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MEDICAL TOURISM AND LOCAL DEVELOPMENT OF KUMBO CENTRAL SUB-DIVISION

A Dissertation Submitted in Partial Fulfilment of the Requirements for the Award of a Postgraduate Teacher's Diploma (DiPES II) in Geography

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LIST OF ABBREVIATIONS AND ACCROMYNS

BBH: Banso Baptist Hospital

BSF: Biologie sans Frontiere

CC: Cardic Centre

CCTU: Confederation of Cameroon Trade Union

ENEO: The energy of Cameroon

GATS: General Agreement in Trade in Services

ICT: Information Communication and Technology

KCSD: Kumbo Central Sub Division

MINTOURL: Ministry of Tourism and Leisure

MINSANTE: Ministry of Public Health

MINATD: Ministry of Territorial Administration and Decentralisation

NGOs: Non-governmental Organisations

P.R.O: Public Relation Officer

SECGH: St Elizabeth Catholic General Hospital

SCC: Shisong Cardiac Center

TSSF: Tertiary Sisters of Saint Francis

UNWTO: United Nations World Tourism Organisation

WHO: World Health Organisation

WTO: World Tourism Organisation

WTTC: World Tourism Travel Council

RESUME

Depuis la crise économique des années 1980, le gouvernement camerounais a diversifié son économie via le développement d'autres secteurs tels que le tourisme afin de générer des revenus et créer des emplois directs et indirects. De nos jours, de nombreuses activités touristiques ont émergés entrainant ainsi le développement de certaines communautés. C'est dans cette perspective que notre travail de recherche intitulé « tourisme médicale et développement local de l'arrondissement de Kumbo Centre » a été choisi afin de cadrer à notre thématique générale intitulé « Tourisme et développement ». L'objectif principal de cette recherche est de démontrer jusqu'où le tourisme médical peut contribuer au développement de l'arrondissement de Kumbo Centre. Les démarches hypothético-déductives associées à l'approche systémique ont été utilisés tout au long de travail. La démarche hypothético-déductive a été utilisée dans la formulation de nos hypothèses qui ont été plus tard vérifiés sur le terrain. L'approche systémique a été utilisée pour dresser la corrélation entre les variables vue que le tourisme médicale est un système. Pour des résultats meilleurs, les données ont été collectées via des sources primaires et secondaires. Les données primaires ont été collectées via l'administration des questionnaires avec un échantillon d'environ 101 personnes et 5 villages témoins avec l'arrondissement de Kumbo Centre. des interviews et observations directes ont été utilisés dans le processus de collecte des données. les données secondaires par contre, ont été recueillies des centres de documentations tels que la bibliothèque de L'ENS, la mairie de Kumbo, le MINRESI, MINTOUL pour ne citer que ceux-là. Nous avons également consultés des articles et journaux sur internet. Les données collectées ont été analysées via des logiciels tels que Cs Pro 6.0, SPSS version 3.2 de même que Microsoft 2007/2010. Le tourisme médical est vue aujourd'hui dans le KSCD comme une activité génératrice de revenue. Selon les données collectées sur le terrain, il est révèle que cette activité contribue vraiment à l'amélioration des conditions de vie des populations locales. Cette étude menée dans l'arrondissement de Kumbo Centre vise à évaluer la situation du tourisme comme activité génératrice de revenue, ses impacts et contraintes à son développement. De nombreux acteurs de façon divergentes rendu ce secteur profitable aux populations locales via diverses stratégies afin d'assurer une gestion durable de ce secteur.

Mots Clés : Tourisme médicale, Développement local, bonne gestion, activité génératrice de revenue, durabilité.

DEDICATION

I dedicate this piece of work to my parents, Mr Mokube Ngem Fidel and my mother Mrs Etukeni Susan for always believing in me.

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I will also like to acknowledge the overwhelming support of the St Elizabeth General Hospital Shisong and most especially the Cardiac Centre and its assiduous assistance provided by their research department which granted me access into their hospital to carry out this work. I am also grateful to the Divisional Delegate of Tourism and Leisure of Bui, Mayor of Kumbo Council and the Himalayan Institute for granting me audience for an interview and for documentary research, without their support, this work would not have been realized. For this, I remain indebted.

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GENERAL INTRODUCTION

Health is one of the major concerns of nations, its objectives and condition of implementation gives it an important and strategic position in the macroeconomic planning of communities. Tourism, on its part is recognized for its economic contribution in particular for local development this is through the generation of currencies and job creation. These sectors are for those who see it for development, rendering an experimentation domain a medium for international cooperation, generator of new solidarities and sustainable development makes coherent socioeconomic trajectory of countries by limiting the distances and avoiding the breaks. Its objectives can be felt by all business sectors participating in its efforts.

Since the 20th century, tourism is seen as a major phenomenon in the world in general and Cameroon in particular. It occupies the first place in the classification of export industries after petrol, electronics and automobile. However, it constitutes a fundamental economic sector in many industrialized nations which is at the essential foundation for their development but the social aspect is not prioritized. Tourism in these countries is regarded as one of the broadest economic sources of richness. Initially, its expansion implies various advantages, on the uses, the public revenues as well as positive effects of drive on several other economic sectors like that of transport, communication and other types of leisure services. The tourism industry has resisted the period of recession but equally, it shows an increase in continuous growth, income generator and offers both direct and indirect employment.

Cameroon got the status of a tourist's destination following the criteria set by the United Nations World Tourism Organisation, (UNWTO) for having received about 572,000 tourists and more than 670,000 in 2011. It is ostensibly due to this important role tourism plays in boosting the economy and alleviating poverty that the government is taking steps to invest in the sector.

But Cameroon does not get sufficient profit offered by this tourism sector. There is a contrast between the performances of Cameroon touristic potentials to that of most African countries. It was with this high contrast that made the government of Cameroon to take initiative in the elaboration of the present development of tourism strategic sectors in Cameroon. The aimed objective is to ensure an efficient development and sustainable tourism sector so that it can contribute greatly to the growth of the country by reducing poverty and in the sustainable management of the environment.

The term medical tourism can be called medical travel, health tourism or global care. It was recently developed by travel agencies and the media to describe the rapidly growing practice of travelling across international borders to obtain health care. Medical tourism is today a big business in most African countries like Tunisia, South Africa, Morocco and Egypt (Africa Business Initiative Investment, 2014). Being a growing niche, these last years, medical tourism is widely becoming within the reach of potential applicants in these countries.

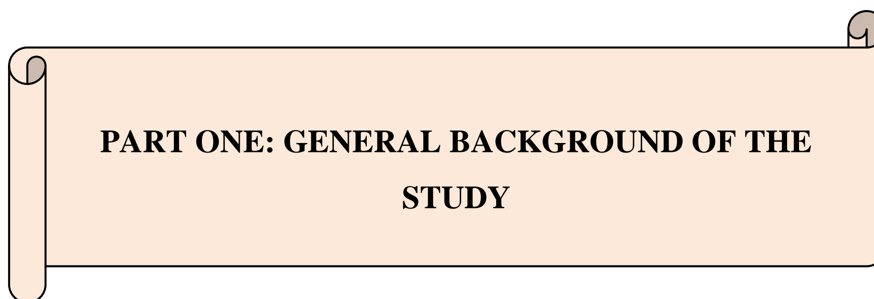
According to a recent article in the New York Times, more than 6million Americans are expected to travel abroad for medical procedures by 2020. Medical tourism is booming as more people seek surgical and affordable medical procedures.Thus the emergence of medical tourism is described as an emerging trend in the tourism sector in the 21th century.

The general theme chosen by the geography department for the 55th batch is "Tourism and development". It is from here that our topic of study based on Medical tourism and the local Development of Kumbo Central Sub-division came into the lamp light. The choice of this topic is based on the deep knowledge of touristic infrastructure in general and the various stakeholders to ameliorate this activity in the near future.

The various stakeholders in the tourism system in Cameroon should establish a relevant space of reflection and action and exchange towards development of medical tourism these are the main ideas of concern. Optimal management, the integration of the population, the promotion, the competiveness, the quality and sustainability of this can raise decisions which can generate the best scenario in improving medical tourism in Cameroon and KCSD in particular.

Even if the concept of medical tourism was not as important as it is today, the current situation render it to be promoted and of organizing it to reach its objectives assigned by the project of tourism sector and that of health. Thus, we are engaged in this research to explain both the present and the future and understand the realities which allows supporting the potential evolution to reach a sustainable development. This work tries to emphasize a solution of dilemma situation to maintain development and decision making by analyzing the change of altitude of the stakeholders implied in the tourists system and that of health in Cameroon. According to M. Bookman and K. Bookman (2007), developing countries such as Cameroon may use this niche industry to promote economic development. The Cameroon government has chosen medical tourism as a measure to fight against poverty by ameliorating its health infrastructures.

It is thanks to the collaboration between the government and private sectors (Shisong Annual Report, 2013). What are their importance and constraints for the local development in Kumbo central sub-division. Our work will be divided into six chapters: the background to the study, the methodological framework, the actual medical tourism situation, and the various constraints rendering the smooth functioning of medical tourism and lastly how a country especially Cameroon will be able to look for better strategies for the promotion of this sector.



In this part of the work, we are going to present chapter 1 and 2. Our focus in chapter 1 is to explore the research topic in terms of the thematic, spatial and temporal delimitation. In chapter 2, we will consecrate concepts, theoretical models of medical tourism and the research methodology. This entails the definition of certain concepts which concerns our topic of research, the different theoretical models as well as the research methodology which deals with the various methods and approach incorporated in this work.

CHAPTER 1: BACKGROUND OF THE STUDY

1.0 Introduction

This chapter is based on the exploration of the research topic.It involves the general background to our study, reasons for the choice of the research topic and the location of our topic in time and space. Also, we will come out with a literature review, formulate a problem statement as well as research questions that will act as a guide to the work.

1.1BACKGROUND TO THE STUDY

In its various manifestations over barely a decade, medical tourism is booming and has become highly complex in terms of new destination and sources. Medical tourism is seen as an area of future growth that will boost national development in the wake of the global financial crisis in world including Cameroon. (Read on UN article).

People have been travelling in the past centuries in the name of health from ancient Greeks and Egyptians who flocked to hot springs and baths, to 18th and 19th century Europeans and Americans who journeyed to spas and remote retreats hoping to cure ailments like tuberculosis.

As health costs rose in the 1980s and 1990s, patients looking for affordable options started considering their options offshore. So-called "tooth tourism" grew quickly, with Americans traveling to Central American countries like Costa Rica for dental bridges and caps not covered by their insurance. (A large percentage of today's medical tourism is for dental work, as much as 40% by some estimates.) .After Thailand's currency collapsed in 1997, the government directed its tourism officials to market the country as a hot destination.

In the last decades African countries such as South Africa, Morocco and Tunisia are experiencing a large number of medical tourists in their hospitals that are attracting international attention and investors in this industry. The health tourism sector of Tunisia attracts approximately 150000 tourists every year. (Africa Business Initiative,2014).

According to Doganis, (2006) the advent of globalisation and the introduction of the General Agreement in Trade in Services (GATS), there has been the availability of cheap medical care in developing countries mainly South East Asia and Africa in particular offered by private hospitals, the movement has changed from developed countries to developing that is from the core to the periphery. This is coupled with the declined in transport and competition in airline agencies which have made some area of the world accessible like Africa and South E Asia more economically reachable. . Budget airlines like Air France have reduced the cost of getting to Africa especially Cameroon. But when Kenya and Ethiopia

developed a better flight connection to Cameroon they became an ideal market for us and explosive growth was seen as mentioned by Anon (2010).

Cameroon is a home to one of the most innovative and sustained health infrastructures on the continent. The heart of Bui beats in Kumbo Central Sub-division which possesses medical care like any other part of the country, it is the seat of two private hospitals which are widely known for their quality services; Banso Baptist Hospital and Shishong Elisabeth General Hospital which is commonly called the “jewel of African sub-region”, are full-service institutions providing surgical offers like cardiovascular, dentry and eye care amongst others. They also host a nursing school, a network of clinics, and a surgical residence.

The Cameroonian government under the Ministry of Tourism and Leisure under the legal framework of law No 98/006 of April 1998 which is the law guiding all tourism activities in Cameroon has included health as a priority sector amongst the strategic tourism sectors with the determination to put a new impetus in the tourism sector for it to effectively contribute in making Cameroon an emerging economy by 2035.Thus,tourists perception of the medical potentials of this area is not representative of its overall value. The magnificent cardiac centre will impress a tourist at his first time. This is what makes the hospital unique? It is on this base that the researcher sets out to embark on medical tourism and the local development of Kumbo Central Sub-division.

1.2 JUSTIFICATION OF CHOICE OF TOPIC

Cameroon is endowed with health infrastructures which should be valorised. Some African countries like South Africa, Tunisia and Morocco have used their health sectors as a developmental tool by attracting international attention and targeting investors in the industry. These countries have developed comprehensive national strategies such as public-private policy, tax- investment incentives and marketing. This has led to commitment of creating 225.000 jobs by 2020 by the South African government (Africa Business Initiative, 2014). In order for this medical tourism site to be valorised it requires the formulation of strategies and plan of actions that will render KSCD a veritable medical tourism destination which can contribute to its local development.

This work will be necessary to policy makers, NGOs and institutions involved in the promotion of tourism in the designing and implementing projects to improve on the conditions of the local population.

This research will serve as an inventory for MINTOURL, other stakeholders and the local population involved in the tourism industry to be aware of this area as an ideal medical tourism which should be valorise as an income generating sector by committing in serious infrastructural development, marketing and promotion of the site. For the Cameroonian government to meet its objectives in becoming as an emerging nation by 2035 it must valorise its health ministries to attract international attention and investors to create jobs and ameliorate the living condition of the local population. Thus, medical tourism and tourism should be geared towards benefiting the poor.

Finally, this work will be used as a baseline for further research on tourism and development in the days ahead. Since it is a topic that is still in its infancy in the tourism sector and more studies is urgently needed since it is challenging our traditional way of thinking about public health since so many people are still confronted with a wide array of

questions. In order to further our understanding giving the considerable implications of public health further research is thus required.

1.3 DELIMITATION OF THE STUDY

1.3.1 Temporal Delimitation

As far as time delimitation is concern this study begins around 2009 when medical tourism sporadically came to the lamp light in Kumbo Central and its environs. During this period people paid less attention to medical tourism but as time went on the number of people involved in this tourism sector increased and has continued till date.

1.3.2 Thematic delimitation

This study focuses on how medical tourism can lead to local development of KCSD. The study analyses the under valorisation of the site despite its sophisticated nature and presence of other tourist's potentials is seen as a problem. Medical tourism can be a solution to local development. The under valorisation of this site is measured in terms of inadequacy in the advertisement strategies and touristic infrastructures such as roads, hotels, restaurants, access to portable water and employment. This examines how medical tourism should be valorised to foster local development in KCSD.

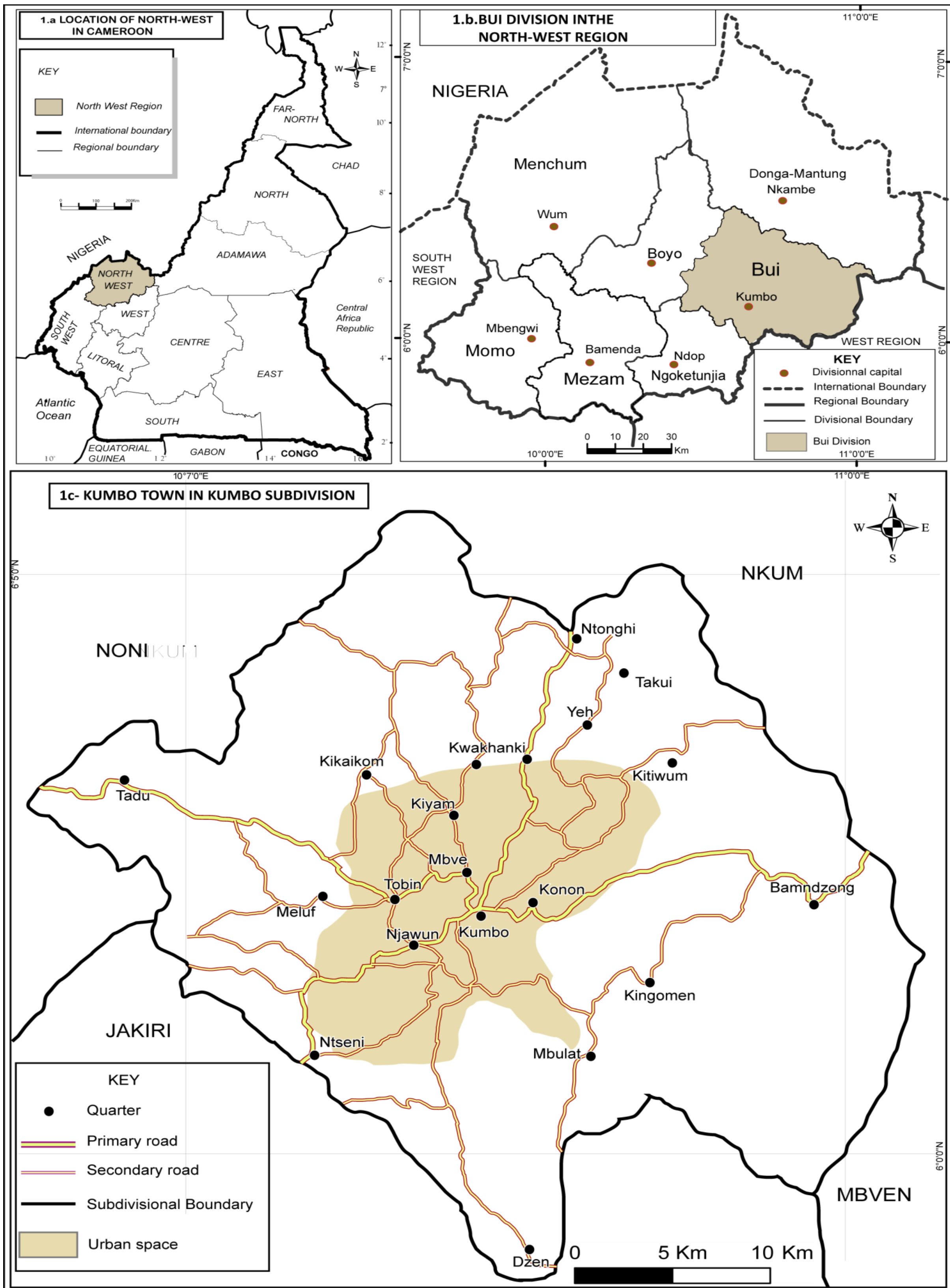
1.3.3 Spatial delimitation

This work is delimited within the North West Region, where we can find the jewel of the African sub-region in Kumbo Central Subdivision. Kumbo Central Subdivision is seen in this case as an urban unit, it is found amongst the four subdivisions of the Bui Division. Kumbo can also be called Banso and has the majority of the Nso people who largely speak lamso. It has a population of over 80212 inhabitants spread out over five villages (Kumbo Urban Council, 2010), and is at a distance of about 62.8km from Bamenda the main metropolitan town of the North-west region.

Kumbo Central Sub-division is found in Bui Division of the North West region of Cameroon. It is located between latitude 6^0 10' and $6^0$20' to the North of the equator and longitude 10^0 31' and $10^0$51' East of the Greenwich Meridian. Kumbo central sub-division is the home to over 80 212inhabitants according to the population census in 2005(BUCREP, 2005). Kumbo Central Subdivision was created by Decree No 92/207 of 5/10/92 code No.E26/05

It covers a surface area of approximately 325.72sq km with an average density of 250 persons per km^2.KCSD is delimited to the North by Nkum subdivision, to the South by Jakiri sub-division to west by Noni and Oku sub-divisions and to the East by Mbven sub-division. It is about 110km to the N.E of Bamenda the capital of the N.W region.

It is found at the centre of Bui Division and at the same time the Divisional Headquarter. Figure 1 shows the location of Kumbo Central Subdivision in Bui Division.



Source: Administrative map of Cameroon, INC, 2014.

Figure 1: Location of study area

1.4 SCIENTIFIC CONTEXT

1.4.1 Review of related literature

A comprehensive survey of past studies concerning the study area reveals that, a number of authors have written on this area and on diverse topics. Very little attention have been paid on medical tourism as a developmental project underlying this area, and it is against this background that we decided to research into this topic and basically in an effort to bridge the gap left out by pioneer researchers in this area. However some global works have greatly helped in the realisation of this work.

1.4.1.1Approaches relating to medical tourism

Dognis, (2006), Weaver&Lawton, (2006), Connell, (2006), Anon, (2010c), Cortez ,(2008), Bookman &Bookman, (2007), K.Pollard (2011) wrote on the factors of medical tourism. According to them, the growth of medical tourism has been facilitated by infrastructural changes, avoidance of long waiting lists and technological improvement in medical care in most developing countries.

Transport costs have significantly declined as result of growing competition among airlines. When the Ethiopia airlines developed better connection there was an ideal market which has led to explosive growth in medical tourist number in African and South East Asian countries. Electronic communication through the internet has been important. The internet provides access to knowledge on what is possible and where, advertisement on crucial price information and means of interaction with health care providers. It has also facilitated the transfer of patient’s files to different countries. There is also favourable exchange rate all these are as a result of globalisation.

They went further by explaining that familiarity or proximity as regard to culture, language, religion and history makes the patient to feel more comfortable when they feel familiar with the system and are able to speak a mutual language. Also, the destination environment climate, tourism attractions and other facilities compose factors that make the destination attractive to patients. This can be as a resulted of coming back to the localities where people originally emigrated. The authors failed to mention why some Africans resident in the diaspora prefer home treatment. They did not also mention the factor of hospitability as a pulling factor to medical tourism.

1.4.1.2 Approaches to medical tourism for development

Ndi,(2001), Fonjong,(2002) and Hickey,(2003), Jakariya,(2000), Fochingong,(2003), Mbanga,(2010) on their study on nongovernmental organisation in the North- west region of Cameroon states that through powerful participatory has the objective to provide basic needs of the people.

They also went further by saying that local development is today practiced in various sectors. The health sector was once considered fragile to be managed only by health

specialists but today it has accepted that the community has a role to play in the smooth functioning of health units.

Also, in the same context, examined the specific role village development associations are playing to community development. Linking this to self-reliant concept in the grass fields of Cameroon, they stated clearly that it is not a new phenomenon in this area as it was encouraged by the British, the last colonial masters of this part of Cameroon. Community participation is the self help projects in the North- west region of Cameroon. The people participate by contributing in cash and kind while living in or out of their villages of origin. Village development organisations are perfect agents for local development in the grass fields. Their realisation range from health centres, pipe borne water, roads, bridges, classrooms and local electrification. Some of these associations include: the Bui Cultural Association, The Abebund Development and cultural Association. Like the development associations of other villages of the North- West Region of Cameroon they involved in communal socio-economic projects. These associations were formed in response to the government's inability and failure to bring basic infrastructure and amenities to these communities.

1.4.1.3 Approaches to community participation as a backborn for today's local development

Ngwa, (1986), Gajanayake and Jaya, (1993), Amin,(1995), Ambe(2002),Elong and Tchawa,(2003), Ajayi and Otuya,(2005), Abingha, (2006)

According to these authors, community participation is considered today as a back bone for today's local development whereby development is conceived with and by the people. Men, women and children all form communities which can initiate and carryout development activities. The local people or villagers are willing to cooperate with one another to satisfy their mutual needs. Local development and village participation must include both men and women, representing all interest groups of the community such as village leaders, women groups, farmers, religious bodies and disadvantaged groups. In a study on women's participation in self help community development projects in the Ndokwa agricultural zone of the Delta state of Nigeria, they were of the opinion that women's participation enriches the powers of development planning and execution. Women met needs in the area of education, health and environment while men paid more attention to economic, agricultural and infrastructural development. That was the same opinion of women in Cameroon, after observing that tradition has always given different roles for women and men in the Cameroonian society. The woman is the first actor of the agriculture sector. They also contribute to the purchase of social amenities such as health and education in the North – West Region of Cameroon. For local development to be possible it is the participation of every man, woman and child.

From this analysis it is observed that participation is the watchword in village development. It is not only a means of improving development effectiveness, but is the key to long term sustainability and leverage. Well defined village communities are excellent grounds for third world local development undertakings.

To conclude, local development should be understood and practised as self- reliant development by local communities. From the analysis of these authors, many functions resulting to people's participation include provision of social amenities which include; access to healthcare, roads, classroom and portable water at village level. The provision for the joint

actions and efforts, influencing policy institutions that affect them, mobilising materials and financial resources, organising labour resources for community projects, mediating between village communities and other stakeholders, improving access to information for rual population, helping people to organise their own knowledge in ways that it will be beneficial to them. Local development has varied from one area to the other depending on level of participation. Many writers have accepted that local development is only possible when there is community participation.

1.5 STATEMENT OF PROBLEM

Medical tourism is still seen as a myth in many African countries and Cameroon in particular, it is often considered as a thing of the west. The globalisation trend has made many medical units to improve on their equipment in order to meet up with the demand of patients both local and international. This assertion applies entirely to Kumbo Central Subdivision which is a seat of two giant medical facilities with referral status; Shisong Saint Elisabeth General Hospital and the Banso Baptist Hospital. These structures are rich in healthcare potentials like the cardiovascular unit , eye care unit, dentrycare, these units are capable of attracting large number of medical tourists in the region both international and domestic tourists. Most of the international and domestic tourists are not aware of these healthcare potentials. There is therefore very little knowledge about this activity in Kumbo and Cameroon at large.

There is need to improve on the communication skills to create national awareness on medical tourism because Cameroonians are uncultured about tourism as a whole. This lies in the hands of the health care institutions which are via the internet. The rich masses are aware about this phenomenon but prefer to go abroad because they do not valorise what we have such as the cardio-surgical centre, dentry and eye care in these hospitals.

Also the road infrastructures to and from Kumbo town that is from square to the hospital are not tarred and medical tourists find it difficult to go to the centres especially during the rainy season. There is lack of sufficient lodging facilities for the tourists in the health centres. The health centres own one each which cannot accommodate all the tourists. Although there are hotels, medical tourists will sometimes prefer to lodge near the hospital.

Furthermore, the rate of economic activity has not been encouraging, the economy is essentially based on hunting, subsistence peasant agriculture and the yields are very low. There is high rate of rural exodus because the youths are seeking a better life outside. There is need to valorise medical tourism in this community so that it can be an income generating activity.

Hence this piece of work envisages to widen the knowledge of Cameroonians in general and the inhabitants of Kumbo on the economic and social importance of medical tourism. The problem identified amongst others inspired the researcher to pose the following research questions.

1.6 RESEARCH QUESTIONS

The general research question on which this research lies is as follows;

1.6.1 General research question

To what extent medical tourism contributes to the development of Kumbo central sub-division?

1.6.2 Specific research questions

Three research questions gravitate around this work.

-What is the actual medical tourism situation in KCSD?

-What are the constraints to the smooth functioning of medical tourism in Kumbo Central Sub-division?

-What are the strategies which could be put in place for a better contribution of medical tourism to the local development of Kumbo Central Sub -division?

1.7 RESEARCH HYPOTHESES

In an effort to seek answers to the above mentioned questions and to attain the objectives of this study, hypotheses are stated to ascertain or disprove our point of view. These hypotheses are both general and specific as stated below.

1. 7.1 General hypothesis

Better advertisement and other touristic facilities, institutional involvement and change in the behaviour of the local population renders Kumbo Central Sub-division a real and profitable medical tourism destination.

1.7.2 Specific research hypotheses

- The presence of specialised hospitals in Kumbo attracts more medical tourists and ameliorates the living conditions of the local population.

- Institutional, economic as well as socio-cultural constraints are the factors to the smooth functioning of medical tourism in Kumbo Central Subdivision.

- Better advertisement, institutional involvement and change in behaviour of the local population are major strategies that ensure sustainability in medical tourism in Kumbo Central Sub-division.

1.8 RESEARCH OBJECTIVES

1.8.1 General objective

To assess the extent to which medical tourism contributes to the development of Kumbo Central Sub- division.

1.8.2 Specific objectives

-To assess the situation of medical tourism in enhancing the local development of Kumbo.

- To examine the constraints to the smooth functioning of this tourism sector.

-To propose strategies of medical tourism to the local development of Kumbo.

1.9 RELEVANCE OF THE STUDY

Medical tourism is all about medical application and activities to improve on the wellbeing of human being. The intense activity carried out in Kumbo town is so glaring. The treatment of patients which requires medical check-ups, health screening, heart surgery and other operations requires qualified medical intervention. However, medical tourism which emphasises travel for treatment has been accepted as an element of tourism. The findings of this study are therefore out for the following reasons:

1.9.1 Academic interest

This study has been carried out to initiate more research which is basically the foundation for any post diploma studies. It's also important to give grounds for researches in medical geography in particular and geography in general.

1.9.2 Economic interest

From the economic interest, this study will provide information that will guide policy makers in the health system such as the government, private hospitals and Non-governmental organisations to consider medical tourism as an activity beneficial to health system development. It can bring in tax revenue that can be used to improve local health care and provide jobs to medical personnels not to seek employment abroad.

1.10. ORGANISATION OF THE RESEARCH WORK

This work is going to have six chapters presented in three parts as follows:

Part I: General background to the study and delimitation of Kumbo Central: This part will be made up of the general background to the study and the delimitation of the zone of study Chapter 2: Conceptual framework and theoretical models of medical tourism.

Part II: Research and data collection and treatment: The second part of the work will be made up of three chapters which will be a continuation from part I. Chapter 3: Presentation of the results which will consists of the medical tourism situation and chapter 4 will consists of the impacts of medical tourism in KCSD.

Part III: verification of the hypotheses, criticism of results and recommendation: It will consists of chapter 5:strategies put in place for better the contribution of medical tourism in the local development of Kumbo Central Sub-division and chapter 6: will also consists of the verification of the hypotheses, criticism of results and recommendation

In this chapter which entails an integral part of our work, we were supposed to bring out the general background of the study. We therefore, presented the background of the study, the justification of the study, the problem statement, the elaboration of the research questions, objectives and hypotheses which have with no doubt guided our analysis. The nature at which this work will be organised is added in this chapter. This chapter end with the syntheses table of questions, hypotheses and research objectives.

Table 1: syntheses of questions, hypotheses and research objectives

	RESEARCH QUESTIONS	RESEARCH HYPOTHESES	RESEARCH OBJECTIVES	CHAPTERS
ELEMENT 1	What is the actual medical tourism situation?	The presence of the hospitals in Kumbo attracts more medical tourists and ameliorates the living conditions of the local population.	To assess the medical tourism situation which enhance the local development of Kumbo.	**Chapter 3**: the evaluation of the actual medical tourism situation in KCSD
ELEMENT 2	What are the constraints hindering the smooth functioning of medical tourism in Kumbo Central Sub-division?	Institutional, economic as well as socio-cultural constraints is one of the factors that are hindering the smooth functioning of medical tourism in Kumbo Central Subdivision	To examine the constaints hindering the smooth functioning of this tourism sector.	**Chapter 4:** impacts of medical tourism in KCSD

ELEMENT 3	What are the strategies which could be put in place for a better contribution of medical tourism to the local development of Kumbo Central Sub -division?	Better advertisement, institutional involvement and change in behaviour of the local population are major strategies that ensure sustainability in medical tourism in Kumbo Central Sub-division.	To establish strategies for the better contribution of medical tourism for the local development of Kumbo.	**Chapter 5**: Strategies put in place for the better management of medical tourism in KCSD

CHAPTER TWO: CONCEPTUAL AND THEORETICAL FRAMEWORK AND METHODOLOGY

This chapter has the goal to bring out the theoretical and conceptual framework, which are an assembly of ideas and works elaborated in a very précised manner. They are also all the scientific references to which a scientific research is attached. Therefore, in this chapter we shall look at the conceptual, theoretical models of medical tourism. Operational and methodological framework to explain the variables and general methodology respectively.

2.1 CONCEPTUAL FRAMEWORK

Many concepts have been relative to medical tourism. This therefore entails giving more sense to the different concepts that we are going to use in this work to facilitate its understanding. Generally, our topic: medical tourism and the development of Kumbo Central Sub-Division consists of two main concepts: medical tourism and local development. But for better understanding of this work, we are going to define other concepts that are important to this work. The following concepts explain the medical aspects of the present research on which an in depth study will be carried out.

2.1.1 Tourism

It is important to understand tourism as a concept .Tourism is the making of a holiday involving an overnight stay away from the normal place of residence. Tourism has grown to become the world's second largest industry, directly accounting for 3.8% of global GDP (World Travel and Tourism Council, 2005).

The mushrooming of international tourism can be explained by high levels of disposal income and longer holidays in more economically developed countries, the development of package holidays, which reduce risk, cheap mass air transport and place myth which persuade the tourist that the local culture they see represents the 'real thing'.(Oxford Dictionary, 2009).

The concept of tourism can also be defined by the World Tourism Organization, 1999 as the "activities of persons travelling and to stay out of their usual environment for not more

than one conservative year for business, leisure and other purposes related to exercise of an activity remunerated from within the place visited." Tourism is one of the world fastest growing industries. In many countries it acts as an engine for development through foreign exchange earnings and the creation of direct and indirect employment. Tourism contributes to 5% of the world's GDP and 7% of employment worldwide (UNWTO, 2013).

From our research carried tourism can be defined as a collection of activities, transportation, accommodation, eating and drinking, health, entertainment businesses offered to persons travelling away from home. Tourism is regarded as an activity which is vibrant to the life of a nation because of its direct effect on the social, economic, cultural and educational sector of the host country. Tourism in theory brings about significant economic benefit into a country. According to the research visitors to Kumbo enjoys the cultural experience, beautiful climate of friendliness of the people, entertainment and health activities. Tourists support the industry by spending on accommodation, foods, souvenirs, travelling around the area, thus, tourists help in providing employment opportunities that made unlimited (Frida -Tolonen Feh, 2014).

According to MINTOURL(2005), the principal types of tourism in Cameroon include; cultural tourism(traditional festivals, traditional chiefdoms, museums, artisanal centres, architure and funeral ceremonies) on the highlands, in the coastal areas we have seaside tourism(about 400km of the Atlantic coast and on the interior lakes), safari pictures(national park), synergic tourism, ecotourism, sport tourism, medical tourism, agrotourism ,adventure tourism(trekking on the mountain), business tourism and conference tourism. These different types of tourism are unequally distributed in whole national territory.

In my area of study, there are different types of tourism which can be developed like mountaineering tourism which can lead to sports and leisure this is because of the presence of beautiful relief. Cultural tourism which can be developed because of the rich cultural diversity in the area. The presence of the referral hospitals in this study area has led to the development of medical tourism this has led to the improvement of life expectancy of the population. Horse riding tourism has also developed in this area which is been sponsored by the PMUC, this type of tourism has attracted annually horse riders from home and abroad.

2.1.2 Medical Tourism

Medical tourism is a concept that concerns health care and leisure. It can also be called cure tourism or health tourism. In today's global economy, medical tourism is not new but rather a growing trend to many, according to (Gill & Singh, 2011). It refers to the travel of people to another country for the purpose of obtaining medical treatment in that country. Traditionally, people will travel from less developed countries to major medical centres in highly developed countries for medical treatment that was not available in their communities. But today, the recent trend is for people to travel from developed countries to third world countries for medical treatment because of cost consideration though the traditional pattern still continues.

Medical tourism is a concept according to Bookman and Bookman,(2007:1) which involves 'travel with the aim of improving one's health, medical tourism is an economic activity that entails trade in services and represents the merging of at least two sectors, medicine and tourism".

According to Cornell (2006), medical tourism is defined as tourism "deliberately linked to medical intervention and outcomes are expected to be substantial and long-term". In developing countries medical tourism is a synergy between medical services and tourism

activities. what really puts the word "tourism" in medical tourism concept is that people often stay in the foreign country after medical procedure. Travellers can thus take advantage of their visit by sightseeing, taking day trips or participating in any other traditional tourism activities.

In other to understand medical tourism it is important to know what is hidden behind this concept. From our investigation on the field medical tourism can be defined as the movement of people to a particular hospital seeking for medical care and after getting well go to restaurants and festivals. The implantation of the cardiac centre in the St Elizabeth hospital Shisong which is situated at an altitude of 200m high and surrounded by mountains chain (practical traveller's guide, 2007) has upgraded the hospital to international standards. People not only come there for treatment but as well as to exploit the touristic attractions of kumbo, giving it the status of a medical tourism site.

2.1.3 The differences between medical tourists and tourists

According to the Merriam Webster Learner's Dictionary a tourist is a person who travel to a place for pleasure. The conceptual definition of tourist can be a person who travels out of his normal environment for a period of more than 24hours.

The concept of medical tourists is ambiguous, Cohen(2008), he suggested a fourfold classification of medical tourists; 'medicated tourists' who receives treatment for accidents or health problems that occur during an over sea holiday, 'medical tourists proper' who visits a country for medical treatment – unrelated to the trip who may decide on a procedure once in the destination, 'vacationing patients' who visits mainly for medical treatment and makes use of holiday opportunities usually during the convalesces period, 'mere patients' who visit solely for medical treatment and make no use of holiday opportunities. Beyond this there are of course many tourists ('mere tourists') who have no medical treatment of any kind while overseas.

Cohen further mentioned that most of the medical component is focused on vacationing and mere tourists and prefer medical travel since recreational offer are slight. However, 'mere' tourists bring income into the destination country and contribute to local employment within and beyond the healthcare system. Cohen only mentioned that only 'mere tourist can bring in income into the economy without quoting that 'vacationing patients' who make use of holiday opportunities during convalesce period which include lodging in hotels, eating in restaurants which brings in income in the healthcare system and the economy as a whole. He also did not mentioned the 'medicated tourist' as well as 'medical tourists' also bring in income into the destination country which can contribute to local development.

Pollard (2010) defines a medical tourist as 'someone whose specific reason for travelling to another country is medical treatment's so excluding those who fall ill on holiday or are resident expatriates there. This criteria is parallel to that of Mckinsey report Ehrbeck et al, (2008). In this work we will distinguish between international medical tourists and domestic medical tourists. International medical tourists will be those patients who travel across international boundaries to seek medical treatment in different destinations while domestic medical tourists are considered here as those patients who cross state boundaries as a result of quality care, cost and different treatment been offered. The SCC offers quality care, cost attractive to both international and domestic medical tourists. In this work we will define a medical tourist as a person who after receiving medical treatment during convalesce period lodge in hotels and visits other touristic sites.

2.1.4 Local Development

In this study we will mostly concentrate on local development and local development is linked to community participation. Local development can better be appreciated in a community. The United Nations (1956), used the community to mean a group of individuals within a given environment and who are bonded by common values and objectives with basic harmony of interest, aspirations and problems. Another author defines community as a feeling that members have of belonging, a feeling that members matter to one another and to the group and a shared faith that members, needs will be met through their commitment to be together(Mac Millan and Chevis 1986). A community maybe local (rural), urban, farming or non-farming community. The concept of community d maybe therefore be applied to local (rural) or farming community or urban or non –farming community.

Local development is the aim at promoting better socio-cultural and economic living of the community residing in a particular geographic area. Since local development involves community of people who are objects of development for effective development there must be community participation. Local development involves water supply, electricity supply, road construction, tourism practices, agricultural practices and outputs, health provision as well as environmental protection.

The concept of local development is practical today, according to ideological representation which accompanies the “local” interest corresponds to a series of social, economic and political changes which drives a society to development. In the beginning of the year 1970 to 2015, a rethinking of this model of development by the putting into the centre an imperative to share the responsibilities between actors for the good of all the taken parties (Demba Njang, 2007).Local development and community participation will be used interchangeably in this work.

Community Participation according to the UNDP (2004) study report on participation in development reflected on participation as being both a means and an ends as put forward by Goulet D. (1989). A means in which the grass root people work with externally introduced projects. An external agency uses participation as a technique for progress in development programmes. It is an end as it’s a goal itself. The people are empowered by acquiring skills, knowledge.

The World Bank (1996) also looks at community as a necessary tool for project planning. It justifies that local people have a great amount of experience concerning what can work well in their community, why in their community, also the involvement of the local population in project planning which can increase their commitment to ensure the success of that project. Their involvement can help them to involve technical and managerial skills and thereby increase their opportunity for employment. Involving local community helps to increase the resources available for the program for they have a better mastery of their environment. Thus, community participation is way of bringing about ‘social learning’ for both planners and beneficiaries, in which each group learns from the other.

Goulet D (1998), looks at the concepts of community participation as an organised effort to I crease control over resources by groups and movements who were excluded from such control. He argues that it is a goal or a means, depends on the scope or ways in which its operating. Participation can come from diverse sources. This maybe from high authority or an expert or from below by the non- populace itself or catalytically promoted by some external agents. The state can induce it from above. (Mulwa, F., 1985, 1987 and Okafor, T., 1981).

By the end of the second millennium, participation had become so broad that it is difficult to take a stand on one view or the other. Emma T (2000) adopted for the Nigerian context the fact that when the grass root people contribute human and financial resources to achieve economic and social development, and then they are in a full process of participation. The country women Association of Nigeria, COWAN applied this adopted conceptual context by using individuals from families at the village levels, elected representatives from local government, general executive at the national and members through national executives at the state chapter.

From different views relating to the concept of community participation, this work will consider community participation as the mutual interaction of the local community in the planning process by allowing them to express their own needs and objectives by taking collective actions to meet their goals.

The community in this study will be referring to the local population of Kumbo central sub division who have common resources and are able to share with each other. Community participation in local development is that which puts into play the bottom-top approach. This approach which the local actors participate in decision- making about the strategy and the selection of the priorities to use in their local areas, means local development must start from the bottom to the top. For local development to be effective it must involve the joint interplay of all the actors. These actors include the local population, the councils, the NGOs and the government who will put up strategies for the better contribution of medical tourism for the local development of Kumbo central subdivision. This can be seen from the figure 2 below, which shows the conceptualisation of community development in local development.

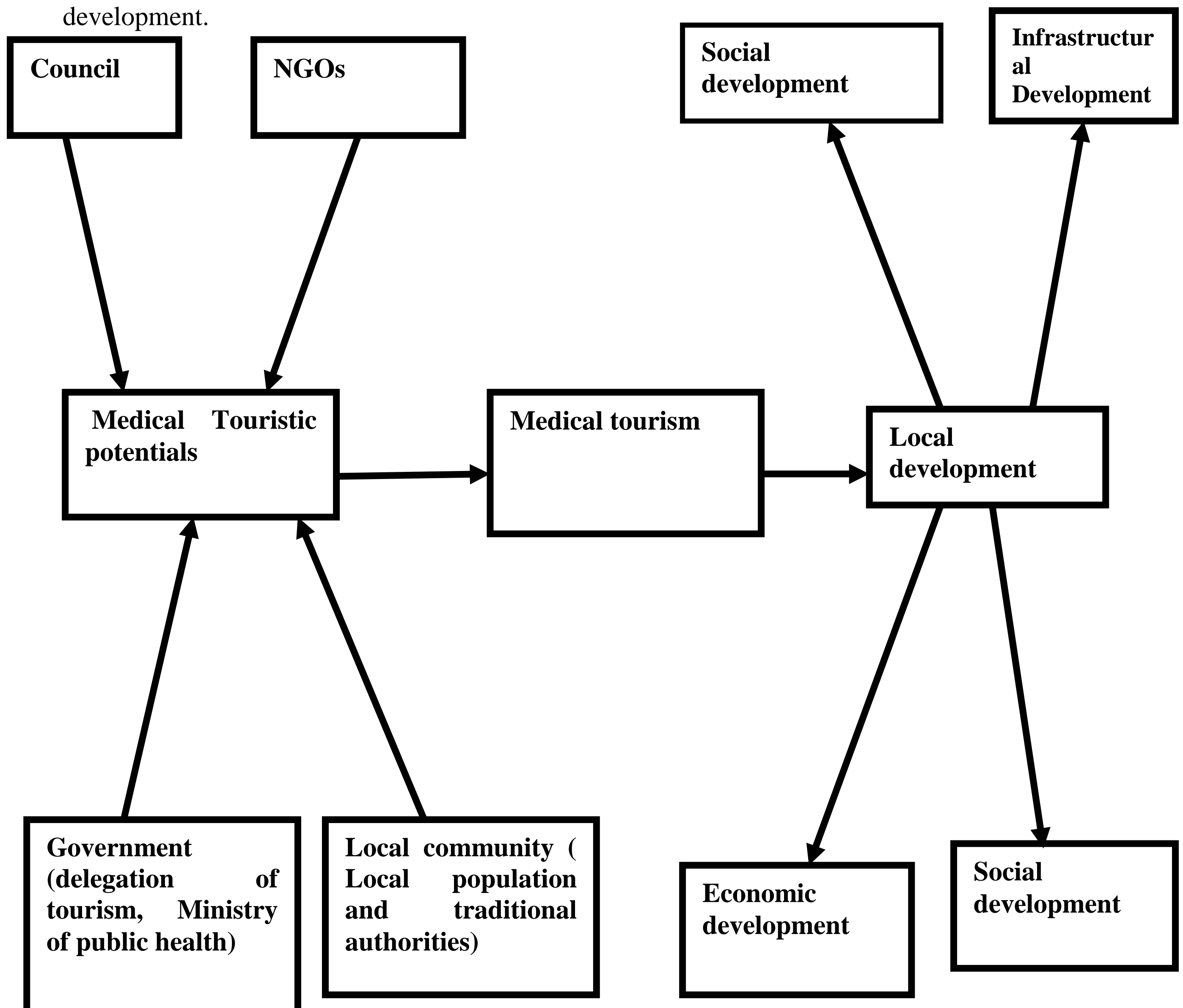


Figure 2: Conceptualisation of community participation in local development

Source: Author's conception (2015)

From the above the diagram, medical tourism is a tourism potential which can be well exploited through the joint action of the local population , NGOs, councils and the government .This touristic potential will attract medical tourists in this area which will lead to local development in different dimensions which include; economic, social, infrastructural and environmental development.

2.1.4.1 Economic Development

According to Human Development Report (1996p.1), economic development is the measurement of life expectancy, adult literacy, access to all levels of education as well as people with average income which creates freedom of choice. Bernstein (2003), on his part looks at economic development in a broader concept which includes in its definition more than simply traditional definition of economic growth. He rejoins Sears definition of economic development as creating the condition for the realisation of human potentials. Miles (2003) asserts that the word economic development implies that a nation's population will be better off. This definition encompassed the social aspect of a country's population.

The work will looks at Economic Development as a change in real income which results from increase innovation in medical tourism by a stagnant community, thereby generating a general socio- economic growth.

2.1.4.2 Social Development

Social development is the promotion of a sustainable society that is worth of human dignity by empowering marginalised groups, women and men, to understand their own development, to improve their social and economic position and to acquire their rightful place in the society (Bilance, 1997). Another author looks at social development as equality of social opportunities (AmartyaSen, 1995). The Copenhagen social summit (1995), define social development in terms of three basic criteria; poverty eradication, employment generation and social harmony. The study will look at social development as a process which will results in the fulfilment of people aspirations for personal achievements and happiness to a proper adjustment between individual and their communities to foster freedom and security and gender the sense of belonging and social purpose. In order to realise this ends, a strong educational and health base has to be put in place to achieve human capital development which is a pre requisite for economic growth.

2.2 THEORETICAL FRAMEWORK

Theories are principle that underline a fact, or are suppositions to explain a fact. Various theories will be used to support and validate the hypothesis raised by the main problem of the research topic. Amongst these theories are; central place theory and the multiplier effect theory.

2.2.1 Central Place Theory

The central place theory in geography brought forth by Walter Christaller in 1933 seeks to explain the importance of settlement in an area. Towns are centrally located providing goods and services to the surrounding environment.

The theory laid emphasis on the threshold which is the minimum population as well as income of the market needed to bring about the selling of a particular good or services. It also looked on the maximum distance consumers are prepared to travel to obtain a particular service. Since medical tourism is a phenomenon of the society which permits movement over long distances.

The theory evaluates that the health institutions are concentrated in the centre of Kumbo town which provides health care to the surrounding population and the medical tourist who come from other cities or out of the country. The surrounding areas will cover a long distance just to obtain quality medical care offered by the central place. These surrounding settlements will prefer to come to the centre because there is the availability of quality and cheap care with very efficient health personnels at the detriment of other health centres in the surrounding environment. Thus, the centre which is made up of two private referral hospitals like Shisong Saint Elisabeth General hospital and the Banso Baptist Hospital attracts domestic medical tourists from surrounding settlements seeking for medical treatment.

The surrounding settlement include: Mveh, Kingomen, Kitiwum, kimbo-squares and Tobin amongst others. These surrounding settlementshave only small dispensaries which could not meet the demand of the local population, so the population is forced to cover a distance to the central place to obtain high quality medical care at very moderate rates. Also, the surrounding areas will also include national and international tourists who cover long distances to the site. Thus, medical tourism is a mechanism of exchange between less developed countries and developed countries as a result of low medical cost in less developed countries than the developed countries the developed countries have sufficient budget to make international travel. This exchange is at the level of monetary and the transfer of prosperity from the centres to the periphery.Shisong hospital is considered the periphery and the core which is the national and international tourists come there to seek for medical procedures.

The multiplier effect refers to an economic concept that was conceived in the 19th century and developed by John Keynes in the 1930's. This effect is brought about by a change in the pattern of tourism expenditure. This expenditure can be in the form of ;

-spending on goods and services by the tourists

-investment by external sources

-government (domestic or foreign) spending

-export of goods stimulated by tourism

Visitors in this area contribute positively to economic growth. This contribution is seen on their spending rates in different domains. According to Godwill TOBOUAH, 2005in his work, states that "visitors will pay our transport services, buy our food,pay our hotels, buy our articles and pay for services rendered to them like health and guides". Their spending leads to multiplier effect in the economy. The direct impact of tourism is felt from the direct spending of tourists in the region. The earnings will ameliorate the living conditions of the local population as seen in the figure 3 below;

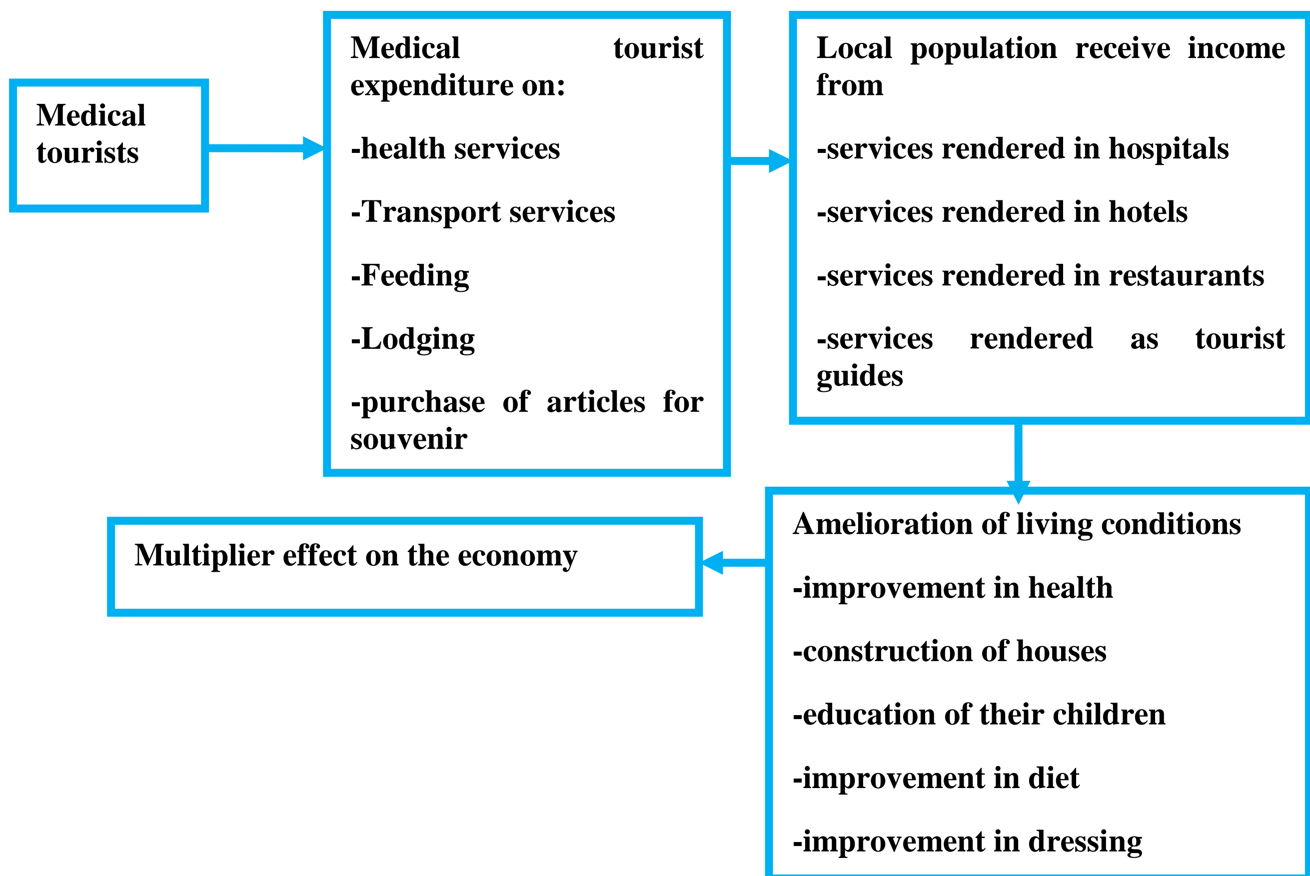


Figure 32.2.2 Multiplier effect theory of tourism by Keynes

Source: Author's conception, 2016

The practice of medical tourism will thus leave a multiplier effect in KCSD.

2.3 OPERATIONAL FRAMEWORK

It consists of defining the indicative framework which is a different section of our study. In our topic, we distinguish two types of variables: independent variable and a dependent variable.

2.3.1The independent variable

It is this section that explains the "why" of the putting in place of development in Kumbo central sub- Division. The table 2 below gives an illustration of the dimensions, indicator of this variable.

Table 2**: Operationalisation of independent variable from the general hypothesis**

CONCEPT	DIMENSION	COMPONENT	INDICATOR
Medical Tourism	Political	Private Actors	-Number of NGOs that promote health
		Public actors	-Role of the state -Role of the council -local population
	Social	Education	-Number of medical schools for the training of health personnels -Level education of health personnels
		Health	-Quality of structure -Number of equipments -Number of health activities
		Infrastructure	-Number of tarred roads
	Economic	Publicity	-marketing strategies
		Activity	-spending rate of the population -level of income
	Cultural	Ties	-family ties -tribal ties -perception of the people towards visitors

Source: Field work, 2015

2.3.2The dependent variable

The putting in place of the dependent variable depends on the independent variable. In this study the dependent is considered as the development of Kumbo central Sub-Division. It is therefore necessary to show medical tourism has favoured development in our area of study. This can be seen on table 3 below.

Table 3: Operationalisation of dependent variable

Concept	Dimension	Components	Indicator
Development	Political	Public actors	-Number of projects initiated by the council -political will for the development of the community
		Local actors	-number of projects initiated by the population
	Economic	Activity	-Increased rate in the generation of investment -occupation -spending rate -level of income
		Infrastructure	-Number of permanent markets -Number of leisure places -number financial institutions -Number of lodging facilities
	Social	Education	-level of education of the population -number of children that go to school -creation of new educational infrastructures for training
		Health	-creation of health infrastructures
		Infrastructure	-Number of tarred roads
	Cultural	Action	-role of the church -role of traditional rulers

Source: Field work, 2015

2.4 RESEARCH METHODOLOGY

Tourism is an activity with great reward to a society. This tertiary sector activity promotes economic development, thus transforming the life of the local people in this area. This research gathered information and data from many sources. Data for this study will therefore be obtained from both secondary and primary sources using the survey method. The methodology will be grouped into sample size, the sources and methods of data collection which includes administration of questionnaires, interviews and field observation and finally data analysis.

2. 4.1 Research Approach

The step for the realisation of this study incorporated the hypothetical- deductive analysis method. It is based on a hypothesis which either be confirmed or rejected after analysis and interpretation of the data collected in the field.

We opted to implement the hypothetico-deductive analysis of Leibniz, which signifies from the general observation to the particular. Since in any scientific research there must be the verification of hypotheses. There are also internal approach which will also help in the verification of the hypotheses like the deductive approach which deals with the "cause and effect" of tourism. We then proceed to the theoretical construction of facts or explicative processes of local development in KCSD and with these facts construct a reality on the field. As seen on figure 4 below

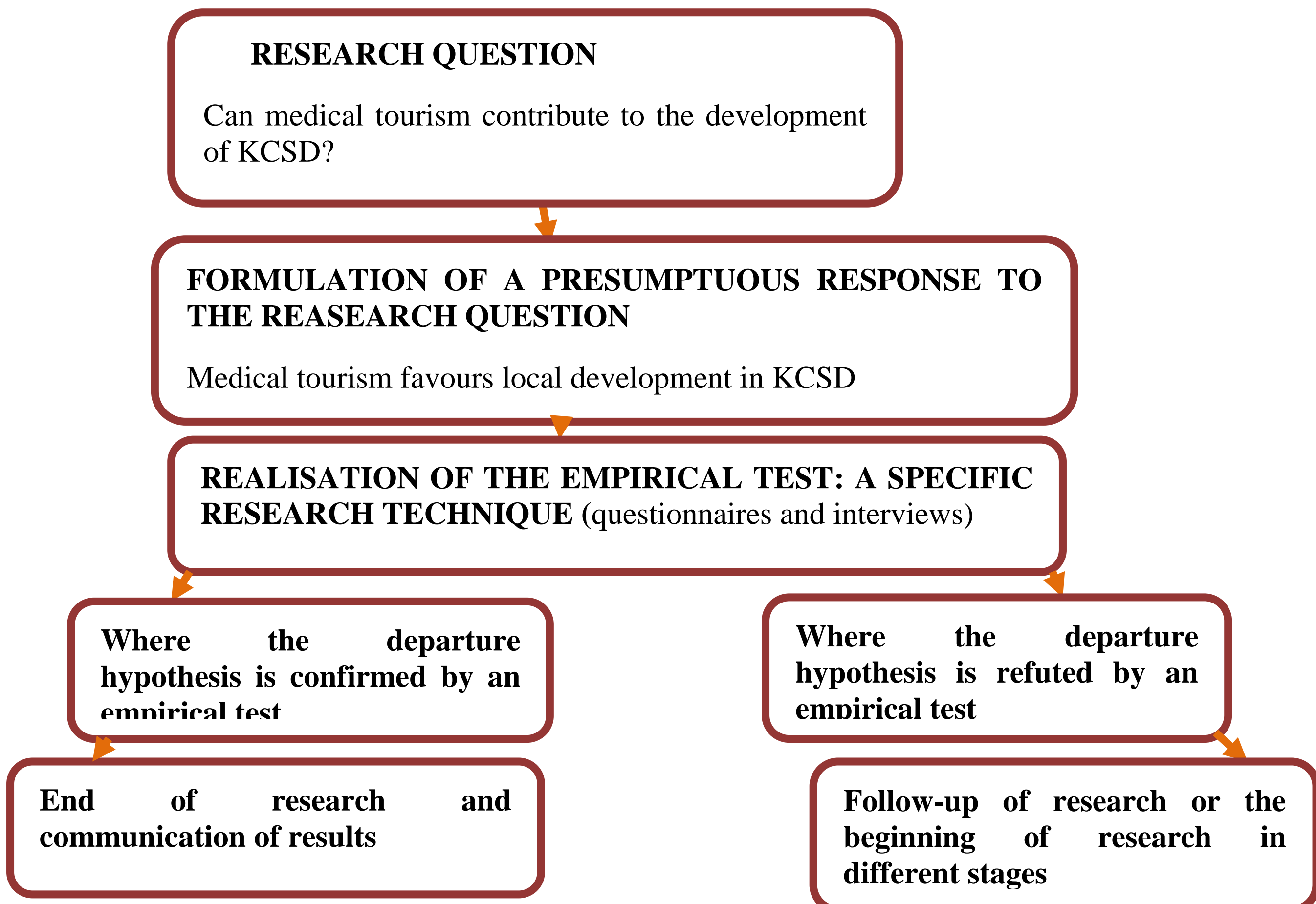


Figure 4: Hypothetico-deductive approach

Source: Depelteau. F.2010,p 73

2.4 .2 Research Method

In the smaller scale we will use the systemic approach. It involves the interaction of elements. For the proper functioning of the system all the elements involved and must be under the influence of the others activities in KCSD and the actors involved in its promotion. The actors involved in medical tourism do not work in isolation but in collaboration. All actors are dependent to one another. The systemic approach of tourism in space (KASPAR C, 1975).It shows the interrelationship between man and space.

This can be justified that the medical touristic potentials are both natural and human. This can be seen on the figure 5 below;

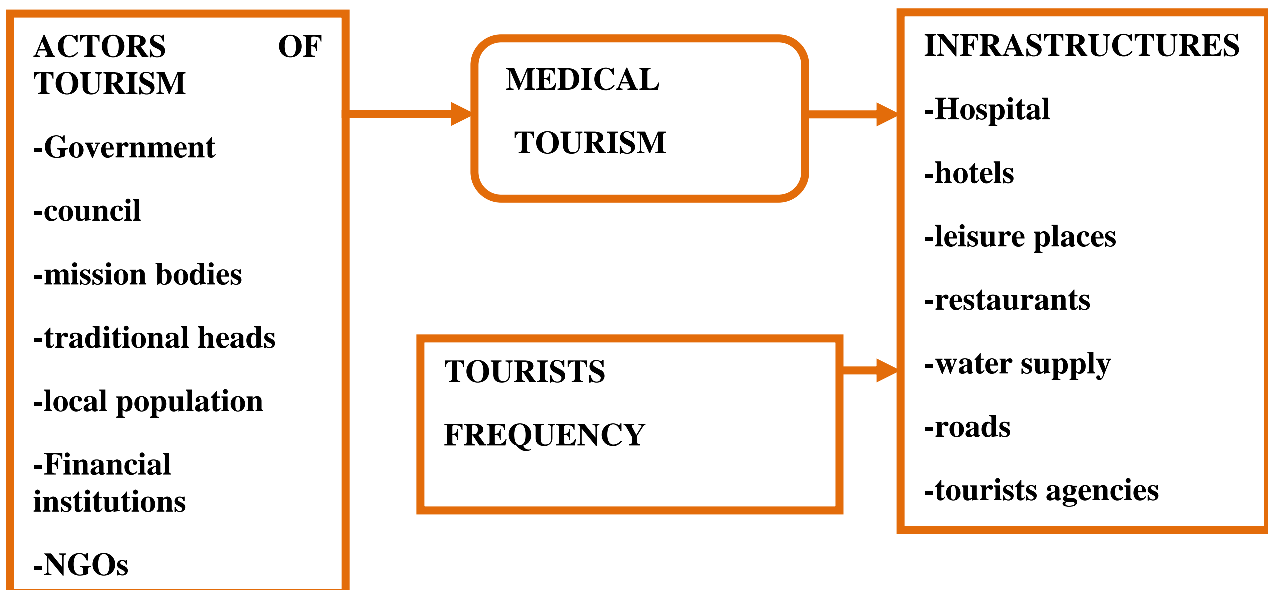


Figure 5: Tourism Infrastructures and stakeholders

Source: Author's conception, 2016.

The system approach involves the interrelationship between the actors, infrastructures and tourist frequency. The absence of one element leads to the disruption of the system.

2.4.3 Research Design

The research design was a combination of descriptive and analytical research methods. The descriptive method was used to improve clarity on how medical tourism contributes to local development in the study area. On the other hand, analytical method enabled the interpretation of statistical data which was collected on the field.

2.4.4 Method of data collection

Data needed to answer the research questions were collected from two main sources; the primary and secondary sources.

2.4.4.1Secondary data sources

The process of data collection started with the secondary phase and continued throughout the research. Secondary data was obtained from the a review of relevant literature from published and unpublished works such as books, articles, journals, newspapers and internet which were obtained from different libraries and websites. This phase of data collection provided information on the background of this study, the study area, related concepts and theories and a review of literature on works related to the study.

Secondary data used in this study were collected from libraries within and out of Cameroon. Data were collected from the libraries of the University of Yaounde 1 (the Geography Department library, Faculty of Arts Letters and Social Science Library and University central Library).

In the E.N.S departmental and of University of Yaounde 1 libraries as well as the Kumbo council library, dissertations which carried information linked to this study were consulted. Information on the location of the study area was gotten from these libraries. These works helped the researcher to obtain information on development. Library of the Ministry of Tourism, Ministry of Public Health, library of the Ministry of Scientific Research and Innovation were consulted as well. Journals like the Practical Travellers Guide and Tourism Guide were consulted to know the various touristic potentials of the study area.

Also, statistic records on the development situation in Kumbo Central sub- division was gotten from the archives of the Central Bureau of the Census and Population Studies,(BUCREP). The National Institute of Cartography and the Divisional Delegation for Tourism and Leisure provided the touristic map for North-West were the researcher came out with the base map for tourism in Kumbo sub- division. Information on medical tourism was gotten from the annual reports of the Shisong hospital in Kumbo. The internet equally served as a major source of secondary data. Recent documents concerning medical tourism facts in the world, Africa and Cameroon were gotten from this source. Also, online dissertations on medical tourism were also consulted. This enabled the researcher to gain access on important websites such as the World Bank website, the World Health Organisation websites, the World Tourism Organisation websites where useful information concerning the study was obtained. Secondary data guided the researcher to appropriately coin out the research topic, formulate the research problem and questions and to come out with tentative answers (hypothesis) to the questions.

2.4.4.2 Primary sources

Primary data constituted the first- hand data needed for this study which was obtained from the field using different techniques. The primary phase of data collection was carried out in two sub-phases. The first sub- phase was a pilot survey which took place in August 2015 while the second sub-phase was the major field survey which was carried out twice- that is in December 2015 and January 2016.

The purpose of the pilot survey was meant for the researcher to observe the research problem in the study area and to get background information concerning the topic in the study area. It opened the way when the topic was accepted taking into consideration the sub- topic. This field observation was at understanding of the phenomenon of medical tourism being that of medical tourism and development in kumbo Central subdivision. This trip equally helped the researcher to appropriately formulate the questionnaire. The trip took place in the heart of the rainy season in the study area and permitted the researcher to access

how the area looks like during this period of the year and the difficulties one can encounter if he or she is to visit that area during this season.

The second sub-phase which constituted the major field survey took place in December 2015 and January 2016. Given that one of the objectives of the study was to carry out an investigation of the development of the inhabitants of the study area in order to come up with the level of development data, this period was assumed to be convenient. This is because agriculture which is a major economic activity in the study area is less intensive in December and January; it was easy to find many individuals at home. This period in the study area is also characterised with a lot of activities like festivals and influx of both national and international tourists. This enabled the researcher to be able to meet with some international and national tourists as well as some cultural festivals of the people. The period also fell during the dry season which made movement during the administration of questions easy. During this period the researcher concentrated in Kumbo Central Sub-division. The month of January was the completion of the administration of questionnaires and to visit the hospitals to meet with more medical tourists since we never had many during the first survey. During the survey, photographs of health infrastructures as well as development indicators were taken.

2.4.4.3 Sample size

Sampling is a very important issue in survey research method. Who responds to a survey can have a significant impact on the results. In order to have an effective sampling there was the need to define the sampling frame that is those who have the possibility to be included in the sampling. The sampling frame for this study was the entire population of Kumbo Central for the local population it was good to include everybody irrespective of their participation or not in medical tourism. It is from the sample that the proportion of medical tourists will be determined. Since a majority of the population part takes in this activity without knowing.

The random simple sampling technique was used in the selection of sample village to which the questionnaire was administered. The technique helped the researcher to know the number of questionnaire to be administered per sample village or targeted population.

The criteria for the selection of villages were mainly the size of tourist population and level of development of zone based on the primary, secondary and tertiary activities. Zones with high level of development will be chosen to enable a better understanding of the topic. This will give rise to 5 sampled villages. The ultimate sample of households will be 101 households which mean 101 copies of the questionnaire for the sampled houses were administered. The population we dealt with is homogenous.

2.4.4.4 Questionnaire

The questionnaire was in two sets those for the local population and those for the visitor's population. The visitor's population was made up of both national tourists and international tourists.

The questionnaire was developed and divided into four sections which was intended to source information as follows: section A; The questionnaire had a total of 25 questions as seen in appendix 1.

Questionnaire was designed for the local population to understand their level of development in relation to medical tourism.

The population of identified medical tourists in Kumbo Central Subdivision was available and applied in the sample see table 4. Questions regarding the local population were addressed to heads of households both men and women alike.

Table 4: Distribution of questionnaire to sample villages

Villages	Population	No of households	Sample size %(4.1%)	Percentage of effective respondents
Tobin	9776	727	29	28.7
Mbve	7408	519	21	20.8
Kimbo	6164	412	17	16.8
shisong	7048	508	21	20.8
kingomen	2390	317	13	12.9
Total	**32786**	**2483**	**101**	**100.0**

Source: Kumbo Urban Council, 2015

With the statistics from the Kumbo council the researcher was able to come out with various sampled villages.

The formula below was used to determine the number of questionnaire to be distributed to the different villages following the number of household in KCSD.

$$\mathbf{n} = \frac{t^2 \times N}{t^2 + (2 \times e)^2 (N - 1)}$$

-N is the Number of households of the different villages

- t : quantile ordre corresponding to 5% level of significant

- e : the error margin

Application :* t *= 1.96 , e = 0.05 , N= 136

$$\mathbf{n} = \frac{1,96^2 \times 136}{1,96^2 + (2 \times 0,05)^2 (136 - 1)} \approx 101$$

Out of the 101questionnaires administered 28.7% was from Tobin village, 20.8% and 20.8% were for the Mbveh and Shisong village while 16.8% for Kimbo and 12.9% for the Kingomen village. A total of 101 questionnaire was successfully filled given a percentage of effective respondent of 100. The Tobin village had more questionnaires administered because the population is made up of both strangers and the indigenes. More so, it is the

administrative headquarter of Kumbo. So they are more hospitable to strangers than the other sampled villages. While Kingomen had a small number of questionnaires been administered because the population was mostly comprised of the indigens that are not opened to strangers.

2.4.4.5 Field observation

An appraisal of the medical tourism potentials of the study area was done using participant observation. The level development in relation to medical tourism was observed, the influx of medical tourists was observed as well. During this field observation, photographs of medical tourism potentials were taken as well as indicators of development in the study area were taken using digital camara.

2.4.4.6 Key informants interview

Apart from questionnaire (appendix I) which was the main technique used, other techniques were carried out to complement questionnaires.

Semi-structured interviews guided by the prepared set of questions in appendix2 were used to source out quantifiable and general information from the sample area of health units and development. It helped me to gain an insight on specific issues such as socio-economic development and challenges facing the local population in the area of research.

Selected individuals on their basis of their knowledge, ideas and information on medical tourism were interviewed. Interviews were conducted with the general manager of the cardiac centre of the Shisong hospital, the divisional delegate of tourism and leisure of Bui with members of NGOs promoting health, Deputy mayor of the Kumbo urban councils, transport agencies, hotel managers as well as some traditional healer and quarter heads were interviewed in other to obtain information on the past and present of the medical tourism situation. The various informants are seen on the table 5 below;

Table 5: Key informants interviewed

Structures visited	Resource persons	objectives
D.O of KumboCentral subdivision	Divisional officer for Kumbo	Without health infrastructures in Kumbo town .There will be no Kumbo town. This subdivision is what it is today because of its magnificent structures and qualified medical personnels. This has attracted many tourists from within and out of the country.
Divisional Delegation of Tourism and Leisure for Bui	Divisional delegate of Tourism and leisure for Bui	-It has created economic boom in Kumbo. Around the hospitals there is growth of small markets like the fruit market which yields the demand of medical tourists. -The whole infrastructure of the tourism industry such as the airlines, travel agents, hotels and restaurants benefits considerably from medical tourism.
Kumbo urban council	1st assistant deputy mayor	It has led to the creation of jobs like restauration, hotels. Food and drinks in Kumbo depends on tourist consumption.
Divisional delegation of	Delegate of transport	-what has been done so far to improve on

transport for Bui	for Bui	the state of the road?
Divisional Delegation of territorial administration and decentralisation	Delegate of territorial administration and decentralisation	What has been the role of your delegation to reduce the control points on the road?
St Elizabeth General hospital Shisong	-General manager of the cardiac centre, Shisong hospital -nurse superintendent -scientific research department of the cardiac centre	Medical tourism is more common with tourists that come to Kumbo. They profit by treating affluent local people.
District hospital Kumbo	D.M.O of kumbo	Does your hospital work in collaboration with Shisong hospital to promote medical tourism?
NGOs in the promotion of health(Himalayan institute)	General manager of the Himalayan institute	They work in collaboration with hospitals. Some of the medical tourists are allergic to pharmaceutical drugs.
Traditional heads	Quarter heads	Kumbo has developed as result of the presence of the hospitals.
Travellers agency	Managers of travellers agencies -3	They benefited a lot from tourists who come to this subdivision especially those on medical treatment. Some are been hired by these tourists to take them to their medical destination.
Hotels	Hotel managers 5	They receive tourists in large number each day some for night while others for a cope of days, months.
Kumbo Central police station	Commissioner of Police 1	Level of security in KCSD

Source: Field work, 2015

On table 6 below, which shows the total number of structures visited and number of interviewees been interviewed in the cause of the fieldwork.

Table 6: Number of structures and resources persons interviewed

Number of structures visited	**11**
Number of persons interviewed	**20**
Total	**31**

Source: Field work, 2015

From table 6, 11 structures were visited in KCSD to obtain qualitative data from about 20 persons interviewed.

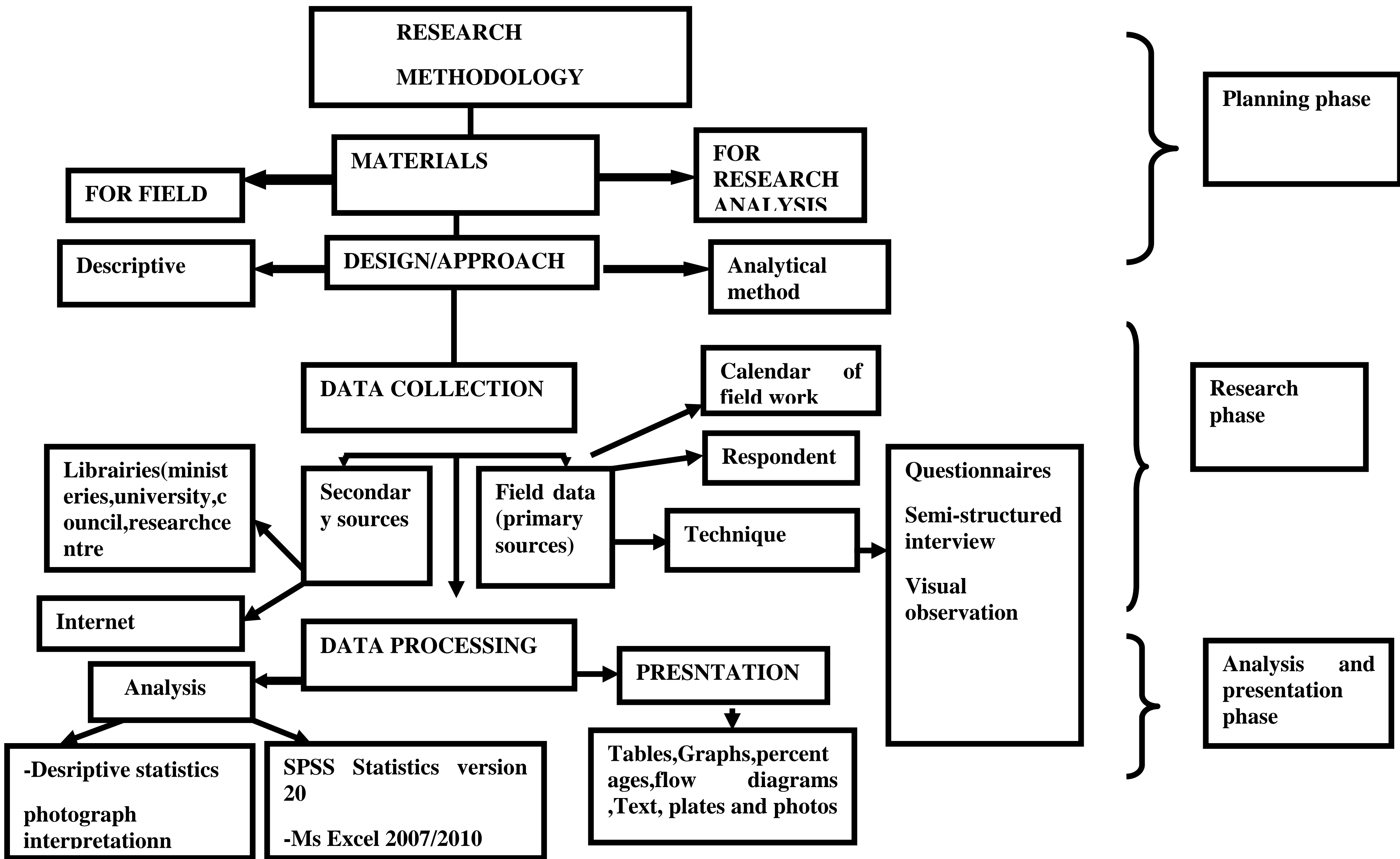
2.5 DATA PRESENTATION

The results was presented in frequency and cross tables, graphs and charts including bar charts, histograms and pie charts in percentages and flow diagrams. Opinion source during interviews were presented as tabular text. Photographic evidence was represented as plates and photos.

2.6 DATA ANALYSIS

After data collection, the work preceded to the treatment of data in order to test the validity of the pre-conceived hypotheses. Data was treated manually by bringing out percentages and presenting them on pie and bar charts using CS Pro 6.0, SPSS version 20 and Microsoft Excel 2007/2010 were used for the analysis of questionnaire. Data was also presented into tables. Computer programs like Adobe Illustrator and Arc GIS as well as Google Earth were used for the production of maps.

A summary of research methodology is represented graphically as seen in figure 6 below



Source: author's conception

Figure 5: Graphical representation of Methodology

2.7 DIFFICULTIES ENCOUNTERED IN THE FIELD

Despite our efforts to make sure this piece of work comes out successful, we still encountered a lot of difficulties which at the same time slowed down our investigations and even affected the quality of our work.

2.7.1 Difficulties in relation to documentary research

Based on documentary research, there was scarcity. From the different libraries visited it was noticed that many people have not written on medical tourism in the sub-division. Most of the projects realised are centred around other aspects of tourism like ecotourism, cultural tourism .Most writers were least interested on how medical tourism can lead to development of Kumbo. For this reason, we had to consult many publications and the internet especially for the literature review.

Also, the divisional delegation of Tourism and leisure did not have a base map of the touristic potentials in Kumbo. The researcher was obliged to produce a base map which from it was then possible to locate the various potentials of Kumbo Central Sub- division.

2.7.2 Difficulties in relation to fieldwork

For the field work there were a lot of difficulties, many people showed less interest about the topic, some were aware but considered the activity as a thing of the western world. Some denied filling the questionnaire that they have never indulged in such activities while some were convinced by explaining it to them in the simplest way. Most pictures as seen we were not allowed to take pictures inside some places especially in some health infrastructures like Shisong cardiac centre were our study was focused. They reason they gave us is that they do not want to sell out their image.

The researcher experienced a few challenges in the process of conducting the research. Finance was a constraint to the study. The exercise of data collection turned out to be very costly as the researcher had to travel to make several trips in Shisong hospital to ensure that the research application was approved. Researcher had to pay research fee 0f 20.000FCFA before was given the authorisation to carryout research in Shisong hospital. Still in the same hospital photographs were not allowed to be carried in the hospital for reason that they are afraid of spies.

Also the Banso Baptist Hospital was selected amongst the medical tourism potentials but she did not granted a research application for the researcher to carry out the research. This made the researcher to collect data solely from the Shisong hospital.

The period for the distribution of questionnaires was short and very strenuous. It was during the heart of academic and Christmas seasons were most people were too focus on their business and other activities and so did not have time to attend to us. At a certain moment we had to ask the questions orally and fill them ourselves while they gave the responses, since they didn’t have time to write it down by themselves.

On the academic point of view, the school time table was so choked up coupled with periods for exams which we had to abandon the field work and rush back to school to write the exams as well as to go through the teaching practice. All these were a big obstacle for the

progress of the research work. The Shisong hospital was busy with Christmas celebration and the general manager of the cardiac centre was not on seat so I was only programmed for interview on the first week of January. This made the process of data collection strenuous and expensive for the researcher.

This part of the work was made up chapter 1 and 2. In chapter 1, we looked at the background of the study area, different literature reviews from some authors whose work supported and is related to the research topic, while in chapter 2 we exploited the different concepts, theoretical models and research methodology necessary for the better understanding of the research work which helped in the analysis of our data to ensure an excellent work which will be seen in the subsequent chapters. Certain conditions faced in the field as well as some difficulties encountered in the cause of the research work was also an aspect seen in chapter 2 to explain how well the research had been conducted.

PART TWO: MEDICAL TOURISM AND ITS IMPACT ON LOCAL DEVELOPMENT OF KCSD

This part of our work constitutes the presentation of results obtained from the field. It entails the analysis of data to show the impact of medical tourism in KCSD. This will constitute of chapter 3 which examines the evaluation of the actual medical tourism situation in KCSD and chapter 4 which will constitute of the impacts of medical tourism in KCSD.

CHAPTER THREE: AN EVALUATION OF THE ACTUAL MEDICAL TOURISM SITUATION IN KUMBO CENTRAL SUB DIVISION

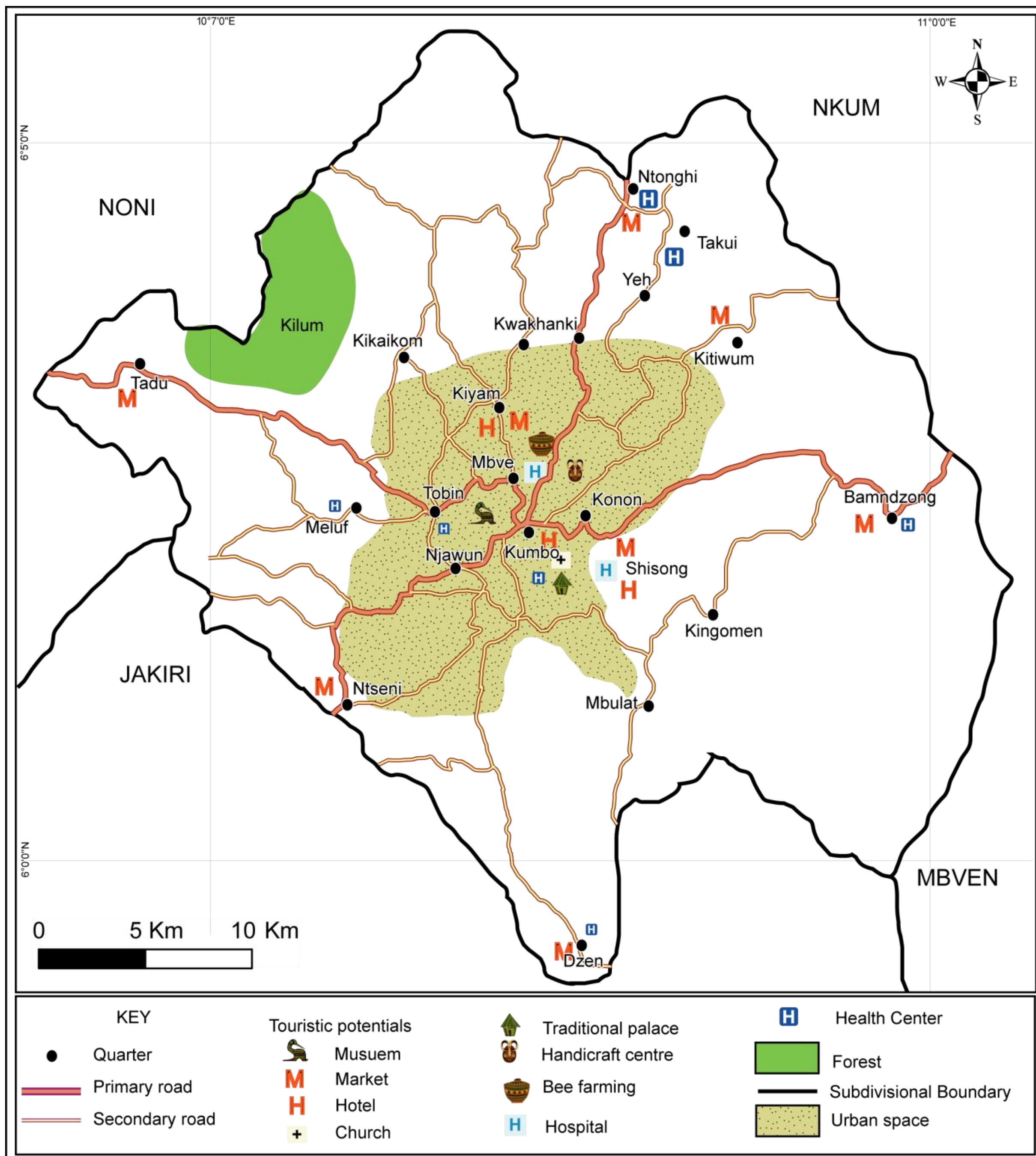
INTRODUCTION

This chapter contains an elaborate view on the existing facts on medical tourism in Kumbo Central Sub division. We shall be looking at the actual medical tourism situation of the study area in respect to the specificities of medical tourism in this locality. Interested on this chapter is how tourism in general and medical tourism in particular is been organised in Kumbo central sub division. Most importantly, the first hypothesis which states that the presences of the hospital in Kumbo attracts more medical tourists and ameliorates the living conditions of the local population.

3.1 AN EVALUATION OF THE ACTUAL MEDICAL TOURISM SITUATION IN KUMBO CENTRAL SUBDIVISION.

Medical tourism is a type of tourism activity which involves people travelling to destination offering high medical treatment and quality care and after treatment or after recuperating carryout leisure activities. For any tourism activity to go operational there must be the join interplay between the infrastructures, frequency of tourists in the site as well as the tourism actors for the organisation and promotion of this activity.

Kumbo Central Subdivision is dominated with touristic potentials which can attract tourists into the area. The area is however dominated by medical features, cultural elements and historical artifacts as well as touristic infrastructures. Some examples are the SSEGH and BBH at Shisong and Mbve, the Nso palace, the oldest catholic church in Shisong. Most of the handicraft centres and shops are located in Kumbo squares. It has tend to attract more tourists investment due to the economies of scale available there. Touristic infrastructures include hotels which are mostly located at Kumbo squares . this is seen on figure 7 below.



Source: Touristic map of kumbo Central subdivision, INC, 2014.

Figure 6: Touristic potentials of KCSD

Figure 7 depicts that, KCSD is endowed with touristic potentials which is veritable destination to attract visitors. A visitor for medical procedures and on holidays as well as other purposes will not feel bore.

3.1.1 Touristic Infrastructures

For any tourism activity to be effective there must be the presence of touristic infrastructures. Touristic infrastructure refers to the system which supports the operation of tourism. Such infrastructures are fundamental elements in the tourism sector and it impossible to carryout tourism without them. These infrastructures will facilitate the stay of

the tourists in the visited area. Tourism infrastructure is a sensitive sector in the practice of the activity. Initially, these infrastructures are not only geared towards tourism but are used by both the tourists and the local inhabitants. Tourism infrastructures include; hospitals, accommodation facilities, leisure places, road infrastructures, water supply, electricity, restaurants and communication networks.

3.1.1.1 Health Infrastructure

Health is one of the most significant part of our life and as Virgil said "the greatest wealth is health" (Quotegarden, 2012). To entrust one's own health into someone's hands requires then either a complete confidence in that person or lack of other possibilities and forced reliance. Medical tourism is based on patient's choice on either being treated in own country (where he is more familiar with the procedures and regulations) or abroad (in a new environment and often among unknown customs. Kumbo is endowed with health institutions of international standard like the BBH and catholic general hospital Shisong and other minor health centres in the area.

In this study the St Elizabeth catholic General hospital Shisong is the main touristic infrastructure which influences the flow of medical tourists in the area. Our main focus will be based on the cardiac centre which is a department of the St Elizabeth General hospital. This hospital which is managed by the tertiary sisters in partnership with Italians is a non - governmental charitable organisation. This cooperation was possible with Fr Angelo Pagano, Capuchin Friar mediated between the Tertiary Sisters of St Francis Shisong (Cameroon) and San Donato (Italy).Don Claudio Maggioni, an Italian priest is at the origin of the cardiac centre's dream (Shisong cardiac centre annual report, 2013).

For the sustainability of the cardiac centre according to the annual report of CC, the hospital has recorded some successes like; it has attended some many national and international within home and abroad. It attended the 14th Scientific Conference of Cameroon Cardiac Society from March 12-14 each year (Cameroon Tribune, March 2016). This international conference pulled cardiac experts from Africa, Europe and America. These are major events of any medical tourism stakeholder. They must attend conferences, shows and exhibitions or even sponsor events. These shows are held worldwide which provides key players a platform to meet and talk business. These gatherings are not to attract medical tourists since they do not attend such gatherings. According o an interview conducted with Matron of the SSEGH Sr EBAMU Ruphina (04-01-2016), she said "*during such events we learn best practices from others which help us to understand more about the sector as well as to gain insight from others who gain similar challenges, also it help us to identify market opportunities and business partners to influence the direction of the sector. This has helped us greatly through knowledge transfer, networking and befriending business associates".* These events have boosted the image of the CC because they have been able to acquire skills which has created a proper aura for business development.

The CC also has partnership with international and national stakeholder, like the Faculty of medicine and Biomedical Science of university of Yaounde I. Also during the maiden visit of ENEO in Nov 2014, there was an assessment of the consumption and supply of energy in the cardiac centre.

The centre has also signed 2 health conventions with insurance companies in Douala with Gras Savoye Cameroun and ASCOMA for the treatment and hospitalisation of assured patients. Also with ACTIVA, AXA and CAS-Assitance insurance companies.

Also for capacity building of its medical personnels exchange visit were done by the cardic surgery division of shisong and that of the University Hospital in Leuven-Belgium.

A delegation of three from the Biologie sans Frontiere (BSF) led by its president ,Pierre Flori and two biologists visited the cardiac centre with its partnership that dates back 2012 through the cardiac centre solicited to review its laboratory blood bank and enhance the capacities of its technicians. In its second visit installed some equipment and trained some of its personnels.

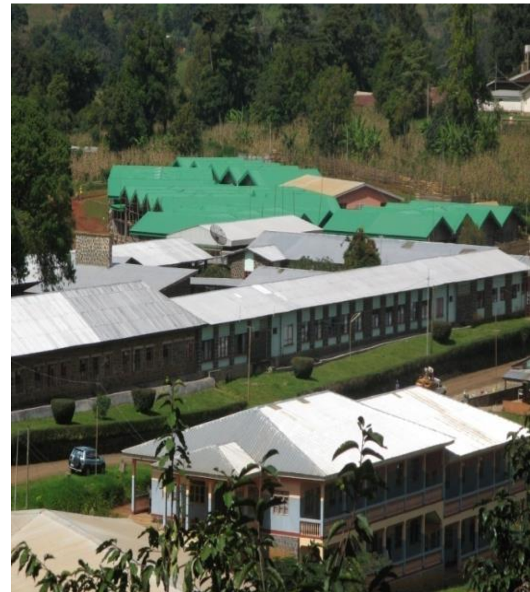
In the light of all this the CC has won some national award like the Global Press 2014 Prosperity Icon Award Committee in June and also the Conference of Cameroon Trade unions(CCTU). All these have given have uplifted the shisong hospital into medical tourism destination. Although she still has to go into more partnership like Asian countries which are also doing well in the medical tourism industry.

In plate1, the presence of the cardiac centre has accredited this hospital to an international standard. Since 2009, when it was inaugurated the hospital has served the local population in that it help to provide medical treatment like cardiovascular surgeries at very minimal prices.

Source: Field survey

Picture 1Main entrance to the hospital

Plate 1 : Cardiac Centre in the Shisong General Hospital



Picture 2: The main building of the cardiac centre **Picture 3:An Overview of the Shisong hospital**

Picture 4: The cardiac centre from a distance

Source: Shisong hospital images, 2015

From plate 1, we depicts that the cardiac centre is a department of the Saint Elizabeth General hospital. It is distinguish from the general section with its green roof this can be seen on photo 1 , 2 3 and 4,. This centre is been controlled by the TSSF this can be seen on photo2.

This hospital doesnot only provides to the local population medical services but also to tourists who come to the area for medical procedures like surgeries, consultation, health

screening and scanning. It also has highly qualified medical practioners in different domains from different nationalities which include cardiologists from the heart institute of Maputo (Mozambique), Italians, Germans, Americans and from Sweden. This can be seen on plate 2 below.

Plate 2: Showing medical team during and after surgery.

Picture 5: Team of Cardiologists **Picture 6: During surgery**

Picture 7 Ultra-modern theatre **Picture 8 : Post-surgical activities**

Source: Shisong cardiac centre, 2015

From the plate we depict that cardiologists comes from all over the world to perform surgery in the cardiac centre as seen on photo 4. This explains the fact that the cardiac centre is in partnership with other hospitals in the world. Surgery is been performed in an ultra-modern theatre as seen on photo 5 and 6.

From this plate we deduce that, the cardiac centre uses a state –of -art surgical and efficient services which is been established and internationally recognised. This has greatly boosted the status of the hospital to meet up the demand of foreigners.

According to the interview guide conducted with the first Cameroonian Cardiologist in SCC, Dr Charles Mve Mvondo (04/01/2016) who said *"most of the local population that I serve prefers health screening test which is a stress test it not costly, the majority of the visitors I receive in my office are for surgeries and scan which are very heavy medical procedures. The proportion of the local population involved in surgeries usually come in a precarious condition. The majority of the local usually indulge in heavy medical procedures when their situations are already precarious while the majority of visitors who come are usually in a strong state to undergo such procedures".*

The presence of the resident cardiac surgeon in the hospital has given the local population and foreigners confidence since he can facilitate pre-surgical screening, carryout follow-up after surgery without patients waiting for the arrival of foreign specialists. This has been a blessing to the hospital since patients safety is well taken care.

This can be seen on table 7 below on the types of medical activity carried out by tourists and local population in the cardiac centre.

Table 7: Types of medical Activity carried out by the sampled population

Type of medical activity	Frequency	Percentage
consultation	*29*	*28.7*
surgery	*26*	*25.7*
health screening	*30*	*29.7*
scan	*16*	*15.8*
Total	*101*	*100.0*

Source: Field work, 2016

As *seen on table 7, out of the 101 questionnaires administered 29.7% respondents said they visit this site for health screening, 28.7% for consultation while 25.7% and 15.8% comes there for surgery and scan respectively. The majority of the sampled population is engaged in health screening. This is because health screening constitutes the general examination of pathologies and it is not costly like scan and surgery.*

In order to see if the population was satisfied with the medical activities offered in the cardiac centre 56.4% (57) as against 43.6%(44) following the resuts from field.

It is therefore deduced that the greater proportion of the respondents responded positively to the quality of services which thus shows that he hospital can meet up to tourists demand both home and abroad. With this ,the hospital is doing everything possible to meet

up with tourists demand although much still has to be done. According to statistics from the annual report of the cardiac centre (2014), the CC has conducted 50.000 consultations. This shows that the threatening of cardiovascular disease stars medical tourists on the face.

The local population looks at the implantation of this centre as a double blessing. This has led to the implantation of permanent market near the hospital as seen on plate 3. Outside the hospital there is the growth of a permanent markets, restaurants, commercial bike riders and documentation centres. This has given food on the table to the local population especially women that are bread winners. Despite all these much still needs to be done because some of the items sold in the market are not of tourist's standard.

Plate 3: Proliferation of socio-economic activities around the hospital

Picture 9:Catholic school Picture 10 : Permanent market Picture 11:`Motorcycle riders

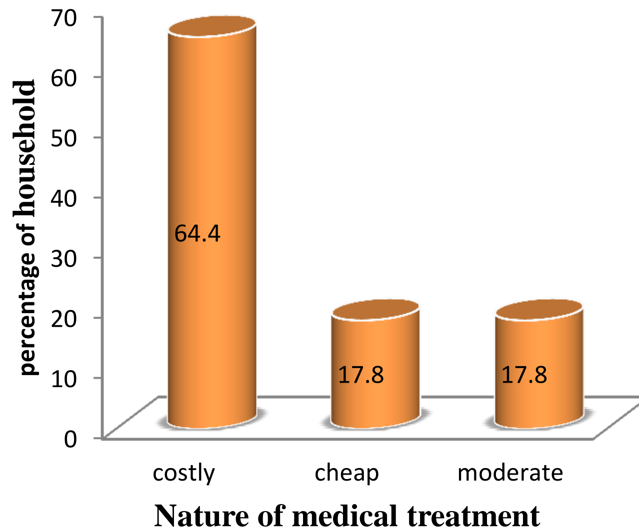
of Nursing

Source: Mokube, December 2015

It is seen from plate 3 that the implantation of the hospital has led to socio economic boom which has triggered the existence of a medical school, permanent market and motorcycle transport around the area. As seen on photo 7, 8 and 9 respectively.

The cost of medical services offered according to the responds from the survey also varied. *Amongst the 101 questionnaires 64.4% of the respondent said it was costly while 17.8a% of respondent said it was both cheap and moderate (see figure8). This explains the fact that access to quality medical services is very costly to the local population and amongst*

the 18% who responded that medical services were cheap comprises mostly of international



tourists.

Source 8: Field work,2016

Figure 7: The nature of medical treatment

According to the interview guide conducted with **Mr Smith of Holland origin** in the Shisong hospital (30/12/2016), he said *"Shisong is like his second home, I come here for medical treatment twice every year since I am on retirement. To afford medical treatment back home is very expensive, I came to know of Shisong from an Indian friend who has had a long contact with this place. The medical services here are very good and not costly; the only problem I face here is the quality of items sold around the hospital they are of low quality he says"*. For an effectiveness of tourism, tourist's demand must be a priority this will increase the benefits the local population will earn from tourism as well as improve on their daily livelihood.

Source: Field work, 2015

Picture 12 :Interview with medical tourists from Holland

From photo10 we deduce that word of mouth is a very strong tool in the advertisement of any tourism destination since tourists are considered as "global ambassadors" to the destination. They can be considered advertisement tools because through them the image of the destination can be promoted or shattered.

For better promotion of medical tourism other tourism support infrastructures like accommodation facilities, catering services and roads must be put in place .

3.1.1.2 Accommodation facilities

Accommodation is a place where a traveller on a trip can sleep and usually obtain food such as in hotels and inns. The hotel sector is a very sensitive sector and a backbone to the tourist industry. The quality of these services offered shows the degree of development of the industry. Tourists upon leaving his home first think of a place to sleep in a foreign destination and hotels provide these services. Most of the renowned hotels are the Fomo 92 hotel, merryland, tourists home hotel and travellers inn and others. This can be seen on 8 table below;

Table 8: Tourists establishments

No	Name of hotel	classification	location	No of rooms	No of staffs	Price range	Take-off year	State of the establishments
1	Polyflo hotel	3 star	Kumbo	30	/	/	/	Has been authorised to construct
2	Fomo 92	1 star	Squares	15	11	750-15000	1992	Clean structure and quality service
3	Merryland hotel	No class	Squares	18	4	3500-10000	1992	Moderate services
4	Trinity lodge	No class	Shisong	7	2	3000-5000	2001	Moderate services and clean environment
5	Travellers inn	No class	Squares	18	3	3000-5000	2001	-moderate services
6	Central inn	No class	Mbveh	13	3	2000-6000	2001	Moderate services
7	La classe hotel	No class	Squares	15	/	/		Under construction
8	Tourist home	01 star	Tobin	25	5	3000-5000	1973	Clean surrounding -clean structure
9	Royal mountain lodge	01 star	Shisong	10	/	/	/	Under construction

Source: Divisional Delegation of Bui Developmental Plan, 2015

Kumbo square hosts most of the hotels in Kumbo central sub division. Most medical tourists prefer to stay in Fomo 92 and Traveller's inn according the manager of Fomo 92 in an interview (28/12/2015) *"most of the visitors that come here prefer to lodge in fomo92 and traveller's inn it is just 3km away from the hospital , some lodge in other hotels which are nearer the area they are visiting"*. This is so because tourists can catch up with their appointments on time.

Amongst the hotels that are found in Kumbo, is the tourists Home which stands famous. Officially inaugurated on 1st January 1973, it is one of the very first registered touristic establishments in the subdivision and North West region as a whole. Tourist's home falls under category B, one star as recommended by the Ministry of Tourism and Leisure. This hotel has an accommodation of about 25 self-contained rooms, private toilets, hot and cold water available, a bar providing all types of drinks. Price rates for rooms are thus as seen in the table below 9

Table 9: Tourists home hotel price rates for rooms

Rooms	Types of beds	Price per night(CFA)
Rooms 1-5	Double	5000
Rooms 6-11	One large bed in each room	5000
Rooms 12-15	Double	5000
Rooms 16-19	One large bed in each room	4000
Rooms 20-25	One large bed in each room	3000

Source: Field work, 2015

Its clean structure and clean surroundings offered by this hotel indirectly advertise the regions tourism. Since the tourists has to recount his experiences while back at his place of origin. Other recent one star hotel in Kumbo include Fomo92 which offers quality services to the tourists with its one star status, majority of the tourists prefer to lodge here. While others are under construction which has been authorised by Ministry of Tourism and Leisure according to an interview conducted with the divisional delegate of tourism and leisure Mrs AUDU Trifosia (29/12/2016)*"we have one 3 star hotel and other one star hotels which have been authorised by the Ministry of Tourism and Leisure and is currently under construction. "*as seen on table 8above. Table 10 below shows habitation during tourism activity

Table 10: Place of lodging by household population during activity

Place of lodging	Frequency	Percentage
hotel	***18***	***17.8***
inn	***25***	***24.8***
Relative's house	***32***	***31.7***
Friend's house	***26***	***25.7***
Total	***101***	***100.0***

Source: Field work, 2016

From table 10, according to the results of the survey conducted amongst the 101questionnaires administered on lodging during medical tourism, 31.7% usually lodge in relative's house and 25.7% lodge in friend's house while 24.7% and 18.8% in inn and hotels respectively . The majority of the proportion of tourists prefer to stay in relatives house because the hotel services are usually below their standards so the prefer to live in a relative's house than to pay for services that is not high while 25.7% prefer to stay in friend's house that the services are more better off than in hotels, according to **Mr Smith** (photo7 above) *"it is a waste of money because the services you want is not been rendered so I prefer to stay at a friend's place".*

The 18.8% for those who lodge in hotels mostly apprehend to those who have few days to spend in the area. 24.8% prefer to lodge in inn because of their income levels because the services offered in inns are of moderate quality.

Unfortunately, there is the poor establishment of hotels in Kumbo and most of the hotels do manipulate their figures. Real statistic is never given because they fear to pay high taxes. More so, some of the hotels are still under construction as well as some operate as clandestines.

3.1.2.3 Catering services

Catering services are places where a traveller can obtain food and drinks such as restaurants and bars. The provision of local dishes to tourists is the role played by the local population. In Kumbo, restaurants are playing this vital role. Medical tourists to Kumbo enjoy the following local cuisine provided by the inhabitants; fufu corn and vegetables, beans, cocoyams, potatoes, cassava and plaintains. Besides, European and modern dishes are also provided. Prices ranges from 500 to 1000 FCFA. According to some statistics gotten from the delegation of MINTOUR the following leisure establishments have been recognised in Kumbo to meet up with the demand of tourists. Table 11 below shows the leisure establishments in KCSD.

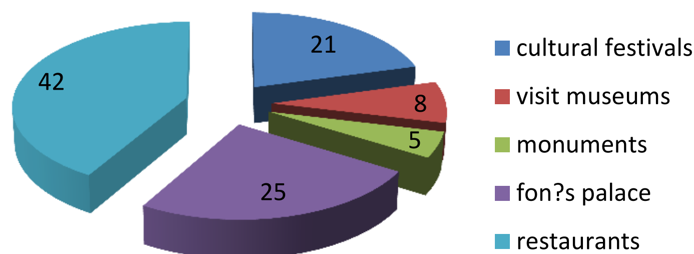
Table 11: Leisure Establishment in KCSD

Name of location	Number of places	observation
BB 91 snack	100	-clean environment -Good quality services
BB.com	50	Clandestine
Samba nite club	75	Clandestine
Las vegas bar	75	clandestine
King palace carbaret	100	Documents for authorisation to open still in process
Modest restaurant	100	Clandestine
Party gate	100	clandestine

Source: Divisional Delegation of Tourism and Leisure-Bui (Annual Report, 2015).

From the table, most of the catering services operate as clandestines they are not yet recognised by the delegation of Tourism and leisure to meet tourists demand. Only BB 91 snack out of the other 7 has been recognise as a legal leisure establishment in kumbo. Most of the tourists who get into kumbo mostly prefer here.

There is still a very big problem in the catering services, there are so limited to meet tourists demand since tourists will prefer a variety of choices during leisure times. Figure 9 below shows leisure activity after treatment .



Source : field work,2016

Figure 8: The proportion of leisure activity carried out by medical tourists

From the figure 8, amongst the 101 questionnaires administered 41.6% (42) visit restaurants after their treatment, 24.8% (25) visits the fon's palace, 20.8% (21) for cultural festivals and 7.9% and 5.0% for visits to museums and monuments.

The general idea behind the leisure activity after treatment is that majority of the respondents carryout leisure in the restaurants after their treatment. Around the hospital, the restaurants found there are also of clandestine nature. Therefore, there is still a big problem with the catering services in Kumbo.

3.1.1.4 Maximum distance and means of transportation

Tourism is intimately linked to transport since distance and time greatly influence it. Here transport is a very essential element in the tourist industry. Generally, the major road distance and approximate cost and time required by a tourist from Bamenda to kumbo is seen on table 12 which shows the major road distances from Bamenda to kumbo.

Table 12: Major road distances and approximate cost and time required from Bamenda to kumbo

Areas linked	Distance	Situation of the road as of August 2015	Approximate time spent (hrs)	Cost in FCFA August 2015
Bamenda-kumbo	104	Partially tarred	3	2500
Bamenda-Babungo	55	Partially tarred	1hr.20mins	1300
Babungo-kumbo	20	Partially Tarred	40 mins	700

Source: Divisional Delegation of Transport BUI, August 2015

The principal entry into kumbo is through Babungo in the south and from Oku in the East. Roads in kumbo are partially tarred especially from Bamenda to Babungo which makes access difficult during the rainy season but as from Babessi to kumbo the roads are tarred

which facilitate movement. Contrarily during the dry season the road is accessible. Also within Kumbo some of the secondary roads are tarred especially from Tobin to kumbo squares. From kumbo squares to shisong is about 3km untarred road.

This makes access to the medical tourism site difficult especially during the rainy season for medical tourists to meet up with their appointments on time because the road is very muddy and slippery and in the dry season it is covered with dust. This also leads to fatigue upon arrival of tourists to his destination.

From the studies carried out it shows that 56 medical tourists out of the 101 sampled size used bikes as means of transportation to the site this is summarised on the table below.

Table 13: Means of transportation used by households

Means of transportation	Frequency	Percentage
bike	*56*	*55.4*
foot	*10*	*9.9*
car	*35*	*34.7*
Total	*101*	*100.0*

Source, Fieldwork, 2016

It is deduced from table 3.7 that the greater proportion of medical tourists use motorcycles to get to the site this because most of them cover a great kilometre and the roads are mostly secondary roads and 35 of the respondents used cars which can be attributed to taxis or personal cars but on the contrary 10 respondents walked on foot. They are those who live nearer the site. This shows that the flow of medical tourists could increase if the state of the roads are improved. From the above stastistics it shows that tourism depends heavily on transport.

3.1.1.5 Utilisation of communication network by households

Kumbo is endowed with a lot of communication facilities. Kumbo is connected to the outside world through communication networks like Mobile Telephone Network (MTN), ORANGE and NEXTTEL and the media like CRTV and Bui community radio. There is access to the internet, e-mail, fix phones and fax. This makes the practice of distance advertisement of her tourism products. The presence of these facilities eases communication between the tourist and his home country. Communication plays a vital role in tourism. This can be summarised on table 14 as seen below

Table 14: Utilisation of communication network by households

Means of communication network	Frequency	Percentag e
Nexttel	*38*	*37.6*
MTN	*21*	*20.8*
Orange	*42*	*41.6*
Total	*101*	*100.0*

Source : Fieldwork, 2016

Table 14 above shows the distribution of the different networks amongst tourists the proprtion of those using ORANGE surpasses MTN and NEXTTEL, thus it can be deduced from the above statistic that most of the people who come to shisong for medical tourism 41.6% prefer to use ORANGE while 37.6% constitute those who prefer NEXTTEL and 20.8% for those who prefer MTN.

The reasons advanced for the difference in communication network is that most often the visitors prefer ORANGE because it is reachable no matter the quartier as well as its cheap promotion packages it offers to the local population. With NEXTTEL it is just new in the communication market so has attracted more users to with its cheap offers while MTN on the contrary some of its packages are still very costly for the population.

Despite the differences in the precentages of the distribution of communication network, these network still serves the population as well as the tourists in the dissemination of information. But the responds given by those using MTN furnished the researcher on some of the constrints hindering the smooth functioning of medical tourism in KCSD.

Notwithstanding despite all these communication networks the degree of advertisement is still low. Most of the tourists have an idea on the medical tourism site through word of mouth from friends. Advertisement is mostly within Kumbo and the country at large. Much still have to be done on the advertisement of products not only within but internationally. Sometimes there are frequent technical problems in the operation making communication difficult. Hence, communication constitutes an important element of the tourist industry which Kumbo needs to improve upon to attract more medical tourists.

3.1.6 Utilisation of banking institutions by households

Banking is an indispensable sector for the tourism industry. This is because tourists must convert their hard currencies for the local ones and make other transactions. Banking is a new industry in most areas of the sub-division. Efforts have been made to establish some microfinance such as Express Union, Express Exchange and cooperatives. During tourism some tourists carryout financial transactions in some banking institutions as seen on table 15 these difference in the financial institutions means that the tourists have a variety of financial institutions to carry out their transaction.

Table 15: Utilisation of financial institutions by households

Financial transactions	Frequency	Percentage
express union	*37*	*36.6*
shisong cooperative	*52*	*51.5*
express exchange	*12*	*11.9*
Total	*101*	*100.0*

Source : Field work, 2016

Table 3.9 above depicts that out of the 101 sampled population of medical tourists, 37 of the respondents have access to express union leaving us with the percentage of 36.6.

On the contrary, the number of respondent with financial access in Shisong recorded 52, Percentage wise this proportion represents 51.5% of the population of medical tourists. It shows that the majority of the population carries out their financial transaction which leads to the local development of KCSD.

Moving to the last financial institution, those that use express exchange to carry out their financial transaction 12 respondents were found which constituted 11.9%. The information gotten from these respondents shows that medical tourism is a tourism activity which involves financial transactions. These banking institutions gives out loans to the elites to carryout also development projects that is why local development must start from the base to the top.

For tourism to be effective it must involve financial transactions to enable the tourists to exercise his spending habits. This can be seen from figure 10 which shows that medical tourism is a tourism activity.

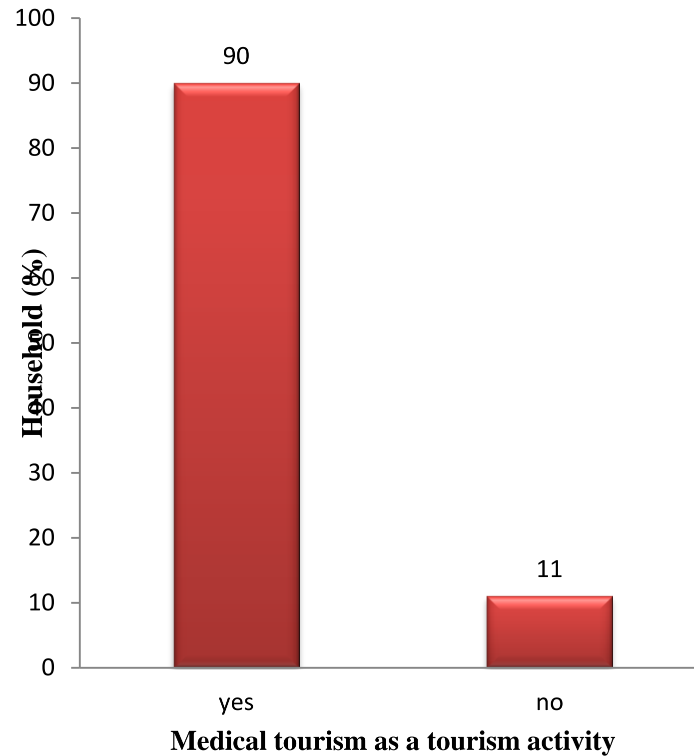


Figure 9: Medical tourism as a tourism activity

Source: Field work,2016

From figure 11 above, 90 out of the 101 of the sampled population responded that medical tourism is a tourism activity giving a percentage of 89.1 although some gave reasons that it was and is mostly the thing of the west while 11 responded to no that it is not a tourism activity which constituted 10.1% some gave their reasons that after treatment one needs to recuperate not indulge in tourism related activities.

3.2 FREQUENCY OF TOURISTS TO SITE

The flow of medical tourists into the cardiac centre of the Shisong General hospital (from 2002-2015) is low and beyond expectations. This can be seen on table 16 below

Table 16: The frequency of tourists from 2002-2015

Year	2002	2003	2004	2005	2006	2007	2009	2010	2011	2012	2013	2014	2015	Total
BELGIUM	0	0	0	0	0	0	0	1	0	2	0	0	0	3
Cameroon	2	2	1	1	1	0	1	20	11	16	26	14	3	98
Equatorial Guinea	0	0	0	0	0	0	0	0	0	0	1	0	0	1
France	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Germany	0	0	1	0	0	0	0	4	1	3	0	1	1	11
Holland	0	0	0	0	0	0	0	1	1	4	0	0	0	6
Honduras	0	0	0	0	0	0	0	0	0	0	0	0	1	1
India	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Italy	0	0	0	0	0	0	0	0	0	0	1	2	0	3
Kenya	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Mediterrean	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Newzealand	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Nigeria	0	0	0	0	0	0	0	1	0	1	4	3	2	11
Spain	0	0	0	0	0	0	0	0	1	2	0	1	0	4
Sweden	0	0	0	0	0	0	0	0	0	0	0	2	0	2
U K	0	0	0	0	0	0	0	0	1	0	0	0	0	1
USA	0	1	0	1	0	1	0	3	1	0	6	5	3	21
Total	2	3	2	2	1	1	1	31	16	28	40	28	12	167

Source : Shisong Cardiac Center, Jan 2016

From table 16 it depicts that since the creation of the cardiac centre it has been receiving visitors from within and out of the country. From 2002 -2015 the centre has received more of Cameroonians than foreigners. The greater proportion of foreign medical tourists is from the USA for the developed countries and Nigeria for African countries.

From this table it is seen that the number of low beyond expectations as compared to other medical tourism destination in Africa like Tunisia which attracts 150.000 international tourists as against South Africa which attracts 1.9million tourists in 2003 and 2009(Africa

Business Initiative,2014). Much have to be done for Shisong to receive more medical in terms of its marketing strategies both home and abroad.

Thus the mere presence of the site is not sufficient to bring about increased in the flow of tourist on its own. It must be served with tourism support infrastructural facilities to bring about the required effect.

From the studies carried out it shows that 5 out of the 101 sampled population visit the site daily while 8 of them visit weekly, 26 monthly and 40 twice a year as well as 22 annually. This can be summarised on the table 17 below;

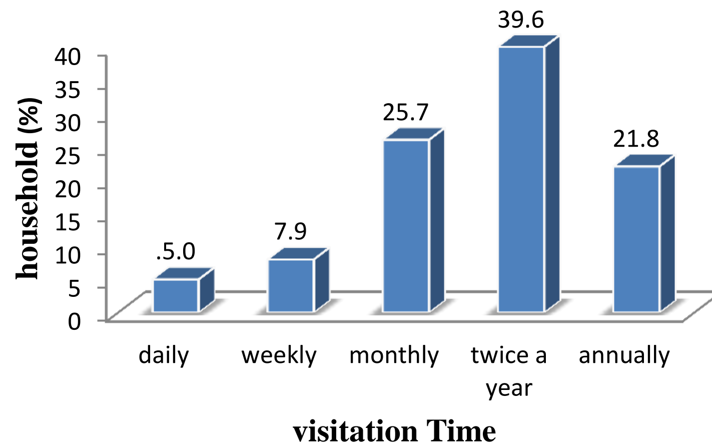
Table 17: Duration of tourists to the site

Duration of visitation of the site	Frequency	Percentage
daily	*5*	*5.0*
weekly	*8*	*7.9*
monthly	*26*	*25.7*
twice a year	*40*	*39.6*
annually	*22*	*21.8*
Total	*101*	*100.0*

Source: Field work, 2016

It is seen from table 3.10 above that the proportion of those who visited the site daily stood at 5.0%, weekly visit left us with the percentage of 7.9and monthly with a percentage of 25.7gave us the reason that health is wealth and is a significant part of our life. Which implies carrying out medical activity with little or no recreation activities this does not encourage the market potential of medical tourism.

On the contrary twice a year which corresponded to 39.6% and annually 21.8% consider their visit here as a way of recreation. This implies the market potential of medical tourism.



Source:Field work,2016

Figure 10: Period of visitation to the site

This further buttress the potential demand for medical tourism reflecting the willingness of the tourists to patronise the industry.

3.2.1The size of Tourist Party and Accomodation used DuringPleasure Trips

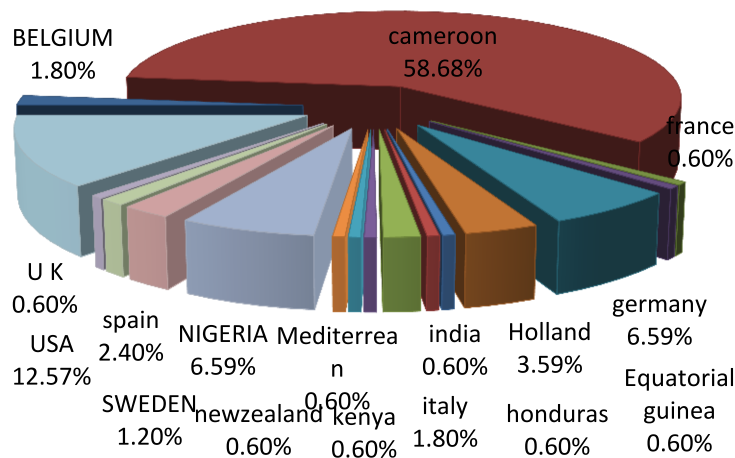
Statistics from lodging establishments might not necessarily reflects the true situation since such figures most often than not are manipulated and concealed for fear of possible tax levies. Such data must therefore be supplemented with information from sample surveys.

It was noted that every tourists visiting Kumbo Central Subdivision lodge in hotels. Some lodge at the homes of relations and this group represented some 32 respondents or 31.7% of the total number sampled. This tendency is prompted by a number of reasons which include lack of good standard hotels, high lodging fees where standard hotels are available as well as cultural binding and affiliations. This constitutes an important guide to tourism.

From responds from interview, it further reveals that travelling with one's family entails a lot of financial commitments. Some people therefore preferred travelling alone and this group accounted for over 13.9%of potential tourists. A possible means of raising the effective demand or receipts from tourism is to encourage family tours. This is because such tourists are likely to spend more money than otherwise which is required for the progress of the industry. The majority of those involved in the tourism industry are married which accounts for almost 69.3% of the sampled population.

3.2.2 Periodicity of Tourists Arrival.

Foreign tourists visiting the area comes mostly from America, Germany, Italy, Holland, Belgium, Spain, Sweden, Britain, Other African countries Nigeria, Equatorial Guinea, Kenya and in S. America we have Honduras and in Asia we have India. This is can be seen on figure 13 showing the various nationalities that come to the area for medical tourism.



Source: Shisong Cardiac centre, 2015

Figure 11: Nationality of Tourists

From figure 13, the composition of medical tourists is both national and international tourists. The proportion of national tourists is 58.68% as against 41.32%, the differences in the proportion shows that Cameroonians are aware of the site more than the international tourists. This gives the impression that the level of advertisement of the product is mostly within Cameroon than the outer world. This furnishes the researcher with some information on the strategies for better advertisement of the site. It is seen on figure 13 that the country with the greatest proportion of international tourists from the developed world is USA with about 12.57%, Germany has a proportion of 6.59% while the other developed countries stands at 0.60%.

The higher proportion of tourists explains the fact that some of them are Cameroonians resident in the US and still have a strong cultural affiliation with the Shisong hospital. A majority are native from Nso who still have trust and confidence in the health practionners and thus preferred medical care back at home.

Secondly, Cameroonians resident in the USA act as medium of advertisement of the site and encourage others to come home for medical procedures so they advertise the site indirectly. This will attract more potential tourists in the nearer future as well as infrastructural development of the site.

Lastly, in the case of German tourists, they mostly accompany the medical team when series of surgeries are be to perform as a result of the high cost of treatment back at home.

Still in figure 11, the greatest proportions of medical tourists from Africa come from Nigeria. This is because Nigerians have always had religious ties with the Shisong hospital long before the implantation of the Cardiac Centre. Some of their tourists are made up of religious personality (Shisong cardiac centre annual report, 2015). A world map showing the flow of international tourists as seen on figure 12 below.

Source: Shisong Cardiac Centre, 2015

Figure 12: World map showing the influx of international tourists into the Cardiac Centre from Africa and European countries

Still on figure 11, the national tourists of greater proportion that comes to the area are from the north-west region, followed by the two major cities of Douala and Yaounde. This can been seen on figure 13 below which shows the flow of national tourists to the site.

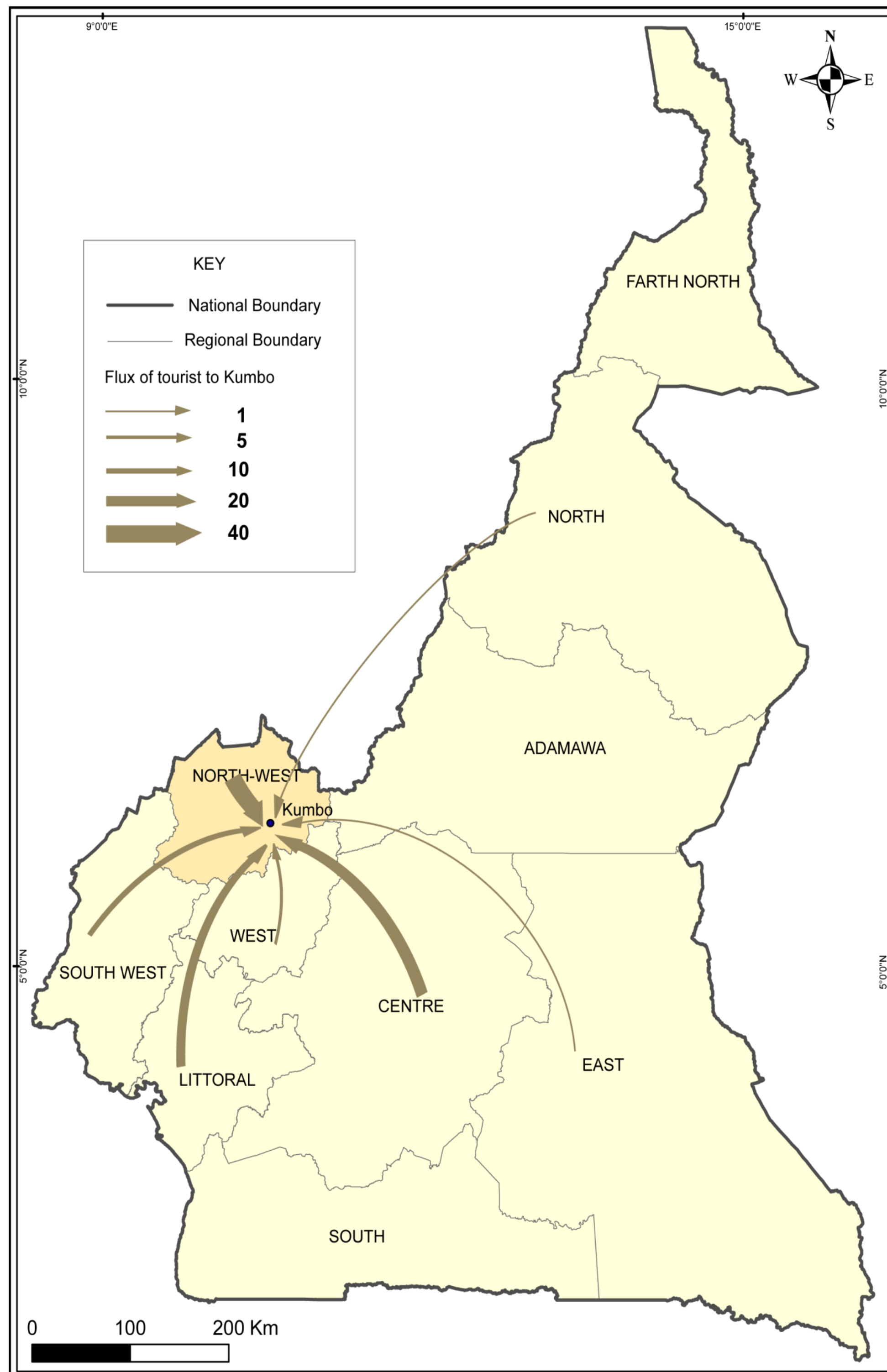


Figure 12: Cameroon map showing the flow of national medical tourists

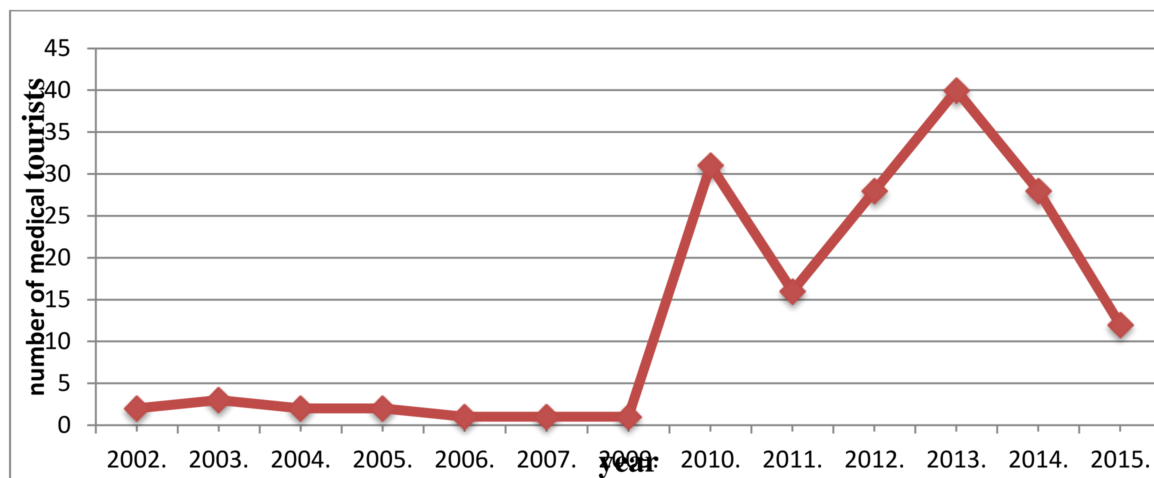
Source: Shisong Cardiac Centre, 2016

From figure 13, it is seen that most of the national tourists that visit this site are from the north-west region this is as a result of their easy proximity to the site which consists about 40 0f the total number national tourists, the largest cities of Douala and Yaounde represents 20 of the total number of tourists while 10 represents the west region and the southwest and 5 represents the north region and lastly 1 for the East region. This explains

that the majority of tourists come from the north-west region and the largest cities of Yaounde and Douala.

As concerns the flow of tourists from the large cities it can be as a result of long wait list and expensive nature of medical procedures. The few number from the North and East region respectively is because they are far away and information do not easily get to them as compared to the west and south-west that are proximal. Despite these numbers much still have to be done on the advertisement policy to improve on the flow of national tourists to the site.

Since the creation of the cardiac centre in 2002, just a few number of national tourists came to this site. The progression of the flow of tourists into this site has improved slowly over the years although with little expectations. This can be seen on figure 16 below



Source: Shisong Cardiac Center, 2015

Figure 13: Arrival of tourists to shisong from 2002-2015

Figure16 above depicts that from the creation of the cardiac centre in 2002 the flow of tourists to this site was insignificant which stood between 1 and 2 right up to 2009. This is justified by the fact that the structure was still struggling to gain impetus.

From 2010, there was a tremendous increase in the number of tourists to 31 which fell to 16 in 2011 and rose to 28 in 2012. In 2013, there was a significant increase to 40 which was considered the peak year but in 2014, there was a slight drop to 28 and 2015 a drastic drop to 12. The rise and fall of the number of tourists gave the researcher an idea on the constraints to the smooth functioning of medical tourism in KCSD. The advertisement strategy used by the hospital to sell out its products is very minute. Much effort needs to be done on the advertisement of its product so that the number of tourists in this site will continue to rise. This will have a positive impact on the living conditions of the local population if better advertised.

3.2.3 Income and educational level of households

The income level of individuals affects their demand for health care and leisure. The relationship of income and recreation is obvious, since there is a threshold disposable income above which expenditure on the activity starts to increase rapidly. Cameroonians usually enjoy a fair pay package because most the workers in the region especially civil servants enjoy paid annual leaves which normally last for one month. It implies that such people may

have a greater desire to undertake medical procedures and leisure trips. This can be seen on table 18 below which shows the various income level of the population.

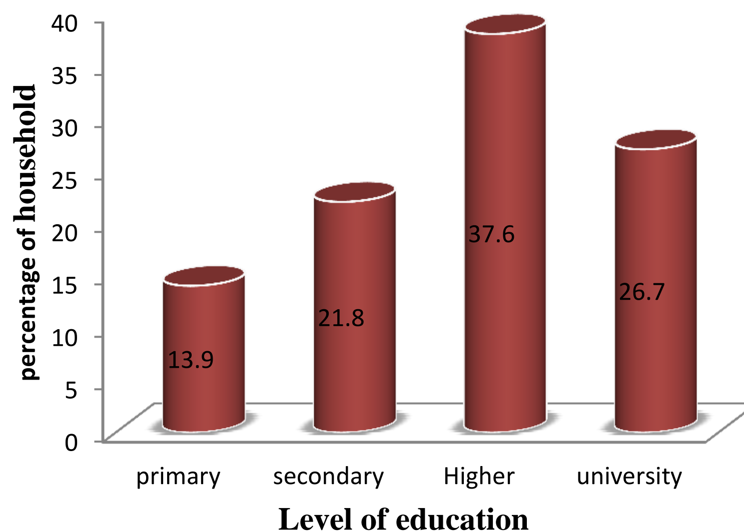
Table 18: Monthly incomes of households in FCFA

Average monthly revenue	Frequency	Percentage
less than 50000FCFA	*15*	*14.9*
Between 50000 and 100000 FCFA	*24*	*23.8*
Between 100000 and 200000 FCFA	*38*	*37.6*
Between 200000 and 300000 FCFA	*15*	*14.9*
More than 300000 FCFA	*9*	*8.9*
Total	*101*	*100.0*

Source: Field work,2016.

The monthly incomes of the respondents in the sample are shown on table 18. respondent with income ranging from more than 300000 FCFA above are representing 8.9% and are considered the high income groups and have high spending habits. Those with income ranging between 100000 and 200000 FCFA per month represents 37.6% are average income earners with relatively average spending habits and movements. Those less than 50000FCFA represents 14.9% low income earners with relatively low spending habits and movements. This information is useful in the provision of services and products of varying quality to meet taste of both expenditure groups.

It is largely acclaimed that people with higher level of education generally respond more to travelling indulges for medical procedures and recreational purposes.



Source: Field work, 2016

Figure 14: showing the proportion of households with different level of education

From figure 15, it is seen that 38 out of the 101 sampled populations are acclaimed as people with higher level of education, they generally respond more to travelling for recreational purposes and medical procedures. The 38 out of the total sampled population are literate who accounts for monthly trips and twice per year in table 10 above.

3.3 VARIOUS STAKEHOLDERS IN THE PROMOTION OF MEDICAL TOURISM AND LOCAL DEVELOPMENT IN KCSD

As any industry, the medical tourism industry involves a wide scope of stakeholders acknowledging mostly commercial interest. These stakeholders alongside with their institutions intervene directly or indirectly in the promotion of tourism in KCSD and Cameroon at large. Beneath are presented major stakeholders in the medical tourism industry.

3.3.1 The state

The Cameroon government intervenes in the promotion of tourism and local development in KCSD, she plays specific roles.

The state is at the origin of the promotion of tourism as well as a major stakeholder. She has been considered long time as a central element in the promotion and marketing of tourism. But with the advent of decentralisation the state has passed from an omnipresent stakeholder to a regulator in KCSD. The state is present through its central ministries which includes the regional delegation, divisional delegation of the following ministries; MINTOURL, MINSANTE, MINATD.

The Ministry of Tourism and Leisure

As tourism moves up the national agenda, the government department dealing with tourism has to be upgraded. According to decree no 2005/450 of November 2005 which vested on the organisation of the Ministry of Tourism and Leisure had the mission to elaborate and evaluate government policy in the domain of tourism. The tourism ministry needs coordination, networking and support from other ministries. Table 19 takes us to the various ministries that intervene in the promotion of tourism.

Table 19: Institutions and their domain of intervention in the development tourism in KCSD

Institutions	**Domain of intervention**
Ministry of territorial administration and decentralisation	Sensitize administrative authority and collective bodies on the promotion of tourism, the reduction of police post on the highways and the reinforcements of measures aimed at ameliorating on the welcome and security of the tourists at their arrival and during their stay in Kumbo
Ministry of transport	Contributes in the development of national policy in the transport sector.it fixes transport tarrifs in Kumbo. From Bamenda to Kumbo the transport fare is 2500 Fcfa
Ministry of communication	Proceeds in education of the population on the reception of tourists through mediatic campaigns it sensitise the population and assures the promotion of tourism. The Bui community Radio Station is doing a great job to sensitise the population on the reception of tourists through the use of both official and the local language.
National delegation of security	Assure the security of persons, goods, controls entry at the national boundaries and delivery of entry visa at boundary posts.
Ministry of external relation	Intervenes in the delivery of entry visas into Cameroon and in the communication of information to tourists going to Kumbo
Ministry of culture	Proceeds in the inventory of cultural activities and assures the promotion of cultural patrimony of the Nso people
Ministry of public works	Proceeds in the disenclavement of tourists sites in Kumbo through the construction of the ring road linking Kumbo and other subdivisions and divisions linking her.
Ministry of finance	Intervenes in the fiscality of tourism and in tourism satellite accounts which follows the concept of WTO

Source: MINTOURL, 2015.

In order to promote tourism, MINTOURL have to collaborate with the other ministries.

The ministry core's purpose is to ensure tourism policies, planning, coordinate tourism development benefits in the country and improve economic growth. This ministry makes sure that tourism policies results in sustainable, responsible and equitable tourism development paying attention to domestic and international tourism.

Divisional Delegation of Tourism and Leisure

The divisional delegation is an organ of MINTOURL which is responsible for the promotion of tourism at the local level. According to the legal framework, the divisional delegate has the role to control the organ and tourists act.

It also coordinates and evaluates all government policies in the promotion of tourism in Kumbo and Bui out large.

3.3.2 State institutions: operational and consultative organs

- **FEICOM:** Le fond d'equipment et d'investissement intercommunal is the organ in charge of financing certain investment in the councils and other municipal expenditures like the training of human resource capacity.

3.3.3 The council

The council has been a powerful element in the development in KCSD. It is in charge of the management of public local affaires in the domain of competence that has been transferred. It has as the head the mayor who is the head of the executive. The mayor as head executes the budget of the council. The council of KCSD plays the following role which includes; development of touristic sites and supply of tourism infrastructures like water, roads. Thus, the council is a very important actor in the development of tourism. This policy framework should be aligned with the vision for tourism that is the Council Development Plan.

According to decree No 2004/18 of 22 July 2004 which designs the role applicable to councils "councils have a general mission in local development and amelioration of living conditions of its inhabitants". By this law, the council has become responsible to a variety of functions which was traditionally handled by the state. Councils are now aware in applying strategic focus to spending priorities, seeking to direct resources that they will produce the most benefit to their communities. In some cases this may include projects beyond their immediate boundary for regional significant investment. This support at the state level where government funding has increasingly been tied to regional outcome.

The adoption of a sustainability framework by the council practice of essential services such as waste management to a higher strategic level such as planning policy that supports sustainable development has made significant change to localise the impact of tourism. There exist one tourism board with four personnels in Kumbo council, there has also been the rehabilitation of 06 tourists establishments (Kumbo Council Development Plan, p 63).

Devolving powers to councils has tremendously lead to economic development in KCSD as the council has regarded tourism as a catalyst for growth. This transfer of competence is measurable on the field as the indicator is developed in the law. For local development to be effective the local government must be at the centre because local development lies on the "*bottom-up approach*". It is only the local government that knows the needs of its people. This is elaborated through the provision of infrastructures especially around the hospital like the construction of a permanent market, entertainment complexes to yield to the demand of tourists and the local population. This can be seen on photo 11 below which shows the implantation of a permanent market around the hospital by the Kumbo council.

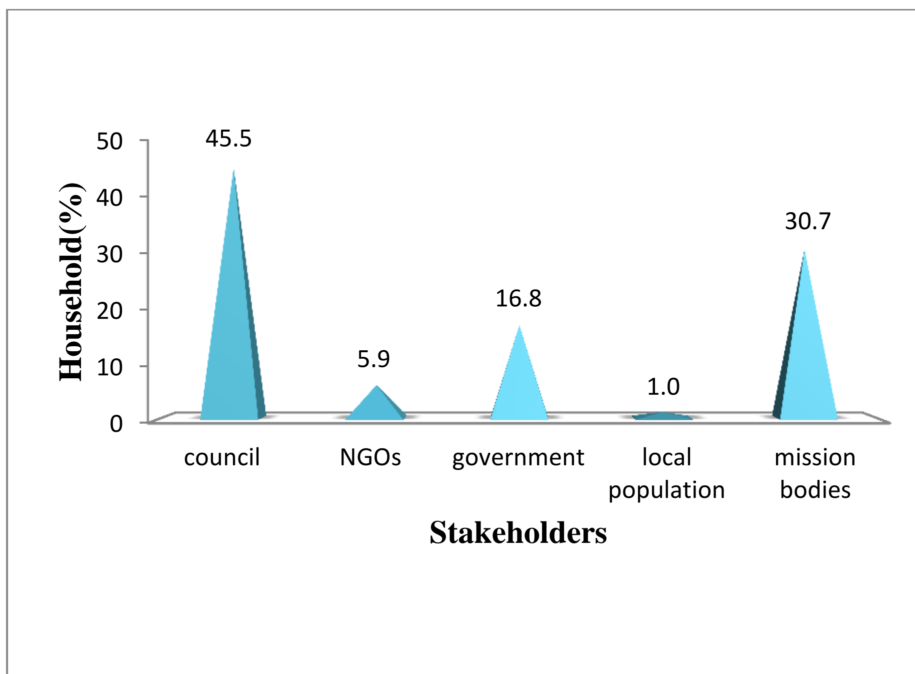
Plate 4: Showing the installation of permanent fruit market around the Shisong hospital by the council

Picture 13: Fruits market **Picture 14: foodstuff market**

Source: Mokube, 2015

This market has led to the creation of direct employment for the local population especially the women and the youths who mostly are the unemployed. The booming of the local areas gives money to the local council which will go a long way to sustain the local areas through the provision of some other tourism infrastructures. In terms of management of tourism the council performs less.

From our results gotten from the field, the population gave their suggestions on the organ responsible for the promotion of tourism. This can be seen on figure 19 below.



Source: Field work, 2016

Figure 15: the organ responsible in the development of tourism in KCSD

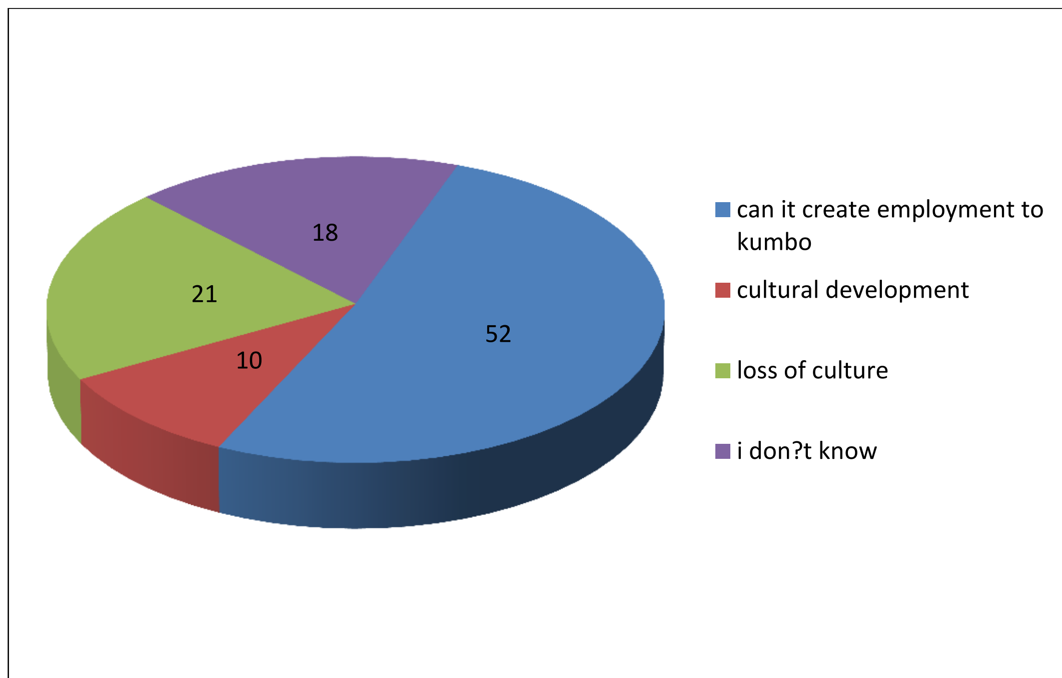
From figure 15 above, it depicts that a greater proportion of the population which makes up 45.5% of the targeted population gave their opinion that the management of tourism activities in KCSD is in the hands of the council while 30.7% said it is been handled by mission bodies. From this, we deduce that the council is the main organ in the organisation tourism activities in KCSD.

3.3.4 Non state stakeholders

These type of stakeholder do not belong in the static sphere. They are diversified and contribute in a significant way in the dynamic impulsion of tourism and local development in KCSD. We can classify many groups;

3.3.4.1 Local population

The local population are the principal beneficiaries to projects initiated by different actors in local development. The local population is also an initiator of certain projects in their locality. She contributes effectively in the promotion of tourism in their locality. They mostly provides services of tourists guides and depends on the motivation of one another. The receptive nature of the local population will determine the frequency of tourists in the locality. The existence of the medical tourism site in Kumbo as a means of local development, the local population on its part also gave their opinions on the perception medical tourism. This is seen on figure 20 below.



Source: Field work,2016

Figure 16: The perception of the local population about medical tourism

Out of the 101 sampled population, 52 were strongly for the opinions that medical tourism can create employment in Kumbo in the long-run.

3.3.4.2 Traditional authorities

The traditional authorities have a big influence in public decisions in KCSD. The fon has a double status: custodian of the tradition and an auxiliary to administration. The fon is also responsible in safeguarding tourists attractions and organises events which attracts a handful of tourists in KCSD as well as organising manual labour. The local population is there to execute work initiated in the community plan of development.

3.3.4.3 Transporters

Road transport which is assured by a multitude of transport agencies, taxis, motorcycle riders and other transport personality permits the mobility of tourists in the area falls under one of the actors promoting medical tourism in Kumbo Central Subdivision. The photo 12 below shows the presence of motorcycle transport around the Shisong hospital which has facilitated the movement of tourists from different areas to the hospital.

Picture 15: Motorcycle riders around the Shisong hospital

Source: Mokube, 2015

The motorcycle can take the tourists to any area in the subdivision. Other transport means involves the public transport which transports tourists from big cities to the periphery. In Kumbo most common used transport agency is the Amour Mezam transport agency (delegation of transport,2015).

These various transport sectors are controlled by professional organisations which work with the tourism sector such as associations and syndicates to gives tourists the best ride whenever they visit.

3.3.4.4 The media

The media constitute an important tool in the vulgarisation of touristic potentials and conscience of a country. In KCSD, the Bui community radio which gives information also advertises the touristic potential of the area. It sensitises the population on the hospitability of tourists in their area, this is done through the use of national languages as well as the Nso language to inform the people about the importance of tourism as well tourists on the available resources. CRTV is also putting efforts to promote and market this touristic potential through television documentary programmes but this only remains within the country. The Shisong hospital is making good use of this media station to advertise its potentials.

3.3.4.5 Hotels

According to statistics from MINTOURL (2015) about 1591 lodging establishments are classified in Cameroon which has the capacity to accommodate 24600 beds. In KSCD, there are 3 lodging facilities according to MINTOURL's classification which have the capacity to accommodate 81 beds. According to an interview with the delegate of tourism (2015), she says "hotels acts as tour operators in Kumbo since there is the absence of tour operator in Cameroon. They ask the tourists what they want and what can be improved upon." In this way they know exactly what needs to be ameliorated in order to satisfy the tourists.

Some lodging facilities do not respect the norms and regulations in the construction and exploitation of establishments. There exist a number of clandestine lodging facilities which did not meet up the taste of the tourists. Some of them are not proximal to the tourist's sites to meet up to the needs of the tourists.

3.3.4.6 Restaurants

According to MINTOURL (2010), census 338 restaurant establishments are accepted in Cameroon. In KCSD has about two standard restaurants, these operators contribute in their own way in the promotion of the diverse Cameroonian cuisine. Restaurant offers are very limited in the rural areas.

3.3.4.7 Organisation of Civil society

Actors of civil society are the assembly of individuals without a political or state sphere and in their diversity of their contributions constitute the society and express their voluntary participation. These include certain non-state institutions and groups which forms a common link in the defence of civil interest. In KCSD this category of actors are diversified and well-structured which include;

- **Religious association**

Many religious congregations have been implanted in KCSD since the colonial era. It was visible through the coming of missionaries. They have a general mission to provide health, education and sensitization of the population. These churches are privileged partners in the development of the community of KCSD in the case were they are mostly present everywhere. They have created so many infrastructures for the development and

promotion of tourism in KCSD like hospitals and schools. In KCSD we have so many religious organisations like the catholic church, protestant, Islamic faith. These organisations are priority actors in the development of KCSD.

- **Partners of development**

Amongst the international NGOs that promotes medical tourism in KCSD is the Himalayan Institute which makes up this group, the World Bank , GTZ(German Technical Cooperation) and many others. These partners are for the amelioration of the wellbeing of the local population. They have put a lot of programmes which is visible these days.

The Himalayan Institute is an international NGO which helps in the promotion of medical tourism through its initiatives in alternative natural drugs. It supplies natural drugs to tourists and works hand in hand with the Shishong hospital in the promotion of medical tourism especially to those tourists who are allergic to pharmaceutical products are been taken care by the Himalayan institute. This can be seen on plate 4 below

Plate 5: Showing the Himalayan institutes an international NGO in KCSD

Picture 16: Himalayan Institute Picture 17: Health chart Picture 18: Natural drugs

Source: Mokube, 2015

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It has it branches in the Americas and in Africa in Cameroon with its headquarter in Kumbo. It has been operational in Cameroon since 2008. It offers both curative and preventive treatment to the local population and foreigners. According to an interview guide conducted with the head of the human resource department of the Himalayan Institute (05-01-2016), says we are partners with the Shisong and BBH hospitals, we also render services to those who are allergic to pharmaceutical products. Most of our potential visitors come from Mexico, India and Canada. They mostly come for Ayverdic medecines which are made up of homeopathy drugs." Also, according to results from the survey, there is the proportion of the sampled population that went in for alternative treatment. Out of the 101 sampled populations, 58 respondents said they were involved in natural drugs while 43 of them went in for traditional herbs as seen on table 20 below.

Table 20: The proportion of the population that uses alternative medicine

Alternative treatment	Frequency	Percentage
natural drugs	*58*	*57.4*
traditional herbs	*43*	*42.6*
Total	*101*	*100.0*

Source: Field work, 2016

Table 20 above depicts that out the 101 of the sample population 57.4% use natural drugs while 42.6% use traditional herbs. This shows that the demand for natural drugs is on a rise. Most people are now drifting from the consumption of traditional herbs to natural drugs.

The World Bank in its own part has been giving assistance to the Shisong hospital through Performance Based Financing in 2013 which was renewed giving the institution a mark of credibility and success. The granting of the assistance was thanks to the Kumbo council. Many development projects are been financed by development partners under the patronage of the council.

Amongst the above mentioned actors it is the MINTOURL, MINSANTE and the council that redraws main lines and orientation relative to the sector. The actors have very uneven powers amongst themselves. The state actors are more influential than non-state actors.

This chapter was sought to explain the actual situation of medical tourism in KCSD. In accordance to this, there was an evaluation of the medical tourism situation in KCSD beginning with the presentation of touristic infrastructures, the frequency of tourists and lastly the actors involved in the organisation and promotion of tourism in KCSD. Based from this situation, it gave us a way through some of the opportunities been offered by this niche tourism sector as well as its loopholes hindering the smooth functioning of medical tourism activity in KCSD. This will be seen in the subsequent chapter.

CHAPTER FOUR: IMPACTS OF MEDICAL TOURISM IN KUMBO CENTRAL SUB DIVISION

4.0 INTRODUCTION

In every society the environment provides a means of catering for the needs of the local population by exploiting the available human and natural resources. This is the case of our study area where Shisong as a medical tourism site plays an important role in local development. Thus, this chapter tries to bring out the opportunities offered by medical tourism as well as the constraints mitilating its smooth functioning in the local development of KCSD. A review of these constraints is necessary to make proposals that will bring the desired changes. The impacts can be seen on the cultural, socio-economic and environmental aspects.

4.1 OPPORTUNITIES OF MEDICAL TOURISM IN KCSD

The opportunities offered by medical tourism can be seen in both the socio-cultural, economic and environmental benefits. It is beneficial to the health providers, local population as well as the visitors.

4.1.1 Socio-cultural benefits of medical tourism

The increased in the quality of health care by the Shisong CC to modern medical facilities have benefited the local residents in that they have access to quality health care at low prices. It has increased the quality of life of the local population of Kumbo central subdivision. This is because infrastructure investment is beneficial to the locals as well. This can be seen on the figure 19 showing the health infrastructures in KCSD.

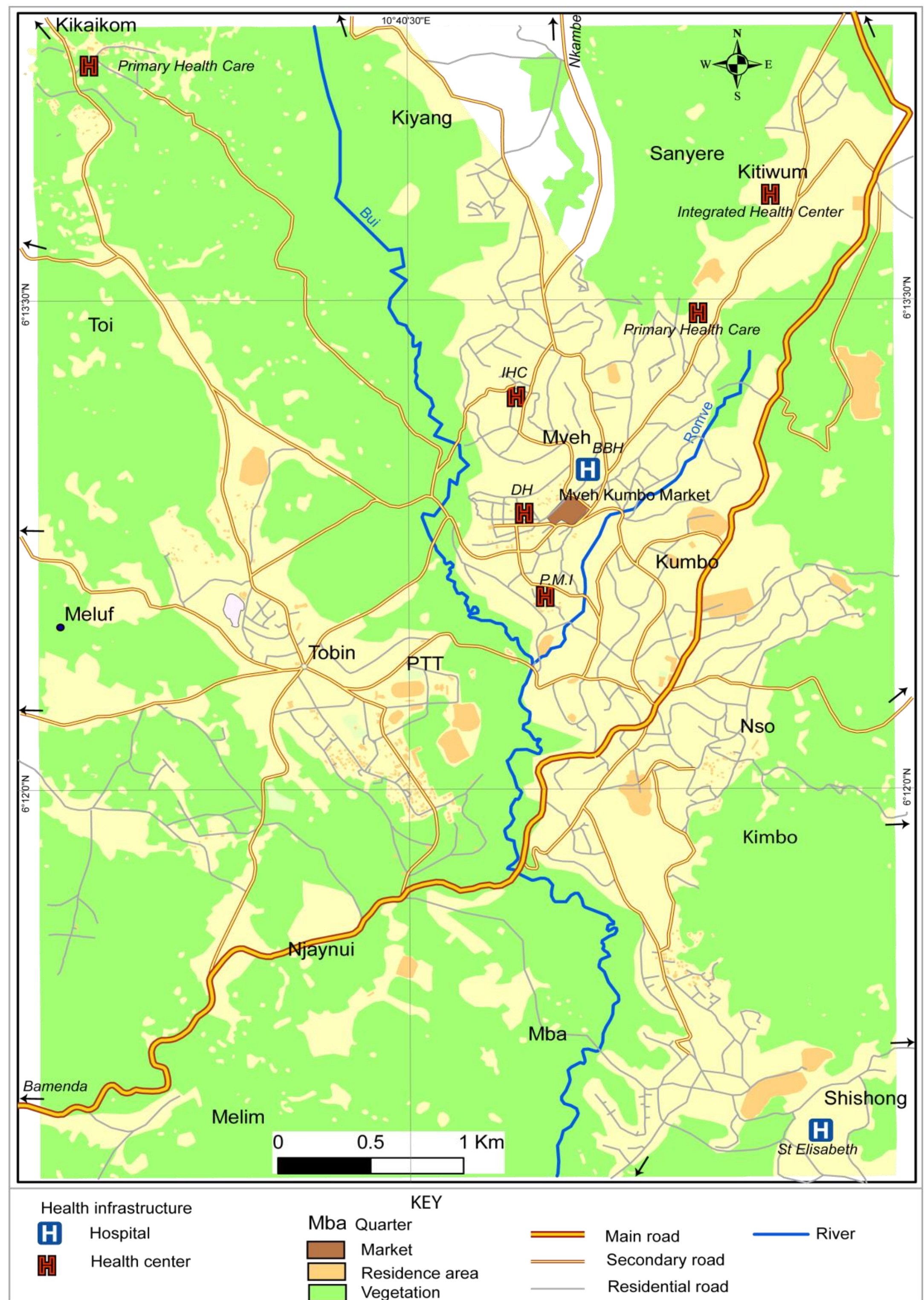


Figure 17: Health infrastructures in KCSD

Source: google earth

The figure depicts that KCSD has health infrastructures at the disposal of the local population. They are made up of both referral hospitals and health centres. The hospitals are made up of modern equipments and technology. This attracts both the local population and foreign patients who come here seeking for low cost and quality care.

Also revenue generated by providing medical services to the foreigners is often reinvested into new facilities and used to attract highly trained physicians from Italy, Mozambique and South Africa like the Mozambique / Italian medical team from Maputo Heart Institute and from San Donato Polioclinic –Milan arrived Shisong for the period between August – September 2013 to perform surgeries (Shisong CC, Annual Report 2013). During such periods there is an influx of both the national tourists and international visitors to benefit from this high quality medical services.

Medical tourism has led to the preservation of culture which might be at risk. This can be by showcasing the way of life, history and culture of the local population. According to the field survey carried out, 10 repondents out of the 101 gave their opinions that medical tourism leads to cultural development of Kumbo. *It has created a platform for the preservation of culture of the Nso people and also gives the opportunity to the local population and the tourists to experience other culture which makes understanding easier.*

4.1.2 Economic benefits of medical tourism

Medical tourism as a tourism activity is the number one employer of the world. It provides jobs to the community such as tourist's guides. Some motorcycle riders in KCSD are used by foreigners to transport them to all the sites been visited. According to an interview with Mr Smith in picture 7, "*he said he hired one motorcycle rider to take him to the destinations he visited.*" The local population benefits when tourists come enormously since they provide a handful of services.

It also creates direct employment in many different areas, like the hospitals, hotels and restaurants. The hospital recruits highly trained medical personnels to meet up with visitors demand on the quality of medical services. According to an interview with the general manager of CC, **Sister Jethro NKENGLEFAC, 04-01-2016 ,** "*so far, Shisong CC has recruited about 269 medical personnels with different functions. It has a staff composition of 11 departments, 145 nurses, laboratory technicians 29, technical staff of about 15, domestics make up 57 and medical doctors 12 in number.*" The hospital itself has created direct employment to the local population of Kumbo. Most the nurses are been trained in the Catholic School of Health Sciences in Shisong ,which prepares laboratory students for professional and holistic health care practices as seen on photo4 above. The school creates an educational experience that embraces a pursuit of wisdom and the value of caring as well as integrity for the preparation of a dynamic health care. A majority of the nurses are indigenes from Nso. The increase in technology has made the Shisong hospital to gain exposure with the outside world which has led to the increase of visitors in this hospital.

For any hotel to be functional it recruits workers in various domains like servants, cleaners, security guides. These services facilitate the stay of tourists. Statistics from Fomo 92 hotel(2015) shows that it has recruited about 11 workers with specific services. Also, restaurants, souvenir shops all creates employment to the local population of KCSD.

From the results from the survey carried out on the perception of medical tourism in Kumbo by the local population, out of the 101 respondents, 52 out of the proportion gave their responds that medical tourism creates jobs in kumbo. *Foreign patients not only come for medical procedures but as well as leisure which has created employment to the local community of Kumbo in lodging and leisure facilities.*

It has also created indirect employment through other industries like agriculture and retail. In terms of agriculture, it has led to the increase in food production because when tourists come the demand for food increases. The local farmer also benefit from the presence

of the visitors through the sale of foodstuffs sometimes at higher prices to make profit. It has also lead to the proliferation of retail shops around the hospital. Visitors expenditures on services generates income for the local community of Kumbo and has led to poverty alleviation. Around the Shisong hospital there is the putting in place of a permanent market which has generated income to many women who are bread winners in their families. As seen on plate 5 above.

The government also collects taxes from medical tourism through foreign exchange and uses it to improve access and quality of health care available to the local population this is because medical tourism must be geared towards the benefit of the poor. This can only be possible if appropriate macroeconomic policies are put in place. The influx of foreign patients, healthcare prices can increase which can also lead to an increase in the cost of health and the local population will lost its place in the hospital.

It has also lead to infrastructural development to support the tourism industry such as cyber cafe, water, electricity, roads and telecom. The presence of roads although in a bad state has facilitated more trade and the flow of people, goods and services.

4.1.3 Environmental benefits

Tourism provides financial support for the conservation of the ecosystem, natural and human resource management, thereby making the destination more original and desirable for visitors that is adding more value to the local tourism business. This is done through urban cleanliness. The Kumbo council has kept one day side within the week for cleaning campaign of its municipality. This has made Kumbo to have an original and desirable look from visitors.

Medical tourism in Kumbo Central Subdivision is fast evolving this is due to the availability of a modern hospital, hotels, restaurants, transport agencies, lodging facilities, banking institutions amongst others. Medical tourism is all about hospital, hotels, leisure and travel. Since the putting in place of the cardiac centre in 2002, it has created a land mark in the area. This can be seen through the creation of a permanent market, banking institutions around the hospital which has led to the creation of jobs for the local population. In the nut shell, looking at the proportion of the population involved in medical tourism in relation to their various academic qualification, their income level, distance, duration of visit and lodging areas involved in medical tourism. The various actors involved as well in the promotion of tourism, the frequency of tourists in the area and benefits of this tourism activity to the local population. The economic benefits out weights the other benefits indicating that medical tourism is a tourism activity, it is thus, concluded that medical tourism contributes to the local development of KCSD and Cameroon at large. Income generated from this tourism can lead to better education, improve infrastructures which can promote a responsible tourism.

Despite all these opportunities from medical tourism for the local development of Kumbo Central Subdivision, some factors are mitilating the smooth functioning of medical tourism in KCSD. This can be seen in the socio- cultural, economic and institutional constraints.

4.2 CONSTRAINTS HINDERING THE SMOOTH FUNCTIONING OF MEDICAL TOURISM IN KCSD

The constraints to the smooth functioning of medical tourism in Kumbo Central Subdivision can be examined in the institutional, social and economic constraints. It is very difficult in scientific research to do propositions without concentrating on the problems encountered. That is the diagnostic on the different problems which disturbs the proper functioning of medical tourism and local development in KCSD. At the end we will bring up measures with goals to resolves these insufficiencies.

4.2.1 Institutional Constraints

The weak structure of many institutions involved in the promotion of tourism in KCSD has been one of the factors hindering its smooth function. The lack of political will to improve on the poor nature of the roads by the council. According to law N° 2004/017 of July, 2004 on the orientation of decentralization, powers were devolved to the councils on the provision of social amenities such as road infrastructures to their municipality. There has been incomplete transfer of competence to the councils since the process of decentralization in Cameroon is still in its embryonic stage. The council will not want to improve on the poor nature of the roads for fear that the local population will lost its place in the hospital. An improvement in road infrastructures might lead to an increase in foreign patients and the probable increase in healthcare. With the bad state of the roads the flow of visitors in the site will be less since visitors upon their return to their home countries will recommend the hospital to others. The councils also face the problem of implementing the transfer of competence in favour of local development in KCSD.

4.2.1.1 Limited funding to tourism institutions

The lack of funding for developing tourism according to an interview conducted with the deputy mayor of the Kumbo council, August, 2015 "*he said the problem he faced in his municipality in terms of the development of tourism is limited finances allocated by the government in the development of tourists site*". According to him, the budget allocated for the development of tourists sites is so limited that it can only develop two sites. This has led to the abandonment of many tourists sites. Funds for the development of tourism by council is usually done by FEICOM but the allocated budget for councils are unable to meet up with their objectives. This has made it difficult for the realization of some tourism infrastructures which has been left idle only priority projects have been realized because of insufficient funds. The council of KCSD has insufficient funds to carryout development projects, most of its funds is from the government and development partners. Also low revenue generated by the council from tourists activities is consumed in the functioning and maintenance of certain infrastructures.

Councils cannot execute their projects they always call on partners in certain domains (tourism, basic amenities) thus the transfer of competence to the decentralized local collective has not been effective because they are not capable to exercise competence in an autonomous manner. The council also puts the local population aside when it comes to decision making.

Corruption and limited and poor management of state funds is another problem faced by councils in the promotion of tourism activities in KCSD. There is also the problem of limited human resources in some tourism institutions in the management of tourism. In the

divisional delegation of tourism there is only one personnel which is the delegate of tourism. This has made the work cumbersome for her and sometimes some projects are left to idle.

4. 2. 1. 2 Inadequate collaboration between actors

There is lack of collaboration between the delegation of Tourism and the council. The two institutions do not work in synergy for the development of tourism in KCSD. In an interview with the delegate of tourism, she says the mayor of Kumbo council is not consistent in meetings usually organized by the delegate to discuss on issues on the development of tourist sites in the KCSD.

4. 2. 1 .3 Constant police harassment

Police harassment is another constraint that reduces the number of visitors to this site. There exist some many police checkpoints along the highway from Bamenda to Kumbo. There are five different police checkpoints. Tourists upon their arrival in Kumbo are already exhausted. This scare away many and back at home could not encourage others to visit the site. Instead to assure that tourists are well protected in Kumbo, some unscrupulous policemen harass vehicles transporting tourists (Delegate of Tourism and Leisure, 2015). They meticulously check the tourist's document in an attempt to find the least error so as to collect bribe from them. This upsets most of the tourists who return home with a negative impression about Cameroon, irrespective of the warm behavior they received from other people whom they encountered. *Since tourists are considered as "Global ambassadors to the destination country" will not recommend Kumbo to others who have the intention of coming there for the same purpose*. This unpleasant altitude has ruined their impression about KCSD and Cameroon in general as a tourists destination.

In order to stop this incidence from occurring it is necessary to provide appropriate training to policemen on how to approach tourists and ensure that policemen who attempts to collect bribe from tourists should be punished to eliminate such an unfriendly behavior which tarnish the image of the country abroad (woodgate& al,2011).

4.2.2 Economic Constraints

4.2.2.1 Insufficient Marketing and Promotion strategies

One of the obstacles to the smooth functioning of medical tourism in Cameroon is the poor marketing and promotion strategies. This has hurt the industry all over the years leaving the tourists who consider visiting Cameroon to choose other alternative destinations like South Africa and Tunisia. Most of the tourists who do so are based on word of mouth recommendations by someone who have previously visited the site. Just like other African countries like South Africa which can boost of attracting a million of medical tourists each year is because they have succeeded in marketing its tourism industry.

Most of the advertisement of the site remains within Bui division in particular and Cameroon in general. Most of the marketing are done through the local media like Bui Community Radio, CRTV which renders the disseminated information to remain within the national territory. Even some of the national tourists are aware of the site through word of mouth from their doctors or from friends. This is what accounts for the weak arrival of medical tourists into Kumbo between 2002-2015. From this regard, it is seen from the survey resultsfrom the field that out of the 101 respondents, 32 of the sampled population gave their responds that the arrival of less medical tourists is as a result of poor advertisement strategies

put in place. Since the few number of people that come there the majority are of the proportion of word of mouth.

Also, most of the international tourists come to know about this site from their friends who have had a long contact with the site. An example is an interview conducted with Mr Smith of Holland nationality who says " *he was recommended to this site by an Indian friend who has being a peace corp in Cameroon, he said according to him, medical treatment is of low cost here in Shisong and very affordable, than his country where medical treatment is very costly especially for the retired like him. I visit Shisong twice a year. This can be seen on the photo 7 above. He also said Shisong can have many medical tourists from his country if they implement good marketing strategies, a word of mouth is not sufficient to attract the flow of tourists into this site".* Unfortunately, most of the medical tourists are not aware of this site making it difficult to choose Cameroon and Kumbo in particular as their next destination. Cameroon Ministry of Tourism and Leisure does not promote this site in their outlet thereby leaving the site unknown to new tourists.

So the number of international medical tourists can increase if Shisong hospital is able to improve on its publicity so that the image of the hospital can go beyond the national boundary. With this, the number of medical tourists will increase all over the years. The government has a great role to play in the advertisement of tourists sites internationally. Although the CRTV has tried in her own part to advertise the SCC through series of documentaries programmes much still have to be done by the Cameroon government to advertise this hospital.

According to an interview conducted with the **P.R.O of the SCC Madame Nicoline BARAH LUKONG (Jan-04-2016),** she says "*we usually carry out our publicity in Bui Community radio and in the CRTV with their popular morning programme called the Morning Safari, that is not really enough to sell out the image of Shisong, we need more visitors the number is still very small as compared to other medical tourists destination, we want to be known international".* So far, the Shisong hospital also has one website which is not mostly known by many people. This has created a lot of inconveniences to patients who travel over long distances to take up appointments for their medical procedures.

We normally live in the communication age whereby new communication and information abound, making it to reach out millions at lower cost today. That notwithstanding the Cameroon Ministry of Tourism and Leisure is yet to take full advantage of this wonderful opportunity to market its tourism potentials beyond its national boundaries. For Kumbo to be a potential medical tourism destination, appropriate marketing strategies have to be put in place.

4.2.2.2 Inadequate Accommodation and Catering Services

The Subdivision and the rest of the division are faced with the problem of accommodation to meet tourist's satisfaction. The few hotels found are unclassified and below standards which results to poor lodging facilities. Also, catering services such as good standard restaurants to meet the taste of tourists are few (Kumbo Council Development Plan, 2011). Anarchical construction of some hotels by hotel managers in Kumbo the since majority have not been authorized by the Delegate of Tourism and Leisure. Some use cheap material for construction of lodging facilities. Some of these sites have come to a halt to follow the right way, this has resulted to shortages in tourists establishments. According to an interview conducted with the delegate of tourism and leisure (Dec, 2015). She says, "

some of the buildings under construction have been sealed by the council so that they should follow the right way or face the wrath of the law."

Some of the employees of the tourism industry are not well trained, they are holders of basic education. They do not have the skills and know how to provide quality services to the tourists. KSCD cannot reap tourism benefits because of her poor infrastructures. Regions or countries with adequate infrastructures are the greatest beneficiaries. (Frida Tolonen,2014).

The cardiac centre also has a hospital accommodation before and after surgery. This is called the Heart Foundation of Bishop Paul VERZERKOY or the Brotherly Foundation of Bishop Paul which has been operational since 2003. This structure does not have sufficient rooms to accommodate some of the medical tourists before and after surgeries. So they are forced to go 3km away from the hospital to have access to lodging. This has caused a lot of inconveniences to visitors.

4.2.2.3 Unsatisfactory State of Telecommunication System

From the results from the survey carried out, lack of adequate facilities to provide information were seen as a constraint to attract and provide visitors with satisfactory access to communication network. In KCSD it has only 2 public cybercafé with very slow connections making the tourists sometime not to be able to get information back home. The mobile communication networks; MTN, NEXTEL and ORANGE still were not pleasing to the tourists. Sometimes these mobile networks have problems of network coverage for some days. From the analysis of the questionnaires, it is noted that out of the 101 questionnaires, 10 respondents were for the opinion that the low rate of medical tourists visiting this site was as a result of limited communication network. *From this we can deduce that, the unsatisfactory nature of the telecommunication network is as a result of the hilly nature of the terrain. Appropriate optic fibers have to be installed to capture signals.*

4.3 Social Constraints

Social constraints are one of the constraints to the smooth functionig of medical tourism and local development in KCSD.

4.3.1 Poor Transport Infrastructure

Road transport is notoriously poor in most part of Cameroon and KCSD is not excluded. The poor state of roads linking the site represents the most crucial problem in the subdivision. This is a major obstacle to tourists flow and effective exploitation of the potentials. For example the 3km road from Shisong to Kumbo squares is not tarred making access to the site difficult especially during the rainy seasons.

During the rainy season around the month of July and August the roads are punctuated with potholes especially when one leaves from Mbve towards squares, from Tobin to Mbve as well as from Mbve to Shisong. The means of transportation used during this period to access the site is the motorcycle.

Contrarily to the rainy season, the nature of the roads in the dry season (especially around December, January and February) is also a problem or constraint both to the tourists as well as the transporters. During this period in Kumbo Central Subdivision, the roads are usually stony and dusty because the soil is having a loose nature. In case of any sudden event of wind storm or in a case where a taxi overtakes a motorcycle, it raises dust which then baths the passenger and motorcycle rider. Some of the tourists at the end of their stay end up having

cough and catarrh due the dusty nature of the roads. Photo 13 shows the nature of roads in kumbo central subdivision during the dry season.

Plate 6: The poor state of the road from Kumbo square to Shisong

Picture 19: Poor state of the road

Picture 20: An overview of the poor state

Source : Mokube, December 2015

The untarred nature of the road from Kumbo to Shisong during the dry season is one of the major constraints that explain the low rate of medical tourists in the site. During the dry season tourists find it difficult to move freely because the roads are covered with dust. The end of their stay is usually accompanied with cough and catarrh. This can be seen on photo16 and 17 which shows the level of the untarred nature of the road linking Shisong and other areas.

According to results from the field, 47.5% of the respondents gave their responds that the reason for the arrival of less medical tourists is as a results of the bad state of the roads. The poor nature of the roads is a major constraint in the movement of tourists. Roads facilitate the movement of people, goods and services in tourism.

4.3.2 Inconsistent water supply

Pipe borne water is distributed in Kumbo by the Kumbo Water Authority under the supervision of the fon. This water is tapped from the hills and supplied to neighbouring quarters through the use of pipes. This water is clean and good for human consumption. Tourists in Kumbo admire this water which is clean, cold and sparkling from the fon's palace. Kumbo is blessed to possess such a natural resource. Streams flowing from the hills are free from toxic. Kumbo is blessed to have numerous springs. Water being a necessity of life is abundant in Kumbo.

Despite the presence of this natural resource it has led to conflict between the fon and council. According to the law on decentralisation in 2004, powers have been devolved to the councils to supply social amenities to their municipalities. Sometimes the water quality is not good for consumption since managerial skills are not the best. The absence of these components can seriously hamper the smooth functioning of medical tourism or it can create heavy operating cost on the part of the private sector.

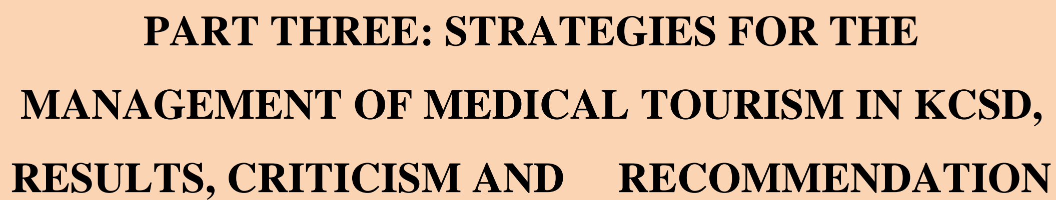
4.3.3 Inhospitable nature of the local population

The population has a culture of inhospitablity towards visitors. This is not good for any tourism destination. Tourists in a foreign land have to feel welcomed and secured. The inhospitable behaviour of the local population is a repulsive factor to the number of tourists visiting the site. The population have to be educated on how to interact with visitors. From results from the field 21 out of the 101 respondent said that the increase in medical tourist in their community will lead to loss of their culture. This explains the fact that some proportion of the population is not friendly to strangers. This is a big constraint in the tourism field because the more the receptive nature of the tourists the more tourists in the destination area.

In the nutshell, to achieve tourism and make KCSD a veritable tourism destination. Some measures have to be put in place to increase the number of tourists as well as the creation of new jobs to the local population. In terms of institutional constraints by meliorating the budget of councils, the councils should also reinforce its economy by creation of riches at local scale. They should prepare micro projects to generate wealth from which the council can support the cost of its development. This because the council depends mostly on external aids, auto-finance of councils will be through reinforcement of its local economy. Also the local population should be integrated in the local development projects. Appropriate marketing strategies and attractive policies have to put in place for this emerging industry so that the image of should be known in the international scene. Telecommunication network have been constructed for the capturing of better signals despite the upgrading of mobile networks to 3 and 4 G capacities, communication is not really the best. The population is been educated on ways to be friendly to visitors through their local associations, religious groups as well as the media, although some of the local population are adamant to change. Hotels in order to ameliorate their poor services have been improving their hotel services through the participation in series of refreshal courses by its workers to improve on their quality of services. This has considerable increased the number of self-drive tourists which has create significant economic growth for KCSD. Although there are still some lapses in the attempted measures that have been put in place by the various stakeholders.

In this chapter, we have explained the impacts incurred by medical tourism in local population of KCSD. This is seen in both opportunities offered and the constraints to the smooth functioning of medical tourism in KCSD. Some attempted measures were also listed to throw more light on what some stakeholders have been doing so far to render KCSD veritable medical tourism destination.

This second part of our work was divided into chapter 3 and 4. Chapter 3 detailed the actual situation of the medical tourism situation which was evaluated at the level of touristic infrastructures, frequency of tourists into the site and the various stakeholders involve in the promotion of medical tourism in KCSD. Chapter 4 on its part examined the impacts of medical tourism which was seen on both the opportunities and constraints.



This part will constitute presentation of two chapters: chapter 5 and 6, which includes the strategies put in place by the various stakeholders, verification of the hypotheses, criticism of the results and recommendations.

CHAPTER FIVE: STATEGIES FOR THE BETTER PROMOTION OF MEDICAL TOURISM IN KUMBO CENTRAL SUBDIVISION

5.0. INTRODUCTION

In this chapter we are going to look at the different strategies implemented by different stakeholders to promote medical tourism despites certain setbacks limiting the promotion of this niche tourism industry. Certain strategies have been adopted to attain certain objectives put in place by many stakeholders.

5.1 Stakeholders and their role in the better management of medical tourism in KCSD.

The stakeholders involve in the management and promotion of medical tourism in KCSD includes the MINTOURL, MINSANTE, MINATD, MINCOMMERCE, Ministry of telecommunication, through their regional and divisional delegations of the north-west and Bui, Non-governmental Organisations, associations, the council and local population.

5.1.1 THE COMING OF THE STATE SINCE 2009 IN THE MANAGEMENT OF MEDICAL TOURISM IN KCSD

In the Sub-division, the process of medical tourism started since the putting in place of the cardiac centre in 2009. The state has been greatly involved in the improvement of its health infrastructures for quite some time now. It has as well encouraged the private sectors to improve on their health infrastructures since medical tourism is mostly concerns the private hospitals.

5.1.1.1 The putting in place of a legal framework

To establish a solid foundation of tourism in the Sub-Division, legal framework have been put in place for effective management.

The law N° 2005/450 of November laying regulations on the organization of Ministry of Tourism and Leisure.

- Law N° 2016/006 of April 2016 section 5, article 1 and 2, framework on tourist and leisure activities in Cameroon. In article 1 it stipulates that “the government is responsible for implementing this policy in conjunction with local authorities and regional authorities. While article 2 of that same law stipulates the government national strategies and plans which is to facilitate the entry and stay of tourists in Cameroon, promote and develop tourism for all as well promote investment in the area of tourism and leisure. Regarding the putting in place of a tourism law, this law have been created to give security, facility and homely atmosphere to tourists. Section 2 of this same law applies to any activity which contributes towards providing accommodation and catering services, satisfying the needs of the people travelling either for their pleasure or professional reasons and providing leisure services of any kind or any activity organized simply for entertainment purpose.

- ➢ Section 14,article 1 of this law laid emphasis on tourists establishments, facilities for organizing tours and holidays, tourists sites, leisure activities shall be classified.

- Section 15, article 1 and 2, states a sign board placed at the main entrance to the entity or a visible spot that indicate the type of tourists establishment, leisure facility and tourists site. The sign board shall be provided by MINTOURL. It shall be subject to payment of an annual fee and tax laid down by the finance law. It shall remain state property.
- Section 17, also states nobody shall perform the duties of director or manager of a classified facility for organizing tours and holidays, a tourists establishment, tourists , leisure activities without having the professional qualification required for each case as lead down by the regulation. This law ties with the numerous unclassified leisure establishment in KCSD this aw will go a long way to limit the proliferation of clandestine leisure establishments and facilities in Kumbo.
- Decree N° 77/245 of 15 July 1977 states the role of traditional rulers in the promotion of tourism in their communities.
- Section 24, article 1 of the 2016 law on tourism, also stipulates that to develop and support the tourism leisure industry, a special appropriations account is hereby established. The finance law shall, each year, determine the specific resource to be allocated to it for the development and support of tourists and leisure activities.
- Section 34 of 2016 is relevant in KSD which stipulates as thus, whoever transforms or extends a tourists establishment, a leisure facility without authorization, or without approval of related specialisations shall be liable to fine of 100000-500000FCFA. Despite the putting in place of these laws, some perpetrators of the laws are still carryout illegal construction in KSCD. This is because some of the fine allocated for such criminal act is not cumbersome and can be afforded. Some hotel operators will prefer to pay the fine rather than following the norms this is still a serious case in KCSD.
- MINSANTE has encouraged the implantation of medical infrastructural facilities in Shisong in KCSD which accredited this centre to an international standard and as a medical tourism destination according to letter number D60-08/L/MINSANTE/DOSTS/SDSSP/SVDS/BPP6 of March18, 2009. According this order the cardiac centre became full-fledged in its activities in 2009. This is a blessing to Cameroon with presence of a lone cardiovascular surgical centre in the whole sub-region.
- Chapter II Section 64(1) of presidential Decree No 2005/450 of November 9, 2005 bearing on the organisation of the tourism ministry.

5.1.1.2 Institutional framework

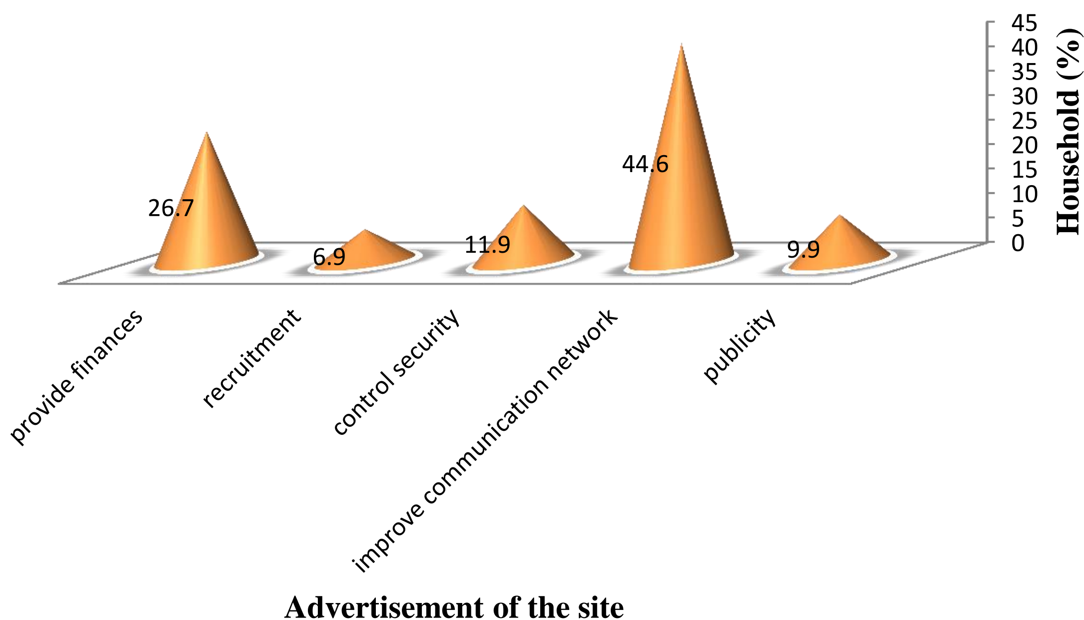
The institutional framework guiding medical tourism is elaborated and comprises a set of organizational and structural arrangements at the sub-divisional and village levels. MINTOURL and MINSANTE, Ministry of Telecommunication who are in charged have adequate representation which includes organizations and committees that shall participate in the management of tourism.

The government through the Ministry of Public Health have tried in some ways to promote medical tourism in Kumbo Central Subdivision. Since December 2010, the St. Elizabeth's hospital and cardiac centre with the Cameroon government through the Ministry of Public Health have been in collaboration. This was strengthened by the signing of a memorandum of understanding for management of cardiovascular diseases. Many projects have been realised as a result of this bond. In order to ensure the implementation of the memorandum of understanding, two meetings were held in MINSANTE with the committee charged with the implementation between the Tertiary Sisters of Saint Francis for management of cardiovascular diseases in Cameroon. A follow-up committee was send to the cardiac centre to evaluate project implementation for subvention.

The Shisong hospital has been able to rely on state blessing, endorsement, commitment and support for this initiative (Shisong annual report, 2013.)
This has greatly boosted the hospital's accredibility as a medical tourism site. For medical tourism to be successful there must be collaboration between the government and the private sectors as well as the granting of tax-incentives. Countries such as South Africa and Tunisia have become successful in medical tourism because of the collaboration between the government and the private hospitals.

MINSANTE over the years granted exoneration from taxes and custom duties for the importation of medical equipment, drugs and consumables to the Cardiac Centre (Shisong Cardiac Centre, Annual Report, 2013). In this case the state does not see medical tourism as a source of income for public hospitals but benefit through the collection taxes from the Shisong CC for their medical tourism activity.

MINSANTE , through the Ministry of Telecommunication has also sponsored the realisation of a 26 minutes documentary to showcase the activities of the cardiac centre and create awareness of the prevalence of cardiovascular diseases in Cameroon. From results from the field survey out of the 101 sampled population gave their opinions on the role of the government in the promotion of tourism in KCSD. This can be seen on figure 21 below



Source: Field work, 2016

Figure 18: Role of the government in the promotion of medical tourism in KSCD

From figure 21, we depicts that the greater proportion of the population were strongly on the opinion that the government should put up strategies in the improvement of communication network, 26.7% were those who said the government should provide finances,11.9% on the opinion of control of security in the area and 9.9% stood for those said the government should be responsible for the publicity.

From this we can deduce that the improvement in communication network by the government has a great impact in the tourism industry. This will lead to the advertisement of the site both national and internationally. Through improved communication network the cardiac centre can use other social networks to advertise its site rather than depending on the local media.

Much still have to be done in terms of advertisement of the site. The government and MINSANTE have to market this site internationally not only locally to attract potential tourists. For the better development of medical tourism the government must be involved in the marketing and promotion of the tourist's site. Despite all these efforts put in place much still have to done by the Cameroon government to make KCSD a veritable medical tourism destination to attract 150000 visitors by 2035.

- **Delegation of tourism and leisure**

The divisional delegation of tourism for Bui in the North-west region, which is been hosted in KCSD has been vested with a number of functions to promote tourism.

The delegate of tourism with the powers invested on her organises meetings with hotel operators where she tells them what is expected from them in terms of the services they provide. In a meeting organised on the 29/12/2015 which was attended by hotel managers around Bui, in that meeting she asked them to put in their best to improve on the state of their establishments in order to increase the number of visitors in the area. She said the infrastructures are there but cannot meet up with tourist's demand because the majority of hotels operate as clandestine. The delegate is doing her best to curb this problem through the sealing up of some hotels that have been operational and some under construction to regularise their situation or face the wrath of the law. The delegation also carry outs inventory of tourist's sites as well as organise seminars on the reception of tourists. This is because some proportion of the population does not have the receptive towards tourists.

5.2. Public powers in partnership

The council and delegation of tourism and leisure works in synergy in development of tourists sites, leisure activities as well as leisure facilities in KCSD. According to an interview with delegate of tourism and leisure, Madame AUDU Trifosia (29/12/2015) she says *"The delegation is already working in partnership with councils for this purpose the purpose in the promotion of tourism activities in KCSD. This shows that the delegation of tourism and the council are already having a great deal in the promotion of tourism in KCSD.*

The GTZ, World bank are responsible in funding of development projects initiated by the council in the development of tourism . The GTZ is also responsible in the supply of preventive drugs to the Shisong hospital. This cooperation has existed over the years.

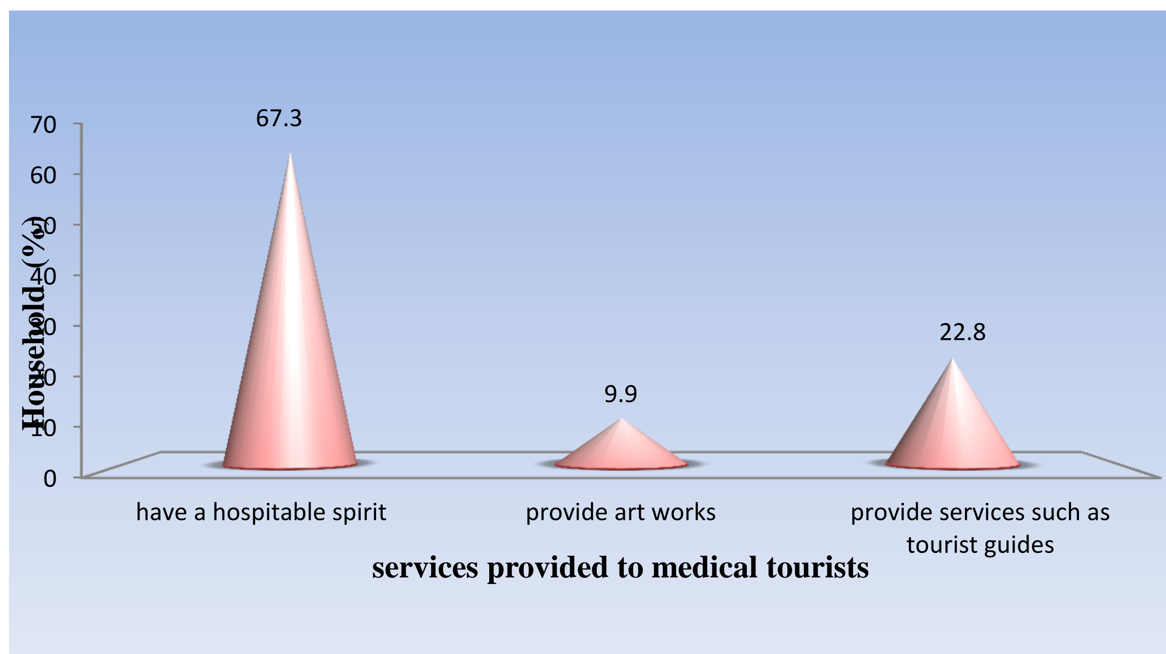
The Shisong cardiac centre has putted u strategies to be an ideal medical tourism destination through its south south cooperation with the Maputo Heart institute of Mozambique in a 12 years plan (Shisong cardiac centre,2013). This has led to the transfer of technology to the Shisong cardiac centre which has led to the training of its medical personnels to be able to meet up with future challenges in cardiovascular diseases on their

own without depending on the arrival foreign doctors. This has gone extra miles to improve on the organisation and management of the centre by the tertiary sisters. This has increased confidence in the local population and foreign patients because surgical interventions are done in no time before further complications arise.

The Shisong hospital improve on the efficiency of its staff it has gone into partnership with the university of Yaounde I of the faculty of medicine and Biomedical Science which accommodates laboratory technicians from Shisong. His training is done annually since 2002.

5.3 Involvement of the local population

Tourism has been seen as establishing contact between tourists and host, between different cultures, people and places.The local population has been meaningfully involved in the tourism. The population has been involved by providing services such as tourist's guides having the spirit of hospitability as well as providing arts work for souvenir to tourists. For better management of tourism it cannot be sustained alongside abject poverty. From our results from the field survey, 68 out of the 101 of the sampled population gave their opinion that the local population plays a vital role in the management of tourism through provision of services such as tourists. This can be seen on the figure22 below.



Source: Field work, 2016

Figure 19: Involvement of the local population in medical tourism in KCSD

It is deduced from figure 21 that the greater proportion of the population will provide a good environment for the tourists which apprehends to the hospitable spirit this is because for medical tourists to increase in KCSD the population has to be well sensitized on the receptive nature of foreigners in their community. This plays a great role since medical tourists on their return home will recommend the site to their friends, medical tourists by nature are considered as "global ambassadors."

More so, 22.8% out of the targeted population were of the opinions that the role of the local population should be to provide services such as tourists guides while 9.9% gave their opinion that to provide craft works. From the above statistics it shows that for an increase in

the number of medical tourists in KCSD, the local population must be fully involved so that there should be a flow of interaction between the tourists and the local population.

5.4 Influence of the world Cardiac day

The cardiac centre has been making great efforts to sensitize the population about the centre and its activities to the local population. It is been celebrated each year on the 23 of September. By celebrating this day the cardiac centre is able to use this event as means to advertise its structure.

This chapter was aimed at bringing out the various strategies put in place by the various stakeholders in the better management of medical tourism in KCSD. Despite all these efforts put in place the lone the Cameroon has to exercise more effort to take this sector to higher heights which can encourage this sector to improve the livelihood of the local population of KCSD and sustainability of this structure. It is with this that will evoke our recommendations.

CHAPTER SIX VERIFICATION OF THE HYPOTHESES, CRITICISMS OF THE RESULTS AND RECOMMENDATION

6.0 INTRODUCTION

In this chapter, we are going to look at the verification of three hypotheses which intended to find out the impact of medical tourism on the local livelihood. We will also criticise certain aspects of our work following the verification of the hypotheses, evaluate the results obtained as well as the methodology used. After criticising the research work, it will also be good to bring out some recommendation that can ensure medical tourism as a better developmental tool for the local development of Kumbo Central Subdivision.

6.1 Verification of the hypotheses

Our main hypothesis is followed by three research hypothesis. In this section, we have to verify if there exists significant relationship between the following: medical tourism site, institutional, cultural and socio-economic constraints tourism in KCSD, better advertisement and institutional involvement as well as change in the behaviour of the local population are the major strategies that ensures sustainability in KCSD using the χ^2 test of independence. Inferences are made and conclusions drawn relative to existence or non-existence of relationship between the presence of medical tourism site and local development.

Chi-Square Formula

In the above test we used as level significance $\alpha = 0, 05$ (5%)

$$\chi^2 = \sum \frac{(\mathrm{O - E})^2}{E}$$

O: Observed frequency;

E: Expected frequency.

Σ : sum of

df= (r-1)(s-1) (degree of freedom);

r = number of modalities of the dependent variable;

s = number of modalities of the independent variable.

Decision rule

If χ^2 (calculated value) < χ^2 (critical value) then accept (H_0);

Else, reject (H_0) (null hypothesis).

α = probability of (χ^2 *(*calculated value*) <* χ^2 *(*critical value*))*

Degree of the relation

The degree of relationship is evaluated using the contingency coefficient as follows:

$$CC = \sqrt{\frac{\chi^2_{calculetedvalue}}{\chi^2_{calculetedvalue} + total\ \ frequency}} \quad ;$$

$$Cmax = \sqrt{\frac{df - 1}{df}} \qquad \text{(maximum of the contingency coefficient)}$$

Conventionally, the relationship between the dependent and the independent variable is:

Perfect if CC = 1
Highly intense if CC > 0.8.
Intense if CC is between 0.5 and 0.8.
Averagely intense if CC is between 0.2 and 0.5.
Weak if CC is situated between 0 and 0.2.
Null if CC = 0

6.1.1 Verification of hypothesis 1

The hypothesis stipulates as follows, the presence of the hospitals in Kumbo attracts more medical tourists and ameliorate the living conditions of the local population.

Null hypothesis (Ho): The existence of medical tourism site does not have any significant influences on development in this locality.

Alternative Hypothesis (Ha): The existence of medical tourism site in KCSD has a significant influence on development in this locality.

The χ^2 test of independence was applied for the analysis, while the χ^2 critical value was read at 0.05 level of significance or alpha level (α) with 12 degree of freedom (d*f).*The χ^2 calculated value was obtained after computing the observed frequencies. These observed and expected frequencies are presented on table 21 below.

Table 21*:* Presentation of the observed frequencies of the influence of the existence of medical tourism site in KCSD on local development.

			Q09 What is estimated as your household income?					Total
			less than 50000FCFA	Between 50000 and 100000 FCFA	Between 100000 and 200000 FCFA	Between 200000 and 300000 FCFA	More than 300000 FCFA	
Q13 What type of medical activity brought you here ?	consultation	Count	4	7	10	7	1	29
		Expected Count	4.3	6.9	10.9	4.3	2.6	29.0
		% within Q09	26.7%	29.2%	26.3%	46.7%	11.1%	28.7%
	surgery	Count	1	9	8	4	4	26
		Expected Count	3.9	6.2	9.8	3.9	2.3	26.0
		% within Q09	6.7%	37.5%	21.1%	26.7%	44.4%	25.7%
	health screening	Count	9	6	14	1	0	30
		Expected Count	4.5	7.1	11.3	4.5	2.7	30.0
		% within Q09	60.0%	25.0%	36.8%	6.7%	0.0%	29.7%
	scan	Count	1	2	6	3	4	16
		Expected Count	2.4	3.8	6.0	2.4	1.4	16.0
		% within Q09	6.7%	8.3%	15.8%	20.0%	44.4%	15.8%
Total		Count	15	24	38	15	9	101
		Expected Count	15.0	24.0	38.0	15.0	9.0	101.0
		% within Q09	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Questionnaire analysis, 2016

From table 21 we depicts that amongst the 101 people who were investigated,15 were estimating their household income at less than 50000fcfa, while 24 of them were earning between 50.000-100.000,38 were between 100,000-200,000 and 15 were estimating their household income between 200,000-300,000 and 9 were above 300,000.

Looking at those 15 that were earning less than 50.000, 60% said that people often visit the hospital for health screening purpose, 26.7% talked of consultation while only 6.7% and 6.7% respectively for scan and surgery. While those who were earning more than 300.000 we noticed 44% and 44% for surgery and scan and 11% for consultation and 0.1% for screening.

This simply express the fact that those with less income goes in for cheaper cost medical activities while those with more income go in for expensive medical activity.

Those who have less income think that the hospital is offering primary medical activity that cost less. While, those with more income are of the idea that there are specialised activities offered. This lead us to the fact that the site is not valorised. More marketing strategies have to be put in place to attract potential medical tourists.

The above observed and expected frequencies were used to compute the Chi-square value as presented on table 22

Table 22: Calculation of the Calculation of χ^2 value *Chi-Square*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	*24.999*	*12*	*0.015*
N of Valid Cases	*101*		

Source : Questionnaire analysis,2016

χ^2 calculated value (χ^2cal) = 24.999

Level of significance = 0.05

Degree of freedom (df) = 12

χ^2critical value (χ^2cv) = 21.02607

p-value = *0.015*

Contingency coefficient CC : 0.445

Since the χ^2 calculated value (24.999) is greater than the χ^2 critical value (21.02607). That is χ^2 cal > χ^2 cv. we reject the null hypothesis based on the decision rule.

We therefore conclude that there is a significant impact of the existence of medical tourism site in KCSD on local development.

We have here an averagely intensif relationship between the two variables because CC is between 0.2 and 0.5. We also notice that, this contingency coefficient (CC) of 0.445 that infers an averagely intense relationship.

6.1.2 Verification of hypothesis 2

This second hypothesis stipulates that institutional constraints as well as cultural and socio-economic constraints are hindering the smooth functioning of medical tourism in Kumbo central subdivision.

Null Hypothesis (Ho): Institutional constraints do not have any significant impact on the development of the community of KCSD.

Alternative Hypothesis (Ha): Institutional constraints in the field of tourism have a significant impact on the local development of KCSD.

The χ^2 test of independence was applied for the analysis. While the χ^2 critical value was read at 0.05 level of significance or alpha level (α) with 6 degree of freedom (d*f*).The χ^2 calculated value was obtained after computing the observed frequencies. These observed and expected frequencies are presented on table 23 below

Table 23: Presentation of the observed and expected frequencies of the influence of institutional constraints in the field of tourism on the development of the community of KCSD.

			Q22 Which financial institution did you do your transactions?			Total
			express union	shisong cooperative	express exchange	
Q25 What means of transportation did you use to go to the site ?	bike	Count	***17***	***35***	***4***	*56*
		Expected Count	***20.5***	***28.8***	***6.7***	*56,0*
		% within Q25	***30.4%***	***62.5%***	***7.1%***	*100.0%*
	foot	Count	***7***	***2***	***1***	*10*
		Expected Count	***3.7***	***5.1***	***1.2***	*10.0*
		% within Q25	***70.0%***	***20.0%***	***10.0%***	*100.0%*
	car	Count	***13***	***15***	***7***	*35*
		Expected Count	***12.8***	***18.0***	***4.2***	*35.0*
		% within Q25	***37.1%***	***42.9%***	***20.0%***	*100.0%*
Total		Count	*37*	*52*	*12*	*101*
		Expected Count	*37,0*	*52.0*	*12.0*	*101.0*
		% within Q25	*36,6%*	*51.5%*	*11.9%*	*100.0%*

Source: Questionnaire analysis, 2016

From table 23, we depict that amongst the 101 persons investigated, that those who used bike as their means of transportation were estimated to be 56 and out of the 56, 35 were carryout their financial transactions in cooperatives and those who used car as means of transportation were estimated to be 35 of them, 20 carried out their financial transaction in express union and express exchange.

Looking at those 56 that were using bike as their means of transportation, 62.5% said they were doing their financial transactions in cooperatives which are less structured financial institutions. While 24.2% making those using cars as means of transportation mostly carried out their financial transactions in both express union and express exchange (express union + express exchange). This explains the fact that they went in for well structured financial institutions.

Also, considering the poor state of the road which stands as a constraint, shows that most of the population are using motor bike as means of transportation as well as indulge in cooperatives for their financial transactions and only a few had cars This lead us to the conclusion that the community is not developed. More have to be done in the amelioration of infrastructures such as road network.

The above observed and expected frequencies were used to compute the Chi-square value as presented on table 24

Table 24*: Calculation of* χ^2 *value*

Chi-Square Tests

	Value	df	%
Pearson Chi-Square	*10.425*	*4*	*0.034*
N of Valid Cases	*101*		

Source: questionnaire analysis, 2016

χ^2 calculated value (χ^2cal) = 10.425

Level of significance = 0.05

Degree of freedom (df) = 4

χ^2critical value (χ^2cv) = 9.487729

Contingency coefficient CC : 0.306

Since the χ^2 calculated value (10.425) is greater than the χ^2 critical value (9.487729). That is χ^2 cal > χ^2 cv. we reject the null hypothesis based on the decision rule.

We therefore say that there exists a significant impact in the field of tourism in the development of KCSD.

We have here an averagely intense relationship between the two variables because CC is between 0.2 and 0.5.

6.1.3 Verification of Hypothesis 3

The third hypothesis stipulates that better advertisement and institutional involvement and change in behaviour of the local population are the major strategies that can ensure sustainability in medical tourism in Kumbo central sub division.

Null hypothesis (Ho): Improved advertisement and institutional involvement in KCSD does not have any significant effect on the sustainability in medical tourism in KCSD.

Alternative Hypothesis (Ha): Improved advertisement and institutional involvement in KCSD has a significant effect on the sustainability in medical tourism in KCSD.

The χ^2 test of independence was applied for the analysis. While the χ^2 critical value was read at 0.05 level of significance or alpha level (α) with 4 degree of freedom (d*f).*The χ^2 calculated value was obtained after computing the observed frequencies. These observed and expected frequencies are presented on table 25 below.

Table 25: Presentation of the observed and expected frequencies of the effect of development of tourism in KCSD on the development of KCSD community.

			Q15 What is the quality of the medical activities here ?			Total
			high	moderate	low	
Q34 What is the role of the government ?	provide finances	Count	***19***	***7***	***1***	*27*
		Expected Count	***20,0***	***6,1***	***,8***	*27,0*
		% within Q34	***70,4%***	***25,9%***	***3,7%***	*100,0%*
	recruitment	Count	***4***	***3***	***0***	*7*
		Expected Count	***5,2***	***1,6***	***,2***	*7,0*
		% within Q34	***57,1%***	***42,9%***	***,0%***	*100,0%*
	control security	Count	***9***	***3***	***0***	*12*
		Expected Count	***8,9***	***2,7***	***,4***	*12,0*
		% within Q34	***75,0%***	***25,0%***	***,0%***	*100,0%*
	improve communication network	Count	***38***	***7***	***0***	*45*
		Expected Count	***33,4***	***10,2***	***1,3***	*45,0*
		% within Q34	***84,4%***	***15,6%***	***,0%***	*100,0%*
	publicity	Count	***5***	***3***	***2***	*10*
		Expected Count	***7,4***	***2,3***	***,3***	*10,0*
		% within Q34	***50,0%***	***30,0%***	***20,0%***	*100,0%*
Total		Count	*75*	*23*	*3*	*101*
		Expected Count	*75,0*	*23,0*	*3,0*	*101,0*
		% within Q34	*74,3%*	*22,8%*	*3,0%*	*100,0%*

Source : Questionnaire analysis, 2016

From the above table 25 we noticed that, out of the 101 which makes up the sample population, 75 were strongly on the opinion that there is high medical service in the hospital

is high. 23 stood for the opinion that the medical services offered are of average quality and 3 were for those who said the quality of medical services offered here are of low quality.

Looking at those 75 who were strongly of the opinion that the medical services offered in Shisong are of high quality, 73,3% said that this services are of high quality if the government provides finances, carry out recruitment, controls security, improve communication network and publicity. 22,8% were for those who stood for opinion that despite the role of the government to provide finances, recruitment, control security, improve communication network and publicity the quality of medical services will be moderate. While 3.0% were for those who strongly agreed that despite the government provides finances, recruits, controls security, improve communication network and publicity it will not have any significant effect on the quality of medical services.

This simply expresses the fact that the role of the government in the provision of finances, carry out recruitment, controls security, improve on the communication network and publicity has an effect of sustainability in medical tourism in KCSD. This leads us to the conclusion that the role of the government is very instrumental in the better management of medical tourism in KCSD.

The above observed and expected frequencies were used to compute the Chi-square value as presented on table 26 below

Table 26*: Calculation of* χ^2 ***value***

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	*16.109*	*8*	*0.041*
N of Valid Cases	*101*		

Source : Questionnaire analysis, 2016

χ^2 calculated value (χ^2cal) = 16.109
Level of significance = 0.05

Degree of freedom (df) = 8

χ^2critical value (χ^2cv) = 15.50731

Contingency coefficient CC : 0.371

Since the χ^2 calculated value (16.109) is less than the χ^2 critical value (15.50731). That is χ^2 cal < χ^2 cv. we reject the null hypothesis based on the decision rule.

We have here an averagely intense relationship between the two variables because CC is between 0.2 and 0.5

We therefore conclude that Improved advertisement and institutional involvement in KCSD has a significant effect on the sustainability of medical tourism in KCSD.

Table 27: Summary table of findings for all the three hypothesis

Hypo	χ^2 cal	Df	∝	χ^2 cv	Decision	Degree of relationship
H1:The presence of the hospital in Kumbo attracts more medical tourists and ameliorate the living conditions of the local population.	24.999	12	0.05	21.026	χ^2 cal > χ^2 cv Reject H0 and retain H1 The existence of medical tourism site in KCSD has a significant influence on development in this locality.	The contingency coefficient of 0.445 infers an averagely intense relationship.
H2 Institutional constraints as well as cultural and socio-economic constraints are hindering the smooth functioning of medical tourism in Kumbo central subdivision	10.425	4	0.05	12.59159	χ^2 cal > χ^2 cv Reject H0 and retain H1 Institutional ,economic and socio-cultural constraints in the field of tourism have a significant impact on the development of the community of KCSD.	The contingency coefficient of 0.306 infers an averagely intense relationship
H3 Better advertisement and institutional involvement and change in behaviour of the local population are the major strategies that ensures sustainability in medical tourism in Kumbo central sub division.	16.109	8	0.05	15.5073	χ^2 cal > χ^2 cv Reject H0 and retain H1 Improved advertisement and institutional involvement in KCSD has a significant effect on the sustainability in medical tourism in KCSD.	The contingency coefficient of 0.371 averagely intense relationship

Source : Questionnaire analysis,2016

To conclude, the aim of this study was to examine medical tourism and its effects on the local development of the community. That is to investigate whether there is a relationship between medical tourism and local development.

The major findings are discussed following the major research questions raised in the problem of this study and the pre-established hypotheses. We had three hypotheses to run through. After the analysis we had to verify and came out with the conclusion that the first hypothesis was the most relevant.

6.2 CRITICISM OF THE RESULTS

Although very useful in collecting required information, the methodology used in this study has advantages as well as short comings, seen from the documentary research, sampling technique, data collection, and treatment and processing of the data.

6.2.1 Advantages of the methodology

6.2.1.1 At the level of the documentary research

The hypothetico-deductive approach and system approach was of great help because it enabled us to obtain authentic information from the elaboration of the literature review. It also permitted us to obtain reliable data from the Divisional Delegation of MINTOURL, Shisong Cardiac Centre, security post, the council. These data were easily completed from field investigation. It also permitted us to know that every element in the research were interrelated which facilitated data collection from the field.

6.2.1.2 At the level of the treatment

The software CS-pro permitted us to capture data and with very slight errors, through which we were able to collect data from the field. The SPSS software (Statistical tool for data treatment) permitted us create tables to have explicit figures on the excel table. Also, software for the treatment of images such as Windows managers, photo shop, ADOBE ILLUSTRATOR, MAP INFO and ARC-GIS, permitted us to obtain images of the very good quality.

6.2.2 Methodological limit

We cannot claim to shape a perfect and exhaustive scientific study but we can admit the existence of certain limits which biased our results. The methodological limits in this work were seen on the method and results.

6.2.2.1 Method

The choice of the random simple sampling technique as method of data collection and the sampled population of 32786 inhabitants used for the study of this area were too large, and because of this large population, it took a lot of time and money. A sample of 101 questionnaires were used to represent the sample size so that our sample will be representative enough yet this was arduous because it required us to analyse the data accurately.

6.2.2.2 Results

Also data collected from interviews with the various actors was with a lot of hesitations as for the disclosure of information collected during our interview.

The time constraint has been a handicap for the progress of the study, the time allocated for the realisation of this work was too short.

More so, another researcher could have different and better results if he use different methods of collection and treatment of the data.

From our results obtained we can say that despite the presence of the hospital the population does not really exploit this site effectively for the amelioration of their living conditions. A majority of the population still do not know the importance of the site. Since the impact feel in terms of local development is still minimal.

6.3 Recommendation

In the light of the above, it is necessary for the of Cameroon's Ministry of Tourism and Leisure to put into place new measures that will enable the country to transform the tourism sector into a masterpiece when it comes to medical tourism in Central Africa sub-region. Tourism can potentially create millions of jobs and economic benefits if successfully promoted. Amongst some of the measures through which medical tourism can be achieved in Cameroon are the following recommendations which are exclusively based on the outcome of the data gathered and analyzed for this particular study.

6.3. 1 To the local population

In order to develop medical tourism as an income generating activity the government has to educate the various actors on the importance of medical tourism. The MINTOURL should also educate the population to give a good stay to the tourists. Cameroon has a bad a reputation as the land of in hospitability. MINTOURL should launch a sensitization campaign on the general population on how to welcome tourists by using the following means.

By using both public and private media, in which the CRTV and private media like the Bui community radio can carry out communication actions. This can be done by using both national and different local languages during the sensitization campaign to disseminate information. The government through MINTOURL should as well organize conferences, workshops and seminar to educate the population on the importance of tourism.

The local population should be receptive to the tourists who intrude into their communities and in order for this to be possible they must be able to participate in the benefit of tourism. They should be encouraged by the authorities to provide services like tourists guides as well as sensitize them on the importance of the medical site since tourism is the number one employer of the world. Thus the society should be educated on how to interact peacefully with tourists.

6.3. 2 To the Kumbo Council

The Kumbo council which is a powerful element of development as well as an important stakeholder in the development of tourism has to work in partnership with the MINTOURL.

The council should improve on the basic infrastructures such as roads, water. Thus , for medical tourism to be successful, the council has to collaborate with other stakeholders and businessmen in KCSD to build a positive and self-reliant capacity within Kumbo and beyond. By addressing the poor connectivity within KCSD through the improvement in the road network according to the law of decentralization which transferred competences to councils should be effectively implemented.

The council should be involved in the promotion and marketing of its tourism products. This can be done through the creation of a Visitor's Information Centre. In order

for this to be successful the council must work in collaboration with hotels, visitors and the community.

The council should also construct lodging facilities around the hospital area. This will also increase the council's riches. This will facilitate potential medical tourists the stress from lodging 3km away from the site. Since the lone pre –surgery and surgery accommodation in the Shisong has limited rooms.

6.3.3 To the government

For the government to move tourism to one stage or another it needs to make strategic decisions on main issues. That is from the onset it has to carryout consultation with all the various stakeholders at both the national and regional levels. These issues will be on the financing, scaling of tourism development and sustainability of tourism.

To attract the type of investment needed in tourism, government should focus on issues that will facilitate the flow of investment.

For the betterment of medical tourism in Cameroon, the government and private sectors should come into synergy and it should be strengthened in a number of areas, both parties should part-take in tourism expansion, formulation and implementation of policy, monitoring and assessment, improvement of infrastructures as well as investment for the tourism sector. By understanding the vital role played by the private sector and the need for the government to create an enabling environment for investment as well as to provide supporting infrastructures for those investment.

There should be the putting in place of follow-up committee to make the legal framework mentioned in law No 2016/006 of 18 April 2016 on tourists and leisure activities in Cameroon to ensure its implementation on the field. This is because most often those laws remain only on paper as a result of poor bureaucracy. Some of the persons placed in the execution of such laws are not competent to execute their duties.

Sound government policy will help to extract the maximum economic benefit from tourism. A critical concern of tourism is how to extend the benefit to the poor and to local communities. Hotel managers or owners must involve the local community in their activities sometimes with outside technical assistance. There must be independence between tourist's accommodation and the local community which will improve the relation within the two and the benefits will be mutual.

The government should also encourage the use of the national languages in all parts of Cameroon because language plays an important role in human life. Cameroon should use this language opportunity incorporating it for the promotion of tourism.

Some tourists as well have criminal personalities and also commit crime that can affect the culture and believes of the population of KCSD so the government should strengthen the security system by erecting many police post in tourist site.

The researcher recommends that the government should create an enabling environment whereby there is team spirit between the government and the community. If the community and government are involved in the realization of policies and projects for the promotion of tourism in Cameroon, tourism will flourish to higher heights.

A call for good telecommunication network in KCSD will be for the betterment of tourism in the subdivision. Providing accessibility will make it easier for a visitor to enjoy his

stay in Kumbo. There should be improvement in the communication technologies which can contribute significantly to the expansion of tourism. Both the private and public sector should build-up ICT infrastructures as well as the intensification ICT capabilities which will contribute to the tourism in KCSD.

The government can market the Shisong cardiac center internationally by using the electronic medias like CNN and BBC that have the ability to reach out millions of westerners and potential travelers at the same time.

6.3.4 To MINTOURL

It must ensure to uplift the standard of the tourists Guides in Cameroon by promoting and sponsoring Educational Tours (Edutours) organized by the national trade union of tourists guides so as to enable these professionals fully master the tourist's products of the country they are to market. Also hotel managers should be trained to be professionals in tourism sector so that quality of services offered should be improved upon.

The tourism sector by the year 2035, according to the minister of tourism is furcated to add 250billion into the state treasury. In other to gain this vision, institutional framework must be made stronger, funding of tourism initiatives, offering training, acceptance of the tourism investment code and Tourism Development Fund.

Tourism managers should be called on to concentrate on the value of their products to be competitive in the international market. This can only be possible if the delegation initiate seminars, workshops where there is the training and retraining of hotel managers, catering services and other tourism operators. This is because most of the employees in Cameroon have only basic education and training which makes it difficult for them to develop their know how to transform the industry into veritable one for the generation of income.

MINTOURL can sell the country as a tourist's destination. It can also put in planned marketing and promotion strategies at the international level which will attract medical tourists from Europe, Asia, North America, Australia the major regions that harbor millions of medical tourists.

6.3.5 To the Shisong cardiac centre

For the cardiac centre to attract more medical tourists it should go into partnership with other renowned medical tourism destination like Tunisia, India and Thailand to add more expatriate skills in the marketing of its product internationally.

The world in which we live in is a global village, for the betterment of medical tourism, the cardiac centre should market its products through the use of the internet to market its product like the social networks through the Facebook, LinkedIn and twitter rather than focus its interest on the local media.

Shisong can also incur maximum benefit if it showcase to the world via aggressive marketing and promotion campaigns. To begin with the general manager of the cardiac centre have to attend exhibitions around the world with printed brochures that can through more light on Cameroon's medical tourism potential. This will raise the interest of guided tour operators who are most likely to include Shisong as a medical tourism destination. Unfortunately the cardiac centre participation in such events is still very weak, leaving a majority opportunity to market the potential to slip away.

6.3.6 To the delegation of tourism and leisure

The delegate of tourism is one of the mechanism of the government in charge of the development and promotion of medical tourism like any other tourism sector. It is very obvious that for better performance of its duties and responsibilities in the promotion of medical tourism the following recommendation should be taken into consideration.

The delegation of tourism and leisure should come up with regular sensitization campaigns on the importance of tourism and its benefits. Through such meetings;

The population should be educated on how to be hospitable to tourists. Through such meetings the delegate take note on some pertinent points given by the population on ways tourism in general can be developed. With such report the government can then know how to improve or make adjustments to her instruments to favour tourism.

The delegation should also educate hotel managers on how to go about with the reception of tourists in their hotels since some tourists can have criminal records. They should educate hotels on the modalities to accept a tourist in their hotels. Tourists should be able to present all required documents and fulfill the necessary conditions. If failure to do so he/she is a culprit and must be reported to the forces of law and order. Some tourists with criminal personalities can tarnish the reputation of the country.

6.3.7 To the hotel managers

Hotel managers should work hand in hand with the forces of law and order. This is because for any incidence they should report at the nearest police post. That is why the erection of police post should be nearer tourists site and lodging facilities.

Hotel managers should improve on the hygiene and sanitation of their structures because hotels are indispensable elements of tourism. It is very much obvious for a tourist to enjoy his stay in a clean environment.

In this chapter we brought out the verification of the hypothesis as stipulates in the three research hypotheses. This was also supports by the criticism of the results obtained in the research work as well as some recommendation to ensure the effective marketing and promotion of medical in the future.

This third part of the research work was based on the presentation, verification of the hypotheses, criticism of the results and recommendation which enabled us to bring out the aspects of the work were we explained the various role of the various stakeholders in the promotion of medical which was seen in chapter 5. Owing to the fact that this niche industry can have an impact on local development. In chapter 6, we verified the three hypotheses, criticized the obtained results and some recommendations were been proposed.

GENERAL CONCLUSION

From our research which focuses on "medical tourism and the local development of Kumbo Central Sub-division", we saw it necessary to make inventory on how the implantation of the lone cardiovascular centre in Central Africa sub-region in KCSD from 2002-2016 have contributed to the local development of Sub-division. In this light we reviewed features of local development as a result of the putting in place of this sophisticated infrastructure which explains the actual situation of the medical tourism in KCSD as a central factor from which local development has abruptly increased through socio-economic growth which includes the putting in place of a permanent fruit market, the proliferation of motorcycle riders and other tourism support infrastructures. Owing to development of this niche tourism sector, we resort to seek the presence of tourism stakeholders in the area.

In this work we equally diagnosed the impacts of different activities carried out as a result of medical infrastructures in this area thanks to the existence of medical infrastructure ranging from the socio-cultural and economic benefits enjoyed by both the local population and foreigners. Owing to these benefits it was realised from our field work that this tourism activity suffers from some counter worms which is mitilating the smooth functioning of medical tourism in KCSD. This ranged from institutional through the low implementation of laws, inhospitable nature of the population towards tourists and low standard of leisure establishments as well as leisure activities.

This work was also backed by some actions put in place by the various stakeholders involved in the management of medical tourism in Kumbo Central Subdivision. Owing to the constraints mitilating the smooth functioning of the sector these stakeholders resort to seek efforts in the better management and promotion of medical tourism through participatory and collaborative approach to ensure an effective marketing process. Despite these aspects put in place these stakeholders have to titivate this tourism sector to meet up with future expectation. Based on these aspects a number of suggestions were made to give assistance to development actors in a better management and promotion of medical tourism as an income generating activity for community development, poverty alleviation and sustainability. This is explained by the fact that some African countries like Tunisia, Morocco and South Africa have transformed their health ministries in to income generators to improve on the livelihoods of their communities (Africa Business Initiative, 2014)

From observations and investigation, one could conclude that with a considerable margin of accuracy that there is indeed a relationship between medical tourism and local development in KCSD. The inhabitants are conscious of the benefits they incurred from site, some of the institutions are aware of some constraints hindering the proper functioning of medical tourism to higher heights despites efforts which have been made so far by these various stakeholders; collaboration between partners and seeking for more partnership both national and internationally. Regarding the loopholes of this research topic, we therefore acknowledge that it is open to further research.

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APPENDICES