



MEDICAL CONSULTATIVE MEETING

CHALLENGES, GAPS AND PRACTICAL SOLUTIONS IN HEALTH CARE DELIVERY AND THE MILLENNIUM DEVELOPMENT GOALS (MDGs) SHORTFALLS



FAIRVIEW HOTEL,
NAIROBI, KENYA
5TH TO 6TH SEPTEMBER



www.idpc.org.uk

**THE INTERNATIONAL DEVELOPMENT
AND POLICY CORPORATION (IDPC)**



**HEALTHCARE ALLIANCE
INTERNATIONAL (HAI)**



In partnership with
Johnson & Johnson

EXECUTIVE SUMMARY

Unarguably, the intellectual and economic resources necessary to help solve some of Africa's seemingly intractable healthcare delivery and Millennium Development Goals (MDGs) shortfalls problems certainly exists within the Diaspora and friends of the Diaspora networks. The challenge has always been how to effectively harness these resources towards addressing, and complementing existing, sub Saharan Africa's development and capacity building initiatives.

Tackling this challenge was an integral part of the discussions at a recent consultation meeting called in Nairobi, and the subject of this report, by a new Diaspora initiative that is set to operate as a global social enterprise. The consultation, which brought together top healthcare experts who had been carefully chosen to reflect expertise from the broader Kenyan healthcare delivery and development spectrum, was a focused meeting attended by, amongst others, Dr Edward Sambili – the Permanent Secretary in the Kenyan Ministry of Manpower and National Development; and, Dr Manu Chandaria OBE – one of Africa's most respected business leaders and advisor to Presidents and governments – as well as various leading medical practitioners and development experts. More importantly, the meeting's key objectives was not only to draw on attendees experience bases to identify reasons for the MDGs shortfalls but also seek workable, locally relevant solutions and ground breaking approaches to the MDGs gaps.

It was clear from discussions that the Diaspora and its friends can play an important role in bolstering medical training and professional development; sourcing equipment from overseas; and, working with indigenous Non Governmental Organisations (NGOs) to increase healthcare delivery capacity through, for example, practitioner exchanges. Indeed, the Diaspora is certainly one Africa's most potent weapon, which used well in conjunction with non-Diaspora resources, has the ability to be a powerful transformative source of positive change across the continent.

Through the two days, significant problems to healthcare delivery, which included limited or often times lack of access to equipment, technology and up to date training, were highlighted. However, the meeting resolved that these were not intractable problems especially when all the stakeholder groups worked concertedly towards better health for everyone. This approach is probably the most promising means of addressing the seemingly complex problems that call upon a wide range of stakeholders' skills, knowledge and experience. In itself, the resolution, consequently led to a number of key outcomes including:

- The need to understand actual healthcare delivery supply and demand resources gaps as fundamental to informing the consultation's next steps, i.e., how the Diaspora and its friends can complement existing efforts aimed at addressing the healthcare delivery and MDGs shortfalls.

- The formation of a working group of local and international experts comprising all the relevant stakeholder groups; and, tasked with planning and delivering a
 - comprehensive healthcare needs assessment
 - small scale pilot based on the needs assessment findings that brings together the Diaspora, its friends and local expert's talents, for example, through medical knowledge exchanges.
- The need to pursue an emerging agenda for innovative health delivery infrastructures ideas including micro clinics as a complement to existing health delivery supply chains.
- The recognition that our goals and objectives of better health for all can only be met through partnerships with first world governments e.g. UK/US, local governments, bilateral and multi lateral institutions, global funds, in-country experts and Diaspora working concertedly together.

The Nairobi meeting and initiative were born out of a fundamental belief that challenges facing sub Saharan Africa's better health for all ideals were best addressed through conceptual and innovative partnerships with in-country based experts from the outset. Thus, the overarching aspiration here is to increase the number, quality and impact of those partnerships in pursuit of successful and sustainable outcomes.

Although the immediate follow up to the consultative meeting is necessarily bound to be a modestly scaled pilot programme, it is hoped that this will serve not only as a template for a larger scale programme roll out but also as an inspiration for other potential partners; and, help push the frontier of new possibilities for Africa's development.

Medical Consultation Meeting – Fairview Hotel Nairobi September 2007

In keeping with its fundamental ethos of local participation and consultation, the International Development and Policy Corporation (IDPC) in partnership with the Health Alliance International (HAI) recently brought together key Kenyan healthcare professionals, senior government and business dignitaries into a two day Millennium Development Goals (MDG) gaps consultative meeting. The key theme was a discussion of how IDPC and the Diaspora community and its friends can complement efforts by locally based experts to meet MDG healthcare gaps and participate in capacity building. The meeting itself was in line with IDPC's strategy of focusing on one country and later drawing on lessons from that to roll out programmes across sub Saharan Africa.



L to R: Chris Odindo, Dr Meshach Onguti, Rene Kiamba, Dr Manu Chandaria OBE

Dr Manu Chandaria OBE, one of Africa's most influential and respected business leaders as well as an internationally renowned philanthropist – and a key advisor to the Kenyan President and government through a number of committees and Presidential commissions – opened the meeting which was also addressed by the top Kenyan civil servant in charge of planning and national development, Dr Edward Sambili. Dr Chandaria,

having visited and researched widely as well as reported to governments, on the Diaspora issue informed attendees that the Kenyan government was particularly supportive of such Diaspora initiatives as IDPC. He noted that *"there is a tremendous capacity and desire for people of the Diaspora and their friends to give back to societies back home"* and added that quite often individuals having felt that they had a key *'role to play'* in development issues may want to do that but are then held back by a lack of organised system or infrastructure that would allow them to contribute effectively. *"IDPC"* he said, *"was a noble and excellent idea which he was happy to partner with in its efforts to complement existing capacity building programmes"*. Dr Sambili,



L to R: Rene Kiamba, Dr Meshach Onguti, Dr Manu Chandaria OBE, Chris Odindo, Dr E. Sambili

the Permanent Secretary in the Ministry of Planning and National Development assured the gathering that the government was always a willing partner to any initiative that leads to development. Indeed, he added, the government has a high level inter-agency

committee composed of senior officials from various ministries, major banks and organisations that welcomes and works closely with initiatives like IDPC. Furthermore, he saw the consultative meeting as a great idea that had the potential to lead to many partnership relationships, some with the government, and which should be encouraged. Dr Sambili, who is also a member, and chair, of many committees working on facilitating Diaspora initiatives, advised delegates that they could count on the Kenyan government's full support. Dr Sambili explained that the government's focus was on, amongst other things, policy development, investment opportunities/options, external remittances rates/costs, investment incentives, the Hawala system, brain gain and the Diaspora website. He finished by asking the IDPC team to remain in close contact with his Ministry.

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Meshach Onguti, MD, PhD the founder of Healthcare Alliance International (HAI) said that there was an urgent need to seek solutions to MDG's healthcare gaps that were not only locally relevant but also sustainable. He reiterated the meeting's theme of addressing the challenges and gaps in healthcare services and delivery as pegged to the MDGs as well as its principal objective i.e. finding practical solutions to the health delivery gaps that involved innovative partnerships between indigenous organisations like HAI and AMREF, the Diaspora and such interested private enterprises like Johnson & Johnson. He also welcomed the IDPC/HAI partnership and especially the unfolding agenda for change that sought to complement the work of local solution providers. Dr Onguti commended IDPC's approach to capacity building and development which was rooted upon a need to find out how well they could assist in-country based healthcare experts.



*From Left to Right:
 Prof. Mugambi EBS Vice Chancellor Kenya Methodist University
 Dr Manu Chandaria OBE EBS Founder Chairman Kenya Private Sector Alliance / Manu Chandaria Foundation
 Dr Edward Sambili Permanent Secretary Ministry of Planning and National Development
 Prof. Kibwage Principal College of Health Sciences, University of Nairobi
 Prof. Atieno Ndede-Amadi CEO, Africa's Brain Gain, Inc and KECOB*

This could be achieved by harnessing the vast intellectual and economic wealth found within the 'Diaspora' and friends of the Diaspora networks. "IDPC" he

pointed out *“have considered it more appropriate to discuss with those on the ground so that together they could offer what is required, rather than bring help that might not necessarily solve the capacity and healthcare gaps problem”*

“Assisting in the development of locally and contextually relevant solutions is a cornerstone of IDPC’s ‘pull’ rather than ‘push’ methodology” noted Chris O Odindo CEO of IDPC who further added, *“that there exist the necessary intellectual and economic resources amongst the Diaspora and friends to help solve some of the developing world’s seemingly intractable problems is an unquestionable fact. The challenge has always been how to effectively channel these resources towards a societal good”*. IDPC, he said, was set up to provide an open participatory infrastructure that not only addresses this challenge but also allows local stakeholders to play a key role in how its resources are used and where; through strategic partnerships with indigenous NGOs, progressive global corporations like Johnson and Johnson, in country experts, governments and business leaders. Just like in other places he had travelled to around the world for meetings with the Diaspora and friends of the Diaspora, he felt a great sense of pride to see the enthusiasm of Africans ready and willing to serve the interests of Africa both in the room and as evident from his travels and other meetings elsewhere, he added. The Diaspora, to his mind, was certainly one of Africa’s most potent weapons where used well.

Rene Kiamba and Steve Mburu, of Johnson and Johnson (J&J), one of the world’s

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major health equipment suppliers and sponsors of the meeting, said that the company was, within the guidelines, always willing to assist efforts aimed at filling identifiable gaps and making positive changes to the healthcare needs of individuals across the world. Rene Kiamba added that he personally felt that time had come for new and innovative ideas that could be used to push through transformative change and ultimately improve the standards of living continent wide and for many of the sub Saharan

Africa inhabitants. As co-facilitators, they noted that J&J as a major diversified world health products supplier was always willing to partner with innovative organisations towards bringing people together to seek solutions and make changes for better quality of life. J&J, they added, concentrates on four areas of interest: care for customers, employees, communities in which they live and work, and shareholders. Both hoped that the meeting’s outcome would be a few practical things that could be followed through to bring about positive change and were glad to be part of the J&J representation of its support for the IDPC/HAI led initiative.

The scale of the problem facing many sub Saharan Africa countries was highlighted by Dr Bernard Olayo, a Harvard educated health specialist, from the Millennium Development Goal’s (MDGs) Centre who noted that although WHO recommends a health expenditure of USD30-40 per person per year; Kenya spends USD8 rather than the recommended rate, and USA spends USD 2,548.

After outlining some of the MDG's centre's work including its millennium village strategy, Dr Olayo also noted that Africa is faced with the challenge of providing free health care at the point of service as well as the problem of public financing of health services. He said that a holistic approach to healthcare was needed since adequate healthcare provision is governed by a variety of factors including agriculture, economic growth, education, gender equity, poverty, water and

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sanitation and is constantly hampered by the human resource challenge. For Dr Olayo, practical interventions for addressing healthcare delivery challenges include combinations of prevention and treatment; empowering households and communities; recruitment and training of additional health workers; and, importantly tackling harmful cultural practices

The role of such information and communication technological advances as internet and mobile phones as important pillars in healthcare delivery improvement, e.g., in strengthening health workers access to critical information and training was stressed by Dr Bosire. He pointed out that most health workers have mobile phones so only a few would need to be provided, but cautioned that mobile phone companies and ISPs needed to be co-opted for the provisions of servers on a free platform. He recommended borrowing from the experiences of countries like Indonesia, Rwanda and South Africa which are currently using technology in healthcare

ICT USAGE FOR HEALTH

- Disease outbreak monitoring
- Attention to emergencies
- Patient follow-up and referrals
- Disaster response management
- Monitoring and evaluation of healthcare programmes
- Research
- Logistics and supply chain management
- Resource allocation
- Finance and administration
- Information and training

Indeed, the role of modern technology and its potentially transformative power in the fight against disease and poverty across sub Saharan Africa was a central theme running throughout the two-day proceedings. Community engagement and empowerment as tools to tackle the MDG shortfalls was another common thread through the consultative meeting. As Dr Ombogi suggested to the gathering: *"to achieve or get near to achieving the MDGs goal of reducing disease in our midst we need partnerships with healthcare givers as has been done in Burundi, Bangladesh and India just to mention a few places where, for example, women are seen as key."* His other suggestions included the need to address gender power relations as an ingredient for fighting disease, as has been done in Uganda as well as a re examination of the holistic or traditional and biomedical approaches. This call for a re examination of mindset approaches to disease and

treatment was reiterated by the pharmaceutical industry representative to the meeting who argued for sector-wide adoption of a more research oriented approach. He told the meeting that there was a need to find ways for local experts to embrace the first role of discovery i.e. actively seeking out what works and what doesn't. Additionally, recognition that the efficacy of conventional medicines may differ across all different races was crucial in any attempt to bridge the MDGs health related shortfalls. He emphasised the need for knowledge exchanges with others whether within or outside the country which, in his view, should take advantage of increasingly improving technology and communication capabilities. Another vital tool in the fight for improved health care delivery is the enhancement of the current private and public training regimes, he added. The meeting was however warned that the road to healthcare improvement across sub Saharan Africa was likely to be full of difficulties with politics, patent disagreements, profiteering; and, inadequate data sources amongst those things that made standardization of the practice of pharmacists difficult and which needed to be addressed.

“Another vital tool in the fight for improved health care delivery is the enhancement of the current private and public training regimes.”

The inadequacy of data and lack of appropriate health informatics presented a particular problem for the nursing cadres, John Arudo of Aga Khan University and the Nursing Council of Kenya, informed the meeting. The biggest challenge, he contended, was how to deal with a decreasing supply of nurses and other healthcare workers in the developing world during a period where demand for the workers was continuously outstripping the supply. In the nursing field, matters are especially exacerbated not only by the existence of many different qualifications, and indeed the fact that many nurses have multiple qualifications, but also lack of uniformity in national distribution which makes knowing who is where quite difficult.

“...the Diaspora and local expert linkages could really come onto their own once a clearer picture of healthcare workforce dynamics and gaps emerged... Diaspora could help in research and in training”

Dealing with this challenges requires, in the first instance, an in depth analysis of the workforce capacity, he suggested. Done well, the analysis and research could be an important foundation for sorely needed improved informatics and better healthcare delivery policy development. John outlined some of the strategies currently being pursued by the Nursing Council of Kenya, particularly in the area of workforce dynamics including their efforts to automate records in conjunction with Emory University. He argued that it is in such areas where the Diaspora and local expert linkages could really come onto their own once a clearer picture of

healthcare workforce dynamics and gaps emerged especially as regards to the exact numbers of, for example, trained nurses, those still in training, as well as the ones lost through attrition (retirement or death) and migrants out of the country.

Drawing on her oral healthcare experience, Professor Opinya informed the consultative meeting that data and training resources inadequacies are certainly not restricted to the nursing field. This was a woefully unacceptable state of affairs given the importance of oral health and how it impacts on the Nation's health and its citizen's quality of life; and, more importantly its role as a key cause of many disorders and early mortality. She proposed a blue print for national oral healthcare delivery which included:

- a national policy on oral health and on best practice
- increased funding for oral health delivery
- high standards of ethics necessary given the lack of professional accountability, ethics and integrity: 700 healthcare officers qualified and only 330 registered with the dental board
- a centre for registration and supervision
- oral health education through schools which should start at the most basic level

This was a blue print that was easily deliverable if all interested stakeholders, i.e., policy makers, governments, local experts, indigenous NGOs and the Diaspora worked concertedly together, she informed the gathering. Such work should necessarily involve addressing children's oral health needs including oral health education through schools; and, the provision of good oral health nutrition and facilities especially for the financially challenged and those in the rural areas. Professor Gladys Opinya also noted the urgent need for a systematic programme of research into national needs, possibilities available, curative and preventive measures together with a well thought out national strategy on data collection, processing, storage and usage. She particularly decried the lack of data on oral health with the most recent being 1950. She also decried the fact that equipment and materials for oral health care are often rare, expensive and difficult to obtain; and, called for Diaspora and local experts linkages in the sourcing of required good quality oral health equipment from reliable sources.

Dr Kariuki Njenga, of the Centre for Disease Control (CDC), highlighted the integral part laboratory services play in health care delivery whilst continuing with the

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running themes of challenges in diagnostic equipment quality and availability. He argued that the services must stop being treated as after thoughts of treatment but should instead be at the forefront. Dr Njenga reminded the meeting that lab

services are useful in all areas of healthcare delivery but especially in the detection and confirmation of epidemics enabling outbreaks to be diagnosed in time; aiding in diseases elimination and eradication; assisting disease management, e.g. HIV as well as detection of new agents, thus prompting earlier treatment and control; and, strengthening the anti-microbial resistance surveillance regime. Dr Njenga, as with speakers in other areas of healthcare delivery, spoke of similar challenges to MDGs delivery which included a lack of proper public health policy; inadequacies in training for staff and equipment provision or even worse still, dumped sub-standard, obsolete or unusable equipment, often without serviceable capability, which meant limited analysis. This has inevitably left the continent without sufficient facilities to employ its best brains and is consequently now a key contributor to the brain drain problem. One certain way the Diaspora and local expert linkages could help bridge the projected MDGs gaps is through partnerships, for example, companies or other agencies that are able to provide more genuinely useful services and supply better quality equipment than many of those in current existence.

BRIDGING THE HEALTH CARE DELIVERY AND MDGs GAPS

Addressing the challenges requires:

- A national laboratory services policy is mandatory
- Policy should be centralized at district level for real lab services in real life, at provincial level for coordination and at national level for referrals and policy-making
- Training of lab managers to know the impact and the implication of their daily routine analysis
- Improved lab based disease surveillance

Diaspora could assist in:

- Sourcing funding to address local public healthcare issues
- Providing grant-writing expertise to GoK and other agencies
- Identifying ways to directly put their talents into Africa; use their expertise to help Africa
- Forming companies and other agencies that could provide more genuine services and supply better quality equipment than many current efforts
- Promoting the thinking and working of Africa to match that of the international community

Dr Kariuki Njenga – CDC

A number of practical ways the Diaspora linkages could be used to bridge current MDGs' gaps and shortfalls were then offered by Dr Njenga.

He reiterated the fact that laboratory services were indispensable to healthcare management and vital with in-time diagnostics as opposed to delayed ones;

and thus useful assistances in all healthcare coordination. He also commended the good role played by KEMRI (Kenya Medical Research Institute), which has several WHO accredited laboratories on Polio, measles, VHF, and Influenza.

Having been educated, and worked both in Kenya and the US, Dr Njenga told the meeting that in his experience, Kenya has an incredible pool of talented individuals. He was in fact currently using local talent with incredibly good brains trained at JKUAT in molecular biology at the CDC laboratories in Nairobi and

Garissa. He however repeated his call for a concerted effort by all the stakeholders i.e. local policy makers and experts, private enterprises and the Diaspora, to improve training and good quality serviceable equipment provision.

Professor Mutuma Mugambi, Vice Chancellor at the Methodist University speaking on public health systems, education and training remarked at the similarities of the challenges affecting all the health care sectors which was evident from the other contributions to the meeting. He argued that proper leadership was a crucial element in our pursuit of effective and improved health systems. In addition, he pointed out, some of the key challenges included the fact that our health systems not only suffered from equity in professional service care to the community but are also certainly made worse by manpower and skills insufficiencies with those available often inadequately distributed throughout the country.

MDGs GAPS, CHALLENGES AND PRACTICAL SOLUTIONS

Addressing the challenges requires:

- An integrated and equitable health system
- Provision of adequate funding: currently the government is investing more on health; it used to be 3% of GDP, it is now 7% and aiming at 16%
- Staffing should be addressed across the board for all cadres: for every 1000 persons we have 0.15 physicians, 1.15 nurses, 0.04 dentists, 0.10 pharmacists, 0.20 public health worker, 0.20 lab technicians and 0.06 managers.
- Human resources orientation in health, not so much numbers but skills, is not appropriately harnessed; skills are developed but not used especially in rural areas
- Use of existing knowledge is a major constraint due to repetition and duplication
- Individual skills need to be diversified
- Training should be innovated and enriched

Diaspora could assist in:

- Health systems management and planning
- Medical laboratory sciences, as this is a link between hospital and patient
- Health information systems
- Health data systems
- Collaboration in research and training for health
- Transfer of knowledge and values

- *Professor Mutuma Mugambi*

Professor Mugambi called for a change in mindsets and policies towards an emphasis on prevention as opposed to cure; and, the creation of more effective health systems for the poor and marginalized. More importantly, he told the meeting, it was imperative that health care delivery resources were appropriately allocated to both the rural and urban areas. He also emphasised the need for

research in order for experts to gain a greater understanding of how to deal with healthcare needs. Indeed, collaborative research between the overseas and in-country experts was one clearly practical and useful usage of the vast resources intellectual found within the Diaspora.

Another key contributor to the consultative meeting was Prof Amadi the CEO of Africas Brain Gain (ABG) Inc. which was formed in 2000 to provide a more positive perspective to 'brain drain' since much could be also gained from the Diaspora brains. The professor noted that certainly one of the six needs her organisation had identified for fulfilment was collaboration in research. The other areas of ABG's focus were Diaspora remittances, technology transfer, collaboration on research; investment capital, compensation for brain loss and bureau for outbound professionals.

She explained that ABG was set up with a view to harnessing the Diaspora and friends of the Diaspora resources, helping the Diaspora invest and save on remittances: and, to assisting Diaspora start, manage and succeed in private enterprise both locally and internationally. Prof Amadi informed the meeting that she has been talking quite

extensively about the Diaspora's crucial role in development for a number of years and was quite pleased that more people were beginning to take greater notice of its potential impact on capacity building and development. She was particularly pleased that the Kenyan government had responded quite positively to her initiative

In addition to her CEO role at ABG, Professor Amadi also heads the KECOBI (Kenya Country Business Incubator), which is funded by the IFC and the World Bank. KECOBI 'incubates' business, has 30 subscribed companies, and is housed in a state of the art office which is subdivided for hire by visiting Diaspora. The office which is situated in the Kenyan capital offers business counselling and business centre services.

Africas Brain Gain (ABG) Inc, although a US registered entity, now has a Kenya chapter run by Mr James Gondi. Mr Gondi told the meeting that ABG's key objectives included providing the Diaspora with information on the socio-economic development agenda, a forum for exchange of knowledge and ideas on 'brain gain' and 'brain drain' subject matters and facilitating networking opportunities for professionals in the Diaspora. The organization was created not only to return talent from the Diaspora back to Africa but also to engage Africa's academics, professionals and institutions, both in the Diaspora and throughout the continent, into supporting the continent's development, James added.

For, Mary Kung'u – one such Diaspora member at the meeting from the USA –, the gathering was a much needed and timely intervention. In welcoming the IDPC/HAI initiative, Ms Kung'u said that she would look for opportunities and areas of exchange once back home. Ms Kung'u also informed the attendees that the Kenyan education system was considered to be inadequate by the US authorities with gaps that needed to be filled before a student from Kenya could be considered at par with someone of the same level in America; and, that it was important to have quality control in education and training. She advised the meeting that many of the USA Diaspora she was in contact with were always ready and willing to help develop Kenya in different ways through their various organizations whether this was from donations of books, toys, clothes, bibles and computers or lobbying. Ms Kung'u concluded her contribution by pledging to earnestly work towards making the necessary linkages between the US based Diaspora and local expertise through the emerging IDPC infrastructure.

“Harnessing well, the Diaspora is certainly one of Africa’s most potent weapons in our fight against poverty, degradation, disease and deplorable human conditions under which our fellow humans live especially given its depth of intellectual, economic and spiritual wealth. Indeed, harnessing effectively it can be a most powerfully transformative driver in the continent’s renaissance”

In their overview of issues and solutions, Dr Meshach Ong’uti and Chris Odindo concluded that the need, and passionate, desire for substantive transformative changes that could help alleviate the deplorable human conditions many of our fellow Africans lived under was clearly apparent from the vigorously enthusiastic contributions. Harnessing well, the Diaspora is certainly one of Africa’s most potent weapons in our fight against poverty, degradation and disease particularly given its depth of intellectual, economic and spiritual wealth.

“A comprehensive assessment of the healthcare delivery requirements and MDGs’ pegged shortfalls or baseline as a first important step and the foundation of our strategic and operational focus”

Indeed, harnessing effectively it can be a most powerfully transformative driver of the continent’s renaissance, Chris Odindo added. It was therefore imperative that the enthusiasm displayed during the sessions should not be wasted especially given that both the government and private sector had welcomed the Diaspora initiative as was evident from high level presentations at the meeting, Dr Ong’uti also added.

Thus, the challenges to be tackled were:

- A baseline or comprehensive assessment of the health care delivery requirements and MDGs' pegged shortfalls as an important first step; and, the foundation of our strategic and operational focus.
- How to use existing frameworks of Diaspora, friends of the Diaspora and local interested parties more effectively.
- Identification of the right vehicles and infrastructures to enable project deliveries.
- Sourcing resources, and more importantly, funds.
- Ensuring that the government through the PS included our output into the brain gain policy document before it becomes law.
- An effective mobilisation of currently available resources with our current and potential partners being shown that we have the ability, vision and passion to engage with the issues.
- Clear, well-defined and focused resolutions.
- A far greater and more effective use of technological advances for e-learning and healthcare delivery
- Creation of self sustaining economically viable models in partnership with local, regional and global organisations.
- Most importantly, a smaller steering or advisory committee to take forward the consultation's outcomes, resolutions and agenda for change.

Prof Mutuma Mugambi, in summarizing the two-day deliberations, also noted the apparent enthusiasm, passion and desire for change that was clearly shared by all the participants as well as an evident clarity of vision and purpose. He added that the next logical step was a vehicle or a platform to fulfil this vision together with a robust database and a communication system. Professor Mugambi also stressed the need for a baseline study or healthcare delivery needs which clearly necessitated further research.



All in all the meeting resolved to work in close conjunction with all the stakeholders, i.e., Kenyan based experts, the government and Diaspora, through a smaller team or steering committee comprised of all the represented groups. Prof Amadi, of ABG, offered the Boardroom in her offices at Africas Brain Gain/KECOBI, in the city centre on the 12th and 13th Floor of National Bank Building, Harambee Avenue.

RESOLUTIONS

FUNDING: identify resources, sources of funding and possible commercial partners

BASELINE: healthcare needs assessment to establish the supply and demand

PLANNING: need to have a vision as well as an immediately actionable plan.

INNOVATIVE: come up with innovative models for solving healthcare problems

TECHNOLOGY: harness the transformative powers of technology for development

MANAGEMENT: focus on human resources development and capacity building

PARTNERSHIPS: identification of the appropriate projects and partnerships

INFRASTRUCTURE: identify the platform through which to direct our vision

STEERING COMMITTEE

The following members were appointed to the steering committee, which is composed of representatives of each interest area, and mandated to start work on the deliberations:

Chairman	Dr Meshach Ong'uti, Healthcare Alliance International
Brain Gain	Mr James Gondi, ABG
Diaspora	Mr Chris Odindo, IDPC
ICT/Mobile	Dr Kefa Bosire, University of Nairobi
	Mr Antony Mwaniki, M4G
Laboratory Services	Dr M Kariuki Njenga, CDC
MDGs	Dr Bernard Olayo, MDG Centre
NGO	Mr Nzovo Muita, AMREF
Students	Miss Wangui Muthigani, University of Nairobi
Training Institutions	Prof Mutuma Mugambi, Methodist University

Partners

J&J Mr Rene Kiamba & Mr Steve Mburu, J&J

FOUR-POINT ACTION PLAN (IMMEDIATE)

- 1. Baseline or comprehensive assessment of the health care delivery requirements and MDGs' pegged shortfalls to enable an accurate determination of actual resource gaps.**
- 2. Partnerships – identification of new ones as well as a solidification of nascent, existing and potential relationships**
- 3. Funding – identify and develop innovative sustainable long-term funding models**
- 4 Diaspora and friends of the Diaspora communication - create a robust database and website based system that maps Diaspora and friends of the Diaspora resources to locally identified demand and actual resource gaps.**

ACTION PLAN AND EMERGING AGENDA FOR CHANGE

1. Baseline or comprehensive assessment of the health care delivery requirements and MDGs' pegged shortfalls to enable:

- a determination of overall healthcare supply and demand; and, consequent resource gaps.
- co-development and delivery of locally or contextually relevant and practical interventions to healthcare delivery shortfalls through all the key stakeholders', – i.e., locally based and overseas experts and organisations, Kenyan and UK/US governments, Diaspora and friends of the Diaspora –, involvement.
- Conceptualisation of a health care delivery infrastructure through widely spread franchised 'micro-clinics' and incorporating laboratory services.

2. Partnerships – identification of new ones as well as solidification of nascent, existing and potential relationships including on:

- Collaboration and knowledge exchanges trials (with UK institutions and organisations: i.e., DoH; DfiD; the NHS; Royal Medical Colleges; Cambridge and Nottingham Universities; and, The Methodist University, Nairobi University and Kenyatta University amongst others)
- E-learning trials (with the Ministry of Health and the UK's NHS' East Midlands Healthcare Workforce Deanery)
- M-health trials (with the Ministry of Health and Celtel amongst others)
- Engage in partnerships that reflect the need for a holistic approach to health care. E.g. rural economy and agricultural sector economic revitalisation joint initiatives with forward thinking organisations like the Alliance for a Green Revolution in Africa (AGRA).

3. Funding

- Source widely for resources including innovative social wealth and enterprise models
- Continue engagements with current supporters e.g. Johnson and Johnson (J&J)

4. Diaspora and friends of the Diaspora Communication

- Build a robust database and website based communication system to effectively harness the intellectual and economic wealth found within the collective.

DR. MESHACH ONGUTI MD, PHD is a world renowned plastic surgeon who received his PhD in the UK and is currently Founder/CEO of Healthcare Alliance International (HAI). As well as an illustrious career in the medical sector, Meshach is a deeply committed and passionate advocate of better health care for the disadvantaged communities. He has had extensive involvement in enterprises that aim to alleviate the suffering of others through better health care provision including as founder director of Operation Smile amongst other charitable enterprises. Meshach is also the ex-CEO of Kenyatta National Hospital, which is the largest referral hospital in Kenya; and, former senior deputy Director of Medical Services at the Kenyan Ministry of Health.

PROFESSOR MUTUMA MUGAMBI MD PHD is currently the Vice Chancellor, Kenya Methodist University, Meru, having been the first to hold that position at the institution as well as chairman of the programmes Committee of the National AIDS Control Council amongst other responsibilities. Prior to his current position, he was Professor in Medical Physiology at the University of Nairobi. He has also held directorship and membership positions in leading research institutions and other establishments including as past Director of the Kenya Medical Research Institute and advisor to a number of international and regional research bodies. Recently, Professor Mugambi led Africa's consultations in preparation for the conference on health research for development in Bangkok. The Kenyan President awarded him the Moran of the Order of the burning Spear (MBS) for his immense contribution to the development of education.

DR KARIUKI NJENGA PHD is the director at the US Centre for Diseases Control (CDC). He was awarded his bachelors and masters degrees at the University of Nairobi and a Ph.D. in molecular virology from Pennsylvania State University. He spent four years as a post-doctoral fellow at the Mayo Clinic before moving to the University of Minnesota where he received the McKnight Presidential Fellows Award which is targeted specifically to the most promising faculty members.

DR BERNARD OLAYO MD, MPH is a health specialist at the Millennium Development Goals (MDGs) centre which was set up by the United Nations (UN) to work with different countries towards the achievement of the MDGs. It is headquartered at the Columbia University's Earth Institute headed by Professor Jeffrey Sachs, chief of the UN Millennium Project whose development of an action plan against poverty resulted in the UN's Millennium Development Goals (MDGs). The centre fosters an integrated approach, whereby issues of food security, education, nutrition and health, environment and energy are addressed in combination to alleviate poverty and hunger. Dr Olayo was awarded his degree at Harvard.

CHRIS O ODINDO MBA is CEO of IDPC, a Diaspora-led open participatory global social enterprise that works closely with governments, local experts and business leaders, multi lateral and bilateral organisations to seek practical enterprise-based, and more importantly locally relevant, solutions to capacity building and development problems. His background spans a diversely interesting international career in charitable enterprises, business and academia. Chris is also currently finishing an FSRF funded PhD programme in the UK.

ANTONY MWANIKI is head of Mobile for Good's (M4G's) activities in Kenya. Originally funded by Vodafone Group Foundation Mobile for Good's success and credo of using mobile technology to change lives in Africa has been closely watched internationally with press coverage including articles by the BBC, New York Times and The Washington Post. Antony, on behalf of M4G, is a past recipient of the KEPSA Small Enterprise Exhibitor Award from the Kenyan President Mwai Kibaki. He is a London Business School Alumni.

MR JAMES GONDI is currently the National Coordinator at Africas Brain Gain (ABG) Inc which is the brain child of Professor Atieno Ndede-Amadi. ABG was formed in 2000 not only to provide a positive perspective on the Brain Drain issue but also find ways to encourage networking opportunities for professionals in the Diaspora as well as providing information on the social-economic development agenda. James is a legal expert who received his training at Keele University in the UK.

DR KEFA BOSIRE is a pharmacist by training and background. However, through the years he has developed a keen interest in ICT and the potentially transformative powers of emerging technologies for the developing world and, especially Africa. He is also currently completing his PhD degree at the University of Nairobi.

MR NZOVO MUITA is the NGO representation at the committee. Nzovo works at the African Medical & Research Foundation (AMREF), which is Africa's leading health development organisation that operates across sub-Saharan Africa to improve its inhabitant's health. AMREF is the only international health development NGO that has its headquarters in Africa with an African staff percentage of 97%.

MISS WANGUI MUTHIGANI is a medical student at the University of Nairobi. Her presence reflects the importance IDPC attaches to the role of student doctors in the early establishment of knowledge and collaboration links for the future with their western counterparts, the Diaspora and its friends.