

Medical Sociology 2017 : Insights into a united states of america-based congolese diaspora organization's initiative to establish and operate a health centre in favor of a community of internally displaced persons in the democratic republic of the congo: political and social motivators, milestones, facilitators and inh

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Short Communication

Abstract

While members of the African Diaspora have been abundantly lauded as significant contributors to the economy of their countries of origin, notably through their financial remittances, little is known about their collective efforts and challenges to mobilize and establish health care facilities in Africa. Yet there are many primary health care infrastructure development initiatives undertaken successfully or not by various individuals or organizations in the African Diaspora with the aim of bringing basic health care services to the under-served African communities. These initiatives have not yet been sufficiently documented. This lack of documentation prevents optimal involvement of the African Diaspora, causes many actors to repeat mistakes they could have otherwise avoided, and blocks theory formulation and testing in this domain. This case study is aimed at addressing some of these shortcomings, notably by describing, from an insider's perspectives, the efforts deployed and the challenges faced by Leja Bulela Inc, a United States of America-based Congolese Diaspora organization, to establish and operate a health center in favor of a community of internally displaced persons in the Democratic Republic of the Congo (DRC). We explore the political and sociological forces at play in both the Democratic Republic of the Congo and the USA to prompt first the creation of Leja Bulela and then the establishment of the Kalala Muzeu health center in Mbujimayi, capital of the Eastern Kasai province (DRC). After critically analyzing the structural and functional features of these two entities, we uncover and identify their inherent challenges. Finally, we propose key best practices that African Diaspora organizations can, with some adjustments based on their respective parameters such as country of residence and country of origin, follow to grow into highly performing organizations and, eventually, to more expeditiously and more efficaciously create and operate quality primary health care facilities in Africa.

Biography

Bukonda is full professor of Public Health Sciences at Wichita State University. He received his PhD at the University of Minnesota (1994). He has lectured at various academic institutions in the Democratic Republic of the Congo, Zimbabwe and USA (ISTM-Kinshasa, University of Mbujimayi, Africa University, Southern and Northern Illinois Universities). He is member of and has assumed leadership roles in many scientific, professional and community organizations. He is author and co-author of more than 100 scientific presentations and about 3 dozens of articles/abstracts and his research interests include primary health care, policies of essential drugs, teamwork, hospital accreditation, quality improvement and safety of medical care, private health care entrepreneurship and management of community pharmacy.

Note:- This work is partly presented at 2nd World Congress on Medical Sociology & Community Health (September 25-26, 2017 | Atlanta, USA)