Mobilising the African Diaspora Health Care Professionals and Resources for Capacity Building in Africa
London United Kingdom 21st and 22nd March 2006

Analysis of Survey

March 2006

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Overview of Respondents

- 350 Diaspora respondents (10th March 2006)
- Over a third recruited while in Africa
- Final country of migration is the United States of America and Canada
- Various routes of exit are explored potentially starting with the countries of least resistance to entry
- Total number of years worked in the West 2,431 years
- Average value personnel for 350 approximately 1.2 US billion annually
- Over 100 billion US dollars contributed annually to the West in personnel value (for the million plus healthcare workers)
- The Diaspora are very actively involved either at individual or association level
Country of Residence Breakdown

Other countries include:
- Australia
- Canada
- Germany
- Greece
- Ireland
- Netherlands
- Sweden
- Switzerland
Countries of Origin Breakdown

- ANGOLA
- CENTRAL AFRICAN REPUBLIC
- CHAD
- CONGO (Brazzaville)
- CONGO (DRC)
- LIBERIA
- MALI
- MAURITANIA

- UNITED STATES
- SUDAN
- UGANDA
- ZIMBABWE
- UNITED KINGDOM
- SIERRA LEONE
- KENYA
- SOUTH AFRICA
- GHANA
- CAMEROON
- NIGERIA

OTHER COUNTRIES
- MOROCCO
- RWANDA
- CHAD
- TANZANIA
- BOTSWANA
- ETHIOPIA
- SENEGAL
- TOGO
Countries completed 1st Degree

- AUSTRALIA
- BELGIUM
- BOTSWANA
- BULGARIA
- CAMEROON
- CANADA
- CENTRAL AFRICAN REPUBLIC
- CONGO (Brazzaville)
- CONGO (DRC)
- COTE D'IVOIRE
- CUBA
- EGYPT
- GERMANY
- SIERRA LEONE
- GREECE
- INDIA
- IRELAND
- ITALY
- MIT
- NIGERIA
- OTHER
- SOUTH AFRICA
- UNITED STATES
- UNITED KINGDOM
- UGANDA
- SPAIN
- SUDAN
- SWEDEN
- TANZANIA
- TRINIDAD AND TOBAGO
- NORWAY
- PAKISTAN
- PORTUGAL
- RUSSIAN FEDERATION
- RWANDA
- SENEGAL

40%
17%
7%
22%
17%
2%
### Funding and Training Experience in country of training

<table>
<thead>
<tr>
<th>University degree funded by the African Government or any other funding agency?</th>
<th>Were you required to serve a bond as a result of funding received?</th>
<th>Did you have any training experience after your graduation in the country where you completed first university degree?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27%</td>
<td>3%</td>
</tr>
<tr>
<td>No</td>
<td>73%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Number of years to serve as a bond 0-6 years, years of training range from 3-15 years average 4.5 years, year of graduation 1950-2005

Years worked in country of educational training ranged from 1-24 years
Were you recruited while in Africa?

Examples of countries recruited from

Nigeria South Africa Ghana Senegal Rwanda Zambia Congo Zambia Cameroon Uganda Sierra Leone Kenya

Professional groups recruited include nursing, social worker, medicine
Breakdown by Professional Groups

Others include management, policy and finance
Total number of years experience in the West and postgraduate experience

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>Post graduate qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ranges from 0-38 years</td>
<td>Over 90% have post graduate qualification e.g.</td>
</tr>
<tr>
<td>• Total number of years of experience for respondents 2,434</td>
<td>• MSc Health Policy Planning &amp; Financing and MBA,</td>
</tr>
<tr>
<td>• Approximately 1 billion US dollars annually</td>
<td>• Board Certified in Internal Medicine and Geriatric Medicine</td>
</tr>
<tr>
<td></td>
<td>• Msc Public health research</td>
</tr>
<tr>
<td></td>
<td>• MPH PhD fellow</td>
</tr>
<tr>
<td></td>
<td>• MSc MRC Path, DipPharm Med</td>
</tr>
<tr>
<td></td>
<td>• Certificate in nursing administration Diploma in Human Resources and Intensive Nursing Diploma</td>
</tr>
</tbody>
</table>
Current sector practising

Examples of area of specialisation

- Food Science and nutrition teaching and research
- Quality assurance, Dental Public Health Research Design & Project Management
- Pharmacology and Neuroscience
- Health system development
- Anaesthesia and Critical Care
- Grant Administration & Funding
- Scientist/ Biochemist and Molecular Biology
- Care of the Elderly and Rehab
- HIV/AIDS’s Counselling
- Social Care
Profile of Diaspora - Countries practised, reason for leaving, country of origin and professional

1. Belgium, Congo (DRC), Switzerland - Left country when young. Nationality Cameroon (Medical doctor)

2. Saudi Arabia, Sudan, United Kingdom - Trained in Egypt from Sudan left for higher education and training (Medical doctor)

3. Afghanistan, Canada, Egypt, France, Gabon, Israel, Canada - Left for political reason and gain experience. Country of origin Chad (Medical doctor)

4. Oman, Saudi Arabia, United Kingdom - Left for professional reasons. Country of origin Sudan (Medical doctor)

5. United Kingdom, United States - From Ghana. Left for training (Scientist)
Profile of Diaspora - Countries practised, reason for leaving, country of origin and professional 

Ethiopia, Switzerland, United Kingdom. Left due to political difficulties from Sudan trained in Zimbabwe (medical) 

Ireland, United Kingdom, United States. Left for economic reasons from Nigeria (Nurse) 

Italy, United Kingdom from Cameroon (medical) 

Ghana, Liberia, Sierra Leone, United Kingdom left for political reasons from Gambia 

United Arab Emirates, United States left for economic from Nigeria (therapist) 

Portugal, United Kingdom. Left to gain international experience – therapist
Area of Specialities

- Molecular Biology research
- Consultancy
- Pharmaceutical medicine
- General Medicine

- Consultant public health and developing food and drug regulatory systems
- Health Policy Advisor/Technical Advisor/Programme Manager
- Stroke rehabilitation

- HIV AIDS Policy
- Staff training and development of paediatric surgery services
- Mental health care
- Child health immunization programs
- Infectious disease control

- Sickle Cell Disease Research
- Social worker and reporting (Journalism)
- Clinical Nursing

- Training in trauma microsurgery and clinical practice
- Teaching/Mentoring/Research

- Training healthcare professionals in current drug information drug delivery systems current medication protocols

- Gender/Health Consultant/Researcher
Why did you leave Africa? 1 of 3

<table>
<thead>
<tr>
<th>Personal</th>
<th>Professional</th>
<th>Government/Political</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Join husband and start family</td>
<td>• University studies</td>
<td>• Unstable political Environment</td>
</tr>
<tr>
<td>• Born in the UK and was not paid for some months</td>
<td>• Pursue Undergraduate Studies</td>
<td></td>
</tr>
<tr>
<td>• Parents migrated</td>
<td>• Acquire more knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Enhance perspective on global matters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Specialist Training</td>
<td></td>
</tr>
</tbody>
</table>
## Why did you leave Africa? 2of 3

<table>
<thead>
<tr>
<th>Personal</th>
<th>Professional</th>
<th>Government/Political</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Marriage</td>
<td>• Professional development and better remuneration</td>
<td>• Refugee</td>
</tr>
<tr>
<td>• Settlement</td>
<td>• Scholarship</td>
<td>• Lack of professional encouragement and government policies</td>
</tr>
<tr>
<td>• To support husband while he was studying</td>
<td>• Redundancy</td>
<td>• Crime and insecurity</td>
</tr>
<tr>
<td>• Sent to school in UK and never went back</td>
<td>• Practice safe medicine</td>
<td></td>
</tr>
</tbody>
</table>
Why did you leave Africa? 3 of 3

<table>
<thead>
<tr>
<th>Personal</th>
<th>Professional</th>
<th>Government/Political</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Study abroad</td>
<td>• Affirmative action in South Africa = Reverse Apartheid</td>
</tr>
<tr>
<td></td>
<td>• Not able to practice clinical pharmacy</td>
<td>• Anti-Apartheid</td>
</tr>
<tr>
<td></td>
<td>• Postgraduate Degree in Sports and Exercise Medicine</td>
<td>• Tribalism</td>
</tr>
<tr>
<td></td>
<td>• Poor opportunities</td>
<td></td>
</tr>
</tbody>
</table>
## Sectors worked

<table>
<thead>
<tr>
<th></th>
<th>Public</th>
<th>Private</th>
<th>Non-Governmental Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>73%</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>No</td>
<td>27%</td>
<td>41%</td>
<td>59%</td>
</tr>
</tbody>
</table>
## Engaging in Africa’s Health Care while in the Diaspora

<table>
<thead>
<tr>
<th></th>
<th>Consider going back on a permanent basis</th>
<th>Temporarily as a consultant or expert</th>
<th>Prepared to work outside your country of origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>8%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Not sure</td>
<td>22%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Yes</td>
<td>70%</td>
<td>95%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Programmes currently involved with in Africa’s healthcare system

65% of the respondents are not currently involved in Africa’s health care system.

Independent Public Health Management Consultant
HIV Care of AIDS Orphans
Network with nurse, welfare of African widows & children
Trust linked to Medical School = developing a link between UK institutions and the University in Africa
Advocacy in health care

Examples of programme Diaspora are involved

Health and Human Rights  Promoting medical leadership
Voluntary work-individual effort
Registration of drugs and clinical trials in Africa
**Suggestions to help improve Africa’s Healthcare system**

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Governments</th>
<th>Diaspora</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Addressing areas such as malnutrition; better feeding practices to improve health and economic status of poor populations</td>
<td>• Increase the number of health care personnel</td>
<td>• Periodic placement in home country</td>
</tr>
<tr>
<td></td>
<td>• Technical support on medical research</td>
<td>• Prioritisation of capable nationals instead of international consultants</td>
</tr>
<tr>
<td></td>
<td>• Financial support to medical research/institutes.</td>
<td>• Involved in development of health care policies in countries of origin</td>
</tr>
</tbody>
</table>
Suggestions to help improve Africa’s Healthcare system

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>● Networking opportunities for African public health experts</td>
<td>● A voice in Health donor organisation</td>
<td>● Arrange sabbatical with local universities</td>
</tr>
<tr>
<td>● Introduce simple ways of reducing diseases</td>
<td>● Institutional development</td>
<td>● Establish and maintain lines of communication to keep them informed and aware of the needs of the healthcare system</td>
</tr>
<tr>
<td>● Education on chronic disease management</td>
<td>● Improve the salary of the civil servants of the Health system</td>
<td>● Engage in discussions to explore possible solutions</td>
</tr>
<tr>
<td></td>
<td>● Quality assurance/regulation</td>
<td></td>
</tr>
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## Suggestions to help improve Africa’s Healthcare system

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</table>
| ● Developing primary healthcare programmes | ● Health care management consultants to advice government/administrators  
● Repatriation of looted funds for effective use and assist in developing the local press | ● Facilitate the building skill's laboratory for future training programmes |
## Suggestions to help improve Africa’s Healthcare system

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</thead>
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<tr>
<td>• Continued education for the local professionals</td>
<td>• Donor fatigue &amp; donor politics</td>
<td>• Forging links with Institutions for Continuing professional development</td>
</tr>
<tr>
<td>• Building multidisciplinary specialities, health assessment and awareness campaign</td>
<td>• Basic amenities &amp; equipments</td>
<td>• Organise training programme</td>
</tr>
<tr>
<td></td>
<td>• Looted funds in the West returned and used for healthcare</td>
<td>• Creating job opportunities for Diaspora Africans in Africa</td>
</tr>
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</table>
## Suggestions to help improve Africa’s Healthcare system

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<tbody>
<tr>
<td>• Involve the African Healthcare Professionals in research projects</td>
<td>• Honour job ethics and practice equal rights</td>
<td>• Developing Diaspora Africans ability to role-model young</td>
</tr>
<tr>
<td>• Pan-African health system</td>
<td>• Provide further job training forums</td>
<td>Africans home and abroad</td>
</tr>
<tr>
<td>• Database building</td>
<td>• Systematic research on which health care policy making and amendments can be based</td>
<td>• Medical Supplies donation Coordination</td>
</tr>
<tr>
<td></td>
<td>• Increase work incentives</td>
<td></td>
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Suggestions to help improve Africa’s Healthcare system

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</table>
| • Creating more forums for discussions between health professionals in Diaspora and in Africa through electronic and non-electronic media | • Home governments should facilitate long term collaboration between the Diaspora and specific institutions in Africa  
• African missions/embassies to maintain contact with the Diaspora | • Targeted specifically for recruitment by international development agencies that run programs in Africa |
### Suggestions to help improve Africa’s Healthcare system

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</table>
| • Launch recruitment drives to attract qualified Africans  
• Easy grant for private Healthcare system  
• Management and administrative expertise | • Message to African Governments that professionals leave voluntarily for a variety of reasons e.g. crime and safety  
• Link with healthcare investors thereby opening job markets  
• Create health maintenance organizations that are well maintained |                                                                          |
## Suggestions to help improve Africa’s Healthcare system

<table>
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</tr>
</thead>
</table>
| - Teaching basic health care | - Health care insurance scheme that works on all levels; funds circulation  
- Use Diaspora as AdHoc resource for multi-lateral healthcare support  
- Improved communication and networking with the Diaspora | |
Thank you

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