Author’s response to reviews

Title: MEDICAL DIASPORA: AN UNDERUSED ENTITY IN LOW- AND MIDDLE-INCOME COUNTRIES’ HEALTH SYSTEM DEVELOPMENT

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Author’s response to reviews:

Medical Diaspora Paper- HRHE-D-19-00053 Author’s Revision
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Review items from the Editors

Editors’ Comments Revision by authors

The reviewers have raised a number of points which we believe would improve the manuscript and may allow a revised version to be published in Human Resources for Health.

Please include a point-by-point response within the 'Response to Reviewers' box in the submission system and highlight (with 'tracked changes'/colored/underlines/highlighted text) all changes made when revising the manuscript.

Thank you. We have addressed all the points that were raised by the reviewers. We have included a point-by-point response and have highlighted all changes made when revising the manuscript.

Please also ensure that your revised manuscript conforms to the journal style, which can be found in the Submission Guidelines on the journal homepage.

The due date for submitting the revised version of your article is 19 May 2019

We have ensured that the revised manuscript conforms to the journal style.
Review items from Reviewer #1

Thank you for an opportunity to assess this manuscript that examines the prevalence of medical diasporas from low- and middle-income countries in four destination countries. The paper is well organized and well written. It summarizes the key purposes of medical diasporas and engages in an interesting discussion about the potential role diasporas can play in addressing health human resources shortages. Overall, I found the paper informative, but the following areas for potential improvements caught my attention:

Reviewer #1 comments Revision by authors

1. Provide a stronger rationale and well-articulated research questions - I would have liked to see a more clearly articulated rationale for conducting the review alongside with a clearly stated research question(s). Most of the rationale for this study is provided in the discussion section, but the readers might find it beneficial to see this stated in the background section. And while in the background the authors do mention that they plan to "develop an inventory" (p. 4) of the diaspora organizations, I would have appreciated to see why they think it is important and what exactly were the questions driving their curiosity about this topic.

Thank you so much for the comments.

- We have revised the introduction section and in the revised manuscript and we have articulated the rationale for conducting the review in the Background section. [Page 4, Lines 5 to 20]

The Sustainable Development Goals (SDGs), which build upon the MDGs, emphasize a cross-themed framework in the post-2015 development agenda [4]. Although health is not explicitly mentioned, the SDGs demonstrate the important linkages between health and development. To achieve these ambitious targets, the international community around the globe has committed to investing heavily in health systems to support these efforts, particularly in training and retention of health workers. However, the critical shortage of Human Resources for Health (HRH) in many developing countries remains a barrier to optimizing these efforts [5, 6]. Usage of medical diaspora can be one way to meet this need. Diaspora groups possess vital knowledge of the social and cultural context of their homelands. Over the past few years, the contributions of migrants and diaspora to sustainable development in their countries of origin and destination have been acknowledged by the 2030 Agenda for Sustainable Development, the New York Declaration for Refugees and Migrants and the Summits of the Global Forum on Migration and Development [7]. In addition, countries may want to advance the utilization of the medical diaspora as a way of countering the negative impacts created by the medical migration. Return
migrants, in particular, bring back their skills and work experience from abroad boosting productivity [8].

• In the revised manuscript, we have added a clearly stated research question that drove our curiosity about this topic. [Page 4, Line 22 to 29]

To date, no inventory of Low- and Middle-Income Countries’ (LMIC) medical diaspora organizations, based on their location, specialty of work, and the prospect and feasibility of using them for the capacity development of the health workforce in LMIC has been done. The authors set out with the research question of “do medical diaspora organizations exist in these four developed countries and if they do, what are the key roles of these organizations?” Based on this, this paper aims to develop an inventory that is as complete as possible, of the roles of the LMIC medical diaspora organizations in building the health care system of their country of origin.

2. Define what is meant by medical diaspora - the authors provide a good definition of what they mean by diaspora, but I would have liked to also know what is meant by "medical" diaspora. Depending on the context, medical diaspora can mean different things and it does not always/only rely on ethnic belonging for the membership in such communities. I think that the paper would benefit from clearly defining right at the outset what is meant by medical diaspora.

Thank you for this vital comment that we have been blindsided from adding in the original submission.

• In the revised submission we have added our definition of medical diaspora.[Page 4, Lines 2 to 3]

For the purpose of this paper, medical diaspora is defined by the authors as physicians that have migrated from their country of origin to another country.

3. Include more detailed description of methods - I had some questions remaining after reading the methods section. Did the researchers utilize any specific search methodology for their review? Why did they only decide to focus on four destination countries? How did they know that their search was exhaustive? How many hits did they get on google, for instance? Did they review all the hits? Because when I entered "medical diaspora services" in google, I got 51,100,000 hits and over 7 million for "medical diaspora organizations". I would have liked to know more about the search process. Perhaps the authors could include some basic info, such as the search tree that is common in PRISMA reviews, to show how did they get the number of organizations that they identified?
I would have also liked to know more about the process of analysis. Content analysis has different methodologies - which method did authors use to conduct the content analysis? And what did the authors analyze? The websites' content? What is written about these organizations online? This information was not provided. I would also suggest that the authors consider if what they looked for was the "roles" of the organizations or main themes? When we use "themes" in qualitative content analysis, we usually refer to some implicit content in the text. But in the results section, the authors simply state the key purposes of organizations. Perhaps they can link it to the research questions (e.g. see point 1)? For instance, the questions for this paper might be "what are the key roles of medical diaspora organizations?"

To improve the methods section, I would suggest that the authors (1) provide more information about the rationale for focusing only on four countries, (2) detail the search process, including decisions made, and (3) provide more information on how the analysis was done.

Thank you for the invaluable comment regarding the Method’s section. To address the reviewer’s comments,

• We have completely re-written the method’s section (in the body of the paper as well as the abstract) to include the points raised by the reviewer. In the revised manuscript, we have outlined and detailed the six search steps that we utilized for our search methodology as well as written how decisions were done to reach the final list of organizations. In all, we have (1) provided more information about the rationale for focusing only on four countries, (2) detailed the search process, including decisions made, and (3) provide more information on how the data gathered was synthesized. [Page 5, Line 2 to Page 7, Line 6]

• We have addressed and written provided more information about the rational for focusing only on the four developed destination countries of the United States, United Kingdom, Canada and Australia, [Page 5, Line 3 - 11]

• We have detailed the search process, including decisions made. [Page 5, Line 16 to Page 6, Line 26]

• We have written and detailed how the information was synthesized and clearly linked it to the research question. [Page 6, Lines 28-31]

4. I found the discussion section of the paper to be both interesting and engaging. On page 18, the authors reflect on the fact that some African countries, while having a large number of immigrants, do not have their own organization (lines 40-50). This is just a thought, but may be the emergence of the medical diaspora organization is related to the proportion of ethnic minority people in a particular geographic region (e.g. a large ethnic
community would produce a diaspora)? I was just wondering if the authors considered this as a possible factor - got me curious.

We appreciate this comment about the specific reasons why certain ethnic group start a medical diaspora organization while others do not. This was something we were also curious about. Earlier on our research process, we concluded that this particular topic warrants case studies, which are out of the scope of this paper. The initiation of a diaspora organization may or may not be related to the number of similar people that live in their host country. We believe further research is warranted to clearly state the causative factors.

Review items from Reviewer #2

The migration of medical doctors has long been an issue of concern for migrant-sending countries. The 'medical diaspora' option, as advanced in this paper, offers an opportunity for countries that lose their medical doctors through migration to benefit from these emigrant professionals. The paper provides evidence on the operations of medical diaspora organizations drawn from four main destination countries of medical doctors worldwide (the United States, the United Kingdom and Australia). It demonstrates a wide range of actual interventions being made by diaspora organizations in their countries of origin. It further demonstrates some of the efforts that have been made by the migrant-sending countries to facilitate the process of medical diaspora engagement.

The paper is probably the first of its kind to extend the issue of medical diaspora engagement beyond the national level limit by adopting a global-level focus. Researchers interested in studying medical diaspora organizations worldwide will have a useful starting point, with a comprehensive listing of medical diaspora organizations provided on Table 1. Furthermore, researchers interested in diaspora institutions will have access to a comprehensive listing of country-level diaspora offices of most migrant-sending countries worldwide.

Without doubt, the paper makes a huge contribution to the literature on diaspora engagement. I highlight the following areas in this review that may require attention before the paper can be published:

Reviewer #2 comments  Revision by authors

a) First, the introduction presents the 'medical diaspora' concept without making a case for its importance/utility. One would have expected a statement or two in the introductory paragraph that highlights the need for migrant-sending countries to engage their diasporas. There is a well-developed body of literature that examines the migration of medical doctors from LMIC and the impact of such movements on their health care systems. The
diaspora option could then be advanced as a way of countering the negative impacts created by medical migration.

Thank you for the comment. In the revised submission we have

- In the revised submission, we have added writings that make a case for the importance and utility of the medical diaspora concept and illustrate the need for migrant sending countries to engage in their diaspora. [Page 4, Lines 10 to 20]

However, the critical shortage of Human Resources for Health (HRH) in many developing countries remains a barrier to optimizing these efforts [5, 6]. Usage of medical diaspora can be one way to meet this need. Diaspora groups possess vital knowledge of the social and cultural context of their homelands. Over the past few years, the contributions of migrants and diaspora to sustainable development in their countries of origin and destination have been acknowledged by the 2030 Agenda for Sustainable Development, the New York Declaration for Refugees and Migrants and the Summits of the Global Forum on Migration and Development [7]. In addition, countries may want to advance the utilization of the medical diaspora as a way of countering the negative impacts created by the medical migration. Return migrants, in particular, bring back their skills and work experience from abroad boosting productivity [8].

b) The introduction also assumes that every member of the diaspora is interested in developing their country of origin.

This point also emerges in the authors' discussion of the South African case where no medical diaspora associations could not be found. The paper titled "The Disengagement of the South African Medical Diaspora in Canada" by Crush, Chikanda and Pendleton (2012) (in the Journal of Southern African Studies, Volume 38, Issue 4) (https://www.tandfonline.com/doi/abs/10.1080/03057070.2012.741811) precisely addresses this question. The article shows that even though the South African medical diaspora, who are mainly white, continue to assert their South African identity, they constitute a profoundly disengaged diaspora who are dissatisfied with the post-apartheid South African state.

Chikanda and Dodson's study (2015) also showed that dissatisfaction with the political environment in the country of origin can have an adverse impact on the medical doctors’ desire to engage positively with the country of origin [Chikanda, A., & Dodson, B. (2015). Medical Migration from Zimbabwe: Towards New Solutions? In N. I. Luginaah & R. Bezner-Kerr (Eds.), Geographies of Health and Development (pp. 281-295). Farnham, Surrey: Ashgate].

Thank you for this comment.
We understand that by using the subjective phrase “are highly motivated and have strong connections,” in the original submission that it appeared that we the authors assumed that all diaspora organizations want to help their respective country of origin. We have focused on identifying medical diaspora organizations without assuming anything about members’ psychological attitudes towards their home countries.

- In the revised manuscript, we have taken out that phrase. The current version is the following. [Page 4, Lines 12-13]

Diaspora groups possess vital knowledge of the social and cultural context of their homelands.

- In the discussion section, regarding the South African case where no medical diaspora associations could be found, we have added from the Crush et al. the following. [Page 20, Lines 25-28]

Crush et al. (2012) research on South African physicians in Canada shows that even though the South African medical diaspora in Canada who are mainly white, continue to assert their South African identity, and constitute a disengaged diaspora who are dissatisfied with the post-apartheid South African state [46].

- In the discussion section, we also added Chikanda et al. writings on the subject matter.[Page 20, Lines 29-31]

Likewise, Chikanda et al. (2015) also showed that dissatisfaction with the political environment in the country of origin can have an adverse impact on the medical doctors' desire to engage positively with the country of origin. [47]

c) In the Methods section, there is at least need to acknowledge the possible existence of some medical diaspora organizations without an online presence. This could also cited as a limitation for the study. Because the study was limited only to online searches, the statement in the discussion on p.18 which states that "Discovering which countries did not have medical diaspora groups was also sometimes interesting…” could be misleading.

Thank you for the comment. In the revised submission, we have acknowledged in the limitations section that there may be the possible existence of some medical diaspora organizations without an online presence. [Page 21, Lines 26-27]
d) On p.5 line 11 (Methods section), the statement "Qualitative analysis was done to identify main themes using content analysis" should be reworded to clearly specify what was being analysed, e.g. web pages.

Thank you for the invaluable comment regarding the Methods section.

• In the revised submission, we have taken out the statement that states, "Qualitative analysis was done to identify main themes using content analysis” and replaced it with the 5th step of our research process. [Page 6, Lines 28-31]

• In addition, in the revised manuscript, (in the body of the paper as well as the abstract) we have outlined and detailed the six search steps that we utilized for our search methodology as well as written how decisions were done to reach the final list of organizations. In all, we have (1) provided more information about the rationale for focusing only on four countries, (2) detailed the search process, including decisions made, and (3) provide more information on how the data gathered was synthesized. [Page 5, Line 2 to Page 7, Line 6]

e) On p.7, could there be a reason why most medical diaspora associations are found in California, Illinois and New York?

Thank you for the comment. We found it interesting why medical diaspora organizations concentrated in certain states, like California, Illinois and New York. Earlier on our research process, we concluded that this particular topic warrants case studies, which are out of the scope of this paper. We believe further research is warranted to clearly state the causative factors.

f) In the results sections, there are opportunities to assess the effectiveness of some diaspora-initiated programmes. For instance, reference is made to the Sudanese Medical Association on p.9 and a study by Abdalla et al (2016) see https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4943508/ found the contribution of the Sudanese medical diaspora to be of ‘a small magnitude, infrequent and not organized’.

Research by Wojczewski et al (2015) (see https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4676361/) has shown that African medical doctors who left their home countries as refugees cannot engage in any form of return initiatives, either short or long-term. Thank you so much for this invaluable comment.

• In the revised manuscript, we have added the following in the result section [Page 11, Lines 10-17]
The level of contribution of each medical diaspora organization or individual varies. For instance, while Abdalla et al. (2016) reported that the effectiveness of the Sudanese medial diaspora was “small magnitude, infrequent and not well organized [14],” Nwadiuko et al. (2016) concluded that U.S.-based Nigerian physicians’ strong belief in effectiveness of Nigerian medical agencies would contribute to medical service trips to Nigeria [15]. In another instance, Wojczewski et al. (2015) has shown that African medical doctors who left their home countries as refugees cannot engage in any form of return initiatives, either short or long-term [13].

- Furthermore, we believed that more in depth research is warranted to develop metrics to measure the effectiveness of medical diaspora organizations, thus why we did not address the issue of effectiveness in our original submission. Thus, we have added this as a limitation of this paper. [Page 21, Lines 27-29]

g) On pages 11 and 12, the word "diaspora" is spelt with a capital "D". Please note that the word can only be spelt with a capital "D" when used as a proposer noun

Thank you. We have corrected this error.

h) The section titled "Diaspora Engagement: Government Level" should at least acknowledge some of the established literature on this subject. The paper by Alan Gamlen (2014) "Diaspora Institutions and Diaspora Governance" in International Migration Review, 48(S1) is a good starting point.

We appreciate your suggestion.

- This article and Agunias and Newland (2012) have been added in that section.
[Page 13, Line 29 to Page 14, Line 1]

Governments around the world have been supporting diaspora institutions and create migration policy [36, 37]. As can be seen in Table 2, diaspora institutions are in the form of ministry, agency, department, council, bureau, or institute.

i) On page 16, The Commission on Overseas Filipinos Abroad plays a crucial role in diaspora engagement. Their website is https://cfo.gov.ph

Thank you very much for this information.

- We have included this webpage in the Table 2. [Page 18]
The argument that researchers should go "beyond remittances" when examining the range of contributions by the diaspora was first attributed to Kathleen Newland (2004) [https://www.issuelab.org/resource/beyond-remittances-the-role-of-diaspora-in-poverty-reduction-in-their-countries-of-origin.html](https://www.issuelab.org/resource/beyond-remittances-the-role-of-diaspora-in-poverty-reduction-in-their-countries-of-origin.html) and should be acknowledged as such in the paper (p.19, line 39).

Thank you very much for this comment.

- In the revised manuscript, we have acknowledged their work in our conclusion section as follows [Page 22, Lines 2-4]:

Newland and Patrick (2004) identified the role of diasporas’ as supporting groups who pursue charitable enterprises and that their contribution has expanded beyond just investment inflows and remittances [44].