Author’s response to reviews

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

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Medical Diaspora Paper- HRHE-D-19-00053 Author’s Revision

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Review items from the Editors

Editors’ Comments  Revision by authors

Please include a point-by-point response within the 'Response to Reviewers' box in the submission system and highlight (with 'tracked changes'/coloured/underlines/highlighted text) all changes made when revising the manuscript. Please ensure you describe additional experiments that were carried out and include a detailed rebuttal of any criticisms or requested revisions that you disagreed with. 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 04 July 2019

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

Thank you for the opportunity to review this revised manuscript. I believe that your revisions made the paper much stronger - you now provide rationale for your study and make it clear why the inventory of medical diaspora is needed.

I felt that your background section is strong, the results are organized well, and the discussion is interesting and engaging.

Overall, I thought that your paper was written well. Since you have added a rationale, it clearly articulates the need for the medical diasporas' inventory. Your discussion raises some important points for the readers to reflect on as well. I hope that my comments will be of use to you.

Reviewer #1 comments   Revision by authors

My remaining concern about your paper is still your methodological approach. In particular, I feel that I am still missing some pieces of information related to the search that you conducted to identify diaspora organization. Probably because PRISMA charts are so wide spread and so familiar to me. I cannot help but wonder about the "missing" information from the methods.

• Specifically, since you now identified how many databases you searched, I am wondering how many references you found in each one,

• How many were duplicates,

• How many were excluded and how did you arrive to the number of 130 initially and then later to 89? I tried some of your searches and still got over a million hits on Google alone.

• Did you really go through ALL of them or was there some sort of approach to selecting the key sites to look at?

• Who was doing the screening? One person? Two people?

• How many references were omitted because they did not have active web pages?

We chose not to use PRISMA because we did not do a typical systematic literature review. That is why we have outlined in the revised method’s section the 6 detailed steps that we used as our methodological process. As stated in our method’s section, we used the search engines and search terms to find the name of LMIC diaspora organizations.

How many references you found in each one?
Thank you for the question. As stated in the revised method’s section that was submitted on May 19, step 3, “web search for the name of LMIC medical diaspora organization in the US, UK, Canada and Australia through the search engines of PubMed, Scopus, Google, Google Scholar, and LexisNexis.” - we were just looking to find the name of the diaspora organization. Our aim was just to document a cumulative list of medical diaspora organizations from all the search engines that we utilized and not to see how many medical diaspora organizations were found per each search engine. We were not logging in how many references we found from each since that was not our aim or methodological process. Cumulatively, we found 130 organizations.

How many were duplicates?

We did not check for duplicity, nor did we record if there were duplicity. That was not our aim in our methodological process.

How many were excluded and how did you arrive to the number of 130 initially and then later to 89?

Thank you for the question. We initially found 130 organizations, cumulatively from all our searches. Then by using our inclusion and exclusion criteria, we narrowed it down to 89. With this revision, we have added a separate chart at the bottom of this document titled, “The 41 organizations that were excluded from the final list and the reasons why- based on the inclusion and exclusion criteria” that lists all the 41 organizations that did not make the final list and the specific reason(s) based on our inclusion/exclusion criteria.

Did you really go through ALL of them or was there some sort of approach to selecting the key sites to look at?

No, we did not. We did not go through ALL of them. If in the first few pages we did not find any names, then we moved on to the next country. That is why we had listed this as our fourth limitation factor in our limitation’s section.

Who was doing the screening? One person? Two people?

All of us did the screening.
How many references were omitted because they did not have active web pages?

- Three diaspora organizations were omitted because they did not have active web pages. These are listed in the chart below that is titled, “The 41 organizations that were excluded from the final list and the reasons why- based on the inclusion and exclusion criteria.” These organizations are:
  - [1]- Afghan Medical Association UK
  - [26]- Muslim Doctors and Dentist Association
  - [41]- Zimbabwe Health Training Support - Public Health Wales

In addition, here are some small points that I wanted to bring to your attention:

- Page 6 line 3 - organizations' needs an apostrophe, I believe or the sentence needs rephrasing
- Page 6, lines 18-19 - I think you ought to change "even though" to "because"

Thank you for both comments. We have corrected both.

- In the revised submission, we have added an apostrophe. [Page 6, Line 3]
- In the revised submission, we have changed the word “even though” to “because.” [Page 6, line 18]

Page 4 - lines 2-3 - definition of medical diaspora - based on your definition, medical diaspora would refer to an organization of physicians who came from different countries. If this is your intention, it is ok, but if you refer to medical diaspora as a community of immigrant physicians sharing the SAME ethnic origins, you might want to rephrase it. Thank you for the comment. The definition we used on Page 4, lines 2-3, - “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.”- is the one that we keep and the one that we used to guide us as we developed the paper.

Also, in your abstract, you refer to conducting a qualitative content analysis, but in the methods, you do not mention how the actual analysis was conducted (and if it was). Perhaps you can clarify this as well.

Thank you for the comment. The revised abstract that we submitted on May 19 does not have this text. Below you will find the full revised abstract that we submitted on May 19
Abstract submitted on May 19

At present, over 215 million people live outside their countries of birth, many of which are referred to as diaspora – those that live in host countries but maintain strong sentimental and material links with their countries of origin, their homelands. The critical shortage of Human Resources for Health (HRH) in many developing countries remains a barrier to attaining their health system goals. Usage of medical diaspora can be one way to meet this need. A growing number of policy-makers have come to acknowledge that medical diaspora can play a vital role in the development of their homeland’s health workforce capacity. To date, no inventory of Low- and Middle-Income Countries (LMIC) medical diaspora organizations has been done. This paper intends to develop an inventory that is as complete as possible, of the names of the LMIC medical diaspora organizations in the United States, United Kingdom, Canada, and Australia and addresses their interests and roles in building the health system of their country of origin.

• We described in step 5 of the May 19 revised method’s section how we synthesized the gathered information by stating, “Based on the research question, each medical diaspora website and the articles we found about it was searched to collect the work that the particular institution engages in and the general as well as the unique roles the medical diaspora organization plays in building health systems.

Review items from Reviewer #2

The revised paper addressed most of the concerns that were raised in my earlier review. Therefore, I recommend the paper for publication in the journal.

Reviewer #2 comments Revision by authors

I picked only one other issue in the revised paper - on page 3 (Background) lines 24-26, a definition of diasporas is provided and two sources are provided. This probably shouldn't be case because a direct quote is provided. Surely two authors cannot provide a similar definition to the term. I recommend deleting one of the sources and a page number should be provided for a direct quote

Thank you so much for this comment. We have corrected this. In the revised only Sheffer’s quote is used:

• Sheffer’s definition of the modern diaspora as “ethnic minority groups of migrant origins residing and acting in host countries but maintaining strong sentimental and material links with their countries of origin, their homelands” [1]. [Page 3, Lines 24-26]
FOR REVIEWER #1 Chart, that explains how we reached from 130 to 89 by using the inclusion and exclusion criteria.

The 41 diaspora organizations that were excluded from the final list and the reasons why based on the inclusion and exclusion criteria.

- Inclusion criteria:

1. Medical diaspora organizations that are located in the following four countries: Australia, Canada, the United Kingdom, and the United States.
2. Medical diaspora organizations’ members are from a specific LMIC country.
3. The organization mainly consists of medical doctors.
4. The organization name clearly includes word associated with the medical profession.
5. The medical diaspora organizations headquarter office has an active webpage and indicates the actual address of the headquarter office.

- Exclusion criteria:

1. Biomedical science, scientist, or engineer diaspora organizations.
2. Nurse or pharmacist diaspora organizations.
3. Organizations of Regions or Chapters: Many of organizations had branches across the country, such as in the name of Regions or Chapters, but it was worth including only the representative one, such as headquarter, to maintain the simplicity of the medical diaspora organization list (See Table 1).

IC = Inclusion Criteria

EC = Exclusion Criteria

Excluded Organizations (n=41) Reason for excluding (based on inclusion and exclusion criteria)

1. Afghan Medical Association UK Webpage does not work. [IC#5]
2. African Scientific Institute The organization is about biomedical science, scientist, or engineer diaspora. [EC#1]
3. African Union - African Diaspora Health Initiative The organization is not from a specific LMIC country. [IC#2]
4. Algerian American Scientists Association The organization is about biomedical science, scientist, or engineer diaspora. [EC#1]

5. American Yugoslav Medical Society The organization is not from a specific LMIC country. [IC#2]

6. Armenian Engineers and Scientists of America The organization is about biomedical science, scientist, or engineer diaspora. [EC#1]

7. Association of Nigerian Women Academic Doctors The organization does not mainly consist of medical doctors. [IC#3]

8. Biomedical Scientists of Hellenic Origin in Diaspora 1) The organization is not from a specific LMIC country. [IC#2]

2) The organization is about biomedical science, scientist, or engineer diaspora. [EC#1]

9. Caribbean Diaspora for Science, Technology, and Innovation 1) The organization is not from a specific LMIC country. [IC#2]

2) The organization is about biomedical science, scientist, or engineer diaspora. [EC#1]

10. Coptic Medical Association of North America The organization is not from a specific LMIC country. [IC#2]

11. Coptic Medical Society UK The organization is not from a specific LMIC country. [IC#2]

12. Global Association of Physicians of Indian Origin The organization is not located in Australia, Canada, the United Kingdom, or the United States. [IC#1]


2) The organization is about nurse or pharmacist diaspora. [EC#2]

14. Guyana Watch, Inc The organization does not mainly consist of medical doctors. [IC#3]

15. Health Uganda Group Sheffield The organization does not mainly consist of medical doctors. [IC#3]

16. Hellenic Medical Society UK The organization is not from a specific LMIC country. [IC#2]
17. Help Nepal Network 1) The organization is not located in Australia, Canada, the United Kingdom, or the United States. [IC#1]

2) The organization does not mainly consist of medical doctors. [IC#3]


19. Islamic Medical Association of North America The organization is not from a specific LMIC country. [IC#2]

20. Japanese Medical Society of America Japan is classified as high-income economies [11]. [IC#2]

21. Jewish Medical Association UK Israel is classified as high-income economies [11]. [IC#2]

22. Korean-American Medical Association Korea Republic is classified as high-income economies [11]. [IC#2]

23. Korean-American Scientists and Engineers Association 1) Korea Republic is classified as high-income economies [11]. [IC#2]

2) The organization is about biomedical science, scientist, or engineer diaspora. [EC#1]

24. Malawi Healthcare Support UK The organization does not mainly consist of medical doctors. [IC#3]

25. Mental Health Educators in the Diaspora The organization is not from a specific LMIC country. [IC#2]

26. Muslim Doctors and Dentist Association 1) Webpage does not work. [IC#5]

2) The organization is not from a specific LMIC country. [IC#2]

27. Muslim Doctors Association The organization is not from a specific LMIC country. [IC#2]

28. National Arab American Medical Association 1) The organization does not mainly consist of medical doctors. [IC#3]

2) The organization is not from a specific LMIC country. [IC#2]

29. National Council of Asian & Pacific Islander Physicians The organization is not from a specific LMIC country. [IC#2]
30. National Hispanic Medical Association The organization is not from a specific LMIC country. [IC#2]

31. Overseas Korean Nurses Association 1) Korea Republic is classified as high-income economies [11]. [IC#2]
   2) The organization is about nurse or pharmacist diaspora. [EC#2]

32. Philippine Nurses Association (Abroad Chapters)
   1) Philippine Nurses Association of America
   2) Philippine Nurses Association of United Kingdom The organization is about nurse or pharmacist diaspora. [EC#2]

33. Polish-American Medical Society in Chicago Poland Republic is classified as high-income economies [11]. [IC#2]

34. Scientific Malaysian The organization is about biomedical science, scientist, or engineer diaspora. [EC#1]

35. Spanish American Medical Dental Society of New York The organization is not from a specific LMIC country. [IC#2]

36. Turkish American Scientists & Scholars Association The organization is about biomedical science, scientist, or engineer diaspora. [EC#1]

37. UK Association of Medical Aid Pakistan The organization does not mainly consist of medical doctors. [IC#3]

38. University of the Philippines Nursing Alumni Association International The organization is about nurse or pharmacist diaspora. [EC#2]

39. Vietnamese Pharmacists Association in the USA The organization is about nurse or pharmacist diaspora. [EC#2]

40. World Christian Nursing Foundation (Korea) 1) Korea Republic is classified as high-income economies [11]. [IC#2]
   2) The organization is about nurse or pharmacist diaspora. [EC#2]

41. Zimbabwe Health Training Support - Public Health Wales 1) Webpage does not work. [IC#5]
   2) The organization does not mainly consist of medical doctors. [IC#3]