

***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

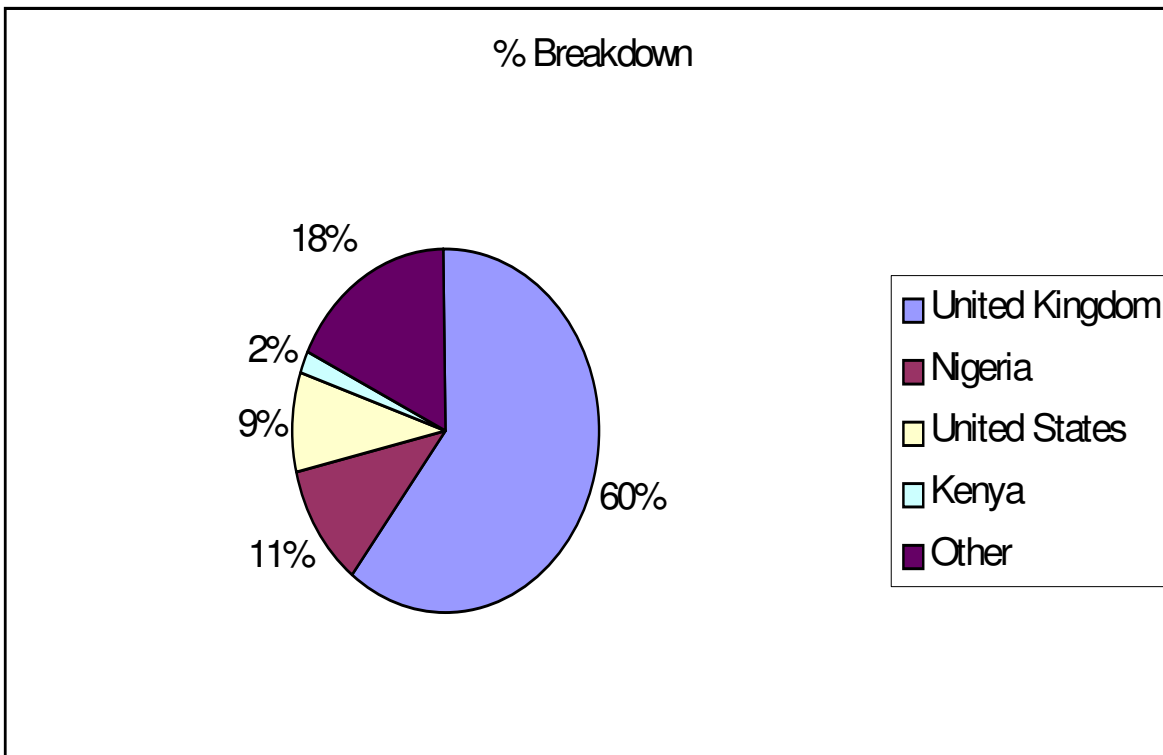
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Overview of Respondents

- 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

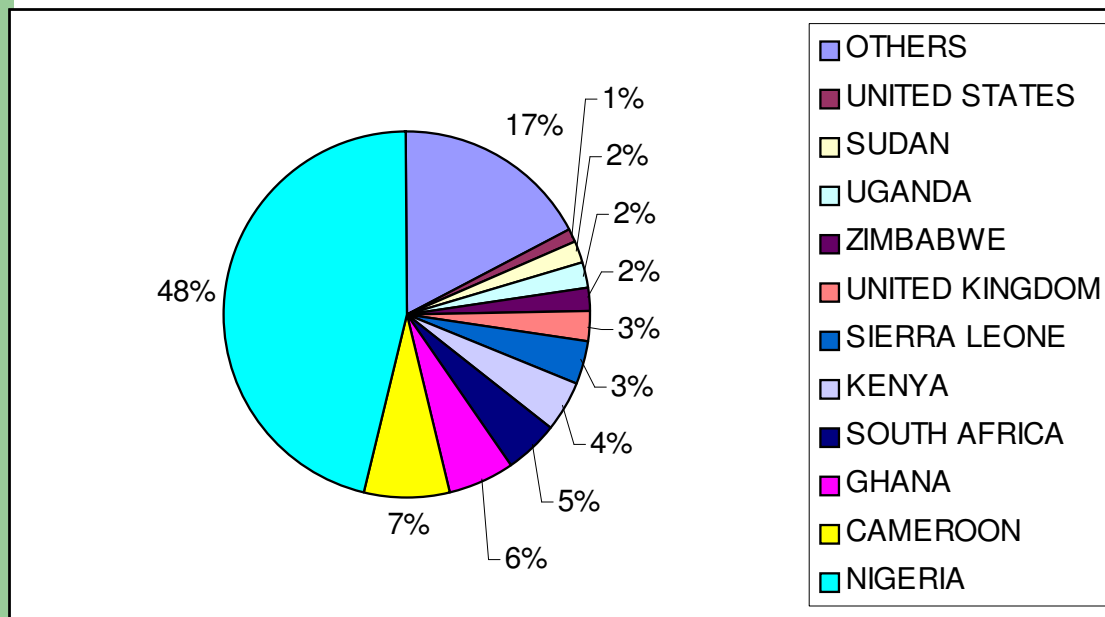
Country of Residence Breakdown



Other countries include:

- Australia
- Canada
- Germany
- Greece
- Ireland
- Netherlands
- Sweden
- Switzerland

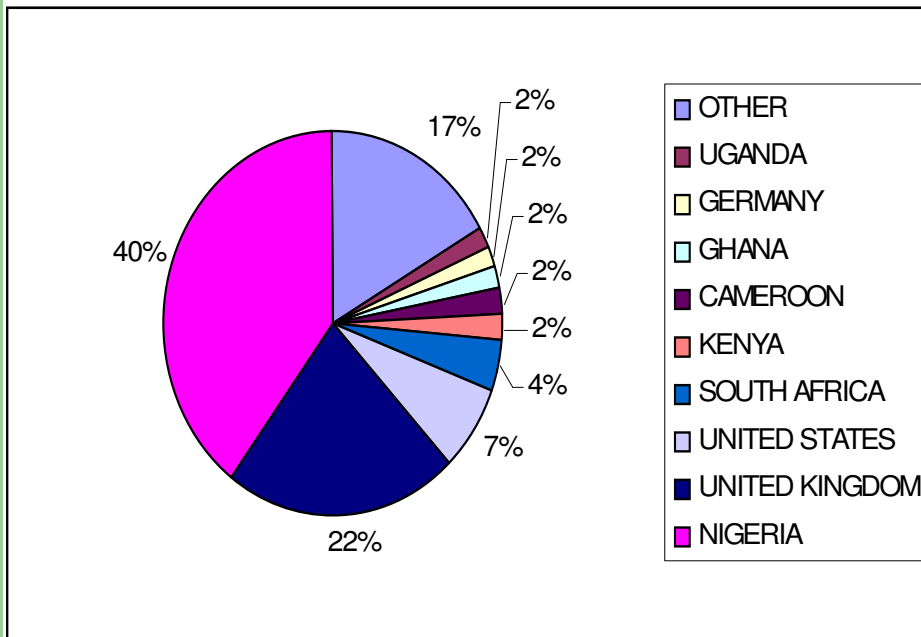
Countries of Origin Breakdown



OTHER COUNTRIES

- ANGOLA
- CENTRAL AFRICAN REPUBLIC
- CHAD
- CONGO (Brazzaville)
- CONGO (DRC)
- LIBERIA
- MALI
- MAURITANIA
- 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
- SPAIN
- SUDAN
- SWEDEN
- TANZANIA
- TRINIDAD AND TOBAGO
- UGANDA
- NORWAY
- PAKISTAN
- PORTUGAL
- RUSSIAN FEDERATION
- RWANDA
- SENEGAL

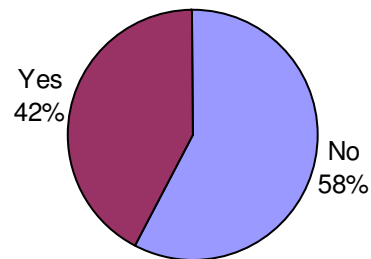
Funding and Training Experience in country of training

	University degree funded by the African Government or any other funding agency ?	Were you required to serve a bond as a result of funding received?	Did you have any training experience after your graduation in the country where you completed first university degree
Yes	27%	3%	10%
No	73%	97%	90%

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

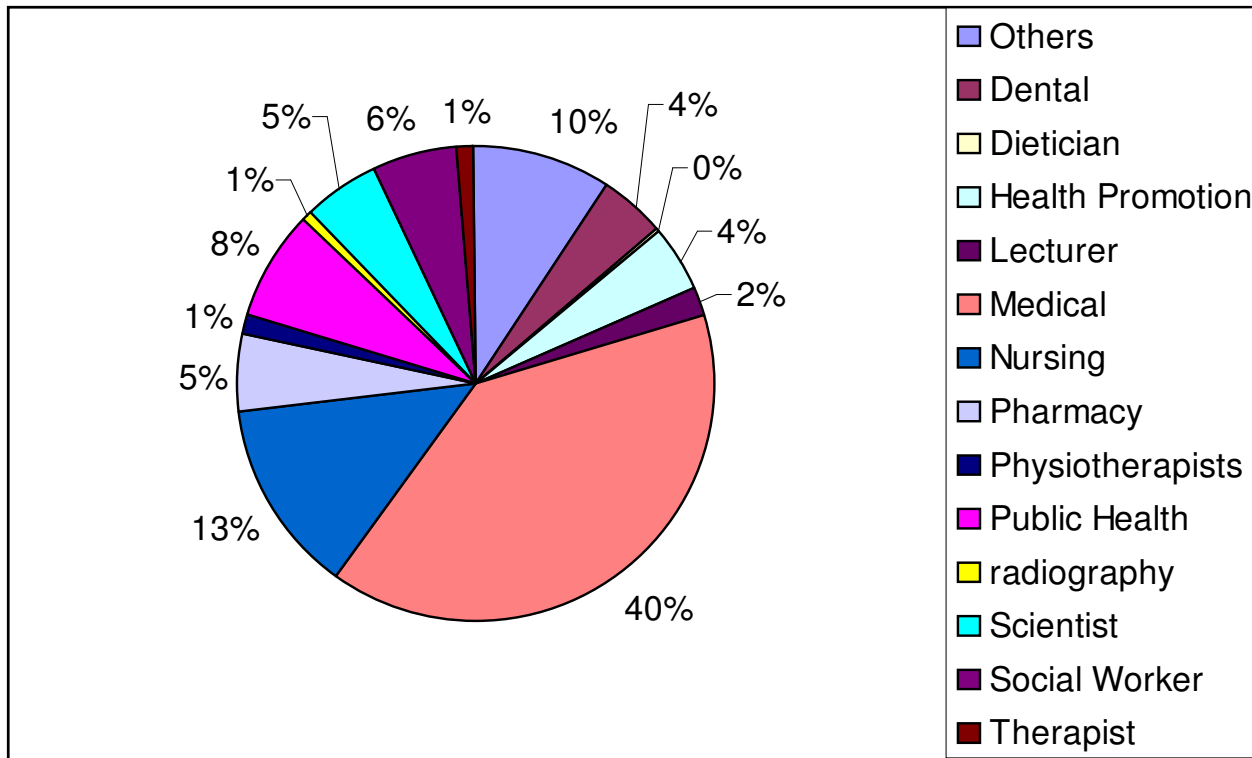
Uganda

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

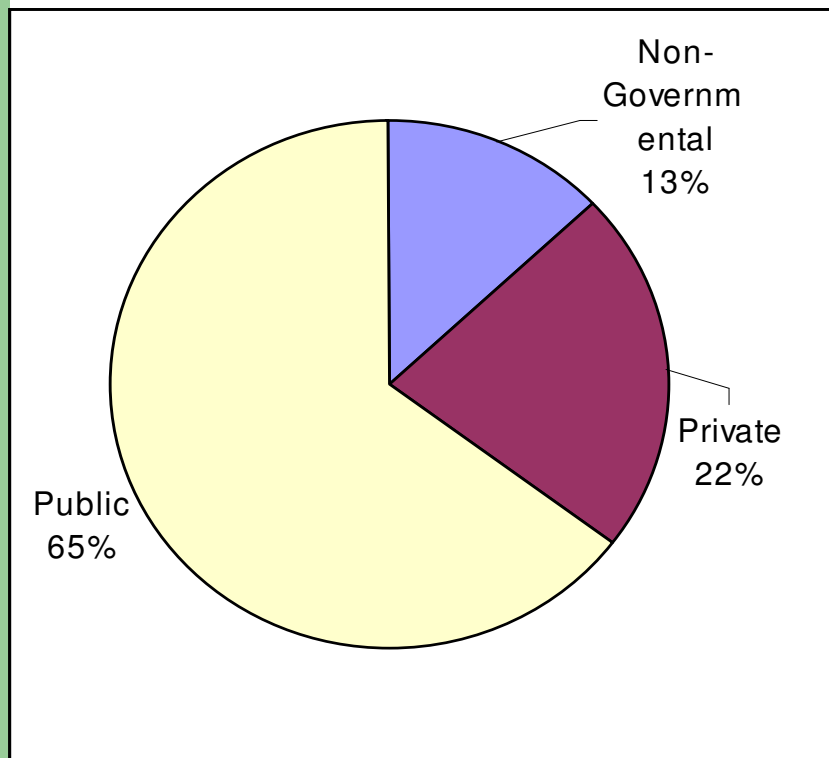
Years of experience

- Ranges from 0-38 years
- Total number of years of experience for respondents 2,434
- Approximately 1 billion US dollars annually

Post graduate qualifications

- Over 90% have post graduate qualification e.g.
- MSc Health Policy Planning & Financing and MBA,
 - Board Certified in Internal Medicine and Geriatric Medicine
 - Msc Public health research
 - MPH PhD fellow
 - MSc MRC Path, DipPharm Med
 - Certificate in nursing administration
Diploma in Human Resources and
Intensive Nursing Diploma

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 of 2

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

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

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

Saudi Arabia, Sudan, United Kingdom trained in Egypt from Sudan left for higher education and training (Medical doctor)

United Kingdom, United States from Ghana. Left for training (Scientist)

Profile of Diaspora-Countries practised, reason for leaving, country of origin and professional **2 of 2**

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**

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

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

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

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

**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

Personal	Professional	Government/ Political
<ul style="list-style-type: none">● Join husband an start family● Born in the UK and was not paid for some months● Parents migrated	<ul style="list-style-type: none">● University studies● Pursue Undergraduate Studies● Acquire more knowledge● Training● Enhance perspective on global matters● Specialist Training	<ul style="list-style-type: none">● Unstable political Environment

Why did you leave Africa? 2 of 3

Personal	Professional	Government/Political
<ul style="list-style-type: none">● Marriage● Settlement● To support husband while he was studying● Sent to school in UK and never went back	<ul style="list-style-type: none">● Professional development and better remuneration● Scholarship● Redundancy● Practice safe medicine	<ul style="list-style-type: none">● Refugee● Lack of professional encouragement and government policies● Crime and insecurity

Why did you leave Africa? 3 of 3

Personal	Professional	Government/Political
	<ul style="list-style-type: none">● Study abroad● Not able to practice clinical pharmacy● Postgraduate Degree in Sports and Exercise Medicine● Poor opportunities	<ul style="list-style-type: none">● Affirmative action in South Africa = Reverse Apartheid● Anti-Apartheid● Tribalism

Sectors worked

	Public	Private	Non-Governmental Organisations
Yes	73%	59%	41%
No	27%	41%	59%

Engaging in Africa's Health Care while in the Diaspora

	Consider going back on a permanent basis	Temporarily as a consultant or expert	Prepared to work outside your country of origin
No	8%	5%	0%
Not sure	22%	0%	0%
Yes	70%	95%	100%

Programmes currently involved with in Africa's healthcare system

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

Examples of programme
Diaspora are
involved

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

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

Health Care	Governments	Diaspora
<ul style="list-style-type: none">● Addressing areas such as malnutrition; better feeding practices to improve health and economic status of poor populations	<ul style="list-style-type: none">● Increase the number of health care personnel● Technical support on medical research● Financial support to medical research/institutes.	<ul style="list-style-type: none">● Periodic placement in home country● Prioritisation of capable nationals instead of international consultants● Involved in development of health care policies in countries of origin

Suggestions to help improve Africa's Healthcare system

Health Care	Governments	Diaspora
<ul style="list-style-type: none">● Networking opportunities for African public health experts● Introduce simple ways of reducing diseases● Education on chronic disease management	<ul style="list-style-type: none">● A voice in Health donor organisation● Institutional development● Improve the salary of the civil servants of the Health system● Quality assurance/regulation	<ul style="list-style-type: none">● Arrange sabbatical with local universities● Establish and maintain lines of communication to keep them informed and aware of the needs of the healthcare system● Engage in discussions to explore possible solutions

Suggestions to help improve Africa's Healthcare system

Health Care	Governments	Diaspora
<ul style="list-style-type: none">• Developing primary healthcare programmes	<ul style="list-style-type: none">• Health care management consultants to advice government/administrators• Repatriation of looted funds for effective use and assist in developing the local press	<ul style="list-style-type: none">• Facilitate the building skill's laboratory for future training programmes

Suggestions to help improve Africa's Healthcare system

Health Care	Governments	Diaspora
<ul style="list-style-type: none">• Continued education for the local professionals• Building multidisciplinary specialities, health assessment and awareness campaign	<ul style="list-style-type: none">• Donor fatigue & donor politics• Basic amenities & equipments• Looted funds in the West returned and used for healthcare	<ul style="list-style-type: none">• Forging links with Institutions for Continuing professional development• Organise training programme• Creating job opportunities for Diaspora Africans in Africa

Suggestions to help improve Africa's Healthcare system

Health Care	Governments	Diaspora
<ul style="list-style-type: none">● Involve the African Healthcare Professionals in research projects● Pan-African health system● Database building	<ul style="list-style-type: none">● Honour job ethics and practice equal rights● Provide further job training forums● Systematic research on which health care policy making and amendments can be based● Increase work incentives	<ul style="list-style-type: none">● Developing Diaspora Africans ability to role-model young Africans home and abroad● Medical Supplies donation Coordination

Suggestions to help improve Africa's Healthcare system

Health Care	Governments	Diaspora
<ul style="list-style-type: none">• Creating more forums for discussions between health professionals in Diaspora and in Africa through electronic and non-electronic media	<ul style="list-style-type: none">• Home governments should facilitate long term collaboration between the Diaspora and specific institutions in Africa• African missions/embassies to maintain contact with the Diaspora	<ul style="list-style-type: none">• Targeted specifically for recruitment by international development agencies that run programs in Africa

Suggestions to help improve Africa's Healthcare system

Health Care	Governments	Diaspora
<ul style="list-style-type: none">● Launch recruitment drives to attract qualified Africans● Easy grant for private Healthcare system● Management and administrative expertise	<ul style="list-style-type: none">● 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

Health Care	Governments	Diaspora
<ul style="list-style-type: none">• Teaching basic health care	<ul style="list-style-type: none">• 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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