

# An Overview of Barbados' Medical Tourism Industry



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## INTRODUCTION

Medical tourism occurs when patients travel internationally to obtain privately-funded medical care. Medical tourism is a global practice, with hospitals and clinics in a diverse array of destination countries vying to treat such international patients. Barbados is one of these destination countries. In this document we provide an overview of Barbados' nascent medical tourism industry. This overview has been generated based on information gleaned from media and policy sources, field notes taken during site visits to public and private health care facilities in the country, immersive observational research, and informal conversations with various observers and stakeholders in Barbados' medical tourism industry.

Our research group is interested in developing a better understanding of the health equity impacts of medical tourism on destination countries. In other words, we are interested in understanding if and how medical tourism is helpful and/or harmful to people living in destination countries and their health. Barbados is one of four countries that our work is focused on, which is why we have produced this profile. The medical tourism industries in Mexico, India, and Guatemala are also being examined. We are studying the medical tourism industries and their impacts in these countries as part of an international grant funded by the Canadian Institutes of Health Research. You can learn more about our research by visiting: [www.sfu.ca/medicaltourism/](http://www.sfu.ca/medicaltourism/).

In the sections that follow we offer some general information on Barbados and its health system before going into detail about key developments in its medical tourism industry. Complementing the main text, four Appendices provide additional detailed insights. Appendix 1 offers a synthesis of media coverage of medical tourism in Barbados' main newspapers in recent years. In Appendix 2 we share a summary of policy documents central to medical tourism in Barbados. In both of these Appendices we consider five health equity indicators most often discussed in the medical tourism literature: (1) impacts on health human resources; (2) government involvement in the industry; (3) foreign investment in the industry; (4) impacts on private health care; and (5) impacts on public health care. In Appendix 3 we provide a succinct summary of the key actors and facilities involved in medical tourism in Barbados. Finally, a map of medical tourism facilities in the country is provided in Appendix 4.

# 1. AN OVERVIEW OF BARBADOS

Barbados is an independent, democratic, English-speaking country in the Caribbean and is a member of The Commonwealth of Nations. In 2011, Barbados was designated a developed country by the United Nations, with a Human Development Index score of 0.793 that positioned the country at 47<sup>th</sup> of the 187 countries reviewed (United Nations Development Programme, 2011).

The most easterly island in the Caribbean, Barbados is small and densely populated, with an estimated 287,000 people inhabiting its 431 square kilometers (Central Intelligence Agency, 2012) and an annual population growth rate of 0.3% (U.S. Department of State, 2010). The capital city, Bridgetown, is located on the southwestern coast and houses the sole public general hospital, Queen Elizabeth Hospital. Barbados is very densely populated, with the majority of the population and infrastructure found on the island's south and west coasts. The northern and eastern regions are comparatively sparsely populated and have fewer industries and services than the core southern region (CIA, 2012).

Historically, settlers to Barbados farmed tobacco, cotton and sugar cane. The production of sugar in particular, since 1640, brought changes in both the socio-economic landscape and demographic makeup of the country (Barbados Government Information Service, 2009). These past demographic changes still inform the make-up of the country's population, wherein approximately 90% of residents are of African descent (U.S. Department of State, 2010). Barbados moved away from a reliance on agriculture and manufacturing as its primary industries in the 1960s, mobilizing development towards its nascent tourism and financial services industries that predominate today (Encyclopaedia Britannica, 2012).

Politically, Barbados is a multiparty democracy, divided into 11 parishes (Barbados Tourism Authority, 2011). Two political parties dominate the political workings of the country, the Democratic Labour Party and the Barbados Labour Party, and each has had recent opportunities to form the country's government over the past ten years (Encyclopaedia Britannica, 2012). A general election is held every four to five years (Encyclopaedia Britannica, 2012).

## 1.1 Economy

Barbados' Gross Domestic Product is approximately USD\$3,685 billion, with a growth rate of 0.5% (CIA, 2012; World Bank 2012). As of 2007, the average per capita income was USD\$7,350 (Central Bank of Barbados, 2007). In 2011, the unemployment rate was 10.2% (Barbados Statistical Service, 2012), an

increase of 1.4% from mid-2008 (Ministry of Finance, 2008). The country's primary economic sectors are: tourism, offshore finance, government, manufacturing, construction, mining, agriculture and fishing (Ministry of Finance, 2008).

Tourism is one of the primary forces behind economic and employment growth in Barbados, representing roughly 13% of the country's Gross Domestic Product and attracting expenditure of USD\$536 million in 2011 (World Travel & Tourism Council, 2012). The United Kingdom, the United States, Caribbean Community (CARICOM) countries, and Canada provide the greatest number of visitors to the country (Ministry of Tourism, 2006), with rates of visitors from these countries and regions still growing (Ministry of Finance, 2008). The greatest numbers of tourists to Barbados arrive for holiday, health, recreation or business reasons (Ministry of Tourism, 2006). In 2006, the tourism industry employed approximately 13,600 people, 63% of whom are women (Ministry of Tourism, 2006).

## 1.2 Health Equity Indicators

Measures of gender equity in Barbados are generally positive. Gender equality exists within primary and secondary levels of education, and more women than men are enrolled in post-secondary education (UN Economic and Social Council, 2007). An estimated half of all managers, professional and technical workers in the country are female (UN Economic and Social Council, 2007). However, equal pay for equal work has not been universally achieved, and female-headed households continue to battle poverty (UN Economic and Social Council, 2007). According to Social Watch's Gender Equity Index, which is measured across three dimensions (economic activity, empowerment, and education), Barbados ranks sixth out of the top ten countries in the world for having the best Gender Equity Index ratings (Social Watch, 2007). In comparison, Canada ranks 17<sup>th</sup> overall (Social Watch, 2007).

Access to education is an important determinant of health. As such, education levels are used by many international agencies to determine equity rates across a broad range of indicators. Barbados' public education system funds primary, secondary and tertiary schooling. Primary education includes nursery and junior schooling for students 3-11 years old. Secondary schools provide classes for 11-18 year old students, with mandatory attendance until age 16. Two additional schools provide education to students with particular special needs or with visual and hearing impairments. Three tertiary (post-secondary) institutions provide further academic and technical training— the University of the West Indies, the Barbados Community College and the Samuel Jackman Prescod Polytechnic. Ninety percent of women and 88% of men have completed at least a secondary school education in Barbados (UNDP 2011). The literacy rate in Barbados is nearly universal at 97% (Barbados Government Information Service, 2009).



Having access to employment is linked directly and indirectly to health. In Barbados, 66% of the adult population participates in the active labour force (BSS, 2012). Out of the active adult labour force, 65.3% of men and 54.7% of women were employed in 2011 (BSS, 2012). The three largest employment industries for Barbadians are the wholesale and retail trade industry (15.8% of employed persons), the accommodation and food services industries (10.7%), and the construction, mining and quarrying industries (12.4%) (BSS, 2012).

Health indicators in Barbados show that the population is generally healthy. Very recent estimates place life expectancy at birth as 77 years, and the infant mortality rate as 18 per 1000 live births, as compared with Canada's respective measures of 80 years and 5 per 1000 live births (World Bank, 2013a). In 2010, the maternal mortality ratio was 51 per 100,000 live births, compared with Canada's 12 per 100,000 live births (World Bank, 2013b). Under-5 mortality sits at 20 per 1000 live births compared with Canada's of 6 per 1000 live births (World Bank, 2013c). Barbados also reports high rates of immunizations for children (Pan-American Health Organization, 2008). For adults, heart disease and diabetes mellitus are leading causes of death (PAHO, 2008). 2009 estimates indicate that among Barbadian adults, HIV prevalence is at 1.4% and death due to HIV/AIDS is less than 100 per year (CIA, 2012). Chronic disease represents the greatest burden of disease in the country, and at 19.4% of adults 40 years of age and older, the prevalence of diabetes in the country is cause for concern (Adams & Carter, 2011).

## 2. UNDERSTANDING BARBADOS' HEALTH SYSTEM

In 1969 the Health Services Act was established in Barbados (PAHO, 2008). Since then, Barbados' Ministry of Health has been responsible for overseeing public health care. The Ministry of Health has responsibility for managing the delivery of health care, policy-making and the regulation of the health sector (PAHO, 2008). Barbados also has a strong and active public health care system. Money entering this public system is predominantly contributed through public taxation and some private financing through fee-for-service, health insurance, and other types of out-of-pocket expenditures (e.g., pooled insurance funds) (PAHO, 2008).

The health system in Barbados incorporates both public and private financing and provision of medical care. All citizens are guaranteed access to medically necessary services through public provision and payment across the primary-tertiary care spectrum, including public coverage of a core formulary of key pharmaceuticals for common chronic diseases (the "Drug Benefit Service") (PAHO, 2008). The public health care system has historically been the largest provider of care to Barbadians, representing roughly 65% of total health expenditure in the country and 15% of the national budget (PAHO, 2008). There has however been a notable expansion of privatized clinical laboratories, cardiac care clinics, and long-term residential care homes over the past decade (PAHO, 2008). Local health workers face no legislative restrictions on committing to work in either the public or private system to the exclusion of the other, and thus are free to spend their time working privately and/or publicly if their time and contractual commitments permit it.

Barbadians regularly seek care in both the private and public systems. Care in the private system is generally sought by middle and high income earners, many of whom have private health insurance (PAHO, 2008). Non-Barbadians are not permitted to access non-emergency medical care within the public system, and must rely on services in the private sector to meet the majority of their needs (Singh, 2011; The Daily Nation, 2011). While available to all Barbadians, public primary care is most commonly used by low and low-middle income individuals and families. Private primary care is greatly preferred by those with the financial means to access it as it is perceived to be quicker to access and of higher quality. Private secondary and tertiary care services are also regularly accessed by Barbadians seeking to avoid wait lists or desiring care perceived to be of a higher quality. However, private medical care in Barbados is limited in scope, not having the same full suite of specialty services as are found in the public system, especially with regard to multi-specialty surgical treatments and intensive care (PAHO, 2008). This serves to keep intensive surgical and emergency care services within the public health system at the

Queen Elizabeth Hospital, with more demanding cardiology procedures only just beginning to emerge in the private sector (PAHO, 2008; Carter, 2009).

## 2.1 Health Human Resources

Barbados has been successful in maintaining a ratio of 86 health workers per 10,000 residents, which exceeds the World Health Organization's recommendation of 25 per 10,000 (PAHO, 2011). The government of Barbados has undertaken initiatives to improve monitoring and evaluation of health human resources and access to primary care for its citizens (Government of Barbados, 2010; Government of Barbados 2012). Regionally, initiatives are being taken toward better integrating health care provision in the Eastern Caribbean (PAHO, 2005; PAHO, 2006). A road map for health human resource development in the Caribbean was recently developed by the Pan-American Health Organization (PAHO) with specific milestones for strengthening regional health workforce levels (PAHO, 2012). Particular areas of focus include the equitable distribution of health workers, increased workforce levels in primary care, more transparent recruitment of health workers, and improved regional collaboration in health worker training (PAHO, 2012).

Health human resource planning in Barbados has in part been shaped by responses to shortages in key areas. In 2005 Barbados had 18 physicians per 10,000 people, which is comparable with Canada's current ratio of 20 per 10,000 (WHO, 2012). However, severe specialist shortages exist in undersubscribed domains of care such as podiatry, radiology, psychiatry, and medical oncology, wherein the public health care system has had to recruit foreign physicians to meet patient needs (Campbell et al., 2008; PAHO, 2008). In 2008, the University of the West Indies (UWI), Cave Hill campus in Barbados expanded its School of Clinical Medicine and Research, which provided the last two years of the UWI medical training, into a full medical sciences faculty capable of training physicians in the full, five year, British modelled curriculum (UWI, 2012). It is thought that the opening of this training facility may assist with meeting Barbados' health worker needs as well as those of the neighbouring islands of the Eastern Caribbean. Historically, physicians in the English-speaking Caribbean have been educated primarily at the University of the West Indies' Mona campus in Jamaica, since 1948, and at the Trinidad campus since 1989 and may have returned to their home countries, including Barbados, for their last two years of training, internship, residencies and to practice (UWI, 2012).

In the early 2000s, Barbados faced severe nursing shortages in several specialty areas (PAHO, 2008). Between 1999 and 2003, Barbados experienced a 17% national decline in the number of available nurses, with the country having 37 nurses per 10,000 people in 2000 (PAHO, 2008). As with many other English-speaking Caribbean nations, Barbados faces attrition of its nursing staff through

North American recruitment and emigration to the United States, Canada, and formerly the United Kingdom, and in the short term has relied on the importation of nurses from Guyana, Nigeria and the Philippines to meet its own health system needs (PAHO, 2008). Currently, Barbados has 49 nurses and midwives per 10,000 people, in comparison with Canada's rate of 104 per 10,000 people (WHO, 2012). In response to the need for a greater number of nurses in the country, the Government of Barbados increased the number of annual training spots from 90 to 120, and lowered the age of admission to the nursing program from 18 to 16 years old (PAHO, 2008). The increased size of the most recent graduating cohorts has begun to improve the nursing shortfall (Ministry of Health, 2009). Shortages in several related key areas remain, especially rehabilitation therapy and radiography (PAHO, 2008).

### 2.1.2 Health and Human Resources Training

Health worker training in Barbados takes place at the Barbados Community College and the University of the West Indies at the Cave Hill, Mona, and St. Augustine campuses (in Barbados, Jamaica, and Trinidad and Tobago, respectively). In Barbados, this training takes place in partnership with the public Queen Elizabeth Hospital (PAHO, 2008). Efforts have focused on providing training in health services management through collaboration between the University of the West Indies and the European Development Fund (PAHO, 2008).

While Barbados maintains adequate ratios of health workers to population, shortages and retention challenges do exist in specific areas. As outlined in the previous section, retention of nurses has been difficult for the country, leading to a push for additional domestic training in this area. Human resource numbers in physical therapy, occupational therapy, and allied health disciplines have also been insufficient (PAHO, 2008). Moreover, Barbados would need to increase radiation technician levels by 470% and diagnostic imaging professional levels by 370% to achieve the worker to population levels found in Canada (Campbell et al., 2008). Given Barbados' small population, it has been a particular challenge to provide specialist services to its citizens. The government has attempted to address this problem in part by sending health workers abroad for specialist training (CARICOM, 2011). Doing so is very costly, however, and developing and maintaining specialist services for a small domestic population base may not be cost effective (PAHO, 2011). These workers may also choose to remain abroad following their training, potentially draining resources from Barbados and undermining attempts to build domestic specialist capacity (CARICOM, 2011). Even those specialists who do return to Barbados may emigrate at a later date, drawn by higher salaries or preferred career opportunities abroad (Walt et al., 2002). The University of the West Indies has addressed these challenges by expanding post

graduate specialty training programmes dramatically over the last two decades, and now provides specialty programmes in some ten disciplines, from public health to psychiatry. A challenge remains, however, in maintaining collaborations with metropolitan centres for placements in state of the art units, given changes in training policies that have developed, especially in Canada, restricting salaried training posts to Canadian nationals. This follows a period between the 1960s and the 1980s, when many UWI graduates received specialist training in Canada and remained there as part of the Canadian medical work force.

## **2.2 Barbados' Public Health Care Facilities**

The Queen Elizabeth Hospital is the main public health care facility in Barbados, along with four district hospitals for geriatric care, a mental health hospital, two small rehabilitation facilities, an AIDS Hostel, a children's development centre, and a nutrition centre (Canadian Trade Commissioner Service, 2010). There are also eight polyclinics (primary care and public health clinics) throughout the country.

### **2.2.1 Queen Elizabeth Hospital**

Opened in 1964 and with 581 inpatient beds, the Queen Elizabeth Hospital (QEH) is the largest and most comprehensively equipped facility in the country (QEH, 2012a). The hospital has a full suite of diagnostic services, an intensive care unit, and provides a variety of surgical services (QEH, 2012b). The quality of care at the Queen Elizabeth Hospital is well regarded in the Caribbean, a long standing referral centre for Guyana and the Eastern Caribbean islands, and is a point of pride for Barbadians. Despite this, the hospital infrastructure is in need of significant renovation and investment (Brandford, 2011; Moore, 2012). The two main political parties in the country have both made the reinvigoration of the hospital a key platform promise in recent election campaigns, but little progress has been made in refurbishing or rebuilding the facility (Brandford, 2011), with alternating announcements of rebuilding or refurbishing. Recent announcements have been made by the current government for a USD \$400 million public facility to replace the Queen Elizabeth Hospital, but it is difficult to assess the likelihood of the realization of this plan (Brandford, 2011).

While the orientation of the Queen Elizabeth Hospital is primarily towards providing publicly insured, necessary care to Barbadian citizens, the hospital does have private rooms available to privately paying patients. The hospital also allows private admitting privileges to physicians on the Queen Elizabeth Hospital consultant staff who wish to treat privately paying patients at the facility. This infrastructure has permitted the emergence of international private care referral networks within the Caribbean region. International patients from elsewhere in the Caribbean seeking the services of

particular physicians or specialties at the Queen Elizabeth Hospital have long traveled to Barbados for private treatment, and this longstanding regional medical care mobility serves as a precursor to the wider, more international medical tourism industry being developed in the country (Walters et al., 1993). Significantly, medical tourism has factored into the planning of the new facility proposed to replace the Queen Elizabeth Hospital. Policy documents and news discussions have raised the potential for the hospital to be built to meet the standards of international accreditation agencies and to include a separate medical tourism ward. These considerations may formally orient a portion of the hospital's planning towards attracting and serving international patients paying privately (Caribbean Export Development Agency, 2008; Ministry of Health, 2008; Ministry of Health, 2009).

### **2.2.2 Primary Care Polyclinics**

Eight primary care polyclinics operate in Barbados. These clinics offer walk-in primary and public health care services to Barbadians free of charge at the point of service. Three other, smaller clinics provide primary care, thus covering the whole island. Staffed by nurses and primary care physicians, the polyclinics form the backbone of Barbados' public primary care sector (PAHO, 2008). The Ministry of Health in Barbados is working to shift the focus of future public health investments away from expensive curative health services and towards more affordable and efficient preventative services, for which the polyclinic system will perform an expanded role (PAHO, 2008).

## **2.3 Key Public Health System Challenges**

Several key challenges within Barbados' public health care system have been observed, including some lack of confidence in public primary care services, limited access to care "after hours", and long waiting lists for complex medical procedures at the public hospital (PAHO, 2008). Until 2009, there was no policy on quality assurance within the health sector, as well as limited means of data collection to assess performance (PAHO, 2008). These data shortages serve as limitations to addressing system challenges. As discussed previously, the health sector has a shortage of some health workers, particularly in some medical specialties, nursing, physical therapy, and occupational therapy.

## **2.4 Barbados' Private Health Care Facilities**

Barbados' private health care sector includes one private hospital, Bayview Hospital, as well as pharmaceutical, laboratory, diagnostic, dental, reproductive and physical therapy services (Canadian Trade Commissioner Service, 2010).

### 2.4.1 Bayview Hospital

Bayview Hospital is Barbados' only private hospital, and was founded in 1989. With 20 inpatient beds and a surgical suite, Bayview focuses on the provision of a range of services to the private paying population of Barbados, including primary care, diagnostics, and single-specialty surgical care (Bayview Hospital, 2012). Bayview also serves as the primary service provider to non-Barbadians who fall ill in the country, and has agreements with many cruise line companies to provide medical care to ill vacationers (Gonzales, Brenzel, and Sancho., 2001). Bayview's management currently views the existing supply of nurses in the country as sufficient to meet their needs, although they also experienced a nursing shortage prior to the increase in training opportunities at the Barbados Community College. The only current worker shortage at the facility that has been reported is that of midwives.

Bayview Hospital has not traditionally sought to attract medical tourists, nor does it have any plans to do so. Management at the facility is aware of the inability of Bayview to compete with established international providers in the Caribbean region both in terms of price and quality. However, the potential for medical tourism has been explored at the facility numerous times in its history. Most recently, a group of American orthopedic surgeons contacted Bayview to explore the possibility of establishing a relationship with the facility, in which they would travel with their patients to the facility to perform surgeries on site, an offer similar to one made by a team of Canadian orthopedic surgeons in the past. These kinds of plans are not unique. In the history of the facility, individual cosmetic and orthopedic surgeons from Canada and the United States have repeatedly explored the possibility of offshoring their services at Bayview. The owners of the Bayview Hospital recently sought offers for the purchase of the facility, which resulted in speculation in the local news media that the Government of Barbados had approached Bayview with interest in purchasing the facility and operating it as a medical tourism destination in partnership with the nearby Hilton Hotel (Slinger, 2010). These rumors were in turn denied by government representatives and no such arrangement has been formally announced to-date.

### 2.4.2 Private Primary Care Clinics

Private primary care is well established throughout Barbados. The majority of family practices and walk-in primary care clinics throughout the country are physician owned and operated and are remunerated through private insurance plans or cash payments at the point of service (PAHO, 2008). Similarly, ophthalmologic and dental services are privately provided in Barbados and have served to long expose Barbadians to the private purchase of medical care.

### 2.4.3 Private Cardiology Care

Recent news reports suggest that Barbados has shifted towards the private sector in its delivery of cardiologic care. Three private clinics have emerged in the past decade to offer cardiologic care to Barbadians: Warrens Care Centre, Bracebridge Medical Centre, and the Sparman Clinic (Carter, 2009). This latter clinic has been noted as a medical tourism destination in news reports and government policy documents as it has used online advertising to attract international patients to undergo cardiac procedures at its facility (Ministry of Health 2009; Invest Barbados, 2010; Online Medical Tourism, 2012).

## 2.5 Regulation and Monitoring of Health Workers and Facilities

Health workers in Barbados are governed by private professional councils that are responsible for setting national training standards, accrediting workers, and ensuring professional standards and conduct are upheld. There are professional councils for all major health worker specialties, including physicians, nurses, pharmacists, and dentists (PAHO, 2008). Health facilities, both private and public, are regulated by the Barbadian Ministry of Health. The Ministry is responsible for setting, monitoring, and enforcing its own regulations, as set out in the Health Services Act of 1969 (PAHO, 2008). Physician training at the University of the West Indies is accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CCAM-HP) and a traditional practice of external examination of medical doctor candidates from the highest accredited metropolitan universities continues.



### 3. THE EMERGENCE OF MEDICAL TOURISM IN BARBADOS

#### 3.1 Historical Regional Cross-Border Care Patient Referrals

Barbados has long been an exporter of health services within the Eastern Caribbean region. International patients have traveled to the Queen Elizabeth Hospital through both formal cross-border care arrangements between national health systems in the region, and informal, patient-initiated journeys (Walters et al., 1993; Gonzales, Brenzel, and Sancho., 2001). These trips have largely been for consultations and treatments by specialists that are unavailable in their home countries. The structure of medical training in the Caribbean has facilitated the development of these international referral networks between physicians in the region. The training environment, historically based at the medical school at the University of the West Indies' Jamaica campus until 1968, when training expanded to Trinidad and Barbados, has resulted in Caribbean physicians having an awareness of the availability, types, and quality of specialties outside of the national systems they practice in.

#### 3.2 2002-2008 - Early Examples of Medical Tourism Initiatives

Medical tourism has emerged in Barbados as a coherent planning concept over the past decade. Early efforts to market medical services to foreign patients have been defined by small specialty clinics marketing their services to both local and foreign patients.

##### 3.2.1 The Barbados Fertility Centre

Dr. Juliet Skinner, a Barbadian national trained in Ireland, opened the Barbados Fertility Centre in 2002 (BFC, 2012). The idea of exporting fertility services to foreign patients was spurred by the absence of any comparable services within the country and the requirement of a larger patient base than Barbados has available with which to render such a venture viable. International patient recruitment through the Internet was incorporated into the business model of the facility from the outset. This resulted in the successful recruitment of international patients from the United States and the United Kingdom within the first year of operation. The Centre quickly established a positive reputation within Barbados and internationally, originally drawing the majority of its international patients from the United Kingdom and Europe.

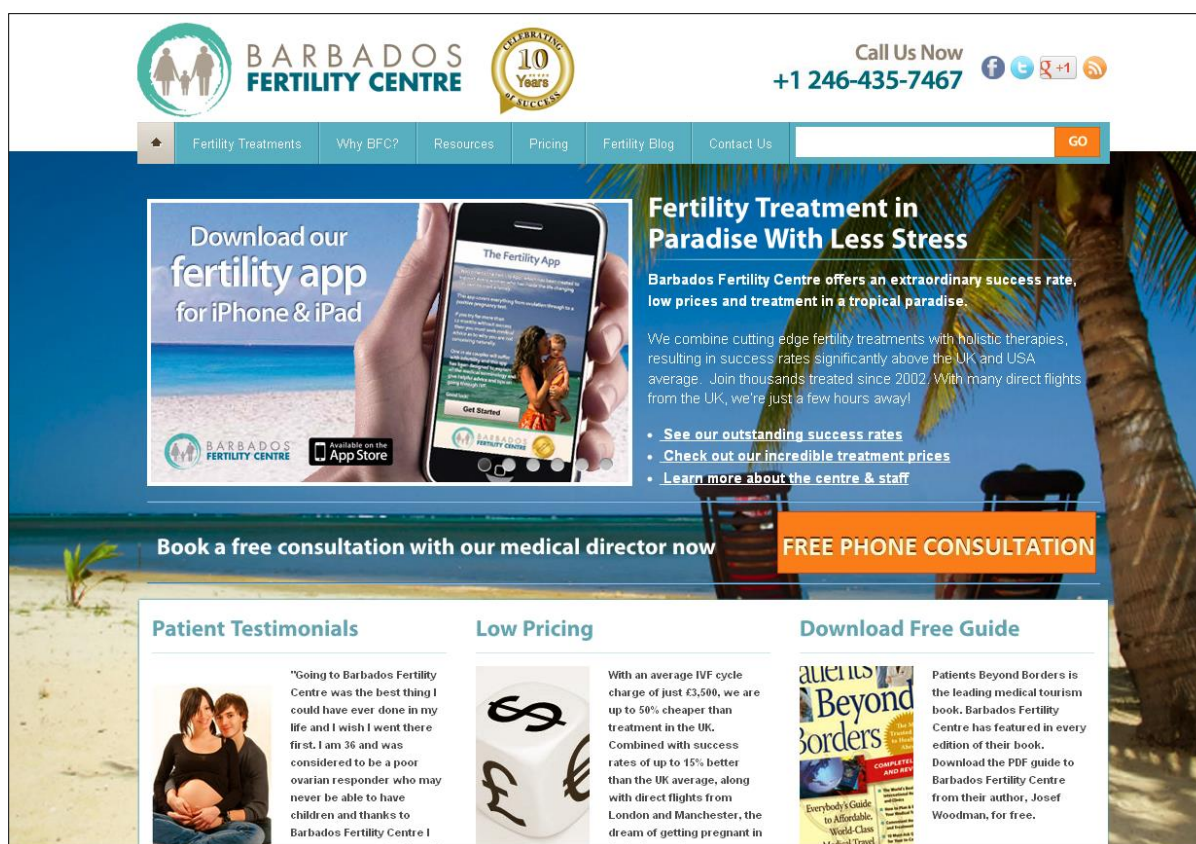


FIGURE 1 - ONLINE ADVERTISEMENT FOR THE BARBADOS FERTILITY CENTRE (<http://www.barbadosivf.com>)

The Barbados Fertility Centre received modest support from the national government at the time of its opening. Incentives from the Tourism Development Act were extended to the importation of medical equipment, allowing the facility to avoid paying customs duties. The government also permitted the clinic to use 'Barbados' in its facility name, a marketing benefit normally associated with for publicly owned companies. No other public benefits are reported to have been provided to the facility.

### 3.2.2 Institute for Regenerative Medicine

2002 also marked the year in which the Institute for Regenerative Medicine opened at a country house in Barbados (Price, 2007). Like the Barbados Fertility Centre, this facility also focused its business plan around the export of medical services to international clientele. The Institute marketed unproven stem cell 'therapies' to patients seeking treatment for a host of unrelated chronic diseases, including diabetes, arthritis, and cancer (Hill, 2006). The facility operated until 2006, when a British Broadcasting Corporation investigative account of activities at the Institute was released (Hill, 2006). The report detailed numerous criminal accusations concerning the importation of stem cells harvested from viable newborns bought in the Ukraine, prompting the operators of the Institute to leave the country in haste (Price, 2007). The charges against the Institute's operators remain unresolved and the accounts of the

facility's criminal behaviour highlighted an existing lack of regulatory oversight of Barbados' nascent medical tourism industry.

### 3.2.3 The Sparman Clinic

Opened in 2004 in Bridgetown, the Sparman Clinic is a specialty cardiac clinic that is run by the American trained Alfred Sparman. Originally housed in a small converted home, the clinic has sought to attract medical tourists from its opening. While the Sparman Clinic has regularly been cited in relation to medical tourism in both news media coverage and policy documents (e.g., Carter, 2009; Ministry of Health, 2009), it is unclear how successful the clinic has been at attracting international patients for elective surgeries.

### 3.2.4 Edward Healey's Proposed Hospital

Between 2004 and 2010, a prolonged and ultimately fruitless effort to build a mid-sized private hospital on the west coast of Barbados was pursued by the wealthy British expatriate and Barbados resident Edward Healey. Projected to have 74 inpatient beds, the hospital was seen by Healey as a project that would improve access to medical services on the west coast, an area with a large population of tourists, expatriates, and vacation homeowners, as well as to provide needed competition for surgical services in Barbados' private health market (Sealy, 2007). Healey was able to secure private financing for the construction of the hospital and purchased the necessary land, with the intent of incorporating a training facility affiliated with the University of the West Indies Cave Hill campus in Barbados (Daily Nation, 2004).

Following these initial steps, development of the hospital stalled. Healey recruited the Indian hospital chain Apollo Hospitals to manage the planning and eventual operation of the facility (D'Silva, 2007). The Apollo managers sought to improve the viability and profitability of the prospective hospital by shifting its focus away from Barbados' small, and arguably saturated, domestic market towards offering services to medical tourists from the United States, with Barbadians forming a smaller portion of the hospital's patient base. This shift in focus conflicted with Healey's original vision for a facility that only tangentially sought to attract medical tourists, but whose primary purpose was to serve Barbadian citizens and residents. The disagreement over the goals and market of the hospital contributed to an impasse that ultimately doomed the project.

Significantly, the period in which the planning for Healey's hospital took place occurred during a transition in which medical tourism in Barbados moved from a relatively minor to a more prominent policy and planning position within the country. While public accounts of this hospital are extremely limited, the

involvement of Apollo Hospitals, a large, internationally recognized practitioner and proponent of medical tourism, with such a small nation was followed by the start of a serious shift in planning and international investor recruitment by the Barbadian government. This shift has focused on supporting the development of the medical tourism industry in Barbados.

### **3.3 2008-2010 - A Concerted Push for Health and Wellness Tourism**

Between 2008 and 2010 several events and initiatives transpired regarding the development of Barbados' medical tourism sector, initially focusing primarily on health and wellness tourism. The impact of these events remains significant.

#### **3.3.1 April 2008 Regional Health and Wellness Tourism Conference**

In the spring of 2008, the Caribbean Export Development Agency co-hosted a regional conference with the Trade Facilitation Office of Canada in Barbados on health and wellness tourism in Bridgetown. Health and wellness tourism is a blanket term that includes medical tourism activities as well as non-surgical, alternative treatments, spa facilities, yoga, and other health improvement activities. Titled "Exporting Services to Canada Seminar and Health and Wellness Tourism Strategy Session", the meeting brought together 80 government representatives, health planners, academic administrators and scholars, service sector unions, and health and wellness service providers from 13 countries in the Caribbean (CEDA, 2008). In addition to regional attendance, the conference hosted speakers from established medical tourism destinations, including Malaysia, Cuba, and the Dominican Republic, to share their experiences of developing a health and wellness tourism sector. The goal of the meeting was to educate stakeholders in the health and wellness sector about the potential of health and wellness tourism, and to develop a coordinated strategy for the region that could work to position the Caribbean as an international hub for exporting health and wellness services internationally, including surgical services more traditionally associated with medical tourism (CEDA, 2008). Barbados' Ministers of Health and Tourism attended the conference, and both served as featured speakers.

At the time of the conference, Barbados and other Caribbean nations reliant on their tourism sectors were experiencing severe declines in visits by recreational tourists as a result of the ongoing financial crisis in the global economy (Jamaica Observer, 2012). In this context, health and wellness tourism was framed as a key area for economic diversification in service sectors as it was believed to be poised for rapid growth on a global scale (Geraldyn, 2008). The estimates of the Deloitte and McKinsey reports ("Medical Tourism: Emerging phenomenon in health care industry, 2008; "Mapping the market for medical travel,"2008), though often criticized as unreliable, were cited by conference organizers as

evidence of the large global health and wellness market available for the Caribbean to benefit from (CEDA, 2008). The conference concluded with recommendations that countries: (1) assess their current capacity for health service export on the international market in both their public and private health sectors; (2) focus on establishing internationally recognized standards of quality for facilities and personnel; and (3) regionally coordinate to build an internationally recognizable and respected Caribbean brand of health and wellness tourism (CEDA, 2008).

The 2008 conference was successful in spurring policy development for future medical tourism initiatives in Barbados. An important outcome of the seminar was the positioning of medical tourism as a specific domain within a wider spectrum of health and wellness tourism services, including spa tourism, culinary tourism, sports tourism, and assisted residential tourism. This has resulted in the more general term 'health tourism' being adopted in most media and policy documents in Barbados, even in the discussion of activities more specifically relating to medical tourism (e.g. Ministry of Health, 2009; Invest Barbados, 2010). As a result, the lines between activities promoting medical tourism specifically and health tourism more generally have been blurred. While Barbados has embraced the pursuit of an expanded health and wellness tourism industry, including medical tourism, the conflation of health and medical tourism has at times made it more difficult to discern what subsectors in particular planners hope to develop and regulate.

### **3.3.2 2009 - Creation of the Health and Wellness Task Force**

Building from the momentum created by the Health and Wellness Strategy Session, Barbados' Ministry of Health spearheaded the creation of the Health and Wellness Task Force (Moore, 2008). The creation of the Task Force and the leading role of the Ministry of Health in Barbados have been informed by Malaysia's example, in which the Malaysian Ministry of Health played a key role in organizing and promoting the medical tourism industry in the country (Ministry of Health, 2008). While Barbados has explicitly identified its desire that growth of the health and wellness tourism sector be privately led, the Cabinet of Barbados approved the formation of the Health and Wellness Task Force in December of 2008 to provide assistance and oversight to the expansion of the industry (Ministry of Health, 2008). This inter-ministerial working group has been led by the Ministry of Health and has representatives from the Ministries of Tourism, Finance, and Economic Affairs, as well as the Caribbean Export Development Agency, Barbados Association of Medical Practitioners, Barbados Hotel and Tourism Association, Solicitor General's Office, and Invest Barbados (Ministry of Health, 2009).

The Health and Wellness Task Force was approved by the Barbadian cabinet to provide guidance on a number of issues seen as vital to the development of the country's health and wellness tourism sector, and it continues to exist to this day. The task force aims, first, to detail Barbados' commitments and obligations under existing international trade agreements as they relate to health and wellness tourism. The General Agreement on Trade in Services, the Trade Related Aspects of Intellectual Property Rights agreement, the Agreement on Technical Barriers to Trade, and the International Health Regulations have been identified as relevant to the operation of a larger medical tourism sector (Ministry of Health, 2009).

Second, the Task Force aims to create an incentive framework with which to spur investment and encourage participation by both domestic and foreign health care providers. Medical tourism has not been singled out exclusively in discussions of potential incentive frameworks, although India's incentive framework for its medical tourism industry has been raised in discussions of how Barbados should proceed (Invest Barbados, 2010). Potential incentives include tax exemption for the import of medical equipment, suspension of costs associated with the establishment of a new company or the reorganization of existing companies looking to provide new services, exemption from real estate and sales tax for a company's early years, and the creation of foreign direct investment incentives for foreign corporations and medical providers establishing health and wellness tourism services in the country (Invest Barbados, 2010). Existing legislation that has encouraged the development of the country's tourism industry through tax-waiver incentives is likely to be expanded to include the health and wellness tourism industry (Invest Barbados, 2010; Ministry of Health, 2009). The Task Force has also consulted with existing stakeholders in the country. These consultations have resulted in an awareness amongst policy makers of a desire for grants or soft loans from the government to support international accreditation of providers, educational incentives to aid staff training, incentives for private providers that offer free services to Barbadians, and the creation of medical visas to facilitate the entry of medical tourists (Invest Barbados, 2010).

Third, in order to ensure that the growth of the health and wellness tourism industry benefits Barbadian services and manufacturers, the Task Force aims to facilitate linkages between emerging health tourism providers and Barbadian companies and organizations. The Barbados Association of Medical Practitioners was identified as a key organization that the Task Force would work with to cultivate connections with the emerging medical tourism sector (Ministry of Health, 2009).

Fourth, there is interest in creating a regulatory and legislative framework with which to oversee health and wellness tourism providers and ensure their practices accord with international standards. Regulatory measures being developed in Barbados are aimed at the creation of standards in the

complementary and alternative medicine and wider ‘wellness’ sectors, where professionalization is weak or absent. The Health and Wellness Task Force has been in the process of creating a National Health Care Quality Council, a body comprised of health practitioners and service sector representatives since 2009, although the council has yet to be officially formed. The Council has been charged with creating and enforcing standards in these under-regulated sectors, as well as more established areas such as for medical doctors. A primary concern for Barbados and the Task Force is the creation of a trusted national brand in the health and wellness sector, as breaches in professional standards in one service could undermine the reputation of the sector as a whole (Ministry of Health, 2009). Barbados is looking to ensure all practitioners providing care to international clientele are internationally accredited, a position that holds implications for the developments of its medical tourism industry (Ministry of Health, 2009).

Fifth, the Task Force aims to market Barbados’ health tourism services internationally, through the Internet, trade missions, informal networks with international reporters, and the cultivation of relationships between international and domestic professionals. The Task Force has identified three main avenues of marketing the industry to international patients. These are through the development of referral networks with health service providers in other nations, strategic contact with international reporters to encourage uptake of stories about medical tourism in the country, and the possibility of amending medical service advertising within the country so as to make it easier for providers to market their services (Ministry of Health, 2009).

Sixth, the creation of real-time information systems across the health and wellness sector to facilitate informed decision-making by consumers, providers, and policy-makers, has been planned by the Ministry of Health. The health and wellness tourism sector is to be included in pre-existing plans by the Ministry of Health to develop a national Health Information System, with which to better track measures relevant to the operation of the country’s health system. It is unclear what metrics will be accounted for or how participation will be ensured (Ministry of Health, 2009).

Seventh, the Task Force is pursuing the creation of a coordinating organization for the health and wellness tourism sector. It is anticipated that this body will be responsible for overseeing quality and accreditation, professional licensing, and the amendment of legislation to permit the marketing of medical services (Ministry of Health, 2009). It is unclear how this yet-unformed and unnamed body would interact with the National Health Care Quality Council.

Finally, there is interest in creating skills-development strategies for Barbadians to ensure the necessary human resources are attuned to health tourism and available. Developing human resources

relevant to medical tourism has not been specifically identified in policy documents, but most broadly, the task force aims to improve the quality of training at local colleges and polytechnics and raise awareness amongst service providers of opportunities in the health tourism sector.

According to the Task Force, four challenges inform the goal of a larger health tourism industry in Barbados. These challenges are:

1. **Quality and Accreditation:** Barbados has recognized the general lack of international accreditation of its services, and is aiming to develop regulations that will see international standards adopted by all providers (Ministry of Health, 2009).
2. **Emergence of a 'Dual' Health System:** Planners have recognized the capacity of a larger medical tourism sector to negatively impact access to quality medical care by locals. The policy documents reviewed call for studies of the precise mechanisms through which locals may be negatively impacted and the creation of preventative measures and regulations to prevent these impacts from occurring (Ministry of Health, 2009).
3. **Health Human Resource Supply:** Barbados' supply of health human resources has been described by the Task Force Health and Wellness Task Force as being "plagued with shortages" (Ministry of Health, 2009, pg.23). These shortages have been attributed to the emigration of health workers from Barbados to developed countries (Ministry of Health, 2009).
4. **International Portability of Health Insurance:** Barriers to the international portability of health insurance have been cited as a major obstruction to a larger medical tourism industry in Barbados (Ministry of Health, 2009). The Task Force has suggested facilitating connections between Barbadian providers and insurance companies outside of the country to try and attract patients to the country (Ministry of Health, 2009).

As earlier efforts by private medical providers to attract international patients were defined by their lack of coordination and government support, the mobilization of the Health and Wellness Task Force in Barbados represents a major shift in the approach of the Barbadian government towards its medical tourism industry. Since the formation of the Task Force, the government of Barbados has begun the process of establishing the National Health Care Quality Council to oversee its health and wellness tourism sector, attended multiple international medical tourism trade shows, held a national seminar on health and wellness tourism, and signed a major property lease between the national government and an American investment group developing a hospital oriented towards medical tourism in the country (see section 5.1). This degree of support and engagement is in marked contrast to the earlier lack of



involvement and ambivalence the Barbadian government demonstrated towards the country's medical tourism sector.

### 3.3.3 2010 - Barbados Health and Wellness Tourism Conference

The interest and connections generated at the regional seminar in 2008 (see section 3.3.1) culminated in a second conference in Barbados on health and wellness tourism in March, 2010. This second meeting was limited to public and private sector stakeholders in Barbados' health and wellness sector and was titled: "Barbados, An International Health & Wellness Destination: Educated. Sophisticated. Regulated." The seminar saw 120 attendees from secondary and postsecondary education institutions, government ministries, and the private health sector participate in strategy seminars. Significantly, records from the meeting show that representatives from the facilities understood by the government as offering medical tourism services at the time, the Sparman Clinic and the Barbados Fertility Centre, were not in attendance, in spite of medical tourism being one focus of the seminar. The meeting proceedings demonstrate that it was primarily a vehicle to communicate the goals of the Health and Wellness Task Force to stakeholders of Barbados' health and wellness tourism sector (No Author, 2010). This is consistent with the government's expressed desire to have the expansion of the industry be private sector led, restricting its role to that of a facilitator and catalyst (Ministry of Health, 2009).

## 4. EXISTING MEDICAL TOURISM SITES IN BARBADOS

There are two existing medical tourism facilities in Barbados, the Barbados Fertility Centre and the Sparman Clinic. A third facility, Island Dialysis, is frequently raised in relation to health and wellness tourism more broadly on the island.

### 4.1 Barbados Fertility Centre

Founded in 2002, the Barbados Fertility Centre is a small outpatient clinic located in a renovated colonial home on the heavily populated south coast. The clinic employs one gynecologist specializing in fertility



FIGURE 2 - EXTERIOR OF THE BARBADOS FERTILITY CENTRE (CRED. AUTHORS)

treatments and five nurses. All but one of the health workers at the clinic, a nurse, was trained outside of Barbados, with the other nurses having been trained in the United States and the United Kingdom. The clinic originally operated out of existing private facilities on the island, including Bayview Hospital, until 2005, when the Barbados Fertility Centre moved to its current location. The Barbados Fertility Centre was created with medical tourism in mind, recognizing the challenges that



FIGURE 3 - RECEPTION AREA OF BARBADOS FERTILITY CENTRE (CRED. AUTHORS)

Barbados' small population posed to the financial viability of a fertility specialist clinic. The Barbados Fertility Centre received medical tourists in its first year of operation, the first being a regional patient from Trinidad. The Centre received a number of benefits from the government at the time of its opening, including assistance in receiving work permits, the waiving

of customs duties on the import of medical equipment, and the right to use 'Barbados' in the name of the facility, a benefit normally reserved for public corporations.

The facility is small and practitioner owned, with no foreign stakes in the clinic. The clinic has four outpatient beds in a post-implantation recovery room, an embryology laboratory, offices, and an operating room for fertility procedures. Signage in the facility is in English. Advertising on the clinic grounds is limited to brochures and pamphlets in reception and waiting rooms throughout the building. There are no advertisements for the facility's services posted in the building or on the grounds. Patient testimonials are also not prominently posted anywhere aside from the pamphlets and brochures, although photos of babies successfully conceived at the facility are posted on a cork board and in a number of photo albums in the main reception area.

The Barbados Fertility Centre employs 'in-vitro fertilization nurse coordinators' as care coordinators for both international and local patients. Nurse coordinators are assigned when prospective patients make initial contact with the facility. Three internationally trained nurses are solely used for international patients, with one locally trained nurse assigned to Barbadian and other Caribbean patients. This arrangement is believed to better align cultural attitudes and expectations between care providers and patients and improve the delivery of care. The Barbados Fertility Centre has created satellite clinics in Antigua, St. Maarten, and Trinidad that provide pre-implantation screening for residents in these countries.

Joint Commission International, an American-based international hospital accrediting agency, has accredited the Barbados Fertility Centre for the past five years. The accreditation was most recently renewed in January, 2011. Framed certificates from Joint Commission International are displayed in both the reception area and the patient recovery room. During a tour of the facility, it was noted that prior to receiving Joint Commission International accreditation some patients were wary of the legitimacy of the clinic.



FIGURE 4 - BARBADOS FERTILITY CENTRE RECOVERY ROOM (CRED. AUTHORS)

Medical tourists comprise the bulk of the Barbados Fertility Centre's patient base, representing roughly 80% of its clientele. Of this 80%, roughly half are from within the Caribbean region and the

other half from the United States, Canada, the United Kingdom, and Continental Europe. Most patients come from the Caribbean region, United States, and United Kingdom. Medical tourists represent an increasing share of patients treated at the facility each year, and it is estimated that the clinic received roughly 260 medical tourists in 2011. This is a marked increase over the previous year, estimated at roughly 130% more medical tourists in 2011 than 2010.

While medical tourists are a large portion of the clinic's business, they are not offered any special wards or services that local patients are not. Medical tourists are charged 15% more than local patients if they are from outside of the Caribbean, and 10% more if they are regional patients from outside of Barbados. Recreational and wellness tourism are routinely incorporated into patients' itineraries as the clinic partially attributes their high success rates to the low-stress tourist environment that Barbados provides. The clinic has connections with hotels, complementary and alternative medical providers, and tour operators in Barbados, and the Barbados Fertility Centre regularly refers their patients to them.

The Barbados Fertility Centre has been critical in demonstrating the viability of medical tourism in Barbados. It has been identified in policy documents outlining plans for the sector, and Dr. Skinner has attended international meetings as a Barbadian representative of the country's medical tourism sector.

#### 4.2. Sparman Clinic

The Sparman Clinic opened in 2004 in central Bridgetown. It moved to its current Bridgetown location, a home renovated to serve as a medical facility at a reported cost of USD \$20 million, in 2009 (Carter, 2009). The facility is privately owned, with clinic's primary practitioner, Dr. Alfred Sparman, owning the majority of shares.

The clinic employs four physicians. An American expatriate works as a cardiologist and the other three, trained elsewhere in the Caribbean, as general practitioners. Of the nurses employed at the clinic, 60% have been trained locally.

There is a shared six-bed inpatient ward in the two storey clinic, with a private room for individual patients available on the second floor. Signage at the Sparman Clinic is solely in English, and there are no signs or advertisements specifically aimed at medical tourists. A



FIGURE 5 - SPARMAN CLINIC RECEPTION AREA  
(CRED. AUTHORS)

wall of degrees and certificates of the clinic's namesake, Alfred Sparman, are prominently displayed in the central waiting room, but no certificates or training information for other clinic staff is posted. No advertising or personal testimonials are present in the facility or on its grounds, but the clinic does own an ambulance with the company name prominently displayed.

The Sparman Clinic employs a single patient care coordinator who is responsible for coordinating



FIGURE 6 - SPARMAN CLINIC INPATIENT WARD (CRED. AUTHORS)

the care of both local and international patients. While medical tourists have been marketed to by the clinic through its online presence and the clinic is referred to in media and policy documents as a medical tourism site, the vast majority of patients treated are locals and foreign patients experiencing medical emergencies. There

are no differences in treatment regimens, accommodations, or staff assignments

between international and local patients, although the care coordinator is available to make booking arrangements with hotels, airlines, and tour operators if requested by international patients. Local patients also reportedly receive care at a lower cost, although there is no set reduction in rates.

The Sparman Clinic began to market its services to medical tourists in 2008. Although no tracking of medical tourists is performed by clinic's management, it is known that these patients make up a very small share of those treated at the facility. The majority of international patients treated at the facility, including both medical tourists and incidental patients experiencing medical emergencies, are drawn from the United States and South American countries, and a smaller share from the Eastern Caribbean region.



FIGURE 7 - SPARMAN CLINIC OPERATION ROOM (CRED. J. IRELAND)

The Sparman Clinic has not received international accreditation to date, but is reportedly working with Joint Commission International consultants to prepare the facility for review. This process is currently not near completion.

While the Sparman Clinic has often been associated with medical tourism in news reports on the island, conversations, and government policy documents, it is apparent that it is more accurately involved in treating international patients experiencing cardiac emergencies rather than patients who have intentionally traveled from abroad to the clinic specifically. This confusion was evident in discussions with facility staff who repeatedly conflated elective medical tourism with emergency care for international patients. It is clear that very few international patients are currently traveling to Barbados to receive cardiac care at the Sparman Clinic in spite of its efforts to position itself as a medical tourism destination.

#### **4.3. Island Dialysis**

Island Dialysis is a kidney dialysis clinic operating in Barbados that targets its services at vacationing tourists. Although Island Dialysis is not considered to be a medical tourism provider, it is often discussed in policy documents on health and wellness tourism and in news reports on medical tourism in Barbados. While tourists to Barbados may plan their trips with the knowledge that a reputable dialysis provider is available locally, international patients do not travel to Barbados primarily or solely for the purpose of undergoing dialysis. The inclusion of Island Dialysis in domestic discussions of medical tourism serves to illustrate the lack of clarity surrounding the term and the potential for the conflation of service-types by those planning for the industry.



## 5. FUTURE MEDICAL TOURISM PLANS

Barbados is looking to further the development of the medical tourism sector in the country through the creation of supportive incentive for investors, the creation of a medical visa similar to those in India and Malaysia in order to expedite the travel of international patients, and the creation of stronger regulatory frameworks to guarantee the quality of care available in the country (Ministry of Health, 2009;

Invest Barbados, 2010). These steps are being directed by the Health and Wellness

Tourism Task Force and are consistent with the goals and challenges outlined in section 3.3.2 above. In addition to the creation of a medical visa, planners are currently drafting frameworks with which to alter existing legislation for investment in the tourism industry to incentivize the creation of facilities offering medical tourism services (Invest Barbados, 2010).



FIGURE 8 - ST. JOSEPH HOSPITAL EXTERIOR (CRED. AUTHORS)

### 5.1 St. Joseph Hospital Lease

St. Joseph Hospital, opened in 1966, was a multi-specialty, private hospital operated by a Catholic order of nuns in the sparsely settled northern area of Barbados on a 22 acre site. The hospital was closed in 1986 because of its unprofitability, and was sold to the Barbadian government in the same year. Since its closure, the government's plans for the hospital site have shifted depending on the political party in



FIGURE 9 - EMERGENCY INTAKE OF ST. JOSEPH HOSPITAL (CRED. AUTHORS)

power - the Democratic Labour Party having moved to reopen the hospital for a brief period in the early nineties, providing obstetric and limited emergency services facility during their time in power between 1986 and 1994. The Barbados Labour Party, which favoured the hospital remaining closed as a way to rationalize public services, came into power in 1994 and promptly closed the hospital (Riley-Thornhill, 2010). The facility is

currently in complete disrepair following a prolonged period of disuse.

The Minister of Health reported in 2008 that his ministry received “2 to 3 proposals a week” from foreign investors looking to develop the St. Joseph site (Best, 2008). Documentation held by the Research and Planning Unit in the Barbados Ministry of Health confirms that St. Joseph has been the subject of interest from at least 15 international investment groups since its closure. Plans by the government to develop the St. Joseph grounds as a medical tourism site appear to have been pursued seriously following the success of the 2008 Health and Wellness Tourism Seminar. Since then, the government corporation Invest Barbados, an organization whose mandate is to attract foreign investment to Barbados, has sought to attract international investment to the St. Joseph site to develop it as a private hospital oriented towards medical tourism.



FIGURE 11 - ST. JOSEPH HOSPITAL INTERIOR (CRED. AUTHORS)

The government of Barbados opened a call for private-sector bids to revitalize the St. Joseph site in 2009. Four bids were considered, two of which received attention in the local news media: one by Caribbean American Health Resort Inc. and the other by American World Clinics Barbados. Both of these bids incorporated a staffing model where the majority of physicians practising at the facility would be recruited from outside of the country and would work part time in Barbados treating international patients at the facility. While patients would be a mix of private paying Barbadians and medical tourists, the focus of the facility would be on the latter patient group. All other staff would be drawn from the existing Barbadian workforce, including nurses, lab technicians, and other allied health providers. Caribbean American Health Resorts further aimed to couple their development of the



FIGURE 10 - AN OVERHEAD VIEW OF THE PROPOSED FACILITY (© 2012 - AMERICAN WORLD CLINICS)



St. Joseph site with a USD \$110 million complex with 90 condos in the populated southern end of the country, intended as a place for patients and their families to recuperate (Russell, 2010).

The American World Clinics (AWC) bid was ultimately chosen for the St. Joseph re-development lease. The American-owned company signed a 25 year lease with the Barbadian government, with the option to renew for another 25 years upon its completion. The agreement envisions a 50 bed, multi-specialty hospital built on the 22 acre St. Joseph site. The company is currently recruiting international physicians, although Barbadian physicians will be able to practice at the facility (American World Clinics, 2012). News media accounts have touted the training benefits of the facility for Barbadians, with the potential for collaboration between physicians from different training backgrounds (Barbados Advocate, 2011). While the original intent was for the facility to employ only Barbadians for all 200 permanent positions beyond physician staffing, recent reports suggest that nurses in some under-resourced specialties will be imported to meet the needs of the facility (Daily Herald, 2011). The facility was originally slated to break ground in January 2012 and open in early 2014, but undisclosed setbacks have delayed the start of construction.

## 5.2 The Queen Elizabeth Hospital

Proposed renovation of the public Queen Elizabeth Hospital has been discussed in relation to medical tourism in a number of different venues. Policy documents indicate that either a renovation or full replacement of the facility may be motivated by drawing income from the medical tourism sector (Ministry of Health, 2009). Current considerations include having the hospital built or renovated in line with the standards issued by international accreditation agencies, as well as the potential for an entire international patient ward to be built on the facility grounds to serve as a revenue generator for the public system (Ministry of Health, 2009). While these plans have yet to move beyond the early planning stages, it is significant that the Ministry of Health is considering directly tying the cornerstone of the Barbadian public health care system to the private delivery of care to international patients.

## 6. CONCLUSION

The medical tourism industry in Barbados is currently very small. There is very little active recruitment of medical tourists to the country outside of the Barbados Fertility Centre, although other specialist clinics are attempting to export their services to the international market. However, the creation of the Health and Wellness Tourism Task Force and its associated activities, as well as the large investment plans by the

American World Clinics Barbados corporation that have already been put into motion, both suggest that medical tourism may become a larger issue in the country in coming years.

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## APPENDIX 1 – CONTENT ANALYSIS OF MEDIA COVERAGE OF MEDICAL TOURISM IN BARBADOS

Medical tourism has featured as a topic of discussion in news stories and editorials over the past five years in the two main Barbadian print news outlets, The Daily Nation and the Barbados Advocate. Most generally, medical tourism has been framed primarily as an economic issue and presented in a positive light. Medical tourism is, however, often conflated with the wider health and wellness tourism industry and has been presented as an economic opportunity well suited to Barbados' location, educated population, and strong existing recreational tourism industry. Health equity concerns surrounding the potential for reduced quality or access to care for local patients have arisen in media discussions and reports on medical tourism. However, these concerns are usually brief acknowledgements of the potential risk for negative health equity outcomes rather than full explorations of the potential negative impacts.

Here we report on the findings of a thorough media content analysis of coverage of medical tourism in Barbados' two national newspapers over the past 5 years. Seventy-three articles were initially gathered in this review. Of these, 21 were deemed most relevant in terms of their coverage of medical tourism, 29 were deemed somewhat relevant, and 23 were deemed minimally relevant by the reviewers. Relevance was determined by three factors: 1) Whether or not medical tourism was the primary focus of the article, 2) if explicit mention of medical tourism was made by relevant actors or institutions (e.g. Health Ministers, care providers), and 3) if detailed information regarding medical tourism providers or policy was offered in the article. The table below summarizes the classification of the articles that were retrieved for inclusion.

Classification	Criteria			Number of articles
	Focus	Explicit	Detailed	
Most relevant	+	+	+	21
Somewhat relevant	+	+	-	29
Minimally relevant	-	+	-	18
	-	-	+	5
TOTAL				73

An overview of the media coverage as it relates to the health equity domains explored in the overall study follows. As a reminder, these domains are: (1) impacts on health human resources; (2) government involvement in the industry; (3) foreign investment in the industry; (4) impacts on private health care; and (5) impacts on public health care.

## Impacts on Health Human Resources

The potential for medical tourism to have an impact on health human resources was generally portrayed in a positive light in the media accounts reviewed. The specific facilities reported on, and medical tourism more generally, were often described as attracting highly trained medical specialists to Barbados from other countries or retaining Barbadian health workers (e.g. Tudor, 2008; Carter, 2009a; Barbados Advocate, 2011a; Barbados Advocate, 2012a). This benefit was regularly described to have compounding positive benefits due to the wider range of skilled health workers available to local patients as well as the subsequent training benefits for local doctors. The potential for the medical tourism industry to improve employment rates for Barbadian nurses was briefly discussed, and tied to recent increases in the number of nurses graduating on the island (Reece, 2008).

Health worker training initiatives within the country were sometimes tied to discussion of a larger medical tourism industry in Barbados. For example, the opening of the medical faculty at the University of the West Indies' Cave Hill campus was discussed as a supporting factor for the medical tourism sector (Wilson, 2007), as was the graduation of medical transcriptionists intended to meet the needs of the North American transcription market (Barbados Advocate, 2009a). The recent opening of an offshore medical school (i.e., a medical school that primarily trains overseas students) in Barbados was also tied to the medical tourism industry, with discussions of the potential for physicians trained at this school returning to their home countries to practice and referring their patients for private surgery in Barbados (Barbados Advocate, 2012b).

A very small minority of reviewed articles raised any potentially negative issues arising from an expanded medical tourism industry in Barbados in relation to health human resources. Of these, the existing shortage of nurses in the country arose as an issue that was perceived as not being addressed in planning for the industry (Price, 2009). The potential for medical tourism to incentivize the movement of health workers into the private health system was also raised as an issue (Barrow, 2008), but was also a minority voice amongst the majority of articles that touted the benefits of medical tourism for the country.

The previous Minister of Health, David Estwick, and the current Minister of Tourism, Richard Sealey, have both publicly acknowledged the potential for negative health equity impacts for local

patients should medical tourism proceed with poor planning (Best, 2008; Stacey, 2008). The necessity of planning for shifts in the availability of human health resources as the medical tourism sector grows was acknowledged publicly by the Barbados Ministry of Health, but only in the broadest fashion.

## Government Involvement in Medical Tourism

The majority of articles discussing the relationship of the Barbadian government to medical tourism reported on efforts by officials to promote Barbados as a medical tourism destination for international patients (e.g. Geralyn, 2008; Atwell, 2009; Barbados Advocate, 2012b). Media coverage of the Barbadian government's efforts in promoting medical tourism have included statements and appearances by ministers at conferences and seminars supporting the drive to develop Barbados' health and wellness tourism sector (Geralyn, 2008; Goodman, 2008). The most common figures representing the governments' positions on medical tourism in the review period were the Ministers of Health, David Estwick and Donville Inniss, and the Minister of Tourism, Richard Sealy.

The current national government, in power since 2008, has been very strong in their support of a larger medical tourism industry in Barbados. This has been signalled by their participation in and hosting of a regional strategic session on health and wellness tourism and their announcement of coordinating and developing policy in support of medical tourism (Geralyn, 2008; Moore, 2008; Ramsay, 2010). The current government has been described as poised to seamlessly connect the health and tourism sectors (Goodman, 2008). Government support for medical tourism has been tempered by cabinet ministers' public quotes warning against the potential for a poorly designed industry to negatively impact health equity for local patients should the public health sector become involved in exporting health services (Best, 2008; Stacey, 2008).

As a part of the pursuit of health policies supporting the medical tourism sector, the Barbadian government has coordinated the creation of a National Healthcare Quality Council to assist in regulating and improving the standards of quality across the entire health and wellness sector, including previously unregulated professions (Ramsay, 2010). This is to ensure that Barbados establishes and protects its national brand in relation to health and wellness tourism. There have been editorial calls for the government to create more liberal regulatory frameworks around investment and professional accreditation to facilitate the development of the medical tourism industry (Husbands, 2008; Alleyne, 2010a; Daily Nation, 2010a).

There have been very few reports of the government using public resources to incentivize the growth of the country's medical tourism sector. The only concession that has been reported in the news



media has been the government soliciting bids amongst international investors to lease a piece of public land that currently hosts St. Joseph Hospital, an old, unused facility, on the terms they establish a new health sector facility on the grounds (Barbados Advocate, 2011b Barbados Advocate, 2012a). The terms of the lease have not been reported in the news media. However, the news media has captured a shift in the attitude of the current and previous ministers of health towards the lease of this land, a project that has been described as the centre of any expansion of the medical tourism industry in the country. The earlier Minister of Health had stipulated that any successful bid for the site would require co-ownership by the Barbadian government, to ensure the benefits of its development would be shared amongst the local population (Best, 2008). These earlier terms have not been carried through with the current minister, and have not been incorporated into the final lease with American World Clinics.

Regional leaders have also been noted to be supportive of medical tourism in Barbados, including those affiliated with the Caribbean Community (CARICOM) and the Caribbean Export Development Agency. The Canadian Government, in the form of the Canadian Trade Facilitation Office and their High Commissioner to Barbados, have also been supportive of the development of a larger medical tourism industry in the country (Moore, 2008). The Canadian Trade Facilitation Office partnered with CARICOM to deliver the 2008 Health and Wellness Strategy Seminar, while the High Commissioner has only been reported as broadly endorsing the idea of medical tourism (Geraldyn, 2008; Moore, 2008).

## Foreign Investment

Foreign investment into Barbados' health and wellness sector has been frequently covered by Barbadian news outlets. Reports regarding foreign investment have been restricted to detailing announcements of plans by foreign investors to build facilities in Barbados to primarily serve international patients. Three groups that have been the topic of this coverage are Global Medical Group Inc., Caribbean American Health Resorts, and American World Clinics Barbados. The Global Medical Group Inc. announced broad, sparsely detailed plans in late 2009 to partner with existing surgical clinics and hotels on the island and organize the import of patients to Barbados (Price, 2009). The company announced its intentions to provide private air and ground transportation through their own fleet of airplanes and limousines, serving as a concierge service that would smooth any logistical difficulties of accessing international medical care in Barbados (Barbados Advocate, 2009b). As part of their entire health and wellness package, Global Medical Group Inc. also planned on incorporating 'sports tourism' packages into their offerings, arranging visits for training, recuperation, and physical therapy regimens for athletes (Barbados Advocate, 2009c). While these plans ultimately fell through in 2010, their initiative was perceived as serious enough to have

spurred a local hotel to undergo renovations and begin an employment drive to fill 110 new positions in anticipation of the success of the company (Daily Nation, 2010b).

In early 2010, Caribbean American Health Resorts announced plans to develop a USD\$110 million project in the populated south coast of the country. The company's plans were to develop 90 condo units that would serve as private recuperation suites for international patients that had received treatment at a facility to be developed on the former grounds of St. Joseph Hospital (Russell, 2010). The Caribbean American Health Resorts model would see the use of international physicians to treat international patients, with Barbadians supplying nursing and other allied health staff for the operation of the project (Tudor, 2008). In press releases, Caribbean American Health Resorts reported that some physicians affiliated with their project were already accredited to work in Barbados by the Barbados Association of Medical Practitioners (Tudor, 2008). As with the Global Medical Group Inc. project, Caribbean American Health Resorts' plans were thin on practical details and ultimately not approved for development.

American World Clinics Barbados was one of the four companies that submitted bids to an offer tendered by the Barbadian government for the development of the unused and dilapidated St. Joseph Hospital site in the northern end of the country, and was ultimately successful in its application. The company has proposed to build a multi-speciality, 50 inpatient bed hospital on the St. Joseph site, with international physicians being recruited to serve international patients and Barbadians nurses and other allied health staff recruited to operate the hospital (Barbados Advocate, 2012a; Barbados Advocate, 2011a). Barbadian physicians will be able to apply for admitting privileges, and could also potentially operate from this facility (Barbados Advocate, 2011a). This plan to import both physicians and patients has parallels to Caribbean American Health Resorts' proposal. The American World Clinics project was originally due to start construction in 2012 and slated to open in 2014; however, the updated timeline has construction beginning in 2013 and the facility operating in 2014 or 2015. The projected economic benefit of the project is thought to be the creation of 230 permanent jobs and USD\$100 million revenue generation annually (Barbados Advocate, 2011a).

American World Clinics' successful application marks a turning point for the St. Joseph site, as it has long been a development project on the government's radar. In 2008, the Minister of Health noted the government's hopes to develop the site and the high interest from international investors, remarking that the Ministry of Health received two to three applications a week with proposals to develop the site

(Best, 2008). The rationale given by the minister at the time was that the proposals were not pursued due to a lack of clear benefit for the local population (Best, 2008).

### Impacts on Private Health Care

Medical tourism has been portrayed as a boon for improved quality and capacity of care in the private sector, primarily through investments in infrastructure but also through the potential for international physicians working in private medical tourism facilities to offer new training opportunities to local physicians in new specialty areas (e.g. Moore, 2008; Wilson, 2008; Carter, 2009a; Alleyne, 2010b). The focus of articles in this domain has been on the importation of high-technology equipment and international specialists. Only one article raised this as a negative issue, suggesting that the focus on expensive curative equipment would distract from necessary investments in preventative care, as would the orientation of the private health system towards profitable curative care for foreign patients (Barrow, 2008). Both of these were seen to be a potential negative impact for local users of the private health system.

The Sparman Clinic and the Barbados Fertility Centre have both been positively reported on in the news (Atwell, 2009; Carter, 2009a; Carter, 2009b; Alleyne, 2010b). The increased range of services the two clinics offer the local population have been well received. The tie between the improved range and quality of services and medical tourism was especially evident in news reports following the Barbados Fertility Clinic's successful accreditation through Joint Commission International (Alleyne, 2010b).

### Impacts on Public Health Care

The great majority of articles did not mention the public health system in relation to medical tourism. A number of articles highlighted the need for any medical tourism development to take the public system into account and ensure its resources and capacity were at the very least protected, and at best, a direct beneficiary of medical tourism efforts (Barrow, 2008; Best, 2008; Stacey, 2008). An example of this was an article detailing the original plans for the St. Joseph site, in which a revitalized private facility would cross-subsidize and provide clinical support for a public geriatric care facility on the same grounds (Best, 2008). One article was outright negative in its assessment of the impacts of medical tourism on the public system, raising the potential for the industry to draw human health resources away from the public system serving locals, into the more profitable private facilities treating foreigners (Barrow, 2008).

Suggestions that the Queen Elizabeth Hospital, the island's main public health care facility, should provide care for foreign patients as a route of revenue generation were raised in a very small number of

articles (Cumberbatch, 2008; Yearwood, 2008; Springer, 2009). These suggestions were raised in discussions of the facility's upcoming renovations and the possibility of a new facility being developed with international accreditation and the direct provision of care on site to medical tourists in mind.

## Other Issues

Medical tourism was overwhelmingly framed in media accounts as a catalyst for economic growth. Employment opportunities, foreign exchange, and infrastructure development were all the primary focus of media coverage in Barbados regarding medical tourism (e.g., Wilson, 2008; Daily Nation, 2009; Brancker, 2011)

## Key Points

- Coverage of medical tourism in the Barbadian print news media is generally positive or neutral, with very few potentially negative issues being raised.
- Medical tourism is overwhelmingly framed as an economic development issue, centred on reports of potential job creation, infrastructure development, and service sector diversification.
- When framed as a health system issue, the potential for increased training opportunities, health worker immigration, and an expanded range and quality of health services are most commonly focused on.
- Interest from foreign investors in developing medical tourism projects in the country appears to be high. However, the government has been wary in approving projects that do not demonstrate benefit to the local population.
- The former private hospital site that sits on public land, St. Joseph Hospital, is due to undergo development by an American investment group. This hospital will recruit both international and local physicians and will primarily target medical tourists as its patient base.
- Critical accounts of medical tourism, especially in relation to the capacity of the public health system, are largely absent.

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## APPENDIX 2 – NARRATIVE SYNTHESIS OF POLICY DOCUMENTS REGARDING MEDICAL TOURISM IN BARBADOS

Medical tourism has been identified by the Ministries of Health and Tourism as a key industry to develop in the country. Spurred by declines in recreational tourism revenue following the recent global financial crisis, the national government started developing frameworks to assist in guiding policy decisions related to aiding the growth of the Barbadian medical tourism industry. Below is an account of common themes and issues raised in relevant policy documents.

We identified four key policy documents that collectively offer valuable insight into understanding priorities in Barbados' emerging medical tourism industry. The key document created to guide the development of its medical tourism industry is a Health and Wellness Task Force Report, published in 2009 by the Ministry of Health. This document reports on input from stakeholders across a wide range of government ministries and posts. Two notes to the Barbadian cabinet, one in 2008 and 2009, both addressed issues emerging from the development and submission of the Task Force Report and provide some further insights into the creation of medical tourism policies in Barbados. The fourth and final document is a draft of the health tourism investment and incentives framework currently being developed by the Barbadian government corporation, Invest Barbados.

In addition to the four key documents above, the Planning and Research Unit in the Ministry of Health provided access to two folders of documents relating to the country's emergent medical tourism industry. A large number of documents in these folders were unable to be copied and reviewed in detail for inclusion here due to anonymity concerns, but were made available to us for review while on-site. Our notes about these documents augment the four main documents mentioned above.

### Impacts on Health Human Resources

Barbadian policymakers have acknowledged Barbados' current health human resources shortages amongst medical specialists and nurses (Ministry of Health, 2009a). These have been characterized as having been driven primarily by the emigration of health workers from Barbados, and have begun to be addressed through increasing the intake of local training institutions (MOH, 2009a). Medical tourism has been raised solely as a capacity enhancing phenomenon for health human resources in Barbados. A larger medical tourism industry is thought to be an avenue to improve health worker numbers and quality in Barbados through both the retention of locally trained health workers and the recruitment of internationally trained physicians (MOH, 2009a). There is no direct discussion of how medical tourism will impact nursing specifically. A greater focus is applied to how the recruitment of internationally trained

physicians, especially for specialties currently unavailable in Barbados, will provide opportunities for collaboration and training (MOH, 2009a).

The current incentives government officials are considering offering to medical tourism facilities are relevant to health human resources development in Barbados. Offering tax incentives for training and education to improve the number and skills of Barbadian health workers has been requested by private stakeholders and raised as a likely incentive (Invest Barbados, 2010). Regulatory incentives that would assist physicians looking to temporarily practice or teach in Barbados as well as visas specifically for medical tourists have both been identified as areas for policy reform (Invest Barbados, 2010).

## Government Involvement in Medical Tourism

The Barbadian government has noted Malaysia's approach to developing its medical tourism industry, in which the Malaysian Ministry of Health took a leading role in regulating and promoting the country's medical tourism sector (MOH, 2008). This could be perceived as being in conflict with other reports in which the government has expressed its desire that the development of the industry be private sector led (MOH, 2009a). The Barbadian Ministry of Health has spearheaded the promotion of medical tourism in the country, leading the Health and Wellness Tourism Development Task Force, an inter-ministerial body whose mandate is to advise on the creation of regulatory frameworks with which to guide the growth of the health and wellness tourism sector, of which medical tourism is a key part (MOH, 2009a). The Barbadian government is seeking to play a key role in promoting, regulating, and incentivizing the growth of medical tourism.

With regard to promotion, the Barbadian government is working to raise awareness of health service export from Barbados amongst health providers in the country and on the international market. The government has suggested that it play a role in organizing the creation of a national medical tourism website that could help to create a cohesive Barbadian brand in the sector (MOH, 2009a). The Health and Wellness Task Force Report also calls for the Barbadian government to facilitate international connections with journalists and physicians outside the country, so as to raise awareness amongst them of Barbados' growing medical tourism industry and potentially spur the recruitment of patients to the country through favourable coverage or direct physician referrals (MOH, 2009a).

The Barbadian government is working to create a regulatory framework with which to oversee the growth of the industry. The Health and Wellness Task Force Report envisions the Barbadian government supporting its medical tourism industry by guaranteeing the provision of high-quality services so as to build and protect the Barbadian brand of health and wellness tourism (MOH, 2009a). To

achieve this, the government calls for the creation of two national organizations to oversee the industry. First, a National Health Care Quality Council composed of private providers and government representatives will set quality standards and oversee the delivery of health services in the health and wellness tourism sector, akin to a medical professional organization (MOH, 2009a). The National Care Quality Council is envisioned to adopt standards in line with international accreditation agencies and ensure that facilities are offering reputable services (MOH, 2009a). Second, a yet unnamed organization will “provide oversight and to facilitate the day to day operations of the [medical tourism] industry” (MOH, 2009a, p. 20). This organization is also to be primarily composed of private sector providers, and its distinct role in relation to the National Health Care Quality Council is unclear.

The Barbadian Government has existing plans to improve the health information systems currently monitoring the country’s health system (MOH, 2009a). The Health and Wellness Task Force Report suggests that the government will work to incorporate any facilities focused on offering medical tourism into the new, emerging health information system to have a complete sense of the country’s health system capacity (MOH, 2009a). The other core focus of regulatory reform being pursued to encourage the growth of the medical tourism industry is improving the ease with which patients and health professionals can move into the country. India’s expedited medical visa has been cited as a model with which Barbados sees merit in adopting. Barbados is now exploring the feasibility of issuing a similar visa that would allow the unobstructed movement of international patients into the country and permit them extended recuperative stays (Invest Barbados, 2010). Similarly, the need to create immigration frameworks that will allow international physicians and other health workers to stay in the country and practice, sometimes temporarily, has also been highlighted as a need related to industry expansion (MOH, 2009a; Invest Barbados, 2010).

Finally, the Barbadian government is currently developing a financial incentive framework to encourage international investment in the sector. These financial incentives will be offered through the extension of existing legislation that addresses investment into the country’s tourism sector (MOH, 2009a; Invest Barbados, 2010). These incentives will focus on waiving import duties for medical equipment and taxes associated with the construction and start-up of companies, including construction and real estate tax. The Health and Wellness Task Force Report also recommends that the government permit the accelerated depreciation of assets for facility equipment that undergo considerable use in their lifetime (MOH, 2009a). The draft incentives regime developed by Invest Barbados is consistent with the plans outlined in the Health and Wellness Task Force Report. The draft incentives regime also notes requests from the private sector for soft loans or grants from the government to assist in achieving international



accreditation, as well as training incentives to assist in furthering the education of existing health workers and for training new ones (Invest Barbados, 2010).

## Foreign Investment

The policy documents discussed the importance of attracting foreign direct investment to the medical tourism sector in Barbados (MOH, 2009a; Invest Barbados, 2010). Invest Barbados, a public corporation whose mandate is to attract foreign investment, has been identified as the government body responsible for creating the incentives framework (MOH, 2009a). The nature of this incentive framework with regard to foreign investment is detailed above.

## Impacts on Private Health Care

In the policy documents, all existing private medical care providers are framed as potential medical tourism sector participants (MOH, 2009a; Invest Barbados, 2010). The Sparman Clinic, Barbados Fertility Centre, and the Dialysis Clinic have also been singled out in the Health and Wellness Task Force Report as existing medical tourism providers (MOH, 2009a). Both of these instances demonstrate a very wide definition of medical tourism being adopted in the existing policy discussion.

Accreditation of private providers is raised repeatedly in the policy documents. The Health and Wellness Task Force Report notes the success of the Barbados Fertility Centre in achieving Joint Commission International accreditation and the current pursuit of Joint Commission International certification by the Sparman Clinic (MOH, 2009a). The Health and Wellness Task Force Report and the cabinet notes also focus on the creation of a National Health Care Quality Council to develop and enforce accreditation standards for health care providers (MOH 2008; MOH, 2009a; MOH, 2009b). There is inconsistency in these calls for accreditation, with some phrasing pointing towards the requirement that medical providers seek international accreditations and other suggesting that Barbados will create its own standards, but have them informed by the standards held by existing international accreditors (see MOH 2008, p. 3; MOH, 2009a, p. 16; MOH, 2009b, p. 1).

## Impacts on Public Health Care

The Queen Elizabeth Hospital is raised as a potential site for future health service exports in the Health and Wellness Task Force Report (MOH, 2009a). The recent success of a kidney transplantation at the facility and its strong reputation for cardiac care are both raised as examples of health services that could be provided to international patients in the future (MOH, 2009a). The framing of the Queen

Elizabeth Hospital as a potential medical tourism provider is tempered by a recognition that the facility would require major upgrades before effectively attracting medical tourists, especially as international accreditation would be sought (MOH, 2009a). These prospective upgrades to meet the expectations of medical tourists are presented as a positive development for local patients, as these patients would benefit from improved quality of care and the revenue generated for the public system (MOH, 2009a).

The documents temper their push for Barbados to expand its medical tourism industry with an acknowledgement that a larger sector serving foreign patients may have negative consequences for local patients, and that the industry must be developed with mechanisms to maximize benefits for the local population (MOH, 2008; MOH, 2009a). It is notable that this equity concern has been raised by the Ministry of Tourism and not the Ministry of Health (MOH, 2008).

## Key Points

- Medical tourism policy development in Barbados appears to be driven by the Ministry of Health, the Ministry of Tourism, and the government corporation Invest Barbados.
- The government describes its role in relation to medical tourism to be that of a regulator and facilitator, not as an investor or provider.
- Financial incentive frameworks used to support the tourism industry are being repurposed and extended to incentivize the growth of medical tourism.
- Accreditation and quality assurance is a major theme in existing policy documents. Implementing regulations that require international accreditation, or creating local standards consistent with international accreditation, for medical providers is raised repeatedly. The financial incentive framework under development is considering measures that would assist providers with obtaining accreditation.
- Regulatory incentives, chiefly surrounding easing international patients' and health professionals' visits to Barbados, are being explored to help support the medical tourism industry.
- The government has expressed its desire to see the development of medical tourism be private sector led, although it has also raised the possibility of the public Queen Elizabeth Hospital exporting its services
- The policy documents explicitly acknowledge the potential for inequitable outcomes for the local population if a larger medical tourism industry emerges and is poorly regulated and incentivized.

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## APPENDIX 3 – SUMMARY OF KEY AGENCIES AND ACTORS INVOLVED IN MEDICAL TOURISM DEVELOPMENT IN BARBADOS

### Medical Tourism Providers

#### *Barbados Fertility Clinic*

The Barbados Fertility Clinic is Barbados' most well-known medical tourism provider. Specializing in fertility treatments, the facility draws 80% of its patient base from outside of the country. The Barbados Fertility Clinic has served as a successful 'proof of concept' for the potential of a larger medical tourism industry in Barbados, having attracted increasing numbers of medical tourists every year since opening in 2004.

#### *Sparman Clinic*

The Sparman Clinic is a cardiology clinic that is widely reported to be engaging in medical tourism in media reports and government discussions. While the facility is known to be marketing its elective services to the international market via the Internet, the clinic primarily treats international patients experiencing cardiac emergencies and has had limited success in attracting true medical tourists (i.e., those who travel abroad for the expressed purpose of obtaining private medical care).

### Government Ministries and Organizations

#### *Ministry of Health*

The Ministry of Health has had two Ministers publicly support the development of medical tourism in Barbados, David Estwick (2008-2008) and Donville Iniss (2009-present). Current policy development undertaken by the Barbadian government is being led by an office in the Ministry of Health, namely the Health Research and Planning Unit, that heads the inter-ministerial Health and Wellness Tourism Development Task Force. While policy documents from the Ministry repeatedly express a desire that the development of medical tourism in the country be 'private sector led', the Ministry has taken a leading role in spearheading the promotion of medical tourism in the country and in developing a regulatory framework with which to guide industry growth.

#### *Ministry of Tourism*

The Ministry of Tourism has been a recent proponent of the development of medical tourism. Since his appointment, Minister Richard Sealy (2008-present) has publicly supported the notion of Barbados

developing a larger medical tourism sector. The Ministry is represented on the Health and Wellness Tourism Task Force.

### *Invest Barbados*

Invest Barbados is a publicly owned corporation with a mandate to attract foreign investment to the country. The organization has been involved in the creation of a financial incentives framework with which to bring foreign direct investment to the country's medical tourism sector. Invest Barbados has also been the primary Barbadian organization involved in liaising with the American World Clinics investment group.

## **Non-National Organizations**

### *Caribbean Export Development Agency*

The Caribbean Export Development Agency is affiliated with the Caribbean Community (CARICOM), whose mandate is to promote and coordinate international investment to the Caribbean region and the international export of its goods and services. The Caribbean Export Development Agency has played a role in heightening awareness of health services export in Barbados, helping to co-organize the Health and Wellness Seminar and Strategy Session in 2008 with a Canadian organization, Trade Facilitation Office Canada.

### *Trade Facilitation Office Canada*

Trade Facilitation Office Canada is a Canadian governmental organization that promotes export development to Canada in developing nations. Trade Facilitation Office Canada has assisted the Caribbean Export Development Agency in promoting medical tourism in the Caribbean region, assisting in co-organizing the Health and Wellness Seminar and Strategy Session in Barbados in 2008. Diane Girard was Trade Facilitation Office Canada's representative for this project, and was hired as a private consultant by the government of Barbados in 2010 to deliver a seminar promoting Health and Wellness Tourism to stakeholders in Barbados' industry.

### *The Medical Tourism Association*

The Medical Tourism Association is a non-profit organization based in the United States whose stated aim is to encourage the development of a global medical tourism industry. The Medical Tourism Association has invited Barbados to a number of its annual conferences. These conferences bring national

governments, providers, facilitators, and insurers together. Barbados has accepted and sent a contingent to attend twice.

## **Foreign Investors**

### *American World Clinics Barbados*

American World Clinics is an American corporation that is developing a 50 bed hospital in Barbados with the primary purpose of exporting health services to the North American market. The company was successful in securing a 25 year lease on public land in the rural north end of the country where a former multi-speciality private hospital once operated over 20 years ago.

### *Global Medical Group*

The Global Medical Group is one of a number of foreign investors that has sought to develop medical tourism in Barbados that has received media and government attention. The company's bid in 2009 to coordinate the international export of services by existing medical providers on the populated southern coast of the island was rejected by the Barbadian government.

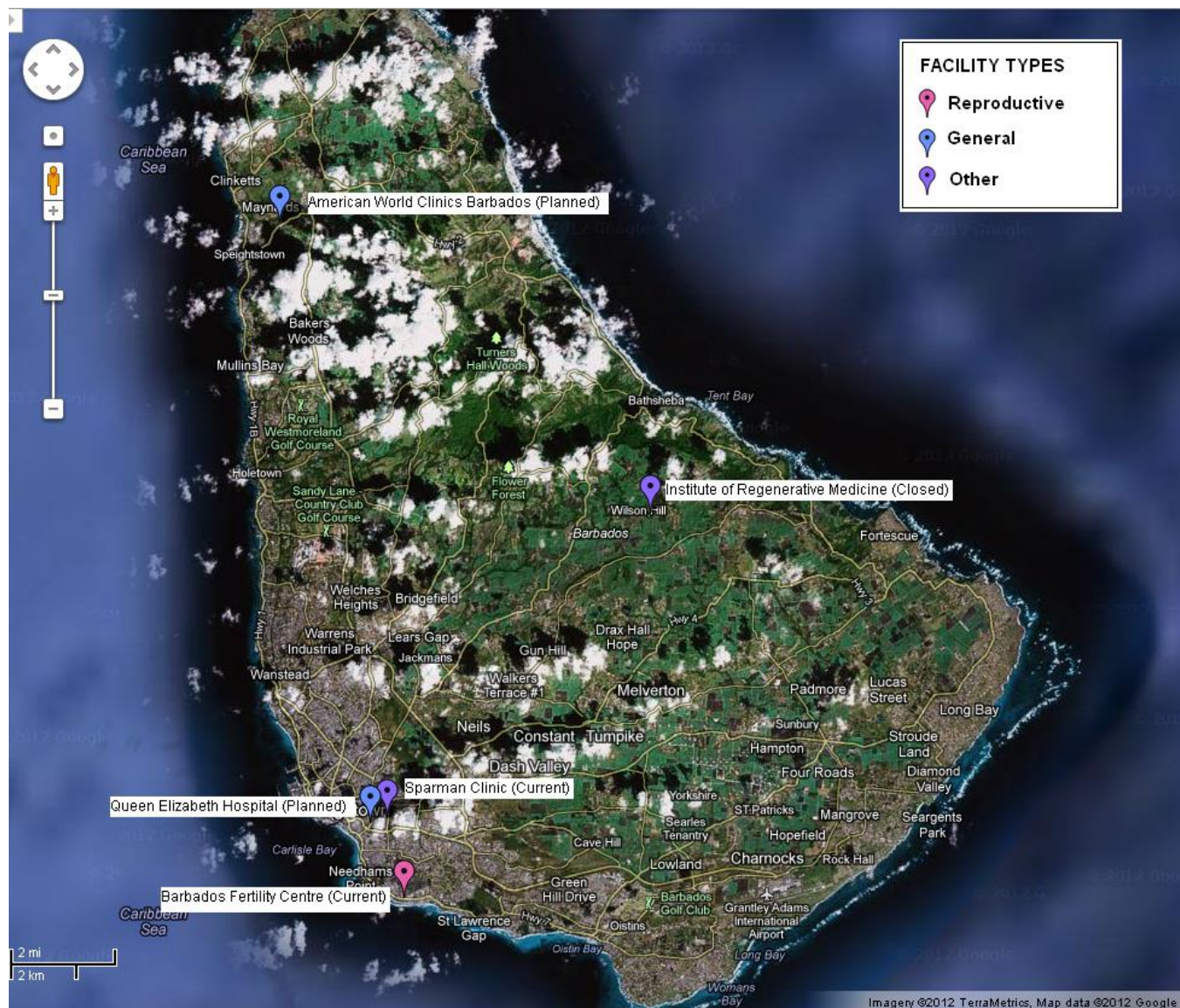
### *Caribbean American Health Resorts*

Caribbean-American Health Resorts submitted an unsuccessful bid in 2009 to develop the St. Joseph hospital grounds into a hospital specializing in medical tourism. The company received positive attention in the Barbadian media when its plans were originally released.

### *Apollo Hospitals*

Apollo Hospitals, an Indian hospital chain known for its well developed medical tourism services, was hired by Edward Healey, an expatriate from Britain who resides in Barbados, to manage the development and ultimately assume operations for a 74 bed multi-specialty hospital on the west coast of the island. Plans for the hospital were never realized, but were actively pursued between 2005-2010.

## APPENDIX 4 – MAP OF FORMER, CURRENT, AND PLANNED MEDICAL TOURISM FACILITIES IN BARBADOS





## APPENDIX 5 – TRADE AND INVESTMENT TREATIES: BARBADOS

### GATS Commitments

Worldwide, most trade and investment pertinent to medical tourism is not impacted by national and international trade and investment treaties. However, Barbados is a signatory of the World Trade Organization's (WTO) General Agreement on Trade in Services (GATS), which does have an impact on medical tourism as well as other health services. GATS requires WTO member countries to progressively remove barriers to trade in services. This can include trade in health services in four specific areas (known as 'modes'):

1. The supply of cross-border health services (such as telemedicine, or laboratory testing)
2. The supply of health services for international consumers (such as medical tourism)
3. The presence of foreign direct investment in health services (such as foreign direct investment in a medical clinic)
4. The movement of health workers (such as allowing foreign health professionals to practice in a country)

There are two categories in which barriers to trade can be altered: market access (removing barriers to foreign goods, investors or service providers) and national treatment (regulating foreign goods, investors or service providers the same as domestic ones). GATS allows WTO member countries to choose which of the four modes and the two categories they will 'liberalize', which is the formal term for the removal of trade barriers, and for which service sectors. Countries can also apply specific limitations to what is known as their 'GATS commitments'. GATS commitments are binding, which means that they cannot be ignored or altered, and can lead to a costly trade dispute if another WTO member country believes that a government is not fulfilling them.

Barbados has made only one commitment under GATS: to liberalize foreign direct investment in specialized medical services. This commitment is intended to attract foreign direct investment into this service sector, which includes medical tourism facilities. Barbados has placed a limitation on this commitment, that 'only a natural person can practice medicine'; and, under its commitments, the person must be registered under the Barbados Medical Registration Act. In simple terms, Barbados has opened its market to foreign investors for specialized medical services, and will allow foreign physicians to provide these services as long as they are also registered to do so in Barbados. Because Barbados has



not made GATS commitments in other areas, foreign patients treated in medical tourism facilities are not automatically entitled to the same cost or access entitlements of Barbadians and the Barbadian government can require lower cost or differential access to specialist medical services in medical tourism facilities for its own citizens.

## Bilateral Investment Treaties (BITs)

BITs encourage foreign investment by providing safeguards against losses to investors should governments change legislation or regulations that would seize investor's property or diminish the value of their investments without fair compensation. Unlike WTO agreements, many regional free trade agreements and bilateral or regional investment treaties allow foreign private investors/corporations to directly challenge and sue governments for damages to their investment that might result from a government regulation. Barbados has signed BITs with nine countries: Cuba, Canada, China, Italy, Mauritius, Germany, Switzerland, United Kingdom, and Venezuela (Invest Barbados, n.d.). As an example, the 1997 BIT with Canada contains provisions common to all of these agreements, including the following (Bilaterals, 1997):

### Article V.2

This article precludes both governments from imposing any restrictions on the amount of foreign investment. Canada has listed an exception for a number of public services (including health services) but Barbados has not. This leaves open the potential for private investment in medical tourism to grow to an extent where it dominates private health care provision in Barbados.

### Article VIII

This article embodies what has become known as 'investor-state dispute settlement,' which gives private foreign investors the right to sue foreign governments for damages due to 'measures having an effect equivalent to nationalization or expropriation.' There is a provision allowing such expropriation to be made 'in the national interest,' although this is subject to prompt compensation. The text of this article has a very narrow definition of what expropriated property should be compensated, although many BITs have broader language and private investors have become aggressive in seeking compensation for what they consider to be a loss of expected future profits over and above the actual amount they had invested.

## Regional Agreements

Barbados is a signatory to two regional agreements: the Caribbean Community and Common Market (CARICOM); and the European Union-Caribbean Forum (CARIFORUM) States Economic Partnership Agreement (EPA)(WTO, 2013).

The CARICOM agreement on trade is primarily concerned with reducing barriers on imports and government subsidies on exports in the Caribbean region; in this it follows similar rules to that of the WHO General Agreement on Tariffs and Trade. There is an additional 1997 protocol, Protocol II: Establishment, Services, Capital (Protocol Amending the Treaty Establishing the Caribbean Community), which liberalizes trade in all services without specifying particular sectors or exceptions (which the GATS agreement permits). It also enables the movement of capital with minimal barriers (essentially liberalizing investment) between CARICOM countries. Protocol II precludes governments from preventing health service providers in other CARICOM countries from obtaining 'land, buildings and property' for purposes of service provision (Article 35 (d)(f)). For example, this article would allow a private medical tourism provider in one CARICOM country to expand to other CARICOM nations. The agreement does include a standard exception to these treaty commitments, allowing governments to regulate 'to protect human, animal or plant life and health.' The same exception exists in several WTO treaties, including the GATS agreement; but its interpretation is still open to dispute (Caribbean Community, 2011).

The CARIFORUM agreement with the European Union (part of its 'Economic Partnership Agreements' or EPAs with former colonies in Africa, the Caribbean and the Pacific) contains liberalization commitments by both the European Union and the CARICOM countries. Barbados' commitments to liberalize trade in medical and dental services in CARIFORUM are similar to those it made for specialist medical services under GATS. The EPAs between CARIFORUM countries and the EU use the same four modes of services trade as the GATS listed in the GATS section above. Barbados has also fully liberalized 'services provided by midwives, nurses, physiotherapists and para-medical personnel' for trade modes one and two listed in the GATS section; and for hospital services, has fully liberalized trade in modes one through three. These provisions are consistent with the country's intention to develop medical tourism, and to ensure adequate health human resources for its delivery (Official Journal of the European Union, 2008).

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