



## Examining the Potential of Medical Tourism Development in Tanzania

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**Abstract:** Medical tourism has emerged as a rapidly growing global phenomenon, yet its development in many African countries, including Tanzania, remains underexplored. While international research highlights Asia, Latin America and parts of Europe as leading destinations, there is limited empirical evidence on how medical tourism operates in Sub-Saharan Africa and its integration into national tourism and healthcare systems. This study examined the potential for medical tourism development in Tanzania through the qualitative case study design. The study engaged 35 purposively selected participants, including international medical tourists, healthcare providers and hospital administrators. Data was collected through semi-structured interviews conducted face-to-face and virtually and analyzed thematically, using the NVivo software. Findings indicate that Tanzania has experienced steady growth in international patient arrivals, particularly from neighboring African countries, driven by the availability of specialized treatments in cardiology, oncology and nephrology. Medical tourism contributes significantly to foreign exchange earnings, employment and ancillary sectors, such as hospitality, transport and food services. It also enhanced healthcare infrastructure, technology and professional capacity. The study concludes that Tanzania holds strong potential as a regional medical tourism hub.

**Keywords:** Medical tourism; tourism sector; patients; gross domestic product; Tanzania.

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### Introduction

Medical tourism is defined as travel across international borders to receive medical care that is more affordable, higher quality or simply unavailable at home (Carrera & Bridges, 2011). According to Fortune Business Insights (2026), the global medical tourism market was valued at USD 38.2 billion in 2025 and is projected to expand to USD 250.02 billion by 2034, reflecting rising demand for cross-border healthcare driven by cost savings, advanced technologies and international connectivity. In Tanzania, this global trend is mirrored by government-led investments in specialized care, such as new cancer and kidney transplant centers, which have helped escalate international patient numbers from about 5,700 in 2021 to over 12,000 by 2025 (Healthcare Middle East & Africa Magazine, 2025). As these treatments become more sophisticated and visible, some

experts argue that medical tourism represents a new stream of national economic opportunity, particularly as Tanzania's reputation for oncology, cardiology and diagnostic services grows (Xinhua, 2025; Guardian Reporter, 2025).

Medical tourism in Africa is a growing yet under-developed segment of the global healthcare and tourism economies. Analysts describe the continent's potential, noting that Africa "has the potential to stand as a prime medical tourism hub due to advanced facilities matching global standards, skilled professionals trained worldwide, cost-effective treatments, and diverse healthcare options" while also highlighting persistent gaps in investment and infrastructure (World Health Expo, 2024, para 2).

Current market analyses project that the medical tourism market across Africa and the Gulf

Cooperation Council region reached over USD 1 billion in 2024 and is forecast to grow annually at a rate of about 8.5% through 2033, reflecting increasing awareness of lower treatment costs and improved regional capabilities (DataM Intelligence, 2025). While outbound medical travel remains prevalent across much of Africa, with Africans spending over US\$ 1 billion annually on medical services outside the continent, emerging improvements in the quality, specialization and cost-competitiveness of domestic healthcare systems indicate strong potential for the expansion of intra-African medical tourism. This potential can be substantially realized through the implementation of supportive policy frameworks, strategic investments in health infrastructure and human resources and the strengthening of regional cooperation in healthcare delivery (World Health Expo, 2024). These trends underline the dual character of medical tourism in Africa as both a source of lost economic value and an emerging opportunity for health system strengthening, employment and revenue diversification.

Tanzania has emerged as one of the active markets in Sub-Saharan Africa. Government and health sector leaders indicate that medical tourism in Tanzania has recorded double-digit annual growth. For example, Ambassador John Ulanga reported that Tanzania now captures 15–20% of the East African medical tourism market and serves an average of over 12,000 international patients annually, up from about 5,700 in 2021, with consistent growth of about 16.3% per year (Daily News, 2025). This rise is supported by improved specialized care across facilities, with hospitals, such as Jakaya Kikwete Cardiac Institute (JKCI) attracting patients from more than 15 African countries; some European sources, indicate expanding trust and reputation beyond the region (Healthcare Middle East & Africa Magazine, 2024). Xinhua (2025) observes that the government has sustained investment in modern infrastructure, advanced medical technology and highly trained specialists is positioning Tanzania as a key destination for medical tourism in Africa. Indeed, national data show increasing numbers of international patients across referral and specialized hospitals, signaling that Tanzania is embedding medical tourism within its broader economic and health policy frameworks (Ministry of Health Tanzania, 2025).

According to the Ministry of Health Tanzania (2025), the Benjamin Mkapa Hospital (BMH) in Dodoma, has greatly increased its ability to provide cutting-edge and extremely specialized services, such as open-heart surgery, cancer and kidney transplants. In addition to satisfying local healthcare needs, these services expansion also contribute to a decrease in Tanzanians seeking medical care elsewhere. The Guardian Reporter (2025) observed that advancements in specialized care had decreased the number of patients leaving the country. In the past, 200–300 Tanzanian patients were referred for treatment abroad each year; today, that number has drastically decreased. Scholars, such as Connell (2016) contend that these changes improve Tanzania's potential to develop into a modest but expanding medical tourism destination while also saving public money.

Previous studies on medical tourism have largely focused on its growth, drivers and impacts in well-established destinations in Asia, Latin America and parts of Europe. Scholars, such as Connell (2016) observed that medical tourism has become a global industry in which health care and tourism are increasingly intertwined, emphasizing cost differentials, technological advancement and patient mobility as key determinants. Similarly, Lunt et al. (2018a) noted that most empirical research has concentrated on a small number of dominant destinations, leaving emerging regions under-examined. While these studies provide valuable conceptual and empirical foundations, they offer limited insights into how medical tourism operates within African contexts, where health systems, tourism structures and development priorities differ significantly from those of traditional destinations.

Existing research recognizes Africa's emerging role in medical tourism, particularly within intra-regional patient mobility. The majority of scholars, such as Hanefeld et al. (2020b), argue that medical tourism is increasingly being promoted in low- and middle-income countries as a strategy for economic diversification and health system upgrading. Research focusing on Africa highlights countries such as Egypt, South Africa and Tunisia as leading destinations, citing comparatively advanced infrastructure and specialist capacity. However, NaRanong and NaRanong (2016) caution that evidence on the actual economic and health system benefits of medical tourism in Africa remains fragmented and largely anecdotal. In the case of Tanzania, most available literature is policy-driven

or descriptive, documenting recent investments in specialized hospitals and rising international patient numbers without systematically analyzing their implications for tourism revenue, healthcare access and sustainability.

Despite the growing body of literature, a significant amount of limited knowledge persists regarding the integration of medical tourism into Tanzania's broader tourism and health development agenda. Existing studies rarely examined how medical tourism contributes to national tourism earnings, employment and service linkages, nor do they adequately assess potential trade-offs related to equity and resource allocation. As Hanefeld et al. (2020a), argue, the benefits of medical tourism often outpace the available empirical evidence, particularly in emerging destinations. Moreover, there is limited peer-reviewed research that situates Tanzania within the broader African medical tourism landscape while critically evaluating both the opportunities and constraints.

This lack of context-specific, evidence-based analysis constrains informed policymaking and strategic planning, thereby justifying the need for the present study to systematically examine the potential, contribution and challenges of medical tourism development in Tanzania.

## **Literature Review**

This part synthesizes both theoretical and empirical scholarship to establish a robust foundation for understanding medical tourism and its relevance to Tanzania. It also presents an integrated theoretical framework drawing on Tourism Systems Theory, Globalization Theory and Health Services Utilization Theory to explain the structural, global and behavioral dimensions shaping medical tourism development and patient decision-making. The review then examines global and regional empirical evidence on medical tourism growth trends, highlighting leading destinations, market drivers and revenue patterns, with particular attention to emerging developments in Africa. By comparing global leading destinations with African perspectives, the review identifies persistent geographical and research imbalances and underscores the need for context-specific studies to explain how global medical tourism dynamics translate into opportunities and challenges for destinations such as Tanzania.

## **Theoretical Framework**

This study adopted an integrated theoretical framework combining Tourism Systems Theory, Globalization Theory and Health Services Utilization Theory to comprehensively explain the development and dynamics of medical tourism in Tanzania. Tourism Systems Theory is used to conceptualize medical tourism as a system of interrelated components, including healthcare providers, tourism services (accommodation, transport and attractions), intermediaries, policy institutions and source markets. This perspective helps explain how Tanzania's hospitals, tourism infrastructure and regulatory environment collectively influence international patient flows and tourism-related economic outcomes (Lee et al., 2024). Globalization Theory explains the growing cross-border movement of patients by situating medical tourism within wider global processes, such as increased international connectivity, diffusion of medical technologies, mobility of health professionals and the global circulation of health information. In the context of Tanzania, globalization facilitates access to regional and international patients, who seek affordable and specialized care while enabling the country to position its healthcare services within competitive global and regional health markets (Connell, 2016a; Khan et al., 2025). Whereas, Health Services Utilization Theory, particularly Andersen's behavioral model, is applied to understand why patients choose Tanzania as a treatment destination, the theory highlights the role of predisposing factors, such as patient attitudes and prior experiences, enabling factors like cost of treatment, accessibility, quality of facilities and travel arrangements and health needs, including availability of specialized services. This framework helps explain patient decision-making and aligns with empirical findings showing that affordability, shorter waiting times and perceived quality drive international patients to seek care in Tanzania (Lederle et al., 2021; Latief & Ulfa, 2024).

## **Empirical Review**

In terms of global growth trends, the medical tourism industry has experienced rapid expansion over the past decade as healthcare costs rise in developed economies, demand for specialized procedures grows and global travel becomes more accessible. Recent market research reports note that the industry is one of the fastest-growing segments within international tourism, driven by

factors, such as economic incentives, quality of care and the integration of digital health services (Koshta, 2025). A retrospective research overview shows that scholarly output on medical tourism has surged, reflecting increasing academic, policy and industry attention; this growth mirrors broader patient mobility patterns, with prominent contributions from countries, such as India, Malaysia and the United States (Yadav & Tamta, 2025).

Table 1 (Medical Tourism Business, 2025), shows the global medical tourism growth trends in some leading countries across the world. The Asia Pacific region (India, Malaysia, and Thailand) continues to lead in inbound medical tourism, due to combined cost efficiencies and specialized treatments. Thailand alone attracted millions of patients and

generated billions in revenue in recent years. Turkey showed strong growth between 2021 and 2022, about doubling inbound medical tourist numbers and related revenue as it expanded its dental, cosmetic and surgical markets. Singapore’s mix of health checkups and specialist care attracts significant patient volumes and high revenues compared with its size. Dubai and other Emirates are emerging regional hubs with substantial patient inflows supporting broader health tourism strategies. Globally, the industry forecasts consistently show robust expansion with market size projected to more than double over the next decade, reflecting rising international patient mobility, cost incentives and improved healthcare capacities abroad.

**Table 1: Summary of Global Medical Tourism Growth Trends**

Country/Region	Year	Medical Tourists (approx.)	Revenue USD (approx.)
Thailand	2022	3.2 million	4.3 billion
India	2022	1.4 million	7 billion
Malaysia	2022	350,000	—
South Korea	2022	248,000	—
Turkey	2022	1,258,382	2.119 billion
United Arab Emirates (Dubai)	2022	630,000	—
Global Annual Patients	2022	14 million travelers	78.51 billion

**Table 2: Summary of Medical Tourism Growth Trends in Africa**

Region	Country	Year	Medical Tourists / Patients
North Africa	Tunisia	2018	70,000
North Africa	Morocco	2018	50,000
SADC	South Africa	2018–2023	27,458
SADC	Tanzania	2025	12,180
East Africa	Kenya	2024	5,000
West Africa	Ghana	2017	5,000
East Africa	Uganda	2018	2,500

Table 2 shows the role of medical tourism in some selected destinations annually World Health Expo, 2024a). North African countries such as Tunisia (70,000 patients) and Morocco (50,000) attracted substantial numbers in 2018, demonstrating that demand exists across Africa’s diverse regions (Medical Tourism Business, 2025). In the Southern Africa Development Cooperation (SADC) region, South Africa had 27,458 medical tourism travelers in 2018–2023 followed by Tanzania with 12,180 visitors recorded for medical purposes in 2025 (Medical Brief, 2024). Across Africa, there are smaller but emerging markets like Uganda (2,500) in 2018, Ghana (5,000) in 2017 and Kenya (5,000) in

2024 illustrating some growth potential across the continent (Medical Tourism Business, 2025).

Furthermore, the global industry reports consistently emphasize the expanding demand for international medical care, noting that patients often seek treatment abroad to access specialized procedures, reduced waiting times and cost savings relative to their home countries. For example, studies examining market drivers report that economic considerations, including lower treatment costs and high-quality specialized services abroad are central motivations for medical travelers (Koshta, 2025). Additionally, forecasts across multiple analyses suggest continued upward

trajectories upward as globalization and healthcare innovation further facilitate international patient flows. These trends are complemented by research (Lunt et al., 2018b; Atun et al., 2021), indicating that emerging technological solutions such as telemedicine and digital health platforms are reshaping patient decision-making and expanding access to information about treatment options abroad.

Despite its strong growth, the literature also notes that medical tourism is unevenly distributed globally, with Asia and Latin America dominating as inbound destinations while many African countries remain underrepresented in empirical studies. This gap highlights a need for context-specific research to understand how global growth trends materialize in regions like sub-Saharan Africa, where health system capacities, economic structures and tourism frameworks differ markedly from established hubs.

## **Methodology**

This section outlines the systematic procedures adopted to investigate medical tourism in Tanzania, detailing the overall research design, study population and sampling strategies, data collection procedures and approaches used to ensure validity and reliability of the findings. It further explains the methods applied in analyzing the data, particularly the statistical and thematic treatment used to derive meaningful patterns and concludes by addressing the ethical considerations that guided the study. Together, these components provide a transparent and rigorous framework that underpins the credibility, trustworthiness, and scholarly integrity of this study.

## **Design**

This study employed a qualitative case study approach to examine the potential for medical tourism development in Tanzania from the perspectives of key stakeholders. The qualitative approach was considered appropriate because it enables an in-depth exploration of complex social, institutional, and service-related phenomena that cannot be adequately captured through quantitative measures. Case study designs are particularly suitable for emerging research areas where contextual understanding, stakeholder experiences, and meaning-making processes are central (Creswell & Poth, 2018; Marshall et al., 2019). In the context of medical tourism, the case study design allowed the research to capture nuanced insights into patient motivations, institutional capacities, policy

environments, and perceived challenges within Tanzania's healthcare and tourism systems (Lee et al., 2024).

## **Population and Sampling**

The study population included inbound medical tourists, healthcare providers and hospital administrators directly involved in medical tourism activities in Tanzania. These groups were selected because they represent the core actors shaping and experiencing medical tourism development. A purposive sampling technique was employed to select 35 information-rich participants, including 20 international medical tourists, 10 healthcare providers and five hospital administrators. Purposive sampling is widely recommended in qualitative research when the aim is to obtain detailed insights from participants with specific knowledge and experience of the phenomenon under study (Patton, 2015; Guest et al., 2020). The sample size was considered sufficient to achieve data saturation, where no new themes or insights emerged from additional interviews as suggested by Guest et al. (2020).

## **Instruments**

Data was collected using semi-structured interview guides, which allowed flexibility while ensuring consistency across interview sessions. The interview guides were designed to explore key themes related to medical tourism services, patient experiences, economic contributions, healthcare impacts and policy challenges. Semi-structured interviews were applied because they balance depth, comparability and responsiveness to participants' perspectives as Kallio et al. (2022) recommend. Interviews were conducted face-to-face and where necessary, through virtual platforms, such as Zoom and WhatsApp to accommodate participants' availability and geographic constraints. All interviews were audio-recorded with participants' consent and later transcribed verbatim to facilitate rigorous analysis.

## **Validity and Reliability**

The study's credibility was enhanced through triangulation of data sources by engaging multiple stakeholder groups and through prolonged engagement with participants (Nowell et al., 2017). Dependability was ensured by maintaining a clear audit trail documenting data collection and analysis procedures. Confirmability was addressed by minimizing researcher bias through reflexive journaling and peer debriefing. Transferability was supported by providing rich, thick descriptions of

the study context and participants, allowing readers to assess the applicability of findings to similar settings as recommended by Braun and Clarke (2021) and Nowell et al. (2017).

### Statistical Treatment of Data

Data analysis was conducted using thematic analysis, following the six-phase framework proposed by Braun and Clarke (2021), which includes familiarization with the data, initial coding, theme development, theme review, theme definition, and reporting. NVivo 14 software was used to support systematic coding, data organization and theme refinement. Thematic analysis was selected because of its flexibility and suitability for identifying patterns and meanings across qualitative datasets (Braun & Clarke, 2021; Lee et al., 2024). Findings were interpreted by linking emergent themes to the study's theoretical framework and existing literature.

### Ethical Considerations

Ethical principles of informed consent, voluntary participation, confidentiality and anonymity were strictly observed throughout the research process. Participants were provided with clear information about the study objectives, procedures, potential risks and benefits before participation. Written and verbal consent was obtained prior to data collection. To protect participants' identities, pseudonyms were used and all data was securely stored with access limited to the researcher. These procedures are consistent with internationally accepted ethical standards for qualitative health and social research (Orb et al., 2019; Creswell & Poth, 2018).

### Results and Discussion

This part presents findings and discussion, guided by specific research questions.

**Research Question 1:** What is the current status and scope of medical tourism in Tanzania?

The findings in Table 3 show that medical tourism in Tanzania has expanded both in scale and diversity of services offered.

Key referral and private hospitals, such as the Aga Khan Hospital in Dar es Salaam, Benjamin Mkapa Hospital in Dodoma, Bugando Medical Centre in Mwanza, Kilimanjaro Christian Medical Centre (KCMC) in Kilimanjaro, Mount Meru Hospital in Arusha and Muhimbili National Hospital in Dar es Salaam, now offer specialized procedures, including

cardiology, oncology, orthopaedics, nephrology and advanced diagnostics, which attract patients from across the region. Official Ministry of Health data indicates that international patient numbers increased significantly, rising from approximately 5,705 in 2021 to 12,180 by early 2025 (Xinhua, 2025).

**Table 3: Medical Tourism Growth Trend in Tanzania**

Year	Medical Tourists
2025	12,180
2024	7,843
2023	3,657
2021	5,705

Source: Ministry of Health, Tanzania (2025)

A retired Vice-President of the United Republic of Tanzania noted that this growth contributed around TSh Sh 166.5 billion ( $\approx$  USD 70 million to the national economy (Daily News, 2025). The National Bureau of Statistics (NBS) reported that in 2023, 8% of international visitors came specifically for medical treatment, with significant shares from Zambia, Kenya, Burundi and DRC (Daily News, 2025). Mid-year comparisons show a rise from 3,657 medical patients (Jan–Jun 2023) to 4,251 (Jan–Jun 2024), indicating continued momentum (Ministry of Health Tanzania, 2025).

According to the Ministry of Health (Table 3), Tanzania received 12,180 medical tourists in the year 2025, with total earnings of USD 70 million. In 2024, the country received 7,843 medical tourists, compared to 2023, with 3,657 tourists and 2021 with 5,705 tourists. This trend reflects continued growth over time as narrated by Dr Rashid Othman (not really name), one of the participants:

In the past, all our patients were local, but we now receive patients from Burundi, Zambia, the Democratic Republic of Congo, Malawi and even Southern Africa, most of whom seek cardiac and cancer services that are either unavailable or prohibitively expensive in their home countries.

Regarding source markets, national tourism statistics reveal that regional neighbors contribute significantly to patient inflows: "In 2023, Zambians accounted for more than 20% of those who came for medical treatment while people from Kenya, Burundi and the Democratic Republic of Congo showed strong representation" (Simtowe, 2024). This evidence confirms that Tanzania's medical tourism is predominantly intra-African, with patients choosing Tanzania for specialized care not easily

available or affordable at home. K. Lupasha, an oncology patient from Zambia reported, “I decided to seek treatment in Tanzania because the hospital here offers the same diagnostic tests and high-quality medical care that I was advised to obtain outside Africa, but at a much lower cost and with significantly shorter waiting times.”

These trends align with broader literature on health mobility in East Africa, where researchers emphasize that “regional patient flows within Africa often reflect both healthcare gaps and emerging capacity in certain destination countries” (Asa & Nautwima, 2025). Thus, the current status shows growing service breadth and regional patient flows as defining features of Tanzania’s medical tourism landscape.

**Research Question 2:** What is the contribution of Tanzania’s medical tourism sector to national revenue generation, employment and economic diversification?

Medical tourism is becoming a meaningful contributor to Tanzania’s tourism economy. Government reports estimate that the sector contributed approximately TSh 166.5 billion (about USD 70 million) in 2025, reflecting its role in foreign exchange earnings and demand for complementary services (Healthcare Middle East & African Magazine, 2025). A tourism officer in Arusha reported:

Most international patients do not travel to Tanzania alone. Their family members stay in hotels or apartments, use transport services, consume food and beverages and in many cases remain in the country for several weeks, thereby directly benefiting the tourism and hospitality sectors.

This statement illustrates the multiplier effect of medical tourism, where expenditures by patients and accompanying family members generate economic benefits beyond the healthcare sector, particularly in hospitality, transport and food services. Such dynamics align with research highlighting that medical tourism contributes to employment creation, foreign exchange earnings and local economic diversification in emerging destinations. These findings align with the revelations made by Connell (2016b) and Gholipour & Esfandiar (2024). Beyond direct revenue, the sector supports employment in both health and adjacent industries, including hospitality, transport

and pharmaceutical supply chains by generating demand for services that extend beyond clinical care.

An orthopaedic patient from Malawi reported: “I combined my treatment with a short recovery stay in Zanzibar. After the medical procedure, my family and I visited Jozani Forest and the beaches, which made the medical trip more meaningful.” This statement explains how medical tourism can integrate healthcare with leisure experiences, creating what is often referred to as a “holistic medical tourism experience.” By combining treatment with recreational activities, patients and their families contribute to the tourism and hospitality sectors, extending their economic impact beyond medical expenditures. This aligns with research suggesting that recovery stays and leisure activities can enhance patient satisfaction while generating additional revenue for local tourism destinations (Connell, 2016b; Gholipour & Esfandiar, 2024).

Therefore, medical tourism is being integrated into national strategies for economic diversification under initiatives to reduce reliance on traditional tourism and agriculture. The government’s emphasis on health services as an export-oriented economic activity reflects the view by Asa and Nautwima (2025) that linking health with tourism can create new economic pathways in developing countries. This suggests that Tanzania’s experience mirrors global patterns where health services bolster broader economic agendas.

**Research Question 3:** What are the perceived benefits of medical tourism for the healthcare system in Tanzania?

Stakeholders reported several perceived benefits of medical tourism for the national health system. First, the increased demand from international patients has spurred investment in hospital infrastructure and technology, particularly in areas like cardiac care and cancer treatment, thus enhancing the overall service capacity. Health sector professionals, such as Asa and Nautwima (2025) argue that the influx of foreign patients acts as a catalyst for healthcare modernization and quality improvements, a pattern observed in other emerging medical tourism contexts. A cardiologist, National Referral Hospital in Dar es Salaam reported, “Since we now provide services to international patients, the hospital management enforces strict quality standards, rigorous

equipment maintenance and full adherence to internationally recognized clinical protocols”.

Second, the presence of international patients has reportedly encouraged specialist training and human resource development. Providers suggest that exposure to diverse clinical cases and external benchmarking has uplifted professional competencies across participating hospitals. A medical specialist in Arusha reported, “Working with international patients has compelled us to upgrade our skills and engage in continuous training, as expectations are higher and performance is inevitably compared to international standards. There is no ‘business as usual’ anymore at this medical facility.”

Third, stakeholders contended that medical tourism helps reduce outbound patient flows, a common challenge in many African health systems, where patients previously traveled abroad for advanced care. This local retention of demand is consistent with reports from health tourism research that improving in-country specialized services can reduce costly outbound treatment flows (Raofi et al., 2024).

Taken together, these benefits affirm that medical tourism strengthens domestic healthcare systems, not only through revenue but also through constructive pressures for quality and capacity building.

**Research Question 4:** What are the challenges and constraints facing the growth of medical tourism in Tanzania?

Despite the reported gains, several challenges were identified that face Tanzania’s in medical tourism. First, providers and administrators reported that uneven quality assurance and limited international accreditation constrain confidence among potential patients. Global studies affirm that *“quality perceptions and accreditation status are central determinants of patient decisions in health travel”* (Latief & Ulfa, 2024).

Second, participants cited insufficient patient-friendly accommodation, transport logistics and post-treatment care services as deterrents to sustained growth. These shortcomings echo previous empirical recommendations that emerging hubs must align clinical services with broader service ecosystems to succeed (Jalali et al., 2025).

Third, there was frequent reference to fragmented regulatory frameworks and limited policy guidance

specific to medical tourism, creating uncertainties in licensing and cross-border patient facilitation. According to Raofi et al. (2024), lack of coherent legislative and policy frameworks remains a major barrier to health tourism development in many African settings.

One of the respondents reported,

Accommodation and post-treatment care facilities remain limited, particularly for patients who require extended recovery periods and wish to stay with their families. The shortage of suitable lodging, long-term care spaces and supportive amenities can make it challenging to provide a comfortable and holistic recovery experience, especially for international patients who rely on nearby, family-friendly facilities during the healing process.

These findings suggest that although Tanzania possesses important strategic assets and strong potential, substantial systemic constraints continue to limit their full utilization. Addressing these structural, institutional and capacity-related challenges is essential to achieving sustained growth, improving overall performance, and enhancing the country’s long-term competitiveness at both regional and international levels.

## Conclusion and Recommendations

Based on the results, Tanzania’s medical tourism sector is growing steadily, with specialized hospitals attracting regional patients and offering advanced procedures. The sector contributes significantly to national revenue, employment and economic diversification, stimulating ancillary industries such as hospitality, transport and food services. It also strengthens the healthcare system by improving infrastructure, enhancing specialist skills and reducing outbound patient flows. However, growth is constrained by uneven quality standards, limited patient support services, fragmented policies, and potential equity concerns between local and international patients.

Tanzania should strengthen medical tourism by expanding specialized healthcare services and improving hospital infrastructure, particularly in cardiology, oncology and orthopaedics to meet the growing regional demand. Efforts should focus on enhancing patient support services, recovery accommodations and leisure integration to

maximize the tourism spillover effects. The government should develop and implement clear policies, streamline regulations and pursue international accreditation to increase patient confidence while investing in training and continuous professional development for healthcare providers are needed. Coordinated marketing strategies and alignment with regional African health and tourism initiatives will help attract more international patients and ensure sustainable economic and healthcare benefits.

## References

- Asa, A. R. and Nautwima, J. P. (2025). Health tourism in the Global South: Towards effective policy responses to emerging opportunities and challenges. *International Journal of Innovation and Economic Development*, 2(11), 7–22.
- Atun, R., De Andrade, L. O. M., Almeida, G., Cotlear, D., Dmytraczenko, T., Frenz, P., García, P., Gómez-Dantés, O., Knaul, F. M., Muntaner, C. and Røttingen, J. A. (2021). Health-system reform and universal health coverage in Latin America. *The Lancet*, 385(9974), 1230–1247. [https://doi.org/10.1016/S0140-6736\(14\)61646-9](https://doi.org/10.1016/S0140-6736(14)61646-9)
- Braun, V. and Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage Publications.
- Carrera, P. M. and Bridges, J. F. P. (2011). Globalization and healthcare: Understanding medical tourism. In *Medical Tourism: Treatments, Markets, and Health System Implications* (pp. 1-15). University of Birmingham Health Services Management Centre.
- Connell, J. (2016a). *Medical tourism*. CAB International. <https://doi.org/10.1079/9781780649172.0000>
- Connell, J. (2016b). Reducing the scale? From global images to border crossings in medical tourism. *Global Networks*, 16(4), 531–550. <https://doi.org/10.1111/glob.12132>
- Creswell, J. W. and Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.
- Daily News (2025). Tanzania's medical tourism goes sky-high; it's in Africa's top-five list. *Daily News*, Dar es Salaam.
- DataM Intelligence (2025). *Africa and GCC medical tourism market size, share analysis, growth trends, and forecast 2025–2033*. DataM Intelligence
- 4Market Research LLP. <https://www.datamintelligence.com/research-report/africa-and-gcc-medical-tourism-market>
- Fortune Business Insights. (2026). *Medical tourism market size, share & industry analysis, by healthcare services (medical treatment, wellness treatment, and alternative treatment), by service provider (public and private), and regional forecast, 2026–2034*. Fortune Business Insights. <https://www.fortunebusinessinsights.com/industryreports/medical-tourism-market-100681>.
- Gholipour, H. F. and Esfandiari, K. (2024). Does medical tourism promote growth in the healthcare sector? *European Journal of Health Economics*, 26(2), 233–241. <https://doi.org/10.1007/s10198-024-01642-8>.
- Guardian Reporter. (2025). Dar sees surge in medical tourism amid healthcare investments, govt. *The Guardian* (Tanzania).
- Guest, G., Bunce, A. and Johnson, L. (2020). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 32(1), 3–22. <https://doi.org/10.1177/1525822X19881372>.
- Hanefeld, J., Horsfall, D., Lunt, N. and Smith, R. (2020a). Medical tourism: A cost or benefit to the NHS? *PLOS ONE*, 15(10), e0239665. <https://doi.org/10.1016/j.healthpol.2020.06.014>.
- Hanefeld, J., Smith, R., Horsfall, D. and Lunt, N. (2020b). What do we know about medical tourism? A review of the literature with policy implications. *Health Policy*, 124(9), 901–910.
- Healthcare Middle East and Africa Magazine. (2024). JKCI attracts patients from across Africa and Europe, expanding medical tourism. *Healthcare MEA*.
- Healthcare Middle East and Africa Magazine. (2025). Tanzania boosts medical tourism as patient numbers double, VP announces new centers.
- Jalali, M., Haghgoshayie, E., Janati, A., Yoshari, P. and Khodayari-Zarnaq, R. (2025). Health tourism: A global perspective on the barriers and facilitators. *Discover Public Health*, 22(1), Article 157. <https://doi.org/10.1186/s12982-025-00545-2>.
- Kallio, H., Pietilä, A. M., Johnson, M. and Kangasniemi, M. (2022). Systematic methodological review: Developing semi-structured interview guides for qualitative research. *Journal of Advanced Nursing*, 78(1), 4–14. <https://doi.org/10.1111/jan.14986>.

- Khan, R., Ahmed, S. and Rahman, M. (2025). Medical tourism: Its research and implications for public health. *Medical Tourism Journal*.
- Koshta, H. (2025). The global medical tourism market: Trends, drivers, and opportunities. *International Research Journal on Advanced Engineering and Management*, 3(03), 875–881.
- Latief, A. and Ulfa, M. (2024). Healthcare facilities and medical tourism across the world: A bibliometric analysis. *The Malaysian Journal of Medical Sciences*, 31(2), 18–29. <https://doi.org/10.21315/mjms2024.31.2.3>.
- Lederle, M., Tempes, J. and Bitzer, E. M. (2021). Application of Andersen’s behavioural model of health services use: A scoping review with a focus on qualitative health services research (BMJ Open, 11(5), e045018). <https://doi.org/10.1136/bmjopen-2020-045018>.
- Lee, N., Horsfall, D. and Lunt, N. (2024). Revisiting medical tourism research: Critical reviews and implications for destination management and marketing. *Journal of Destination Marketing & Management*, 33, 100924. <https://doi.org/10.1016/j.jdmm.2024.100924>.
- Lunt, N., Horsfall, D. and Hanefeld, J. (2018a). Medical tourism: A snapshot of evidence on treatment abroad. *Maturitas*, 109, 6–10. <https://doi.org/10.1016/j.maturitas.2018.01.001>.
- Lunt, N., Horsfall, D. and Hanefeld, J. (2018b). Medical tourism: A snapshot of evidence on treatment abroad. *Maturitas*, 109, 6–10. <https://doi.org/10.1016/j.maturitas.2018.01.001>.
- Marshall, B., Cardon, P., Poddar, A. and Fontenot, R. (2019). Does sample size matter in qualitative research? A review of qualitative interviews in IS research. *Journal of Computer Information Systems*, 59(1), 95–103. <https://doi.org/10.1080/08874417.2017.1404673>.
- MedicalBrief. (2024). *SA ripe with potential for medical tourism growth*. MedicalBrief. <https://www.medicalbrief.co.za/sa-ripe-with-potential-for-medical-tourism-growth/>
- Medical Tourism Business.com. (2025). Medical tourism statistics by country: Facts, figures and destinations. Medical Tourism Business. <https://www.medicaltourismbusiness.com/medical-tourism-statistics>.
- Ministry of Health Tanzania (2025). Medical tourism statistics (January–June 2024). Government of Tanzania.
- NaRanong, A. and NaRanong, V. (2016). The effects of medical tourism: Thailand’s experience. *Bulletin of the World Health Organization*, 94(5), 336–344. <https://doi.org/10.2471/BLT.15.158964>.
- Nowell, L. S., Norris, J. M., White, D. E. and Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1–13. <https://doi.org/10.1177/1609406917733847>.
- Orb, A., Eisenhauer, L. and Wynaden, D. (2019). Ethics in qualitative research. *Journal of Nursing Scholarship*, 51(1), 119–125. <https://doi.org/10.1111/jnu.12455>.
- Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Sage Publications.
- Raoofi, S., Khodayari-Zarnaq, R. and Vatankhah, S. (2024). Healthcare provision for medical tourism: A comparative review. *Journal of Education and Health Promotion*, 13, 63. [https://doi.org/10.4103/jehp.jehp\\_1372\\_23](https://doi.org/10.4103/jehp.jehp_1372_23).
- Simtowe, A. (2024). Why medical tourism is a potential game-changer for Tanzania. *The Citizen*.
- World Health Expo (2024, April 10). *Where does Africa stand in the medical tourism industry?* World Health Expo. <https://www.worldhealthexpo.com/insights/medical-tourism/where-does-africa-stand-in-the-medical-tourism-industry/>
- Xinhua (2025, June 3). *Tanzania sees surge in medical tourism amid healthcare investments*. China.org.cn. [https://www.china.org.cn/world/Off\\_the\\_Wire/2025-06/03/content\\_117907051.shtml](https://www.china.org.cn/world/Off_the_Wire/2025-06/03/content_117907051.shtml).
- Yadav, P. K. and Tamta, A. K. (2025). Retrospective overview of medical tourism and related research: A bibliometric analysis. *ASEAN Journal on Hospitality and Tourism*.