HIGHLIGHTS

• International spending on medical tourism products and services grew by 358% in nominal terms between 2000 and 2017, increasing from $2.4 billion to $11 billion. This growth resulted in spending on medical tourism reaching 1.2% of international visitor spending in 2017 compared to 0.6% in 2000.

• The United States is the largest destination market for inbound medical tourists, with spending reaching almost $4bn in 2017 and representing nearly 36% of global medical tourism spending.

• Turkey, Thailand, Jordan and Costa Rica are the leading emerging economies in terms of inbound medical tourism spending.

• The United States is also the world’s leading outbound medical tourism market, representing 20% of the market, with US citizens spending around $2.3bn in 2017 on medical tourism services abroad.

• Kuwait is the second largest source market for outbound medical tourism, largely due to its government policy of supporting and financing medical procedures abroad. Nigeria is the third largest source market.

• The most effective policies in supporting and stimulating medical tourism are those that establish the regulation and recognised accreditation/certification of medical practitioners and facilities, provide specific visa support, provide training and skills development, develop and implement targeted marketing strategies, and attract investment into the sub-sector.
INTRODUCTION

Over recent years, as the health and social care systems have become strained and expenditures and insurance premiums have risen in a number of countries, consumers have looked for more cost-effective care; in turn leading to the rise in medical tourism. The growth of this niche market has been swiftly identified by medical service providers who have recognised the opportunities to promote access to quality care, safety, privacy, lower cost procedures, and procedures that are not available in patients’ home countries.

Medical tourism, referred to as ‘health-related personal travel’ by the International Monetary Fund (IMF), is defined as the products and services bought by people who travel abroad primarily for medical and health-related reasons. This includes spending on food, accommodation, and local transport – either by individuals, or, at times, funded or even prompted by governments.

A growing number of countries are increasingly recognising the opportunities of medical tourism as a catalyst for social and economic development. Bringing together the medical and tourism sectors synergistically not only supports quality education, highly skilled workers, favourable visa policies and accessible and well-developed infrastructure within a country, but also allows for the promotion of a country’s attractiveness.

This report seeks to analyse global medical tourism using data from the IMF Balance of Payments dataset, which is also the primary data source used for international Travel & Tourism spending in WTTC’s annual economic impact research. Our analysis is based on 115 countries, which have published data on international visitor spending.

2. ANALYSIS OF MEDICAL TOURISM

2.1 MEDICAL TOURISM ACROSS THE WORLD

In 2017, international spending on medical tourism services totalled nearly US$11 billion, up from US$2.4 billion in 2000; amounting to an average annual growth of around 9% in nominal terms and a total growth of 358% between 2000 and 2017. Spending on medical tourism has grown as a share of total international visitor spending from 0.6% in 2000 to 1.2% by 2017.

Chart 1: International spending on medical tourism services, 2000-17

The United States is the largest destination market for inbound medical tourism spending, bringing in almost US$4bn in 2017. The USA accounts for 36% of global medical tourism spending and 19% of total inbound tourism spending in the country. France follows in second place with tourists spending US$0.8 billion for medical purposes in 2017, which amounts to 13% of total inbound tourism spending in the country.

Turkey, Thailand, Jordan and Costa Rica are also among the largest countries in terms of total inbound medical tourism spending; evidence that medical tourism brings benefits not only to developed countries but also to emerging and developing economies across continents. Turkey’s strong performance has been supported by sustained government investment into the healthcare sector, low-cost services, well-educated personnel, and focussed marketing campaigns. A total of 500,000 foreign patients were treated in Turkey in 2018, with strong growth expected over the coming years. Similarly, the government in Thailand has aimed to make the country a global centre for medical tourism through investment initiatives including tax exemptions for investment into new health facilities.

The aforementioned six countries, together with Belgium and the United Kingdom, contributed nearly three quarters of total global medical tourism spending in 2017, indicating that this niche market is dominated by a small number of destination markets.

1 European Travel Commission/UNWTO, 2018: Exploring Health Tourism
3 As an example, check the NHS: https://www.nhs.uk/using-the-nhs/healthcare-abroad/
going-abroad-for-treatment going-abroad-for-medical-treatment
4 For more examples of country specialisms can be found on medicaltourism.com
5 For further details on the methodology and definitions, please see Appendix 2
6 Spending on medical tourism as a share of total international visitor spending refers to 115 countries analysed
7 For more information visit: https://europeanbusinessmagazine.com/business/medical-tourism-boosting-turkeys-economy/
9 Medical tourism in Thailand, cross-sectional study. 2015: https://www.who.int/bulletin/volumes/94/1/14-152165/en/
Inbound medical tourism spending in Costa Rica and Jordan, respectively, is a result of government focus and strong investment into the sub-sector. In Costa Rica, as with a number of other destinations that actively promote this tourism niche, many travel companies offer "sun and surgery" packages, overtly marketing its medical services to attract international tourists to the country. India, which currently ranks 12th in terms of inbound medical tourism spending, has strong governmental policies supporting medical tourism, including the introduction of "medical visas" and targeted marketing campaigns, all of which help drive an increasing number of medical tourists to the country.

2.3 ORIGIN MARKETS FOR MEDICAL TOURISM

In addition to being the world's top inbound medical tourism destination, the United States is also the world's leading outbound medical tourism market. US citizens spent around US$2.3bn in 2017 on medical services abroad, particularly in North America and Latin America. While the USA accounts for 20% of global outbound spending on medical tourism, this amounts to 17% of the total US outbound Travel & Tourism expenditure. Even though US citizens spend a significant amount abroad for medical services, the sub-sector provides a net benefit to the country's GDP, with the revenue from inbound medical tourism exceeding the outbound spend by US$1.6bn in 2017.

Kuwait is the second largest origin market for outbound medical tourism, largely due to its government policies which support medical procedures abroad. While the share of outbound medical tourism spend as a proportion of overall outbound spending is 12.7% for the country, the government is in the process of implementing new regulations to significantly reduce outbound medical tourism and privatise healthcare.

The strong outbound medical tourism spending in Nigeria, the third highest spending origin market for medical tourism, is driven by a booming population and a domestic health system which is under pressure as a result of rising demand. Nigeria's outbound medical tourism spending represents a 13.5% of residents' total tourism spending abroad.

In Oman, outbound medical tourism spending accounts for 21% of total outbound spending. This is the result of reported long delays in public healthcare facilities domestically, and a high cost of private medical services. Omanis are also drawn to foreign countries' leisure facilities which are offered alongside healthcare treatments by some providers:

12 Source: India Brand Equity Foundation (IBEF), 2015: Healthcare

When examining medical tourism spending as a share of total inbound spending, developing and emerging countries rank highest with Iran, Jordan and Costa Rica in the top spots. Iran's last available data, however, is for the year 2000, when 18% of total inbound tourism spending was related to medical services. While these figures are likely to have changed considerably, Iran's strength in this area is in part due to the low cost of medical services, well-qualified personnel and active government support. In 2017, it was reported that Iran has signed agreements with 13 countries in the region to facilitate medical tourism in the country. Medical services account for 12% and 11% of inbound tourism spending respectively in Cambodia and Jordan, respectively.

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While medical tourism has been characterised as patients from high-income countries travelling abroad to access cheaper care in low and middle-income countries; a more complex market model is emerging, with an increasing number of tourists from emerging and developing countries travelling abroad for medical purposes. In fact, for a number of small developing countries, medical tourism accounts for a large share of total outbound tourism spending; including Eswatini, Maldives and Bermuda, where 66%, 40% and 36% of total outbound expenditure relates to medical tourism products and services.

The Maldives’ large share of medical tourism is the result of a 2012 government policy of Universal Health Care (UHC), which is a comprehensive benefit package that includes subsidised treatment abroad for services unavailable in the country. The result was immediate; within one year of the implementation of the scheme, $11.6 million was spent by the government to treat patients abroad with 276,000 citizens (84% of the population) benefitting from the scheme.

Sources:
16 Data for Kuwait, the Netherlands and Canada is from 2015
17 Medical tourism in Thailand, cross-sectional study: https://www.who.int/bulletin/volumes/94/11/14-152165/en/
18 Understanding medical travel from a source country perspective: a cross-sectional study of the experiences of medical travelers from the Maldives: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6105604/
3. POLICIES SUPPORTING MEDICAL TOURISM

A growing number of governments around the world are recognising the benefits that medical tourism can bring to their economies and are increasingly lending their support to this sub-sector. The policies that best support and stimulate medical tourism include those that are part of the overall tourism strategy of the country, and those that are integrated within the broader Travel & Tourism sector. National and regional governments have an important role to play in the development, management and prioritisation of such policies.

As destinations work towards developing their medical tourism sub-sector, the following elements should be considered as governments develop their strategies and policies:

- Establishing smart regulation and recognised accreditation/certification of medical practitioners and facilities
- Developing enabling visa facilitation policies which support the development of this sub-sector
- Defining the skills gap and developing trainings to enhance the talent
- Designing and implementing targeted marketing strategies
- Creating the financial incentives to attract investment into the sub-sector

REGULATION AND ACCREDITATION SCHEMES

To ensure the quality of medical services and attract foreign tourists, a number of destinations have established recognised regulation and accreditation of medical practitioners and facilities. In Mexico for instance, plastic surgeons who meet the required quality standards are certified by the Mexican Board of Plastic Surgery and belong to the Mexican Association of Plastic Surgeons. This ensures not only the quality of services but also reduces the chance of surgical procedures going wrong and the consequent risk of bad publicity. The Mexican state of Baja California is the first in the country to implement a public policy on Health and Wellness, aiming to promote health tourism in a responsible manner, protect patients’ rights and to ensure that all providers of health services are certified.

At the international level, the Joint Commission International (JCI) is one of the leading international health care accreditation organisations, which works to improve patient safety and the quality of health care by offering education, publications and advisory services. In more than 100 countries, JCI partners with hospitals, clinics, academic medical centres, health agencies, government ministries and academia to promote rigorous standards of health care. Thailand and Turkey, two of the largest medical tourism destinations for international tourists, have 68 and 43 JCI accredited healthcare institutions, respectively.

VISA FACILITATION

Select destinations have introduced medical visas to ease the travel process for medical tourists. For instance, India’s Ministry of Tourism has developed a policy focusing on medical tourism, and as part of it, a new category of ‘medical visa’ has been introduced. At present, tourists from more than 160 countries can apply for a medical e-visa, pay a fee online, and receive their electronic visa before traveling to India. The number of Foreign Tourist Arrivals (FTAs) in India on a medical visa reached 495,056 in 2017, 15.9% higher than in 2016 (427,014 arrivals) and more than double that of 2015 (234,000 arrivals).

According to the Indian Ministry of Tourism, the top five international source markets for medical tourism in 2017 included Bangladesh, Afghanistan, Iraq, Oman and the Maldives.

The government of South Korea also recognised the importance of medical tourism and introduced a medical visa, which is available to tourists wishing to receive medical services in the country from a registered healthcare provider (“facilitator”). Similarly, in Iran, the government has introduced a medical visa for those international travellers that have already received an approval letter from one of the authorised medical centres.

TRAINING AND SKILLS DEVELOPMENT

Governments have recognised that a highly skilled medical workforce contributes not only to a better functioning domestic healthcare system but is also more likely to attract foreign visitors for medical procedures, thereby increasing spend into the national economy. As such, there has been an increased focus on the training and skills development of medical practitioners in many destinations around the world. With service quality, staff reliability, responsiveness, and empathy shown to have a positive impact on patient satisfaction, it is important to train the workforce to be better not only at medical skills but also at customer service.

National and international accreditation bodies such as the Mexican Association of Plastic Surgery, Institute of Hospital Quality Improvement & Accreditation of Thailand and JCI and many others provide health care organisations with the tools and resources to achieve the continued learning, quality improvement and accreditation success. In Turkey, the Association for Evaluation and Accreditation of Medical Education Programs has been established to improve the quality of medical education by providing the evaluation and accreditation for undergraduate medical courses.

The Certified Medical Travel Professional (CMTTP) launched in 2012 and managed by Global Healthcare Accreditation, is a training programme and certification that provides participants with a comprehensive overview of the medical tourism industry, latest trends, best practices, key stakeholders and business models. In the UK, the Medical Tourism Association (MTA) and Online Travel Training (OTT) have signed a partnership agreement with a goal to educate and engage the country’s travel agents in medical tourism. The agreement customised the Certified Medical Tourism Professional (CMTTP) certification programme for the UK’s travel trade professionals through OTT.

TARGETED MARKETING STRATEGIES

Some countries have effectively focused on the promotion of medical tourism to foreign visitors. Strategies include the promotion of specific specialties such as dentistry, cosmetic surgery, cardiovascular procedures, etc., while targeting specific source markets. Some governments have also created special organisations to facilitate and promote medical tourism.

In Malaysia, healthcare has been recognised as one of the 12 national key economic areas, and as such the government has...
identified medical tourism as an important sub-sector for the national economy. It established the Malaysia Healthcare Travel Council (MHTC), which facilitates and promotes the healthcare travel industry of the country by coordinating industry collaborations and building valuable public-private partnerships, both domestically and abroad. Its main goal is to create a seamless end-to-end healthcare journey experience for all visitors3. The MHTC seeks to attract not only the citizens of Indonesia, its core market, but also higher spending medical tourists from other countries35. The MHTC has opened offices in Indonesia, Myanmar, Vietnam and China and continues to strengthen its network.

India’s Ministry of Tourism has taken several steps to promote the country as a medical and health tourism destination. The Indian Healthcare Federation, a non-governmental organisation, has prepared an online hospital guide, while brochures and other publicity materials have been widely circulated for promotion in target markets. Medical tourism has also been promoted at various international events such as the World Travel Market (WTM) in London, and ITB Berlin. Moreover, under the marketing strategy of the Ministry of Tourism, the Marketing Development Assistance Scheme (MDA) provides financial support to approved tourism service providers.

In South Korea, the government certifies medical tourism providers (official facilitators) and lists their details in the promotional guidebook. The Ministry of Health and Welfare jointly with the Ministry of Culture, Sports and Tourism facilitates’ and lists their details in the promotional guidebook. The Ministry of Tourism has established the Malaysia Healthcare Travel Council (MHTC), which facilitates and promotes the healthcare travel industry of the country by coordinating industry collaborations and building valuable public-private partnerships, both domestically and abroad. Its main goal is to create a seamless end-to-end healthcare journey experience for all visitors3. The MHTC seeks to attract not only the citizens of Indonesia, its core market, but also higher spending medical tourists from other countries35. The MHTC has opened offices in Indonesia, Myanmar, Vietnam and China and continues to strengthen its network.

Attractions and Incentives

Medical tourism in the UAE, in Abu Dhabi, WTTC Member company Etihad Airways (the emirate’s principal airline), and Cleveland Clinic Abu Dhabi, the multi-specialty hospital, have signed an agreement. This, the first of its kind in the region between an airline and medical services provider, will see the two organisations collaborate to promote Abu Dhabi as a leading medical tourism destination. As part of the agreement, Etihad will offer medical travel packages to key markets around the world, delivering a single solution for booking flights, accommodation and medical treatments at the clinic. The collaboration was announced in October 2019 as part of both companies’ support for Abu Dhabi’s wider strategy to become a leading centre for medical tourism, which was announced earlier this year by Abu Dhabi’s Department of Health and WTTC Destination Partner, the Abu Dhabi Department of Culture and Tourism36.

Côte d’Ivoire has prioritised medical tourism after quantifying its potential benefits. The country’s tourism strategy 2025, which is just starting, consists of nine reforms, one of which is health. The government is working on positioning its largest city Abidjan as a regional hub for accessible and quality healthcare. To support medical tourism, Côte d’Ivoire is planning to develop hospitality services to meet the international market needs, collaborate with travel agencies to create medical packages and sign agreements with health insurance companies of neighbouring countries. By 2025, Côte d’Ivoire aims to welcome 40,000 international patients per year, which is forecast to lead to an increase in 20,000 new jobs and USD$118 million in direct and indirect contributions to national GDP38.

Medical tourism in Dubai has also been promoted as a result of the Dubai Medical Tourism Strategy, launched by the Dubai Health Authority (DHA), to develop and implement policies that improve the quality of healthcare services and encourage investment into the sub-sector. To support the strong growth of medical tourism, which already grew from 107,000 in 2016 to 336,000 patients in 2018, the DHA continues to roll out its 12-year master plan (announced in 201337), which includes the creation of 40 primary healthcare centres and three new hospitals39.

It is important to acknowledge the contribution of the private sector to the development of medical tourism. Examples of larger, private, sector-led investment into medical and health facilities include Nicklaus Children’s Hospital in Miami (formerly Miami Children’s Hospital), Baylor University Medical Center in Dallas, and Cancun Health City. While the two US hospitals are well established centres for patient care, medical training and research, the Cancun Health City is currently under construction. Once completed, the site will be home to a large medical tourism complex which will also provide hotels, shopping centres, convention centres, spa, housing areas, office buildings and areas for scientific research38.

**ATTRACTING INVESTMENT INTO THE SUB-SECTOR**

To support the development of medical tourism, ongoing investment into this sub-sector is needed. For example, in Turkey, the government has supported the sub-sector by building the infrastructure, such as hospitals, and providing financial incentives to attract private investment. The Ministry of Commerce as well as the Ministry of Treasury and Finance have provided incentives such as tax reductions to companies investing into the medical sector. One recent example of private investment is the establishment of Acıbadem Altunizade Hospital in Istanbul, by Acıbadem Healthcare Group, with its strategy focused on increasing revenues from medical tourism38.

In 2014, the emirate of Dubai in the UAE unveiled the Dubai Medical Tourism Strategy, under the responsibility of the Dubai Health Authority (DHA), to develop and implement policies that improve the quality of healthcare services and encourage investment into the sub-sector. To support the strong growth of medical tourism, which already grew from 107,000 in 2016 to 336,000 patients in 2018, the DHA continues to roll out its 12-year master plan (announced in 201337), which includes the creation of 40 primary healthcare centres and three new hospitals39.

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4. CONCLUSION

Medical tourism has become an important niche market over recent years, supported by various government policies and private sector initiatives across the world. Countries have recognised the opportunities that medical tourism brings as a catalyst for social and economic development and its potential to support quality education, highly skilled workers, favourable visa policies, promotion of a country’s attractiveness, and well-developed infrastructure within a country. As more governments recognise these benefits and develop strategies and policies for this sub-sector, WTTC expects that with the right policies, support and regulation, medical tourism can continue to grow across developed and emerging economies.

5. ACKNOWLEDGMENTS

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### 6. APPENDICES

#### APPENDIX 1: MEDICAL TOURISM DATA TABLES

**Table 1: Top 25 countries in inbound medical tourism spending**

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>INBOUND MEDICAL TOURISM SPENDING (US$ MN)</th>
<th>INBOUND MEDICAL TOURISM SPENDING AS % OF TOTAL INBOUND SPENDING</th>
<th>DATA REFERENCE YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 United States</td>
<td>3,490</td>
<td>1.9%</td>
<td>2017</td>
</tr>
<tr>
<td>2 France</td>
<td>800</td>
<td>1.3%</td>
<td>2017</td>
</tr>
<tr>
<td>3 Turkey</td>
<td>763</td>
<td>3.4%</td>
<td>2017</td>
</tr>
<tr>
<td>4 Belgium</td>
<td>636</td>
<td>5.1%</td>
<td>2017</td>
</tr>
<tr>
<td>5 Thailand</td>
<td>589</td>
<td>1.0%</td>
<td>2017</td>
</tr>
<tr>
<td>6 Jordan</td>
<td>504</td>
<td>10.9%</td>
<td>2017</td>
</tr>
<tr>
<td>7 Costa Rica</td>
<td>451</td>
<td>12.1%</td>
<td>2017</td>
</tr>
<tr>
<td>8 United Kingdom</td>
<td>420</td>
<td>0.8%</td>
<td>2017</td>
</tr>
<tr>
<td>9 Hungary</td>
<td>477</td>
<td>6.7%</td>
<td>2017</td>
</tr>
<tr>
<td>10 South Korea</td>
<td>415</td>
<td>3.1%</td>
<td>2017</td>
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<tr>
<td>11 Mexico</td>
<td>315</td>
<td>1.5%</td>
<td>2017</td>
</tr>
<tr>
<td>12 India</td>
<td>305</td>
<td>1.1%</td>
<td>2017</td>
</tr>
<tr>
<td>13 Czech Republic</td>
<td>265</td>
<td>3.8%</td>
<td>2017</td>
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<tr>
<td>14 Croatia</td>
<td>218</td>
<td>2.0%</td>
<td>2017</td>
</tr>
<tr>
<td>15 Poland</td>
<td>147</td>
<td>1.0%</td>
<td>2017</td>
</tr>
<tr>
<td>16 Canada</td>
<td>127</td>
<td>0.8%</td>
<td>2015</td>
</tr>
<tr>
<td>17 Vietnam</td>
<td>127</td>
<td>4.0%</td>
<td>2009</td>
</tr>
<tr>
<td>18 Armenia</td>
<td>145</td>
<td>10.3%</td>
<td>2017</td>
</tr>
<tr>
<td>19 Iran</td>
<td>95</td>
<td>18.0%</td>
<td>2000</td>
</tr>
<tr>
<td>20 Netherlands</td>
<td>84</td>
<td>0.6%</td>
<td>2015</td>
</tr>
<tr>
<td>21 Tunisia</td>
<td>79</td>
<td>6.1%</td>
<td>2017</td>
</tr>
<tr>
<td>22 Luxembourg</td>
<td>76</td>
<td>1.8%</td>
<td>2015</td>
</tr>
<tr>
<td>23 Brazil</td>
<td>73</td>
<td>1.3%</td>
<td>2017</td>
</tr>
<tr>
<td>24 Philippines</td>
<td>69</td>
<td>1.0%</td>
<td>2017</td>
</tr>
<tr>
<td>25 Greece</td>
<td>62</td>
<td>0.4%</td>
<td>2017</td>
</tr>
</tbody>
</table>

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<tr>
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<th>DATA REFERENCE YEAR</th>
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</thead>
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<tr>
<td>1 United States</td>
<td>2,930</td>
<td>1.7%</td>
<td>2017</td>
</tr>
<tr>
<td>2 Kuwait</td>
<td>1,569</td>
<td>12.7%</td>
<td>2015</td>
</tr>
<tr>
<td>3 Nigeria</td>
<td>783</td>
<td>13.5%</td>
<td>2017</td>
</tr>
<tr>
<td>4 Netherlands</td>
<td>678</td>
<td>3.6%</td>
<td>2015</td>
</tr>
<tr>
<td>5 France</td>
<td>600</td>
<td>1.4%</td>
<td>2017</td>
</tr>
<tr>
<td>6 Oman</td>
<td>492</td>
<td>21.0%</td>
<td>2017</td>
</tr>
<tr>
<td>7 Canada</td>
<td>444</td>
<td>1.5%</td>
<td>2015</td>
</tr>
<tr>
<td>8 Belgium</td>
<td>409</td>
<td>2.0%</td>
<td>2017</td>
</tr>
<tr>
<td>9 Austria</td>
<td>334</td>
<td>3.1%</td>
<td>2017</td>
</tr>
<tr>
<td>10 Germany</td>
<td>300</td>
<td>0.3%</td>
<td>2017</td>
</tr>
<tr>
<td>11 Egypt</td>
<td>295</td>
<td>13.6%</td>
<td>2017</td>
</tr>
<tr>
<td>12 United Kingdom</td>
<td>270</td>
<td>0.4%</td>
<td>2017</td>
</tr>
<tr>
<td>13 Panama</td>
<td>133</td>
<td>14.5%</td>
<td>2017</td>
</tr>
<tr>
<td>14 Maldives</td>
<td>121</td>
<td>39.8%</td>
<td>2017</td>
</tr>
<tr>
<td>15 Czech Republic</td>
<td>120</td>
<td>2.2%</td>
<td>2017</td>
</tr>
<tr>
<td>16 Armenia</td>
<td>120</td>
<td>9.4%</td>
<td>2017</td>
</tr>
<tr>
<td>17 Libya</td>
<td>94</td>
<td>5.8%</td>
<td>2016</td>
</tr>
<tr>
<td>18 Luxembourg</td>
<td>91</td>
<td>3.3%</td>
<td>2015</td>
</tr>
<tr>
<td>19 Bermuda</td>
<td>91</td>
<td>35.8%</td>
<td>2017</td>
</tr>
<tr>
<td>20 Albania</td>
<td>85</td>
<td>6.0%</td>
<td>2017</td>
</tr>
<tr>
<td>21 Mexico</td>
<td>85</td>
<td>0.8%</td>
<td>2017</td>
</tr>
<tr>
<td>22 Algeria</td>
<td>85</td>
<td>14.6%</td>
<td>2017</td>
</tr>
<tr>
<td>23 Sweden</td>
<td>82</td>
<td>0.7%</td>
<td>2010</td>
</tr>
<tr>
<td>24 South Korea</td>
<td>80</td>
<td>0.3%</td>
<td>2017</td>
</tr>
<tr>
<td>25 Philippines</td>
<td>66</td>
<td>0.5%</td>
<td>2017</td>
</tr>
</tbody>
</table>
APPENDIX 2: METHODOLOGICAL NOTE

For the purpose of this report, medical tourism refers to ‘health-related personal travel’ by the International Monetary Fund (IMF), and to the products and services bought by people who travel abroad for medical and health-related reasons. This includes spending on food, accommodation and local transport – either by individuals, or, at times, funded or even prompted by governments45, when the primary purpose of travel is to receive health or medical services.

Data on international health-related travel services is sourced from the IMF Balance of Payments dataset, which is also the primary data source used for international Travel & Tourism spending in WTTC’s annual economic impact research. Data on inbound and/or outbound medical tourism spending is available for 115 of the 185 countries covered by the WTTC Travel & Tourism economic impact research. It is important to note that for most countries in this analysis, data is only available for a short time series or for a single year, making countries’ comparisons across years difficult to achieve.

Inbound medical tourism spending data is available for ten of the T20 economies – Brazil, Canada, France, India, Italy, South Korea, Mexico, Turkey, UK and USA. This means that analysis of medical tourism has not been possible for several major economies, including China, Germany and Japan.

Our research has focused solely on international medical tourism due to the lack of published data on domestic medical tourism in Tourism Satellite Accounts (TSAs).

Other papers exploring health tourism, such as, from the European Travel Commission/UNWTO (2018)46 and the Research for TRAN Committee – Health tourism in the EU (2017)47 go into greater detail on the conceptualisation of health tourism.

46 European Travel Commission/UNWTO, 2018: Exploring Health Tourism
47 Research for TRAN Committee – Health tourism in the EU: a general investigation, 2017