Involving Diaspora and Expatriates as Human Resources in the Health Sector in Nepal

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ABSTRACT

Background: Health professional mobility has increased in the recent years and is one of the public health concerns in the developing countries including Nepal. On the other hand, we can’t ignore a positive shift of Nepali diaspora coming back to Nepal for some work related projects. The objective of this study was thus to estimate the number of Nepalese Diaspora and foreign expatriate those are coming to Nepal and explore the ways and process of their engagement in the health sector of Nepal.

Methods: Mixed method was used. In total, 13 Key Informant Interviews were conducted at the central level along with record review from professional councils.

Results: Nepalese Diasporas mainly come through Diaspora Volunteering Organizations, Non Resident Nepali Association and personal connections to the place of their origin. Nepalese Diasporas have supported as health specialists, health camps and project organizers, trainer and hospital promoters, supplier of equipment including ambulances etc. The Nepalese Diasporas are unrecorded with professional organizations such as NMC and NHPC. As such the real status and results of support from Nepalese Diaspora are not known.

Overall, 5,120 foreign medical professionals have served to Nepal through NMC followed by 739 nursing professionals through NNC and 189 paramedical staff through NHPC as of 2012.

Conclusions: Systematic information on number and characteristics of the Nepalese Diaspora and their role in the health sector of Nepal is limited. The health professional bodies have some record systems but they lack uniformity and systematic process.

Keywords: brain drain; diaspora; health sector; process; Nepal.

INTRODUCTION

Health workforce migration is now a growing concern worldwide especially in Africa and South Asian countries including Nepal, leading to critical shortage of health workforce.1 Study by Nick Simons Institute concludes that doctors graduating from Nepal were more likely to practice in foreign countries (36%),2 impacting the country’s health sector development goals.

However, there is growing concern regarding the ties of these migrant people with their home land3 as they can play important role to meeting the gaps in human resources and improvement of quality services.4 For instance studies done elsewhere shows that India, China, Haiti, Ethiopia now are attracting diasporic investment that could be stepping stone for other countries to formulate a new policy model on Diaspora.5 Nepal, being new to the concept of diaspora, there is a paucity of evidence on the contribution of Nepali diaspora which this study aims to explore about.

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METHODS

A descriptive cross-sectional study was carried out using both quantitative and qualitative method. Purposive sampling was done to select key informants. The study sample was taken both from the central to district level. The in-depth interviews and key informants interview were conducted at national as well as district levels with the representatives from government sector, professional councils, non-government sectors (INGOs, Non-Resident Nepalese Association) and Diaspora volunteering organizations working abroad and in Nepal. The quantitative information was collected from different professional councils in the field of health and medicine. Qualitative data were analyzed thematically. Records of the Nepalese Diaspora and expatriate were collected from different professional councils through record review and meeting minutes and analyzed using simple frequency tables in MS Excel. Questionnaires were emailed to different chapters of Non-Resident Nepalese Association (NRNA) members to collect their contribution. Ethical approval for the study was received from Nepal Health Research Council and informed consent was taken from the participants before conducting interviews.

RESULTS

Process of Nepalese Diaspora coming to Nepal

The interviews with the representatives of the Non Resident Nepalese Association (NRNA) and Himalayan Development International (HDI) indicated that there is lack of process of inviting the Nepalese Diaspora in the health sector as most of the projects are identified by the Diaspora themselves because of their strong connection with their homeland; specially, the place of their birth or their ancestral town or district. To sum up, Nepalese Diaspora basically come through three ways: the first come through Diaspora volunteering organizations (HDI, VSO and others), the second through Non Resident Nepalese Association/NRNA and the third with their own connections to the place of their origin and/or their family and community relationships.

When asked about the process of Nepalese Diaspora and their engagement in Nepal’s Health Sector, different key informants said different views.

“All Nepalese Diaspora have desire to serve to their country and their countrymen that always keeps the Diaspora communities connected with their country that would ultimately help bring new knowledge, skill and technologies and help promote development of the health sector. Thus this could be one criterion of engaging them into the health sector in Nepal’.

President of NRNA

“The process of registration is almost similar for those who are holding the foreign passport. But the thing is that no Nepalese doctors, NRNs and Nepalese Diaspora come to Nepal through the process of registering to Nepal Medical Council. They land in Nepal directly as they do not necessarily register with NMC. Thus the actual Nepalese Diaspora that are contributing in Nepal are fairly unknown’.

Chairman of NMC

Inflow and contribution of Nepalese Diaspora in Nepal

We tried to explore the expert opinion about the situation of Nepalese and foreign Human Resources for Health through interview and self-administered questionnaire that was sent through email. When asked about the Diaspora inflow in Nepal, different persons had different views. The sitting chairperson of NRNA said,

“The Nepalese Diaspora has brought both Nepalese and foreign human resource in the health sector in Nepal by investing in health and conducting different health related activities in Nepal.”

The study was able to report about the two categories of the Diasporas coming to Nepal in health sectors, the first category supports through financial contribution and the second through their knowledge, technical skills and connections in the country of residence.

Regarding the impact of Diaspora engagement in Nepal’s Health Sector, there was mixed views about the role. One of the groups suggested of the obvious benefits from engaging Diaspora; those are the transfer of latest skills, knowledge and technologies. One of the national level key informants said:

“Nepalese Diaspora can contribute working in the specialized areas, and can finance largely in the health sector. They can also facilitate for the training and workshop if we need some high level expertise.”

Key Informant, MoHP

In terms of engaging foreign health professionals, another group of key informants were of the view that engaging foreign professionals would be more costly, time consuming and involves bureaucratic process. One of the national level key informants expressed:

“Bringing experts from outside and engaging them in Nepal’s Health Sector might affect the local market as we do not have evidence based and documented information about the number of HRH working in Nepal.”

Few experts also casted doubt on the true intention of the foreign Diaspora.
At the district level, many key informants were found less optimistic about the role of foreign health professionals as they did not recognize their role as significant. They were of the view that it would be more cost effective to train the Nepalese medical personnel rather than inviting someone from abroad. Also it would be difficult for the foreign Diaspora getting adapted in the new environment. However, if Nepalese Diaspora would like to come and contribute in the health sector in Nepal on their own cost as per their felt need, that would be more appreciative and cost effective.

Nepalese Diasporas’ involvements in health service delivery are presented in the table 1.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Country name</th>
<th>Where do they work (district)</th>
<th>How long do they work</th>
<th>Contribution on: specific service provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>NRN USA</td>
<td>Simara VDC, Sarlahi</td>
<td>2006</td>
<td>Health for underprivileged children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Health Awareness and free medical camps</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1500 beneficiaries received medical services from Pediatricians, Surgeon, Ophthalmologist, Dermatologist, Pathologist, General Medical doctors, Emergency Services and free medicines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kathamndu, Phidim, Illam, Morang, Sunsari, Sankhuwasawa, Dhankuta, Siraha, Tanahun and Parbat in support of Helping Hands Nepal</td>
<td>2009-2011</td>
<td>Medical camps Conducted 125 medical camps 7 times a year in different part of Nepal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lamjung</td>
<td>November 2012</td>
<td>Personal Initiative through financial contribution</td>
</tr>
<tr>
<td>2.</td>
<td>NRNs from different countries</td>
<td>Medicare Hospital, Chabahil,</td>
<td>Established in 1990</td>
<td>Investment in the health sector promoters in hospitals all over Nepal</td>
</tr>
<tr>
<td>3.</td>
<td>NRNs around globe, NCC UAE, NCC Germany</td>
<td>August 17, 2009</td>
<td>10 days Medical mission organized through Medicare</td>
<td>Organized health camps and awareness program and distributed free medicine to the diarrhea infected population of Jajarkot district.</td>
</tr>
<tr>
<td>4.</td>
<td>NRNA Founding President, Dr. Upendra Mahato</td>
<td>Karjana Siraha</td>
<td>Started in 2009 and completed in 2012</td>
<td>Built full-fledged hospital Swargiya Pul Kumari Mahato Paropakar Hospital</td>
</tr>
<tr>
<td>5.</td>
<td>NCC Singapore</td>
<td>Rupandehi District</td>
<td>Year 2011-13</td>
<td>Health Camps medical and dental health checkup camps</td>
</tr>
<tr>
<td>Project</td>
<td>Country</td>
<td>Location</td>
<td>Year</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>6. NRNA, NCC</td>
<td>Italy</td>
<td>September and in November 2011</td>
<td></td>
<td>Two medical and educational missions to Nepal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Performed 20 heart operations in Nepal per free with support from Italian Professors and doctors</td>
</tr>
<tr>
<td>7. NCC Australia</td>
<td>Australia</td>
<td>Nari Nikunja Australia, Year 2011-13</td>
<td>Surgery for Uterine Prolapse</td>
<td>50 women received surgery in Dolkha, Ramechhap and Okhaldunga</td>
</tr>
<tr>
<td>8. NRNs Ukraine</td>
<td>Kavre and Bara District</td>
<td>Year 2009-11</td>
<td>Project started</td>
<td>Ran a project on Community Health Insurance</td>
</tr>
<tr>
<td>9. NRNs Germany, Russia and Qatar</td>
<td>Ratna Nagar</td>
<td>Year 2009-11</td>
<td>Supported to build health clinic</td>
<td></td>
</tr>
<tr>
<td>10. NCC Germany</td>
<td>Manang</td>
<td>2009-11</td>
<td>Hospital construction</td>
<td>Built 15 bedded community hospital</td>
</tr>
<tr>
<td>11. NCC Switzerland</td>
<td>Lahan-3 Siraha, Dharan</td>
<td>Year 2011-13</td>
<td>Health materials distribution</td>
<td>Contributed 2000 pcs of eyeglasses to Sagarmatha Choudhary Eye Hospital</td>
</tr>
<tr>
<td>12. NCC Switzerland</td>
<td>Itahari</td>
<td>2012</td>
<td>Rehabilitation centre</td>
<td>Constructing rehabilitation center for disabled children</td>
</tr>
<tr>
<td>13. NRNs from Chicago, USA</td>
<td>Kathmandu</td>
<td>November 2012</td>
<td>Contributed funds to Arogya Foundation</td>
<td></td>
</tr>
<tr>
<td>14. NCC Hongkong</td>
<td>Shardikhola VDC, Machhapuchre VDC of Kaski</td>
<td>May 5 2012</td>
<td>Distributed free healthcare products and services</td>
<td>Seti flood affected communities</td>
</tr>
<tr>
<td>15. NCC UK</td>
<td>Myagdi</td>
<td>March 29, 2012</td>
<td>Ambulance service</td>
<td>Handed over 3 ambulances in support of MONA UK</td>
</tr>
<tr>
<td>16. NCC Russia</td>
<td>Myagdi</td>
<td>March 2012</td>
<td>Spinal Rehabilitation Centre</td>
<td></td>
</tr>
<tr>
<td>17. Himalayan Development Internationals (HDI) Volunteers</td>
<td></td>
<td></td>
<td></td>
<td>Massive awareness in the area of geriatrics, mental health and learning disability</td>
</tr>
</tbody>
</table>
Process and inflow of foreign nationals and expatriate coming to Nepal to work in the health sector:

In general, there are two types of Diaspora coming to Nepal through two different processes, one being foreign health professionals and other being Nepalese Diaspora. In order to find out the process of Nepalese Diaspora and their engagement in national health development we recognized five possible organizations that should have record of Nepalese Health Diaspora. Those are Ministry of Health and Population, Social Welfare Council (SWC) and some of the professional councils: Nepal Medical Council (NMC), Nepal Health Professional Council (NHPC), and Nepal Nursing Council (NNC). The record review at different professional councils including social welfare council shows that the process of registering Nepalese Diaspora with these professional organizations is not followed. As such the real status and results of support from Nepalese Diaspora are not known.

However, in this process we came to find some information on foreign medical personnel while reviewing records at different professional organizations. The record review at Nepal Medical Council, Nepal Nursing Council, and Social Welfare Council showed a general picture of the inflow of foreign medical personnel, nurses and paramedics that came to Nepal as a staff and as a volunteer (table 2).

Table 2. Inflow of medical personnel, nurses and paramedics over past three years (2010-2012).

<table>
<thead>
<tr>
<th>Name of the Councils visited</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Total Inflows of HRH as of 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nepal Medical Council</td>
<td>310</td>
<td>376</td>
<td>241</td>
<td>5120</td>
</tr>
<tr>
<td>2. Nepal Health Professional Council</td>
<td>4</td>
<td>62</td>
<td>47</td>
<td>180</td>
</tr>
<tr>
<td>3. Nepal Nursing Council</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>739</td>
</tr>
<tr>
<td>4. Social Welfare Council</td>
<td>*</td>
<td>*</td>
<td>207</td>
<td>207</td>
</tr>
</tbody>
</table>

* no proper records were found

The records of NMC showed that the highest percentages of foreign medical personnel registered in Nepal belong to General Medicine and General Surgery (13.7%), dentistry (13%), Pathology and Pharmacology (12.4%), Obs/Gynae (9.9%) and Anatomy (9.6%) while plastic surgeons, dermatologists and urologists were at the least percentages (less than 1%). According to the record from NHPC, the highest categories that has come to Nepal as of 2012 were Physiotherapists (BPT and MPT) with 27.2% followed by Homeopathy, Lab Assistant, Acupuncture, BSCMLT/DMLT/BMLT(1st level), Medical Technologist (DMLT) and Radiography (2nd level) with 22.2%, 12.7%, 12.2%, 6.6%, 5.5% and 3.3% respectively.

As per the record of SWC, nearly 207 expatriates have been registered under SWC recorded in between 17th October 2011 to 4th September 2012. However it was not possible to track whether they are working in the health sector or in other sectors as it was difficult to find the past record due to changes in the departmental role, that’s being another challenge.

OUTFLOW OF NEPALESE HEALTH WORKERS:

The study considers that it was quite difficult to find out the trend of emigration of health workers. The MoHP’s record shows that 105 students have received Statement of Need letter to go to USA for Masters Degree (MD) in one year only (from 2011 to 2012).

When asked about the number of health workers that have migrated to foreign countries in work visa (H-1 visa), one of the national level key informants said:

“Medical doctors and students going abroad for study and residency program means they would not come back unless and until a government acts proactively.”

Similarly, representatives from Nepal Medical Council reiterated:

“Unless and until we have political stability and the government is able to establish the provision in special package like India is doing now no Nepalese would come and work here in Nepal.”

For looking at the trend of out migration, we asked for the data of Nepalese students and doctors that has come to Nepal Medical Council seeking ‘No Objection Letter’ for abroad study. The available data shows a total of 2,735 students have already taken eligibility certificate for studying MBBS and 773 students have received ‘eligibility certificate’ to pursue their Masters Degree as of 4th November 2012 (table 3).

It was learned that Nepal Health Professional Council also provides ‘No Objection Letter’ for the health
professionals for abroad study. They are asked to submit
the certificates from SLC to last degree they obtained.
But no record was found for the health professionals
that were going abroad for work during our study.

The representative from MOHP says, in regards to HRH
migration and its effects in country’s economy and
health cadres stock,

“Well qualified staffs have migrated to foreign countries.
This has certainly implications in national economic and
health development. We have not been able to send
adequate specialists outside Kathmandu. Presence
of health organisations in remote areas other than
government institutions is negligible.”

DISCUSSION

The study has examined the process of foreign
expatriate and Nepalese Diaspora coming to Nepal. The
foreign expatriate and Nepalese Diaspora comes through
different processes. The expatriate comes through
registering into Social Welfare Council, Ministry of Health
and Population, Nepal Medical Council, Nepal Health
Professional Council and Nepal Nursing Council whereas
there is lack of a specific and formal process of inviting
the Nepalese Diaspora in the health sector in Nepal
as most of the projects are identified by the Diaspora
themselves because of their strong connection with their
homeland. The concept of Diaspora engagement is new
in context to Nepal in particular to health sector thus
the contribution of Diaspora has not been recognized
and documented well.

The recognition that Diaspora populations can be
a source of development assistance to their home
countries is rather new in many developing countries
in South Asia, Central Asia and Europe as most of the
countries of Europe and Central Asia are among the most
migration-dependent and remittance dependent in the
world.6,7

Thus increased number of policy documents including
one of the World Bank study has demonstrated a growing
recognition of the importance of Diaspora populations to
the development in their home countries and emphasized
the need to track the total size of the Diaspora, their
contribution and the ways to mobilizing them for the
betterment of the country itself. Different NGOs, the
World Bank and the IMF are also in parallel attempts
to secure more investments, more philanthropy, more
remittances and good bonding among the Diaspora and
their homelands and governments which is obviously a
need of a globalized world today. For instance, different
African countries are already in the process of providing
lobbying supports for the provision of dual citizenship
and voting rights for the diaspora. The ‘Homecoming
program for the Caribbean Nurses diaspora’ was one of the examples of Managed migration program of the
Caribbean region to motivate their diaspora to volunteer
back in the health sector of their country of origin. This
suggests that “brain gain” and “brain circulation” can be
well applied to health workforce management.13,14

The study came across some of the challenges to
engaging Diaspora in national health development as
there is no proper mapping and a clear process of their
involvement in Nepal’s health sector is not in place.
We also do not have proper government strategy for
engaging Diasporas such as ‘identifying goals, mapping
Diasporas geography and skills, creating a relationship of
trust between Diasporas and governments of both origin
and destination countries and ultimately mobilizing
Diasporas to contribute to the sustainable development
which was also emphasized by World Bank in its policy
report in 2011.6,7

As of 4th November 2012, overall, 5,120 foreign medical
professionals have already come to Nepal through Nepal
Medical Council followed by 739 nursing professionals
through Nepal Nursing Council and 180 paramedical staff
through Nepal Health Professional Council. However it
was quite difficult to find out the trend of emigration
of health workers as there was no any agency mandated
to maintain such records properly. The available data
shows a total of 2,735 students have already taken
eligibility certificate for studying MBBS abroad and a
total of 773 students have received ‘eligibility certificate’
to pursue their Masters Degree from abroad. The work
related migration in relation to health sector was not
able to track. This is one of the challenges as there is no
systematic recording system to record out migration of
health workers in particular, this could create a problem
in estimating the actual need of HRH in a country
and develop a proper strategy regarding Diaspora
engagement and their proper management. There is
lack of stewardship from the government to take the
issues of the Nepalese health Diaspora forward.

Our findings add on that the process of Diaspora
engagement and the contribution made by Nepalese
Diaspora has the potential to be replicated in other
contexts in the future by including the proper skill need
assessment of HRH and proper strategies to tap those
resources and apply their skills in the needy areas.
However, any future study should seek to overcome
the limitations of this current study by including larger
sample groups of the scattered Diaspora which our study
could not cover due to time constraint.

CONCLUSIONS

Diaspora engagement is a new concept emerging from
the migration of the Nepalese workforce. Systematic
information on the number and characteristics of the Nepalese Diaspora and their role in the health sector of Nepal is scant. In case of Nepalese health Diaspora, there is no proper mapping and a clear process of their involvement in Nepal’s health sector. The health professional bodies have some recording systems but they lack uniformity and systematic process. No proper coordination and initiatives from the government to involve Diaspora in national health development of a country thus most of them are working outside of government system, that’s being a biggest challenge in managing Diaspora. Also it is a high time to initiate a proper dialogue between Diaspora communities and the GON, for that organization like Non Resident Nepalese Association can play a big role to bring this issue forward.

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