Tourism and health in Senegal: the local human development approach in the example of the Cap Skirring resort in Casamance

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The proposed research is part of the logic of approaching the relationship between health and tourism through the prism of new challenges in the tourist economy in terms of the search for health and well-being. It questions the health dimension in a context of competition in the tourist offer. It is thus a question of seeing how health is integrated into the tourist policies of southern countries such as Senegal with natural opportunities conducive to the emergence of competitive tourism. We start from a perspective of scientific positions around the health and tourism link through the two entries structuring the reflection on this link in the literature: 1) the perspective of a medical tourism characteristic of one or more trips for to heal; 2) the prospect of health tourism centered on taking advantage of the opportunity of a tourist stay to improve one’s health. However, we favor in this research an entry by health tourism by integrating the possible need for care in the event of the occurrence of an illness or an accident during the tourist stay by analyzing the capacities of the health system (supply, access and accessibility and use of care). This choice is explained by the clear observation that the Senegalese health system does not offer guarantees of care that meet the requirements of medical tourism. Indeed, the health supply is subject to situational and structural problems on a national scale with notable disparities, it decreases as one moves away from Dakar, the capital, where are concentrated the most specialized care to the detriment of the interior of the country and very attractive margins in terms of tourist offer such as Lower Casamance. We are here questioning health as a political object when regional planning strategies integrate it a priori. But, a posteriori, does health occupy the place it should occupy in boosting the territorial dynamics of tourism in Senegal? This study tries to provide answers by analyzing the specific case of the seaside resort of Cap Skirring which began to attract people since
the beginning of the 1970s with the arrival of Club Med, the creation of an international airport and the development of an integrated rural tourism thanks to the diversity of its landscapes. Cap Skirring is located in the region of Ziguinchor which integrates the natural region of Casamance (Lower Casamance) straddling three states including Senegal, Guinea Bissau and Guinea. It is now one of the most attractive tourist sites in Casamance and contributes substantially to local development with generated income reaching 85% of municipal revenue, 40% of which comes from activities related to tourism. The objective of this study is thus to make a reading on the place given to health in the tourist development in Cap Skirring with regard to the needs expressed by both the populations and the tourists, residents or not. The qualitative method is used in the collection of data with interviews intended for actors including hoteliers, tourists, travel agencies, the tourism agency and the local population to translate perceptions and experiences on the issue. The findings from this study are of several kinds. Firstly, the local healthcare offer is weak compared to the needs expressed by the local population and tourists. Indeed, in the territorialization of the health offer, Cap Skirring has the status of a medical zone. The medical area is the first level in the health pyramid, it is the first place of contact between the user and the health system (primary health care). In 2017, according to the National Agency for Statistics and Demography (NASD) of Senegal, Cap Skirring attracted 13,798 tourists. Even if a downward trend has been observed since the Covid-19 pandemic, Cap Skirring continues to polarize tourism in Casamance while the supply of care is stagnating in relation to potential needs. Thus, health, an eminently political object, is an “unthought” there. Secondly, the possibilities of seeking care, beyond primary care, are conditioned by evacuations to Oussouye (30 km), Ziguinchor (60 km), Dakar (400 km) in the event of an emergency in often difficult conditions (risks) in relation to travel time, road conditions and financial inaccessibility, especially for local populations. Thirdly, at the same time, adaptation strategies are developed within the framework of solidarity tourism which weakly mitigate the shortcomings of the supply of care (humanitarian commitment). All these elements have negative implications for tourism development to the point of undermining all the major initiatives put in place by Senegal to sell the destination.
Map 1: Location of Cap Skirring

INDEX

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