
DIASPORA MEDICAL TOURISM

The term ‘diaspora’ refers to people who live in a country other than their country of origin.

Diaspora populations can play a unique role in opening and expanding tourism destinations as well as directly influencing wider socio-economic issues. When viewed globally, countries are both exporters and importers of health services. In the health services for international patients, intrinsic pushing factors and extrinsic pulling (attractive) factors exist. While intrinsic factors cause patients to seek health services outside their own country, extrinsic factors lead to their decision to travel to a foreign country. The diaspora effect is one of the most important examples of extrinsic and intrinsic factors. Diaspora tourism comes in various forms, including conventional tourism and medical tourism.

This domain remains unknown due to insufficient literature on the professional side and scarce academic studies. Health-related services and products represent the fastest-growing economic sector in the last century. Healthcare tourism, including wellness and medical tourism, is recognised as one of the mega trends in today’s prospering tourism industry and it has increased its activity worldwide. The main reasons for the fast growth are related to multiple demographic, social and economic factors. Healthcare tourism is a multidimensional industry that includes segments such as medical tourism, third-age tourism, spa tourism and holistic and spiritual tourism. From a patient’s viewpoint, healthcare tourism can be described as travelling to a country other than one’s own for the maintenance of wellbeing or to avail of health service for diseases. Although the definition of healthcare tourism is relatively recent, the concept has a long history that



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dates back to ancient times. Historically, it was directed through thermal springs and religious centres. In modern times, the direction of healthcare tourism was from underdeveloped to developed countries and it mainly catered to the wealthiest people in search of high-quality healthcare services. However, in the last 25 years, we have experienced a reversal in direction because emerging countries have begun to provide high-quality medical services with relatively cheaper prices without waiting time. In this sense, Middle Eastern and Asian countries are becoming target destinations for continental Europe, Mexico and Costa Rica for the USA.

Diaspora populations can play a unique role in opening and expanding tourism destinations as well as directly influencing wider socio-economic issues. Diaspora tourism has become a universally important fact whereby immigrants and their families travel to their ancestral place of origin to connect with their genealogical relatives and ancestral roots. Diaspora tourism comes in all tourism varieties, including family visits, heritage tourism, conventional tourism, business travel and even medical tourism. However, at all events related to the purpose of their travels, members of the diaspora are more likely to spend money on the local economy when travelling to their country of origin than most international tourists. This spending habit also covers healthcare services.

A report from the World Economic Forum revealed that since the beginning of the 21st century, the total diaspora population has grown by over 41% to approximately 247 million. This figure means that almost 3.3% of the world population have migrated from their own countries. Table 1 shows most important “intrinsic and extrinsic factors” in healthcare tourism. These factors also great effects on DMT as push and pull factors.

Intrinsic and extrinsic factors in healthcare tourism

| Intrinsic (Pushing) Factors Push from the diaspora | Extrinsic (Attractive) Factors Pull from the home country |
|---|--|
| • High cost of healthcare services | • Cheaper healthcare service |
| • Poor quality of healthcare services | • No or short waiting list |
| • Prohibited health services (circumvention) | • Short distance from home country (short flying time) |
| • Long waiting lists | • High-quality health services |
| • Inadequate insurance coverage | • Accredited healthcare provider |
| • Increased out-of-pocket payments for healthcare | • Cultural closeness and similarities |
| • Diaspora effect | • Simplified visa procedure |
| | • Communication without language barrier |
| | • Opportunity to visit their homeland |
| | • Diaspora effect |

Table 2 shows the countries that have the world's largest diaspora. As shown in the table, almost 14 million Indians live outside India. This number is larger than the total population of Belgium, Cambodia, Cuba and Greece and also larger than the combined populations of Austria and Switzerland. Other important migrant source countries are Mexico, Russia and China. Another significant finding is the percentage of migrants to the population of their countries of origin. Ukraine, Afghanistan and Mexico have the highest number of migrants, which respectively account for 16,34%, 12,68% and 10,15% of their national populations.

| Source Country | Number | Percentage | Country Population | Percentage |
|--------------------------|-------------|------------|--------------------|------------|
| India | 13.885.099 | 5,62% | 1.342.512.706 | 1,03% |
| Mexico | 13.220.345 | 5,35% | 130.222.815 | 10,15% |
| Russian Federation | 10.910.492 | 4,41% | 143.375.006 | 7,61% |
| China | 9.651.150 | 3,90% | 1.388.232.693 | 0,70% |
| Bangladesh | 7.572.135 | 3,06% | 164.827.718 | 4,59% |
| Pakistan | 6.170.411 | 2,50% | 196.744.376 | 3,14% |
| Philippines | 6.001.696 | 2,43% | 103.796.832 | 5,78% |
| Afghanistan | 5.632.196 | 2,28% | 44.405.055 | 12,68% |
| Ukraine | 5.583.906 | 2,26% | 34.169.169 | 16,34% |
| United Kingdom | 5.151.142 | 2,08% | 65.511.098 | 7,86% |
| TOTAL NUMBER of MIGRANTS | 247.245.059 | | | |

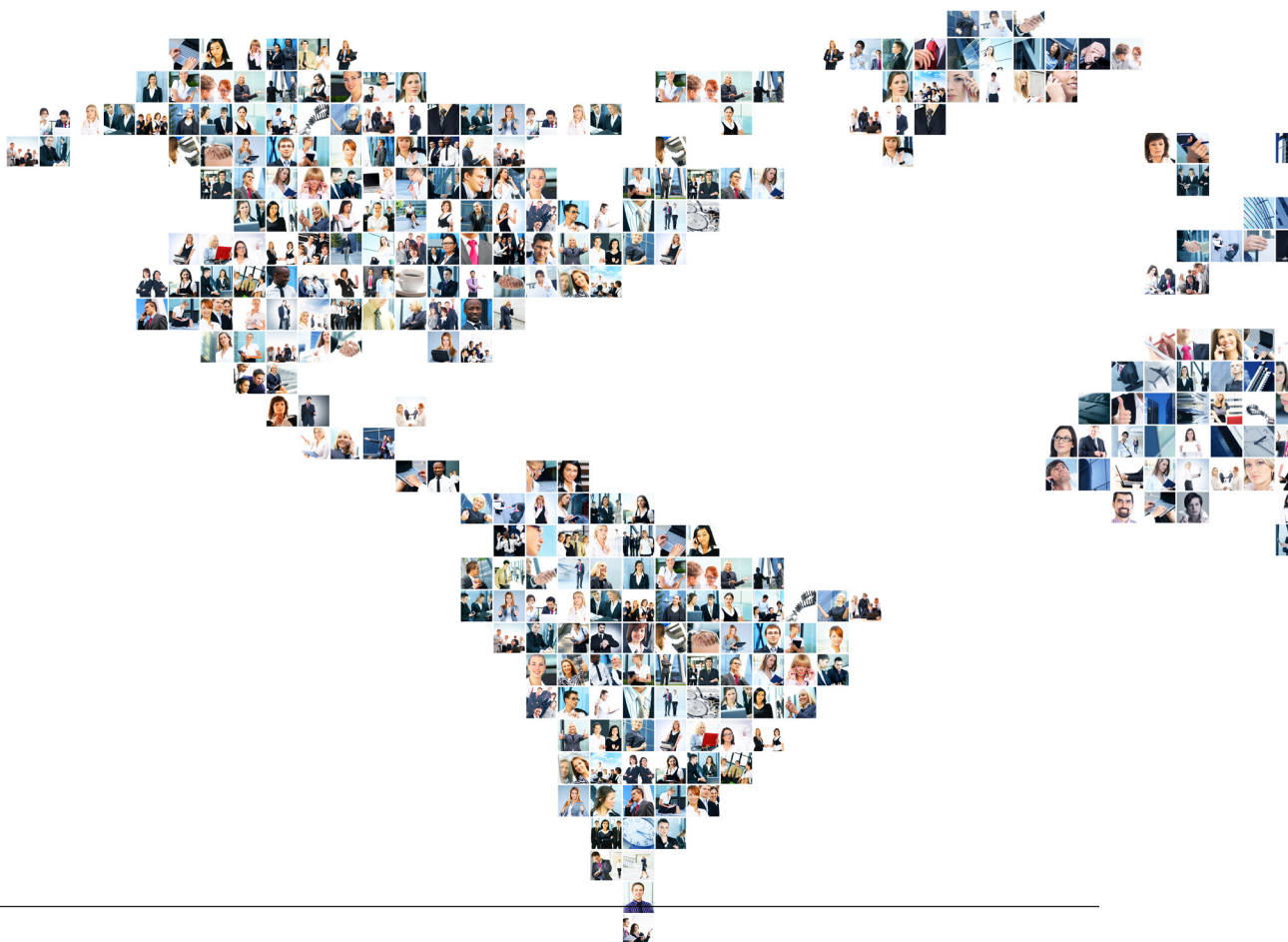
These estimates are based on the Migration and Remittances Factbook 2016, which includes new bilateral data on migration stocks. Source: World Bank (www.worldbank.org/prospects/migrationandremittances)

Table 3 shows the countries where diasporic people live. As shown in the table, the largest diasporic population lives in the United States followed by Saudi Arabia and Germany. If the diasporic population in the US formed a country, they will be 30th most crowded country in the world with a larger population than Spain, Argentina, Canada, Poland and Ukraine. The US is a destination country of almost 19% of the total world diaspora population. However, when the countries' populations are compared, Saudi Arabia and the United Arab Emirates host the highest migrant population percentage at 44,59% and 85,15%, respectively.

Migrants' destination countries (Top 10)

| Source Country | Number | Percentage | Country Population | Percentage |
|--------------------------|-------------|------------|--------------------|------------|
| United States | 46.136.362 | 18,66% | 326.474.013 | 14,13% |
| Saudi Arabia | 14.600.521 | 5,91% | 32.742.664 | 44,59% |
| Germany | 11.110.943 | 4,49% | 80.636.124 | 13,78% |
| Russian Federation | 11.048.064 | 4,47% | 143.375.006 | 7,71% |
| United Arab Emirates | 8.001.674 | 3,24% | 9.397.599 | 85,15% |
| United Kingdom | 7.838.837 | 3,17% | 65.511.098 | 11,97% |
| France | 7.456.145 | 3,02% | 64.938.716 | 11,48% |
| Canada | 7.404.179 | 2,99% | 36.626.083 | 20,22% |
| Spain | 6.618.000 | 2,68% | 46.070.146 | 14,37% |
| Australia | 6.468.640 | 2,62% | 24.641.662 | 26,25% |
| TOTAL NUMBER of MIGRANTS | 247.245.059 | | | |

These estimates are based on the Migration and Remittances Factbook 2016, which includes new bilateral data on migration stocks. Source: World Bank (www.worldbank.org/prospects/migrationandremittances).



Many studies have been conducted on medical tourists classified as diaspora travellers. Some researchers, describe this condition in relation to Chinese, Indian and Mexican immigrants who travel to their homeland for healthcare. Also, some governments, healthcare service providers and medical tourism facilitators have targeted this group of people and created special programmes for them. Medical tourism programmes will be more popular in the coming years for the diaspora population. Managing diaspora patients is easier than managing other groups, and marketing facilities can easily attract them when they have health service needs. Developed countries such as the US, Germany, the UK and France have large immigrant populations. The highest number of immigrant population destination countries are importers of health services while the highest number of immigrant origin countries are exporters of health services. Patients prefer their origin countries because of cultural similarities, communication without language barriers, and the opportunity to visit their homelands at the same time, which are strong extrinsic factors.

Thus, according to Tables 2 and 3, the US will be the largest country that outsources medical tourism (by importing healthcare services) and

India will be the largest country for inbound medical tourism (by exporting healthcare services), followed by Mexico. This number represents the strength of India and Mexico's medical tourism industries.

With increasing globalisation, countries have opened their healthcare systems to international or cross-border patients. While medical tourism has constituted a growing market, health services for international patients have become a global sector. In health services for international patients, pushing and attractive factors exist. While pushing (intrinsic) factors cause patients to seek health services outside their own countries, attractive (extrinsic) factors make them decide to travel to a country other than their own. High cost of health services, not having the desired quality of health services, some health services being prohibited and long waiting lists in their own country comprise the intrinsic pushing factors, while physical distance of the targeted destination, cultural closeness, diaspora effect, possibility of high-quality healthcare services are examples of extrinsic attractive factors.



According to data from the Centre for Immigration Studies, immigrants encounter lower health expenditures than native-born citizens in the US. In Los Angeles County, 11% of immigrants have never been to a doctor, while the corresponding figure is 5% among the native-born. Countrywide, per capita healthcare expenditures of immigrants are nearly half of those of native-born Americans. Again, healthcare expenditures for children of immigrant families account for almost a quarter of native-born children. The report mentions that immigrants pay more for healthcare. Furthermore, in Los Angeles County, because of their lower level of healthcare coverage, immigrants pay 28% of their costs out of pocket compared to 20% for the native-born. These conditions provide medical tourism motivations or factors for immigrants.

According to the Migration and Remittances Factbook 2016, Australia, Russia, Canada, the US, France, Ireland and Norway are home to the most diverse populations in the entire world. Each of these eight countries host immigrants from 200 or more different countries. The most diverse immigrant community in the world lives in the UK. This condition explains why the UK and the US import healthcare services from countries all over the world including India, Turkey, Malaysia, Thailand, Israel and others.

The border between the US and Mexico is the most popular migration border in the world. As of 2015, more than 13 million Mexican immigrants were living in the USA. This number is higher than the 11 million immigrants who have gone to Germany from 139 countries.

The growth of DMT will persist as long as the key factors and healthcare tourism drivers are stronger than the challenges. Capacity and cost issues in many countries' healthcare systems drive access to healthcare through medical tourism.

The health conditions of an individual are not only related to perfect laboratory results or flawless disease-free radiological images. Subjective or self-wellbeing is an important determinant of a healthy life. From the perspective of diaspora tourism, the linkages between ancestral/cultural trips and medical tourism can be rich and insightful in light of important themes of economic growth for prospering countries. To ensure economic benefits from DMT, a business plan is essential, which should include a well-designed strategy and gap analysis for the home country along with resource and pathway analysis for host nations.

References

1. Quintela, J.A.; Costa, C.; Correia, A. *Health, Wellness and medical tourism – A conceptual approach. Enlightening Tourism. A Pathmaking Journal*, Vol. 6 (1), 2016, pp. 1-18
2. Smith, M.; Puczkó, L. *More than a special interest: defining and determining the demand for health tourism. Tourism Recreation Research*, Vol. 40 (2), 2015, pp. 205-219.
3. Carrera, P.M.; Bridges, J.F.P. *Globalization and healthcare: understanding health and medical tourism. Expert Review of Pharmacoeconomics & Outcomes Research*, Vol. 6 (4), 2006, pp. 447-54.
4. Karuppan, C.M.; Karuppan, M. *Changing trends in healthcare tourism. Health Care Manag*, Vol. 29, 2010, pp. 349-358.
5. Li, T. E.; McKercher, B. *Developing a typology of diaspora tourists: Return travel by Chinese immigrants in North America. Tourism Management*, Vol. 56, 2016, pp. 106-113.
6. <https://www.weforum.org/agenda/2016/01/which-country-has-the-largest-diaspora>
7. Manu Balachandran, 2016; <http://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>
8. Lunt, N.; Smith, R.D.; Mannion, R.; Green, S.T.; Exworthy, M.; Hanefeld, J. et al. *Implications for the NHS of inward and outward medical tourism: A policy and economic analysis using literature review and mixed-methods approaches. Health Serv Deliv Res*, Vol. 2 (2), 2014.
9. Munro, J.W. *What is medical tourism?* <http://www.globalwellnesssummit.com/wp-content/uploads/Industry-Research/Global/2012-mtqa-what-is-medical-tourism>.

