



Diaspora engagement projects in the health sector in Africa

Many African countries experience a significant loss of skilled professionals who migrate to Europe, North America and other high income countries. The 2006 WHO World Health Report estimated a global shortfall of almost 4.3 million health personnel, with 57 countries (most in Africa and Asia) facing severe shortages. Such shortages significantly hamper the realization of health and development goals, and are particularly felt in the medical education and specialized care sectors, due in part to the outmigration of the most skilled and qualified.

Migration of health professionals occurs due to a multiple set of reasons, including relatively low wages, poor working conditions and lack of further professional development opportunities in countries of origin, and growing demand for health professionals in developed countries, as a result of accelerating demographic changes in combination with inadequate domestic health workforce planning and investment. This outmigration of skilled health workers, often labeled “brain drain”, has long been a major development concern. While the freedom to seek employment opportunities abroad needs to be recognized for all workers including health professionals, developed countries need to ensure that health worker recruitment policies do not counteract global development goals by depriving low or medium-income countries from much-needed health personnel. In this regard it is important that all countries implement the *WHO Code of Practice on the International Recruitment of Health Personnel*, which was adopted at the 63rd World Health Assembly in 2010 (WHA 63.16).

Furthermore, it is incumbent on countries of destination and origin to strive to harness the development potential inherent in the health profession diaspora abroad. While usually the negative aspects of the mobility of health professionals are highlighted, migrants and their families generally benefit from migration through for instance increased earnings and better opportunities for education and training. Diaspora health professionals can moreover contribute to the development of their home countries in multiple ways: e.g. by sending financial remittances to their

families left behind , or by sharing newly gained knowledge and expertise with friends and colleagues via telecommunication devices or when visiting. Foreign health professionals can also provide needed cultural mediation to migrants from similar backgrounds in accessing health services in their new countries of residence.

IOM’s *Migration for Development in Africa (MIDA) Programme* seeks to encourage and channel the positive impacts by mobilizing members of African diasporas residing in Europe and North America to contribute to the development of their countries of origin. Within the framework of this programme, IOM has started a number of capacity-building initiatives to assist African countries to benefit from the skills of their nationals in the diaspora. Several *MIDA projects* specifically address health professionals.

This briefing paper presents IOM projects that seek to engage diaspora health professionals to contribute to the development of the health sector in Ghana, Rwanda, Somalia, Ethiopia, and the Democratic Republic of Congo (DRC).



Dr. Clement Jafari Nabare, a Ghanaian health specialist residing in Germany, demonstrates the use of an instrument to Dr. Afoko (resident doctor) during a lecture for medical students at Tamale (Ghana) on minimally invasive urology (IOM 2012).

A BRAIN GAIN PROJECT FOR THE HEALTH SECTOR IN GHANA (2003 - 2012)

Since 2003, IOM The Hague (the Netherlands) has been managing a brain-gain-initiative, the “MIDA Ghana Health” project, which is often showcased as a concrete example of a Migration & Development initiative.

The overall objective of the MIDA Ghana Health project, which was funded by the Dutch government through the Embassy of the Kingdom of the Netherlands in Accra, was to provide input from members of the diaspora in three European countries (The Netherlands, United Kingdom (UK), and Germany) to strengthen the health systems and human resources for health capacity in Ghana. The engagement of members of the diaspora took place within the framework of the Ghanaian Human Resource Strategy for the health sector, and the project was executed in close collaboration with the Ghanaian Ministry of Health, Ghana Health Services and other health sector stakeholders.

The project was demand-driven. Based on the specific expertise requests of health training institutions and hospitals in Ghana, Ghanaian health professionals residing in the Netherlands and other EU countries transferred their knowledge, skills, and experience through temporary one-time or repeated

assignments in Ghana. On average, the assignments lasted between three weeks and three months. The project’s focus was on several sub-sectors including mental health, emergency care, public health, orthopedics and ICT for health. Special attention was given to the northern region of Ghana. Partly as a follow up to the assignments, beneficiary health facilities in Ghana identified Ghanaian health workers to do specialized training at healthcare institutions in the Netherlands and the United Kingdom. These internships lasted between two weeks and three months.

Main achievements:

Since 2005, 282 assignments have been carried out, and 17 health professionals based in Ghana have undertaken internships in hospitals within the UK, Germany and the Netherlands. Over 21,000 health workers and students in Ghana have directly benefited from capacity-building initiatives provided by over 100 Europe-based Ghanaian diaspora health professionals. Feedback from all stakeholders involved is generally reported to be overwhelmingly positive. Most diaspora experts worked closely with health care and educational institutions in Europe and helped to establish linkages and partnerships with beneficiary host institutions in Ghana. These partnerships were continued after the end of the MIDA Ghana Health project.

MIDA Ghana Health expert Clement Jafani Nabare (picture on page 1)

Before coming to Germany, Clement Jafani Nabare worked as a ‘general duty’ doctor (general medicine, surgery and administration) in Kintampo Hospital in the Brong-Ahafo region. ‘We encountered all kinds of cases and had to deal with the fact that there were hardly any urologists in Ghana. When I received a scholarship, I went to Rotenburg to train in urology, general surgery and urogynaecology.’

The lack of skilled health staff is Nabare’s main motivation to offer workshops for medical students, nurses and intermediate health care professionals in the North of Ghana. Since 2009, he has used all his vacation time to do so. “We all have to be prepared to sacrifice time, energy and money to make a difference in the long run. Bringing about change is never easy.”

In the workshops, he focuses on specialised – particularly urological – care. “The nurses and other professionals are now able to deal with simple problems and can provide pre- and post-operative care. Some of them can also pass on their new skills to colleagues. Whenever I return to Ghana, in the Tamale and Kintampo hospitals: they did not have a urology department; there was no nurse who knew how to take care of urology cases. But now this has definitely changed.”

Clement Jafani Nabare is very clear about the importance of the MIDA Ghana Health project: “The effect is huge; its impact cannot be just expressed in terms of money.” For other professionals contemplating to share their knowledge with colleagues in their home country, he has a word of encouragement: “This whole project makes me very happy. You should see me in Ghana, working with a big smile on my face.”

MIDA FINNSOM HEALTH NORTHERN SOMALIA (2008 - 2014)

The Finnish-Somalia (Finnsom) MIDA project was launched in 2008, building on its long-standing engagement with Somali diaspora initiatives in Finland, in response to interest voiced by Somali health care institutions and authorities (Reyes and van Treeck 2009: 140). The project seeks to enable the temporary return of qualified Somali health professionals from Finland to contribute to the rehabilitation and development of the health sector in Somaliland and Puntland, two regions in Northern Somalia.

Working with a broad range of partners, the project aims to identify key human resources gaps in local health sectors that can be temporarily filled by professionals from the Finland-based Somali diaspora; or on a limited basis by Finnish specialists. In addition, the project seeks to facilitate sustainable partnerships between health institutions in both countries. Similar to the MIDA Ghana Health, the project is demand-driven and based on priority needs identified by local authorities and project partners in Somaliland and Puntland. Special emphasis is placed on targeting female health professionals in the Somali diaspora and on identifying gender-based gaps in the provision of health services in Somaliland and Puntland.

The project envisions the facilitation of up to 72 temporary assignments for Finnish-Somali professionals to train, and work with, local colleagues in Somaliland and Puntland. Selected professionals will carry out field assignments for a period of 3 to 12 months, or as requested by the host institution. As is best practice in diaspora recruitment procedures, project participants do not receive a salary as such, in order to not pose a threat to local employees (cf. Agunias and Newland 2012: 160). However, they are provided with all travel arrangements, medical and evacuation insurance, and in-country transportation. Furthermore, participants receive a living allowance - on behalf of their host institutions - based on their proven qualifications. This allowance is intended to cover basic living expenses and accommodation.

MIDA Health voluntary expert Dr. Mohamed Yusuf Elmi (46 years, medical doctor)

"From June to August 2009 I participated in the IOM MIDA programme. ... I am a general practitioner. I got my degree in 1989 in Somalia, and then I have been working in Finland. I also did some training in Finland. My focus is on HIV and TB. This is very important in Somalia and addresses the local needs here. The relationship between me and my colleagues and supervisors is good. I also work closely with community representatives. They always have a lot of questions and are very interested. People come to visit me in the hospital or in the communities and ask many questions. Sometimes I cannot answer all of them. So I stay in contact with people and answer their questions by telephone or email later."

Main achievements to date:

Since 2009 IOM has conducted assessments of the Somaliland and Puntland health sectors, including a detailed description of the most prevalent needs and arranged 58 assignments of voluntary experts (from 3.5 weeks to 12 months) to some 20 host institutions in different regions of Somaliland and Puntland, thereby increasing the capacities of their staff in various fields of specialization. The presence of MIDA FINNSOM voluntary experts in the public health facilities has made a considerable impact to these institutions. New wards such as hemodialysis unit and dental unit have been established by voluntary experts in the largest hospitals and training of the local staff and interning medical students is ongoing. The project has also contributed to the creation of networks and partnerships between IOM, Somali health institutions and authorities, as well as members of the Finland-based Somali diaspora, laying the ground for extending and deepening the cooperation between these partners in the future.

Challenges:

The project faced some initial challenges. Security was particularly demanding: Terrorist attacks in northern Somalia forced IOM to suspend four assignments and delay others during 2008. Second challenge relates to sustainability; voluntary experts have become lead figures in the health facilities where they work. A consistent exit strategy needs to be developed in order to ensure that the tasks

voluntary experts currently carry out, will be continued by the local staff when the project is over. From this perspective, it is also important that the assignments of the voluntary experts are long enough, since making a sustainable impact to the under resourced health sector is a long term effort. Third, although the lack of medical supplies in Somalia was a well-known problem beforehand and efforts had been increased to obtain donations in Finland to ensure that quality material can be brought to Somalia by the project participants, donations turned out to be hard to obtain. Finally, since there is an acute shortage of trained healthcare personnel in both Somaliland and Puntland, the arrival of voluntary experts has dramatically increased service utilization in the public hospitals. While local authorities see this as a positive trend, this development also poses a risk for the voluntary experts to become absorbed in the everyday medical work and lose focus on the training and capacity building aspect of their assignment.

MIDA Health voluntary expert Mr. Ahmed Weli Haddi (44 years, nursing specialist)

"I went to Northern Somalia with IOM in July this year [2009] for a period of 6 weeks.. ... Going back after a long time away was a good experience. We were able to offer our knowledge to the students, which is also very good. And they really appreciated it. It is nice to share experiences. I gave my knowledge but I also learned something in return. I made many new contacts and I am staying in touch with people even when I am in Finland. It can be a challenge to re-integrate [in Somalia] after having been away for a long time, and also for the locals to accept you. Sometimes there might be a little bit of hesitation amongst some colleagues who work at the hospital. Their salaries are very low and they see other people coming to work for free. So they are afraid that they might lose their jobs."

MIDA GREAT LAKES PROGRAMME (2001 - 2013)

The MIDA Great Lakes Programme, funded by the Belgian Development Cooperation, addresses highly qualified diaspora members from the three target countries - Burundi, DRC, and Rwanda - living in Belgium and all over Europe to contribute to development in their countries of origin. The health sector is one of the three priority sectors of the capacity building missions covered by the project (the other two being education and rural development). Under its aegis, IOM makes it possible for professionals who reside in Europe to return to their home countries and offer technical short-term assistance and trainings. Most of the posting profiles require university degrees, but the projects also targets other qualified workers such as nurses. All trainings take place in the framework of multiannual projects that are run by the beneficiary institutions themselves (e.g. hospitals and care centers). For example, one of the projects in the health sector targets the Hospital Caraes in Ndera, Rwanda. MIDA Great Lakes supports the hospital in the elaboration and installation of a digital management system including a database for the patients.

Main achievements to date:

To date, more than 600 training missions of members of the diaspora have been realized to the Great Lakes region, and over 100 institutions have been reinforced through the MIDA Great Lakes project.

STRENGTHENING THE HEALTH SECTOR IN CONGO (2006 - 2009)

The overall objective of this 'twinning' project, funded by the Belgian Development Cooperation, was to contribute to strengthening the health sector in the DRC through the establishment of a partnership between a host hospital in Belgium and a recipient hospital in the DRC.

Training missions were offered for the staff of the recipient hospital in the DRC (the pediatric hospital Kalembe Lembe in Kinshasa) to a host hospital in Belgium, the Cliniques de l'Europe in Brussels. The project aimed to strengthen the links between the Congolese diaspora in Belgium and Congolese health professionals in the country of origin.

As a result of the project, a partnership was established between the Congolese hospital Kalembe Lembe (KLL) and the Belgian Cliniques de l'Europe. Tutors and tutees continued to be in contact after the official closure of the project. From July to October 2007, four Congolese professionals (two doctors and two nurses) came to Belgium to receive their training. Upon their return to DRC, the knowledge and skills they had acquired in Belgium facilitated capacity development in the department of intensive care in the KLL Hospital in DRC. The training indirectly supported the opening of a neonatology department at the KLL which is now operational. The project was implemented in coordination with multiple state and non-state actors.

Upon completion of the project, an IOM evaluation team noted the following: *"the objective of contributing to the strengthening of the health sector in DRC through a partnership between the host hospitals in Belgium and a recipient hospital in the DRC has been reached and there is progress in terms of training, expertise, equipment, and behaviour. The development of treatment protocols and data sheets by the students, the creation of a neonatology department functional at KLL, the organization of training in Kinshasa, and the development of recommendations by tutors are among the most important results."*

MIGRATION FOR DEVELOPMENT IN ETHIOPIA (MIDEth) (2007-2011)

The Migration for Development in Ethiopia project, funded by UNDP Ethiopia, sought to contribute to the strengthening of institutional capacities of the Ethiopian government for the implementation of its Plan for Accelerated and Sustainable Development to End Poverty and the achievement of the Millennium Development Goals (MDGs) by mobilizing human, financial and other resources of the Ethiopian diaspora.

Main achievements:

Within the framework of this project, 137 health professionals from the Ethiopian diaspora gave trainings to 262 health professionals in Ethiopia and conducted 67 surgical procedures in seven hospitals in Ethiopia. Medicines and medical equipment worth 3 million USD were donated; and 12 short term

assignments in five universities in Ethiopia were carried out.

Collaboration between institutions in Ethiopia and the Ethiopian diaspora has been increased, as well as between the private sector in Ethiopia and the diaspora. Knowledge and understanding of the links between migration and development has increased among policymakers in Ethiopia, and diaspora dialogue was improved.

ENHANCING THE CAPACITIES OF RWANDA'S PUBLIC HEALTH SECTOR (2011 - 2013)

This project, funded by the IOM Development Fund, seeks to support Rwanda's outreach to its diaspora in the EU and beyond and supports short term individual teaching placements in the health sector. It complements the MIDA Great Lakes programme.

In May 2010, the Minister of Health of Rwanda and the IOM Director General agreed to explore the idea of a MIDA type programme for Rwanda, in order to mobilize health professionals from the diaspora to assist with direct service provision as well as training for different cadres in various health disciplines in-country. Both partners agreed on the need to conduct a scoping mission by IOM officials to Rwanda for further discussions with the Ministry of Health in order to identify potential areas for joint action.

One of the goals of the project is to arrange 15 placements of diaspora health professionals, using the established MIDA Great Lakes coordination structures and procedures in Kigali. Placements are provisioned to last only one month in order to attract the most highly qualified professionals who will probably not be able to leave their practices for a longer period of time considering the low stipends provided under this programme.

Main achievements

The outreach efforts were implemented that targeted Rwandan Nationals in the Diaspora. A database was developed to increase awareness of the project and to provide a tool for recruiting experts. Other project activities included the screening and selection of volunteers by the IOM and host institutions. The project was able to recruit and place nine health professionals at six targeted health institutions during the course of the project. The nine

experts conducted a total of 13 missions (with a total of 403 days of work) out of 15 planned. 60 per cent of hired medical professionals were Rwandan nationals from the diaspora while the remaining 40 per cent were from east Africa and other countries.

An evaluation mission was conducted between December 2012 and January 2013 by external consultants. The final evaluation report recommends that the MIDA Health Rwanda Project should be continued. Towards this end, a new project should be developed, resources mobilized, and partnerships developed with Rwandan Diaspora organizations. In addition, an improved data collection in terms of diaspora mapping needs should be done first for a more evidence-based, strategic and better coordinated outreach.

Challenges:

A lesson learnt from this low application and placement rate certainly is that mobilizing health professionals for short term placement requires more time to plan, because interested candidates need to arrange for annual or special leave in advance. Due to several factors, especially the lack of time and the many patients in hospitals, the capacity-building element of the project with doctors, residents and nurses at the host institutions was limited. Other challenges include that based on a quick mapping exercise done in January 2012, there are few Rwanda medical professionals in the diaspora and some are reluctant to return because of the legacy of the genocide or other concerns. Language is another issue: the project material had at first only been in English, yet, a big number of Rwandan diaspora health professionals only speak French.

External References:

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