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Home Sweet Home:
The Potential of Diaspora Engagements in the Health Sector of
Zambia

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Abstract

As a country that faces consequences from the emigration of skilled professionals, Zambia must tap into the potential of its diaspora members. This paper provides a case study of the current diaspora engagements in the health sector and the need for a formalized diaspora engagement policy. The methods for the study include a literature review with a brief analysis of the diaspora policies in India and Ghana; interviews with diaspora members as well as relevant stakeholders in Zambia; and a survey to learn more about the Zambians currently living abroad. While our research has found there to be many diaspora engagements currently happening in Zambia, most of the engagements are conducted informally. This lack of a formal structure as well as other factors causes there to be various barriers which prevent diaspora engagement from reaching its full potential. Going forward, our recommendations suggest the creation of a formalized diaspora policy to encourage engagement, keep the diaspora connected to their home country and further the development of Zambia.

Abbreviations

ASU - Appalachian State University

AU - African Union

AZFTD - Association of Zambian Foreign Trained Doctors

AZNUK - Association of Zambian Nurses UK

BU - Boston University

GHIC - Ghana Investment Promotion Center

HPCZ - Health Professions Council of Zambia

IMF - International Monetary Fund

IOM - International Organization for Migration

MCDMCH - Ministry of Community Development, Mother and Child Health

MCTI - Ministry of Commerce, Trade and Industry

MIDA - Migration for Development in Africa

MoFA - Ministry of Foreign Affairs

MoH - Ministry of Health

MoU - Memorandum of Understanding

PMRC - Policy Monitoring and Research Center

RDAZ - Resident Doctors Association of Zambia

ROPAA - Representation of People Amendment Act

SAIPAR - Southern African Institute for Policy and Research

SAP - Structural Adjustment Program

SSA - Sub-Saharan Africa

UNZA - University of Zambia

UTH - University Teaching Hospital

WHO - World Health Organization

ZADNEX - Zambia Diaspora Nexus

ZGF - Zambian Governance Foundation

Introduction

Migration has been a central part to creating Zambia into the diverse country it is today. According to the World Bank Factbook, Zambia has about 231.2 thousand emigrants which makes up 1.5 percent of the population (World Bank, 2016). While the rate of skilled migration is low in Zambia compared to other African countries, Zambia is largely affected by the emigration of people due to the majority of emigrants being tertiary educated (World Bank, 2016). Emigration causes human resource shortages in all sectors, a problem known as the brain drain. The health sector is one of the sectors which faces the harshest consequences from the brain drain due to healthcare worker shortages. While the brain drain in Zambia has slowed down in recent years, the country is still working towards reversing its consequences.

Diaspora engagement can be used as a national asset for Zambia to remedy this human resource loss. The diaspora is defined as people who have left their homeland to move abroad, but still maintain connections with their home country (Kaunda, 2013). Diaspora members have a unique advantage compared to foreigners offering international aid because they have a connection to their home in Zambia and are familiar with the languages and culture. Zambia has gained financial, social and population benefits through the diaspora engagements currently happening. However, all of these engagements have been informal because Zambia does not have a formalized diaspora policy. This can be problematic because it is challenging to track diaspora members as well as learn about diaspora engagements since they are not formally documented. Additionally, there are many barriers for Zambians abroad to engage in development initiatives. Our paper aims to provide a case study on the current engagements in the health sector to prove the value of diaspora engagement. This paper will also analyze the barriers for engagement and make recommendations to better tap into the potential of the diaspora.

This report will proceed in several different parts. First, the report will provide background information on the migration profile of Zambia, the history of the diaspora engagement and the benefits and challenges to engagement. Additionally, a brief analysis on the diaspora policies of Ghana and India is described to understand the benefits of having a formalized policy. Next, the methodology will outline the steps taken to conduct this research which include a series of informal interviews with relevant stakeholders and a survey sent out to members of the diaspora. Following the methods, the findings section will present the survey results as well as the current diaspora engagements in the health sector and the barriers to these engagements. Finally, the paper will conclude with considerations for strengthening further diaspora engagement.

Background

What is the Diaspora?

The diaspora is broadly defined by the International Organization for Migration (IOM) as “members of ethnic and national communities, who have left, but maintain links with, their homelands” (Aikins & White, 2011). The diaspora population can be broken up into several different categories to better understand the types of people in the diaspora (Aikins & White, 2011):

- ❖ Lived Diaspora - individuals born in the home country who now live permanently or temporarily in another country
- ❖ Ancestral Diaspora - individuals who are second or third generation diaspora members
- ❖ Returning Diaspora - individuals who have returned to the home country after living in another country

Understanding who consists of the diaspora is important as it allows Zambia to tap into the potential of the diaspora members. Instead of viewing migration as a loss of skills and workers, Zambia should utilize diaspora engagement as a way of inputting resources back into the workforce. However, in order to do this, a diaspora strategy should be utilized. A diaspora strategy is “an explicit and systematic policy initiative or series of policy initiatives aimed at developing and managing relationships between homelands and diasporic populations” (Aikins & White, 2011).

Zambia’s Migration Profile

The migration profile can be used to better understand the members of the diaspora. As mentioned in the introduction, Zambia has about 231.2 thousand emigrants which makes up 1.5 percent of the population (World Bank, 2016). The top destinations for migrants include South Africa, Malawi, United Kingdom, Zimbabwe, Botswana, Tanzania, The United States of America, Namibia, Australia, and Mozambique (World Bank, 2016).

While the rate of emigration is low in Zambia compared to other African countries, Zambia’s emigration of tertiary educated individuals is very high. This level of education is defined as completing a post-secondary education at a university, trade school, or college (World Bank, 2016). Zambia is in the top 20 countries with the greatest number of tertiary educated people emigrating. The emigration rate for the tertiary educated is approximately

35 times greater than the rate for the secondary educated, compared to other African countries which have a rate below 10 (Amin & Mattoo, 2007). This has been very detrimental to the labor market in Zambia, especially the health sector. A more in-depth description of these problems will be provided in the sections below.

Brain Drain

The outward flow of Zambians, particularly in recent decades, has come at a cost...The outward flow of professionals in critical sectors such as health and education on has not only created a sizeable human resources gap, but also deprived the country of returns from its investment in educating them.” -Ngoza Chilonga Muntahali, Diaspora Liaison Office

The problem Muntahali is referring to above is commonly known as the “brain drain problem” which is affecting Zambia. The brain drain is defined as a series of international migrations of skilled professionals to areas deemed more favorable, including rural to urban areas and less developed to more developed countries within the developing world. The brain drain can be divided into two different categories: those who are educated in Africa and then move abroad to work and those who move abroad for education and decide to permanently stay (Shinn, 2008). Brain drain is not a problem specific to Zambia; many African nations have experienced both types of brain drain in the last three decades (Shinn, 2008).

This section will focus on the brain drain problem in the context of the health sector. In 2011, the percentage of nurses born in Zambia who migrated to other countries was 9.2% while the percentage of medical doctors trained in Zambia who have emigrated was 24.7% (World Bank, 2011). The health sector is one of the most affected sectors in Zambia by the emigration of skilled professionals as such losses further exacerbate the burdens of the already understaffed health facilities.

It is critical to apprehend the factors which drive the brain drain to better understand how diaspora engagements can help remedy these losses. There are many factors to consider including social, economic, and political reasons. These factors are considered to be either push or pull factors. Push factors cause skilled professionals to want to emigrate from their home country. These include poor economies or political instability. Conversely, pull factors are the attractions which draw skilled professionals to other countries. These include attractions such as educational opportunities and job security (Shinn, 2008). For the health sector specifically, the issue of brain drain can be traced back to the Structural Adjustment Programs (SAPs) introduced in the early 1980s to promote growth. However, the current climate can be explained by a 2006 study which found the major push and pull

factors influencing Zambian health professionals to emigrate include low salaries, poor working conditions and the potential of an overseas education (Lusale, 2007).

A large part of health professionals leaving the country can be directly traced to the SAPs introduced by the International Monetary Fund (IMF) in the early 1980s. Coupled with the deterioration of the economy and better opportunities in Namibia and Botswana, the SAPs worsened the brain drain of Zambian health care professionals. The program's objective was to revitalize the economy and promote growth in the Sub-Saharan African (SSA) nations. One of key components of the program was reducing the overstaffed government institutions in the SSA nations. Instead of promoting growth and revitalizing the economy, the policy made the economies worse (Kalipeni, Semu & Mbilizi, 2012). In response to the SAPs, the Zambian government offered early retirement to many nurses and doctors which instead resulted in health professionals leaving the nation and settling into countries like Botswana, Namibia, South Africa and the United Kingdom.¹ This led to serious consequences in the health sector due to the mass human resource deficits which led hospitals and clinics to be understaffed. At the same time, the health professionals who stayed in Zambia become overworked and eventually burnt out from working in these understaffed facilities while being inadequately compensated for their services. The SAPs further exacerbated the human resources crisis as the government was not able to invest in its healthcare infrastructure or in training more healthcare professionals which made it difficult to retain its trained healthcare professionals (Kalipeni, Semu & Mbilizi, 2012). In the last decade, various measures have been instituted to retain the health professionals in the country which has helped slow down the brain drain.² However, the Zambian health sector still continues to recover from the early consequences of the mass brain drain.

Health professionals in Zambia do not earn anywhere near as much as health professionals in other parts of the world. For example, the average doctor in Zambia might make around \$20,000 USD per year while the average doctor in the United Kingdom makes \$100,000 USD per year (Schatz, 2008). Additionally, the government fails to sufficiently allocate money required to fund the doctors in the health system. Within the past year, almost 200 doctors went without pay for seven months. At the same time, most doctors are not receiving adequate pay based on their credentials. Dr. Mupeta, President of the Zambian Medical Association, contended that such treatment of the health professionals is “tantamount to abuse of employees” (Mupeta, 2018).

In order to compensate for the low salaries in Zambia, medical professionals often work more than one job to supplement their income. Common second jobs range from working at private clinics to working in a different sector altogether (Schatz, 2008). However, in

¹ Personal communication with representative 1 from UNZA

² Personal communication with representative 2 from UNZA

May 2018, the Zambian Government issued a circular which banned public health workers from working in the private sector. The government claimed health workers were spending too much time in the private health sector and neglecting their jobs in the public sector (Mupeta, 2018). This ban caused an uproar from doctors who argued they had to have these second jobs to support themselves, and further, there are no laws which prohibit them from practicing in public and private sectors. The Zambian Medical Association also stated that restricting doctors to public practices will deny patients in the private sector from services (Mupeta, 2018). Ultimately, this ban was the breaking point for doctors as they felt underappreciated and mistreated by the government. Finally, after this strong pushback from doctors, the government rescinded the ban within a week (Tembo, 2018). This scenario is a representation of the frustration health professionals face due to their inadequate salaries and the lack of government support.

Working conditions are often unsatisfactory in many health settings. Medical professionals complain of being under-resourced and technologically behind (Lusale, 2007). It can be challenging and frustrating for healthcare workers to treat patients if they do not have the appropriate supplies and technology.³ Additionally, healthcare workers often report an overbearing workload due to staff shortages. They have to work long hours to overcompensate for the lack of human resources (Lusale, 2007). Finally, the cleanliness of the facility is an important factor in the health setting. For example, health care workers fear they may become sick when working in facilities where there are patients with infectious diseases or HIV/AIDS if the facility is not properly cleaned and maintained (Physicians for Human Rights, 2004).

Before even beginning to enter the health sector and face the working conditions, many Zambians decide to migrate for a better education. According to the 2014 Midterm Review of the Health Sector, there is a lack of adequate production of health professionals in Zambia (MOH & MCDMCH, 2015). This is attributed to the few training facilities and their limited capacities. There is not enough funding for the training facilities which causes them to lack essential infrastructure including learning spaces such as lecture halls and laboratories as well as living spaces such as hostels and accommodations for the staff. Additionally, there are not enough trained staffs to operate the training facility (MOH & MCDMCH, 2015). All of these shortcomings have led to later consequences in the health sector.

Consequences of Brain Drain

³ Personal communication with representative from AZFTD

Due to the many factors which discourage Zambian health professionals from practicing in country, Zambia's health sector suffers from the loss of human resources. As mentioned in above sections, the health sector is facing a shortage of healthcare workers. The 2014 Midterm Review of the Health Sector data showed that there were 0.83 doctors per 10,000 population and 7.03 nurses per 10,000 population. In total, Zambia only had 10.99 core health workers (doctors, clinical officers, midwives and nurses) per 10,000 population which is much less than the WHO recommended number of 23 core health workers per 10,000 population (MOH & MCDMCH, 2015). This shortage of healthcare workers is detrimental to the health of the population as patients cannot be treated with the best quality of care.

Additionally, the brain drain causes a lack of skilled professionals to carry out medical training, supervision and research. This directly affects the healthcare workers who are still in Zambia as they are not able to be adequately trained and supervised in their respective fields. The emigration of skilled professionals can hinder the cycle of professional mentorship and training. Further, the loss of supervisors can cause health systems to underperform due to a lack of leadership and discipline within the facility. Mentors and supervisors are considered to be the highest trained professionals which means if all of the tertiary educated professionals are emigrating from Zambia, there is a clear loss of knowledge and leadership (Kyambalesa, 2017).

Benefits of Diaspora Engagement

While it is clear migration can have many consequences, Zambia can still find ways to gain back some of these losses by channeling the potential of the diaspora members. Diaspora engagements allow the resources of Zambians abroad to be utilized. The Policy Monitoring and Research Center identifies three main categories of benefits which can be contributed by the diaspora members to the home country: financial, social, and population (Kaunda, 2013). Financial benefits consist of money being put into the Zambian economy. The influx of funds happens through several channels including investments, tourism, and remittances. Social benefits include both knowledge transfers and international influences. Knowledge transfers are important for research and new technology. International influences can help to build global connections as well as spread Zambian culture. Population benefits include immigration and circulatory migration benefits. Immigration and circulatory migration will help to increase the number of skilled professionals returning to Zambia as well as circulate Zambian workers through the global labor market.

Challenges Engaging with Diaspora Members

While diaspora engagement can be extremely beneficial, there are various challenges that can prevent such initiatives. Zambia faces challenges in engaging the diaspora members and the diaspora members face challenges in participating in engagements. This section will focus on the barriers Zambia faces when trying to engage the diaspora. The barriers for participating in engagement will be addressed in the findings section.

The biggest challenge in engaging with diaspora members is understanding where they are currently living. The Zambian Department of Immigration keeps data on the number of entries and exits of Zambians in the country, however, this data is unreliable because it is manually compiled and not always updated (Diaspora Liaison Office, 2011). Additionally, the data only covers migration trends from recent years which makes it challenging to understand past migration trends (Diaspora Liaison Office, 2011).

Other challenges include communicating with the diaspora and keeping them engaged. Effective communication requires people/organizations in Zambia to contact Zambians abroad to inform them about ongoing projects as well as provide updates to these projects. Currently, there is no successful method for this type of continued communication with diaspora members. Further, members in the diaspora must be engaged in such projects to make implementation possible as well as provide sustainable structures for the projects to succeed. Engagement and sustainability are challenging aspects of diaspora engagements because members of the diaspora must want to take part in the projects and there must be adequate funding and resources to actually carry out the projects (Kaunda, 2013).

History of Diaspora Policy in Zambia

With its motto of “One Zambia, One nation”, Zambia has ramped up its efforts within the last decade to formulate a diaspora policy to encourage Zambians to help other Zambians. In 2008, the Zambian government hosted an “indaba”, a national consultative meeting, with diaspora members to find ways of engagement between the Zambian government and these Zambians abroad (Mukanga, 2015). Two years after this meeting, the IOM and the Zambian Government collaborated to launch an online survey targeting the diaspora members to understand their views, interests and concerns on playing a role in the national development of Zambia. However, despite a move towards identifying and gathering data on the diaspora members, there was a lack of mobilization towards actual formulation of a diaspora engagement policy. In 2012, the African Union (AU) held the first ever Global Diaspora Summit in Johannesburg, South Africa which mandated the AU member states to formulate a diaspora policy. With the intention of harnessing the financial and social benefits of the diaspora members for national development, Zambia revised its foreign policy in 2014 which placed an emphasis on “economic diplomacy over political one” (Mukanga, 2015). In 2015, the Minister of Foreign Affairs, Harry Kalaba, announced the government would take necessary steps to formulate a diaspora policy

which would specify the terms of engagement and collaboration between the Zambian Government and the Zambian diaspora. He committed to launch the policy document by the third quarter of 2015 (Zambia, 2015).

Despite the rapid movement at the start of President Lungu's administration towards formulation of a diaspora policy, the status of the policy remains unknown to the general public. However, in an interview with a senior government official, we were made aware a diaspora policy has been approved by the cabinet and is in the next stage of being published. The policy is set to be formally launched by President Lungu in either August or September of 2018.⁴

It is also important to note that in 2016 a major stride was made by Zambia regarding diaspora engagement. In January 2016, Zambia amended its constitution to allow its citizens to gain dual citizenship. This means the Zambians who hold citizenship of different nations can now keep their Zambian citizenship as well. Individuals who forfeited their Zambian citizenship can re-apply for a Zambian citizenship. A senior government official at the Ministry of Foreign Affairs (MoFA) acknowledged that dual citizenship is a reciprocal process meaning the other nations must also recognize the person's Zambian citizenship. In order to avoid situations where the other country does not recognize dual citizenship, the Zambian government is considering instituting resident cards similar to the Overseas Citizen of India cards developed by India. This would allow the Zambian government to continue to remain engaged with its diaspora members even if they are not citizens. Together, this new dual citizenship advantage in combination with the soon-to-be launched diaspora policy could significantly change how diaspora members contribute to the national development of Zambia.

Lessons from Countries with a Formalized Diaspora Policy

Zambia's African counterparts like Nigeria, Ghana and Kenya in addition to other countries such as India have significantly reaped the benefits of a formal diaspora policy. These nations have seen a significant economic and social benefits through the engagement with their diaspora. Their diaspora members continue to return back to utilize their skills in aiding the development of their home country. Thus, in this section we have chosen two countries, Ghana and India, as examples of countries with a formalized diaspora policy. The goal of this section is to understand the impact of a formalized structure, especially in regards to diaspora engagements in the health sector.

India

⁴ Personal communication with senior government official

With the intent of driving growth and investment, India has vigorously invested in its diaspora members through various policies and programs in the past three decades. Around the globe, the Indian diaspora are seen as highly regarded doctors, scientists, entrepreneurs, technologists and business owners. Some even hold offices and positions of power in government institutions. The Indian diaspora engagement policies have had a positive impact on the overall national and social development of India. These policies have also particularly benefited the health sector in India.

Healthcare Diaspora

One of the big success stories that changed the healthcare landscape India is the establishment of India's first corporate hospital, Apollo Hospital. The hospital was founded by Dr. Pratap Reddy, a US trained cardiac surgeon ("How Apollo Hospitals", 2018). Today, Apollo Hospital is one of the biggest hospital groups in the world and is regarded as one of the finest medical care providers in Asia. Starting with a small 150-bedded hospital in 1983, the company has since expanded to 57 hospitals both nationally and internationally and has served approximately 40 million patients from 120 countries. It is the first hospital in India to receive the prestigious JCI accreditation. Dr. Reddy is also responsible for bringing regulatory changes to licensing including standards for accreditation of Indian hospitals and organ transplantation. Apollo hospitals are one of the leading hospitals on organ transplantation (ISfTeH, 2018). Today, along with the Apollo group, many of the top accredited hospitals in India including the Global Hospital and the Fortis Hospitals either have been founded or are currently run by diaspora members (Ranjan, 2015). All of these hospitals are examples of successful diaspora engagements which have been made possible through India's investment in its diaspora members.

Additionally, the development in the private health sector in the last three decades can also be linked to the efforts of diaspora members. The development led by diaspora members especially in the private health sector has resulted in a booming medical tourism industry. To capitalize on the growing demand, the Government of India has formalized the process by introducing a medical tourism visa and visas on arrival for medical patients. The country currently attracts patients from all over the world. This lucrative market has enticed diaspora members to return to work in India for the financial benefits and improved working conditions. This return of skilled professionals has contributed largely in reversing the consequences of the brain drain that India had previously suffered.

Ghana

In an interview with a senior government official, we were made aware that Ghana was one of the countries Zambia looked into when formulating its diaspora policy.⁵ The Ghanaian government have successfully introduced various programs and policies to effectively engage with its diaspora. Bilateral agreements with other nations which allow diaspora members to be engaged with the political process in Ghana as well as other projects have allowed the Ghanaian diaspora members to connect with their home country. Passage of the Dual Citizenship Regulation Act and the Representation of People Amendment Act (ROPAA) allows diaspora members to be involved in Ghana's electoral process and the constitutional review, respectively. This has resulted in increased participation of diaspora members in the home affairs of Ghana. Further, programs like the Ghana Opportunity Network and Ghana Investment Promotion Centre (GIPC) have been established to channel the investment in Ghana (Awembila & Joseph, 2014).

Healthcare Diaspora

As for the health sector, the IOM and Ghanaian MoH collaborated on a brain gain initiative known as Migration for Development in Africa (MIDA) Ghana Health Project which sought to bring in health professionals from the diaspora to work in Ghana on a temporary basis (Awembila & Joseph, 2015). The objective of the program was to use the resources of the diaspora members to strengthen the health system and improve human resource capacity in the Ghanaian health sector (IOM, n.d.). The program successfully facilitated the return of over 150 health professionals to Ghana on a temporary basis (Awembila & Joseph, 2015). The MIDA project has been one of the most successful programs in engaging the diaspora members and utilizing them to make a positive impact in the health system of Ghana.

Another health sector initiative involving diaspora members is The Mental Foundation of Ghana, an association based in Australia, which assists the psychiatric hospitals by providing training and workshops to Ghanaian practitioners. Further, physicians and surgeons in the diaspora have also contributed to health sector development by establishing scholarships for Ghanaian counterparts and providing telemedicine support (Abot, 2015). It is evident from the MIDA project along with other diaspora initiatives that diaspora members can have a serious impact in social development and improving the health sector if they are engaged by their host country.

What can Zambia learn?

It is clear from the two countries described above that investing in a formal diaspora policy allows the host nation to utilize the skills of the diaspora members and bring positive changes, especially in the health sector. In both cases, the diaspora members have taken the

⁵ Personal communication with senior government official

lead to solve some of the issues facing their home nation. In India, the highly skilled diaspora members changed the landscape of the Indian health sector by providing cutting-edge health services and creating an entire industry of medical tourism. Meanwhile, in Ghana, policies which specifically target health professionals in the diaspora proved to be successful in addressing the human resource crisis of Ghanaian the health sector. Zambia is no different; it has highly qualified diaspora members and at the same time faces a significant human resource crisis in its health sector. Thus, Zambia should recognize from these countries that utilizing its diaspora members through formalized programs can be useful in addressing some of the issues in the health sector as well as overall national development. Hence, Zambia should mobilize resources to formalize a diaspora policy with clear rules of engagement between the government and its diaspora members.

Methodology

In order to learn more about the Zambian diaspora and the diaspora engagements in the health sector, we conducted a literature review, interviewed relevant stakeholders, and created and disseminated a survey to Zambians living abroad. All components of this research were in collaboration with the Southern African Institute for Policy and Research (SAIPAR) and the Zambian Governance Foundation (ZGF). The literature review consisted of information on the history of diaspora engagement in Zambia and the current migration profile as well as the benefits and challenges to diaspora engagement. Journal articles were reviewed to understand the consequences of migration on the health sector and problems due to the shortage of healthcare workers in Zambia. A brief analysis was also conducted on the diaspora engagement policies in both India and Ghana to understand the importance of a formalized diaspora policy.

Interviews were conducted with 13 relevant stakeholders including healthcare workers in the diaspora, healthcare workers in Zambia and policy makers. Stakeholders were contacted either through email or phone call. Interviews were conducted both in person and over the phone, depending on the location of the interviewee. A range of stakeholders were interviewed including representatives from the Ministry of Foreign Affairs (MOFA), University of Zambia School of Medicine, Resident Doctors Association of Zambians (RDAZ), Ministry of Commerce, Trade and Industry (MCTI), Association of Zambian Nurses UK (AZNUK), Ministry of Health (MOH), University Teaching Hospital (UTH) and others. Handwritten notes were taken during all of the interviews and several of the interviews were recorded upon receiving permission from the person being interviewed. In the interest of protecting the anonymity of the interviewees, their names have not been used in this paper. The data gathered from the interviews is presented in the findings section to understand both the benefits and challenges of diaspora engagements in the health sector in addition to providing recommendations for further diaspora participation.

A Survey Monkey survey was utilized to gain a better understanding of the location of the diaspora members as well as their interests in engaging in future development projects in Zambia. The online survey comprised of total of 22 questions and could be completed within 5 minutes. The exact survey questions can be found in *Appendix B*. The survey link was distributed through email, Facebook messages and ZGF's social media platforms and its weekly newsletter. The recipients were found through various sources including Facebook pages of Zambian Associations around the world, stakeholder interviews and ZGF's partner organizations. The identity of survey respondents was kept anonymous. The data was analyzed using Survey Monkey and interpreted through charts and graphs.

This qualitative field research was conducted during June and July of 2018 in Lusaka, Zambia.

Findings

This section will describe the findings from our survey as well as provide an overview of the diaspora engagements in the health sector. The survey results were used to help us gain a better understanding of the current giving trends of diaspora members and their interests in participating in future engagement projects. The health sector findings provide examples of diaspora engagements that are currently happening in Zambia. The examples are used to understand the benefits of diaspora engagements as well as provide insights into the barriers to engagement.

Survey Results

This survey provided a better understanding of the giving spirit of Zambians living abroad as well as their interests in participating in future development projects. In order to understand the current philanthropy activity of participants, we asked respondents if they are involved in any philanthropy efforts in Zambia. Survey results showed that 50% of respondents are involved in philanthropy. Additionally, most respondents answered they provide financial support to certain people/organizations in Zambia through informal channels. Over 80% of respondents send money to immediate family members and 67.5% send money to extended family members. People also send money to friends, community organizations and churches. Only 10% of people said they did not send money to Zambia. These results show the giving spirit of Zambians abroad. This giving spirit can be used as a benefit to diaspora engagement by channeling the financial resources needed for development projects.

In terms of interests in development projects, the top three causes respondents are most interested in supporting include: Education, Health Care Provision, and Women's Associations. The breakdown of the results can be seen in *Appendix C*. Understanding these preferences is important for creating engagement opportunities that will both appeal to and align with the interests of diaspora members. Additionally, we found it interesting to see health care provision ranked within the top three priority causes for members of the diaspora as our paper focused on engagement in the health sector. This result seems promising to us as we have already seen many diaspora led engagements taking place in the health sector through our fieldwork. Further, knowing there is interest in this field shows the potential for even more engagements to happen in the future.

Benefits of Diaspora Engagements in the Health Sector

"In order to reverse the shortage of nurses in Zambia, we who left the country should be able to actually put something back." - Representative from AZNUK

As found through our survey results and stakeholder interviews, health care provision is one of the main areas of interest for the diaspora members. While emigration of health workers creates challenges in the health sector due to the loss of human resources, the health sector can still benefit from workers in the diaspora through many different ways. Zambians living abroad are highly attractive skilled workers as they already understand the Zambian systems and are familiar with the local cultures and languages. Thus, diaspora members who return to Zambia for work can be easily integrated into their respective fields. This gives diaspora members a unique advantage compared to other international workers. Additionally, our research has shown that members of the diaspora feel connected to Zambia as their home and are passionate about giving back. A quote describing this connection is as follows:

"We feel obliged, our association feels that we need to provide a platform where we should be able to support nurses by mentoring them, by looking at patient pathways, looking at career pathways, things like that." -Representative from AZNUK

In this section, the report will describe the benefits which members of the diaspora can bring to the health sector through various engagement initiatives. The health sector benefits through various channels including knowledge and skills transfers, social benefits, financial benefits and population benefits. The information presented was found through interviews with various health professionals both in Zambia and abroad.

Knowledge Transfers

Knowledge transfers are critical to bridging the gaps in the health sector. Members of the diaspora each have different educational and professional backgrounds compared to medical professionals in Zambia. This provides an opportunity for each party to learn from the other. The three major types of knowledge transfers discovered through our research are teaching and training, medical education and health systems strengthening. Increased knowledge in each of these areas proves to be an asset to the health sector in various ways.

Training

One of the challenges the Zambian health sector faces is the lack of specialty trained doctors. Since specialties are lacking, patients must seek care in these specialty fields abroad. Those who cannot afford to receive treatment abroad either learn to cope with their illness or simply lose their lives. For example, Zambia is lacking heart specialists which means that any patient needing heart treatment must receive care abroad. Recently to remedy this problem, the MoH purchased state of the art equipment to build a catheterization laboratory at the University Teaching Hospital (UTH). However, a lack of cardiothoracic surgeons and other health care professionals has led the lab to be deserted for more than two years.⁶ In order to prevent problems like this from happening, Zambian health specialists abroad can use their resources to help train Zambian doctors in various specialties. The methods of training can range from a knowledge transfer through research papers or telemedicine support to a skills transfer through hands-on training.⁷

A similar type of knowledge transfer is already being implemented in Zambia by The Association of Zambian Nurses UK (AZNUK). One of the objectives of the Association is to “create a platform to exchange knowledge and skills”.⁸ Currently, AZNUK is in the early stages of implementing a project to support a renal dialysis unit in Ndola, Zambia. As first steps of the project, the Association is hosting doctors from Zambia in the United Kingdom to show them the renal care unit there. This will allow the Zambian doctors to understand the types of equipment and space required for such units.⁹ The creation of this unit in Zambia will be beneficial to the health sector as it fulfills one of the specialty areas that is lacking. However, once the unit is constructed, there must be continued engagements to train Zambians to work in this type of specialty field.

Medical Education

⁶ Personal communication with representative from UNZA School of Medicine

⁷ Personal communication with representative from AZFTD

⁸ Personal communication with representative from AZNUK

⁹ Personal communication with representative from AZNUK

Another challenge in the health sector is the insufficient medical training in Zambia.¹⁰ Thus, medical students benefit through learning from the highly educated diaspora. Our research findings have come across different ways which diaspora members have been educating medical students. First, several Zambian medical professionals from Europe have come to guest lecture at the medical schools in Zambia.¹¹ There have also been diaspora members who have helped with curriculum and exam development at the medical schools.¹² Second, Zambian medical professionals living abroad come to Zambia to teach hands-on skills to professionals in the hospital.¹³ Third, health exchange programs are being implemented through various universities abroad which allow Zambian medical students to go for training and then return home to work in Zambia.¹⁴ These types of exchange programs are made possible through the coordination efforts of diaspora members.¹⁵ Finally, some medical students have mentors abroad with whom they conduct research. At the UNZA School of Medicine, there are currently students conducting research with advisors in the USA.¹⁶ Each of these opportunities for medical students to gain more knowledge and experience are investments which will pay off once the students graduate and are working professionals in the health sector.

Health Systems Strengthening

The health sector can also benefit from the knowledge and skills of Zambians who have been trained and/or have worked in destination countries. Because professionals in the diaspora have high levels of skills and extensive experience working with other health systems, they are able to transfer their knowledge to help improve the Zambian health sector based on the guidelines of other countries. For example, the AZNUK is beginning a project to improve the nursing ward at UTH. Zambian nurses practicing in the UK are working with the nurse director in Lusaka to create a nursing ward at UTH based on the UK standards. The Zambian nurses in the UK will help to create guidelines for training and management procedures. If the model ward works for UTH, AZNUK will continue this project at other hospitals in Zambia.¹⁷ This type of knowledge transfer is a method for health systems strengthening because improving the standards of medical facilities and practices will allow for better quality of care.

Social Benefits

¹⁰ Personal communication with representative from BU and UTH

¹¹ Personal communication with representative from UNZA School of Medicine

¹² Personal communication with representative from BU and UTH

¹³ Personal communication with representative from RDAZ

¹⁴ Personal communication with representative from AZNUK

¹⁵ Personal communication with representative from UNZA School of Medicine

¹⁶ Personal communication with representative from UNZA School of Medicine

¹⁷ Personal communication with representative from AZNUK

The social aspect of diaspora engagement allows Zambia to get involved in the global conversation on health. As shown above, Zambia can largely benefit from having counterparts all over the world. Diaspora engagements can help to make these connections. The specific social benefits discussed in this section include forming international connections and partnerships as well as gaining a larger national presence.

Partnerships

International partnerships are important for encouraging collaborations between health professionals with a variety of skills. Much of the knowledge and skills transfers mentioned above are made possible because of partnerships.¹⁸ One example of a collaboration project is between a university in the United States and a teaching hospital in Zambia. A Zambian professor from Appalachian State University is spearheading the process of initiating collaboration between Levy Mwanawasa University Teaching Hospital and health institutions in the USA and South Africa. These collaborations will involve bringing medical, basic sciences and health school professors, residents and medical students to Levy for teaching, seminar presentations, research and technology transfers. The professor commented on the potential of this project saying, “These collaborations will hopefully improve the overall quality of health delivery in Zambia.”¹⁹ This project would not have been possible without the initiation of the Zambian professor in the diaspora to form this partnership.

Global Presence

Zambians in the diaspora can also add Zambia into the global conversation on health problems. For example, a Zambian doctor from the UTH went to work abroad in Italy. There he was talking to his counterparts about the challenges Zambia faces in ensuring surgical procedures are safe. After this conversation, some of his coworkers decided to come to Zambia to perform several surgeries.²⁰ The doctors who came to perform the surgeries were not Zambians themselves, but this is still considered to be a type of diaspora engagement because they would not have come to Zambia or known about these problems if it was not for the Zambian doctor. This is just one example of the benefits of gaining a global presence. It shows that having Zambians working in all parts of the world can encourage more support for Zambia.

¹⁸ Personal communication with representative from MOH

¹⁹ Personal communication with representative from ASU

²⁰ Personal communication with representative from AZFTD

Financial Benefits

An integral part of diaspora engagements are the financial benefits which the diaspora members can bring to their host nation. One of our stakeholders returned to Zambia with the aim of opening a business which channels the financial resources of the Zambian diaspora and invests them in projects in Zambia. The individual is currently working with Zambians in the diaspora to fund a low-end health insurance scheme that deals with basic health needs. His hope is that the insurance will prevent Zambians from waiting until they are extremely sick to go to the hospital and also promote overall population health.²¹ Such initiatives by diaspora members are bringing in capital into Zambia and promoting economic growth.

Further, diaspora members who are citizens or permanent residents in their destination countries have the ability to access or apply for funds/grants in their country of residence. Such grants can be used to initiate health focused research projects in Zambia.²² Thus, encouraging the diaspora to tap into such resources is key.

Population Benefits

A large part of diaspora engagement efforts include recruiting diaspora members to return home. The diaspora members are highly sought after due to their education and work experiences. If Zambians in the diaspora return home either permanently or temporarily, they can add more skills and labor into the workforce. Specifically, the health sector hugely benefits from the return of medical professionals because these workers help to fill the gaps caused by healthcare worker shortages.²³ Even if Zambians abroad only return to Zambia for a short period of time to engage in some form of work, it still considered to be a population benefit.²⁴ The benefits not only come from having more workers in country, but also from having professionals engage in work globally. These engagements can assist in knowledge transfers in addition to spreading Zambian culture and influence.

Barriers to Diaspora Engagement

Diaspora engagement efforts have proved to be impactful in the health sector. Even when diaspora members return to Zambia for a short period, they have a large impact on the lives of Zambians either through medical camps, workshops, lectures or as informal

²¹ Personal communication with representative from ZADNEX

²² Personal communication with representative from RDAZ

²³ Personal communication with representative 2 from UNZA

²⁴ Personal communication with representative from MCTI

consultants. However, these engagements are not always easy. In fact, our research has found there to be many barriers to diaspora engagement. These barriers range from a variety of factors including person constraints to systematic challenges. This section will describe each of these barriers in hopes of gaining a better understanding of them in order to improve future diaspora engagements.

Time and Money

The majority of the informal diaspora engagement projects are completed on a voluntary basis. This means participants dedicate their hard earned free time to such engagements with no compensation for their efforts. Some full-time working professionals may not even have free time to dedicate to these projects.²⁵ Further, Zambia's culture puts an emphasis on family life which means that people are more likely to fulfill their free time with their family responsibilities rather than diaspora engagement projects.²⁶

Some diaspora engagement projects also require Zambians to return to Zambia for a certain period of time. In order to do this, participants must take time off from their careers. This is not feasible for many people as they cannot go without pay or do not have enough vacation days.²⁷ There are also many fees attached to the cost of travel and accommodations in country. These fees either must be paid by the individual visiting or the host organization. Additionally, for diaspora engagement in the health sector, another added barrier is the cost of the registration fees for a valid medical license in Zambia. The Health Professions Council of Zambia (HPCZ), an association responsible for licensing, has recently increased this fee from 3,000 ZMK to 15,000 ZMK.²⁸ This sharp increase in cost has made it harder for organizations to host diaspora members which discourages them from engaging in hands-on work in Zambia.²⁹ This fee must be paid regardless of the length of time the person is staying, and it must be renewed annually if the person will be practicing medicine in Zambia for more than one year at a time. This poses as a significant barrier because it deters the participation of Zambians abroad from returning to Zambia.³⁰

Funding

Diaspora engagement projects require funds to be both implemented and sustained. One of the biggest challenges to informal engagements is there is no structure to sustain projects

²⁵ Personal communication with representative from RDAZ

²⁶ Personal communication with representative from MCTI

²⁷ Personal communication with nursing student in the diaspora

²⁸ Personal communication with returned diaspora member

²⁹ Personal communication with representative from UNZA School of Medicine

³⁰ Personal communication with returned diaspora member

once members of the diaspora either complete their stay in Zambia or finish their implementation efforts. Additionally, once initial funding runs out, many projects are left behind or aborted because of the lack of funding needed to proceed. For example, in an interview with a medical researcher, the researcher explained many research projects remain incomplete once the grant ends.³¹ This is problematic because the research no longer goes to use because the project was left uncompleted. However, if there was a system to help renew grants or give the project to a new researcher than this time and work would not go to waste.

Additionally, funding is needed for accommodations and compensation for the members of the diaspora who are coming temporarily to work in Zambia. One of the main barriers listed above is that these people are not able to go without pay for the time they are in Zambia or are not able to pay for the travel costs. In order to remedy these problems and provide incentives for people to come, the host organization in Zambia should pay for these costs. For example, when Zambians abroad come to guest lecture at the UNZA School of Medicine, they are provided with a place to stay and given a stipend for their travel needs in country.³² By providing these funds, it not only incentives members of the diaspora to return, but it also makes it financially possible.

Communication Channels

In order for diaspora projects to be carried out, members of the diaspora must communicate with relevant stakeholders in Zambia. For example, if a policy change was to be made in the health sector, the MoH must be contacted. It is challenging for Zambians abroad to gain contact with the appropriate people and convince those people to help with their project.³³ There is often no focal contact which means it usually takes many tries before reaching the right person. Additionally, even if these people are reached, Zambians abroad still may face resistance towards starting new projects as well as setbacks which discourage them from continuing on with their project.³⁴

Returning to Zambia

The diaspora members face many challenges when deciding to return home for work. Most people are reluctant to move back to Zambia because they do not want to leave their family members or the life they have built behind.³⁵ Beyond this, moving to Zambia means

³¹ Personal communication with representative from RDAZ

³² Personal communication with representative from UNZA School of Medicine

³³ Personal communication with returned diaspora member

³⁴ Personal communication with representative from AZFTD

³⁵ Personal communication with representative from MCTI

starting over in terms of finding a new job. Specifically in the health sector this can be challenging due to the highly political process of becoming employed by the MoH. For example, a diaspora member who held several top ranking positions during their career in UK, remained jobless for 18 months upon returning to Zambia. That period of joblessness depleted both their savings and confidence. Additionally, the individual contended that people viewed their qualifications and experience as a “threat”. The individual eventually accepted a position much lower for someone of their credentials which was a difficult adjustment.³⁶ This represents the ground reality for even those diaspora members who come back with a wealth of knowledge and expertise.

Another challenge when returning home for work is that many of the skills and qualifications professionals gain abroad are not transferable.³⁷ In the health sector, there are only basic job positions because of the limited resources. This makes it harder for Zambians to follow the same career paths they had abroad which can be frustrating and even a reason to return back to their destination country.

Expectations of the Diaspora

It is important to realize while the diaspora is educated and have much to contribute, they should be aware of the expectations with which they enter Zambia. While diaspora members are attractive workers due to their understanding of Zambian culture and language, they must not forget there are certain cultures and customs of work that are markedly different from those abroad. As noted during two of our stakeholder interviews, diaspora members get frustrated quickly in Zambia as they look for similar work environments as abroad.³⁸ Many diaspora members have even returned to Zambia only to return back to their host country because of these frustrations. They must be willing to adapt to these different environments in Zambia if they want to succeed.

Research Implications

Through our research we have learned that the diaspora members have the skills, knowledge and financial capacity to aid the development of Zambia. Further, the diaspora members are eager and willing to participate in engagement projects. However, various barriers have prevented sustainable diaspora initiatives in Zambia from taking place. Thus, we have created a list of suggestions to address some of the barriers and harness the

³⁶ Personal communication with returned diaspora member

³⁷ Personal communication with representative 1 from UNZA

³⁸ Personal communication with returned diaspora member and representative 1 from UNZA

benefits from successful diaspora engagements. These recommendations should be understood within the limitations of our study.

Recommendation 1: Implement a Formalized Structure for Diaspora Engagement

Through a comparative policy analysis of India and Ghana, we see the power of investing in diaspora members and the need for a formalized structure to do this. There are no established structures to facilitate diaspora engagements or to make the process simple for Zambians abroad to engage. Through our literature review and stakeholder interviews, it is evident that Zambia has highly qualified health professionals including doctors, nurses and researchers, among others in the diaspora. It is vital that the government sets up a structure which can lure these professionals to be of aid to the Zambian health sector.

Recommendation 2: Create Structure for Absorbing and Promoting the Return of Skilled Workers

There is currently no structure for absorbing and promoting the return of skilled workers. As mentioned earlier in our paper, one of the issues in the Zambian health sector is the lack of specialized health professionals. However, even when specialists come to practice in Zambia, the MoH is often unable to give them a job. An interviewee shared that when a highly qualified Zambian cardiothoracic surgeon returned to Zambia, the MoH was unable to employ the surgeon.³⁹ Such instances are huge setbacks for the entire health sector especially when there are large gaps in specialty fields. This is just one example of the many stories we encountered of highly qualified professionals coming back to Zambia only to return home frustrated and disappointed.

Further, if a qualified health professional is interested in returning to Zambia, they must complete many steps before they are allowed to practice. Even once the required steps are complete, it is often still a long waiting process before the MoH is actually able to offer a job to the candidate.⁴⁰ It is frustrating for professionals to return to Zambia only to be unemployed. The government and the MoH should work to make it easier for these health professionals to practice in Zambia without having to navigate through extreme bureaucracies and long waiting times. One way to do this would be through signing a Memorandum of Understanding (MoU) with other nations to recognize the degrees of skilled professionals upon return to Zambia. This would encourage diaspora members to work in Zambia as they can easily be integrated into the system.

³⁹ Personal communication with representative from UNZA School of Medicine

⁴⁰ Personal communication with representative from AZFTD

Recommendation 3: Form Clear Communication Channels

One of the challenges to initiating and implementing diaspora engagement projects is the lack of clear communication channels. Diaspora members are unable to communicate with the relevant people needed to move forward with such engagement projects. In order to improve communication and prevent frustration, clear communication channels must be set up. Establishing diaspora engagement offices overseas can be a highly effective mode of communication. These overseas offices would be connected to a designated diaspora engagement office in Zambia. These offices can assist diaspora members with information regarding opportunities for employment and investment along with facilitating diaspora engagement projects. The office can also provide an online platform as a way of supplying information and connecting with other diaspora members. Overall, the offices should aim to provide fast and easy communication with the members of the diaspora for any of their queries or requests.

Recommendation 4: Institute Mechanism for Tracking the Diaspora

While conducting our research, we found a lack of cohesive and comprehensive data on Zambians abroad. This is problematic because Zambia cannot utilize the potential of Zambians abroad if they do not know where they are located or how to communicate with them. Thus, we recommend the government invest in a better tracking mechanism for migration. The comprehensive data on the diaspora members should be placed in a centralized database to provide easy access for future references. The data should also be updated on a regular basis to track the movement of diaspora members. This data will allow the government to more easily effectively implement a diaspora policy, create channels of robust communication and tap into the power and potential of diaspora.

A centralized information system will also be helpful for the health sector as there are many health professionals in the diaspora. The creation of an online portal for health professionals with voluntary registration could be a good way for health professionals in Zambia to connect with those abroad. The portal would be used as a think tank for sharing ideas as well as a platform for networking and collaboration amongst the Zambian diaspora members in the health profession around the globe. This mechanism will not only aid in tracking the healthcare professionals in the diaspora but also act as a channel for communication and knowledge transfer.

Recommendation 5: Build a Sense of Belonging and Pride

"We must generate purpose around a sense of belonging." -Representative from MCTI

Pride and a sense of belonging motivates diaspora members to be involved with their home country. For example, in India, there is growing sense of belonging and patriotism within the diaspora members which stems from initiatives such as the annual conferences to the “Know India” program (Ranjan, 2015). During the annual India diaspora conference, India gives out awards for its eminent diaspora personalities (Ranjan, 2015). These awards help to promote a sense of pride as well as provide incentives for diaspora members to get involved in engagement initiatives. Zambia should take similar steps to invest in promoting avenues that cultivate patriotism within its first and second generation diaspora members. The act passed by Zambian government to provide dual citizenship is a step in the right direction. The next step would be to involve the diaspora members in politics, the economy and the social development of Zambia.

Recommendation 6: Incentivize Diaspora Engagement

For diaspora engagement initiatives to be sustainable and successful, both Zambia and the members of diaspora must mutually benefit from such engagements. Our research has shown Zambia gains extensive benefits from the current diaspora engagements, however, we were unable to find many benefits for the diaspora members. Because of this, we suggest Zambia create incentives to encourage further diaspora engagements. One way of incentivizing diaspora members could be through providing recognition and monetary rewards to the diaspora led projects that have been effective. This would not only incentivize diaspora members to continue their efforts but also increase a sense of belonging and appreciation amongst the diaspora members as mentioned above. Providing accommodation and compensation could also be an incentive for diaspora members as majority of the projects are self-funded. Regardless of the type of incentive Zambia decides to implement, any incentive will be beneficial in ensuring the diaspora members get involved with engagement projects.

Recommendation 7: Engage with the Diaspora Regularly

When the former President of Zambia visited Cambridge University, he urged the diaspora members in the UK to return home and use their skills to further the development of Zambia. Inspired and motivated by this speech, one of our interviewees returned to Zambia.⁴¹ This example shows the power of recruiting the diaspora members as they do want to give back to their home country. Thus, the Zambian government must be proactive in engaging diaspora members both in their country of residence as well in Zambia. Regular engagement can happen through a variety of ways. Some potential ideas include hosting annual diaspora conferences, visiting and speaking with diaspora members and fostering a

⁴¹ Personal communication with returned diaspora member

strong connection between proposed diaspora offices and Zambian associations abroad. It is important to listen and act on the suggestions diaspora members present as it will build trust and a sense of importance among them. This will show diaspora members that their skills and expertise are wanted as part of the development efforts in Zambia.

Conclusion

Our research has shown that members of the diaspora are highly qualified, well trained and have a wealth of experience in their respective fields. Additionally, Zambians abroad have demonstrated both a giving spirit and interest in giving back to Zambia. Thus, it is imperative for Zambia to tap into the potential of the Zambians abroad to put their resources to use. Specifically in the health sector, the brain drain of health professionals has left severe gaps in the health system of Zambia. Members of the diaspora can help to fill these gaps through many channels including knowledge transfers, financial benefits, social connections and relocation back to Zambia.

While diaspora engagements can be extremely beneficial to Zambia, this type of engagement is not always easy. There are barriers to motivating the diaspora members to participate in these projects. Additionally, even if diaspora members want to participate, there are many barriers to their participation including time commitments, funding issues, lack of communication channels and challenges to relocation. All of these challenges have prevented Zambia from gaining the full potential of the diaspora members.

After understanding these barriers, we have created a list of suggestions for furthering future diaspora engagements. The first issue that must be addressed is the lack of a formalized engagement policy. If there is a policy to clearly define the terms of engagement between the Zambian government and the Zambians abroad, it would help to facilitate engagement between both parties. Additionally, we suggest incentivizing and engaging the diaspora members through recognitions and financial compensation. However, it is also important to create an environment in Zambia which attracts diaspora members to return. This is especially important in the health sector where it is vital that the government continues to work towards increasing the health workforce, improving the working conditions and providing opportunities for advancement in academics and careers for health professionals. This will encourage diaspora members to return to work in the health sector as well as participate in engagements which can play a big role in aiding the overall development of the Zambian health sector.

To conclude, engaging diaspora members is time consuming and challenging, but the engagements can provide great benefits to Zambia. As shown through the examples of Ghana and India, a formalized diaspora policy can lead to overwhelmingly positive results. Thus, it is our hope that the soon-to-be launched diaspora policy in Zambia will harness the potential and power of diaspora members in aiding the development of Zambia as well as converting the brain drain of the health sector into a brain regain.

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Appendix

Appendix A- Study Limitations

While we were able to gather data on the Zambian diaspora and the types of diaspora engagements occurring in the health sector, there were some limitations to our research. Our research was conducted under a short time frame of two months which restricted us as to how many stakeholders we could interview. Also, due to travel constraints, all of our interviews took place in or nearby Lusaka. Thus, we were not able to investigate the diaspora engagement projects in other regions of Zambia.

Additionally, there is very little research and data on the Zambian diaspora. This posed as a challenge for us especially when trying to contact diaspora members for potential interviews or to fill out the survey. It was also difficult to find contacts in Zambia who are involved in diaspora engagement efforts as there are no formalized structures or project coordinators to organize the engagements. This lack of structure also made finding evidence of diaspora engagements challenging because most projects are not formally documented. The majority of our findings came from personal stories or second-hand knowledge.

Appendix B- Survey Questionnaire

The Zambian Governance Foundation (ZGF), an organization that provides grants, supports capacity development and promotes local philanthropy in Zambia <http://www.zgf.org.zm/> is carrying out a survey to better understand the various ways Zambians in the diaspora have been supporting or can support philanthropy activities in Zambia. The survey will give insights into key giving trends including information on priority causes, donation sizes and motivations for giving. The survey also presents an opportunity to ask some important questions that will help our organization and the Zambian diaspora to work more effectively in supporting philanthropic causes in the future. The survey is open to Zambians currently living abroad.

Your responses will help us better understand your priorities when it comes to charitable giving. The survey takes a maximum of 5 minutes to complete.

1. Please indicate your Gender.

- Male
- Female

2. Please indicate your Age.

- <18
- 19-29
- 30-39
- 40-49
- 50-59
- >59

3. Which part of Zambia would you identify as your origin? Specify both province and district.

- Province
- District

4. In which country do you currently live?

- Angola
- Australia
- Botswana
- Canada
- Malawi

- Mozambique
- Namibia
- South Africa
- Tanzania
- United Kingdom
- United States of America
- Zimbabwe
- Other (please specify)

5. In which country were you born?

- Angola
- Australia
- Botswana
- Canada
- Malawi
- Mozambique
- Namibia
- South Africa
- Tanzania
- United Kingdom
- United States of America
- Zambia
- Zimbabwe
- Other (please specify)

6. What is the highest level of education you have reached?

- Secondary
- Certificate of diploma (post-secondary)
- Bachelor's degree
- Master's degree
- PhD
- Other (please specify)

7. Please indicate your employment status.

- Freelance/self employed
- Business owner
- Employed- full time
- Employed-part time
- Retired
- Not currently employed

8. What was your primary reason for leaving Zambia?

- Never lived in Zambia
- Education
- Employment/ business
- Political/ asylum
- Moved with family
- Marriage
- Other (please specify)

9. Are any of your immediate family members (spouse, children, parents) living in Zambia?

- Yes
- No

10. On average, how often do you return to Zambia?

- More than once every 6 months
- Once a year
- Once every two years
- Once every three years
- Less than every three years
- Never

11. Are you currently involved in any philanthropy activity (i.e. to give time, money, and/or resources to charitable causes) in Zambia?

- Yes
- No
- If yes, please specify. (open type box)

**12. Do you provide any financial support to any of the following groups in Zambia?
You can choose more than one option.**

- No
- Immediate Family (i.e. mother, father, siblings, spouse)
- Extended family members (i.e. aunts, uncles, cousins, grandmother, grandfather)
- Friends
- Churches
- Community organizations
- Other (please specify)

13. Which development projects are you most interested in supporting?

- Churches or faith based organizations
- Childcare
- Education
- Healthcare provision
- Income generation
- Infrastructure development
- Microfinance initiatives
- Women's associations
- Youth development
- Other (please specify)

14. Please rank all the following development projects in terms of how likely you are to support them.

	Very likely	Likely	Not likely
--	-------------	--------	------------

Churches or faith based organizations			
Childcare			
Education			
Healthcare provision			
Income generation			
Infrastructure development			
Microfinance initiatives			
Women's associations			
Youth empowerment			

Other (please specify)

15. In which ways do you prefer to support communities in Zambia? You can choose more than one option.

- Financial
- Material
- Skills
- Virtual support
- Other (please specify)

16. Which parts of Zambia would you be interested in developing? You can choose more than one option.

- All
- Central Province
- Copperbelt Province

- Eastern Province
- Luapula Province
- Lusaka Province
- Muchinga Province
- Northern Province
- North-Western Province
- Southern Province
- Western Province
- Not sure

17. Please rank all the following items in terms of the most important factors when deciding to participate in philanthropy.

	Very Important	Important	Not Important
Appropriate Use of Funds			
Clear Communication Channels			
Donor Appreciation			
Tangible Results			
Transparency and Trust			

18. Do you currently belong to any of the following diaspora networks (formal or informal)? Please indicate the type.

- No
- Academic
- Association of Zambians in current country of residence
- Work-based
- Government
- Internet based social networking groups
- Other (please specify)

19. If you do belong to a diaspora group, could you kindly provide the name of the network.

20. If you are part of a diaspora network, do you jointly support development initiatives in Zambia with other members of the diaspora ?

Yes

No

If yes, could you specify the development initiative(s)

21. How are you receiving information about current developments and/or new development projects in Zambia? You can choose more than one option.

- Emails
- Facebook Websites
- Meetings
- Newsletters
- Social media
- Twitter
- Websites
- Word of mouth
- Other (please specify)

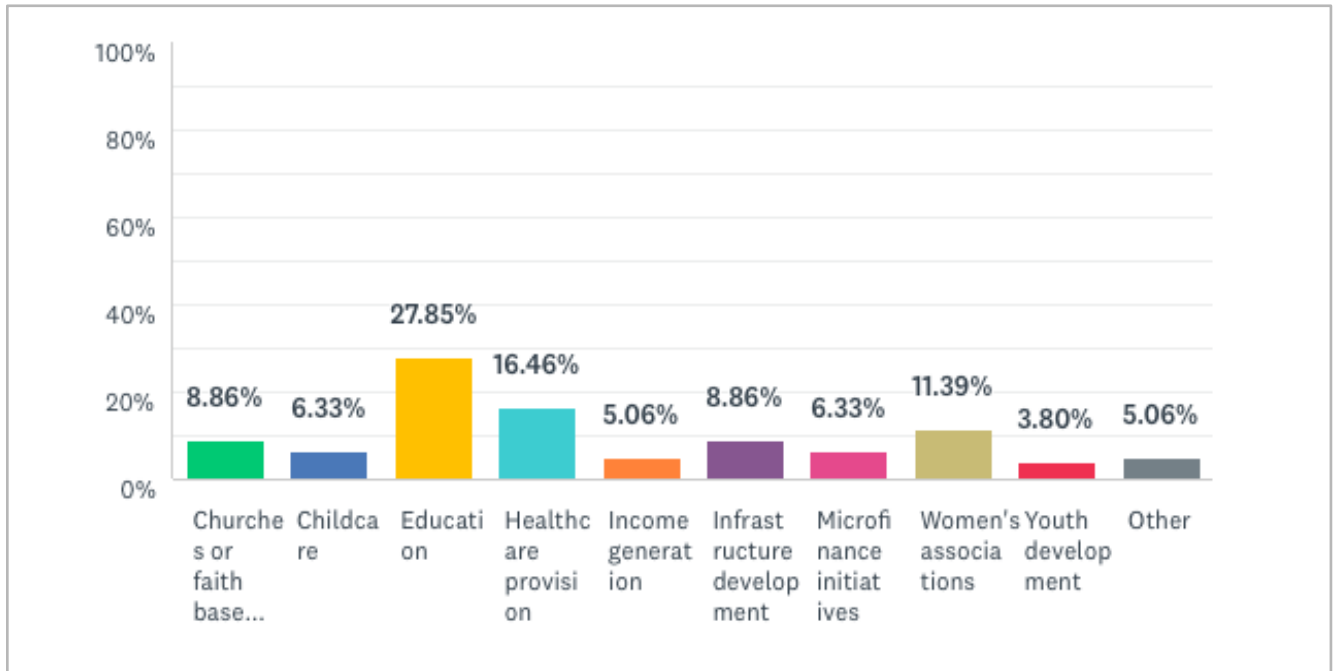
22. We would like to stay in contact to inform you about projects in Zambia that you can potentially support in the future. If you are interested, please provide your email address.

- Not interested
- Interested, please indicate email address here.

Thank you for taking the time to complete this survey, we appreciate the time you have given towards this research. Please share the link below with others who may be interested in contributing to this research.

<https://www.surveymonkey.com/r/zgfdiasporasurvey>

Appendix C- Graph of Survey Results on Diaspora Engagement Interests



Graph 1. Development projects respondents interested in supporting