

Chapter One

Introduction

1.1 Background of the Study

The World Health Organization's (WHO) attention was drawn to the occurrence of an uncommon pneumonia orchestrated by an unknown virus from an individual who had eaten animal or visited animal market in Wuhan in the City of China on to be the epicenter of the pandemic outbreak^{1,2} after which the infection had spread round the other cities in china as well as other countries in the world. By 5th of January, 2020 the Chinese officials ruled out the rumor for the reoccurrence of Severe Acute Respiratory Syndrome (SARS) illness that originated from China which ultimately led to over 770 people death. Meanwhile in a press conference conducted by WHO on the 7th of January, 2020, the organization announced that it had unraveled a new virus belonging to the family *Coronaviridae* and was temporarily named 2019-nCoV.

On the 11th day of January 2020, china recorded the fatal case of a 61 years old man who claimed to have bought some food items from sea food market. This case resulted into putting Wuhan City under quarantine operation by Chinese authority from 23rd of January 2020. Also air and rail freight was suspended as a result of the record of the first death which occurred outside the city of Hubei province. Not only that, Beijing equally cancelled the lunar New Year celebration which was slated to begin on the 25th of January. But on the 30th of January the WHO declared the pandemic as the world health emergency that require international concern on the basis of deaths that were recorded in China³. All the 31 province in China were bedeviled with the virus spread with the news cases confirmed in sore neighhoring countries like Japan, Singapore, Australia, Vietnam, United States, United Arab emirate Canada and Germany^{4,5,6}.

On the 7th day of February WHO announced the death of DR Li wentiang, the Coronavirus whistle blower and martyr and by February 9th 2020 the WHO had confirmed the fatalities record in China to have exceeded, the SARS epidemic fatalities record in the year 2002 and 2003 ⁷ with 37,178 confirmed cases and 118 death cases recorded. On like this persistence increase in the confirmed and death cases recorded daily in China to be 1,016 death toll and 42,638 confirmed cases. The WHO however officially announced and named the virus as ‘‘ COVID 19 virus ⁸ on the 11th day of March 2020 ⁹.

In African continent the first case of coronavirus incidence was recorded in Egypt on the 14th day of February, 2020 after which the virus continue to spread in other countries. On the premise of this persistence spread it made the WHO to declare the virus as epidemic and pandemic on the 11th day of March 2020 ⁹. What made WHO to adapt the term pandemic was from the way and manner in which the virus was being infecting on people. At the onset of the outbreak, the virus was said to have initially spread from animal to human (zoonosis), but now, it is spreading from person-to-person with no geographical restriction ^{11,12} . Globally the virus had infected more than 4.9 million people and over 520,000 ^{13,14} people had died in 188 countries of the world ¹⁰.

The Centre for Disease Control and prevention (CDC) in Nigeria equally affirmed that pandemic is an epidemic that has spread over several countries or continents, usually affecting a large number of people ¹⁵. On the basis of severity of the illness and the number of death recorded if there is something to go by with the above definition we can say Coronavirus had already been a pandemic before it was officially named as pandemic by the WHO ¹⁶.

The way the world leader dealt with nuclear war and climate change should be the way they should deal with pandemic as pandemic is one of the three extreme humanity threat ^{17, 18}.

As at April 15, 2022, the COVID-19 virus has spread to 212 countries and territories, with 6,543,243 total confirmed cases and 520,004 deaths worldwide ¹⁹. The top 14 most hit countries as indicated by Johns Hopkins University Center for Systems Science and Engineering are: US (2,100,945), Russia (515,523), Brazil (392,765), United Kingdom (386,865), Spain (345,406), Italy (336,245), France (292,532), Germany (234,232), Turkey (205,339), Iran (201,121), India (195,865), Peru (197,105) and China (104,116) and Canada (97,414).

Shortly after the declaration of the coronavirus as a pandemic, many countries in the world began shutting down both land and air borders such that international travel ultimately came to a grinding halt. The closure of borders continues to be practiced by countries as a preventive and ameliorative measure to ensure that the virus does not spread further than it has already done. With much of the world dependent on international travel, whether of humans or goods and services, most countries' travel ban has had significant impacts on local economies and, consequently, the global economy.

1.2 Statement of the Problem

Several factors determine viable health care delivery system in any countries such as adequate funding, availability of capable health personnel, virile health research, good standard framework that would address the health care need of the people. Most of the health care need of the people. Most of the health care system around the African countries do experience the same or similar challenges such as changing demographic profile, shortage of human resource, fiscal, challenges long waiting time and tight eligibility restriction as well as disease burden among others have

made it difficult for government of African countries to efficiently provide veritable medical attention for its people have resulted in a situation where the citizen do rely on seeking of medical help elsewhere which can either be temporary or permanent basis (medical tourism)²⁰ covid 19 pandemic emergence had overwhelmed the capacity of health care service in all the countries of African continent, Nigeria inclusive. The outbreak had exposed the inadequate Nigeria healthcare service delivery especially on the area of medical laboratory department/service at both on the federal and state ministry of health^{21 22}. The lock down instituted by the federal government of Nigeria had debar the political class, the rich people and top government functionaries from traveling for medical attention and other purposes from one point to the other in and outside Nigeria²³. This made these rich people forced to seek medical attention in local hospital. Majority of them could have their medical tourism outside the country during that period.

In the name of medical tourism²⁴, this dawn on Nigeria government to embark on construction of standard hospital within a short possible period of time as well as refurbishing the moribund one for use of the pandemic service centre²⁵. This is a big lesson Nigeria government learnt from China through building of modern laboratory service within a short period of time²⁶.

Aside inadequate and scarcity of work force and health facility in Nigeria as revealed by coronavirus invasion which made Nigeria health care facility to combat the invasion of the virus, other reason is that of medical tourism that is being driven by the high class and political class people which ought to have invested in the Nigeria health care delivery^{27,28}. Some of the reason necessitated for medical tourism are; shortage of essential drugs, limited workforce, inadequate budgetary allocation to health sector, inadequate access to health care service, high user fees

among others ²⁹. It is believed that if there challenges in Nigeria, this will go a long way to redeem the failing health care delivery in Nigeria ³⁰.

Not only the health sector that is severely battered by the Covid 19 issue but also the hospitality business, as most countries around the world have imposed partial or complete border closures, with travel bans affecting the majority of the world's population ³¹. With millions suddenly unemployed, uncertainty over economic recovery, and global fears of continuing COVID-19 spread and its future waves, the hospitality industry was among the first industries affected, and it will be among the last industries to recover ³².

Although epidemics diseases had been experienced at different period with different level of violence, especially in the 20th (1918, 1957, and 1968) and 21st century (2003, 2009, 2012 and 2015) which cause severe significant changes in social life of people especially the health pattern of the people. The number of “influenza A” outbreaks have been ten (10) in the last 300 years ⁽³³⁾. Coronavirus disease 2019 (Covid -19) is the third serious outbreaks Coronavirus ³⁴. On this premise this study intends to critically assess Covid-19 Pandemic and Medical Tourism in Nigeria: Stories from Travel Agencies, Medics and Trapped Tourists in Ibadan

1.3 Aim and Objectives of the Study

The main aim of the study is to assess the impact of COVID 19 pandemic on medical tourism in Nigeria by capturing stories from travel agencies, medics and trapped tourists in Ibadan, Oyo State. Specific objectives are to:

- i. describe the categories and the socio-economic characteristics of people that are impacted in medical tourism during covid-19;

- ii. describe how each of these groups/categories are affected;
- iii. identify the responses of each of these categories;
- iv. examine the lesson for medical tourism industries, healthcare system and other related businesses
- v. draw a comparative analysis of pre, during and post covid-19 happening in medical tourism in Nigeria and other countries of the world
- vi. make recommendations based on the outcome of the research project in Nigeria.

1.4 Research Questions

In order to achieve the aim of the study, the following questions would be addressed:

- i. What are the categories and the socio-economic characteristics of people that are affected in medical tourism during covid 19?
- ii. How are each of these group/categories affected?
- iii. What are the responses of each of these categories?
- iv. What are the lesson for medical tourism industries, healthcare system and other related businesses?

1.5 Significance of the Study

The researcher believes that the study will help to estimate the possible steps that can be taken to mitigate the effect of Covid 19 on the health, social and economic life of the respondents in the study area.

The finding will also be of immense contribution to the Ministry of Tourism and Culture, School Administrators, Tourism stakeholder, Tourism Lecturers, Students and future researchers by adding to the existing literatures and for the academic scholars to have access to recent research.

1.6 Scope of the Study

The study is limited to Covid-19 Pandemic and Medical Tourism in Nigeria: Stories from Travel Agencies, Medics and Trapped Tourists in Ibadan. The structured interview guide were administered on the following;

1. Trapped Medical Tourist
2. Medical Personnel and
3. Travel Agencies

The choice of Ibadan for the study is because Ibadan in Oyo State has the highest number of Medical Personnel and Trapped Tourist in Oyo State, Nigeria.

Those medical tourist that were trapped during Covid 19 pandemic were identified and structured interview were served on them; The Medical personnel in Federal teaching hospital (University College Hospital) and Oyo state Hospital management Board all in Ibadan were

equally interviewed pertaining to their experience during the Covid 19 pandemic as well as the desk officials of the travel agencies in charge of ticketing and travel documentation for the medical tourist.

1.7 Limitation of the Study

Though this work is mainly centered on c Covid-19 Pandemic and Medical Tourism in Nigeria: Stories from Travel Agencies, Medics and Trapped Tourists in Ibadan, the major limitations was included but not limited to the fact that most respondents are highly placed Medical Personnel who would be so difficult to track down because of their busy schedule, while some of these respondents may not be disposed to disclose certain information which they may regard as confidential to their organization alone. Many of the respondents were interviewed through telephone, Instagram and telegram. Also, financial constraint which was tend to hinder the efficiency of the researcher in sourcing for relevant materials, data collection and internet usage, as well as time constraint as the researcher is a full time worker who simultaneously engaged in this study as well as her job responsibilities. This will ultimately reduce the time allocated to the study. Therefore, the dimension of this study may not be extended beyond these limitations

1.8 Operational Definition of the Terms

i. Medical tourism: Medical tourism can be defined as the process of traveling outside the country of residence for the purpose of receiving medical care

ii. Tourism: Tourism can be defined as “the activities of persons travelling to and staying in places outside their environment for not more than one consecutive year for leisure, business and other purposes”.

iii. Tourist: A tourist is anyone who leaves his origin to another place within a year. A tourist is somebody who travels in order to take advantage of a particular service or benefit that is not available at home. A tourist is a temporary visitor staying at least 24hours in the country visited, the purpose of whose journey can be classified under one of the following headlines: leisure recreation, holiday, health, study, religion, sport, business, family, mission, or meeting.

iv Trapped tourist; This are medical Tourists who was able to access medical services abroad as a result of restriction order by Government (Nigeria) during Covid 19 pandemic.

v Pandemic: Pandemics are large-scale outbreaks of infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption.

vi Risk; is the possibility of something bad happening. Risk involves uncertainty about the effects/implications of an activity with respect to something that humans value (such

as health, well-being, wealth, property or the environment), often focusing on negative, undesirable consequences.

vii. Effect: Having a strong impact on someone or something

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Endnotes

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Chapter Two

Literature Review

2.1 Health impacts of Covid-19

Most of the healthcare services system in world especially the developing countries were unable to responds to the increased rate of Covid-19 pandemic with respect to care, hospitalization, diagnostic and treatment, due to overstretching on the health care facilities, health workers among others. Aside the Covid-19 patients there are also some other patients with different ailment like hypertension, diabetes, kidney failure, liver failure, cancer that are battling with limited hospital facilities ¹. Most of the Covid-19 decreased patients are those with one form of underlying condition or the other ².

Coronavirus do affect the lung of the host in the respiratory tracts, the cell equally entered the receptor and found its way in the epithetical way of the human gastrointestinal tract which is being used by SARS virus ^{3,4}.

Some of the symptoms exhibited by the receipting human being are fever, dry cough and chest pain which led to difficulty in breathing. Most of these symptoms do take up till five days before they manifested or though prevention it may take more than that it take up till eight (8) days for Covid-19 patient to be healed in hospital, but if the patient condition is a complicated ones that require the use of ventilators, the days to use in hospital for patients may double (16 days). Based on the world health organization (WHO) position eighty (80) percent of Covid-19 patient do recover without needing any health specialist whereas those twenty (20) percent Covid-19 patient that are on ventilators are those with underlying health condition like illness or are on long-term disability. WHO further informed that Covid-19 affect the young, old, poor, wealthy

and previously healthy people into intensive care unit (ICU) but the older people and elderly people are at the greatest risk of contracting the virus ^{5,6}. coronavirus affect the lungs and causes inflammation of kidney, livers, brain and other organ of the human body and even it manifested itself in faces the host but also affect patient that do not only affect the host but also affect patient that do spend time in an intensive care unit (IUC) irrespective of the kind of ailment that put them. Even show mental and physical health issue after they might have left ICU. Those who stayed for a very long period of time at the ICU are period to risk of contracting one form of these health issue or other ^{7,8}. report had it that the more the number of people that encountered the virus the higher the number of hospital visit and the greater the number of demand aid need of patient with regard to medical suppliers such as ventilators, protective suits, face masks, medics and hospital spaces ^{9,10}.researchers had it that has at the period of Covid-19 in year 2020, January most of the health workers had complained of inadequate and lack of personal protective equipment (PPE) to protect the health workers from contacting the infection from the patients ¹¹, ¹². Different countries of the world had been severally baffled with coronavirus diseases some of the countries are china, Italy, UK, USA, Spain among others were those countries that baffled ¹³, ¹⁴. In Nigeria the situation is scary, pathetic and worrisome as regarding the level of preparedness to contain any diseases or any eventualities in the health sector^{15,16,17}, like employment of more medical personal, getting of well-equipped laboratory testing, funding of the health sector^{18,19}. Authors also perceived that there are some tissue affecting the management of Covid-19 pandemic on Africa such as the use of faulty testing kits which do not show the efficiency of the result of the test ²⁰.

The laboratory causes of coronavirus confirmed that human to human transmission had been the kernel or motive behind the sustainability and persistence in the occurrence of the virus ^{21,22}.

There are issue of compotation of virus from one countries to the other due to mixed diagnostic record as those patient discharged from Covid-19 from isolation center can equally be contacting the virus again ^{23 24}. Authors posited that on this premise that hospital throughout the world had devised different ways of reviewing isolation protocols to avert further spread of the virus among of the virus among people of the world ^{25,26,27}.

Hospital have reviewed these isolation protocol by making frantic effort to treat and discharge the infected patient in time. This is due to spontaneous mutation occurring on the virus which may occur in the future ²⁸.

2,2 Impact of Covid-19 on the Economy

The Covid-19 pandemic had been reported to have a greater significant on the world economy ²⁹. The world trade and travel had been severally affected by the Covid-19 pandemic. On the WHO advice virtually all countries of the world lead placed different restriction, ban and lockdown on travelers from United Kingdom and Europe. Many industries and companies production ware badly hit by the advent of Covid-2019 pandemic. Many countries including united states of America had been witnessing economic fallout which is as a result of prolong lockdown, travel ban and interruption of trade many of the world major airline had been grounded and some of these airlines are requesting financial bail-out so as to avert laying off of their employee.

The African countries worsened economy prior to the period of Covid-19 pandemic that hit the world especially Chinese lockdown. The export and import of commodities from Europe had been halt which serve as a requisite for both local and national business had been severally threatened. ³⁰.

Economic expert had pronounced that the African gross domestic product (GDP) had fallen by one and half percent by year 2020 or more than that which happened to be lowest in the last two decades. Foreign investment had been diverted to local bound market in most of the African were out of job as a result of the pandemic ³¹. This put unemployment rate to be 32.0 percent in the period of 2020 and 2021. ³².

The stock market and oil prices had gone down significantly. Analyst had pronounced that the global fall in the prices of crude oil had seriously affected the oil producing countries like the Russia, Saudi Arabia which had an adverse effect on other countries (OPEC) had made a pronouncement that there is likelihood potential drop in the prices of crude oil by 85 percent which will spell down for economic base of most countries like Nigeria whose its economic base rely solely on petroleum and oil driven ^{32,33}. In order to come out of this economic hardship some countries of the world especial y on Africa had already instituted on Africa had already instituted a 30 percent cut in employee salary ³⁴. The international monetary fund (IMF) and world bank in a joint statement on the 25th day of March 2020 had directed that all debt paid by Asian and African countries so as to enable these countries to see money to fund the covid-19 pandemic palara. In a way to ameliorate the economic hardship that orchestrated by covid19 pandemic. These two bank in the world has already made provision for 12 Billion dollars as an emergency bail out relief fund to help their member's countries to roll out of the economic hardship orchestrated by covid19 pandemic.

Also the various government in different countries of the world and rolled out various support packages to cushion the impact of covid-19 pandemic in their various countries.

Other strategies adopted by countries are de-valuation of currency in a way to stabilize their economic for people not to feel the covid-19 impact the more. Another economic challenge brought by covid-19 pandemic as opined by the analyst is that there are some entrepreneur at the local level who had taken the covid-19 pandemic era to jack up their commodities prices in a way to bring economic crises to their customers this had multipliers effect on the level of hunger, poverty and other problem which if not checked it will even last more than the covid-19 itself³⁷.

The expert warned that there is possibility of hunger and food scarcity even after the covid-19 might have disappear. Testing of individual for covid-19 is another key issue in containing the pandemic according to WHO. For example analyst maintained that in united states of America, to test an individual without insurance package, it will cost 1331 dollar (excluding the cost of isolation), this will include hetabolic profile (58 dollars) full blood count (36 dollars) fin B (43 dollars) and fin A(43 dollars) as well as the cost of emergency visit for threat or severity cost (151 dollars), Also the cost of isolation was put at 4000 dollars. This high cost of testing and treatment of covid-19 in the midst of economic mashapp had been debaring people from getting the expected health need in the era of covid-19 pandemic.^{35, 36}. Experts have opined that 40 percent of Americans cannot afford the 400 dollars expense on testing or other treatment for covid-19 as a result of the fact that 33 percent of these Americans had host their job in year 2019³⁷. Testing only cost 1,331 dollars, how many people can go for such? if the government of every countries of the world wanted everybody to be tested, this testing should be free³⁸.

2.3 Covid-19 Social Impacts

On the basis of the fact that the development of vaccine for covid-19 is still underway what remains for the government of every countries is to flatten the curve in order to showing down

the virus spread via confirmed cases isolation, suspected cases quarantine, social distancing for further infection ³⁹. These measure will flatten the curve of coronavirus curve but these measure will collapse the social interaction among the vulnerable people in the societies (the elderly, the aged, and people with disabilities) from receiving the better care they desired ⁴⁰.

Social distancing had disrupted social cohesion among shake, even the husbands and wives cannot touch each other, and likewise the clergy men and their congregation cannot hug each other. The social distancing had led to mental and emotional distancing to many people, even the death of many lived ones of some people via coronavirus had caused emotional trauma to many of the people which render some people fatherless, motherless, widow as well as widower ⁴¹.

The psychological impact of covid-19 pandemic had different effect on the people as people do respond to the pandemic in different manner, some people claimed that social personalities had been damaged drastically also research equally confirmed that total lockdown or travel bans had brought about stress on the people which affected the people psychology in way ⁴².

The other social implication of coronavirus on the people is the alarmist increase in the rate of substance abuse during the period of lockdown. In a way for people to lesson the effect of lonesness, boredom across ASIA and Africa people had resulted into the use of alcohol, smoking and taking illicit drug and other substance ⁴³. Some writers often opined that most of these people which took alcohol claimed it is being taken in order to boost their immune against contacting the virus, but these illicit drugs consumed by the people had gone a very long way in damaging the people kidney, liver, and heart. ⁴⁴.

Researchers also confirmed that coronavirus had subjected the people to different kind of abnormal behavior and suicide tendencies among the people during the covid-19 pandemic⁴⁵.

The pandemic equally constrained the prisoners and inmate in correctional facilities to practice social distancing because of their number and limited space which made the maintenance of personal hygiene to be difficult⁴⁴. After the advent of coronavirus epidemics, the fact of it is that social distancing doe's not mean social boredom or social isolation and people should learn how to deal with each other⁴⁵.

2.4 Coronavirus and Political Impacts

The global political landscape of every country is being withered away by covid-19 virus⁽⁴⁶⁾. Many of the top government officials at various countries had been subjected to infection of covid-19 while some of these top political class died alongside the way⁴⁷.

Writers also perceived that in African countries and United State of America, most of the electioneering campaign, registration of voters and other political activities could be disrupted due to the advent of covid-19 pandemic⁴⁸. Even the security forces and military personnel to do feed the impact of covid-19 like their civilian counterpart^{49,50}. The peace keeping mission of the security agencies is also being threatened⁵¹. The pandemic had brought about lockdown enforcement which swell up violence, unrest and social antipathy which resulted into different level of casualties.

2.5 Coronavirus Hotspot and Tourism

The advent of coronavirus had disrupted commercial and tourism route to the extent that tourism activities had been distorted by the measure of lockdown that is being imposed on every

countries. Traveling for social, medical educational and other needs to and from china to neighboring countries.

This act had disrupted the interaction along the developed and developing nations of the world where they travel and tourism business among countries like Switzerland, Geneva, France, Spain, United States, Paris, New York, to the rest of the Asia and African which damage social interaction business politics and other form of inter country relation ⁵². This shows that tourism business and other associated business has been severely threatened and disrupted by covid19 pandemic.

2.6. Responsiveness nature of Nigeria Government to Covid-19 Pandemic

Nigeria as well as other African countries has been preparing for the outbreak of the pandemic as witness in china. On the 27th day of February 2020 the federal government of Nigeria announced the first stage surge of a 44 years Old Italian man who arrived in Nigeria at Lafarge sign and symptoms related to covid19 but the guy was isolated, treated, and discharge⁵³. On the 21st day of March 2020 after the first incidence of covid19 pandemic through the center for disease control in Nigeria 5556. researcher had opined that virtually all the thirty-six (36) state of Nigeria do record certain figures of covid19 incidence, 31.0 percent of these affected were female whereas 69 were male. The research further show that the preponderance of the infected people in Nigeria with covid-19 pandemic were within the age of 31 to 40years and it cut across different socio economic part of the people's life.

Researchers in Nigeria had criticized Nigeria government of not have detected earlier the first contact of covid-19 incidence at the Muritala Mohammed international airport Lagos before the Italian guy moved to Ogun state^{54,55}. In order to for stall further infection of more people with

covid19 pandemic the Nigeria government had intensify on more contact tracing, lock down isolation.

Nigeria president had on the 20th day of march, 2020 had made a pronouncement that the government of Nigeria has been making frantic effort with respect to preventives, planning curative and containing measure to overcome the planning, curative and containing measure to overcome the dreadful coronal virus and also the government had directed all the government apparatus the federal ministry of health (FMOH), the nation Centre for disease control (NCDC) to be in touch with the partners and international agencies in bringing in concerted effort to effort to provide curative measure and possibility of production of covid19 vaccine to fight the menace of covid-19 pandemic⁵⁶

Expert had already posted that the Nigeria director general of Nigeria center for diseases control, DR Ihekweazu has been sent on a global health mission to china courtesy of WHO for the purpose of getting the first hand information about the virus and the preparedness level to contain the virus. After the arrival of Ihekweazu several program strategies and containing measure were put in place to avert the further spread of the virus in Nigeria⁵⁵.

The Nigeria presidential task force on covid19 fighting was instituted on the 12th day of March 2020 the task force was saddled with the responsibility of proffering national response strategy on containing of covid19 from the task force was headed by secretary to government of the federation. The other measure of containing the virus by Nigeria government is the introduction of rapid response team (RRT) to provide support for all state of Nigeria in containing the virus in fact in Abuja and Lagos has gotten the center for screening of covid19 that can house 1,000 patient.

Two step to approach were under taken by Nigeria government to fight the virus first is to secure and protect the lives of both foreigner and citizen in Nigeria. The second step is to enhance preservation of worker, live hood, business owners so also to ensure family get out of the problem of covid. In a way to realize that the government had put different measure in place ^{57,58,59,60}.

- A. Ordering the immediate closure of all land, sea boarder and airport so as well of barring of all social engagement and religious activities.
- B. Also the government had intruded monetary and fiscal measure as a response against covid19 pandemic and also ensure effective partnering of international bodies, agencies like UNDP, WHO, UNICEF, among other as well as civil societies and private sector partnering like Melinda and Bill gates foundation government had generated fund medicals product and materials from this arrangement for the people of Nigeria to custom the effect of covid19 pandemic on the people and their live hood ^{61,62}
- C. The Nigeria government had equally converted all the pilgrim camps, stadia and other facilities into the makeshift hospitals for the treatment of covid19 patient. ^{63,64}
- D. So also the president had pardoned two thousand six hundred (2,600) inmates/prisoner. Across the length and breadth of Nigeria based on the advice of United Nation (UN) to promote social distancing among the inmate ^{65,66}. This does not include those inmate with criminal cases like rape, armed bandit, human trafficking a culpable homicide and terrorism.
- E. Relief package welfare package like food item, medicine and other social welfare were distributed among the people of the country by the government of a cushion effect of the pandemic on the people ^{67,68,69}.

Researchers had confirmed that many people in the world especially in the developing countries do not know the different mean of managing the covid 19 pandemic some do use any drug making it as abuse of medication and other drug that may be causing harm to their body.

NCDC opined that many Nigeria do not believe that the virus exist when the first case was mentioned, however with the persistence rise in the member of incidence and causalities they can now believe. Expert opined that religious fanaticism, ignorance and illiteracy are other factors that promote indifferences in believe among Nigerians against the admittance of the covid-19 virus. This made many of these people to hug, kiss, do party and fail not to abide by social distancing and other safety precautions/guidelines against the virus. Some religious leaders even compounded the issue by issue by saying that God do not like testing of any farm include covid19 testing investigating cases against the federal government that the government do not have the moral right of closing the boarder and locking down the whole country .

All these and other issue need to be addressed in a way to promote effective health model for fight covid19 pandemic in the country.

2.7 Provision and Insight for Cure for Covid-19

Expert had warned that there is no specified treatment for the covid-19 ⁷⁰. The doctors had been testing different indigenus and orthodox drugs in search of permanent cure for covid-19 some of the orthodox medicine undergoing testing are nucleoside analogue pyrazofurin. The licase inhibitor SSYA 10-001, Gralidesivir, Remdesivir and Hydroxy-cloroquine ⁷¹. These are those drugs that had been used for previous virus like HIV, Ebola, influenza and SARS ^{72,73}. But the

efficacy and efficiency of these drugs is still under scrutiny because the failure and success of these drugs had been discussed and analysed in conferences, seminars and medical journals ⁷⁴. There are needs to come up with a concerted effort to develop antiviral broad-spectrum drugs to fight the covid-19 virus ⁷⁵. Expert also affirmed that the most significant management and treatment line for covid-19 virus should focus on; hitting of the virus via inhibiting viral growth, restoring of fluid dynamics, preventing of inflammation, wearing of face mask, isolation of infecting person, restoring immune system ⁷⁶. Also there is need for the production of ventilator for breathing assistance or subject them to immune booster ⁷⁷.

Also with respect to the use of indigenous/African traditional medicine, some few natural remedies from plant origin do have antitussive/anti-inflammatory and anti-viral activities such as lime (PH 8.2), mango (PH 8.7), pineapple (PH 12.7), garlic (PH13.2) lemon (PH 9.9), avocado (PH 15.6) among others. The expert had proved that foods and drinks from alkaline origin had been asserted to ameliorate covid-19 patients condition. ^{78,79,80}.

2.7 Medical Tourism and Covid-19

Searching of medical care outside one's location or outside the country or state or region is known as medical tourism ^{81,82}. The previous and past year had witnessed a paradigm shift patients coming from more advanced, wealthier or emerging countries to developed or less wealthier countries for seeking of medical treatment ⁸³. This paradigm shift is occasioned by cost of low treatments in less developed countries as well as less costly information as well as lower cost of flight of the cost of receiving treatment in the developed countries as well as those countries with more patients is relatively, higher than what many people can afford ^{84,85}. The cost exclude transportation and lodging cost. Therefore the factors inhabiting or motivating the

consumer from purchasing the international medical service/products is not basically the service cost but majorly the other associated cost like transportation, lodging among ^{86,87} other. For instance, researchers had confirmed that India had been termed as the test-tube babies epicenter and surrogacy service, this is seen as childbirth fast way rather than natural birth long process ^{88,89}. Authors and researchers in different studies had confirmed that medical tourist do have certain consideration or concern whenever they want to embark on medical tourism, legal protection, hospital infections, personal safety, skills and qualification of the doctors, follow up system, cost of medical service, cost of lodging and transportation cost among others ^{90,91,92}. The medical tourism had been the major global tourism industry which attracted countries, firms and companies to desire to venture into the industry. Not only the health sector that do also bring about commercial development ^{93,94}. But the rate at which the medical tourism is fast growing is higher at the way the people do look for cost effective and high quality medical treatment ⁹⁵.

Within the period of 1997 and 2003, authors had informed that the increasing world trend in the number of medical attention is double across the globe. The rate at which medical market grow do time ten (10) of the foreign tourism revenue. The service from healthcare accounted for 0.38 percent the world trading in year 1997 and 0.73 percent in year 2003.

The number of health care service needed and required by about 4 million international patients are receiving medical attention which needed 60 billion dollars' worth of money for treatment ⁹⁵. 7 billion dollars of this is comes from Asia and the rest of this is comes from developing countries like Africa. Expert opined that medical tourism constitutes 5 percent of the global tourism in the world ⁹⁶. This is vast developed business comes from the health care service which is 60 billion dollars trade that account for an annual 20 percent growth. This higher growth in the health care need and the higher revenue rate generated from medical tourism had propelled the

Asian countries (India, Thailand and Singapore) to advertise their medical services in the global health need for the international patient ^{97,98}. But the inexpensiveness in the prices of healthcare of Iran compare to other countries of the world as well as use of modern methods of medicine had made Iran hospital to have more medical tourist compared to other countries of the world ⁹⁹.

The role of medical tourism through travel agencies welfare-recreational activities and hotel are compared of the overall medical tourism.

As a result of medical tourism development, it needed to bring harmony with other affiliated companies like: travel agencies, insurance and hospital as part of the development of medical industry, there is significant improvement in medical tourism in the post-industrial world by may government of the world ¹⁰⁰.

2.8 The Concept of Outbound Medical Tourism

At the 9th National Health Conference that held in Rostock, Germany in 2013, medical tourism was viewed as a subset of health and tourism industry which contributes to preserving and regaining health (generally) and wellness (specifically), through the use of endorsed medical services ¹⁰¹. It is more than travel to improve health; it can also be a business concern marked by service trade, representing a combination of at least two economic sectors, namely: tourism and medicine ¹⁰². Based on tourism segment classification depending on travel reasons prescribed by the World Tourism Organization, a major group is for “medical treatment/health”. As an element of health tourism, medical tourism is also referred to as ‘medical travel’ due to the fact that it encompasses the action of journeying to diverse countries to seek medical attention ¹⁰³.

Generally, medical tourism is regarded as travel out of an individual's residence to seek medical care, examination or therapy with tourists using the destination's facilities, installations and attractions ¹⁰⁴. Medical tourism has garnered multiple definitions, but basically, it is a variety of health tourism as well as wellness tourism ¹⁰⁵. The distinction between both forms of tourism is that medical tourism entails the presence of medical tension requiring investigation, diagnosis and treatment through approved medical programmes, being considered a reactive variety of health tourism.

Conversely, wellness tourism is considered a proactive form of health tourism focused on prevention or sustenance of good health through alternate methods devoid of special health facilities, medical practitioners, and intrusive methods ¹⁰⁶.

2.9 Outbound Medical Tourism in Nigeria

The global medical tourism industry is estimated to be worth more than \$100 billion and expected to grow at an annual rate of 20 to 30 percent^{123,124}. Nigerians with an estimated yearly expenditure on medical tourism of between one and \$20 billion indisputably contribute significantly to this industry ¹⁰⁷. Over the years, Nigerians have been spending heavily to seek medical care abroad. This poses severe consequences to the nation's health sector as well as its overall economy. More than ₦1billion is extracted per annum through medical trips to India, Germany, America, China and Dubai, thereby depleting the nation's foreign reserve ¹⁰⁸.

Many Nigerians travel to other countries for diverse medical procedures such as cardiac surgeries, orthopedic surgeries, neurosurgeries, cosmetic surgeries, and renal transplant surgeries. For instance, the wife of a past Nigerian President in 2005 lost her life as a consequence of having cosmetic surgery in Spain ¹⁰⁹. The incumbent Nigerian President has also visited the UK

health system in June 2016 to address “a persistent ear infection”. The incident occurred notwithstanding the existence of more than 250 ear, nose, and throat specialists and a national ear hospital in Nigerian ¹¹⁰. Several other prominent Nigerians have reportedly received health care services in various countries and for various ailments ¹¹¹.

The quest for better medical care has dramatically increased in recent times. This has consequently heightened the demand for medical tourism among most Nigerians. In 2012, 47% of Nigerians travelling to India (18000 people) went to seek medical care, spent N41.6 billion (\$260 million) on the trip. This trend signifies that there are potent reasons for embarking on medical tourism. According to Onyeji (2017), thousands of Nigerians travel abroad each year to seek

medical treatment mainly because the nation’s health care system remains poorly funded. He also attributed the cause of medical tourism to poverty and lack of universal health coverage. Motivators for outbound medical tourism in Nigeria Overtime, Nigeria’s image has been dented with lots of epileptic, unsolved, and lingering economy issues which are staring at every one of her citizenries. Some authors shortlisted these debilitating factors but not restricted to: ethnic, religious, communal, social and political unrest which have threatened and affected most if not all the sectors of which “health sector” is our prime denominator. The permeability of the nation’s healthcare has become a recurring occurrence, of which its continuous decline has been noted. More to this, its underperformance cannot be overemphasized as compared with the health care system of other developing countries ¹¹².

Furthermore, the nation’s budgetary allocation and per capita government expenditure allocated on healthcare is at an all-time low, which is contrary to World Health Organization’s (WHO) recommendation of allotting 11% of the nation’s budget to the healthcare sector. If this is so at

the nation's level, there's little or no indication on how the local or state can evenly breakdown funds allotted to them ¹¹³. Inadequate allotment of funds variably results in few health care facilities as against a large number of persons in need of it.

Conversely, no matter the increased allocation of funds to the healthcare sector, it seemingly has not made its impact ¹¹⁴. This is reflective in cases of low-income earners being deprived of simple medical treatment, thereby, dying from unserious ailments such as diarrhea, death during child delivery, injuries from accidents, tetanus, malaria, typhoid and fever. The reason for this avoidable death toll is not far-fetched as there are infrastructural inadequacies in basic diagnostic machines and other vital medical equipment used for called up situations ¹¹⁵. The sparingly available ones are worn out beyond usage, but the rich Nigerians and officials at the top echelon jet out of the country to attain proper medical procedures. Another factor is the lack of belief. By belief, it meant having absolute confidence that they (consumers) will receive precise, right, spot-on treatment for whatever ailments they present with, which will be administered by health care professionals ¹¹⁶. This has been on the contrary because stories abound where an improper diagnosis was administered upon a patient with little drugs to alleviate breakout symptoms of cancer, only to be taken to another health care facility which diagnosed the cancer to have majorly advanced to a stage where it will be difficult for the patient to be successfully and medically catered upon ¹¹⁷. These growing concerns of lack of belief have etched in consumer's mind, making them allay their lack of confidence by engaging in medical tourism. Other authors assessed the antecedents of attitude influencing the behaviour intention of potential health travelers in Malaysia by studying two dimensions of perceived value: perceived benefits and perceived risks. Data were obtained from 400 random international tourists at Kuala Lumpur International Airports (KLIA) using questionnaires. The data were

statistically tested using multiple regression analysis. Consequently, the study found that tourist behavioural intentions were mainly predicted by perceived value. The study specifically found that the perceived risk factors had an impact on attitude. Put in another way, the findings revealed that perceived risks resulted in reduced attitude towards participation intention.

Another pressing motivator for medical tourism is the incompetence of health care professionals¹¹⁸. It takes a whole fixture of researches to be proficient in the medical field. In earlier times, medical caregivers are made through hand-out materials; wider research, experiences, experiments, deductible failures that will be positively reused are harnessed to frame up professionals in the medical field ¹¹⁹. There have been incidences where consumer's life is toyed with as a result of incompetence from medical caregivers ¹²⁰. This has scared consumers in not believing the competence of medical caregivers; therefore, they preferred travelling overseas where it's presumed they are in safe hands.

Cost-effectiveness of medical tourism overseas from the study conducted by some authors, they opined that around the world, increasing movements of health tourists, medical practitioners, health technology, financial resources and regulatory regimes throughout nations, have resulted in the existence of new forms of consumption and production of healthcare services over the past several years. The expanding healthcare service trade has triggered the flow of health tourists across countries in pursuance of healthcare; an occurrence frequently referred to as 'medical tourism'. The past years have witnessed a shift towards patients from wealthier, more advanced or emerging countries moving to less wealthy or developed countries to seek medical treatment.

This shift is significantly influenced by the availability of low-cost treatments in less developed countries and facilitated by less costly flights and online sources of information. It is rather costly to receive healthcare in some of the countries where patients travel most for

major medical treatment. The cost does not include cost of transportation and lodging. Therefore, the factors that motivate consumers to purchase international medical products and services is not the cost of the service except for relatively few consumers who associate product quality to the cost of purchasing such products or service and the ease of treatment and the recovery time ¹²¹. For example, India is famed as the epicenter of test-tube babies and is renowned for surrogacy services ¹²².

This is seen as a fast way of childbirth rather than the long process of natural birth. A systematic review on 128 articles was conducted by some researchers based on four electronic databases including PubMed, Science Direct, Scopus, and ISI articles published until June 2015. From the extensive reviews, it was discovered that medical tourists have concerns whenever they embark on any medical tourism trip. The study showed that cost of medical services, among other factors such as follow-up system, qualification and skills of doctors, personal safety, hospital infections, legal protection, was the main concern of medical tourists before travelling to their destinations.

2.10 Factors that led to Medical Tourism Demand

Some of the factors that improve medical tourism demand are;

(a) Lower price

Lower price of medical attention and services are those factors that necessitate medical tourism as many countries in African and latin America do not sufficient health facilities and resources as well as professional staff and infrastructure to contain many of these viruses. Many of the wealthy people, high political class, senior military personnel and business mogule as well as

senior government civil servant do embark on medical tourism outside their location to other countries for improved medical attention:

(b) Socio-cultural issue

Some of the challenges of the treatment in some of these countries are associated with patient communication inability which may be as a result of language, cultural and literacy differences.

© Information accessibility

If not because of internet, people can read and gain insight in the different information regarding treatment of contain disease on different countries with respect to quality, price and other issue associated with such disease, about the kind of treatment they are up to in location ¹²³.

(D) Weak health care insurance:

Inadequate virile and sound insurance had propelled many people to travel abroad to search for improve health care delivery. Even the available inclusive health insurance that exhibit do not cover dental services, cosmetics surgery and other major operations. This made most of these people to go outside their domain for medical technology advent: medical records of patient, teleradiology were been transferred to the patients via internet which had helped medical tourism in a way.

(f) Development of alternative medicine:

Many people have look up to development of alternative medicine method in curing their different refractory disease like diabetes and cancer.

(g) Development of new method of treatment

Some of the new method of treatment like stem cells which had contributed immensely to the medical tourism as many people do travel to the leading countries so as for them to obtain these treatment.

(h) Air transport, telecommunication and hotel development

People have travelled more conveniently and comfortably now than before in search of hotel and air transport to other places around the world for medical attention.

(I) Patient privacy

There are exigency regulation that are placed on ground to ensure the privacy of patients records within the health insurance field for confidentiality and accountability sake such as Germany data protection act, U.S accountability and portability act, UK data protection act and Canada personal information protection and electronic act ¹²⁴.

2.11 Medical Tourism

This is an activities that is a function of place and location (foreign or domestic) in search of medical treatment. It refers to medical treatment procedure/methods that intends to improve the well-being of tourist 100-107. According to the medical tourism association define medical tourism as a situation where people living in one country travel to other or another country for receiving of surgical, dental and medical care while receiving equal to or greater than the care

had she can receive in his/her own countries on the basis of the person affordability, accessibility and higher quality care. Other writers define medical tourism as people travel to specified destinations for medical help as the major purpose of their travelling ¹²⁵. Some writers opined that illness treatment, surgery (cosmetic/enhancement) treatment in the basis of fertility related and wellness as to those activities that require medical tourism ¹²⁶.

Authors had agreed that quality of care and cost of the care are the kernel of factors that do propelled the decision of medical tourist to any location for medical tourism ^{127,128}.this implies that medical care quality and its associated cost are the major determinant of medical tourism ⁽¹²⁹⁾. But other authors had emphasized that the patients, clients, customers should be well informed about the benefit of medical tourism with respect to its quality care to be received, safety of their staying while on medical care ¹³⁰. compare to other forms of industry, medical industry is very show in adapting a business model to arrive at the customer satisfaction with quality with quality of care given unto them and the perception of the customer/patient, the authors recommended that health care service providers need to improve on the satisfaction of their patients, this will have a positive implication on future attraction of these patients and their loved one to patronize the hospital for the future ^{110,111}.

Other authors recommended five factors that do promote medical tourism; lower cost of medical care, quicker medical access to patients on procedural issue, better quality care, and advanced level of technology and however cost care for procedure on discretional basis¹¹². Some authors had opined that advertisement on medical tourism is more based and centered on result and outcome treatment other than quality improvement and safety ^{113 114}.

In a situation where the decision of the customer is being based on advertisement overestimated or underestimated there tend to be a shortfall between the expected and actual outcomes. Therefore there is need for patient and their family not too much rely on the advertisement via any model ^{115 116}. This is so because customer based their decision on the medical care they would go for on the basis of information they read or perceived from internet before decide on medical destruction any form which may be misleading a times.

Other researchers perceived that customers do make their decisions through Goggling feedback from friends, colleague, family or direct communication with the hospital before the customer/patient determine their destination for medical tourism. Medical tourism do pose challenges of decision making to the patients on whether to patronize the medical tourism or subject to local indigenous hospital, because the customer experience of the medical tourism is the kernel of the factors that do influence the customer experience of the medical tourism is the kernel of the factors that do influence the customer satisfaction which will determine whether the customer would conduct a repeat of such visit or otherwise. Therefore the experience with respect to good care and quality treatment must be the watchword for all the hospitals management so that they would treat their patient well and offered them good care with respect to treatment, screening, testing and other forms of treatment in a way to promote common back of the patient or its family and other relatives in another time¹¹⁷.

Finally patient need prior to embarking on medical tourism to conduct they are about to do medical tourism on the basis technology, cost, experience (direct or indirect).

2.12 Environmental Implication in the Context of Covid-19

Researcher had concluded that there are need to embark on guidance to avert transmission of the Covid-19 virus to other people in the societies. Some of the environmental surface in health care setting table, sinks, toilet, bathroom, wall etc. All these environmental surface need to be disinfected and clean to avert infection of Covid-19.

Since close contact has been the major baler of covid-19 virus infection among household, community, faith based and in event. There is need for disinfection practice outside the healthcare environment so as to stop the spread of the Covid-19 virus¹¹⁸.

Aside disinfection, cleaning equally helps to remove pathogens, one can clean with soap, water and detergent this do not kill the pathogen but water disinfect it with chemical like chlorine, alcohol, Alcohol should be applied after cleaning to kill the other micro-organism that remains. ^{119,120}.

2.13 Health care setting, Training

Environmental cleaning is more or less a complex procedure that differs from any other cleaning because it requires training auditing, monitoring and feedback in a special area. Training of staff should be based on health care policies and SOP and such training should be well structure in as well as proposes ways, techniques of cleaning and disinfection. The health care setting should also embraces the enlighten and unawareness purpose of educating the members of the public on the various safety measure like

- i. Campaign for social distancing.

- ii. Campaign for the use of nose mask, washing of hands, averting social events and other crowded place.
- iii. Do testing to see whether one have contact tracing or not.

2.14 Chapter Summary

It was recorded in the literature that coronavirus is the 5th pandemic since 1918, some casualty of each of the pandemic are last influenza virus recorded 50 million, 1.5 million, 1 million and 300,000 respectively.

As at April 15, 2022, the COVID-19 virus has spread to 212 countries and territories, with 6,543,243 total confirmed cases and 520,004 deaths worldwide. The top 14 most hit countries as indicated by Johns Hopkins University Center for Systems Science and Engineering are: US (2,100,945), Russia (515,523), Brazil (392,765), United Kingdom (386,865), Spain (345,406), Italy (336,245), France (292,532), Germany (234,232), Turkey (205,339), Iran (201,121), India (195,865), Peru (197,105) and China (104,116) and Canada (97,414).

Most of the health care system around the African countries do experience the same or similar challenges such as changing demographic profile, shortage of human resource, fiscal, challenges long waiting time and tight eligibility restriction as well as disease burden among others have made it difficult for government of African countries to efficiently provide veritable medical attention for its people have resulted in a situation where the citizen do rely on seeking of medical help elsewhere which can either be temporary or permanent basis (medical tourism) covid 19 pandemic emergence had overwhelmed the capacity of health care service in all the countries of African continent, Nigeria inclusive. The epidemic outbreak in Nigeria healthcare

service delivery especially with level of medical laboratory department/service is missing on the federal and state ministry of health ^(21 22). The lock down instituted by the federal government of Nigeria had debar the political class, the rich people and top government functionaries from traveling for medical attention and other purposes from one point to the other in and outside Nigeria. This made these rich people to seek medical attention in local hospital and half their medical tourism outside the country as well as putting a stop to capital flight oil

In the name of medical tourism. This dawn on Nigeria government to embark on constitution of standard hospital within a short possible period of time as well as refurbishing of the pandemic. This is a big lesson Nigeria government learnt from china through building of modern laboratory service within a short period of time.

The African countries worsened economy prior to the period of Covid-19 pandemic that hit the world especially Chinese lockdown. The export and import of commodities from Europe had been halt which serve as a requisite for both local and national business had been severally threatened.

Economic expert had pronounced that the African cross domestic product (GDP) had fallen by one and half percent by year 2020 or more than that which happened to be lowest in the last two decades. Foreign investment had been diverted to local bound market in most of the African were out of job as a result of the pandemic. This put unemployment rate to be 32.0 percent in the period of 2020 and 2021.

The stock market and oil prices had gone down significantly. Analyst had pronounced that the global fall in the prices of crude oil had seriously affected the oil producing countries like the Russia, Saudi Arabia which had an adverse effect on other countries (OPEC) had made a

pronouncement that there is likelihood potential drop in the prices of crude oil by 85 percent which will spell down for economic base of most countries like Nigeria whose its economic base rely solely on petroleum and oil driven. In order to come out of this economic hardship some countries of the world especial y on Africa had already instituted on Africa had already instituted a 30 percent cut in employee salary. The international monetary fund (IMF) and world bank in a joint statement on the 25th day of March 2020 had directed that all debt paid by Asian and African countries so as to enable these countries to see money to fund the covid-19 pandemic palara. In a way to ameliorate the economic hardship that orchestrated by covid19 pandemic. These two bank in the world has already made provision for 12 Billion dollars as an emergency bail out relief fund to help their member's countries to roll out of the economic hardship orchestrated by covid19 pandemic.

Also the various government in different countries of the world and rolled out various support packages to cushion the impact of covid-19 pandemic in their various countries.

Other strategies adopted by countries are devaluation of currency in a way to stabilize their economic for people not to feel the covid-19 impact the more. Another economic challenge brought by covid-19 pandemic as opined by the analyst is that there are some entrepreneur at the local level who had taken the covid-19 pandemic era to jack up their commodities prices in a way to bring economic crises to their customers this had multipliers effect on the level of hunger, poverty and other problem which if not checked it will even last more than the covid-19 itself.

Therefore every sector and individual need to be seriously involved in the jeting out of covid-19. In the world, as at 5th of august year 2020. The number of cases of covid-19 casualty per 1 million is given as; 9,61303 was recorded in America, 3,694,43 was recorded in Europe,

1,136,41 was recorded in south eastasia, 2,167,25 was recorded in Africa and 176,36 was recorded in western pacific region.

Within the context of this study, the word consumer preventive behavior manner connotes avoiding dinning out in restaurants as means of social distancing so as to prevent an individual from contacting the scourge of corona-virus infectious disease. The perceived susceptibility encapsulate the perceived chances and risks of getting infection with COVID 19. Also perceived severity entails the seriousness of negative effect to the Covid-19 infection which is related to consumer/customer risk perception about Covid 19. The presence of these risk perceptions could prevent the consumers from dinning/wining out during the epidemic/pandemic.

The presence of the Risk Perception displays a major role in the determination of health behaviours as confirmed by different researchers. These risk perception could be shaped by different factors such as cultural background, personal health condition, mass media communication risk (18). The Cues to action entails the policies of the government such as social distancing enforcement guidelines, and stay-at-home. These government policies were being publicly enforced and promoted to alert or compel people to employ social distancing which include avoid visiting restaurants. The impact of perceived benefit of averting visiting of restaurants will lead to infection risk decreased, motivate consumer, however there are some essential workers who will go out and buy food outside during the pandemics.

Also, the risk perceptions of an individual could be shaped via risk communication through mass media and recognised federal/national government. These source(s) may or might miscommunicate the health-related information like counter-measures exist/ whether effective therapeutic, diseases facts and confirmed infections. The risk communication may therefore had

influence on the perceived controllability and influence perceived severity of health risks which may lead to widespread public panic in most cases. Within the realm of Covid-19 context, dining in the restaurant would be associated with higher perceived personal susceptibility as a result of high infectious nature of interaction of human in less ventilated and relative enclosed space.

In the response to the pandemic spread, most countries had devised and implemented stringent measures to arrest and curtail the infections. A stay-at-home enforcement order refers to government enforceable executive order that mandate people to stay at home in mass quarantine strategy in a way of controlling outbreak of diseases. The stay-at-home order does have both indirect and direct negative impact on the demand of restaurant. Firstly, the movement restriction and closure of restaurant had led to decline in the demand of restaurant and also secondly the closure of restaurant had reduce the labour supply and other food supply associated with restaurant. Thirdly, the epidemic crisis can cause multiplier effect on other crisis such as economic crisis. Finally the actions and policies of government can generate the risk perceptions of the general public. It is in the light of this, that this study intends to analyses Covid-19 pandemic and medical tourism in Nigeria: stories from travel agencies, medics and trapped tourists in Ibadan.

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Chapter Three

Methodology

3.1 Research Objectives – Overview

To examine the main Research Question (RQ) with respect to the influence of Covid 19 Pandemic and Medical Tourism in Nigeria. The essence of this Covid 19 Pandemic had earlier been identified and explained in detail as a supporting proof to the research objective as stated thus;

- 1) (RO₁): Describe the categories and the socio-economic characteristics of people that are affected in medical tourism during covid 19
- 2) (RO₂): Describe how each of these groups/categories are affected
- 3) (RO₃): To unravel the responses of each of these categories.
- 4) (RO₄): To examine the lesson for medical tourism industries, healthcare system and other related businesses.

These stated objectives have guided the research methodology, which led to the choice of a qualitative research method approach. This chapter presents the methodology employed, which includes qualitative data collected through semi-structured interview process, and also the data collected through bibliometric data analysis.

The stated objective provided kernel for the methodology that necessitate the choice of a qualitative method of research.. The qualitative method of data for this study were through interview guide,s bibliometric data analysis and structure interview.

3.2 Interview Design

The means of piloting and developing of my interview question varies in different manners, some preferred (medical tourist) the researcher to read the interview guide for them to understand and the researcher will fill their response in guide. But with the traveling agencies and medical personnel, they prefer the interview session to be held in an interactive manner where copy of an interview guide were served to them and the researcher ask question and the response of medical personnel and traveling agencies were recorded in a tape recorder and the response were later translated. Other medical tourist preferred to fill their semi-structure interview themselves. The questions for the medical personnel were different from those of travel agencies as well as the medical tourist.

3.3 Epistemological approach

The conduct of any research is being determined by varying factors such as epistemological ^{1,2,3} (method of acquiring knowledge) as well as the major goal of research and the participant environmental characteristic ⁴. Epistemological interpretation approach was the research design that was adopted by this research ^{5,6,7}. Subjective data was employed on the premise of what an author stated that studies and research that involve new technology and innovation are usually transient:

Therefore interpretative research paradigm is a function of subjective view point any input of the participation ⁸. This research paradigm/approach is related to the study (Covid19 pandemic and medical tourism in Nigeria) which looked at both scientific/medical dimension of seeking for curing ailment especially during the pandemic (lockdown) as well as the social dimension through travel via medical tourism and treatment receive from the nation hospital. This

consistence with the theoretical perspective framework via inductive programmatic approach before arriving at valid model that was used by this study, this study made use of different research perspective as being informed by an author. The data were analyzed via grounded theory that allow the participant to narrate it, experience with respect to the subject matter.

The adoption of ontological relativism position examine the interpretation reality in various ways which suite the study on extracting skill and knowledge ⁹ of covid19 pandemic and medical tourism and its effect on travel agencies medics and trapped tourist in Ibadan.

3.4 Sampling setting and strategy

Non-probabilistic purposive sampling techniques was adopted in the study area to select the potential participant, this represent a true.

This will carried out in two stages;

3.4.1 Stage one;

The medical personnel in charge of treating patient during covid19 pandemic.

Travel agencies who arrange passports, ticket and other travelling documents for the travelers (medical tourist).

3.4.2 Stage two;

Participants (Medical Tourist) were identified based on the researcher's access to contact some of these tourist who later gave the contact of other medical tourists who do travel for different medical reasons. Those are how medical tourist that were trapped during Covid 19 pandemic were identified and structured interview were served on them;

With respect to, the Medical personnel in Federal teaching hospital (University College Hospital) and Oyo state Hospital management Board all in Ibadan. They were equally identified and interviewed on their experience during the Covid 19 pandemic. The desk officials of the travel agencies in charge of ticketing and travel documentation for the medical tourist are also interviewed.. Purposive sampling for aiding analytical generalization sample size was adopted to bring about saturation with no additional insight aside the stated objectives , although some author had argued that there is no specific criteria for determination of sample size in qualitative research ¹⁰. But some authors posited that sample in qualitative research is usually within 4-12 participants for each group”

For this study minimum of 4 participants each were selected for medical personnel, who are working in state hospital, University College Hospital (UCH) in Ibadan and medical practitioners in private hospital. 4 participants from travel agencies and 4 participants for the trapped medical tourists. The researcher also visited the Nigerian Centre for Disease Control (NCDC) office in Ibadan as well as State Covid 19 Task Force office and their coordinators were interviewed

Ethical approval were obtained by the researcher from the participants who asked to make provision for written consents before the acceptability of the primary data collection.

The researchers equally made efforts to visit 4 travel agencies that do handle travelling documentations for these medical tourists and their desk officers in charge of ticketing and travelling documentations were interviewed.

3.5 Data Collection and Analysis

Concurrent model of data collection was employed with the aid of grounded theory. The desk officers in charge of travel agencies was picked for interview, the medical personnel in both public and private sector were picked for interview, and triangulation with qualitative result was used in the contextual data collection.

3.5.1 Primary Data Collection and Analysis

Semi-structured interview was used in the qualitative primary data collection. Some of the content of the semi structure interview involve introductory letter, socio-economic characteristics, respondents brief information among others as well as issue related to the research theme.

The qualitative research method was done through structure interview guide^{11,12} which had part A that centered on social demographic survey, part B centered in causes of the ailments part C centered on effect and symptoms of the ailment while part D dealt with curative measure adapted in dealing with ailment in the state.

Questions in the first set were directed at the medical and paramedics in the selected hospitals. The essence of this was to collect data about the various impacts of Covid 19 lockdown and travel ban on their operation. The time allotted per participants was within the range of 55 to 82 minutes for the interviewing. Telephone interview were held for two week recorded for transcription purpose. The need for data analysis was to unravel the major concepts and central theme of the research for thematic mappings^{13,14}. Thematic mapping with the research objectives.

Also computer assisted qualitative data analysis software (CADAS) was used in the completion of the analysis as a result of large data that is needed for transcription.

Inductive approach was used in the study to assess the categorization of the conclusion and observation ^{15,16} so as to determine the form of relationship that exist between medical tourism and travel ban. Trigulation method was used to deduct the final result and conclusion of the themes and issue of the study.

The interview was completed by four (4) participants in the two Public hospitals. two per hospital was completed through written answer provision.

The respondent perceptions and experiences were captured and understood for co-ordination issue and the existence of inter-operability as well as the influence of covid19 pandemic on them and the lesson learnt by the travel agencies, medics and trapped tourist to and other related medical missions.

In spite of the suitability of this strategy for the study on the ground of subjectivity as affirmed by an adult is still the issue of bias ground was eliminated as a result of the fact that criteria for participant was well stated prior to interviewing the criteria for the selection of medical tourist was based on the contact by the trapped tourist who pointed another trapped tourist.

The essence of data analysis is to examine the central themes and concepts within empirical data for assessing the concept of interest through thematic mapping (categorization approach) ^{17,18,19}.

In a nutshell, thematic mapping was used in developing central themes that tally with the research objectives earlier identified. Computer Assisted Qualitative Data Analysis Software (CADAS) was used to complete the analysis, due to the influence of large number of data that needed to be transcribed alongside text based answers ^{20,21}. Thorough reading of data was done to

enhance proper transcription and exhaustive content understanding. Rich text analysis was used to categorize the section of text in a logical manner. The central themes were revealed at this point and guided through research objectives. Comparison was done regularly to unravel interconnection between concept and data through inductive categorization^{22,23}. The choice of inductive approach was to determine the pattern of categorization in the presence of observation and conclusion and also to test the kind of relationship that exist between the nature of medical tourism and travel ban. The final conclusion and results with respect to issues and themes were deducted through triangulation within the frame work of academic literature²⁴.

3.5.2 Secondary Data Collection and Analysis

Some of the bibliometric analysis was used in the collection of secondary data involve Goggle scholar, Scopus data among others. The choice of data base was used to determine the influence of Covid -19 pandemic on medical tourism.

3.6 Data Validity and Reliability

Research validity were provided for this study though triangulation method. In a mean to improve the data validity and reliability two themes that were related to the study were explained. The first theme was explore through the triangulation strategy which made data comparison of data from literature and data collected against the participants interview so as to create vivid interview on the impact of Covid 19 pandemic on the medical tourism. As of the second theme which relate to travel agencies perception of medical tourism on their business compared to collected data via the participants interview from bibliometric analysis that relate to Covid-19 and medical tourism.. Contradictory trends pertaining to the research theme were resolved via

Literature search on the potential impact of the Covid 19 Pandemic on Medical tourism in Oyo state, Nigeria.

3.7 Ethical Consideration

Harmful and dangerous information were not used from any organization and participant were treated with utmost confidentiality. Individual autonomy and voluntary participation of the participants were sought from the participants. In order to avert academic fraud, plagiarism, result communication is imperative for ethical consideration. The literature review provided the imperative for research expansion process.

3.8 The Study Area

Ibadan is the capital and most populous city of Oyo State, in Nigeria. It is the third-largest city in Nigeria after Lagos and Kano, with a total population of 3,649,000 as of 2021, and over 6 million people within its metropolitan area. It is the country's largest city by geographical area. At the time of Nigeria's independence in 1960, Ibadan was the largest and most populous city in the country, and the second most populous in Africa behind Cairo^{25, 26, 27}.

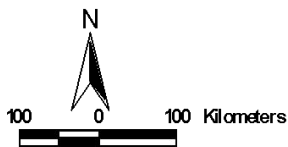
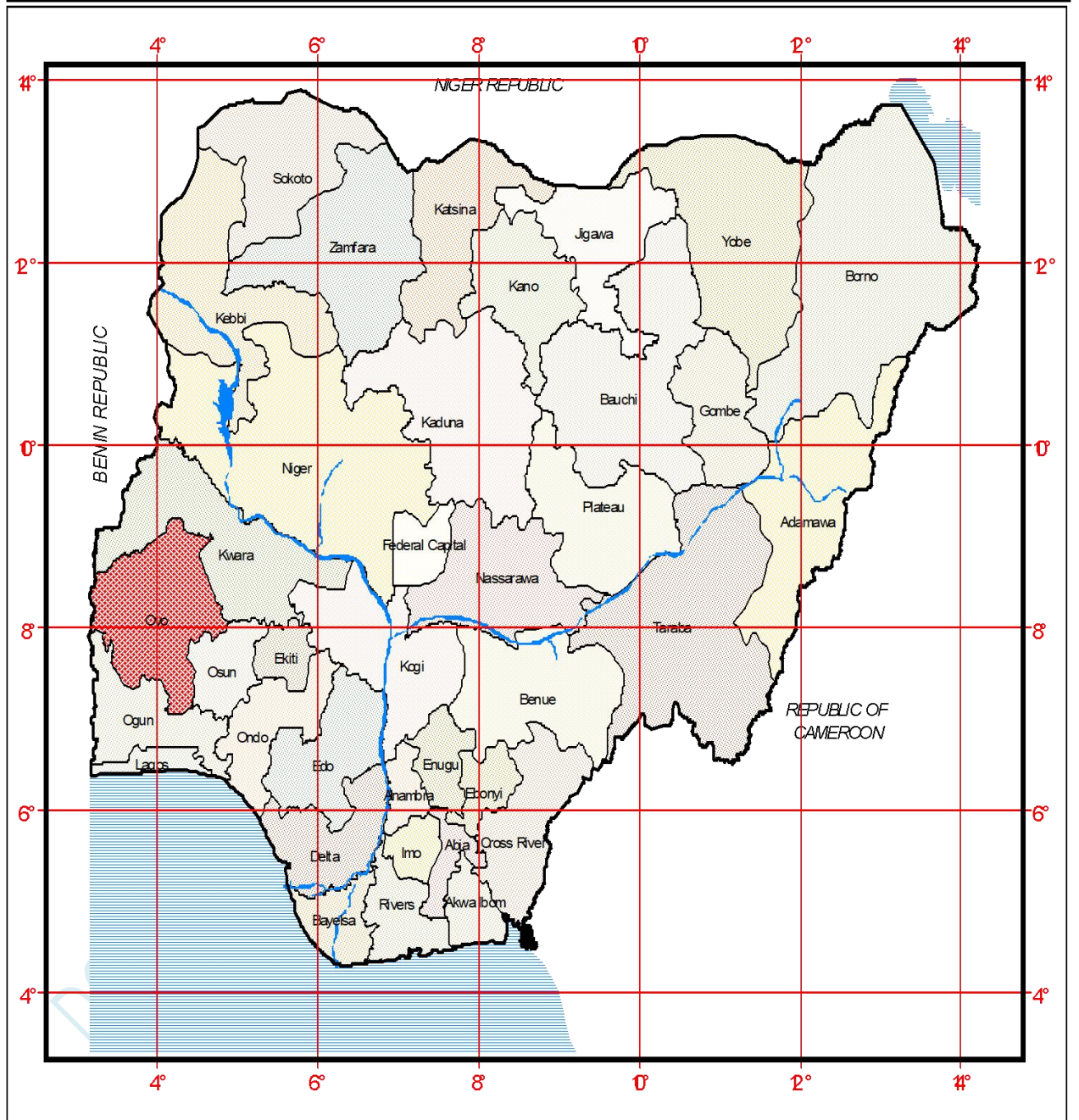
Ibadan is located in south-western Nigeria, 128 kilometres (80 mi) inland northeast of Lagos and 530 kilometres (330 mi) southwest of Abuja, the federal capital. It is a prominent transit point between the coastal region and areas in the hinterland of the country. Ibadan had been the administrative centre of the old Western Region since the early days of British colonial rule, and parts of the city's ancient protective walls still stand to this day. The principal inhabitants of the

city are the Yoruba people, as well as various communities (notably Igbo, Hausa, and Efik) from other parts of the country^{28, 29, 30}.

There are eleven (11) Local Governments in Ibadan Metropolitan area consisting of five urban local governments in the city and six semi-urban local governments in the less city. Figure 1. Shows the location of Oyo state within the context of Nigeria, whereas Ibadan within the context of Oyo state is shown in figure 2. Also the selected hospital within the context of Ibadan, Oyo State is reflected in Figure 3.

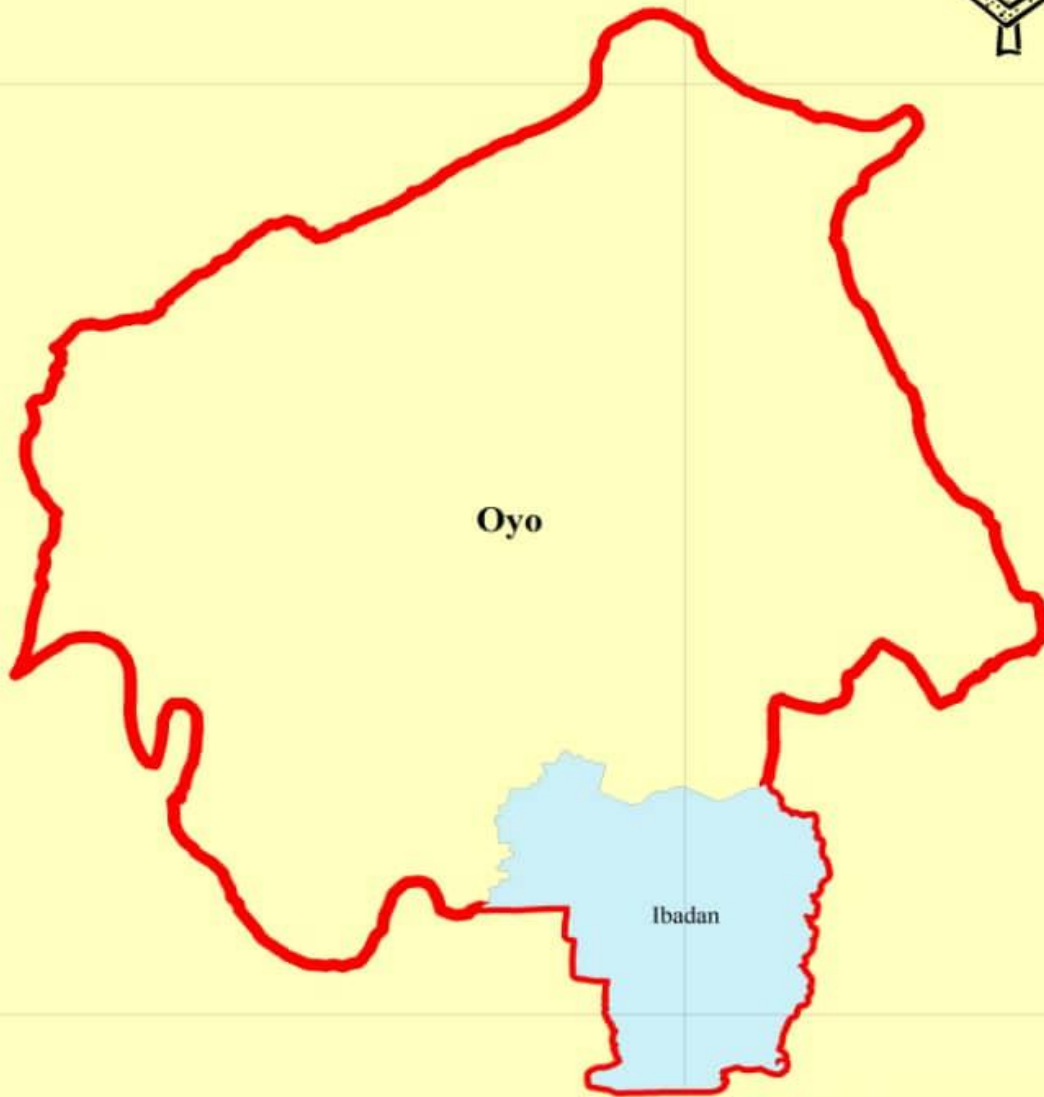
DO NOT COPY. LEAD CITY UNIVERSITY, NIGERIA

FIG. 1: OYO STATE IN THE NATIONAL SETTING





Source:
FEDERAL MINISTRY OF
LANDS AND SURVEYS,
ABUJA

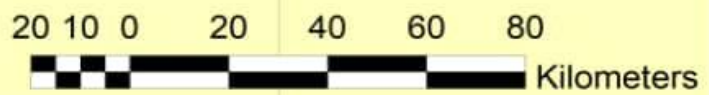
IBADAN REGION WITHIN OYO STATE



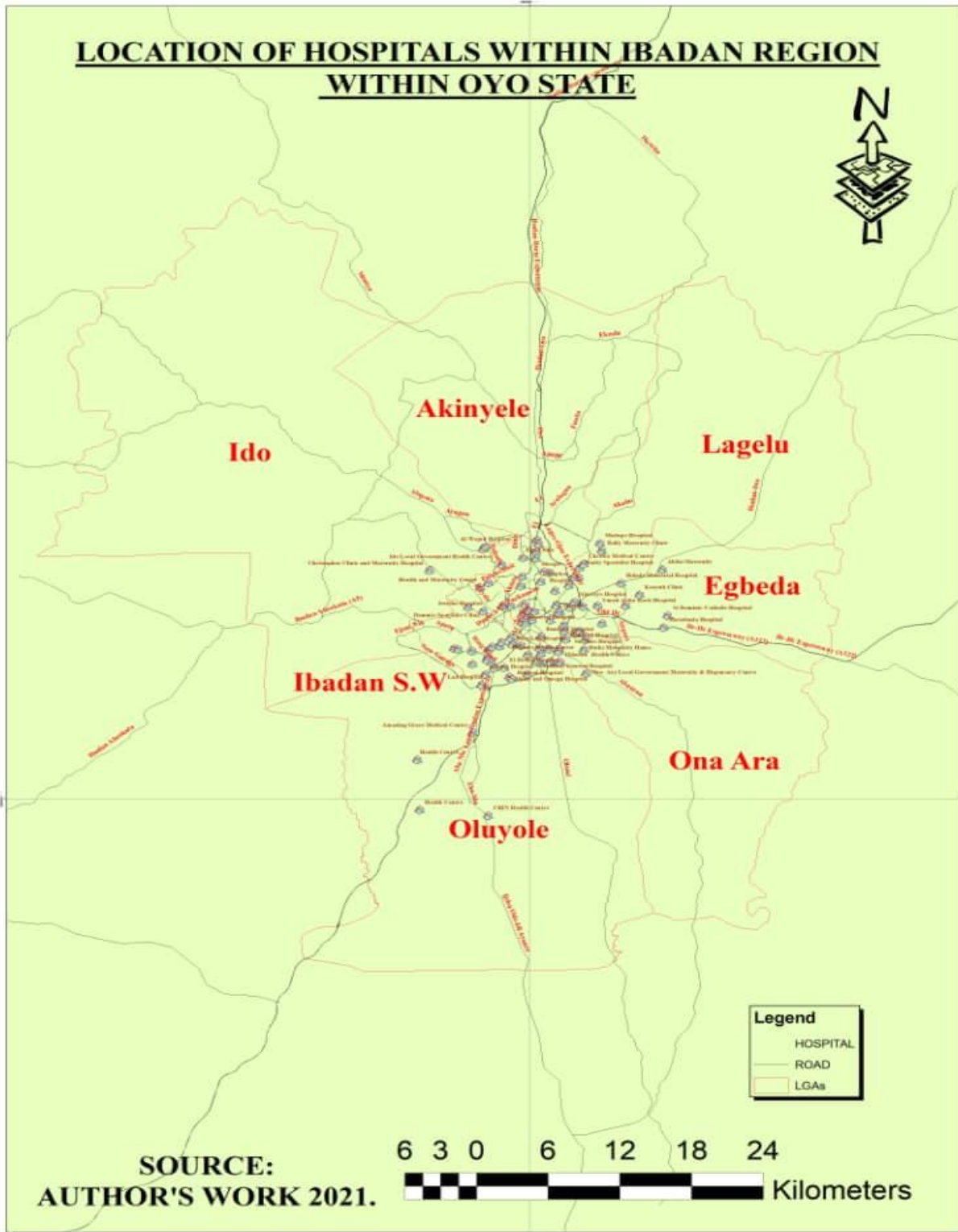
Legend

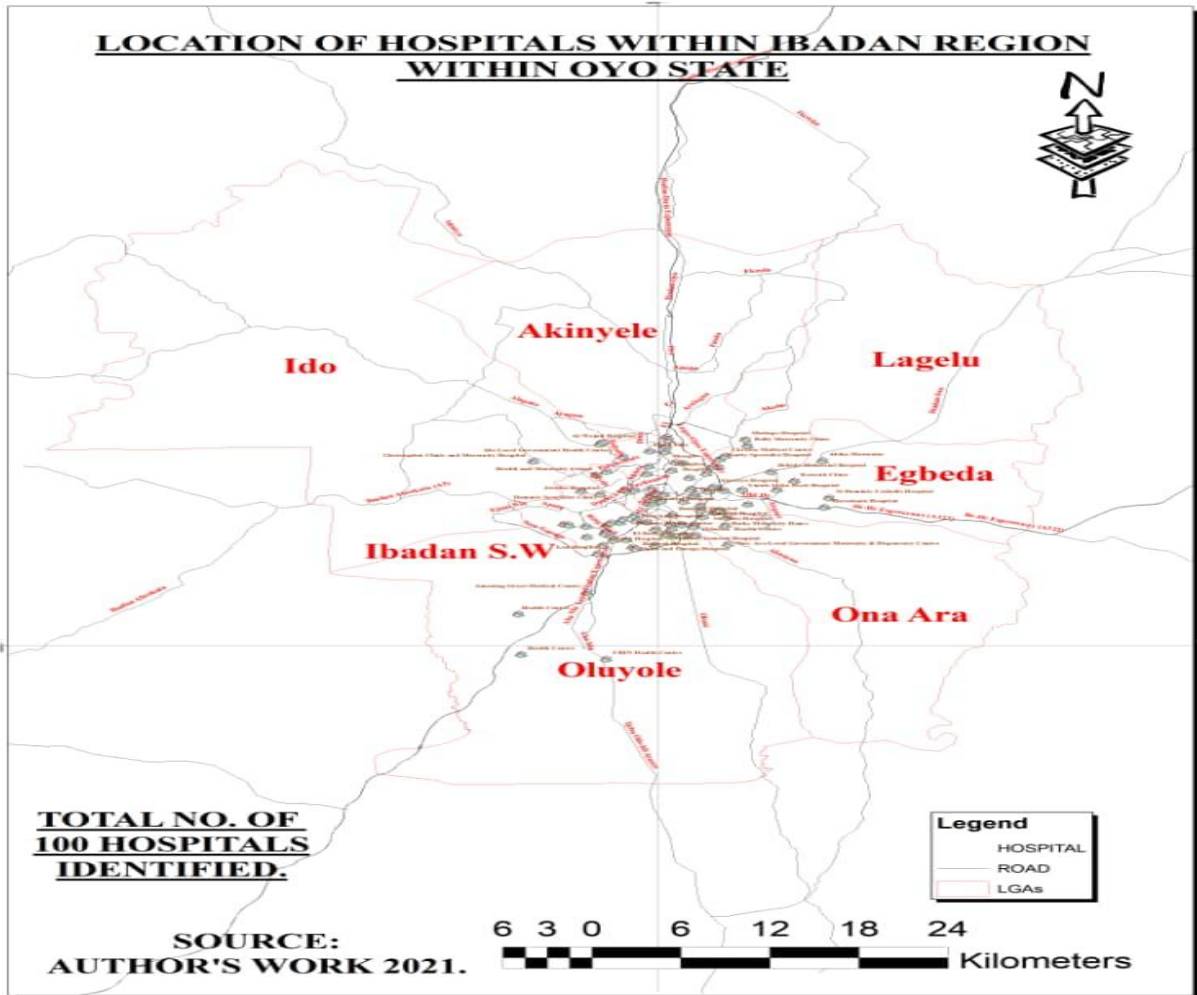
-  Administrative Ibadan District
-  OYO_STATE

SOURCE:
AUTHOR'S WORK 2021.



**LOCATION OF HOSPITALS WITHIN IBADAN REGION
WITHIN OYO STATE**





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Until 1970, Ibadan was the largest city in Sub-Saharan Africa by surface area ³¹. In 1952, it was estimated that the total area of the city was approximately 103.8 km² ³². However, only 36.2 km² was built up. This meant that the remaining 67 km² were devoted to non-urban uses, such as farmlands, river floodplains, forest reserves and water bodies. These “non-urban land uses” disappeared in the 1960s: an aerial photograph in 1973 revealed that the urban landscape had completely spread over about 100 km². The land area increased from 136 km² in 1981 to 210–240 km² in 1988-89 (Areola, 1994: 101). By the year 2000, it is estimated that Ibadan covered 400 km² ³³. The growth of the built-up area during the second half of the 20th century (from 40 km² in the 1950s to 250 km² in the 1990s) shows clearly that there has been an underestimate of the total growth of the city. In the 1980s, the Ibadan-Lagos expressway generated the greatest urban sprawl (east and north of the city), followed by the Eleiyele expressway (west of the city). Since then, Ibadan city has spread further into the neighbouring local government areas of Akinyele and Egbeda in particular ^{34,35,36,37}.

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CHAPTER FOUR

Results and Discussion of Findings

The analysis, interpretation and discussion of findings in the line with the study objectives are hereby provided in this chapter. A total of 30 respondents were sampled via structured questionnaires and used for analyses. The respondents consisted of the medical tourist, the medics, travel agencies, the state covid 19 task force and the officials of Nigerian Centre for Disease Control.

4.1.1 Medical Tourist

The results of the analysis of the medic tourist in term of age showed that majority of the respondents were between 51-60 years of age while few of them were above 60 years of age. The results indicate that older people are more prone to one health challenges or the other compare with the younger age. As far as the underline ailment that leads to medic tourist is concerned, most of these were down with stroke, some of them were down with diabetes and few of them were down with sickle cell, spinal cord problem, burns, eyes defect and heart problem respectively.

Majority of the respondents were on medical tourism once a while. This implies that the ailment is not the chronic one. Substantial number of the respondents was on medical tourism based on recommendation to some countries like United Kingdom, USSR were the major places of medical tourism by the respondents. Other places of medical tourism by the respondents were United State, France, Germany, Cuban, Indian and South Africa.

The results of the analysis indicated that all the respondent were satisfied with the treatment they received and also that covid pandemic had effect on their health and overseas medical services. On the lesson learnt during the period of covid, majority of the respondents were of the opinion

that the pandemic had exposed the lack of medical facilities and specialist in Nigeria health sector. Some of respondents also affirmed that the covid period had shown that there was poor medical services and some of them affirmed that poor level of medical facilities in the country.

4.1.2 Medics

The results of the analysis of the medics showed that majority of the respondents were medical doctors ranging from optician, surgeon, ortopedician, and physiotherapist respectively. All the respondents had the understanding that medical tourism implies accessing health care outside the country and those majorities were on medical tourism as a result of ailment of different kind. Majority of the respondents were of the view that Nigeria state of health was poor. All the respondents were operated specialty clinic. Most of them made provision for isolation centre and washing of hands as part of their facilities plans for covid outbreak. Low patronage was indicated by most of the respondents as one of the way the covid had affected their practice. Some of the respondents needed free cancelation, expand marketing and expand patient communications as different techniques needed to build their practice for post COVID I9. Also, most of the respondents need support in the area of new marketing tools, training on how to deal with new reality and data based analytical research as support from the industry during the pandemic crisis. Improved health care facilities were recommended by most of the respondents as implication of travel ban on medical tourism given the fact that we may live with COVIDI9 for some time globally.

4.1.3 Travel Agent Response

The results of the analysis of travel agents showed that their establishment had been in existence between the years 2005-2012. Some of the travel agent had 11, 7 and 2 records of medical tourist in the record book since the establishment of their offices. Half of the respondents had low and no patronage during the covid 19 period respectively and they were being patronized majorly by business men and women. Most of the respondents experienced no patronage at all during the period of the covid 19.

4.1.4 State Covid Task Force Responses

The results of the analysis of state covid 19 task force showed that there was low level of respondent to covid 19 test. Only two consultative centres were available which Oyo state secretariat and Olodo infection centre are. There were involvements of professionals in the handling of the pandemic and also collaboration with NCDC in talking the pandemic respectively. The medical tourists were the most affected by the pandemic. The pandemic paralyzed the health system of the country completely.

4.1.5 NCDC Responses

The results of the analysis of state NCDC showed that two centre were available which are UCH and Oyo state secretariat covid 19 testing centre. There were low level of awareness within the state. Phone calling, contact tracing and use of NCDC staff were the major methods used in contacting/tracing of infected people in the state respectively. There was low patronage of the testing centre in the study area. Government officials, travelers and government staff/politician

were the major categories of people that patronize the testing centre. The medical tourist were advice to patronize local medical facilities in the treatment of their ailment while government should Improve health care facilities and invest more in the health care infrastructure.

4.2 Research Question One

What are the categories and the social economic characteristics of people that are impacted on medical tourism during Covid19?

On the premise of the fact that traveling outside Nigeria for medical attention requires money in millions of naira due to cost of visa processing, documentation and ticketing it is not of poor man affairs not only documentation fee after documentation the cost of surgery or medical fees, accommodation, feeding during and other fees had made it imperatives for it to be a rich man affairs.

Shedding more light on the issue an IDI respondent, said

“Any individual or persons that intend to embark on medical tourism either during Covid19 or precovid19 period or after covid19 period, such a person or individual must be of high social economic class, medium or a little bit above medium class people in the society the cost of travelling and documenting as well as medical cost and other ancillary cost that associated with the travelling while outside the country.

(IDI/Male/Private Medical Personal/ 51years/Medics/Ibadan/Oyo State/2021)

Another interviewee described the categories of those that do pursue medical tourism looking at it from medical personal view point especially those medics working in the public sector perspectives.

An interview from the University College Hospital (UCH) added that:

“The categories of people in Nigeria that do embark on medical tourism are the rich, noble rich, young Nigeria who had money the federal civil servant like the director, permanent secretary because of the extra codes.

(IDI/Male/Public Sector Medical Personal/ 57years/Medical Consultant /Ibadan Oyo State/2021)

In other to corroborate the above assertion the travel agent side of the story classified those categories of people that do seek medical tourism as principally politicians as another interviewee said

“Majority of people who come to us for medical tourism are mostly politicians, the commissioners, senior special advisers, assistance the governor aid, the politician appointee, the family members, government functionaries and contractor to the government among others.

(IDI / Female /Desk officer / 35years / Travel agencies / Ibadan, Oyo state /2021).

4.2.2 Research Question Two

How are each of these group/categories impacted?

With respect the perception of each of the categories of people had among the lockdown period,

An interviewee had this to say

“travel restriction outside Nigeria for any tourism among covid19 pandemic do favor our business as it increase the rate of turnover of patient into our hospital unlike prior to the period of covid19 pandemic most of those who travel for medical tourism do now patronize us because of the lock down”.

(IDI/Male/ Medical Personal in Private Sector / 51years/Medical Consultant /Ibadan Oyo State/2021)

But the response from the medical personal from the government owned hospital is a little bit more encomplusatory as he had this to say.

“during the period of covid19 pandemic most of our politicians and their accolade that do embark on medical tourism, had eschewed travelling abroad for medical attention thereby coming to us in the government hospital to receive treatment and the money that ought to have been pumped into another countries economy are now pumping into Nigeria economy thereby improve national and gross domestic product which ultimately lead to improve in our health sector by making our hospital to receive utmost attention.

(IDI/male/ medical personal on public sector / 56years/medical consultant /Ibadan Oyo state/2021)

But the view from the travel agencies is a little bit almost opposite the view of the medical personal in both government and private sectors as they said that the travel bans during the pandemic affected their business negatively.

Corroborating the above stated point an IDI respondent said.

“The travelling ban and lock down during the covid19 pandemic era had not favor our business at all, since people do no longer travel we do not sell ticket, we do not sell ticket we do not process visa for people we do not involve in any travelling documentation for the period under review. In fact, we hereby retrenched some of our workers and few of them were placed on half salaries arrangement because we do not have money to pay as a result of failure inability to see client/ customer orchestrated by covid19 pandemic.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

4.2.3 Research Question Three

What are the responses of each of the different categories?

The response of each of the different categories varies and differs from the medical to travel agents and others.

From the medical practitioners point of view, they have this to say;

“We the medics and paramedics are highly satisfied with the period of travel ban during covid19, because the period exposes most of the ills and challenges in our health sector in which both the government and the non-governmental organization do come to rescue our health institution through provision of equipment and medical facilities that will ease any health issue”

(IDI/Male/Public Sector Medical Personal/ 57years/Medical Consultant /Ibadan Oyo State/2021)

Although all the private hospital in Nigeria had been barred from attending to the treatment of covid19 related issue during the pandemic, however other ailment and surgery that people use to go for outside Nigeria are now being done by us in the private hospital which made us to receive most of these medical tourist and treat them here in Nigeria.

(IDI/Male/Private Medical Personnel/ 51years/Medics/Ibadan/Oyo State/2021)

“To be candid the period of covid19 pandemic we the travelling agencies were not satisfied with the issue and condition of our operation, because we were at lost during the pandemic and our business is nearly crumble because we do not make any sales or documentation for traveling during the period of covid19 pandemic and lockdown”.

(IDI / Female /Desk officer / 35years / Travel agencies / Ibadan, Oyo state /2021).

4.2.4 Research Question Four

What are the lesson for medical tourism industries, healthcare system and other related businesses?

As per Lessons Learnt for medical tourism, health care system and other businesses. We in the medical profession had learnt so many lessons such as; Poor level of medical facilities in the country; Lack of medical facilities, equipment and specialist in most of our hospitals which paralysed the health care system in Nigeria to the extent that led to many Nigerian who valued their life to be patronizing health care delivery outside Nigeria

(IDI/Male/Public Sector Medical Personal/ 57years/Medical Consultant /Ibadan Oyo State/2021)

With respect to the situation of Covid 19 that ravage the whole world had affected the different country of which Nigeria is part of, the Covid 19 issue had affected virtually the whole business in African countries and other part of the world. We in the tourist and travel agencies are being baffled with palava of which the travel banned hit most on us and our livelihood. We experience Poor and low turnout for travelling and other business services, Low tourist turn out, No patronage at all which down on us to embrace Training on how to deal with the new reality and data based analytical research, Free online consultation, free cancelation and expand communication so as to prepare for any unforeseen contingencies that may affect our business in the nearest future.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

4.2.5 Impact of Covid 19 Pandemic on Medical Tourism in Africa and around the World

This section of the thesis examine the response of the travel agencies pertaining the Impact of Covid 19 Pandemic on Medical Tourism in Africa and around the World in which the medical personnel observed that;

Prior to the advent of Corona virus pandemic, medical tourism has been the usual practice in African countries especially in Nigeria and Kenya, where the two countries lack the qualified human resources to man the health care need of their people, not only that, there are paucity of fund, good government, standard framework, health research that addresses the health care need of its citizenry.

The poor and weak health care framework and system of Nigeria and Kenya country had been exposed through the advent of corona-virus pandemic. The prior to the advent of covid-19 pandemic had exposed the limited medical personnel and equipment to curtail the advent of covid-19 outbreak when it occur in year 2020, that eventually led to the loss of lives in the two countries.

(IDI/Male/Public Sector Medical Personal/ 57years/Medical Consultant /Ibadan Oyo State/2021)

The medical personnel went further by saying that

The reason necessitating the poor health care delivery in the two countries Kenya and Nigeria had advanced for the preponderance of medical tourism which is being orchestrated by the high income earners in the Kenya and Nigeria.

The medical tourism in Kenya and Nigeria is orchestrated by varying factors such as people's lack of confidence in their national health system, high use fees, poor surveillance, poor treatment, absence of integrated system for disease prevention and response, shortage of drug supplies (essential).

As a medical personnel of more than twenty (20) years professional experience, I can say that if all the varying healthcare system of the two countries are being revitalized, re-engineered and improved, the medical tourism in the two countries will be minimized. On the basis of the fact that covid-19 pandemic had either badly/completely damaged or negatively had effect on tourism experience, we in the tourism and travel companies were of the opinion that restriction made during the covid-19 pandemic is anti-tourism spirit which negate people from going on vacation as a result of virus.

What I am saying is that people during the epidemics were prevented from holiday, and other forms of inter-travel.

I still have the opinion that demand for events that had collective participation like festivals, fairs and congresses do decrease during the covid-19 pandemic, but after the covid-19 pandemic and in the nearest future, there would be higher increase in demand for online activities and sustainable tourism as well as future based tourism. Also the trend of tourist to vacation would soon increase after the pandemic especially for the medical tourism.

(IDI/Male/Public Sector Medical Personal/ 57years/Medical Consultant /Ibadan Oyo State/2021)

After the world war II, infectious diseases had been a worldwide phenomenon, but with the introduction of vaccine the issue of infectious disease is no longer a threat or problem, but in the last decade, pandemic of infectious diseases had been a palava in the worldwide.

Some of the medical personnel in the private sector equally corroborated the opinion of their counterpart in the public sector by saying that;

Translational mobility, high population density, and urbanization has been responsible for the speedy spread of infectious disease. SARs had been the commonest infectious disease in the 21st century which had resulted into 8,098 recorded cases in 26 countries with 74 death recorded as it began in year 2002 and ended in July 2003 in China. In year 2009, the swine flu occurred and MERS occurred in year 2015 in the Middle East. The overall result from the World Health Organization revealed that in 27 countries including Middle East and Europe as at October 31 2019, the report further stated that 98% of the total infected patients were from United Arab Emirates, Saudi Arabia and Middle East. The deployment of personal hygiene had reduced the spread of all these infectious disease. The spread of covid-19 pandemic around the world had been a common phenomenon around the globe which occurred in year 2020 had been unpredictable and also out of control which changed the entire ways of living of people in the world.

(IDI/Male/Private Medical Personnel/ 51years/Medics/Ibadan/Oyo State/2021)

The medical personnel further informed that

This pandemic affects every individual both rich and poor, young and old but bit harder on those with an underline health challenges like blood pressure, blood sugar, diabetes, asthma etc. The spread of the infectious is keeping on increasing day in day out to the extent that many people in the world are now living in fear that they can be infected at any time by this dreadful covid-19 virus. Although there are some curtailment measure that had been put in place by different health authorities in different countries such as the use of nose mask, washing of hand and face, the use of sanitizer, cleanliness of the environment, personal hygiene among others are the protective measure that is being adhered to at the micro/individual level. However, at the macro level, the government of various countries through their health agencies had ban inter-travelling movement, banning of social gathering, the use of social distancing , closure of nation boarder and prohibition of market lock-down, restriction of people from moving from their house to another destination except in a case that is highly necessary and urgent which require necessity. If these measures are strictly adhered to the spread of the contract of covid-19 pandemic would sooner than we expect be a thing of the past.

(IDI/Male/Private Medical Personnel/ 51years/Medics/Ibadan/Oyo State/2021)

The medical personnel further informed that

The advent of corona-virus epidemic had raised an eyebrow on the opportunity for various countries around the world to recognize that the medical issue or crisis orchestrated by this pandemic is a task need to be solved via transitional cooperation and it is imperative to institute and establish a virile frame for global health security. This shows that the outbreak of the powerful corona virus is a public health emergency that needs international relation. This situation in which covid-19 infectious disease affected the tourism and travel industry in Nigeria is worrisome and the manner in which the African government designed the revitalization plan to address such is also worrisome and frustrating. In medical tourism sector, revitalization design plan during and after the covid-19 is far more difficult to come by the nature of the sector which is involved, vulnerable situation customers aside trust and safety which is necessary prelude and prerequisites to medical tourism. During the pandemic/epidemic, there is a shortage of trust levels and safety for most travellers around the world.

(IDI/Male/Private Medical Personnel/ 51years/Medics/Ibadan/Oyo State/2021)

The medical personnel went further by saying that

The infectious diseases of covid-19 pandemic had affected the tourism industry in Nigeria and most countries of the world as the travel ban, lock of border,

closure of border, banning of local and international air travel and other travel restriction had gone a very long way in affecting medical tourism as many of those on appointment were denied movement which led to the death of those patients who ought to have travelled outside their countries for medical tourism. This is one of the problems associated with the covid-19 pandemic on the people of the world.

(IDI/Male/Private Medical Personnel/ 51years/Medics/Ibadan/Oyo State/2021)

The other medical personnel interviewed corroborated this assertion by proffering some way out

In order to provide for recovery plan for the medical tourism sector in Nigeria and other developing countries, as for the period of covid-19 pandemic, there had been stagnation in medical tourism industry. I am now advocating for policies that create unpredictable infectious diseases should be added to the measure in preexisting manner in the actualization of medical tourism industry; some of the measures are; there are need for quarantine system along with the non-face-to-face medical service are recommended for medical tourism industry in the future. Firstly, I would recommend for the establishment of a government-centred collaborative system that would be responsible for delivery of countermeasures to local health centres and different hospitals in a form of top-down manner. Also, there is need to ensure a deep transparency in the communication with citizens and embrace cooperation at the national level. There is also

need to systemize the non-face-to-face medical service, provision of extensive anti-body tests, the movement of infected person into quarantine centre.

(IDI/Male/Public Sector Medical Personal/ 57years/Medical Consultant /Ibadan Oyo State/2021)

The medical personnel further maintained that

There is also need to adopt the use of international quarantine certification which would maintain quarantine system of local governments and manage intuct areas. It is advised to promote the excellence of the k-quarantine model in order to manage the pandemic.

The pandemic and epidemic of covid-19 is still within and around the corner and it still have impact on the medical tourism and international tourism.

The international movement will be a deciding point in unraveling the tourism.

To know whether the country had successfully managed the pandemic or not.

(IDI/Male/Public Sector Medical Personal/ 57years/Medical Consultant /Ibadan Oyo State/2021)

The travel agencies opined that it is not only in Nigeria that the Covid 19 Pandemic had drastic effect on Medical Tourism but also in many part of Africa as well as around the World. One of

the travel agents even supplied statistics of the effect of the Covid 19 pandemic on the tourism sector.

To buttresses this point an interviewee said

The coronavirus has however exposed the weak healthcare system of Ghana, as both facilities and workforce in the health sector of the country remain scanty and cannot combat the demands of the virus leading to the death of high-profile individuals due to the absence of medical tourism. The reason for the poor healthcare system in Ghana could be attributed to medical tourism which is encouraged by the high class in the country. Medical tourism is driven by factors such as inadequate budgetary allocation to healthcare, limited workforce, poor and underequipped health facilities, shortage of essential drugs and supplies, inadequate access to health care, absence of an integrated system for disease response, prevention, surveillance, and treatment; high user fees and inadequate health care providers, and lack of confidence in the nation's health. Medical tourism in the country will be minimized and the healthcare system of Ghana There is also the need for revitalization if all aspect of healthcare is improved and maintained after COVID-19 pandemic.,

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

Many African countries, including Kenya, Tanzania and Togo, have placed travel restrictions on or completely shut their borders to both travellers who want to enter their countries and citizens who want to leave. These decisions affect many intending migrants (medical tourist) seeking a way to reach Europe. Health and socioeconomic uncertainties related to lockdowns, border closure, and in some cases travel restrictions directly affect the dynamics of decision-making by migrants.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

The situation in South Africa is also similar as supported by an interviewee who opined that

The people of South Africa perceived that irregular movements for medical tourism will probably increase in post Covid-19 times, as the medical tourist regard the pandemic only as a temporary setback as the decision to migrate to Europe remains unchanged. On the journey however, the medical tourist lived in difficult socioeconomic circumstances including personal and food insecurity, lack of shelter, and health challenges.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

Also the influence of Covid 19 pandemic on medical tourism around the world is also similar in relation to what is obtainable in Nigeria as shared by Chief Executive Officer of a travel agency;

“ the pandemic called Covid-19 had resulted in a major setback in the tourism activity around the different countries of the world. Include the Carribbean and latin America. The tourism arrival in the two countries at 100 percent between year 2016 and 2020 per annum but this growth rate had decreased to 1 percent in year 2020 and 2021. Even in mexico and sub-region, the tourist arrival was dropped by more than 50 percent in year 2020”. close to 100% in April In the Caribbean, the most specialized subregion in tourism, this activity had come to a standstill in April. Of the 20 most tourism-dependent small economies in the world, 13 are in the Caribbean. Tourism depends almost completely on visitors from the United States, Canada and Europe, which have been severely affected by the pandemic Moreover, most ports and airports have been closed to prevent the entry of visitors with COVID-19 either for health reason or otherwise. As a result, tourism arrivals have dropped to almost zero, and hotels and resorts have witnessed massive cancelations.

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

The interviewee further portrayed that

In Cuba, passenger arrivals fell 20%, 13% and 33% in January, February and March, respectively, and to almost zero in April. In the case of the Dominican Republic, the international board of travel and tourist centre projected the losses of tourism under three possible scenarios: high risk (with an expansion of the virus and new quarantine periods), base (where the economy reactivates within 90 days) and with reforms (where the economy reopens faster). Under the first scenario, tourism would experience a drop of 70%, whereas in the third scenario, losses would oscillate around 55%. Within the tourism sector in the Caribbean, the cruise industry has been hit particularly hard. From 2010 to 2018, this sector was growing by 7.8% per year on average. In 2019, the Caribbean welcomed 38% of the global total of cruise ship passengers and 34% of total cruise ship deployment. However, as the pandemic spread around the world, passenger numbers had dropped to almost zero by mid-March 2020

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

Many cruise ships had outbreaks at sea, with ECLAC – International Trade Series N° 157 The impact of the COVID-19 pandemic on the tourism sector some passengers and crew members dying on board or after disembarking from international trips. This situation made it difficult to find ports to dock after several countries rejected cruise ships suspected of carrying infected passengers, affecting the change of crew members and stranding some ships at sea for weeks. The US State Department has issued a no-sail order in US waters from March 14 until at least July 24, 2020 affecting all companies. As a

result, the companies had to cancel most voyages or sometimes sail empty ships, with employees facing pay cuts and layoffs. This scenario clearly portrayed that the Covid 19 pandemic had affected every facet of tourism sector be it health seekers, hospitalities, businesses and otherwise

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

The Covid-19 pandemic globalization and its associated economic impacts had man havoc across all the economies of the world into recession as well as possible economic depression. This had spated up the numbers of infected and death cases risen up in a sharp manner. Not only that there are likelihood of uncertainty pertaining to the recovery from the pandemic even in the developed countries of the world not to talk of the developing countries of the world where the health care system is poorly designed to combat any eventualities like pandemic and epidemics when they arise.

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

The covid-19 situation in African countries is very alarming and problematic to the extent that the covid-19 had disrupted the socio-economic impact opportunities,

response and policy of the people of different part of the world especially in Africa. The covid-19 pandemic had affected the global economy, travel business, medical business and all sphere of economy of the world which inadvertently spill over to other African countries economy via spill over and destabilize the whole African countries means of livelihood to the extent of virtually all businesses were grounded to halt.

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

In another response by the desk Officer of one of the travel agencies;

The crisis induced by the gigantic covid-19 pandemic in the world had been the worst episode since the period of world war II and the great American depression as a result of the fact that the two episode do take up to three years to reach to that of recession, whereas it take just three weeks to put the whole world into mighty crisis. The economic crisis of covid-19 do hit all households in both developed and developing nations of the world to the extent that livelihood pattern of the people were destroyed affected negatively i.e. many people were unable to eat balanced diet or either eat three square meal per day.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

The sudden outbreak of covid-19 pandemic had become

not only a continental phenomenon but a global phenomenon which had with bit and loss on lives of very individuals, government and businesses of the world to the extent that as at March 17th year 2020, the number of death rate was put at 3,400 with 100,000 confirmed cases. But as at April 24th, 2020, the number of death rate via covid-19 pandemic was suddenly raised to 192,166 death per person with 2.7million cases confirmed. This alarmistic rate of spread of covid-19 pandemic spread across the globe has pose a challenge to government of different countries and the World Health Organization. The ministry of health of different countries and the United Nation had been devising different means of tackling the further spread of the pandemic.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

The travel agents further informeded that

The covid-19 pandemic has generated and created shocks which had led to preponderance of economic global fluctuations which calls for an understanding of macroeconomic beahvioural variables. The covid-19 pandemic had affected aggregate demand and supply to

the extent that companies of the world and especially in African countries had been winding up and closing down production to the extent that supply of drugs, cosmetics and essential goods had been affected drastically whereas there is a mis-match between supply and demand for goods.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

She further informed that;

The covid-19 pandemic had even made many countries to down size labour and put some workers on half salaries pending the time that covid-19 pandemic will be over, this shows that covid-19 pandemic had a serious impact on the people, business, production and every facet of human life. Covid-19 pandemic had a severe and devastated impact on customers, employee and business in the tourism industry (hotel, hostel, bar, joint, tour operators and airline companies). This is so because the cessation of economy as a result of economic crises by the covid-19 which brought about psychological and sociological on the people cannot be soon forgotten quickly. Covid 19 pandemic caused uncertainties for series of activities to be held in hotel industry. During the pandemic, many of the hotels had experienced difficulties

as a result of information pollution with respect to the pandemic inexperience in the crisis management, lack of medical and technical equipment. This had propelled the government of different countries to embark on different measures such as closing of border gates, ban of international light, domestic travel restriction, restriction of public transportation which restrict the operation of travel and hotel business.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

According to the Chief executive of the travel agents, he corroborated the opinion of the officer of the other travel agencies by saying that;

The pandemic had affected virtually all the business not only the hotel business but also individual, institutions and businesses who are directly or indirectly affected with travel agencies like the medical tourist, travel agencies.

Left for me I have observed that tourist are still very cautious and prefer short-time vacations and travels which made use of private vehicles with the use of small scale attention to some of the measures put in place such as hygiene during holidays, cleanliness, certification, social distancing among others. Demand for tourism (medical tourism inclusive) do decrease during

the covid-19 era, this would led to high economic loss and employment problems.

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

He further informed that

During the covid-19 pandemic attraction and cultural centers in many countries had been closed down, sporting art and gathering events had been cancelled, bars, chefs, cafes, restaurants had been temporarily shut down. During this period, most of the tourist had made frantic effort to get back their payment for vacation reserve that had been previously paid for which had been cancelled via restrictions, ban attempt had led to unsatisfactorily situation and negative outcome on the part of travel agencies.

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

This shows that our business in the travel and tourism sector are the worst hit by the covid-19 pandemic which had multiplier effect on all facet of our business to the extent that some of our cotemporaries in the business had even opted out of the business. In order to create an alternative for the tourist most of them do participate in virtual entertainment such as visits, food organization, festival, events, parties

and other form of distal and virtual platform which made them to meet up their social need such as cultural interaction by discovering new learning point for people and event online. Covid-19 pandemic had also had effect on employee on the travel business issues like challenges and difficulty related to one's working life, uncertainties demoralization, well-being negative output, job anxiety, virus infection, fear of illness among the workers do have negative effect on the people.

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

In another vein, the representative of another travel agents had this to say

During the period of covid-19 pandemic, travel and tourism businesses had made different changes to their human resources plans such as reduction in the number of employee, non-paid leave for employee, non-recruiting of new employee, payment of half salaries or slicing of salaries into certain percent. Other modalities attempted by management of travel and tourism business is that making of employee in some department like counting, ticketing, reservation section to be working at home in the interest of health and to reduce the cost of operation, even this modalities was even employed after the pandemic. More importantly most travel and tourism operators had invested more in technological systems.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

She further opined that

The way am looking at the whole scenario, there will be digital transformation in travel and tourism business after the pandemic with respect to payment transaction, booking, ticketing among others. Even the hotelian too would be employing cloud based technology and robot technology in reception duties, carrying of luggage, cleaning of accommodation among others. In a nutshell covid-19 had caused socio-behavioural changes, economic and political changes. For example an evaluation of Turkish tourism as I know through our contact, the number of visitors to Turkey in the first quarter of 2020 was estimated to be 5,639,413 which was decreased to 15.1% compared to the first quarter of year 2019.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

She further added that

In the first quarter of year 2020, the revenue base of tourism also decreased by 11.4% (4.1 billion US dollar). This decrease in the number of people and revenue continue till third quarter. Tourism income and revenue decreased by 71.2% in the third quarter of year 2020 compared to the third quarter of year 2019. All forms of tourism expenditure decreased significantly

in the third quarter of year 2020 compared to the third quarter of year 2019. Health culture, education and sport expenditure do decrease by 82.6%, item services expenditures do decrease by 74.1% in the same third quarter of year 2020 compared to the same quarter of year 2019.

(IDI/Female/ desk officers from travel agencies / 35years/desk officers /Ibadan Oyo state/2021)

The chief executive of one of the travel agents interviewed had this to say;

During the pandemic, the reduction in the number of tourist due to international and national flight ban, closing of border gates, travel restriction had tremendous effects of travel and tourism in a negative manner. Covid-19 pandemic had resulted into huge fluctuations on the travel and tourism hospitality management, it even lead to decrease in booking, events, meetings and other forms of monetary engagement associated with travel patterns (medical and non-medical reason). The travel and tourism industry had been seriously hit and affected by the covid-19 pandemic as more of the measure do affect travelling, tourism, booking, hospitality and other forms of travel. Because of this issue, we in the travel business had resulted into making use of other means to augment the travel business in case of any eventualities like covid-19 pandemic.

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

The features of medical tourism in most developing nations like

Africa and East Asian countries which are low cost of medical treatment, long waiting time, high cost of medical treatment which is responsible for the preponderance of medical tourism. The situation in South Asia do focus on high-quality medical service in the area of cosmetic surgery and that of cancer, with respect to covid-19 pandemic around the world there is need for reviews of system of international medical care tourism because there is need to view infectious diseases relationship to personal medical care.

(IDI/Male/Chief Executive Officer of travel agencies / 59years/Chairman /Ibadan Oyo state/2021)

4.3 Discussion of Findings

The background information of the respondents of this study revealed that that majority of the respondents were between 51-60 years of age while few of them were above 60 years of age as a result of the fact that older people are more prone to one health challenges or the other. As far as the underline ailment that leads to medic tourist is concerned, about some of them were down

with stroke, some of them were down with diabetes and few of them were down with sickle cell, spinal cord problem, burns, eyes defect and heart problem respectively. Majority of the respondents were on medical tourism once a while for any form of ailment that is not chronic in nature. Majority of the respondents were on medical tourism based on recommendation to United Kingdom, and USSR as their major places of medical tourism by the respondents. Other places of medical tourism by the respondents were United State, France, Germany, Cuban, Indian and South Africa.

The results of the analysis indicated that all the respondent were satisfied with the treatment they received and also that Covid 19 pandemic had effect on their health and overseas medical services. On the lesson learnt during the period of covid, majority of these respondents were of the opinion that the pandemic had exposed the lack of medical facilities and specialist in Nigeria health sector. Some of them said the covid period had shown that there were poor medical services and few of them showed poor level of medical facilities in the country.

The research question 1 shows that the categories and socio-economic characteristics of people that do embark on medical tourism are person or individual which must be of high social economic class, medium or a little bit above medium class people in the society that can afford the cost of travelling and documenting as well as medical cost and other ancillary cost that associated with the travelling while outside the country. The findings of the study further revealed that the categories of people in Nigeria that do embark on medical tourism are the rich, noble rich, young Nigeria who had money, the federal civil servant like the director, permanent sectary because of the extra codes.

A scholar revealed that The outcome of that study confined with the work of another who opened that the socio economic profile those that embark on medical are those in the high social

economic profile the rich and super rich who can afford the cost of medical fare, travel expenses or those that had support from families or relatives or those that their companies can foot the medical bills outside. Also the author stated that government appointee, functionaries and the political elite and top ministry can foot the transportation bills and medical expenses are the categories of people that can afford such¹.

The research question 2 shows how each of these group/categories are impacted as the medical personnel informed that travel restriction outside Nigeria for any tourism among covid19 pandemic do favor their business as it increase the rate of turnover of patient into their hospital also during the period of covid19 pandemic most of the politicians and their accolade that do embark on medical tourism, had eschewed travelling abroad for medical attention thereby coming to both government and private hospital to receive treatment and the money that ought to have been pumped into another countries are now pumping into Nigeria economy

The result of the study from the perception of travel agencies further shows that the travelling ban and lock down during the covid19 pandemic era had not favor our business at all since people do no longer travel they do not sell ticket they do not process visa for people do not involve in any travelling documentation for the period under review. In fact they have to retrench some of their workers and put few of them on half salaries arrangement. This study corroborate the work of an author which Twenty two eligble studies of of which 6 reported on health systems preparedness, 19 described the impact of covid19 on access to general and essential health service and 7 focused or responses taken by the health care system were included which include high rate of patronage of National hospital due to travel ban ².

The outcome of this study is in line with author work who opined that; the covid19 epidemic diseases which emerged in Wuhan, China, brought the tourism movement in the world to a halt. Travel agencies are one of the tourism businesses most affected by this situation in the tourism sector, the result of the authors work being revealed that most of the agencies have stopped business and there have being changes in the agency tour program. It was also found founded that dealing with the covid19 crisis, the vast majorities went to reduce costs, and the majorities experience decrease of 81% to last year turnover³.

The research question 3 shows the response of each of the different categories varies and differs from the medical to travel agents and others. The medical personals informed that are highly satisfied with the period of travel ban during covid19, because the period exposes most of the ills and challenges in our health sector in which both the government and the non-governmental organization do come to rescue the health institution through provision of equipment and medical facilities that will ease any health issue

The study also unraveled that the travelling agencies were not satisfied with the issue and condition of our operation, because they were at lost during the pandemic and their business is nearly crumble because they do not make any sale or documentation for traveling during the period of covid-19 pandemic and lockdown. Regarding the response of each of the categories, the outcome of this research that stated the outcome of this research that the level of dissatisfaction of the trapped medical tourism, the travel medical tourist, the travel agencies and other business whereas the medical personnel were satisfied during the period as their hospital witnessed high level of patient. This result is in line with study of another author who agreed that the African hospital witness high level of patient patronage during the period of pandemic done to travel back “Also the virtually most business suffer large set back as their operation were shut

down and worker were retrenched among the period⁽⁴⁾. This medical tourist do not have way to travel outside Africa for medical reasons due to travel abroad⁵.

Research question four shows the various lessons learnt during the period of covid as identified by the respondents As per Lessons Learnt for medical tourism, health care system and other businesses. Those in the medical profession had learnt so many lessons such as; Poor level of medical facilities, in the country; Lack of medical facilities, equipment and specialist, in most of our hospitals which paralysed the health care system in Nigeria to the extent that led to many Nigerian who valued their life to be patronizing health care delivery outside Nigeria

Also the result of the findings affirmed that With respect to the situation of Covid 19 that ravage the whole world had affected the different country of which Nigeria is part of, the Covid 19 issue had affected virtually the whole business in African countries and other part of the world. We in the tourist and travel agencies are being baffled with palava of which the travel banned hit most on us and our livelihood. We experience Poor and low turnout for travelling and other business services, Low tourist turn out, No patronage at all which down on us to embrace Training on how to deal with the new reality and data based analytical research, Free online consultation, free cancelation and expand communication so as to prepare for any unforeseen contingencies that may affect our business in the nearest future.

The Lesson that can be learnt during the pandemic for business, the outcome of this research that spelt out that the medical personnel the trapped medical personnel medical tourist and travel agencies as well as others business had learnt different thing such as exposing the dilapidated notary of Nigeria health facilities as well as shortage of medical personnel among others. as of business the pandemic period had paralysis businesses⁶. This is in line with the work of another

author who concluded that African health center are not having the requisite medical equipment and personnel for severe health challenges of it's people⁷.

The lesson learnt by the Travel agencies are one of the tourism businesses most affected by this situation in the tourism sector, the result of the authors work being revealed that most of the agencies have stopped business and there have being changes in the agency tour program which clearly portrayed to the travel agencies to look in wards into other businesses to venture into as an appendage to prepare ahead of future health or other challenges which might necessitated imposition of travel ban or movement restriction as observed during the Covid 19 pandemic⁸.

Endnotes

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Chapter Five

Conclusion.

5.1 Summary of Findings

The background information of the respondents of this study revealed that that majority of the respondents were between 51-60 years of age while few of them were above 60 years of age as a result of the fact that older people are more prone to one health challenges or the other. As far as the underline ailment that leads to medic tourist is concerned, about some of them were down with stroke, some of them were down with diabetes and few of them were down with sickle cell, spinal cord problem, burns, eyes defect and heart problem respectively. Majority of the

respondents were on medical tourism once a while for any form of ailment that is not chronic in nature. Majority of the respondents were on medical tourism based on recommendation to United Kingdom, and USSR as their major places of medical tourism by the respondents. Other places of medical tourism by the respondents were United State, France, Germany, Cuban, Indian and South Africa.

The results of the analysis indicated that all the respondent were satisfied with the treatment they received and also that covid pandemic had effect on their health and overseas medical services. On the lesson learnt during the period of covid, majority of these respondents were of the opinion that the pandemic had exposed the lack of medical facilities and specialist in Nigeria health sector. Some of them said the covid period had shown that there were poor medical services and few of them showed poor level of medical facilities in the country.

The results of the analysis of travel agents showed that their establishment had been in existence between the years 2005-2012. (25.0%) of the travel agent had 11, 7 and 2 records of medical tourist in the record book since the establishment of their offices. Most of the respondents had low and no patronage during the covid 19 period respectively and they were being patronized most of business men and women. Majority of the respondents experienced no patronage at all during the period of the covid 19.

The results of the analysis of state covid 19 task force showed that there was low level of respondent to covid 19 test. There were involvements of professionals in the handling of the pandemic and also collaboration with NCDC in talking the pandemic respectively.

The results of the analysis of state NCDC showed that there was low level of awareness within the state. Phone calling, contact tracing and use of NCDC staff were the major methods used in

contacting/tracing of infected people in the state respectively. There was low patronage of the testing

The research question 1 shows that the categories and socio-economic characteristics of people that do embark on medical tourism are person or individual which must be of high social economic class, medium or a little bit above medium class people in the society that can afford the cost of travelling and documenting as well as medical cost and other ancillary cost that associated with the travelling while outside the country. The findings of the study further revealed that the categories of people in Nigeria that do embark on medical tourism are the rich, noble rich, young Nigeria who had money, the federal civil servant like the director, permanent secretary because of the extra codes.

The research question 2 shows how each of these group/categories are impacted as the medical personnel informed that travel restriction outside Nigeria for any tourism among covid19 pandemic do favor their business as it increase the rate of turnover of patient into their hospital also during the period of covid19 pandemic most of the politicians and their accolade that do embark on medical tourism, had eschewed travelling abroad for medical attention thereby coming to both government and private hospital to receive treatment and the money that ought to have been pumped into another countries are now pumping into Nigeria economy

The result of the study from the perception of travel agencies further shows that the travelling ban and lock down during the covid19 pandemic era had not favor our business at all since people do no longer travel they do not sell ticket they do not process visa for people do not

involve in any travelling documentation for the period under review. In fact they have to retrench some of their workers and put few of them on half salaries arrangement.

The research question 3 shows the response of each of the different categories varies and differs from the medical to travel agents and others. The medical personals informed that are highly satisfied with the period of travel ban during covid19, because the period exposes most of the ills and challenges in our health sector in which both the government and the non-governmental organization do come to rescue the health institution through provision of equipment and medical facilities that will ease any health issue

The study also unraveled that the travelling agencies were not satisfied with the issue and condition of our operation, because they were at lost during the pandemic and their business is nearly crumble because they do not make any sale or documentation for traveling during the period of covid19 pandemic and lockdown..

Research question four shows the various lessons learnt during the period of covid as identified by the respondents As per Lessons Learnt for medical tourism, health care system and other businesses. Those in the medical profession had learnt so many lessons such as; Poor level of medical facilities, in the country; Lack of medical facilities, equipment and specialist, in most of our hospitals which paralysed the health care system in Nigeria to the extent that led to many Nigerian who valued their life to be patronizing health care delivery outside Nigeria

Also the result of the findings affirmed that With respect to the situation of Covid 19 that ravage the whole world had affected the different country of which Nigeria is part of, the Covid 19 issue had affected virtually the whole business in African countries and other part of the world.

We in the tourist and travel agencies are being baffled with palava of which the travel banned hit

most on us and our livelihood. We experience Poor and low turnout for travelling and other business services, Low tourist turn out, No patronage at all which down on us to embrace Training on how to deal with the new reality and data based analytical research, Free online consultation, free cancelation and expand communication so as to prepare for any unforeseen contingencies that may affect our business in the nearest future.

The Lesson that can be learnt during the pandemic for business, the outcome of this research that spelt out that the medical personnel the trapped medical personnel medical tourist and travel agencies as well as others business had learnt different thing such as exposing the dilapidated notary of Nigeria health facilities as well as shortage of medical personnel among others. as of business the pandemic period had paralysis businesses⁽⁶⁾. This is in line with the work of another author who concluded that African health center are not having the requisite medical equipment and personnel for severe health challenges of it's people⁷.

The lesson learnt by the Travel agencies are one of the tourism businesses most affected by this situation in the tourism sector,

5.2 Conclusions

The COVID-19 pandemic has presented humankind with a tremendous challenge. With challenge comes stress and the need for reprieve. The findings indicate that medical tourist and travel agents are disproportionately impacted by the burden of the pandemic reducing their participation, changing their business settings, and reducing their income.

Those most directly impacted by the pandemic have also experienced the greatest impact on their ability to cope with the pandemic.

5.3 Recommendations

Based on the findings of this review, the following recommendations are made:

- i. Improvement on the nature of health care facilities in the country so that many medical tourist would not have course to travel
- ii. Individual medical tourist should first of all seek information within the country on some of what can be handled in Nigeria before embarking on International medical travelling
- iii. The Country as a whole as well as individual organization should embark on preparedness for curtailing any emergency that can happen at any time
- iv. Government should institute disease testing, isolation and treatment centre across the thirty six (36) state of the country including Abuja federal capital territory.
- v. Mobile laboratory and diagnostic centre for effective rapid response to cater for disease detection need to be established round the country.
- vi. Effective training of ethnical staff to cater for diseases and virus as well as strenthing of indigenous surveillance via the establishment of well-equipped treatment centre.
- vii. Development of control read map for the Covid-19 pandemic through stakeholder's engagement in vaccine development and research.
- viii. For better management and performance, there is need to optimize the Covid-19 electronic data management at the national level.

- ix. The health professional who are in the fore front of combating the scourage of Covid-19 should be subjected to training and retraining.
- x. In the establishment of Covid-19 laboratory protocol for diagnosis and treatment of the virus, such establishment must be in line with global health practices
- xi. Hygiene restriction, social distancing and guideline and protocol on joint basis to restrain medical tourism should be invoked to lesson the spread of the virus.
- xii. Promotion and cooperation among relevant stakeholder and tourism organization in transport, immigration and health service with the essence of proffering the peville. This can be done through information digitization, sex disaggregate plan on the people.
- xiii. There is need for the exchange of idea, good practices among regions and continue in the area of coordination, connectivity and relief efforts as well as tourism sector support measure and private sector initiative to respond to pandemic.
- xiv. There must also be a coordinated policies and program to increase the level of confidence among the level of confidence among the international and local travelers from centers to centers to develop clear guidelines and standard for healthier environment.
- xv. Government should implement the post Covid19 pandemic recovery plan that will safeguard the social well-being and public health. This will enhance
- xvi. Assessment of economic, social and environmental impacts of helping the tourism sector. So as to improve the tourism sector in the country by country.
- xvii. Regional integrations should be strengthened among government and other stakeholder so as to improve tourism resilience as well as promotion of sustainable and inclusive tourism aftermath effect of the pandemic

5.4 Contribution to Knowledge

The study dwelt into area of Covid 19 pandemic and medical tourism in Nigeria: Stories from travel agencies, medics and trapped tourist in Ibadan, Oyo State. Studies in literature have examined the contributory factors that influence medical tourism as well as the impact of the Covid 19 ban on trapped tourist, businesses and medics. Also lessons to be learnt by different individuals, agencies and organizations were drawn. The methodology and the instruments for the study was a benefit for the future researchers in the area of assessing up to date information on the preparedness for any unforeseen contingencies not only in the health sectors but all other sectors of economy. The study finding would propel policy makers and Health practitioners in the better administration of our health sectors in lieu of any health challenges if these recommendations are strictly adhered to.

5.5 Suggestions for Further Study

This study creates avenue for further researches. The following suggestions will guide further researchers in their work.

1. The study can be replicated using different other health challenges that can necessitate lockdown and would be used within the same State. Different States and other region could as well constitute the study area. Other moderating variables spatial variation of health facilities could also be explored.
2. Other non- health issue like education may also be assessed by upcoming researcher as it affect travelling outside Nigeria and their contributions to Gross Domestic Product (GDP) and Gross National Product (GNP) could be explored.
3. Beside it will be greatly beneficial to conduct a quasi – experiment study on the effect of medical tourism on Health sector of Nigeria development. In such, there will be

manipulation of some variables, it will be possible to control some variances in the study, while also providing valid explanations for systemic and other variance in such a study.

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APPENDIX 1: INTERVIEW GUIDE FOR THE TRAPPED MEDICAL TOURIST

LEAD CITY UNIVERSITY, IBADAN

RESEARCH TOPIC: COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN IBADAN

Dear Respondent,

I am a Masters student of the above named university. I am conducting a research on the topic **"COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN IBADAN"**.

I therefore request you to please supply the information being sought for as stated in the attached structured interview guide so as to assist the researcher to arrive at rational conclusion.

Your identity will not be revealed in any form so feel free to complete the questionnaire with objective and independent judgment.

Thanks for your cooperation.

ADESOPE P. O

Researcher.

a.Name: _____

b.Age: _____

c. What is the underline ailment you have that cause medical tourism? _____

d. How often do you go on medical tourism? Very often () Often () Once a while ()

e. What are your reason (s) for going on medical tourism? _____

f. Where do you received treatment during covid? _____

g. Do you satisfied with treatments received during covid 19 at another center because of covid 19 lockdown

YES (), NO ()

h. What are your reason(s) for embark on medical treatment? _____

i. What effect does covid 19 have on your health? _____

j. what effect does covid 19 have on your overseas medical services _____

k. What lessons have you learn during this period?

APPENDIX 11: INTERVIEW GUIDE FOR THE MEDICS

LEAD CITY UNIVERSITY, IBADAN

RESEARCH TOPIC: COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN IBADAN

Dear Respondent,

I am a Masters student of the above named university. I am conducting a research on the topic **"COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN IBADAN"**.

I therefore request you to please supply the information being sought for as stated in the attached structured interview guide so as to assist the researcher to arrive at rational conclusion.

Your identity will not be revealed in any form so feel free to complete the questionnaire with objective and independent judgment.

Thanks for your cooperation.

ADESOPE P. O

Researcher

MEDICS [Doctors or consultant]

1. a. Your Name and professional Designation:

b. What is your understanding about medical tourism and who are the main beneficiaries in Nigeria?
.....
.....

c. Identify major medical procedures/services that Nigerians go for in medical tourism and what do you think of such services in Nigeria.....

d. What are your views on the state of health care services in Nigeria?.....

2. What type of healthcare business do you operate and in what way do you participate in the medical tourism industry? E.g.

Pharmaceuticals

Specialty Clinic (e.g., Plastic Surgery, Dental, Fertility)

Wellness Center

Alternative and Complementary Medicine

Facilitator

Tour Operator

Travel Agency

Other (please specify)

3. Have you made plans at your facilities for the coronavirus outbreak? If yes, in what ways?

4. How has your practice been affected by the coronavirus? Please share your experiences and concerns?

5. Are you looking for more guidance and resources from others in the industry? If yes, please share your

experiences.....
.....

6. What different techniques are you using to build your practice for post COVID-19? [Check all that apply]

Price discounts

Price guarantee for a period

Free online consultation

Paid second opinions

Free cancelation

Expand marketing

Expand patient communications

Other (please specify)

7. What type of industry support would you need during this crisis? [Check all that apply]

Educational webinars and guides

New marketing tools

Technology to do remote consultation

Training on how to deal with new reality

Data based analytical research

Other (please specify)

8. What is the implications of travel bans on medical tourism given the fact that we may live with COVID-19 for some times

globally?.....

.....
.....

9. Do you know of any medical tourist who is impacted by the COVID-19 travel ban who may be willing to share his/her experiences? If yes, can you provide his contact for a rapid phone appraisal?

10. What are the POST COVID-19 realities for health care services in Nigeria?

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APPENDIX III: INTERVIEW GUIDE FOR THE GOVERNMENT AGENCIES

LEAD CITY UNIVERSITY, IBADAN

RESEARCH TOPIC: COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN IBADAN

Dear Respondent,

I am a Masters student of the above named university. I am conducting a research on the topic **"COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN IBADAN"**.

I therefore request you to please supply the information being sought for as stated in the attached structured interview guide so as to assist the researcher to arrive at rational conclusion.

Your identity will not be revealed in any form so feel free to complete the questionnaire with objective and independent judgment.

Thanks for your cooperation.

ADESOPE P. O

Researcher

NCDC: - NATIONAL CENTER FOR DECEASE CONTROL STATE BRANCH.

a. Location and other branch within the state _____

b. How many test center are available within the state?

c. What is the level of awareness within the state? High (), Low ()

d. Please state the method used in contacting tracing of infected people.

e. What is the level of patronage of the test centre? High (), Low ()

f. Categories of patronage.

g. Suggested effect of covid 19 on medical tourists.

h. Suggested advice to medical tourist.

i. Suggested advice to government.



DO NOT

**APPENDIX 1V: INTERVIEW GUIDE FOR THE STATE COVID 19 TASK FORCE [State
Ministry of health]**

LEAD CITY UNIVERSITY, IBADAN

**RESEARCH TOPIC: COVID-19 PANDEMIC AND MEDICAL TOURISM IN
NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED
TOURISTS IN IBADAN**

Dear Respondent,

I am a Masters student of the above named university. I am conducting a research on the topic
**"COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES
FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN
IBADAN".**

I therefore request you to please supply the information being sought for as stated in the attached
structured interview guide so as to assist the researcher to arrive at rational conclusion.

Your identity will not be revealed in any form so feel free to complete the questionnaire with
objective and independent judgment.

Thanks for your cooperation.

ADESOPE P. O

Researcher.

STATE COVID 19 TASK FORCE [State Ministry of health]

a. Please state the level of respondents to covid 19 test, treatment and vaccination. High (), Low ()

b. Available center and facilities provided.

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c. Do you involve professionals in handling the pandemic? Yes (), No ()

d . Do you collaborate with NCDC to tackle the pandemic? Yes (), No ()

e. Please state the effect the pandemic has on medical tourists.

f. What are the effect of the pandemic on health Care system of the state and country?

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APPENDIX V: INTERVIEW GUIDE FOR THE TRAVEL AGENCIES

LEAD CITY UNIVERSITY, IBADAN

RESEARCH TOPIC: COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN IBADAN

Dear Respondent,

I am a Masters student of the above named university. I am conducting a research on the topic **"COVID-19 PANDEMIC AND MEDICAL TOURISM IN NIGERIA: STORIES FROM TRAVEL AGENCIES, MEDICS AND TRAPPED TOURISTS IN IBADAN"**.

I therefore request you to please supply the information being sought for as stated in the attached structured interview guide so as to assist the researcher to arrive at rational conclusion.

Your identity will not be revealed in any form so feel free to complete the questionnaire with objective and independent judgment.

Thanks for your cooperation.

ADESOPE P. O

Researcher.

TRAVEL AGENCIES

1;a. How can I meet you by Name

b. Professional Designation:

.....

2. What is your understanding about different types of tourism that your agencies do normally engaged in?.....

.....

.....

.....

.....

3. What is your understanding of medical tourism and who are the main beneficiaries in Nigeria?.....

.....

.....

4.. Identify the major medical procedures/services that Nigerians go for in medical tourism and what do you think of such services in Nigeria.....

.....

.....

.....

.....

5. What is the travel rate prior to year 2020 from Nigeria to outside Nigeria?.....

.....

6. Which countries of the world do your Nigeria client do travel most for medical tourism?.....

.....

.....

7. What type of healthcare business do your customers do tell you they go outside Nigeria to do? E.g.

Pharmaceuticals

Specialty Clinic (e.g., Plastic Surgery, Dental, Fertility)

Wellness Center

Alternative and Complementary Medicine

Facilitator

Tour Operator

Travel Agency

Other (please specify)

8. Have you made plans at your office for the coronavirus outbreak? If yes, in what ways?

.....
.....

9. How has your practice been affected by the coronavirus? Please share your experiences and concerns?

10. Are you looking for more guidance and resources from others in the industry? If yes, please share your experiences.....

.....

11. What are the coping strategies or techniques that your companies do put in place during the COVID-19? [Check all that apply].....

Price discounts.....

Price guarantee for a period.....

Free online consultation.....

Paid second opinions

.....
.....
.....

15. What are the lessons your travel agencies learnt during the Covid -19 pandemic?.....

.....
.....
.....
.....
.....
.....
.....

16. What other business strategies can your business outfit learnt in making sure they are well prepared for any eventualities or emergencies that may occur along the line of their business?.....

.....
.....
.....

17. What are the pros and cons of Covid 19 your firm learnt for future undertaken?.....

.....
.....
.....
.....

18. What are the suggestion you want to proffer for curtailing the advance of any emergency, pandemic or epidemics in the

Country?.....
.....
.....
.....
.....,

19. Any further observation or suggestion.....

.....
.....
.....

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Researcher with Professor Omololu, Managing Director and a consultant of Bambi Special Hospital Bashorun Estate Ibadan.

LEAD CITY UNIVERSITY IBADAN, OYO STATE

STUDENT BIODATA

Name: ADESOPE PETER OLUFUNSO
Address: No 13 Maboreje Street, behind Union Bank Iwo road way Ibadan.
Tell: 07038099614
Email: adesopepeterolufunso@gmail.com

CAREER OBJECTIVES

A self-motivated and responsible individual aiming for management career. Aspiring to gain elevated in my choosing career that offers a genuine opportunity for progression. Aiming to employ commercial approach to work and versatile with communication skills.

To be Professional at all times and work well within a team. Strong technical skills, an excellent eye for details, ability to priorities workload and work on own initiatives and able to multi -task and committed to maintain a high standard.

PERSONAL DATA

Surname: Adesope
Other names: Peter Olufunso
Gender: Male
Date of Birth: 9th April 1977
Place of Birth: Iganna
Local Government Area: Iwajowa
State of Origin: Oyo
Religion: Christian
Nationality: Nigerian
Marital Status: Married
Postal Address: Nos 13 Maboreje Street Behinde Union Bank Iwo Road Ibadan or Oyo State
Housing Corporation Bodija Estate Ibadan.

Next of kin: Miss Adesope Peniel Anuoluwapo

Permanent Home Address: Agbaakin Oluajo Compound, Oke –Aafin ,Iganna. Iwajowa Local Government Oyo State.

ACADEMIC QUALIFICATION

Professional Diploma in Urban and Regional Planning (PDURP)

EDUCATIONAL INSTITUTIONS ATTENDED WITH DATES

The Polytechnic Ibadan Oyo state. 2003

PROFESSIONAL QUALIFICATIONS

Register Town Planner with Town planning Registration Council of Nigeria

Member Nigerian Institute of Town Planner

PERSONAL PROFILES

I am an innovative and enterprising **URBAN AND REGIONAL PLANNER** who appreciates career opportunity, enhance optimal development of potential ability and always interested in aptitudes beneficial to my personal goals and organization objectives.

WORK EXPERIENCE

Senior Town Planning Officer at Oyo State Housing Corporation Department of Estate, Town Planning and Survey

COMMUNITY DEVELOPMENT

Oyo State Vice Chairman of Nigerian Institute of Town Planner

RESPONSIBILITIES

Sectional Head for Town planning section of Oyo State Housing Corporation

Formulate Policies and administer development control exercises on Oyo State Housing Corporation estates

PAPER PRESENTATION/PUBLICATION

Housing Index in Ilero Town Kajola Local Government Area Oyo state Being My Dissertation Topic in 2003 At Urban and regional Planning Department The Polytechnic Ibadan.

CONFERENCE AND WORKSHOPS ATTENDED

Nigerian Institute of Town Planner Conference Since 2008 till date

Professional Practice Workshops and Seminars

Leadership training Workshop

Oyo State Housing Corporation Organized Training Workshop 2001

SELF-PRACTICAL PROJECT

Layout Design plan of Agbaakin land at Iganna and several OYSHC estates

Active Participation in Master plan Project, Development plan and Action Plan,

PAPER/PROJECT WORK SUPERVISED

Public Private Partnership Projects Initiated by Oyo State Government through Oyo State Housing Corporation.

Agbaakin Land layout Design Plan.

HOBBIES

Reading, Traveling, Sporting and Singing

LANGUAGE SPOKEN/KNOWLEDGE

Yoruba

English

Hausa

COMMUNITY SERVICE

Initiation of Oke Ogun Community Development Forum in 2018 with about six (6) different projects to her credit. E.g Production of Exercise Books for Primary School Student, Payment of NECO WAEC examination for Indigents students, procurement of marker billboards and organization of career talk and skill acquisition workshops for secondary school student.

REFEREES

Pastor Adedigba Aderogba

Director of Administration and Supply

Ministry of Energy and solid Minerals

Oyo State Secretariat Ibadan.

TEL: 08051389306, 08085080083

Tpl Samuel Olajire Adekunle

The General Manager

Oyo State Housing Corporation Bodija Estate.

Oyo State.

Tel: **08030666812, 08027653416**

Tpl Ademola Bashri Ajibola

The Permanent Secretary

Ministry Of Budget and Planning

Oyo State Secretariat, Ibadan

Tel: 08033192671

University Compliance Certification

This is to certify that this study is written by Peter Olufunso ADESOPE with Matric Number: LCU/PG/001445 under my supervision in the Department of Tourism and Hospitality Management, Faculty of Environmental design and Management, Lead City University Ibadan is in all full Compliance with the approved university format and style.

Name and signature

Date

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University Compliance Certification

This is to certify that this study is written by, Mariyamu Rita STEPHEN-AMAKO with the Matriculation Number Lcu/PG/001665 in the Department of Hospitality and Tourism, Faculty of Environmental design and Management, Lead City University Ibadan is in all full Compliance with the approved university format and style.

Name and signature

Date

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