Theme: Mobilizing resources within the African Diaspora to support efforts in strengthening health care systems for equity in the Southern African Development Community (SADC) region

Workshop II: October 14 - 16, 2010
Somerset West Community Health Centre, 55 Eccles St, Ottawa, K1R 6S3, Canada

The Diaspora Giving Back: Strengthening Health Care Systems in Sub-Saharan Africa is an initiative of The North-South Institute (NSI). It is being planned in collaboration with the following organizations:

• Southern African Network of Nurses and Midwives (SANNAM)
• Somerset West Community Health Center (SWCHC), and
• Zimbabwean and Malawian Diaspora health care and allied professionals residing in Canada and the USA.

Workshop II is the second of two workshops funded by the Canadian Institutes of Health Research (CIHR), the International Development Research Centre (IDRC) and the Walter and Duncan Gordon Foundation (W&DGF).
EXECUTIVE SUMMARY

This report is a summary of the proceedings and presentations from Workshop II of “The Diaspora Giving Back: Strengthening Health Care Systems in Sub-Saharan Africa,” referred to here as “the project”. The second of two, the workshop represents Phase II of a multi-phase project on engaging the African Diaspora as partners in strengthening health system resources in the South African Development Community (SADC) region. This project is an initiative of The North-South Institute (NSI), currently being implemented in collaboration with the Somerset West Community Health Centre (SWCHC), the Southern African Network of Nurses and Midwives (SANNAM), and the Zimbabwean and Malawian Diaspora health and allied professionals residing in Canada and the United States.

The workshop was held over two and a half days, beginning with a reception on Oct. 14, 2010 at the Zimbabwean Embassy in Ottawa. Her Excellency Florence Chideya hosted the reception which was attended by members of the SADC diplomatic corps, members of the African Diaspora in Canada and the US, representatives from the National Nurses Associations of Malawi and Zimbabwe respectively, as well as representatives from the World Bank, the International Development Research Centre (IDRC), the Canadian International Development Agency (CIDA), SWCHC, the SADC Secretariat, SANNAM, and the Canadian Nurses Association.

The workshop succeeded in meeting its top two priorities: securing a commitment from African Diaspora health care and allied professionals in Canada and the US to become an integral part of the project; and developing actionable recommendations to move the project forward. Specific workshop accomplishments include:

- The establishment of a supply – actually, a re-supply – of human and other resources within the African Diaspora community in Canada and the US;
- Development of the key demand- and supply-side components for preparing the final draft of a diaspora-resourced Action Plan to complement efforts to strengthen health systems in SADC countries;
- Development of a set of actionable recommendations for moving the project forward;
- Action by diaspora participants to establish an online forum for strengthening networking. This networking will be within and across different African Diaspora communities. It will deepen and sustain interest and motivation for the project, with the goal of developing a North American Association of African Diaspora Healthcare and Allied Professionals, and;
- World Bank potential collaboration/partnership with NSI, SANNAM, and SWCHC in post-Workshop II development and implementation of the project.

There have been some developments since Workshop II that are directly attributable to these accomplishments. One is a proposal from the World Bank to enlarge the scope of the project to include more diaspora communities in the USA as well as inclusion of diaspora communities in Europe. Another is the possibility of including a Ugandan Diaspora health professionals, a component that would be anchored in the College of Health Sciences at Makerere University Medical School (an option mentioned to NSI by the principal of the college).

This report is divided into the following sections: Section I briefly summarizes the background to the workshop, Section II summarizes the main presentations, and Section III presents a summary of the main discussions following each presentation.
TABLE OF CONTENTS

Section I: BACKGROUND
Background 4
Reception 5

Section II: WORKSHOP II
Purpose 6
Process 6

Day One:
Overview of the Project: Dr. Rudi Robinson 6-7
World Bank - Beyond remittances: Dr. Kofi Anani 7
Overview of SANNAM role in the project: Mr. Philemon Ngomu 8
Country reports: Malawi, Zimbabwe, Diaspora and SADC 8-10
Working Groups 10-11

Day Two:
Recap of Day One 11
Drawing up an Action Plan: Group Discussions and Proposals 12-13
Closing Remarks 13

Section III: TOWARDS PHASE III
Recommendations of Workshop II 14
Workshop Evaluation 15-16
Conclusion 17

APPENDIX
Participants List 18-19
Workshop Pictures 19
PART ONE: BACKGROUND

Background

The migration of health professionals from Sub-Saharan Africa has accelerated over the past 10 years. Over the last few decades, most of the 15 SADC countries have lost between 25 and 75 per cent of their trained doctors, nurses and other essential frontline health workers. Overwhelming economic disparities between SADC countries and western countries have been the major cause for this professional migration. The migration of health professionals from the region is one of the factors contributing to the deterioration of human resource capacity of health systems.

Diaspora Giving Back is an initiative of Dr. Rudi Robinson, of the NSI, from whose research work on the international mobility of health professionals and health care systems in Sub-Saharan Africa the project evolved. He conducted research on the impacts of the migration of physicians and nurses from Southern Africa to OECD countries on the human resource capacity of health systems in Sub-Saharan Africa. The findings of this research led him to develop the project as a vehicle through which some of the African Diaspora could be motivated to give back their expertise and other resources in support of strengthening health systems in Southern Africa.

Dr. Robinson’s effort led to the formation of a partnership between the NSI, SWCHC and SANNAM to come up with the five-phased project.

Phase I: Workshop I, held in Pretoria in November 2009, with the following goals:

i) Determine SADC member countries’ resource needs for strengthening their health system and identify priority areas within specific needs.

ii) Specify the means of using resources within the African Diaspora to help address the specific needs that have been identified.

iii) Develop a strategic framework for informing preparation of a draft Action Plan in Workshop II for mobilizing and utilizing resources within the African Diaspora to address the identified needs.

iv) That workshop effectively established the “demand side” of the project.

Phase II: Workshop II, held in Ottawa in October 2010, with the following goals:

i) Begin actual mobilization and utilization of resources within the African Diaspora.

ii) Effectively establish the “supply side” of the project.

iii) Develop the inputs to an Action Plan that will be drafted to match SANNAM’s demand for human and other resources with the available supply of those resources within the African Diaspora.

iv) Develop a set of recommendations for moving the project forward.

Phase III: Preparing the final draft of the Action Plan, getting the plan endorsed by the relevant parties in the SADC region, and setting the process in motion for securing the required funding for phasing-in (piloting) the Action Plan.

Phase IV: Conducting a pilot implementation of the Action Plan in Zimbabwe and Malawi simultaneously, with monitoring and evaluation.

Phase V: Replication of the Action Plan in other SADC member countries.
Reception

Workshop II was preceded by a reception hosted by the Embassy of Zimbabwe on the evening of October 14, 2010. Zimbabwe’s Ambassador to Canada, Florence Chideya, welcomed participants to Ottawa. She thanked them on behalf of all the 15 SADC countries, for committing to this project. More words of encouragement came from Mr. Joe Ingram, President of NSI, who gave an overview of the project and Mr. Jack McCarthy, Executive Director of SWCHC, who spoke on his organization’s commitment to support the project. Mr. Philemon Ngomu, Executive Director of SANNAM, outlined expectations of the demand side of the project and Mr. Eddie Naming’ona of the Washington-based Malawi Diaspora Association pledged the African Diaspora’s support for the project.

Dr. Ava Jarawan, Sector Manager, World Bank Health, Nutrition and Population Sector – African Region, gave the keynote speech. She stressed the need for projects such as this to strengthen health system in Sub-Saharan Africa as a way to improve maternal and child health care, among other health issues.
Section II: WORKSHOP II

Purpose
This workshop is Phase II in a multi-phase Five-Year project on the African Diaspora and health system strengthening (HSS) in the SADC region. Phase I was a workshop (Workshop I), which undertook a needs analysis for strengthening health systems in the SADC region and established the effective demand for resources within the African Diaspora to support efforts at health system strengthening in the SADC region. Workshop II represents the diaspora resource supply side of the project. Its main purposes were to identify and match utilization of diaspora skills and other resources with priority needs for strengthening resources of health systems in the SANNAM member countries and to develop the key demand and supply side inputs for drafting the Diaspora-resourced Action Plan to be implemented in Phase IV of the project.

The workshop brought together 35 members of the African Diaspora in Canada as well as representatives of partner organizations for the two-day working sessions

Workshop II was designed to develop these deliverables:

- An inventory of resources (people and institutions) within the African Diaspora who are willing and able to become engaged in strengthening health systems in the SADC region.

- A close-to-client-level Action Plan (including milestones and measurable outcomes) that matches health care and other resources within the African Diaspora community in Canada and the USA with SADC member countries’ health system strengthening resource priorities identified in Workshop I.

Participants also drew up a list of actionable recommendations to move the project forward beyond Workshop II (Phase II). One recommendation was to prepare the final draft of the Action Plan for endorsement by SADC’s Governments, Malawi and Zimbabwe, because they are the two countries selected in Workshop I for piloting the Action Plan.

Process
The workshop was held over two days and featured presentations from SANNAM and representatives of Malawi and Zimbabwe. There were also presentations from NSI and SWCHC, as well as the World Bank. After each set of presentations, participants were divided into two discussion groups, which were assigned a set of issues for discussion based upon the presentations. The groups were led by the representatives of Malawi and Zimbabwe respectively. Resource persons were assigned to keep the discussion on track for the next phase.

DAY ONE: Friday, October 15, 2010

1. Overview of the Project: Dr. Rudi Robinson – Project Director and Senior Researcher: Health Systems and Policy, NSI
Dr. Robinson reiterated the importance of the human resource component in the ongoing effort to improve the health sector in SADC countries. He said that the migration of health professionals from Sub-Saharan African to rich countries was a major constraint on the human resource capacity of health systems in this region. The remittances sent back home by the African Diaspora were not sufficient to offset the loss to the health systems of some of its most talented and most experienced health
professionals. Furthermore, the remittances were not flowing directly into the health sector to help finance health projects/programs. He cited a 2006 research survey report by AfricaRecruit, which found that 95 percent of people surveyed in the African Diaspora were willing to go and work in the continent and 100 percent of them would work as short-term consultants. This show of interest among African health and other professionals needs to be tapped. The project intends to do just that, with the beneficiaries being SANNAM and the people served by its network of National Nursing Associations. “The Project must be demand driven not supply driven,” said Dr. Robinson. He reiterated that the main goal for Workshop II was to develop a Diaspora-resourced Action Plan, which would be piloted and implemented on a large scale in other SADC countries. This project would add significant value to efforts in strengthening health care at the “close-to-the client” levels in these countries, especially in the priority areas identified by SANNAM and its network of Nurses Associations during Workshop I.

2. Beyond remittances: Harnessing the human resources potential in the African Diaspora for health systems strengthening in Sub-Saharan Africa: Dr. Kofi Anani, African Diaspora Program, World Bank

In his presentation, Dr. Anani articulated an ambitious course for the project. He said harnessing human resources is very critical to the World Bank, which has done some pilot programs of a similar nature. He urged a practical approach to harnessing health delivery resources from the diaspora by having a global focus on targeted immigrant groups and other people in the countries where they live. In other words, the project should target any professional willing to assist in Africa even if they did not originate from the continent and recruitment should not be restricted to Canada.

He suggested that the recruitment should also extend beyond health workers, as other professionals are essential to meet African needs. These other workers from the diaspora are needed to implement these tasks:

- Enhance the diaspora’s capacity to engage in efficient and effective health service delivery.
- Increase the quantity and quality of diaspora health-system-related investments and businesses.
- Provide or improve an enabling policy environment for utilization of diaspora resources.

To enhance its capacity for efficiency and effectiveness, the diaspora must also do these tasks:

- Nurture the diaspora networks.
- Link to anchor networks and institutions.
- Forge strategic partnerships with multilateral and bilateral donors and organizations.
Dr. Anani said the project should be able to build synergies with other organizations doing similar work. He said the recipient governments will play a key role in enabling a conducive environment for engagement. There is need to secure commitment to establish clear anchor responsibilities of home counterpart institutions for smooth and sustained operations, which need robust co-ordination, management and oversight.

Dr. Anani said the key challenge is for diaspora participants to change from an ad hoc, sporadic and ‘tourist’ mentality to taking a systematic approach, one that is organized and has coherent engagement, leading to reliability and predictability for policy formulation; financing and feasibility of implementing programmes.

3. Overview of SANNAM role in the project: Mr. Philemon Ngomu – Executive Director

SANNAM is the anchor agency for the “demand side” of the Diaspora Giving Back project and, as such, Mr. Ngomu said its main priority is to improve both South-South and North-South co-operation through health and social policies that will enable the project to operate in the SADC region. Mr. Ngomu said there is an urgent need to augment the heavily-depleted human resources in health delivery systems in the SADC region. A special focus is providing sufficient resources to reduce the high mother and child mortality rate, he added. However, challenges facing regional health delivery services are not limited to personnel shortages. There are challenges in accessibility, supplies and infrastructure. He then summarized the objectives of Workshop I, which was hosted by SANNAM in South Africa in November 2009. These were:

i) Identifying priority areas in the SADC region and where diaspora resources will be the most needed. Apart from the obvious need for supplies and health professionals, these included training participants in workplace professionalism and lobbying governments to implement enabling policies.

ii) Improving health workforce and health care delivery and capacity building.

iii) Identifying pilot countries in Malawi and Zimbabwe.

iv) Developing a strategic framework that includes the project’s follow-up phases of which Workshop II is part.

4. Country reports: Constraints

(a) Malawi: National health plans and constraints: Mr. Benson Phiri – Secretary, National Organisation of Nurses and Midwives

Mr. Phiri opened his presentation by outlining the problems facing health delivery in Malawi, a country with a population of 13,931,831. Among other problems, there is a maternity mortality rate of 807 for every 100,000 live births and HIV prevalence is at 12 percent. There were 1.1 physicians for every 100,000 people in 2004 and 36.8 in 2009. Mr. Phiri said health delivery in Malawi faced the following system constraints;
Drugs:
Being frequently out-of-stock of essential drugs with difficulty in securing consistent supplies.

Governance Issues:
Encountering bureaucratic bottlenecks that impact on the provision of health services.

Equipment:
Widespread unavailability and lack of maintenance of essential equipment, from gloves and syringes to surgery equipment.

Human resources:
This is the most problematic area with a 75 percent vacancy rate for nurses. This means one nurse/midwife is doing the work of four. The situation is compounded by little training and no incentives to retain staff.

Policy:
Health workers in Malawi need policies which can be enhanced by education in civil society advocacy. The sector is also in desperate need of essential infrastructure such as: housing and transport systems to make health centres easy to reach.

(b) Zimbabwe: National health plans and constraints: Mr. Simangaliso Mafa–Secretary General, Zimbabwe Nurses Association

Mr. Mafa told the workshop that Zimbabwe’s health delivery problems became more pronounced in the last decade when more than 75 percent of qualified health workers left the country. The massive brain-drain affected almost all areas of the health sector and the country desperately needs assistance from the diaspora to revitalize the sector. Apart from the obvious need for health workers at all levels, Mr. Mafa said there is urgent need for the following:

Training:
There is need for training for top management positions and technical staff as well as research. Structural systems for this are in place. All that is needed are training, including in the use and maintenance of ICTs and other technology.

Funding:
Funds are needed for procurement of everything from skills training to actual sourcing of medications, medical equipment, transportation and ICT systems.

Government Policies:
Having lost most of its trained professionals to other countries, the Zimbabwe government needs to put in place policies that will enable the return of those professionals. In particular, there is a need for Zimbabwe to allow dual citizenship.

5. Country Reports: Responses
(a) African Diaspora: Expertise, skills and other health system strengthening technologies available within the African Diaspora: Mr. Believe Dhliwayo – Vital Hope Support Group

Mr. Dhliwayo said there are skilled professionals among the African Diaspora who are ready to go and work in Africa. The challenge is community networking and mobilization of those
resources. There is also need for personal and community commitment to give back. “‘What is in it for me?’ is an attitude we need to overcome,” said Mr. Dhliwayo, adding that the community needs mentors to instil the ‘giving back’ mindset in its members. It also needs to use information technology and the mass media to network and mobilize support and resources for Africa. He added that the willingness by some funding groups to provide incentives for giving back would attract a lot of interest from the African Diaspora because personal resources were always short.

(b) **SADC:** Government-funded incentives and other policy initiatives to facilitate and promote co-operation in development between SADC countries and their diaspora communities:  
**Mrs. Lebogang Lebese – SADC Health Representative**  
Mrs. Lebese said the main concern of SADC was to ensure the harmonization of policies among its member countries to accept the implementation of the Diaspora Giving Back project and to facilitate it. She said project partners also were required to adhere to policies and regulations of the countries in which they will implement the project. These requirements include ensuring that any resources channelled to the countries through the project — whether human or material — were compatible with regional needs and norms. These norms include not providing expired drugs or unusable equipment. She also said the project would have to be implemented in collaboration with other projects on the ground in each country, including those projects funded by the governments and other benefactors. This is important to avoid duplication or conflicts. The project will also have to adhere to the accountability requirements of SADC member countries.

6. **Working Groups:** Developing an inventory of expertise and other resources within the African Diaspora that will add value to current or planned national efforts  
Following the presentations, the workshop facilitator, Dr. Saar, asked the participants to gather into groups by country to discuss practical ways to get the project off the ground, taking into account Malawi and Zimbabwe's own plans to address the challenges facing their health systems.

**Malawi Group:**  
**Current national plans**  
The group’s leader, Mr. Phiri, told the Malawi discussion group that the government of Malawi, in collaboration with his organization and other groups, has been making an effort to improve the health system. In particular, the government has become quite receptive to lobbying and advocacy for human resource development. As a result, there are minimal but visible improvements in health accessibility. What remains unclear though, is the government’s commitment to monetary incentives for health workers.

**Resources required from the diaspora**
The group agreed that diaspora members need to interest themselves and seek education on Africa’s needs, which include a positive portrayal of the continent and its people. The diaspora can also organize itself into a formal, permanent and goal-oriented force to do these tasks:

- Network and mobilize human resources through a database.
- Fundraise to procure drugs, equipment and other needs.
- Establish a distribution network through the project partners and other agencies.
- Provide technical and logistical support for the implementation component of the project.
- Create and maintain exchange programmes with African counterparts.

(a) Zimbabwe Group:
Current national plans
Mr. Mafa, who led the Zimbabwe discussion group, said the country has a health-sector plan for the period 2010-2014. The overall goal of the plan is to ensure accessibility of health services to all Zimbabweans. Goals being pursued in the strategic plan include the retention of local health workers and the provision of health services within 10 km or less of every citizen. However, these plans are being hampered by inadequate funds and the continued brain drain.

Resources required from the diaspora
After discussion, members of the diaspora identified the following as services they could offer:

- Mobilize, co-ordinate and distribute human and material resources.
- Build a skills database to identify availability of willing professionals.
- Help facilitate link between SANNAM and potential international partners.
- Establish a logistics framework to facilitate engagement from the diaspora.
- Forge alliances with health experts willing to help with efforts of the diaspora.
- Encourage and facilitate research to promote policy review with particular emphasis on policies that enable engagement with the diaspora.

DAY TWO: Saturday, October 16, 2010
1. Recap of Day One
Day Two began with Mr. Ngomu summarizing the proceedings of Day One:

There is a dire need for the African Diaspora to give back to the continent, a need that led to the formation of the Diaspora Giving Back project by the NSI and its partners, SWCHC and SANNAM. The aim of Workshop II is to involve the diaspora in producing a practical Action Plan to implement the five-phase project. There is an overwhelming unity and co-operation that prevailed among the institutional groups and diaspora members who show a willingness to contribute to the success of the project. With that background, Day Two began the important task of producing an Action Plan.

2. Drawing up the Action Plan: Co-ordinated by Dr. Bachir Saar
Mr. Saar divided the participants into two country groups with the representatives from Malawi and Zimbabwe leading the groups whose task was to come up with proposals for the Action Plan (Phase III of the project). The groups were charged with suggesting approaches to the Action Plan framework to shape the Plan’s activity, expected results, indicators, input, budget and timeline.

Group 1 was tasked with looking into the context of the project especially regarding diaspora resource availability, demand requirements and assessing the problem of strengthening the health system. The group was also tasked with identifying challenges that might affect the project and opportunities that would come out of it. Members of the group also had to determine the short-term and long-term goals of the project.

Group 2 was asked to focus on specifications for human, financial, material, information technology and other resources. The group was also tasked with allocation of these resources, including primary and secondary targets, funding and operational relationships between partners and other agencies.

**Group 1:**

**Context**

i) **Priorities: SANNAM’s pressing needs include**

- drugs and small medical supplies
- human resources (nurses and midwives)
- capacity for training and retention
- housing

**Matrix**

ii) **Activity: (Agency responsible)**

- Establish exchange programs with training components (diaspora)
- Create incentives; financial, housing and logistical (NSI and funding partners)
- Draft a human resource development policy (SANNAM and SADC)
- Mobilize the diaspora to get more organized with permanent bases at SWCHC and SANNAM (diaspora)
- Advocate and lobby government to entice the diaspora (SANNAM, SADC)
- Tap into professionals in the diaspora (diaspora)

iii) **Expected Results:**

- Reverse migration of health professionals
- Co-ordinated skills development for those in Africa and abroad
- Improved delivery of health services

iv) **Indicators:**

- Improvement in quantity and quality of services
- Reduced emigration of professionals and increased rate of returnees
- Establishment and sustenance of exchange programmes
- Establishment and sustenance of collaboration among the diaspora, governments and partner organizations

v) **Input:**

Human – Volunteers
– Full time workers
– Part time workers
– On- and off-location technical assistance (Including ICTs)

Financial – funds to implement all aspects of the project

vi) **Budget:**
TBD (by Action Plan committee)

vii) **Timeline:**
**October-December, 2010 (3 months)**
Action Plan should be in place (and approved by all stakeholders), setting the structure, *modus operandi* and the implementing personnel and facilities.

**January-June, 2011 (6 months)**
Securing of funding and setting the project in motion.

**July, 2011-June, 2015 (5 years)**
Implementation of the pilot project in Malawi and Zimbabwe and (if successful) an early extension into other countries will begin.

**Beyond June 2015**
Project to be extended to other SADC countries.

**Group 2: Specifications**

i) **Priorities:**
- Partnership agreements (NSI, SANNAM, SWCHC etc.)
- Structure and governance of the project
- Skills database
- Mobilization, co-ordination and distribution of resources

ii) **Approach and Implementation:**
- Somerset will establish a unit dedicated to the supply side of the project.
- SANNAM will establish a unit dedicated to the supply side of the project.
- The units shall be fully equipped and staffed.
- The two units will integrate their work towards channelling diaspora resources to the recipient countries.
- NSI will co-ordinate the sourcing and distribution of funding.

**3. Discussion on Group Proposals**
In this session, the group proposals were accepted unanimously and the workshop co-ordinators were tasked with putting them into formal recommendations after the workshop.

Further discussions brought out other issues including suggestions that were immediately accepted as the project’s necessary support structures. These were the following:

i) Establish an independent advisory group.

ii) Establish a diaspora committee to retain the services of at least some of the diaspora participants at the workshop.

iii) Create an online forum for the participants to stay in touch.
4. **Closing Remarks: Mr. Hany Besada**

After two days of presentations and discussions, Dr. Robinson closed what everyone agreed was a very successful workshop. Organizers and participants had managed to transition the expectations established in Workshop I, of one year ago, into tangible goals. The seamless conduct of Workshop II had resulted in practical recommendations that would put the implementation phases of the project in motion on schedule. In his closing remarks, Dr. Robinson said that in preparation of Phase III, NSI, SWCHC and SANNAM would work on a funding proposal immediately.

Dr. Robinson’s comments ended Workshop II.

**Section III: TOWARDS PHASE III**

1. **Recommendations of Workshop II**

After the workshop, the organizing committee took time to put the participants' recommendations into a formal list distributed by Dr. Robinson.

1. This project should run for five years, starting with Malawi and Zimbabwe as the two countries selected for pilot implementation of the Action Plan. Where feasible, pilot implementation should be expanded to other SADC countries during the pilot period.

2. The scope of the project should be expanded to include the potential supply of resources within diaspora communities in USA and Europe, respectively.

3. The project should expand the partnership approach to include the World Bank and other development agencies, such as CIDA and IDRC.

4. Preparation of the Action Plan should be informed by the Strategic Framework developed in Workshop I and the supply-side discussion and inputs generated in Workshop II on resources within the diaspora. It should be consistent with existing health system strengthening (HSS) objectives and strategies, health sector policies, and add value to current and planned HSS efforts in the areas targeted for diaspora resource utilization.

5. The Action Plan should be structured to indicate activity, expected results, indicators, inputs, budget, and timeline (short-term: 3-6 months; longer term: 5 years).

6. NSI should remain the lead organization in moving the project forward: It should put together a technical team of six persons with the expertise and experience in Action Plan preparation to prepare the final draft of the Action Plan using the “demand and supply” sides inputs and outputs that Workshops I and II generated. The team should include at least one person from the SADC region, whom the SANNAM Director would recommend. NSI should co-ordinate preparation of the final draft of the Action plan.

7. NSI should co-ordinate the development of a quadrilateral (NSI/SANNAM/SWCHC/WB) funding proposal to mobilize the resources for financing pilot implementation of the Action Plan in Zimbabwe and Malawi, respectively.

8. SANNAM should take the lead in securing SADC’s political commitment for the Action Plan.

9. SANNAM should remain the demand-side anchor organization of the project in implementing the Action Plan. In this regard, SANNAM’s capacity should be strengthened to effectively anchor the project from the demand side.

10. SWCHC should remain the supply-side anchor organization of the project in implementing the Action plan. Implementation of this recommendation may require the establishment of a special unit within SWCHC to give SWCHC greater capacity to effectively anchor the supply side of the project. It is further recommended that this special unit should be headed by a full-time diaspora health professional intimately connected with the project, paid directly under the project, and provided with adequate resources under the project to effectively implement the project from the supply side.

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1 The African Development, WHO, and CODARTS (Holland) are likely to support the project as well.
11. After the initial five-years, the project should be evaluated and assessed with the view of scaling up and replicating it in a number of other SADC countries.

12. There should be an advisory group or Board to oversee and advise on the project during implementation. This group should include one representative from the project’s main beneficiaries in the SADC region and its main stakeholders: SANNAM, SWCHC, NSI, World Bank, the diaspora and funding organizations.

13. Workshop II diaspora participants should consider organizing themselves into an association of African Health and Allied Professionals for, among other reasons, to keep engaged with the process of finalizing the Action Plan and to mobilize diaspora collective support for the project, both within Canada, the USA and Europe.

2. Workshop Evaluation: Co-ordinated by Dr. Saar

Dr. Saar said the evaluation captured the enthusiasm, dedication and satisfaction of Workshop II participants: "It shows great satisfaction in all areas and special feedback on the networking opportunities."

He added that some participants wanted discussions to be more prominent amid the full program and suggested a more regular format for the facilitation and co-facilitation. Everyone felt they were given space to express their view as it was a key objective of the workshop and the inclusive format used in the facilitation. There was good team building and mutual support.

Organization

82 percent of respondents strongly agreed or agreed that the information received prior to the workshop was helpful, while 6 percent had no opinion and 6 percent disagreed.

100 percent strongly agreed or agreed that the meeting was well organized and 100 percent strongly agreed or agreed that the agenda contained the major items considered important.

Information Presented

The graph below shows the evaluation of the following presentations, as they were informative and useful:

a) Beyond Remittances: Harnessing the human resource potential in the African Diaspora for strengthening health systems in Sub-Saharan Africa – Mr. Kofi Anani

b) SADC member countries demand for resources within the African Diaspora to complement efforts to strengthen health systems in SADC member countries – Mr. Philemon Ngomu

c) Expertise, skills, supplies, products and other health system strengthening technologies available within the African Diaspora community in Canada for HSS projects and programs in the SADC region – Mr. Believe Dhliwayo
d) Government-funded incentives and other policy initiatives to facilitate and promote co-operation in development between SADC countries and their diaspora communities – Mrs Lebogang Lebese

e) Malawi: National Health Sector Strategic Plan and Emergency HRH program: A brief overview – Mr. Benson Phiri

f) Zimbabwe: National Health Strategy 2008-17 – Mr. Simangaliso Mafa Simangaliso

g) Experiences and lessons learned from developing and implementing diaspora-resourced Initiatives in Southern African, Latin America and the Caribbean – Ms Rosa Candia

Discussions

70 percent strongly agreed or agreed that the time allowed for clarification questions after each presentation was adequate, 18 percent had no opinion and 12 percent disagreed.

Relevance to the objectives of the Workshop

100 percent of respondents strongly agreed or agreed that the meeting covered the major issues of concern, the information and ideas from the meeting will be useful to draft the work plan and the drawing of the action plan session was helpful. A full 88 percent strongly agreed or agreed that the next steps/action plan from the meeting are realistic for their organization and community and 12 percent had no opinion.

Participation

100 percent said they were able to participate and felt comfortable offering their opinions.

Networking

All participants rated highly the networking opportunities and agreed they had an opportunity to discuss common concerns with participants; the networking they did at this meeting will have a positive impact on their involvement and they will feel comfortable in contacting organizations and other participants in the future.

Facilitation

89 percent strongly agreed or agreed that the facilitator and co-facilitators helped the workshop to run smoothly and productively and 11 percent had no opinion.
Environment
All strongly agreed or agreed that the facilities were supportive of an effective meeting.

3. Conclusion
What makes any project succeed (whether it be political, business or social), is its human aspect. As long as there is chemistry among the people involved in anything, it is bound to succeed. Unity of purpose was quickly established among the participants of Workshop II such that it seamlessly met its goals:

i) bringing together members of the diaspora to ponder and consider ways to give back to Africa,
ii) drawing up an Action Plan for the project to commence.

As I prepared this report, the three project partners, NSI, SWCHC AND SANNAM, were in the process of forming a six-member technical team to put the Action Plan framework into motion in time and with the commitment to move the project forward.

However, looking ahead, the successes of both Workshops I and II can only be guaranteed once the Action Plan is set in motion and work begins on sourcing funds and setting up a project structure with a permanent office, staff and a mandate to harness the resources of the diaspora for the strengthening of health delivery systems in SADC countries.
# APPENDIX

## 1. List of Workshop II Participants

<table>
<thead>
<tr>
<th>Names</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Kofi Anani</td>
<td>World Bank</td>
</tr>
<tr>
<td>Dr. Eva Jarawan</td>
<td>World Bank</td>
</tr>
<tr>
<td>Dr. Marie-Gloriosie Ingabire</td>
<td>IDRC</td>
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<tr>
<td>Ann Weston</td>
<td>IDRC</td>
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<tr>
<td>Dr. Loredana Marchetti</td>
<td>IDRC</td>
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<tr>
<td>Mr. Yunus Lubega</td>
<td>CIDA</td>
</tr>
<tr>
<td>Hany Besada</td>
<td>NSI</td>
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<tr>
<td>Jane Maxwell</td>
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<tr>
<td>Joe Ingram</td>
<td>NSI</td>
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<tr>
<td>Ambassador F. Chideya</td>
<td>Zimbabwe Embassy</td>
</tr>
<tr>
<td>Bornway M. Chiripanhura</td>
<td>Zimbabwe Embassy</td>
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<tr>
<td>Lebogang Lebese</td>
<td>SADC, Botswana</td>
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<tr>
<td>Benson Phiri</td>
<td>NNA, Malawi</td>
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<tr>
<td>Simangaliso Mafa</td>
<td>NNA, Zimbabwe</td>
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<tr>
<td>Chantelle Vernon</td>
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<tr>
<td>Fatimmatou Barry</td>
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<tr>
<td>Dorothy Attakorra-Gyan</td>
<td>Mississauga</td>
</tr>
<tr>
<td>Marvelous Muchenje</td>
<td>Toronto</td>
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<tr>
<td>Precious Maseko</td>
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<tr>
<td>Believe Dhlwayo</td>
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<td>Eric Peters</td>
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<td>Sibhekinkosi Mhlanga-Moore</td>
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<td>Jeff Msangi</td>
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<td>Paulina Tshuma</td>
<td>York</td>
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<td>Joel Morupi</td>
<td>St. Catherine</td>
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<td>Cassandra Eberhart</td>
<td>Kingston</td>
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<tr>
<td>Lynette Tobin</td>
<td>St. Catherine</td>
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<tr>
<td>Jane Karago-Odongo</td>
<td>Kitchener</td>
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<tr>
<td>Mercy Nleya-Ncube</td>
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<tr>
<td>Innocent Madawo</td>
<td>Ajax</td>
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<tr>
<td>Zanini Phakathi</td>
<td>Toronto</td>
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<td>Fatima Omaru</td>
<td>Windsor</td>
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<td>Linah Chirmanzi</td>
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<tr>
<td>Edward (Eddie) Phuzo Naming’ona</td>
<td>Washington</td>
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<tr>
<td>Irene Mlambo</td>
<td>SWCHC</td>
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<td>Gloria Zhou</td>
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<td>Philemon Ngomu</td>
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<td>Angie Chihuri</td>
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<td>Jack McCarthy</td>
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<td>Eugene Williams</td>
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<td>Rudi Robinson</td>
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<tr>
<td>Dr. Bachir Saar</td>
<td>Ottawa</td>
</tr>
<tr>
<td>Gilbert Winham</td>
<td>NSI</td>
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</tbody>
</table>
3. Workshop Pictures

Irene Mlambo – Workshop organizer

Participants

Joe Ingram - NSI

Dr. Eva Jarawan – World Bank

**Innocent Madawo** is a journalist with more than 20 years experience covering business and political news in Africa, Europe and Canada where he has written columns for the Toronto Globe and Mail, among other publications. Madawo is currently an award-winning student of International Relations and Economics at York University in Toronto.