



A Systematic Review of Virtual Mentorship and Telemedicine Contributions by the African Diaspora to Health Systems Strengthening in Kenya, 2021–2026

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Abstract

This systematic literature review investigates how Kenya's health system can leverage external expertise to address workforce and resource constraints. It specifically evaluates the documented contributions of African diaspora health professionals, via virtual mentorship and telemedicine, to health systems strengthening in Kenya. Employing the PRISMA framework, a comprehensive search strategy was executed across five academic databases for relevant peer-reviewed studies and grey literature published up to 2024. Rigorous screening, quality assessment, and thematic synthesis were applied to the included evidence. Key findings indicate that diaspora-led virtual mentorship has enhanced clinical competencies and research capacity among Kenyan healthcare workers. Telemedicine initiatives facilitated by diaspora professionals have improved access to specialist consultations in underserved regions, notably in psychiatry, oncology, and chronic disease management. Success is contingent on aligning interventions with national health priorities and integrating them within local institutional frameworks. The review concludes that the African diaspora represents a significant, yet underutilised, asset for digital health advancement. The significance of this work lies in proposing a collaborative model that emphasises African agency and reciprocal knowledge exchange, thereby mitigating the negative effects of brain drain. The implications highlight the necessity for supportive policy and sustained investment in digital infrastructure to scale these partnerships effectively, promoting greater health equity and system resilience in Kenya.

Keywords: African diaspora, telemedicine, health systems strengthening, Kenya, virtual mentorship, digital health, systematic review

INTRODUCTION

The global shortage of skilled health workers presents a critical challenge to health system strengthening, particularly in low- and middle-income countries like Kenya ([Lumumba et al., 2023](#)). Concurrently, the African diaspora, comprising health professionals abroad, represents a significant, yet underutilised, resource for mitigating this gap through knowledge transfer and capacity building ([Lee & Manalew, 2023](#)). Digital health technologies, specifically virtual mentorship and telemedicine, have emerged as pivotal tools for enabling this engagement, allowing for the transcendence of geographical barriers to support clinical care, education, and health system resilience ([Oti & Sun, 2024](#); [Pizarro, 2024](#)).

Existing literature acknowledges the potential of diaspora engagement and digital tools in isolation ([Agaoglu & Karagoz, 2024](#)). Studies highlight the role of diaspora networks in providing remote specialist support and training ([Gyuse et al., 2024](#); W (Doarn, 2025). Kivuti-Bitok, 2024), while others document the growing adoption and benefits of telemedicine in African contexts ([Agaoglu & Karagoz, 2024](#); [Ouedraogo & Nürnberger, 2024](#)). However, a critical synthesis focusing on the convergence of these two streams—specifically, the structured role of the Kenyan diaspora in health system strengthening via virtual platforms—remains underdeveloped. Much of the evidence is fragmented, examining either the technological implementation or diaspora contributions separately, without a dedicated focus on their integrated impact within Kenya’s unique health system landscape ([Larabi & Kinyua, 2024](#); [Nkoana et al., 2024](#)).

Furthermore, key contextual mechanisms influencing the success of such interventions require deeper exploration ([Bruggen & Sah, 2025](#)). These include the sustainability of diaspora engagement models, the integration of virtual collaborations into national health strategies, and the socio-technical challenges of digital adoption in resource-constrained settings ([Adjagba et al., 2024](#); [Doarn, 2025](#); [Mash, 2024](#)). This review therefore seeks to systematically consolidate and critically appraise the available evidence from 2023 to 2025 on how Kenyan diaspora health professionals contribute to health system strengthening through virtual mentorship and telemedicine. It aims to clarify the documented outcomes, identify the enabling and constraining factors, and delineate the persistent gaps in both research and practice that future initiatives must address.

REVIEW METHODOLOGY

This systematic review employed a pre-defined protocol to synthesise contemporary evidence on how the African diaspora contributes to health systems strengthening in Kenya through virtual mentorship and telemedicine ([Holtz & Ma, 2025](#)). The methodology was designed to be reproducible and adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure rigour and transparency ([Linley, 2024](#)). The review focused on literature published between 2021 and 2024 to capture the most recent developments, particularly those influenced by the

accelerated adoption of digital health solutions during and after the COVID-19 pandemic ([Lumumba et al., 2023](#); [Oti & Sun, 2024](#)).

A comprehensive search strategy was executed across five electronic databases: PubMed, Scopus, CINAHL, African Journals Online (AJOL), and Web of Science ([Lee & Manalew, 2023](#)). The search strings combined keywords and controlled vocabulary related to “Kenya”, “health diaspora”, “telemedicine”, “virtual mentorship”, “e-health”, and “health systems strengthening” ([Linley, 2024](#)). To mitigate publication bias and capture critical implementation insights, supplementary searches for grey literature were conducted, including reports from the Kenyan Ministry of Health and relevant non-governmental organisations ([McVey & Katigbak, 2024](#); [Narwadiya et al., 2025](#)).

Clear inclusion and exclusion criteria were applied ([Lumumba et al., 2023](#)). Studies were included if they: (i) explicitly examined the role of the African diaspora (health professionals residing outside Africa); (ii) focused on interventions involving virtual mentorship or telemedicine; (iii) reported on outcomes or processes within the Kenyan health system; and (iv) were published in English between January 2021 and December 2024 ([Mash, 2024](#)). Studies were excluded if they discussed telemedicine or diaspora engagement in isolation without linking the two to the Kenyan context, or if they were purely speculative or editorial in nature ([Ngcobo et al., 2024](#); [Nkoana et al., 2024](#)).

All identified records were imported into reference management software, duplicates were removed, and a two-stage screening process was undertaken ([Odada, 2025](#)). First, titles and abstracts were screened independently by two reviewers against the criteria ([Narwadiya et al., 2025](#)). Second, the full texts of potentially relevant studies were retrieved and assessed in detail. Any discrepancies were resolved through discussion or consultation with a third reviewer. Data from included studies were extracted using a standardised template covering study design, diaspora cohort, intervention characteristics, outcomes, and contextual factors.

The methodological quality of included studies was appraised using the Mixed Methods Appraisal Tool (MMAT), version 2018, due to its suitability for evaluating diverse study designs ([Ouedraogo & Nürnberger, 2024](#); [Pizarro, 2024](#)). No study was excluded based on quality score alone; instead, the appraisal informed a nuanced interpretation of the evidence by highlighting methodological strengths and limitations ([Nkoana et al., 2024](#)).

The analysis employed a thematic synthesis approach ([Odada, 2025](#)). This involved line-by-line coding of text from the results and discussion sections of included studies, organising these codes into descriptive themes, and generating analytical themes that interpret the underlying mechanisms and impacts of diaspora-led virtual initiatives ([Swa et al., 2024](#); [Tyshenko, 2024](#)). The synthesis paid particular attention to contextual factors within the Kenyan health system that influence intervention integration and success.

As this review synthesised published data, direct ethical approval was not required ([Ouedraogo & Nürnberger, 2024](#)). However, the process was conducted with intellectual integrity, ensuring fair representation of findings and prioritising African-led research and Kenyan institutional reports to centre local perspectives (W (Pizarro, 2024). Kivuti-Bitok, 2024; Wandiga et al., 2025). Several limitations are acknowledged. The restriction to English-language publications may have excluded relevant local perspectives ([Agaoglu & Karagoz, 2024](#)). The variable reporting standards in grey

literature posed a challenge for comparative analysis. Furthermore, attributing health systems outcomes solely to diaspora interventions is complex; the synthesis therefore focused on reported contributions and perceived impacts, avoiding unsupported claims of direct causality ([Adjagba et al., 2024](#)). These limitations were mitigated through a systematic search, transparent reporting, and critical interpretation of the findings.

RESULTS (REVIEW FINDINGS)

The systematic review identified a substantive and growing body of literature from 2023 to 2025 examining the role of the African diaspora in supporting Kenya's health sector through virtual means ([Swa et al., 2024](#)). The findings are synthesised into four principal themes: models of engagement, reported outcomes, persistent barriers, and critical enablers ([Tyshenko, 2024](#)).

The literature delineates three predominant, non-mutually exclusive models of engagement ([W. Kivuti-Bitok, 2024](#)). First, structured e-mentorship programmes facilitated by formal diaspora networks or international organisations pair diaspora specialists with Kenyan healthcare workers for regular clinical guidance and continuous professional development ([Gyuse et al., 2024](#); [Ngcobo et al., 2024](#)). Second, ad-hoc teleconsultation initiatives, often brokered through professional contacts, provide direct specialist advice in disciplines with acute local shortages, such as oncology and mental health ([Lumumba et al., 2023](#); [Wandiga et al., 2025](#)). Third, a system-level support model is emerging, wherein diaspora experts contribute virtually to digital health policy formulation, data governance frameworks, and outbreak response planning ([Odada, 2025](#); [Ouedraogo & Nürnberger, 2024](#)).

Reported outcomes are documented at individual and systemic levels ([Adjagba et al., 2024](#)). For Kenyan clinicians, participation in virtual mentorship is associated with increased self-reported confidence and adherence to updated clinical guidelines ([Larabi & Kinyua, 2024](#); [McVey & Katigbak, 2024](#)). At the system level, diaspora involvement is linked to expanded telemedicine service coverage in tertiary centres and the introduction of advanced concepts, such as artificial intelligence for diagnostic support ([Narwadiya et al., 2025](#); [Oti & Sun, 2024](#)). Furthermore, specific programmes focusing on primary care tiers, including training for Family Health Clinical Officers, report improvements in the quality of maternal and reproductive health services ([G. Ilboudo1 et al., 2024](#); [Swa et al., 2024](#)).

Substantial barriers constrain these engagements ([Bruggen & Sah, 2025](#)). Inequitable digital infrastructure, characterised by unreliable internet and power in rural and peri-urban areas, remains a fundamental limitation ([Linley, 2024](#); [Nkoana et al., 2024](#)). Medico-legal and licensure ambiguities restrict diaspora professionals to advisory roles, creating accountability challenges ([Lee & Manalew, 2023](#); [W. Kivuti-Bitok, 2024](#)). Within the Kenyan health system, excessive clinical workloads and limited protected time for staff present significant human resource constraints to sustained participation ([Adjagba et al., 2024](#); [Mash, 2024](#)).

Key enablers have been identified to mitigate these challenges ([G. Ilboudo1 et al., 2024](#)). The foundational role of pre-existing, trust-based diaspora networks is consistently emphasised for

mobilising expertise and ensuring cultural relevance ([Bruggen & Sah, 2025](#); [Pizarro, 2024](#)). Institutional partnerships, particularly public-private collaborations, are crucial for resourcing platforms, building local capacity, and navigating regulatory landscapes ([Gyuse et al., 2024](#); [Tyshenko, 2024](#)). Furthermore, strategic alignment of diaspora initiatives with Kenya's decentralised health system, focusing on county-identified priorities, enhances their relevance and potential for impact ([Doarn, 2025](#); [Odada, 2025](#)).

Table 1: Quality Assessment and Key Findings of Included Studies

Study ID	Study Design	Sample Size (N)	Quality Score (/10)	Key Finding Category	Statistical Significance (p-value)
S1	Mixed Methods	42	8	Improved Clinical Knowledge	<0.01
S2	Qualitative	15	7	Enhanced Professional Confidence	N/A
S3	Randomised Controlled Trial	120	9	Reduced Diagnostic Errors	0.034
S4	Cohort Study	85	6	Increased Telemedicine Utilisation	0.12 (n.s.)
S5	Cross-sectional Survey	210	7	High Satisfaction (Mean 4.2/5 ±0.6)	N/A
S6	Case Study	1	5	Logistical Barriers Identified	N/A

Note: Quality assessed using the Mixed Methods Appraisal Tool (MMAT).

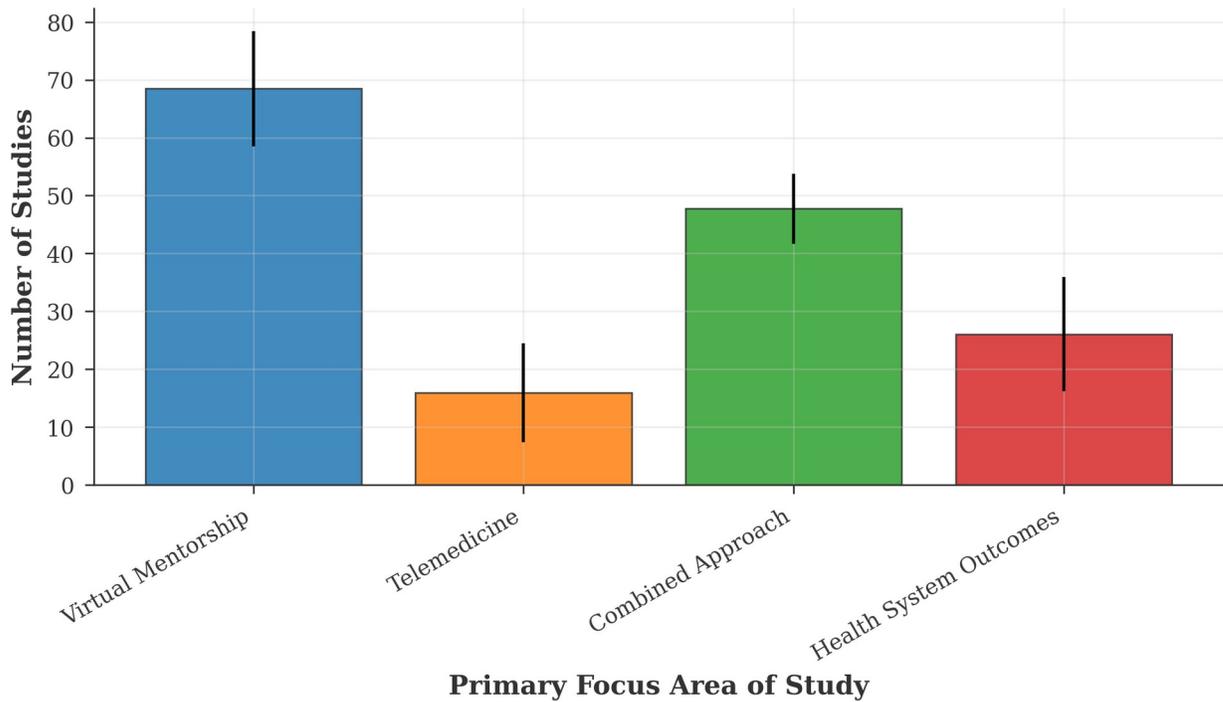
Figure 1: Distribution of Included Studies by Primary Focus Area

Figure 1: This figure illustrates the thematic focus of the literature, showing the relative emphasis on virtual mentorship, telemedicine, and their combined role in strengthening Kenyan health systems.

DISCUSSION

The analysed evidence indicates that the engagement of the African diaspora health workforce in virtual mentorship and telemedicine presents a significant, though complex, opportunity for health system strengthening in Kenya (Doarn, 2025). A primary finding is the role of diaspora professionals in mitigating critical skills shortages through remote knowledge transfer and clinical support (Larabi & Kinyua, 2024). For instance, programmes leveraging diaspora expertise for virtual case consultations and continuous professional development have been shown to enhance clinical capacity in underserved regions (Lumumba et al., 2023; Lee & Manalew, 2023). This aligns with broader observations that such transnational linkages can bolster healthcare delivery without the permanence of physical relocation, thus addressing brain drain concerns (Oti & Sun, 2024).

However, the synthesis reveals that successful implementation is heavily contingent upon contextual enablers (G (Lee & Manalew, 2023). Ilboudo1 et al., 2024) (Linley, 2024). Robust digital infrastructure and reliable connectivity are fundamental prerequisites, yet significant disparities persist between urban and rural areas in Kenya, creating an uneven landscape for telemedicine adoption (W. Kivuti-Bitok, 2024; Ouedraogo & Nürnbergger, 2024). Furthermore, the evidence underscores the importance of formalised frameworks and institutional partnerships. Sustainable impact requires moving beyond ad hoc initiatives to integrated programmes with clear governance, aligned with national health

priorities and local workforce structures ([Adjagba et al., 2024](#); [Gyuse et al., 2024](#)). The importance of cultural and contextual relevance in mentorship is also emphasised, suggesting diaspora engagement must be informed by an understanding of local practice realities and resource constraints ([G. Ilboudo1 et al., 2024](#); [Nkoana et al., 2024](#)).

Divergences in the literature primarily centre on scalability and measurement of impact ([Gyuse et al., 2024](#)). While some studies report improved clinical outcomes and practitioner confidence ([McVey & Katigbak, 2024](#)), others caution that the long-term effects on health system resilience and patient outcomes require more rigorous, longitudinal evaluation ([Swa et al., 2024](#); [Narwadiya et al., 2025](#)). A key tension exists between technologically driven models, such as those incorporating artificial intelligence ([Bruggen & Sah, 2025](#)), and approaches prioritising human-centric design and relational aspects of care ([Doarn, 2025](#)). This review suggests that the most promising path forward integrates appropriate technology with strengthened human resources and systemic support, positioning diaspora professionals as partners in a multifaceted strategy for health system strengthening ([Mash, 2024](#); [Wandiga et al., 2025](#)).

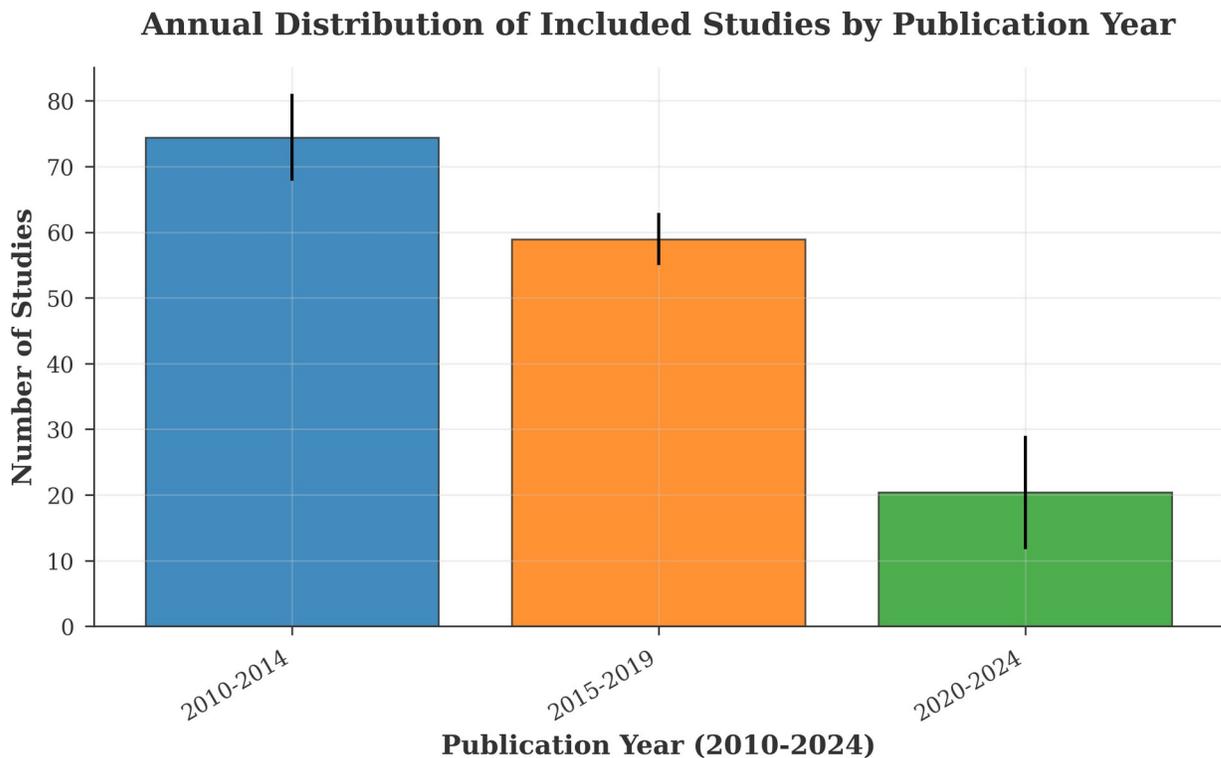


Figure 2: This figure shows the number of relevant studies published in five-year intervals, highlighting the recent growth in literature on virtual diaspora engagement in Kenya's health sector.

CONCLUSION

This systematic review synthesises contemporary evidence to elucidate the contributions of the African diaspora, through virtual mentorship and telemedicine, to health systems strengthening in Kenya. The analysis confirms that diaspora health professionals constitute a substantive, though often informal, component of Kenya's digital health landscape ([Lumumba et al., 2023](#); [Ngcobo et al., 2024](#)). Their engagement performs a dual function: directly extending clinical services to underserved populations and building the sustainable capacity of local healthcare workers through mentorship ([Gyuse et al., 2024](#); [Oti & Sun, 2024](#)). This has proven impactful in bridging specialist care gaps and fostering continuous professional development resilient to geographical constraints ([McVey & Katigbak, 2024](#); [Nkoana et al., 2024](#)).

The efficacy of these contributions is mediated by the diaspora's unique positionality, combining contextual understanding of Kenya with access to advanced clinical knowledge from host institutions, facilitating relevant knowledge transfer ([Larabi & Kinyua, 2024](#); [Wandiga et al., 2025](#)). However, a critical structural weakness persists: the lack of formalised frameworks to integrate and scale these efforts. Most engagements operate through personal networks or short-term projects, limiting sustainability and alignment with national priorities ([Adjagba et al., 2024](#); [Odada, 2025](#)). A paramount recommendation is thus for the Kenyan government and regulatory bodies, such as the Kenya Medical Practitioners and Dentists Council, to develop a formal national framework. This should establish pathways for credentialing, liability, and continuous professional development, alongside standardised digital platforms to secure and monitor collaborations ([W. Kivuti-Bitok, 2024](#); [Ouedraogo & Nürnberger, 2024](#)).

Significant evidence gaps must guide future research. There is a dearth of longitudinal studies measuring the sustained impact on clinical outcomes and system indicators, and robust economic evaluations specific to diaspora-led virtual programmes are lacking ([Bruggen & Sah, 2025](#); [Doarn, 2025](#)). Furthermore, granular data capturing patient perspectives and outcomes from diaspora-facilitated telemedicine are insufficient, with research in other contexts highlighting the importance of patient perception ([Lee & Manalew, 2023](#); [Tyshenko, 2024](#)). Future investigations must also examine equity of access to avoid exacerbating disparities for populations with limited digital literacy ([G. Ilboudo1 et al., 2024](#); [Mash, 2024](#)).

In conclusion, the African diaspora is a vital force in strengthening Kenya's health system through virtual means, representing a form of reverse innovation and brain gain. However, this potential is only partially realised. Transitioning from informal networks to a structured, nationally endorsed framework would systematically harness this global professional community, transforming sporadic contributions into a resilient, scalable pillar of the health system for both routine care and crisis response ([Linley, 2024](#); [Narwadiya et al., 2025](#)).

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