



India Bangladesh Medical Tourism: Behind The Reasons And Impacts

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Abstract: Opportunities for medical tourism are increasing due to globalization. Not only that, due to the socio-economic status of Bangladesh and medical services, medical tourism is increasing in neighboring India. As the quality of medical services is increasing through the development of medical tourism, so are the opportunities available for all. Numerous people from Bangladesh go to India every year through medical tourism. Due to various opportunities in India, Bangladeshis are becoming interested in medical treatment.

Key words: medical tourism, Bangladesh-India relationship, medical service in Bangladesh

Introduction

Patients from Bangladesh go to India for complex heart surgery, cancer treatment, organ transplantation, infertility treatment, orthopedic surgery, neurology, kidney disease, medical checkup etc. Although, India lags behind Bangladesh in various healthcare indicators. India has not been able to meet the target of reducing maternal and child mortality. But the country is becoming a center of medical tourism day by day.

Traveling from one country to another in the hope of getting cheap medical treatment is called medical tourism. If a country wants to make itself a destination for medical tourism, the first condition is that the country must ensure advanced medical services at affordable prices (Crooks et al., 2011). India has been able to do that. Not only Bangladeshi patients, but huge number of patients from Europe, Africa, America and Australia come to India every year for treatment.

In the last decade of the last century, the Government of India has adopted a policy of economic liberalization. Under this, private hospitals began to be built rapidly in India with state sponsorship and corporate investment. India's corporates set up lucrative hospitals with land and tax benefits at nominal rates from the state (Gupta & Das, 2012). The import tax on medical supplies in India is only 12% (in Bangladesh the tax rate is 45%). Hospitals in India often use their own technology, self-produced medical supplies. They use the same infrastructure to attract a large number of patients through improved management. They

recycle medical supplies and save manpower by making maximum use of huge number of tests, services, equipments. As a result, they are able to provide affordable medical care.

Data collection

We have collected this article by analyzing the news published in three newspapers of Bangladesh. By observing the news and features published in Daily Prothom Alo and Daily Samakal from July 2017 to July 2021, we have identified the crisis of medical services. We have collected information from 418 news reports.

The main reasons for the increased travel

Around 7 million Bangladeshis treatment for the abroad, and the cost is around 3.5 billion US dollars . Most of them go to India. In addition , many goes to Singapore, Thailand and Malaysia. A small fraction goes to Europe and USA. Quality of local doctors is one of the main reasons . According to various reports, we find some reasons:

1. Inadequate allocation in the health sector . According to the World Bank, in 2018 the South Asian countries for the health sector allocate with an average allocation of the GDP, nearly 3.9 percent. The allocation rate is close to 2.34 percent of GDP, which is lowest rate among the Southeast Asian countries. (World Bank, 2018)
2. According to the various media reports, there's corruption in the health sector of Bangladesh. Transparency International reported corruption. There is a powerful syndicate behind corruption in the health sector , which includes senior officials from the Ministry of Health , the Office of the Director General , the Central Pharmacy , the Anti- Corruption Commission and various hospitals. (Editorial, 2021)
3. Due to inadequate government allocation and medical sectors, the health-care expenditures in Bangladesh is very high.

Current Trends

The tendency of Bangladeshi patients to go abroad for treatment is increasing. The main reasons that are clear from the descriptions of the patients returning from abroad are:

1. It is possible to get treatment abroad at low cost.

2. High quality medical facilities are available. There is a quick diagnosis and proper treatment, and

3. Foreign Physicians has sincerity. Provides adequate time and attention.

To cure the disease, to alleviate the suffering, patients run from one doctor to another within the country, from one hospital to another. Patients with cancer or incurable diseases are expected to seek specialized treatment. Sophisticated advanced (high-end) medical services are still inadequate in Bangladesh. As far as development is concerned, it is very expensive. So patients in Bangladesh often have to go abroad for advanced medical treatment. Countries like India, Singapore, Thailand and Malaysia are top destination for the medical patients. Developed countries like the United States and the United Kingdom are also on the list of favorites of the very rich. Neighboring country India is the biggest destination for Bangladeshi patients going abroad. In addition to high quality medical facilities, the reason for this is the land connection of India with Bangladesh. It takes less time to go to Kolkata and New Delhi. The people of India and Bangladesh have a lot in common in terms of food, language and culture. As one can see, in 2017, around 221751 patients from Bangladesh went to India for treatment. They have spent an estimated five thousand crore rupees. The flow of Bangladeshi patients to India is increasing every year. This is due to lack of people's trust in medical services, chaotic conditions, low quality services and high cost in Bangladesh (Mamun & Andaleeb, 2013).

Important factors

1. Important role of India

In the Indian economy, medical tourism is considered as an export product. And gets all the financial benefits as income from the export sector (Ali, 2012) In India, with the direct patronage and huge investment of government and corporate, private hospitals have been built through improved infrastructure, gorgeous interior decoration, customer care services, regular medical equipment upgrades and always competing for excellence. These hospitals are JCI or NABH accredited. It ensures their improved quality and increases acceptance. They have been able to introduce the latest technology and medical services in the fastest time. They have developed a complete and institutional framework for patient care.

2. India's strongest medical system

Medical education institutions in India have been able to maintain and improve the quality of education in undergraduate, graduate, in-job training, etc. Major medical education institutes like AIIMS, PGI Chandigarh are working as lighthouses for healthcare in India. They are providing training to medical trainees in various supportive environments is making health service much more efficient and advanced. At present, there are more than 3 lakh specialist doctors in India. There they get the opportunity to become sub-specialist and super-specialist. Despite the acute shortage of health workers in India, Indian doctors have long migrated to developed countries. At present, more than 69000 Indian medical graduates are working in different countries of the world. They are leaving the United Kingdom, the United States, and returning home because of the high salaries of corporates. These doctors are much more fashionable. Indian physicians are adept at communicating with patients. Good behavior is not merely a manifestation of benevolence or humanity of Indian physicians, it is an obligation of their corporate culture. Indian doctors have to be held accountable. (Mamun & Andaleeb, 2013) The Medical Council of India is in a patient- friendly position when it comes to taking into account allegations of medical negligence. Which forces physicians to be careful about making mistakes and to practice evidence- based treatment. Apart from taking the healthcare infrastructure to new heights, India has been able to make itself a destination for medical tourism with the overall support of the government, private sector initiatives and other institutions such as airlines, hotels, hospitals, cost of services etc. In addition, social media and other online media are a source of information and reputation for Indian corporate hospitals.

Numerous agencies including internet marketing are working to take patients from Bangladesh to India. They have connections with various hospital chains in India. In addition to making all types of medical arrangements quick and easy, they also provide medical visa assistance and air ambulance. The country has also made it easier to get a visa.

3. Crisis in Bangladesh

The well-organized private health sector in Bangladesh has not yet developed. Governments and corporates do not have that incentive, investment and tax exemption. Private health care is not able to reduce the price. Even today Bangladesh is completely import dependent country for medical and healthcare equipments, lab reagents, and vaccines. (Mamun & Andaleeb, 2013) The country could not build its own production capacity. The use of self-produced medical supplies could reduce service costs. The regulatory body of the government is occupied by some incompetent and corrupt people. For example, PET/CT scan, a test that is required for almost all cancer patients. In India it is

possible to pay 12 thousand rupees in private but in Bangladesh it is more than 50 thousands Bangladeshi Taka. The private sector in Bangladesh is as corrupt as the public sector. Over the years, rampant corruption in undergraduate and postgraduate admissions has created a long-term weak, unethical manpower in the healthcare sector. At the same time there has been a drastic decline in the quality of medical education, which has an immeasurable connection to the disreputable medical college. They have created risks in the health sector of Bangladesh. It is necessary to create super specialists, sub-specialists for advanced medical services. The country has not developed a structure. Young physicians have to face incredible adversity for training and post-graduate degrees.

4. Inadequate medical services in Bangladesh

The number of specialist doctors in Bangladesh is much less. Again, patients want to go to those who have gained fame. So they can give the patient very little time. Physicians lack acute professional and sensitive communication skills in dealing with patients. The number of beds, doctors and nurses in the country's hospitals is less than the number of patients. Deficiencies are evident in sophisticated progressive and skill-based diagnostic tests. The quality control structure is extremely weak to ensure the accuracy of laboratory tests. The high cost of diagnostic testing is making medical services expensive. Some advanced medical services still have to come to Dhaka-centric. It may fall into the category of internal medical tourism. But Dhaka did not have other co-institutional structures to live and eat like the neighboring countries. Not all services are available under the same roof. Even then, the power of the private sector in the country's healthcare was not strong. However, the lack of particularly skilled and experienced manpower, high cost of medical services, poor quality services and poor management have hampered the creation of full world class hospitals in the private sector. There are endless allegations against doctors in Bangladesh through print, electronic and social media. (Mamun & Andaleeb, 2013) They do not give patients time. They receive commissions from drug companies, diagnostic centers. The clinic, which has sprung up like a frog's umbrella across the country, is being used for unnecessary surgeries. There are frauds in the name of surgery, and attempts to extort money from patients.

5. Crisis in remote areas of Bangladesh

Ensuring basic health facilities has been mentioned in the health policy of the country. The role of private sector and NGOs has been kept as a supplement. For this, health infrastructure has also been built across the country. However, due to inadequate facilities and inadequacy of services, the service recipients are relying on the private sector. At

present, more than 80 percent of health services are provided by private sector organizations. Although people have to take this service at extra cost. As a result, the lack of capacity of public sector institutions has created a difficult situation to deal with. Industry insiders say the lack of management and planning has made it impossible to ensure effective use of government healthcare infrastructure. Despite the lack of infrastructure, there is a crisis of doctors in the healthcare centers. Absence of physician especially in remote areas is the cause of great suffering of the patient. Although there are doctors, there are not enough medical equipments and equipments in the government health service centers. As a result, even though there is infrastructure, the efficiency of government healthcare is not effective in treating patients.

6. Medical expenses in Bangladesh

On the other hand, a large section of the population cannot afford treatment in private healthcare facilities due to extra expenses in Bangladesh (The Daily Star, 2020). Analysts say this structural weakness in the country's healthcare system is most visible in the ongoing Covid-19 epidemic. Patients, including doctors, are struggling to cope with the effects of the novel coronavirus infection.

The high cost of private health care is not being borne by people of all classes and professions. This structural weakness of the National Health Service is making it difficult to deal with the epidemic. There is no hope in overcoming this situation. Since the purpose of the private centers is business, that attitude becomes visible in the aftermath of the treatment.

7. Weak medical infrastructure in Bangladesh

According to the latest Bangladesh Health Facility Survey of the National Population Research and Training Institute published by the Ministry of Health and Family Welfare, in 2020, Bangladesh finances 3 percent of the total GDP on health management, which is less than its equivalent in developing countries. Of this, only 1 percent comes from the public sector. The rest of the funding comes through private and development agencies. As a result, private health management is playing an important role in the success of the country. However, according to the World Development Guidelines, people are spending more on private healthcare. As a result, citizens are spending 74 percent more on medical expenses, which is higher than other Asian countries. The additional costs for treatment in India are 62 per cent, in Nepal 56 per cent, in Pakistan 60 per cent, in Sri Lanka 50 per cent, in Thailand 11 per cent, in Malaysia 36 per cent and in Vietnam 45 per cent. According to

the Food Survey 2016, 46 percent of healthcare facilities are being run in the private sector. Medical care is usually dominated by private management at the secondary and tertiary levels. Bangladeshis spend five times as much on non-government organizations as they do on government organizations. As a result, the growth of private healthcare is increasing day by day.

The number of private healthcare institutions in the country is increasing every year. In the nineties, 364 private hospitals were established across the country. According to a government report, as of June 2017, 16,989 privately owned healthcare institutions have been established in the country. Of these, 10,291 are diagnostic centers, 4,452 are hospitals and 1,398 are medical clinics. Besides, there are 639 private dental clinics in the country at present.

8. Weak infrastructure

According to the Health Bulletin 2019 published by the Department of Health, the number of Upazila Health Complex, Secondary and Tertiary level government hospitals in the country is 654. The total number of beds in these hospitals is 53,446. There are 1.55 doctors for every 10,000 population. However, for every 10,000 population, there are 7.63 percent doctors. Although there are 3.30 beds in government hospitals for every 10,000 population, there are 5.53 percent in private hospitals. Secondary and tertiary outside of primary healthcare or community based healthcare in 2016. At the grassroots level, government healthcare institutions have provided outpatient treatment to 60 million people. And 18 lakh 96 thousand 733 people were admitted. 25 lakh 8 thousand people have taken emergency treatment. (Health Bulletin, 2019)

9. Medical services in Bangladesh in the context of Corona

Experts say that almost all the healthcare in the country has gone to the government, which does not show good signs. Large industrial groups in the country have been investing in healthcare since the 1980s. After the onset of Corona epidemic, government healthcare institutions have come forward in Bangladesh as well as in other countries of the world. However, the government's healthcare department is struggling to cope with the shortage of resources and the increase in the quality of services. There are big questions about the quality of treatment in government hospitals. Business has become more important than service. Although the cost is high, people are going to the government hospital less. Although the cost is high, due to the improvement in the economic situation, people take private health care despite the cost. If harassment in government health care institutions is

not stopped, people will go to private institutions. The government does not pay attention to healthcare. The issue of health management has been neglected by the government. This is also reflected in the allocation of annual budget. The number of people has increased day by day, but the scope of government health care has not increased. At the same time there is a lack of planning (The Daily Star, 2020).

According to government data, corona patients are being treated in 131 government and private hospitals in the country. The number of government hospitals outside Dhaka is more. Hospitals outside Dhaka and other major cities lack intensive care units, high flow nasal cannula and other emergency services. There are no ICU facilities in 52 public and private hospitals dedicated to Kovid. About half of the districts in the country do not have this facility in government management. According to the data, 17,038 general beds have been allotted in government and private corona hospitals across the country. Of these, 80 percent of the beds were filled yesterday. And there are 1,314 Intensive Care Units (ICUs), of which 83 percent beds were for critically ill patients. The treatment of corona patients has now started a crisis in the capital. On paper, the Department of Health says about 20 percent of general and ICU beds are empty. However, the reality is that relatives are moving from one hospital to another with patients to get ICU beds. The crisis has also started in private hospitals. (The Daily Star, 2020)

At present, 80 per cent of the patients admitted to government and private hospitals in the capital for corona treatment are from outside Dhaka. They are being brought to Dhaka due to lack of emergency medical treatment at the district level. Public health experts are commenting that if the necessary medical care could be ensured at the grassroots level from the very beginning, there would be no need to rush the critically ill patients.

Conclusion

Bangladesh has many important achievements in the health sector. The average life expectancy of the people of the country is more than 72 years. More than 75% of children in the country get vitamin A. The total fertility rate is 2.3 and the use of birth control is 72 percent. Special emphasis has been laid on surveillance. Work has started to open special cells in the Ministry of Health and departments to increase surveillance centrally. Such surveillance cells will be opened in every department. When these cells start working in full swing, the quality of service will increase and corruption will also decrease. Surveillance needs to be stepped up to ensure transparency and accountability in each case.

References:

- Reddy, S., & Qadeer, I. (2010). Medical tourism in India: progress or predicament?. *Economic and political weekly*, 69-75.
- Crooks, V. A., Turner, L., Snyder, J., Johnston, R., & Kingsbury, P. (2011). Promoting medical tourism to India: Messages, images, and the marketing of international patient travel. *Social Science & Medicine*, 72(5), 726-732.
- Gupta, V., & Das, P. (2012). Medical tourism in India. *Clinics in laboratory medicine*, 32(2), 321-325.
- Mamun, M. Z., & Andaleeb, S. S. (2013). Prospects and problems of medical tourism in Bangladesh. *International Journal of Health Services*, 43(1), 123-141.
- Ali, M. M. (2012). Outbound medical tourism: the case of Bangladesh. *World Review of Business Research*, 2(4), 50-70.
- Hassan, A., Ahamed, M. U., & Shoeb-Ur-Rahman, M. (2015). The development, nature, and impact of medical tourism in Bangladesh. In *Current issues and emerging trends in medical tourism* (pp. 294-309). IGI Global.
- Abd Mutalib, N. S., Ming, L. C., Yee, S. M., Wong, P. L., & Soh, Y. C. (2016). Medical tourism: ethics, risks and benefits. *Indian Journal of Pharmaceutical Education and Research*, 50(2), 261-270.
- Roy, M., & Bablo Biswas, A. J. (2021). Medical Tourism in Bangladesh: Present Scenario and Strategic Model for One-Stop Service. *Tourism Products and Services in Bangladesh*, 45.
- World Bank. (2018). Current health expenditure (% of GDP) - South Asia. *Worldbank.org*; World Bank.
- <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=8S>
- Editorial. (2021, May 20). An unhealthy health ministry. *The Daily Star*; *The Daily Star*. <https://www.thedailystar.net/editorial/news/unhealthy-health-ministry-2095117>
- The Daily Star. (2020, January 14). Our health sector is “sick” because of government apathy. *The Daily Star*; *The Daily Star*.

- <https://www.thedailystar.net/country/health-ministry-move-encourage-corruption-1854052>
- Health Bulletin. (2019). DGHS; Management Information System.
- https://dghs.portal.gov.bd/sites/default/files/files/dghs.portal.gov.bd/page/8983ee81_3668_4bc3_887e_c99645bbfce4/2021-04-24-05-40-43d63665b05b540db88d0007918e1d8e.pdf