside their jurisdiction to another jurisdiction to seek medical treatment.

The Push Factors

Medical tourism provides a platform for some patients to travel abroad for medical care that is either too delayed, unavailable, unaffordable or legally proscribed in their home countries.[79] According to a 43 year old doctor working at the Komfo Anokye Teaching Hospital, most of these immigrants travel into the country due to diverse reasons. The key reason among several others is unavailability of proper healthcare system in their countries.[80] He hinted:

> Immigrants who travel into the country to seek medical care do so due to the unavailability of the healthcare system in their home country. The medical facilities in their country are not well equipped with relevant equipment. They also have limited medical professionals and specialist as well as a general question or quandary concerning medical standards and professionalism. As a result of this, they move to Ghana to access proper and quality healthcare which is unavailable in their country. In 2006, an immigrant from Burkina Faso came to the hospital with the issue of kidney failure. She hinted that she couldn't get proper treatment in her country, so she came here to seek for proper medical care." [81]

The above is consistent with the findings of Kuuder (2020) that due to the unavailability of the health care system in their home countries, immigrants travel to Ghana to seek medical treatment.[82] Similarly, a nurse working at the Cardiothoracic Center at Korle Bu hinted that "these immigrants move from their country to seek medical care in Ghana because of the lack of treatment options and distrust in the healthcare systems of their respective countries."[83] However, John (2016) has argued that the push motivators are mostly associated with the desire for privacy and confidentiality of treatments.[84] Also, a surgeon at the cardiothoracic centre at the Korle Bu Teaching Hospital hinted

[77] An interview with Dr. Nana Akua B.A. Appiah. Dated 24th Aug. 2021 at Komfo Anokye Teaching Hospital.
[78] Trudie Gerrits. "Reproductive travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018):131-144.
[79] Mogaka, John J. O., Lucia Mupara, and Joyce M. Tsoka-Gwegweni. "Ethical Issues Associated with Medical Tourism in Africa." *Journal of Market Access and Health Policy* 5, no. 1 (2017): 1-13.
[80] Interview with an anonymous interviewee. Dated 25th Aug.2021 at Komfo Anokye Teaching Hospital.
[81] Ibid
[82] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[83] An interview with Mrs. Mooren. Dated 5th Aug. 2021 at Cardiothoracic Center, Korle Bu.
[84] Surej, John P., and Roy Larke S. P. "An Analysis of Push and Pull Motivators Investigated in Medical Tourism Research Published from 2000 to 2006." *Tourism Review International* 20, no. 2-3 (2016): 73-90.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

that "these immigrants move from their country as a result of recommendations from friends, family members and doctors."[85] He further hinted that:

> Most of the immigrants come here as a result of recommendations made to them by other people be it their friends, family or doctors. Someone from Liberia came for a heart treatment at their unit, when the person went back to his country, he recommended the cardiothoracic centre to his friend who had hole-in-heart to come into the country to seek medical care.[86]

This can be inferred from the works of John (2016) that immigrants are pushed to leave their home country to receive medical care in another country due to recommendations from people.[87] Similar to this, a 45 year old nurse at the Komfo Anokye Teaching Hospital said that, "most of the immigrants do not access medical treatment in their country due to lack of peace and serene environment."[88] She said that: "Due to wars in most of the countries, immigrants travel from their home country to seek medical care in Ghana as a result of the peaceful environment and easy access to healthcare in the country".[89]

This can be inferred from the works of John (2016) that the least commonly push motivator is the lack of peace and familiar environment in the home country.[90] Kuuder (2020) argued that, immigrants travel miles away from their country to seek medical care in other countries due to inadequate insurance coverage.[91] In view of this, it can be debated that countries such as Liberia mostly engaged in terrifying wars which disrupted their healthcare systems. As a result of this, immigrants from Liberia travel to Ghana to seek medical care and enjoy the peaceful and serene environment in the country.

The Pull Factors

Universal differences in medical technologies, laws, economic inequities, and social-cultural diversities also drive medical tourism. The practise of travelling to obtain healthcare that is either too delayed, unavailable, unaffordable or legally proscribed at home has emerged over time.[92] Ghana is concurrently a source and destination for medical tourism.[93] Immigrants travel from their home country to seek medical care here in Ghana due to some factors which pull them. According to a surgeon at the cardiothoracic centre at the Korle Bu Teaching Hospital, "these immigrants travel to Ghana to seek medical care as a result of the absence of the health facilities in their country."[94] He hinted that,

[85] In a personal conversation with Professor Martin Tamatey. Dated 3rd Aug. 2021 at Cardiothoracic Center, Korle Bu.
[86] Ibid
[87] Surej, John P., and Roy Larke S. P. "An Analysis of Push and Pull Motivators Investigated in Medical Tourism Research Published from 2000 to 2006." *Tourism Review International* 20, no. 2-3 (2016): 73-90.
[88] Identity unknown due to personal reasons. Dated 26th Aug. 2021 at Komfo Anokye Teaching Hospital.
[89] Ibid
[90] Surej, John P., and Roy Larke S. P. "An Analysis of Push and Pull Motivators Investigated in Medical Tourism Research Published from 2000 to 2006." *Tourism Review International* 20, no. 2-3 (2016): 73-90.
[91] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[92] Mogaka et al., "Ethical Issues Associated with Medical Tourism in Africa." *Journal of Market Access and Health Policy* 5, no.1 (2017): 1-13.
[93] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[94] An interview with Professor Martin Tamatey. 3rd August, 2021 at Cardiothoracic Centre, Korle Bu.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

> Due to the absence of health facilities in their home countries, they travel to Ghana where they could get access to medical treatment for their illnesses. Especially health issues relating to the heart. They come to Ghana specifically to the cardiothoracic centre to receive treatment because it is only Ghana that has the active centre for the practice of cardiothoracic and vascular surgery in West Africa.[95]

This is consistent with Kuuder et al (2020) who reported that Ghana as a proposed medical tourism destination in West-Africa can boast of health facilities rendering quality services and packages to their patients. Concerning same, reference can be made to the Korle Bu Teaching Hospital as the best government health facility in the country and a major referral facility for patients from places far and near.[96] According to a surgeon at the cardiothoracic centre at the Korle Bu Teaching Hospital, "another factor that pulls immigrants into the country to seek medical care is the peace in Ghana." He said that as a result of the peace in Ghana, the country attracts these immigrants into the country to seek medical care and some of them decide to stay after their treatment for a longer period of time."[97]

Another pull factor that attracts immigrants into the country to seek medical care is the presence of expertise in the field of cardiothoracic and vascular surgery.[98] Trudie (2018) has argued that Ghana is well equipped with expertise in various health issues which attracts immigrants to move into the country. Indeed, people do not only travel into the country with heart issues. They also report infertility cases. Significantly, the twenty-first century Ghana has advanced in the use of Assisted Reproductive Technology (ARTs) and several clinics in the country continue to offer services for the local population and those from abroad and West-African countries in particular.[99] A surgeon at the cardiothoracic centre at the Korle Bu Teaching Hospital hinted that "affordability and proximity are factors that pull these immigrants into the country to seek medical treatment."[100] Another pull factor is the availability of first class service and the search for expertise and professional service.[101] Trudie (2018) has also argued that pull factors pertaining to the setting or the clinic where treatment is given to patients play a pivotal role. The other issues include affordability of treatment, absence of limiting regulations and guidelines among others.[102]A nurse at the Komfo Anokye Teaching Hospital hinted that "these immigrants believe that Ghana has a better healthcare system; due to that they move from their home country to seek medical care in this country."[103] Kuuder et al (2020) have also reported that Ghana has sought to improve its healthcare system to provide quality healthcare to its patients and as a result, immigrants believe that Ghana has a better healthcare system as compared to their country.[104] Ronald (2013) has argued that though the motivations for medical tourism vary with each individual, it is usually derived from a shortlist. They include lower cost (affordability), reduced wait times

[95] An interview with Professor Martin Tamatey. 3rd August, 2021 at Cardiothoracic Centre, Korle Bu.
[96] Kuuder et al. "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism*, Vol 5 no.3 (2020): 208-233.
[97] In personal conversation with Dr. Gordon Offei-Larbi. Dated 5th Aug.2021 at Cardiothoracic Center, Korle Bu.
[98] Ibid
[99] Trudie Gerrits. "Reproductive travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018): 131-144.
[100] An interview with Dr. Kofi Amoah. Dated 6th Aug. 2021 at Cardiothoracic Centre, Korle Bu Teaching Hospital.
[101] Ibid
[102] Trudie Gerrits. "Reproductive travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018): 131-144.
[103] An interview with Esther Adetoy. Dated 25th Aug.2021 at Komfo Anokye Teaching Hospital.
[104] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." International Journal of Health Management and Tourism 5, no.3 (2020): 208-233.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

accessibility), services not offered domestically (availability) and services superior to what is available domestically (quality).[105]

The Impact of Medical Tourism on Healthcare Systems in Ghana

There is much debate on the pros and cons of medical tourism and the effects it has on both the host country and the home country that people travel from.[106] Over the past decades, community leaders and tourism authorities have increasingly viewed medical tourism as an important industry with the potential to diversify existing forms of tourism. In Ghana, tourism has the potential to improve the economy, enhance local health care systems, create employment and increase tax revenue.[107] A surgeon at the cardiothoracic centre at the Korle Bu Teaching Hospital hinted that medical tourism "... generates income for the hospital and the country as a whole".[108] He hinted:

> "Medical tourism generates income for the hospital and the country as a whole as well as the areas or communities they go for treatment. When these immigrants visit these health facilities for treatment, they make some payments, which serves as a form of income generation in the hospital and the country as well."[109]

This is consistent with the work of Ozgur (2019), which posits that the influx of many more patients means more work and therefore higher profits for the medical community within the country.[110] Apart from the income which is generated as a result of hospital attendance by the immigrants, there are those who decide to stay and visit the various tourist destinations in the country after their medical care. This brings additional income to the tourism sector and the country as a whole. Similarly, a 62 year old retired doctor hinted that "medical tourism gives professionals more global exposure and experience in the procedures that they perform".[111] He hinted that "when immigrants visit the country and return to their respective destinations, they make recommendations to their counterparts who eventually seek for such professionals in Ghana and further open the doors for collaborative medical research and projects including treatment strategies. In essence, these physicians gain more exposure globally, it also helps them to gain more experience in their field of endeavour."[112] Also, Kuuder et al (2020) have argued that medical tourism exposes the hospital to other parts of the world as a result of a good recommendation from immigrants.[113] In view of this, it can be debated that, most professionals get the chance to travel outside the country to work and gain more experience in their field as a result of medical tourism and recommendations by immigrants. A surgeon at the cardiothoracic centre, hinted that "medical tourism has given the hospital a good name in Ghana and other countries."[114] Courtney et al. (2018) argued that a clinic with many medical tourists can get many

[105] Ronald Labonte. "Overview: Medical Tourism Today: What, Who, Why and Where." In Travelling well: Essays in Medical Tourism. *Transdisciplinary Studies in Population Health Series* 4, no. 1 (2013): 1-209.
[106] Tore, Ozgur. "The Impact of Medical Tourism." Accessed on 4th September 2021. https://ftnnews.com/health-a-spa/38506-the-impact-of-medical-tourism
[107] Suess, Courtney, Seyhmus Balogu, and James A. Busser. "Perceived Impacts of Medical Tourism Development on Community Wellbeing." *Tourism Management* 69 (2018): 232-245.
[108] In a personal interview with Professor Martin Tamatey. Dated 3rd Aug.2021 at the Cardiothoracic Center, Korle Bu.
[109] Ibid
[110] Tore, Ozgur. "The Impact of Medical Tourism." Accessed on 4th September 2021. https://ftnnews.com/health-a-spa/38506-the-impact-of-medical-tourism
[111] Identity unknown due to personal reasons. Dated 23rd Aug. 2021 at Komfo Anokye Teaching Hospital.
[112] Ibid
[113] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020):209-233.
[114] In a personal interview with Dr. Gordon Offei-Larbi. Dated 5th Aug.2021 at the Cardiothoracic Center, Korle Bu.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

positive reviews and recommendations which in turn can generate more customers in the future.[115] Concerning same, it can be argued that medical tourism has given Ghana and the medical centres in the country a good reputation in other parts of the world. This has the propensity to attract immigrants to come into the country. A 32 year old Liberian patient who visited the cardiothoracic centre at the Korle Bu Teaching Hospital with the issue of hole-in-heart hinted: "I came all the way from Liberia to Ghana because I was diagnosed with the issue of hole-in-heart, which cannot be treated in my country. I came to Ghana as a result of a recommendation from a friend who came here earlier to seek medical care".[116]

Similarly, a surgeon at the cardiothoracic centre hinted that "there has been a positive impact on the local economy and the country's economy in general.[117] Ozgur (2019) has argued that the advantage for the destination country is that the medical tourist will also spend money locally on food, souvenirs, transportation, and accommodation and this, in turn, makes a positive impact on the country's economy.[118] This study confirms the earlier assertion that after seeking medical treatment, some of the immigrants visit Ghana's tourist sites and enjoy the country's local foods and other souvenirs that generate more income to boost the economy. A nurse at the cardiothoracic centre in Korle Bu Teaching Hospital hinted that medical tourism "gives priority to immigrants/foreigners at the resent of indigenes".[119] Kuuder et al (2020) have also reported that immigrants are not kept in waiting queues, they are given medical attention quickly as compared to the indigenes. This contribution concurs with the claim that this is the only negative impact of medical tourism in Ghana.[120] Also, Trudie (2018) has argued that the indigenes feel intimidated by the immigrants since they are seen as more important than them, which is affecting the healthcare system negatively. Whereas indigenes wait in long queues, the immigrants are mostly given preferential treatment.[121]

Promoting Medical Tourism in Ghana

The practice of medical tourism successfully depends on informing potential patients about procedure options, treatment facilities, tourism opportunities, travel arrangements and destination countries.[122] The promotion of medical tourism includes a wide range of marketing materials such as flyers, booklets, and websites.[123] A nurse at the cardiothoracic centre at the Korle Bu Teaching Hospital hinted: "building more health facilities and making them accessible to all and advertising them as well, would help promote medical tourism in Ghana".[124] Trudie (2018) has argued that improving upon healthcare systems and making them

[115] Tore, Ozgur. "The Impact of Medical Tourism." Accessed on 4th September 2021. https://ftnnews.com/health-a-spa/38506-the-impact-of-medical-tourism
[116] Identity unknown due to personal reasons. Dated 5th Aug. 2021 at the Cardiothoracic Center.
[117] An interview with Dr. Kofi Amoah. Dated 6th Aug. 2021 at the Cardiothoracic Center.
[118] Tore, Ozgur. "The Impact of Medical Tourism." Accessed on 4th September 2021. https://ftnnews.com/health-a-spa/38506-the-impact-of-medical-tourism
[119] An interview with Patience Angela Efirrann. Dated 5th Aug.2021 at the Cardiothoracic Center, Korle Bu.
[120] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 209-233.
[121] Trudie Gerrits. "Reproductive travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018): 131-144.
[122] Crooks, Valorie A., Leigh Turner, Jeremy Snyder, Rory Johnston, and Paul Kingsbury. "Promoting Medical Tourism to India: Messages, images, and the Marketing of International Patient Travel." *Social Science & Medicine* 72 (2011): 726-732.
[123] Ibid
[124] In a personal interview with Patience Angela Efirrann. Dated 5th Aug. 2021 at Cardiothoracic Centre, Korle Bu.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

easily accessible would help in building Ghana as a medical tourism destination for immigrants.[125] A surgeon at the Cardiothoracic Centre at the Korle Bu Teaching Hospital hinted that "one key strategy to promote medical tourism in Ghana is to run our hospitals properly and more medical conditions should be treated".[126] He hinted:

> "More conditions should be treated in our various hospitals because in India they treat more conditions than Ghana. Here, at the cardiothoracic centre, they treat only the heart and chest and that attracts these immigrants to come there. Newer ways of treatment are not available in the hospital and the country as a whole but are available in India and other countries".[127]

The above simulates Kuuder et al (2020) that building more medical facilities, improving healthcare systems and introducing new treatments can help to boost medical tourism in Ghana.[128] Similarly, a 40 year old doctor at the Komfo Anokye Teaching Hospital hinted that "technical and infrastructural upgrade of health facilities would help to promote medical tourism in Ghana."[129] According to a nurse at the Komfo Anokye Teaching Hospital, "a well-structured health care system can help promote medical tourism in Ghana."[130] Kuuder et al (2020) have argued that the healthcare industry in Ghana has grown significantly.[131] From these perspectives, it can be construed that a number of hospitals, both private and public, contribute immensely to good healthcare delivery and wellbeing of patients within the country, irrespective of the deficits in healthcare infrastructure. A doctor at the Komfo Anokye Teaching Hospital also confirmed that "opening of patient-friendly health facilities with advanced equipment could draw the attention of outsiders and help to promote medical tourism in Ghana.[132] Trudie (2018) has reported that equipping the health sector with quality health facilities would help develop medical tourism in Ghana and give it a better reputation within the contemporary clamour for medical tourism destinations across the world.[133] Also, a surgeon at the cardiothoracic centre at the Korle Bu Teaching Hospital, hinted that "the expansion of existing structures can help promote medical tourism in Ghana."[134] Kuuder et al (2020) have argued that there should be the need to expand medical facilities to help accommodate more patients within the country and those coming from abroad.[135] It is a truism that building and expanding medical facilities in the country can help promote medical tourism, most patients can move from their country to seek medical care in Ghana. However, when there is limited infrastructure such as insufficient bed spaces in the various hospitals, the increasing number of patients cannot be accommodated. Another nurse at the Cardiothoracic Centre hinted that "improvement of facilities, satisfaction of patients, training of health personnel and affordability (cost)

[125] Trudie Gerrits. "Reproductive travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018): 131-144.
[126] In a personal conversation with Professor Martin Tamatey. Dated 3rd Aug. 2021 at Cardiothoracic Center, Korle Bu.
[127] Ibid
[128] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[129] Identity unknown due to personal reasons. Dated 25th Aug. 2021 at Komfo Anokye Teaching Hospital.
[130] An interview with Esther Adetoy. Dated 24th Aug.2021 at Komfo Anokye Teaching Hospital.
[131] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[132] An interview with Dr. Senam Amedo. Dated 24th Aug. 2021 at Komfo Anokye Teaching Hospital.
[133] Trudie Gerrits. "Reproductive travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018): 131-144.
[134] An interview with Dr. Gordon Offei-Larbi. Dated 5th Aug. 2021 at the Cardiothoracic Center, Korle Bu.
[135] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

can help to promote medical tourism in Ghana".[136] Similarly, a surgeon at the Cardiothoracic Centre at the Korle Bu Teaching Hospital hinted that;

> More organised scheme for foreign patients, expanding facilities for accommodation, and showcasing the portfolio of various major hospitals online to inform potential clients expansion of areas of expertise in the various subspecialties, can help promote medical tourism in Ghana.[137]

This is consistent with Kuuder et al (2020) who opined that hospitals and other medical centres should be advertised on various websites to showcase what they do and the conditions they treat which would attract people in other countries to come to Ghana to seek medical care.[138] Concerning same, it can be expatiated that various hospitals in the country should advertise themselves on various social platforms by clearly showing their locations and the kind of conditions they treat in order to attract immigrants from other countries. Also, a nurse at the Komfo Anokye Teaching Hospital simulated that "to help promote medical tourism in Ghana, we must improve our health infrastructure, medical equipment and professional training".[139] Ronald (2013) has argued that the availability of health equipment and professional medical personnel attract immigrants to move to other countries to seek medical care.[140] There is no equivocation to the claim that when health facilities are well equipped with good medical equipment as well as professional health personnel with varied specialities, it can help promote medical tourism in Ghana. To help promote medical tourism, Ghana's healthcare system should be well structured with the requisite infrastructure, technology and up-to-date medical and surgical equipment among others as hinted earlier by the interviewees. When the above is done, the country can be recognised as one of the key destinations for medical tourism in Africa.

A recent publication captioned "Ghana's Eco-Medical Village Set to Revolutionise Africa's Medicare and Health Tourism" makes our earlier postulations more salient. In this publication, Koigi reported among other things that Ghana is positioning herself as the next medical tourism destination for Africans with the ongoing construction of an ultra-modern medical facility, which is described as the largest project of its kind in West-Africa. Though this is not another Korle Bu Teaching Hospital or Komfo Anokye Teaching Hospital, the current medical facility also referred to as the Eco Medical Village , according to Koigi, will sit on a forty acre land, with one thousand, one hundred (1,100) bed capacity and would employ five thousand (5000) medical and specialised health service workers upon completion. Koigi further reported that the project is being modelled to include a referral centre for diseases, a care centre for the elderly, women and children hospital, disaster mismanagement centre and research facilities among other amenities including hotels and pharmacies. The others include the offer of air ambulance services, and to boost convenience and affordability, Koigi reported that there are plans to sell Eco-Med Insurance with the Eco-Med Card that would be offered by African banks.[141] It is a truism that such a project will reflect what this

[136] An interview with Mrs. Mooren. Dated 5th Aug. 2021 at the Cardiothoracic Center, Korle Bu.
[137] In a personal conversation with Dr. Kofi Amoah. Dated 5th Aug. 2021 at the Cardiothoracic Center, Korle Bu.
[138] Kuuder et al., "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no.3 (2020): 208-233.
[139] An interview with Kumah Priscilla. Dated 24th Aug. 2021 at Komfo Anokye Teaching Hospital.
[140] Labonte, Ronald. "Overview: Medical Tourism Today: What, Who, Why and Where." In *Travelling well: Essays in Medical Tourism. Transdisciplinary Studies in Population Health Series* 4, no. 1 (2013): 1-209.
[141] Bob Koigi Ghana's Eco Medical Village Set to Revolutionize Africa's Medicare and Health Tourism. Accessed 13th June, 2022 https://www.fairplanet.org/story/ghana%E2%80%99s-eco-medical-village-set-to-revolutionize-africa%E2%80%99s-medicare-and-health

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

current research and other theorizing literatures have highlighted concerning making Ghana a medical tourism destination. In the meantime, it might look like a fog light in the current foggy medical tourism conditions in West Africa. However, Ghana's case in the sub-region will even be more promising with additional world class medical facilities from both the public and private sectors.

Conclusion

Medical tourism in Ghana has been in existence for a longer period than anticipated and has gone through certain transformations. During the pre-colonial era, medical tourism was limited even though the knowledge about medicine and health was high. Medical tourism was highly developed after independence though it is argued elsewhere that there has been a decline. From the scientific perspective, the push and pull factors as well as their impact on the health care systems are seen as an improvement of the development of medical tourism in Ghana. Though a good servant, medical tourism has created the space for sidelining indigenes in medical clinics. Immigrants are given preferential treatment at the expense of the local population.

Historically, medical tourism in Ghana was ethnic based, thus, people moved from one ethnic group to the other to seek medical care. Ghanaians used traditional medicine to cure ailments, as a result, the indigenous people travelled from one ethnic jurisdiction to the other to seek medical treatment from powerful herbalists until the introduction of Western oriented biomedicine. A sizeable number of the population still appreciate the use of traditional medicine. However, after independence, the phase of medical tourism changed. Immigrants moved from neighbouring countries and beyond to Ghana to seek medical care, and indigenes travelled from one region to the other to seek medical treatment from other hospitals which were/are referred to as 'referral hospitals'. The work of Kuuder et al. (2020) have reported that for decades, some Europeans and north Americans travelled to Ghana to seek medical treatment. In recent times, however, there has been a decline in the number of people travelling into the country for medical care. Ghana has evolved in developing aspects of its health care systems to help attract more immigrants to seek medical care in the country. Improving on medical facilities and quality of care will certainly make Ghana a medical tourism destination.

To emphasize, the era of self-reliance in Ghana also marked the development of medical tourism in Ghana. Immigrants started travelling from their own countries to Ghana to seek medical care for ailments such as hernia, hole-in-heart, lung cancers, lipoma, and cardiac problems such as tetralogy of fallot, thoracic cases such as pneumothorax, and infertility among others. Immigrants often came to Ghana to seek medical treatment as a result of some factors such as the unavailability of medical facilities in their country as well as the lack of or limited number of professionals or specialist in their health sectors.

Based on the responses from the interviewees, it can be postulated that the development of medical tourism in Ghana owes much gratitude to the Cardiothoracic Centre at the Korle Bu Teaching Hospital. Indeed the Korle Bu Teaching Hospital is regarded as one of the few active centres in Africa for the practice of cardiothoracic and vascular surgery in West Africa and this has attracted immigrants from neighbouring countries as well as patients from other countries who have heart issues to travel to Ghana to seek medical care. Factors such as universal differences in medical technologies, laws, economic inequities, and social-cultural diversities drive medical tourism. The practice of travelling to obtain healthcare outside one's country can also be due to too delayed, unavailable, and unaffordable or legally proscribed medical care in one's country. Ghana as a potential medical tourism destination can boast of health facilities that render

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

quality services and packages to their patients. Noticeable among these facilities are the Korle Bu Teaching Hospital and the Komfo Anokye Teaching Hospital.

The study explored both positive and negative impacts of tourism on the health care systems in Ghana. Concerning the positive; medical tourism provides additional profit for the medical community within the country. It gives professionals more global exposure and experience in their medical procedures and practice. Again, community leaders and tourism authorities have increasingly viewed medical tourism as an important industry with the potential to diversify existing forms of tourism, improve the economy, enhance local health care systems, create employment, and increase tax revenue. The reverse is that medical tourism gives priority to immigrants to the detriment of the citizens of the country. Sometimes too, citizens who go through this experience feel inferior and infuriated. Indeed, priority queues persistently made immigrants feel more important and superior to the local people or citizens of the country.

Again, the research studied some factors which will help promote medical tourism in Ghana. The study confirmed that building more facilities and making them accessible to all and advertising them could help promote medical tourism in the country. To emphasise, medical tourism can be improved when hospitals are run properly, and there are opportunities for the treatment of more medical conditions, a well-structured health care system, opening of foreign friendly health facilities with advanced equipment, expansion of existing structures, improvement of facilities, patient satisfaction, training of health personnel and affordability (low cost). The others include a more organised scheme for foreign patients, facilities for accommodation, showcasing of portfolio of various major hospitals online to inform potential clients, and the expansion of areas of expertise in the various subfields. On this score, it can be proposed that discussions on medical tourism in the policy realm must be given the necessary push to resonate.

References

Abubakar, Mohammed, Salawu Basiru, Joseph Oluyemi, Raji Abdulateef, Emmanuel Atolagbe, Joseph Adejoke, and Kehinde Kadiri. “Medical Tourism in Nigeria: Challenges and Remedies to Health Care System Development.” *International Journal of Development and Management Review* 13, no. 1 (2018): 223-238. https://www.ajol.info/index.php/ijdmr/article/download/172290/161689

Adegbite, F. R. “Medical Tourism: Effects, Implications and Realities in Africa.” *Journal of African Interdisciplinary Studies*. Vol. 2, no.1 (2018): 61-73. http://cedred.org/jais/index.php/issues

Adu-Gyamfi, Samuel. “A Historical Study of the Impact of Colonial Rule on Indigenous Medical Practices in Asante: A focus on Colonial and Indigenous Disease Combat and Prevention in Kumase 1902-1957,” PhD diss. KNUST, 2010.

Ahwireng-Obeng, Frederick, and Charl van Loggerenberg. “Africa's Middle Class Women Bring Entrepreneurial Opportunities in Breast Care Medical Tourism to South Africa.” *International Journal of Health Planning Management* 26, no. 1 (2011): 39-55. https://doi.org/10.1002/hpm.1034

Bala, Poonam P. (ed.) “*Medicine and Colonialism: Historical Perspectives in India and South Africa*. Routledge, 2015.

Balog, Joseph E. “The Concept of Health and the Role of Health Education.” *Journal of School Health 51, no. 8* (1981): 461-464.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

Batalden, Paul B. and Frank Davidoff. "What is "Quality Improvement" and how can it Transform Healthcare?" *Quality and Safety in Health Care* 16, no. 1 (2007): 2-3. https://doi.org/10.1136/qshc.2006.022046

Boahen, Adu. "A New Look at the History of Ghana." *African Affairs* 65, no. 260 (1966): 212-222. https://www.jstor.org/stable/719802

Bob Koigi Ghana's Eco Medical Village Set to Revolutionize Africa's Medicare and Health Tourism. Accessed 13th June, 2022 https://www.fairplanet.org/story/ghana%E2%80%99s-eco-medical-village-set-to-revolutionize-africa%E2%80%99s-medicare-and-health

Bookman, Millica, and Karla R. Bookman. *Medical Tourism in Developing Countries*. Palgrave Macmillan, 2007.

Burkett, Levi. "Medical Tourism: Concerns, Benefits and the American Legal Perspective," *The Journal of Legal Medicine* 28, no. 2 (2007): 223-245. https://doi.org/10.1080/01947640701357763

Cohen, Erik. "Contemporary Tourism - Trends and Challenges." In *Tourism: The Nature and Structure of Tourism*. Routledge, 2004.

Connell, John. "Medical Tourism: Sea, Sun, Sand and … Surgery." *Tourism Management* 27, no. 6 (2006): 1093-1100. https://doi.org/10.1016/j.tourman.2005.11.005

Connell, John., "Medical Tourism in the Caribbean Islands: A Cure for Economies in Crisis?" *Island Studies Journal* 8, no. 1 (2013): 115-130. https://islandstudiesjournal.org/files/ISJ-8-1-2013-Connell_0.pdf

Crooks, Valorie A., Leigh Turner, Jeremy Snyder, Rory Johnston, and Paul Kingsbury. "Promoting Medical Tourism to India: Messages, images, and the Marketing of International Patient Travel." *Social Science & Medicine* 72 (2011): 726-732. https://doi.org/10.1016/j.socscimed.2010.12.022

Crush, Jonathan, Abel Chikanda, and Belinda Maswikwa. *Patients without Borders: Medical Tourism and Medical Migration in Southern Africa*. Idasa, 2012.

Crush, Jonathan, and Abel Chikanda. "South-South Medical Tourism and The Quest for Health in Southern Africa." *Social Science & Medicine* 124 (2015): 313-320. http://dx.doi.org/10.1016/j.socscimed.2014.06.025

Flint, Karen E. *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa, 1820-1948*. Ohio University Press, 2008.

Fortier, Corinne. "Des « Certificats de Virginité » aux Hyménoplasties en France (From Virginity Certificates to Hymenoplasty Surgery in France)." *Medecine/ Sciences* 37, no. 4 (2021): 392-395. https://doi.org/10.1051/medsci/2021038

Gerrits, Trudie. "Reproductive Travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction." *Medical Anthropology* 37, no. 2 (2018): 131-144. https://doi.org/10.1080/01459740.2017.1419223

Gocking, Roger G. *The History of Ghana*. Greenwood Publishing Group, 2005.

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

Health-Tourism. "History of Medical Tourism from Ancient Times until Today." Accessed on 23rd February 2021. https://www.health-tourism.com/medical-tourism/history/

Heung, Vincent C. S., Deniz Kucukusta, and Haiyan Song. "A Conceptual Model of Medical Tourism: Implications for Future Research." *Journal of Travel & Tourism Marketing* 27, no. 3 (2010): 236-251. https://doi.org/10.1080.10548401003744677

Hopkins, Laura, Ronald Labonte, Vivien Runnels, and Corinne Packer. "Medical Tourism Today: What is the State of Existing Knowledge?" *Journal of Public Health Policy* 314, no. 2 (2014): 185-98. https://doi.org/10.1057/jphp.2010.10

Inhorn, Marcia C., and Pasquale Patrizio. "Infertility around the Globe: New Thinking on Gender, Reproductive Technologies and Global Movements in the 21st Century." *Human Reproductive Update* 21, no. 4 (2015): 411-426. https://doi.org/10.1093/hmupd/dmv016

Interview with Dr. Gordon Offei-Larbi (Surgeon) at the National Cardiothoracic Centre, Korle Bu Teaching Hospital on 25th August, 2021.

Interview with Dr. Kofi Amoah (Surgeon) at the National Cardiothoracic Centre, Korle Bu Teaching Hospital on 25th August, 2021.

Interview with Dr. Nana Akua B. A. Appiah at the Komfo Anokye Teaching Hospital on 24th August, 2021.

Interview with Dr. Senam Amedo at the Komfo Anokye Teaching Hospital on 24th August, 2021.

Interview with Esther Adetoy (Nurse) at the Komfo Anokye Teaching Hospital on 25th August, 2021.

Interview with Mrs. Mooren (Nurse in-charge of the ICU) at the National Cardiothoracic Centre, Korle Bu Teaching Hospital on 25th August, 2021.

Interview with Patience Angela Efirrann (Nurse in-charge of the ward) at the National Cardiothoracic Centre, Korle Bu Teaching Hospital on 25th August, 2021.

Interview with Priscilla Kumah (Nurse) at the Komfo Anokye Teaching Hospital on 25th August, 2021.

Interview with Prof. Martin Tamatey (Surgeon) at the National Cardiothoracic Centre, Korle Bu Teaching Hospital on 3rd August, 2021.

Interview with Yaw Mante Boateng (Public Health Analyst) at the Korle Bu Teaching Hospital on 5th August 2021.

Komfo Anokye Teaching Hospital. "About Us". Accessed on 23rd August 2021. http://www.kathhsp.org/about -us/

Krause, Kristine. "Transnational Therapy Networks among Ghanaians in London." *Journal of Ethic and Migration Studies* 34, no. 2 (2008): 235-251. https://doi.org/10.1080/13691830701823863

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

Kuuder, Conrad-Joseph Wuleka, Florence Esi Dosoo, and Raymond Adongo. "Medical Tourism Potentials of Tamale Teaching Hospital in Ghana." *International Journal of Health Management and Tourism* 5, no. 3 (2020): 208-233. https://dergipark.org.tr/tr/pub/ijhmt

Labonte, Ronald. "Overview: Medical Tourism Today: What, Who, Why and Where." In *Travelling Well: Essays in Medical Tourism*. *Transdisciplinary Studies in Population Health Series* 4, no. 1 (2013): 1-209. https://www.researchgate.net/publication/235443103

Lunt, Neil, Richard Smith, Mark Exworthy, Stephen T. Green, Daniel Horsfall, and Russel Mannion. *Medical Tourism: Treatments, Markets and Health System Implications: A Scoping Review*. Organization for Economic Co-operation and Development (OCED): Paris, 2011.

Maaka, Thespo P. "The Role of Medical Tourism in 21st Century Africa Health System." *African Renaissance* 3, no. 4 (2006): 99-100. https://hdl.handle.net/10520/EJC10210

Maier, David. "Nineteenth-Century Asante Medical Practices." *Comparative Studies in Society and History* 21, no. 1 (1979): 63-81.

Mogaka, John J. O., Joyce M. Tsoka-Gwegweni, Lucia M. Mupara, and Tivani Mashamba-Thompson. "Role, Structure and Effects of Medical Tourism in Africa: A Systematic Scoping Review Protocol." *BMJ Open* 7, no. 6 (2017): 1-7. https://doi.org/10.1136/bmjopen-2016-013021

Mogaka, John J. O., Lucia Mupara, and Joyce M. Tsoka-Gwegweni. "Ethical Issues Associated with Medical Tourism in Africa." *Journal of Market Access and Health Policy* 5, no. 1 (2017): 1-13. https://doi.org/10.1080/20016689.0217.1309770

Mogaka, John J. O., Tivani Mashamba-Thompson, Lucia M. Mupara, and Joyce M. Tsoka-Gwegweni. "Effects of Medical Tourism on Health Systems in Africa.," *African Journal of Hospitality Tourism and Leisure* 6, no. 1 (2017): 1-19. https://www.researchgate.net/publication/314239029

O. S. Michael. "Great Teaching Hospitals in Africa: Korle Bu Teaching Hospital, Ghana." *Annals of Ibadan Postgraduate Medicine* 7, no.1 (2009): 40-44. https://doi.org/10.4314/aipm.v7i1.64077

Osseo-Asare, Abena Dove. *Bitter Roots: The Search for Healing Plants in Africa*. University of Chicago Press, 2014.

Pennings, Guido. "International parenthood via procreative tourism." In *Contemporary Ethical Dilemmas in Assisted Reproduction*. CRC Press, 2006,43–56. http://hdl.handle.net/1854/LU-337911

Ramirez de Arellano, Annette B. "Patients without Borders: The Emergence of Medical Tourism." *International Journal of Health Services* 37, no. 1 (2007): 193-198. https://www.jstor.org/stable/45138412

Research and Markets. "Medical Tourism Market Report 2022: Coverage of 169 Countries." Accessed 30th May, 2022.: https://www.globenewswire.com/en/news-release/2022/03/23/2408286/28124/en/Medical-Tourism-Market-Report-2022-Coverage-of-169-Countries.html. Accessed 30th May, 2022

Ruggeri, Kai, Ladislav Zalis, Christopher R. Meurice, Ian Hilton, Terry-Lisa Ly, Zorana Zupan, and Saba Hinrichs. "Evidence on Global Medical Travel", *Bulletin of the World Health Organization* 93 (2015): 785-789. http://dx.doi.org/10.2471/BLT.14.146027

2022. Vol. 12. No. 25.
ISSN 2062-2597
DOI: 10.17107/KH.2022.25.4-2

Rutten, Martine. "The Economic Impact of Medical Migration: An Overview of the Literature." *World Economy* 32, no. 2 (2009): 291-325. https://doi.org/10.1111/j.1467-9701.2008.01147.x

Simpson, Les. "The History, Evolution and Future of Medical Tourism." *ColoradoBiz Magazine*. Accessed on 24nd February 2021. https://www.cobizmag.com/bios/les-simpson

South African Tourism Board. *South African Tourism Annual Report, 2019-2020*. Accessed 30th May, 2022. :https://static.pmg.org.za/SAT_ANNUAL_REPORT_2019-20.pdf

Suess, Courtney, Seyhmus Balogu, and James A. Busser. "Perceived Impacts of Medical Tourism Development on Community Wellbeing." *Tourism Management* 69 (2018): 232-245. https://doi.org/10.1016/j.tourman.2018.06.006

Surej, John P., and Roy Larke S. P. "An Analysis of Push and Pull Motivators Investigated in Medical Tourism Research Published from 2000 to 2006." *Tourism Review International* 20, no. 2-3 (2016): 73-90. http://dx.doi.org/10.3727/154427216X14713104855810

Svalastog, Anna Lydia, Doncho Donev, Nina Jahren Kristoffersen, Srecko Gajovic. "Concepts and Definitions of Health and Health Related Values in the Knowledge Landscapes of the Digital Society", *Croatian Medical Journal* 58, (2017): 431-435. https://doi.org/10.3325/cmj.2017.58.431

Tore, Ozgur. "The Impact of Medical Tourism." Accessed on 4th September 2021. https://ftnnews.com/health-a-spa/38506-the-impact-of-medical-tourism

Twumasi, Patrick A., and Stephen K. Bonsi. "Developing a Healthcare System in Ghana." *Journal of the National Medicine Association* 67, no. 5 (1975): 339-344. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2609408/pdf/jnma00483-0005.pdf

Walton, John K. "Prospects in Tourism History: Evolution, State of Play and Future Developments." *Tourism Management* 30, no. 6 (2009): 783-793. https://doi.org/10.1016/j.tourman.2009.05.010

Wesgro. Medical Tourism. Accessed 30th May, 2022. https://www.wesgro.co.za/uploads/files/Medical-Tourism-Study.pdf