It’s a grim scenario repeated across Africa: there are clinics without drugs, operating rooms without electricity and doctors and nurses without salaries. Africa’s health care systems are crumbling, failing the people they serve, despite years of attempts to help.

There have been innumerable efforts to change that desperate situation, from small-scale health sector reforms, to increased aid, all the way to global health initiatives like the increased focus on maternal and infant health care announced by G8 leaders in Toronto last June.

The North-South Institute (NSI) is working on an innovative project designed to bring a special resource into the picture: health professionals who have emigrated from Africa. Through a project called “The Diaspora Giving Back: Strengthening Health Care Systems in Sub-Saharan Africa”, these professionals will have the opportunity to share their expertise, experience and commitment where it’s needed most.

The project brings NSI together with organizations in Southern Africa and Canada to develop opportunities for health professionals to return to Africa for short-term work assignments. Once there, these members of the African Diaspora will share their knowledge, to help strengthen national health systems. Working with African colleagues, they will draw on the expertise they acquired in Africa and built on in Canada. Together, they will increase the capacity of health-system employees at every level — from community clinics to ministry planning offices — to do their jobs more effectively.
NSI is Canada’s leading independent think tank dedicated to policy-relevant research for development. Giving Back evolved from work being done by the Institute’s Dr. Rudi Robinson on the migration of health professionals from African countries. And, it fits within NSI’s mandate of doing practical research that improves people’s lives in the developing world by influencing policies and practices.

The Giving Back project is already underway, launched with a workshop held in November, 2009, in South Africa, which brought Canadian groups together with participants representing organizations from across Southern Africa.

The goal of Workshop I was to identify the needs and priorities of Southern African health care systems that members of the African Diaspora in Canada could help with. As well, participants developed a framework for mobilizing the Diaspora and coordinating their work with Southern African countries and the health organizations in them.

The final steps to prepare for Workshop II, planned for Ottawa in October, 2010, were to choose two countries as pilot sites and agree on a statement of goals and recommendations on how to achieve them. Malawi and Zimbabwe were selected as the places where the project will be tested, so it can be evaluated and, if necessary, modified before being expanded to other countries. The recommendations (with indicators to measure accomplishment) are included in the box below.

For Dr. Robinson, Giving Back represents an opportunity to strengthen health care systems by harnessing the African Diaspora’s expertise and it is a perfect example of putting research into practice. Indeed, it was his research for NSI on the “brain drain” of health professionals that sent him seeking for a way to apply his findings into a project to strengthen health systems that have lost so many vital human resources.

The statistics contained in Dr. Robinson’s research are disturbing. Ten out of the 15 countries in the Southern African Development Community

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**Goal:** To engage the African Diaspora in Canada to strengthen health systems in Southern Africa.

Members of the Diaspora will work with African colleagues to increase the capacity of nurses and midwives to deliver a more comprehensive response to HIV/AIDS, tuberculosis, malaria and other health care challenges. Where and how the Diaspora will work is to be based on recommendations and requests from people in each country’s own health system, channeled through a coordinating centre at SANNAM.

The Diaspora Giving Back: Strengthening Health Care Systems in Sub-Saharan Africa

**Objectives**

1. **Create a coordinating unit**
   Because of its ties to national nursing associations throughout Sub-Saharan Africa, SANNAM is the natural home for the project’s coordinating unit. Links to frontline nurses throughout the region are essential for identifying where members of the Diaspora are most needed and they are the best place for deciding how to match Diasporan skills with demand.

2. **Sustain meaningful involvement**
   All the collaborators in the project will work together to put the action plan from the workshops into effect, to establish a system allowing continuing, meaningful opportunities for members of the Diaspora to help strengthen Southern African health systems.

3. **Build calls for support**
   Some countries have resisted working with members of the Diaspora, who may be seen as disloyal or outsiders. Participants at Workshop I agreed that national nursing associations need to increase their skill at lobbying governments to take advantage of the benefits the Giving Back project will offer.

**Strategies**

1. **Establish a coordinating unit for the project**
   Responsibility: SANNAM
   Indicators:
   i) Unit coordinator recruited
   ii) Basic website for the project set up
   iii) Database of Diaspora resources created
have seen more than a third of their physicians emigrate (in Mozambique it is 75 per cent; in Zimbabwe, 51 per cent). Almost half have lost more than 10 per cent of their nurses — including 63 per cent of nurses in Mauritius, and 24 per cent in Zimbabwe.

These, of course, are the same countries most devastated by HIV/AIDS, all of them in desperate need of strengthening their faltering health care systems. In 2007, the region was home to 88 per cent of people living with HIV around the world, and 92 per cent of deaths from AIDS took place there. Sub-Saharan Africa has 3 per cent of the world’s health workers, but 24 per cent of the global burden of disease.

It is increasingly understood that change in Africa will not be achieved by outsiders coming in with a preconceived notion of where the problems are and how they should be fixed. That is why Dr. Robinson is working in collaboration with authoritative local organizations — principally the Southern African Network of Nurses and Midwives (SANNAM). It is also why NSI, SANNAM and their collaborators, while focused on the Millennium Development Goals1, worked to ensure Workshop I would have members of the Southern African Development Community — the “demand side” — determine the priority areas in health care the project would aim to strengthen.

“One of the participants said that what really sparked the motivation and dynamism at the workshop was that they [Africans] are in the driver’s seat,” Dr. Robinson says. “They are tired of people coming in and telling them what they need.”

2. Set up an advisory board to guide the project implementation and evaluation
Responsibility: SANNAM and partners
Indicators:
   i) Advisory board appointed
   ii) Terms of reference adopted
   iii) Implementation plan for first phase adopted

3. Marketing and operation of project in individual Southern African countries
Responsibility: national nursing associations and SANNAM
Indicators:
   i) Requests for participation by members of the Diaspora, measured by SANNAM

4. Monitoring the use, acceptance and effects of the project in different countries
Responsibility: NSI, SANNAM, nursing associations
Indicators:
   i) Requests for support from Diaspora from local nurses, measured by SANNAM
   ii) Preparation of an inventory of needs and resources, to match participants

5. Mobilizing financial support for the project
Responsibility: NSI, SANNAM, partners
Indicators:
   i) Funding for the pilot projects
   ii) Development of financial policies to ensure good governance
   iii) Regular financial reports, submitted on time

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1 The Eight Millennium Development Goals are:
1. to eradicate extreme poverty and hunger;
2. to achieve universal primary education;
3. to promote gender equality and empower women;
4. to reduce child mortality;
5. to improve maternal health;
6. to combat HIV/AIDS, malaria, and other diseases;
7. to ensure environmental sustainability; and
8. to develop a global partnership for development.
countries, he says, value Giving Back’s emphasis on strengthening their systems, rather than telling them to dismantle what they have and start again.

Workshop participants recognized the needs of Southern Africa’s health systems do not end with a shortage of doctors and nurses. Other professionals from the Diaspora — from information technology specialists to administrators and policy makers — also have skills essential for strengthening these systems.

The plan being developed for Giving Back will cover five years, with the October workshop taking the important preparatory step of developing an inventory of people and institutions in the African Diaspora that would like to be involved, and by establishing milestones and measurable outcomes for matching Diaspora health care resources with priority problems.

Dr. Robinson is excited by the possibilities of Giving Back, and finds others are, too. “It presents a solution to a problem rather than presenting a problem needing a solution,” he says, quoting one project enthusiast.

Mazwita Irene Mlambo, a strategy worker in African and Caribbean HIV Prevention, is on staff at the Somerset West Community Health Centre in Ottawa, which is co-organizing the second workshop with NSI. She attended the Pretoria meeting, and is very excited by the prospect of being part of that solution. She is not alone in that, she says.

“People in the Diaspora want to be part of where they came from … What better way to give back than in terms of your professionalism?”

Ms Mlambo describes the plan to coordinate a steady supply of African professionals now living in Canada with the people and organizations that need them most in Africa as an “enriched” form of helping. It should have, she says, a much greater impact than sending money or coming for a visit with a suitcase full of medical supplies — useful, but ultimately of limited benefit.

“You want to be more than just a financial asset when you have so much in terms of education and experience,” she explains.

Following Workshop II and agreement on a final plan of action, NSI and its project partners will seek the endorsement of the South African Development Community, particularly the governments of Malawi and Zimbabwe, in order to implement Giving Back. Additional funding will also be sought. Learn more about the project and stay posted on developments by going to www.nsi-ins.ca and following the research link.