

# 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<sup>1</sup> especially in Africa and South Asian countries including Nepal, leading to critical shortage of health workforce.<sup>2</sup> Study by Nick Simons Institute concludes that doctors graduating from Nepal were more likely to practice in foreign countries (36%),<sup>3</sup> impacting the country's health sector development goals.

However, there is growing concern regarding the ties of these migrant people with their home land<sup>4,5</sup> as they

can play important role to meeting the gaps in human resources and improvement of quality services.<sup>6-8</sup> For instance studies done elsewhere shows that India,<sup>9</sup> China,<sup>8</sup> Haiti,<sup>10</sup> Ethiopia<sup>11</sup> now are attracting diasporic investment that could be stepping stone for other countries to formulate a new policy model on Diaspora.<sup>12</sup>

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 1. Nepali Diaspora that have come to Nepal through NRNs and their contribution.**

S. N.	Country name	Where do they work(district)	How long do they work	Contribution on:	specific service provided
1.	NRN USA	Simara VDC, Sarlahi	Simara Social Welfare Foundation (SSWF) established in 2006.	- Health for under privileged children -Health Awareness and free medical camps	1500 beneficiaries received medical services from Pediatricians, Surgeon, Ophthalmologist, Dermatologist, Pathologist, General Medical doctors, Emergency Services and free medicines.
		Kathamndu, Phidim, Illam, Morang, Sunsari, Sankhuwasawa, Dhankuta, Siraha, Tanahun and Parbat in support of Helping Hands Nepal	2009-2011	Medical camps	Conducted 125 medical camps 7 times a year in different part of Nepal
		Lamjung	November 2012	Personal Initiative through financial contribution	Ekikrit Gramin Swastha Sewa Kendra
2.	NRNs from different countries	Medicare Hospital, Chabahil,	Established in 1990	Investment in the health sector	promoters in hospitals all over Nepal
3.	NRNs around globe, NCC UAE, NCC Germany		August 17, 2009	10 days Medical mission organized through Medicare	Organized health camps and awareness program and distributed free medicine to the diarrhea infected population of Jajarkot district.
4.	NRNA Founding President, Dr. Upendra Mahato	Karjana Siraha	Started in 2009 and completed in 2012	Built full-fledged hospital	Swargiya Pul Kumari Mahato Paropakar Hospital
5.	NCC Singapore	Rupandehi District	Year 2011-13	Health Camps	medical and dental health checkup camps

6.	NRNA ,NCC Italy		September and in November 2011	two medical and educational missions to Nepal	Performed 20 heart operations in Nepal per free with support from Italian Professors and doctors  Donated heart valves, catheters, and disposables to Shahid Gangalal National Heart Center and Man Mohan Cardio-Vascular Center  Short-term advance training of 3 and 6 months for 2 doctors and 1 nurse from Nepal in full scholarship of Padova University and International Heart School (European Association for Cardio Thoracic Surgery)in 2012.
7.	NCC Australia		Nari Nikunja Australia, Year 2011-13	Surgery for Uterine Prolapse	50 women received surgery in Dolkha, Ramechhapand Okhaldgunga
8.	NRNs Ukraine	Kavre and Bara District	Year 2009-11	Project started	Ran a project on Community Health Insurance
9.	NRNs Germany, Russia and Qatar	Ratna Nagar	Year 2009-11	supported to build health clinic	
10.	NCC Germany	Manang	2009-11	Hospital construction	Built 15 bedded community hospital
11.	NCC Switzerland	Lahan-3 Siraha  Dharan	Year 2011-13	Health materials distribution	Contributed 2000 pcs of eyeglasses to Sagarmatha Choudhary Eye Hospital  Contributed Wheelchair
12.	NCC Switzerland	Itahari	2012	Rehabilitation centre	Constructing rehabilitation center for disabled children
13.	NRNs from Chicago, USA	Kathmandu	November 2012	contributed funds to Arogya Foundation	
14.	NCC Hongkong	Shardikhola VDC, Machhapuchhre VDC of Kaski	May 5 2012	distributed free healthcare products and services	Seti flood affected communities
15.	NCC Uk	Myagdi	March 29, 2012	Ambulance service	handed over 3 ambulances in support of MONA UK
16.	NCC Russia		March 2012	Spinal Rehabilitation Centre	
17.	Himalayan Development Internationals (HDI) Volunteers			Massive awareness in the area of geriatrics, mental health and learning disability	GON has started providing money to Patan Hospital to establish and run the first ever Geriatrics ward  MOHP has shown its commitment to open Geriatrics Department in the hospitals nationwide from the experience of Patan Hospital

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).**

S. N.	Name of the Councils visited	2010	2011	2012	Total Inflows of HRH as of 2012
1.	Nepal Medical Council	310	376	241	5120
2.	Nepal Health Professional Council	4	62	47	180
3.	Nepal Nursing Council	*	*	*	739
4.	Social Welfare Council	*	*	207	207

\* no proper records were found

**Table 3. Students who received eligibility certificate from NMC and MoHP to medical education abroad.**

Programs undertaken	Nepal Medical Council	Ministry of Health and Population
Undergraduate degree(MBBS)	2,735	No Record
Graduate degree (MD)	773	105(US only)

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(1<sup>st</sup> level), Medical Technologist (DMLT) and Radiography (2<sup>nd</sup> 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 4<sup>th</sup> 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.<sup>6,7</sup>

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.<sup>13,14</sup>

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.<sup>6,7</sup>

As of 4<sup>th</sup> 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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