

## **The development of health tourism in Senegal as a means to create employment and avoid brain drain.**

In less developed countries such as Senegal, full employment is one of the objectives set by successive governments. In the achievement of the above objective, the potential contribution of sectors such as tourism and health stands out, as they are labor-intensive sectors of activity.

The phenomenon known as brain drain consists of the departure of professionals from their country of birth to work in other countries, generally more developed, which leads to professional improvement and, in many cases, higher salaries (Bhardwaj & Sharma, 2023).

The development of the tourism and health sectors would allow their professionals not to emigrate, thus contributing to the economic improvement and development of the country. In the health sector, for example, the brain drain would prevent the departure not only of highly qualified personnel -doctors- but also of mid-level technicians, nurses and midwives .... to other countries (Eastwood et al. 2005, 1893-94). For its part, tourism, in terms of the part associated with its first cycle of capital formation, contributes to the generation of low-level jobs, but in large numbers, by a factor of 4 to 1 compared to the other sectors, figures that are difficult to achieve in the short and medium term by other sectors, such as industry or agriculture.

The main objective of this work is to study the potential for the initiation of health tourism activities in the Littoral Region of Senegal. As a starting hypothesis, it has been proposed to demonstrate that, by implementing this type of tourism in the country, a large number of direct and indirect jobs can be created in the health and tourism sectors, and induce their creation in other sectors, such as construction and commerce.

On the African continent, the cases of South Africa and Tunisia are now traditional examples of the potential of this form of tourism to generate employment (Nicolaidis 2011; Lautier 2008).

On the other hand, in many Third World countries, the salaries of health professionals are very low compared to the salaries applied in more developed countries (Bhardwaj & Sharma, 2023; McCoy et al. 2008, 678). The lower salaries in developing countries are one of the main causes of the mobility of health professionals to more developed countries, generally in search of a better life, which has come to be known as brain drain (Cabieses and Tunstall, 2012, 161). The most frequent trend is the departure from southern countries to northern countries (Mullan 2006).

An example of the extent of the brain drain from developing to developed countries is given by Mullan (2006) and Benamer, Bredan and Bakoush (2009, the latter based on surveys conducted in 2008, concerning the main reasons for Libyan doctors leaving to work outside their country. In the second study mentioned above, the following reasons for leaving the country are given: to acquire better training and the search for better living conditions and income. None of the respondents rule out the possibility of returning to

their country and working there, and the reasons that may motivate this return are: reform of the Libyan health system (58% of the total), improvement of research prospects in the country (8% of the total), social reasons (23% of the total) and other reasons (11% of the total) (Benamer, Bredan and Bakoush 2009, 4).

The brain drain generates significant damage to the countries of departure, being the source of many losses. These losses in the sending countries can in turn be transformed into gains in the destination countries (Mackey and Liang 2013; Bhardwaj & Sharma, 2023). The losses generated in the countries of origin, which reinforces those of destination, lead some authors to consider it as a social alarm (Mills et al. 2008, 687). The countries that have benefited most from this brain drain are the United Kingdom (Europe) and the United States (Kalipeni, Semu and Mbilizi 2012, 158) and the continent that has suffered most is Africa (Mackey and Liang 2013).

Como soluciones a este problema, algunos autores preconizan una vuelta temporal de los profesionales de la salud a su país de nacimiento o también, el desarrollo de una forma de cooperación entre los países emisores y receptores (Mackey y Liang 2012, 71). Otros países emisores aplican otro tipo de soluciones: One solution may be for the state to charge fees for medical training in Malawi that would be written-off pro rata over a given number of years of public service during which the doctor or nurse worked within Malawi... (Record y Mohiddin 2006, 6-7).

Luego, este estudio tiene como objetivo específico analizar las posibilidades existentes con el desarrollo del turismo de salud, que permitan luchar contra la migración de los profesionales de la salud fuera de Senegal; actuando de tal modo que los futuros médicos senegaleses que se están formando en la actualidad, se queden a trabajar en su país de origen en esta modalidad turística. Además, se fija como objetivo lograr el retorno de los futuros médicos senegaleses que se están formando fuera de Senegal, una vez finalizado su período de formación.

Therefore, the specific objective of this study is to analyze the existing possibilities with the development of health tourism, which will make it possible to fight against the migration of health professionals out of Senegal; acting in such a way that future Senegalese doctors who are currently undergoing training stay and work in their country of origin in this type of tourism. In addition, the objective is to achieve the return of future Senegalese doctors who are training outside Senegal, once their training period is over.

The data collection techniques used were quantitative and qualitative research. For the collection of quantitative information, a structured questionnaire was administered to students in their last year of medical training. All respondents are doing their internship in different public hospitals in the Dakar region at the time of the survey. For the collection of qualitative information, two focus group meetings were organized with the aforementioned groups of students. Prior to the collection of both quantitative and qualitative information, different bibliographic and documentary sources were consulted in order to obtain an orientation for the structuring of the questionnaires and the group meetings. For the quantitative research, 120 students of the University of Dakar were questioned by means of a structured questionnaire. The estimation error ensures an error

± 2.05% with a confidence level of 95.5%. The data obtained from the survey were analyzed using descriptive analysis techniques.

Based on the results of the surveys, we can say that relevant information has been obtained with a view to achieving the objectives set. Thus, it turned out that a good part of the students consulted intend to look for a job outside Senegal, once they have finished their academic training, especially in more developed and mostly French-speaking countries. The point of optimism from this survey is that all the students who want to work abroad plan to return to their country, and most of them do not want to stay abroad for more than five years.

Based on these results, we can conclude that the objective we set ourselves in this work will not be achieved if the Senegalese government's public policies in this regard do not change course. We have therefore made some recommendations in the interest of progressively reducing the rate of brain drain of health professionals in Senegal.

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