The Role of Europe-based Diaspora Health Professional Organisations in Strengthening Health Systems Research and Service Delivery Capacity in Sub-Saharan African Countries

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Outline

• Magnitude, impact and consequences of the ‘Brain Drain’ of health professionals from developing to developed countries
• The ‘Diaspora Option’ for bridging health sector human resource gaps and strengthening of health systems in developing countries
• Diaspora networks and health systems strengthening –Lessons from the Finland-based Somali Diaspora Health Sector Initiative
• Policy and Research Agenda for promoting Diaspora Option: Implications for both Source and Destination countries
'Brain Drain' of Health Professionals: The Case of Sub-Saharan Africa (SSA)

- Approximately 65,000 African-born doctors and 70,000 African-born professional nurses were working abroad in a developed country in 2000, representing about one-fifth of African-born physicians and one-tenth of African-born nurses in the world.
- 75% of people born in Mozambique who now work as doctors do not live in Mozambique.
- WHO 2006 annual report identified critical shortages of skilled health workers in 36 SSA countries.
- Targeted and aggressive recruitment of health professionals from some SSA countries – Ghana, Malawi, Zimbabwe, South Africa.
Impact and Consequences of the Brain Drain on Health Systems

• Migration of health professionals from SSA countries to Europe, North America and Australia – Colossal loss of investment in expensively-trained human capital; developed countries ‘free-riding’ on the education and training efforts of developing countries.

• Massive health worker shortages (physicians, nurses and medical technicians) in many SSA countries such as Gambia, Sierra Leone, Liberia, Ethiopia, Mauritius, Zambia, Zimbabwe, Malawi, Uganda, Nigeria, Burundi, Equatorial Guinea, Kenya, Mozambique, Senegal, Ghana, Cameroon, Togo and Sao Tome

• Sub-standard and poorly-staffed health systems and inadequate service delivery and research capacities, which reinforce the vicious circle of ill health, low productivity and poverty and hold back development and achievement of the Millennium Development Goals (MDGs).
Options for combating brain drain and bridging health sector human resource gaps

- **Retention Option**: Ensuring that highly-skilled professionals do not leave home country in the first place – both non-voluntary (bonded to serve homeland for a period of time after training) and incentive methods [WHO’s Treat, Train and Retain; WHO Code of Practice on the international recruitment of health professionals; WHO-sponsored Global Health Workforce Alliance; WHO-OECD Dialogue on migration of health workforce, ILO’s Health Worker Migration and a Fair Globalization programme]

- **Return Option**: Luring professionals abroad back to their countries of origin [IOM’s original Return of Qualified Nationals programme (RQN); UNDP’s Transfer of Knowledge Through Expatriate Nationals (TOKTEN)]

- **Diaspora Option**: Making use of the contributions of expatriate nationals abroad through transfer of knowledge and skills and sharing of professional experiences *without* requiring them to relocate permanently in their countries of origin – E.g. IOM’s Migration for Development in Africa (MIDA) concept and programme in SSA
Diaspora Health Professionals and Health Systems Strengthening: Main Drivers

- Concern about effects of brain drain on health sector development - by the international community; policy-makers and medical professional bodies
- Action by diaspora health professionals abroad to improve healthcare and strengthen health systems in homeland / country of origin, through transfer of resources and knowledge, research visits and related development initiatives
- Interest of governments of both source and host countries to use diaspora health professionals to meet health sector needs and as a cost-effective option for delivery of development assistance respectively
Linking Resources of Diaspora and Needs of Development: Key Requirements

• Assessing and linking needs, resources and priorities and expectations of all stakeholders
• Integrating migration into health sector strengthening and national development needs
• Mobilizing resources and building trust
• Consolidation of mutual interests
• Monitoring and evaluation
Diaspora Networks and Health Sector Development: Types of Engagement

- Contacts with professionals and policy-makers in countries of origin – needs assessment
- Transfer of knowledge and skills and sharing of experiences - contribution to development of research and service delivery capacities
- Raising awareness about health and development problems and challenges in country of origin
- Influencing public health policy and practice in country of origin through advocacy and direct contacts in medical profession and government in country of origin
- Facilitating private investment in health sector development
- Collaborating with donor agencies and with multilateral organisations on aid and development assistance for health systems strengthening and health sector development
From ‘Brain Gain’ to ‘Brain Gain’: Benefits from Diaspora Activities

• Possible beneficial from professional contacts and technical assistance - promotion of knowledge exchange and development of research and service delivery capacities

• Observation that some African countries, such as Ghana, Senegal and Mauritius, with the highest health professional migration rates, tend to have better health systems than other countries in the region

• Institutionalization and sustainability of existing arrangements and programmes for knowledge exchange and capacity development

• Innovative partnerships between sending and receiving countries to minimise harmful effects of brain drain

• South-South cooperation: training and research
Lessons from the experience of the Finland-based Somali Diaspora Health Initiative Project

• Implemented within framework of IOM’s Migration for Development in Africa (MIDA) programme and designed to make use of knowledge and skills of diaspora health professionals
• Initiative coming from the diaspora health professional networks (i.e. Association of Somali Healthcare Professionals in the Nordic Countries) in consultation with home country health professionals
• Financial support from Finnish Government as official development assistance and based on ‘co-development’ model; supported by Finnish Medical Association and Finnish civil society and private sector organisations
• Involvement of local health authorities in Somalia in planning and execution of project
• Focus on transfer of knowledge and capacity building
Other examples of African Diaspora Networks in health system strengthening

- **Afro-European Medical and Research Network (AERN):** A Swiss-based non-government and non-profit Pan-African diaspora organization, supported by the Swiss Development Cooperation, with activities designed to help improve the quality of life of people in resource-poor settings in SSA through provision of the services of volunteer medical professionals, mobile clinics, equipment, knowledge exchange and training.

- **Sierra Leone Diaspora Network:** A London-based charity and diaspora organization, supported by DFID, with the aim of mobilizing Sierra Leone health professionals in the Diaspora towards the improvement of health facilities and delivery of healthcare in Sierra Leone through volunteering, policy dialogue with the government and Knowledge exchange.

- **Environment and Health In Communities in Africa (ENHICA):** An international diaspora organization of Nigerian origin, based in both Europe and North America, specializing in mobilizing intellectual and material resources to support health sector projects in Africa.

- **IOM-MIDA Ghana Health project:** A ‘Brain Gain’ initiative for the health sector in Ghana originally involving Ghanaian health professionals in the Netherlands, and later other European countries, through transfer of knowledge, skills and experience to the health sector in Ghana, as well as training abroad for local Ghanaian health personnel.
Critical Issues and Challenges in operationalizing the Diaspora Option

• How to maximize the contributions of diasporas
• How to ensure accountability and maintain credibility, including monitoring and evaluation
• Collaborating with government and local health authorities in country of origin without being ‘politicized’ or compromised
• Convincing host government’s donor agency and machinery to recognize and support the diaspora option as a cost-effective alternative to conventional means for delivery of development assistance
• Institutionalizing the diaspora option as a priority in international development effort and for enhancing global health governance
Action for operationalizing Diaspora Option

• Identify conditions and factors that determine the feasibility and success of the diaspora option
• Elaborate guidelines for improving the quality and cost-effectiveness of the diaspora option
• Make policy recommendations on the types of relationships and partnerships between diaspora organisations and host country governments and regional aid institutions (e.g. EU), and between diasporas and homeland governments, national institutions and home-based health professionals.
Research agenda – Diaspora Option and Human Resources for Health

- **Case-studies and best practices**: Selected African Diaspora Professional Networks (ADPNs) based in Europe and North America involved in health sector and related social development.

- **Information and data collection**: Interaction and direct participation of researcher(s); interviews; questionnaires aimed at ADPNs and membership, as well as Host and Homeland governments, institutions and policy-makers; surveillance of health conditions and trends and health statistics.

- **Cross-disciplinary analysis**: Medical and health science - investigations and trials; economics - rationale for efficiency and cost-effectiveness; improved service delivery political science – analysis of networks and networking; sociological – elaboration on the role of social and cultural determinants of health; business and management - health system management; law - legal requirements concerning human rights and gender equality in access to health care.

- **Promotion of scientific and policy-oriented research and action programmes in critical areas**: Infectious diseases including HIV/AIDS response; neglected tropical diseases; chronic conditions; public health and sanitation, maternal and child healthcare; health system governance and accountability; health information systems.