

# POLICY BRIEF

## Improving Health Systems with the South Sudanese Diaspora: An Alternative Model for International Development?

UN Photo/Tim McKulka

The provision of health care services will be one of South Sudan's starkest challenges in the coming years and success will be an important benchmark for the new country's social development progress. The majority of South Sudanese currently do not have access to health care. With an under-five mortality rate of 106 per 1,000 live births (UNICEF 2012), South Sudan compares poorly to the global average of 60 per 1,000. Its maternal mortality rate, at 2,054 deaths per 100,000 live births (UNICEF 2012), is by far the highest in the world. It is not surprising, then, that a recent poll saw South Sudanese deem that access to health care should be the Government of South Sudan's number one priority (International Republican Institute and Pechter Polls 2011, 19).

To improve these indicators, the government will first need to address the lack of human resources in the health sector, and across basic services generally. During the Sudanese civil war (1983–2005), four million people were displaced, 1.5 million of them fleeing as refugees to neighbouring countries or farther afield. An estimated two million were killed in the violence. This has resulted in a shortage of skilled professionals throughout South Sudan, particularly in rural areas.

While outmigration has taken a huge toll on South Sudan,<sup>1</sup> for some, South Sudan's independence on July 9, 2011, holds the promise of diaspora return. Between 2005 and 2009, an estimated 1.9 million Southerners returned to their home communities following the signing of the Comprehensive Peace Agreement (IOM 2009, 3).<sup>2</sup> Since independence, numbers have risen even more sharply. Of the nearly four million voters in South Sudan's independence referendum, 60,219 registered to vote abroad—including in Australia, Canada,<sup>3</sup> Egypt, Ethiopia, Kenya, Uganda, the United Kingdom,

1 Outmigration has been correlated with low health worker-to-patient ratios, high student-faculty ratios, and state-owned enterprise failure (World Bank 2007, 3). In fragile and conflict-affected states, internal migration (from unsafe to safer areas) also distorts the functioning of, and access to, local health services (WHO 2006, 34). For an in-depth analysis of the social, economic, and financial costs of outmigration, see OECD (2007).

2 This number includes returnees from the north, returnees from neighbouring states, and south-south movements (including the internally displaced).

3 Between 30,000 and 35,000 South Sudanese reside in Canada, forging important socio-economic, political, and cultural links between the two countries (Majur Major, Embassy of South Sudan to Canada, personal communication, March 30, 2012).

This policy brief explores how the South Sudanese diaspora could be mobilized to support strengthening health care delivery in South Sudan.

It outlines opportunities, identifies challenges, and makes recommendations for how to benefit from engaging with the diaspora.

**Internally displaced person outside Yambio Civil Hospital in South Sudan.**



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**Professionals provide training in needed skills to a wider pool of staff members, resulting in multiplier effects.**

and the United States (European Union Election Observer Mission 2011, 28)—which indicates a strong interest among diaspora members in maintaining ties with their country of origin. Even when permanent return is not an option, there is anecdotal evidence from Canadian bureaucrats and non-governmental organizations that the South Sudanese diaspora residing in Canada is interested in participating in development projects and work opportunities in South Sudan (Julia Calder and Joe Goodings, Canadian International Development Agency, personal communication, February 21, 2012; Lynne Leblanc, World University Service of Canada, personal communication, April 10, 2012).

Should the Government of South Sudan and international donors encourage greater contributions from the diaspora at this important juncture in South Sudan's history? This policy option has many likely benefits, such as innovative aid programming, but it also poses risks, particularly to the safety of diaspora members.

### **Diaspora Engagement: A Means of Enhancing “Development”?**

“Diaspora engagement”<sup>4</sup> has become a popular term in policy circles. The African Union has recognized the African diaspora as Africa's sixth region, the World Bank has an African Diaspora Program, and the African Development Bank has called for “mainstreaming diaspora contributions in development frameworks,” (AfDB 2011, 22). Many observers see the diaspora's increased involvement in development efforts as a valuable alternative to the often-ineffective and non-participatory “traditional development policies” (Ionescu 2006). International financial institutions and donors are moving the diaspora agenda away from an earlier emphasis on investing remittances<sup>5</sup> in knowledge and skills transfers. The United Nations Development Programme (UNDP), through its program Transfer of Knowledge through Expatriate Nationals (TOKTEN),<sup>6</sup>

<sup>4</sup> Diaspora engagement means broadly independent contributions by diaspora members, as well as donor or government-led efforts to harness diaspora contributions, for development purposes in an individual's country of origin. Contributions can be both financial and non-financial.

<sup>5</sup> Remittances—private funds channelled to family and relatives in countries of origin—continue to provide significant income to much of the world's poor. They are Africa's largest source of net foreign inflows after foreign direct investment—these flows have quadrupled since 1990. In 2010 alone, the US\$40 billion that diaspora members sent to Africa represented 2.6 percent of the continent's gross domestic product (Ratha et al. 2011, 4).

<sup>6</sup> The program deploys skilled expatriate professionals to their countries of origin—including in fragile and conflict-affected states—for short-term placements in the public, non-profit, and private sectors. (AfDB 2011).

presents diaspora engagement as a cost-effective means of providing technical assistance to developing countries. At minimum, governments hope to mitigate the harmful effects of brain drain.

The “Lost Boys of Sudan,” a small group of young refugees who fled during the civil war, illustrate some of the benefits of diaspora return. Beginning in 1986, Cuba (followed by other countries) offered them financial support to pursue education at Cuban schools and universities. Since the end of the war, some have returned to South Sudan to apply their skills or provide urgently needed services to the less fortunate (Farajallah and Garrett 2007). Many of them trained as physicians and are filling gaps in the health system (Eisenkraft 2008). This demonstrates the strength of refugees' ties to their home lands. It also is evidence that public policy can be crafted to scale up development efforts when human resources are scarce.

### **Gaps in Policy versus Practice**

While it is unclear how many initiatives are targeting health needs, policies that engage the diaspora are already being implemented in South Sudan. In November 2011, the Ministry of Labour, Public Service and Human Resource Development launched a recruitment database listing skilled personnel—including diaspora members—in an attempt to match the right people with vacant positions in the new government (HTSPE 2011). A joint African Union/UNDP program plans to mobilize 1,000 technical experts to fill vacancies in public institutions (Kameir 2011, 29).

Some donors have long been engaged in programming that targets the diasporas of fragile states. Funded by the United Kingdom's Department for International Development, Skills for Southern Sudan, an organization established in the United Kingdom by Southern Sudanese refugees but now based in Juba, has been organizing public service training programs since 1995. In 2007–08 alone, it trained more than 500 civil servants (Walton 2011, 3). Programs to strengthen public services including health, like Migration for Development in Africa, have been implemented by the International Organization for Migration in other conflict-affected states, such as Burundi, the Democratic Republic of the Congo, and Sierra Leone.

Programs like these identify skilled professionals to fill temporary human resource gaps and get basic government services up and running. These professionals provide training in needed skills to a wider pool of staff members, resulting in multiplier effects. Nowhere is the need for service delivery and training more urgent



**Young patient receives treatment in South Sudan hospital.**

than in South Sudan. Diaspora contributions—even if temporary—hold significant potential to improve immediate service delivery and, in some cases, save lives. In return, diaspora members are

reconnected with their home country, where many wish to make sustained impacts.

Still, diaspora engagement is not without both practical and ethical constraints. First, it may prove logistically difficult to mobilize health professionals to relocate to South Sudan in order to participate in a program. Studies show that diaspora members are more likely to voluntarily return to their country of origin when there has been a demonstrable improvement in conditions and formal frameworks governing the movement of health workers exist (Blouin and Debnath 2011, 102–03). Neither of these conditions appears to be present in South Sudan.

Second, South Sudan may not have the capacity to absorb professionals' knowledge and skills. Weak governments usually lack systems for the collection and analysis of data, making skills matching and long-term planning difficult. In some fragile states with return programs, diaspora members' presence has given rise to resentment among local staff (Partnership for Democratic Governance 2010). Moreover, there are many unanswered questions. Do these members' knowledge and skills feed into processes that support long-term development or are they Band-Aid solutions? Ethically, how appropriate is it to set up channels for them to return to countries like South Sudan where there are ongoing security risks? Do they participate in the design and implementation of programs that affect them?

### Recommendations Moving Forward

Despite increasing enthusiasm for diaspora engagement in South Sudan, expectations may be inflated. On one hand, the Government of South Sudan and donors could buttress the country's development efforts by supporting diaspora-related initiatives. Indeed, diaspora participation has the potential to add value to existing aid programming. On the other hand, it would be prudent to evaluate previous diaspora engagement efforts rather than jumping to the conclusion that diaspora engagement yields better results. Regrettably, there has been little work on evaluating diaspora engagement policies (Ionescu 2006).

Is diaspora engagement an alternative model for development? Not necessarily. It is not a quick solution to long term human resource problems. Yet it presents one more useful element in the development toolkit. The conundrum for governments is how to explore that potential. With better and more systematic information, questions about how to support what works best could be tackled. In the longer term, governments would do well to attempt to incorporate diaspora engagement into institutional frameworks, which would identify where diaspora members' skills are most needed and not needed.

If the South Sudanese and Canadian governments opt to support diaspora engagement in strengthening health care systems, the following recommendations should be considered:

- South Sudanese embassies should consult diaspora associations to identify how the Government of South Sudan can support diaspora members' current engagement with South Sudan and where and under which circumstances potential engagement might be facilitated to meet short- and medium-term human resource gaps;
- donors and aid agencies should invest in building organizational capacity in essential sectors, particularly health, at national and state levels, including the capacity to collect, organize, and analyze data in order to identify human resource needs in a systematic and ongoing manner; and
- South Sudan and donors should discuss experiences related to diaspora engagement and lessons learned in the health sector and, where possible, establish institutional focal points for such exchanges. ☉

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