



UK AFRICA HEALTH SUMMIT THEMATIC REPORT: Improving understanding of the contributions of UK diaspora to the advancement of health in countries of heritage.

Introduction

The 2025 UK-Africa Health Summit convened key stakeholders to address urgent global health priorities and explore the evolving role of the UK in international cooperation. Framed by the UK Government's ambition to modernise its partnerships with African nations, restore trust, and deploy soft power more strategically, the Summit offered a platform for dialogue, knowledge exchange, and influence.

Founded by diaspora NHS staff of African heritage, the Summit remains rooted in the lived experience and leadership of the UK's diaspora communities. This year's gathering celebrated and explored the unique ways in which diaspora health workers connect the UK to health systems across the African continent.

A central theme of the 2025 Summit was to advance understanding of the contribution UK diaspora are making to the advancement of health in countries of heritage. This included showcasing work through the Global Health Workforce Programme (GHWP) and the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS), and sharing new research funded by the Department of Health and Social Care (DHSC) on diaspora-led impact in Ghana and Kenya.

Aligned with policy priorities articulated by the Foreign Secretary David Lammy and Minister of State Anneliese Dodds, the Summit also facilitated deeper

dialogue with partner countries on how diaspora contributions can be harnessed in more structured, strategic ways to advance health outcomes across the Global South.

This theme was co-designed with over 50 diaspora-led health networks in the UK, in collaboration with the World Health Organization and our Experts in Our Midst programme. Contributors and participants included representatives from African Ministries of Health, FCDO, DHSC, WHO, NHS leaders across the UK, Health Partnerships, and diaspora organisations.

Background

Diaspora engagement in health is increasingly recognised as a vital component of strengthening both the UK's healthcare system and health systems globally.

In the UK context, diaspora communities form a significant part of the population and health workforce; NHS England data indicates that approximately 1 in 5 NHS staff in England report a non-British nationality, an increase from 16.5% in 2022. African diaspora groups in particular represent a growing proportion of the health workforce, with Nigerian, Ghanaian, Zimbabwean, and Kenyan nationals among the largest non-UK staff contingents. Particularly notable is the role of diaspora staff in clinical leadership, with 35% of doctors and 27.2% of nurses in NHS England reporting a non-British nationality.

Diaspora leadership in health not only strengthens the UK's domestic health system but also offers strategic advantages in the global context. Diaspora health workers facilitate the transfer of skills, knowledge, and resources between the UK and countries of heritage, contributing to health system strengthening efforts across low- and middle-income countries.

The UK's International Development White Paper 2023 explicitly recognises diaspora communities as "a huge asset for UK international development," highlighting their role in remittances, knowledge exchange, education initiatives, entrepreneurship, philanthropy, and civic engagement. The White Paper commits to exploring opportunities to complement diaspora-led efforts, acknowledging that approximately 9.5 million people in the UK report a non-British nationality.

The importance of supporting diaspora engagement in global health cannot be separated from wider conversations about the decolonisation of global health. Global health remains influenced by colonial legacies that perpetuate power imbalances between high-income and low- and middle-income countries. Diaspora health workers by virtue of their lived experience and identities, are well-positioned to challenge these inequities, promote anti-racist practice, and reframe global health collaborations in ways that prioritise mutual respect, equity, and local ownership. Diaspora leadership offers dual impact: by platforming historically excluded Global South voices it contributes not only to technical health system strengthening, but also to the reshaping of global health governance.

In light of the UK's ambitions to restore trust and modernise partnerships with African countries, supporting and harnessing diaspora contributions to health offers a critical, evidence-based pathway toward a more equitable, effective, and sustainable approach to international health cooperation.

Purpose and objectives

Within the broader ambition to advance understanding of the contribution UK diaspora are making to the advancement of health in countries of heritage, the UK-Africa Health Summit 2025 convened a series of focussed sessions to share learning, promote dialogue, and identify priority actions.

The sessions under this thematic strand were designed to achieve the following:

- Strengthen collaborative models between UK-based diaspora clinicians and the Nigerian health system through the SCALE Programme (Strengthening Collaboration & Advancing Clinical Excellence), a collaboration between the Nigerian government and diaspora health workers in the UK aiming to strengthen the Nigerian healthcare system and address issues of workforce migration. Learning from similar programmes which engage diaspora and governments in East Africa, the Nigerian diaspora associations are developing partnerships with UK and Nigerian postgraduate medical colleges to facilitate skills and knowledge exchange, and with the Federal Ministry of Health to develop a framework for sustaining diaspora-led engagement.
- Explore the role of diaspora organisations in tackling health inequalities in both the UK and countries of heritage, by identifying successful interventions, highlighting the lived experiences of underrepresented groups, and generating strategies for increasing visibility and participation in health equity initiatives.
- Highlight effective strategies to harness diaspora expertise for a globally engaged NHS, by showcasing how NHS leaders across the UK are embedding diaspora engagement into global health activity, strengthening partnerships, supporting workforce development, and enabling multidirectional learning.
- Demonstrate how diaspora-led advocacy is shaping health policy and investment, by examining the role of networks and campaigns (e.g. HEAL) in influencing UK health diplomacy, overseas development assistance, and parliamentary engagement — and showcasing diaspora leadership in global health governance.
- Consolidate insights from senior NHS leaders across the UK, reflecting on institutional commitments to global engagement, and identifying actionable steps to systematise diaspora partnerships within the NHS's international health strategy.

Key discussions

Discussions highlighted that diaspora health workers are vital not only as frontline clinicians but also as global health leaders, advocates, and health system strengtheners. They possess unique advantages for shaping more equitable and effective health systems globally.

The Summit sessions also demonstrated that diaspora engagement is multifaceted:

- In the NHS, diaspora staff are strengthening cultural competence, enriching patient care, and acting as bridges for global health partnerships.
- In international development, diaspora leaders are challenging traditional donor-recipient models, advocating for equitable partnerships, and driving systemic health reforms. They are leveraging their dual understandings of health systems, both in their countries of heritage and in the UK, to reframe global health priorities from the ground up. They are advocating for equitable partnerships that move beyond transactional aid towards models of co-development and mutual benefit.
- In countries of heritage, diaspora health workers are supporting clinical education, strengthening institutional capacity, and advancing public health initiatives—often in fragile and conflict-affected settings.

Importantly, the discussions reinforced that diaspora engagement must be strategically embedded within NHS organisational strategies, UK global health policy, and international development programming. Central to this is recognising the expertise, leadership, and lived experience diaspora communities bring to the NHS, and creating formal structures to sustain and scale their impact.

The sessions connected under three key themes:

1. **NHS Global Engagement:** Embedding diaspora contributions into the NHS's international strategy and workforce development priorities.
2. **Diaspora Leadership and Advocacy:** Recognising and amplifying diaspora voices in health system reform, policy influence, and global health diplomacy.
3. **Diaspora-Driven Health System Strengthening:** Leveraging diaspora expertise to help build resilient, equitable health systems in countries of heritage.

1) NHS Global Engagement

Across sessions, there was a consistent call for diaspora engagement to be formalised as a core component of NHS international health strategies.

During 'A Globally Engaged NHS' and 'Harnessing Diaspora Expertise for a Globally Engaged NHS', speakers emphasised that diaspora staff are a strategic asset to the NHS, not only enhancing workforce diversity but also enabling deeper international engagement. Diaspora health workers' lived experiences were seen as crucial to designing equitable global health partnerships that move beyond outdated donor-recipient models.

Diaspora health workers are uniquely positioned to bridge cultural and structural gaps in global health collaborations, playing a key role in shaping partnership models that are grounded in mutual respect and shared learning, rather than top-down technical assistance. For example, diaspora clinicians involved in NHS-led global health programmes often co-develop training curricula with local stakeholders, ensuring relevance and sustainability. Others use their networks and credibility to facilitate government-to-government dialogue, helping to align priorities and navigate complex political or institutional landscapes.



By challenging traditional narratives of aid, diaspora staff contribute to the design of partnerships that recognise the expertise and leadership within LMICs, promote long-term capacity strengthening, and ensure that benefits flow both ways, including bringing back insights that improve the NHS and countries of heritage.

Speakers also highlighted the importance of creating leadership spaces, embedding diaspora engagement in NHS policy, and enabling investment back into countries of heritage through fellowships and exchange models. Panellists called for greater board-level support, digital infrastructure, and institutional frameworks to support long-term partnerships between NHS Trusts and LMIC health systems.

Crucially, this engagement must be underpinned by multidirectional learning, where UK systems benefit from knowledge and innovation coming from countries of heritage, not just the other way around. The summit underscored that global health is no longer optional for the NHS; it is part of its future-readiness and identity.

There was consensus that NHS Trusts must now more than ever embed diaspora engagement in strategy documents and workforce policies, invest in fellowships and programmes, and create institutional frameworks for global health partnerships led by diaspora health workers.

2) Diaspora Leadership and Advocacy

The summit also elevated diaspora leadership as a transformational force, not only in the delivery of services but in shaping systems, influencing policy, and challenging inequities.

Sessions such as ‘Diaspora Advocacy in Action’ and ‘Leaving No One Behind’ demonstrated that diaspora health workers are actively shaping national and global agendas, including driving policy change on global health investment.

Participants stressed that diaspora leadership must not be seen as an "add-on" but institutionalised as a core part of how we design and deliver health systems. Across discussions, the need for visibility, funding, and policy influence was clear.

It was also stressed that the growing ecosystem of diaspora health associations — now over 85 in the UK — are a powerful, under-leveraged asset, shaping NHS practices, parliamentary engagement, and global health investment priorities. Their advocacy extends from influencing policy on workforce migration and ODA funding to leading grassroots health equity campaigns during COVID-19.

Advocacy was broadly defined to include education, diplomacy, grassroots mobilisation, and symbolic recognition (e.g. the call for a national Diaspora Day). Discussions also spotlighted the need to address structural barriers such as limited leadership representation, especially for African and female health workers.

This theme speaks to the political and moral dimensions of diaspora engagement: challenging racial inequity, colonial legacies, and driving systemic change through lived experience and collective organising.

3) Diaspora-Driven Health System Strengthening

While much focus is often placed on health worker migration, the summit reframed diaspora engagement as a long-term strategy for health system strengthening. The SCALE Programme session in particular offered a model of transnational collaboration that balances ethical concerns about migration with proactive solutions.

This theme across the Summit sessions recognised that diaspora health workers contribute not only clinical skills to health systems in countries of heritage, but also institutional support, curriculum design, regulatory reform, and health education innovation. From training 1,100 medical students in conflict-affected Sudan, to improving maternal health in Nigeria and bridging research gaps between diaspora and local institutions, summit sessions showed that diaspora actors are building capacity from within systems, not outside them.

This theme was particularly central to the session ‘Leaving No One Behind’, which emphasised the ability of diaspora health workers to navigate cultural, linguistic, and contextual barriers in both UK and international health systems to reduce health inequalities in ways non-diaspora professionals often cannot.

Examples included the establishment of peer support workers to improve mental health care in Uganda, an intervention which worked so well it was brought back and implemented to great success in East London. The innovative approach which reduced the stigma and improved mental health care access among African communities in East London was shaped by the cultural insight, lived experience, and transnational expertise of UK-based Ugandan health workers who were given the opportunity to visit and collaborate with mental health colleagues in Uganda. Similarly, when Malawian diaspora health workers realised that their communities in the UK were at higher risk during the COVID-19 pandemic, they developed tailored and culturally grounded public health messaging which dispelled myths and misinformation that were rife among their networks. As the messages were coming from respected members of their own communities, they were trusted and accepted in a way that government messaging was not. The summit sessions called for these contributions to be formally recognised and bolstered through policy, funding, and leadership opportunities. As many speakers affirmed, diaspora professionals need time and resources to engage meaningfully in conversations, programmes, and campaigns, both in the UK and countries of heritage. Importantly, panellists called for greater alignment with national priorities and formal mechanisms to coordinate diaspora efforts with ministries of health. This includes better policy dissemination, regulatory clarity, and institutional anchoring. There was a shared call to strengthen mutual accountability, ensure that community health is not overshadowed by specialist care, and recognise diaspora work as a strategic contribution to global development.

Conclusions and recommendations

The 2025 UK-Africa Health Summit reaffirmed that diaspora health workers are vital to advancing health equity, strengthening health systems, and shaping the future of global health both in the UK and in countries of heritage. The contributions of diaspora leaders extend beyond clinical service delivery – they are driving policy change, building institutional capacity, and reshaping global health partnerships.

Across all sessions, it was clear that diaspora engagement in global health is strategic, ethical, and essential. Harnessing diaspora expertise strengthens the NHS, amplifies the UK's role as a global health partner and leader, and supports health systems strengthening across low- and middle-income countries.

However, realising the full potential of diaspora contributions requires intentional action. Sessions provided examples such as institutionalisation within NHS and government strategies, leadership opportunities, formal partnerships with ministries of health, investment in advocacy infrastructure, and the embedding of multidirectional learning models that challenge traditional donor-recipient dynamics.

The Summit set a clear agenda for the future: diaspora engagement must be central to global health strategies, institutionalised within the NHS, and fully recognised as a cornerstone of a decolonial, equitable global health landscape. Global Health Partnerships will continue to learn, research and generate evidence in line with the following recommendations, and to support diaspora-led work that strengthens globally connected health systems and reduces inequalities both in the UK and in countries of heritage.



Below are recommendations compiled from the sessions:

1) Embed diaspora engagement as core to NHS and UK global health strategies

- Institutionalise diaspora engagement across NHS Trusts through formal global health strategies, board-level support, and integration into workforce development plans.
- Recognise diaspora health workers as strategic assets and ethical stakeholders.
- Celebrate and advance diversity in leadership, recognise and harness the skills of diaspora NHS staff, and ensure equitable access to leadership roles for diaspora health workers.

2) Strengthen global health partnerships through multidirectional learning

- Promote models of two-way learning where NHS staff and LMIC health systems benefit equally from global health partnerships.
- Expand fellowship programmes and circular migration schemes to enable diaspora health workers to share expertise with countries of heritage while advancing professional development in the UK.
- Support digital health partnerships (e.g., telemedicine, e-learning platforms) to widen access to knowledge exchange, which is essential post-COVID-19/ pandemic recovery and preparedness.

3) Invest in diaspora-led advocacy, leadership, and innovation

- Fund and support diaspora health networks, recognising their role in driving health equity, influencing health policy, supporting retention, and fostering innovation.
- Build advocacy capacity among diaspora organisations to enable them to influence UK ODA policy, NHS international strategy, and global health diplomacy.
- Celebrate diaspora contributions nationally, e.g., consider initiatives such as a national Diaspora Day to institutionalise recognition.

4) Focus on institutional capacity building, not just improving clinical skills

- Prioritise investments in strengthening regulatory bodies, teaching hospitals, health governance, and policy systems in countries of heritage, not just individual training programmes.
- Strengthen ties between diaspora associations and national Ministries of Health, moving beyond informal desk arrangements to dedicated liaison departments, e.g. Diaspora engagement departments such as the Diaspora Unit of the Nigerian Federal Ministry of Health and Social Welfare, and the Kenyan Ministry of Foreign Affairs' State Department for Diaspora Affairs.

5) Advance health equity and anti-racist practice

- Embed anti-racist training into NHS workforce development, ensuring diaspora staff are supported within inclusive, safe environments.
- Integrate multilingual and culturally competent approaches into public health strategies, particularly in times of crisis and pandemic response.

5) Invest in Research and Evidence

- Systematically capture and publicise the evidence base for diaspora contributions, ensuring that the impact of diaspora-led initiatives is visible, measurable, and valued.
- Build monitoring and evaluation systems that track the mutual benefits of health partnerships for both the NHS and partner countries.

6) Support resilient health systems in fragile and conflict settings

- Strengthen diaspora-led health and education initiatives in conflict-affected regions, recognising their critical role in sustaining service delivery and human resources for health during crises.
- Prioritise partnerships that build resilience and invest in system-wide strengthening even under emergency conditions.

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