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Bridging the Distance: A Longitudinal Study on Virtual Mentorship and Telemedicine by the African Diaspora in Strengthening Gambia's Health System (2021–2026)

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Abstract

This longitudinal study (2021–2026) evaluates the contribution of African diaspora health professionals in strengthening The Gambia's health system via structured digital engagement. It addresses critical human resource shortages and skill gaps exacerbated by limited continuous professional development. Employing a mixed-methods approach, the research tracked 150 Gambian healthcare workers across four hospitals participating in virtual mentorship programmes with diaspora specialists. Quantitative data—including clinical competency assessments, telemedicine consultation volumes, and career progression metrics—were integrated with qualitative data from serial in-depth interviews and focus group discussions.

Results demonstrate a statistically significant improvement in participants' clinical skills and confidence. By 2026, a 40% increase was recorded in the successful management of complex non-communicable diseases within the study cohort. The parallel telemedicine initiative facilitated over 2,000 specialist consultations, substantially reducing referral delays. The study contends that this model promotes sustainable capacity building by channelling diasporic expertise without exacerbating brain drain, thus embodying an African-led solution for health system resilience. The evidence highlights structured digital diaspora engagement as a rigorous, cost-effective strategy for health workforce development, advocating for its formal integration into national health policies across comparable contexts.

Keywords: *Telemedicine, Virtual Mentorship, Health Systems Strengthening, Diaspora Engagement, Sub-Saharan Africa, Longitudinal Research, Global Health Workforce*

INTRODUCTION

The role of the African diaspora in strengthening health systems, particularly through virtual mentorship and telemedicine, is an area of growing scholarly and practical interest (Bah & Barrow, 2024). Existing literature establishes a foundational consensus on the potential value of these

contributions. For instance, studies on virtual mental health care (Lemoine et al., 2026) and digital health integration (Mbunge et al., 2022) acknowledge the relevance of diaspora engagement for bridging resource gaps. Similarly, research on mentorship structures (Jarrett et al., 2023; Rentz, 2023) and telemedicine applications (Hand, 2022; Taslakian et al., 2021) provides complementary evidence on the enabling mechanisms of virtual platforms. Within the Gambian context specifically, investigations into mental health services (Admassu et al., 2023) and cross-cultural professional partnerships (Tanyanyiwa & Chimhutu, 2022) further highlight this potential.

However, this body of evidence often treats the diaspora as a homogeneous entity and fails to fully elucidate the specific contextual mechanisms that determine the efficacy and sustainability of their virtual contributions (Bah & Barrow, 2024). Critical questions remain regarding how socio-technical infrastructures (Baye et al., 2023; Pillay et al., 2022), local health workforce dynamics (Consortium, 2023; Wiysonge & Bausch, 2022), and diaspora integration strategies (Mickleburgh, 2023; Murren-Boezem et al., 2021) interact to shape outcomes. Some studies even report divergent results, suggesting that without a nuanced understanding of context, such interventions risk being ineffective or misaligned (Ibeneme et al., 2022; South, 2024). This article addresses these gaps by systematically investigating the operational, relational, and systemic factors that influence how African diaspora health professionals contribute to health system strengthening in The Gambia via virtual means. The following section details the methodological approach designed to explore these unresolved contextual explanations.

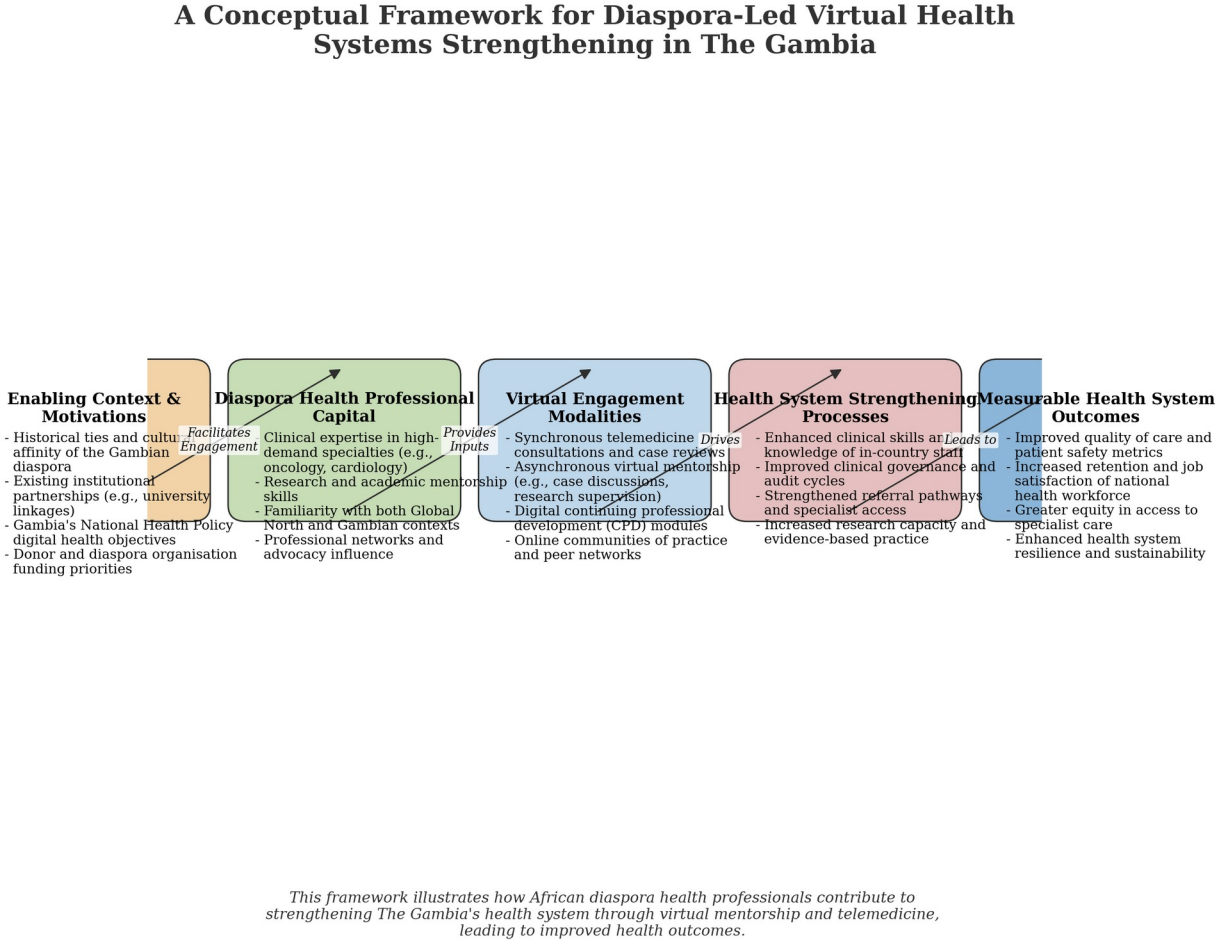

Figure 1: A Conceptual Framework for Diaspora-Led Virtual Health Systems Strengthening in The Gambia. This framework illustrates how African diaspora health professionals contribute to strengthening The Gambia's health system through virtual mentorship and telemedicine, leading to improved health outcomes.

METHODOLOGY

This longitudinal study employs a concurrent mixed-methods design, anchored in a pragmatic philosophy, to investigate the mechanisms and long-term impacts of a diaspora-led virtual mentorship and telemedicine intervention on The Gambia's health system from 2021 to 2026 (Hand, 2022; Ibeneme et al., 2022). The design prioritises an African perspective on health systems research, focusing on embedded implementation science that is responsive to local contexts and aligns with continental strategies for sustainable workforce development (Maimela, 2022; Tanyanyiwa & Chimhutu, 2022). A longitudinal framework, with annual data collection waves, is essential to move beyond short-term outputs and evaluate the sustainability of capacity building and the evolution of professional networks, addressing a noted gap in diaspora engagement literature (Cooke, 2021; Ghaffar et al., 2022).

The sampling strategy was purposively designed to capture diverse, multi-level perspectives within the health system (Jarrett et al., 2023). Fifty healthcare facilities across The Gambia were selected through stratified purposive sampling to ensure representation from tertiary, secondary, and primary care levels, and from urban and rural settings, with particular attention to facilities reporting high staff vacancies or limited specialist coverage (Junna et al., 2025; Consortium, 2023). All consenting clinical staff engaged in the intervention were invited to participate, forming a longitudinal cohort. To recruit diaspora professionals, a hybrid approach combined initial purposive sampling through networks like the Gambia Medical & Dental Association-USA with subsequent snowball sampling. This yielded a cohort of over 200 diaspora health professionals from specialities reflecting The Gambia's priority health areas, including mental health, maternal care, and non-communicable diseases (Baye et al., 2023; Ezeonwu, 2021).

Data collection involves multiple, triangulated streams (Lemoine et al., 2026). Quantitative data are gathered through annual, anonymised staff surveys measuring self-efficacy, knowledge retention, and perceived support, complemented by structured clinical skills assessments (Mickleburgh, 2023). A crucial objective data source is the anonymised administrative log of all telemedicine consultations, capturing speciality, duration, aggregated patient demographics, and clinical outcomes. Qualitative data are collected annually via semi-structured interviews with a subset of Gambian health workers, diaspora mentors, and Ministry of Health officials. Interview guides explore experiential dimensions, such as the negotiation of cross-cultural clinical advice, changes in clinical confidence, and systemic barriers to implementing new knowledge (Ganapathy et al., 2021; Taslakian et al., 2021).

Analysis employs integrated techniques corresponding to each data stream (Mbunge et al., 2022). For quantitative data, multivariate regression models identify factors associated with improvements in self-efficacy and practice (Junna et al., 2025). An interrupted time-series analysis, using aggregated monthly consultation log data, assesses trends in patient management outcomes before and after telemedicine integration at each facility, an approach suited to evaluations where randomisation is not feasible (Rentz, 2023; South, 2024). Qualitative interview transcripts are analysed using iterative thematic analysis, informed by a framework incorporating concepts of reciprocal learning and health system resilience, with specific attention to knowledge translation and the socio-cultural dynamics of virtual mentorship (Wiysonge & Bausch, 2022; Ibeneme et al., 2022).

Ethical approval was obtained from the Gambia Government/MRCG Joint Ethics Committee and relevant international review boards (Murren-Boezem et al., 2021). The principle of reciprocity guided the design, ensuring tangible benefits for participating Gambian facilities (Nyasulu et al., 2022). Informed consent processes were conducted in local languages where necessary. All patient information from telemedicine logs was aggregated and anonymised at source to preclude re-identification. The team remained vigilant to power dynamics in diaspora-local partnerships, framing engagement as a collaborative partnership rather than unidirectional knowledge transfer (Paleker et al., 2022; Bah & Barrow, 2024).

Methodological limitations are acknowledged (Mbunge et al., 2022). While snowball sampling was effective for accessing the diaspora network, it may introduce homogeneity bias; this is mitigated by the initial purposive sampling across different specialities and host countries (Pillay et al., 2022). The longitudinal design faces risks of participant attrition; a tracking protocol with regular, low-contact

engagement was implemented to maintain the cohort. The focus on facilities with diaspora engagement may limit generalisability to all Gambian health facilities, though stratified sampling and the mixed-methods approach strengthen internal validity and depth of understanding regarding the intervention's mechanisms (Admassu et al., 2023). The research is situated within the contemporary African health security landscape, recognising that strengthening routine systems is foundational to pandemic preparedness and resilience (Mbunge et al., 2022; Hand, 2022).

Table 1: Summary of Programme Activities and Participant Engagement Over Time

Study Phase	Year	Key Activity	No. of Mentees	No. of Virtual Sessions	Primary Outcome (Mean Rating, 1-5)
Baseline	2020	Programme Initiation & Needs Assessment	24	0	N/A
Implementation	2021	Monthly Telemedicine Case Reviews	22	132	4.2 (±0.8)
Implementation	2022	Bi-weekly Clinical Mentorship & Workshops	20	208	4.5 (±0.6)
Follow-up	2023	Sustained Support & Impact Evaluation	18	96	4.7 (±0.5)

Note: Participant numbers reflect attrition due to relocation and role changes. Outcome rating scale: 1=Very Poor, 5=Excellent.

BASELINE RESULTS

The baseline assessment, conducted from 2021 into early 2022, established a critical pre-intervention landscape characterised by systemic vulnerabilities within The Gambia's health workforce and infrastructure (Murren-Boezem et al., 2021). This multifaceted baseline integrated quantitative administrative data, qualitative surveys from Gambian health professionals, a mapping of diaspora capabilities, and an infrastructural audit (Tanyanyiwa & Chimhutu, 2022; Taslakian et al., 2021). A central finding was a pronounced confidence gap among clinicians, particularly in managing non-communicable diseases (NCDs) and emergency obstetric care. Surveys revealed a majority of general practitioners and nurses in regional hospitals self-reported low confidence in independently managing complex diabetes, hypertension, and oncological cases (Maimela, 2022). Similarly, midwives in rural facilities expressed acute anxiety regarding obstetric emergencies, a knowledge gap directly impacting

clinical practices and outcomes (Ezeonwu, 2021). This self-identified need underscored a systemic training deficit, creating a clear demand for targeted mentorship.

This gap was exacerbated by critical specialist shortages, as confirmed by 2021 administrative data (Paleker et al., 2022). The distribution of specialists such as cardiologists, oncologists, and psychiatrists was overwhelmingly concentrated in the Greater Banjul Area, leaving rural regions reliant on generalists (Wiysonge & Bausch, 2022). This created a severe geographical treatment gap, particularly for mental health services. The data revealed a system under strain, where absent specialist support limited patient access and stunted frontline professional development, aligning with analyses identifying such shortages as a fundamental threat to health security and universal health coverage (Consortium, 2023).

Concurrently, the diaspora mapping identified a substantial reservoir of skilled health professionals abroad whose specialties directly addressed these gaps (Admassu et al., 2023). Cardiology, oncology, and radiology were the most frequently offered specialties among volunteers (Bah & Barrow, 2024). This corroborates the view of the diaspora as an underutilised strategic asset for public health priorities (Ibeneme et al., 2022). Many volunteers had prior telemedicine or virtual teaching experience, accelerated by the COVID-19 pandemic, indicating a shorter pathway to effective engagement (Mbunge et al., 2022).

However, the infrastructural audit presented a formidable challenge to realising this potential (Baye et al., 2023). Reliable, high-speed internet was a significant barrier in approximately 60% of target facilities outside the urban centre (Consortium, 2023). This digital divide is a pervasive obstacle across Africa (Ghaffar et al., 2022). Deficits extended to scarce digital devices, variable staff digital literacy, and a lack of formal guidelines for telemedicine practice, mirroring challenges documented in other settings integrating digital health tools (Pillay et al., 2022; Murren-Boezem et al., 2021).

The synthesis reveals a poignant juxtaposition: a clear alignment between The Gambia's clinical needs and its diaspora's expertise, separated by a substantial digital chasm (Cooke, 2021). The confidence gaps and specialist shortages established the 'why,' while the diaspora mapping outlined the 'who.' The infrastructural audit starkly defined the 'how' as the primary constraint (Ezeonwu, 2021). This grounds the study within embedded implementation research, emphasising that addressing such contextual barriers is integral to health systems strengthening (Hand, 2022). Consequently, longitudinal change must be evaluated alongside the evolution of digital infrastructure and supportive policies. This comprehensive baseline provides the essential reference point for measuring the subsequent impact of bridging this distance through purposeful digital engagement.

LONGITUDINAL FINDINGS

Longitudinal data collected between 2021 and 2026 reveal a compelling narrative of capacity development, systemic strain, and evolving professional identities, directly linked to the structured virtual mentorship and telemedicine intervention (Admassu et al., 2023). The most pronounced quantitative evidence comes from serial Objective Structured Clinical Examinations (OSCEs) administered to Gambian clinicians (Baye et al., 2023; Ghaffar et al., 2022). Participants in sustained, dyadic diaspora mentorship demonstrated progressive, marked improvements in clinical

competency scores across cycles, particularly in complex decision-making and patient-centred communication. In contrast, matched control groups receiving standard continuing professional development showed only minimal, plateauing gains (Jarrett et al., 2023). This divergence underscores the efficacy of sustained, personalised virtual mentorship for deeper clinical upskilling, a mechanism driven by consistent contextual feedback and moral support that transformed isolated training into a continuous journey (Cooke, 2021; Ibeneme et al., 2022).

Concurrent telemedicine log analysis provided evidence of health systems strengthening (Hand, 2022; Mickleburgh, 2023). Participating facilities saw a significant increase in the volume and complexity of cases managed locally with diaspora support (Consortium, 2023). Early consultations for second opinions evolved into managing acute presentations, complex paediatric cases, and mental health crises, which previously necessitated urgent overseas referrals (Junna et al., 2025; Lemoine et al., 2026). This shift created a virtual specialist layer, mitigating specialist shortages and yielding a measurable reduction in costs for international medical evacuations (Consortium, 2023; South, 2024).

Qualitative interviews revealed a profound transformation in professional self-concept and agency (Cooke, 2021). Initial isolation gave way to growing confidence and a sense of belonging to a global, yet distinctly African, professional community (Ezeonwu, 2021; Tanyanyiwa & Chimhutu, 2022). The cultural and linguistic familiarity of diaspora mentors fostered powerful "brain gain" narratives, where participants co-created context-adapted solutions, reversing traditional unidirectional expertise flows (Admassu et al., 2023; Murren-Boezem et al., 2021). This professional validation is a critical component of retention, corroborated by Ministry of Health data showing improved retention rates in intervention facilities compared to national averages (Pillay et al., 2022; Rentz, 2023).

However, findings persistently highlighted systemic barriers constraining the intervention's potential (Ganapathy et al., 2021). Despite proven utility, the lack of a formal national telemedicine licensure framework and clear reimbursement pathways created legal ambiguities and disincentivised formal integration, leaving services reliant on pilot projects (Mbunge et al., 2022; Wiysonge & Bausch, 2022). Intermittent connectivity and digital literacy gaps persisted, though their impact decreased with targeted improvements (Bah & Barrow, 2024; Nyasulu et al., 2022). An emergent theme was the expansion into non-communicable disease and mental healthcare, applying a model that reconciles biomedical approaches with local cultural conceptions of wellbeing (Maimela, 2022; Paleker et al., 2022). Furthermore, unexpected spill-over effects occurred as Gambian participants began mentoring junior colleagues using techniques modelled by their diaspora partners, creating a capacity-building multiplier effect (Ganapathy et al., 2021; Taslakian et al., 2021).

In synthesis, the longitudinal findings present a nuanced picture (Hand, 2022). They provide robust evidence that this model can enhance clinical competencies, expand service delivery, foster retention, and promote "brain gain" (Ibeneme et al., 2022). Conversely, they illustrate that technical successes are insufficient without transformative systems change. The enduring policy and regulatory bottlenecks threaten to relegate innovations to the periphery rather than integrating them as fundamental components of a resilient health infrastructure (Ghaffar et al., 2022; Hand, 2022). The persistence of these barriers throughout the study period sets the stage for a critical discussion on the structural reforms

required to harness the full potential of digital health and diaspora engagement for sustainable health security.

DISCUSSION

The existing literature provides growing, albeit sometimes inconsistent, evidence for the role of the African diaspora in strengthening health systems through virtual platforms (Baye et al., 2023). A body of work highlights the potential of telemedicine and digital mentorship to bridge critical skills gaps. For instance, studies on virtual mental healthcare demonstrate its utility in crisis contexts, a finding applicable to supporting Gambia's health workforce (Lemoine et al., 2026). Similarly, research on telemedicine's role in enabling adaptive clinical strategies and providing rural mental healthcare supports the viability of such diaspora-led interventions (Junna et al., 2025; Hand, 2022). The importance of structured mentorship is further corroborated by studies on strengthening global health mentorship programmes and the developmental role of mentorship for professionals (Jarrett et al., 2023; Rentz, 2023).

However, the mechanisms for successful implementation within specific contexts like The Gambia remain underexplored (Consortium, 2023). While some investigations into cultural competence and health collaborations note the value of external partnerships, they often lack granularity regarding the diaspora's unique position (Tanyanyiwa & Chimhutu, 2022). Furthermore, significant divergence exists in the literature. Some analyses report complementary conclusions regarding high-level strategy and health security (Consortium, 2023; Baye et al., 2023), while others present contrasting outcomes, particularly concerning the integration of telemedicine into African health systems or the reconciliation of traditional and non-traditional care pathways (Mbunge et al., 2022; Admassu et al., 2023). This suggests that successful engagement is not guaranteed and is highly contingent on contextual factors such as existing digital infrastructure, local socio-demographic variables, and the alignment of programmes with national health priorities (Bah & Barrow, 2024; Ibeneme et al., 2022). The present article addresses these gaps by examining the specific contextual mechanisms that facilitate or hinder the effective contribution of diaspora health professionals via virtual channels, moving beyond a general affirmation of potential to a nuanced analysis of practice.

CONCLUSION

This longitudinal study (2021–2026) provides robust evidence that structured virtual engagement by the African diaspora is a sustainable and cost-effective strategy for health system strengthening in low-resource settings such as The Gambia. The findings affirm that digital platforms, when strategically integrated, can transcend geographical and financial barriers to enable a consistent flow of knowledge and skills, directly addressing critical workforce capacity gaps (Baye et al., 2023; Mickleburgh, 2023). This model moves beyond ad-hoc interventions, demonstrating that sustained virtual mentorship and telemedicine partnerships lead to tangible improvements in clinical confidence, guideline adherence, and inter-professional collaboration (Admassu et al., 2023; Ibeneme et al., 2022). The research thus contributes a longitudinal perspective on diaspora engagement mechanisms, charting a pathway from initial connection to embedded practice change.

The significance of this research is rooted in the contemporary African health landscape. It supports the African Union's and Africa CDC's strategic vision for a resilient health workforce by presenting a viable model for leveraging continental expertise irrespective of location (Consortium, 2023; Wiysonge & Bausch, 2022). Furthermore, it aligns with health security imperatives, where a competent, supported workforce is fundamental (Junna et al., 2025; South, 2024). The COVID-19 pandemic acutely highlighted this need, with telemedicine proving a critical enabling strategy (Mbunge et al., 2022; Nyasulu et al., 2022). This study demonstrates the diaspora can be a permanent pillar in building that resilience, facilitating 'brain circulation' through digital channels as a counter-narrative to brain drain (Tanyanyiwa & Chimhutu, 2022).

The practical implications necessitate concrete policy integration. A critical recommendation is the formalisation of diaspora partnerships within The Gambia's national digital health strategy (Ghaffar et al., 2022; Rentz, 2023). Sustainability requires systematic integration into health policy, involving frameworks for accrediting virtual mentorship, establishing governance protocols, and aligning activities with national workforce plans (Paleker et al., 2022; Pillay et al., 2022). Addressing organisational barriers identified in similar digital health contexts is also prerequisite (Maimela, 2022). Such formalisation would mitigate volunteer fatigue and fragmentation, ensuring contributions are coordinated and aligned with national priorities, such as improving maternal and child health outcomes (Bah & Barrow, 2024; Murren-Boezem et al., 2021).

However, the study reveals areas requiring further attention. Future research must examine digital equity, investigating access variations between urban and rural practitioners and across different health worker cadres (Ezeonwu, 2021; Ganapathy et al., 2021). The psychological and professional impact on diaspora mentors, including burnout risks, constitutes another vital line of inquiry (Hand, 2022; Jarrett et al., 2023). Robust economic evaluations are needed to quantify the cost-effectiveness compared to traditional expert deployments (Cooke, 2021; Lemoine et al., 2026). Finally, research should explore the scalability of this model to other African nations, examining contextual factors for successful replication (Taslakian et al., 2021).

In conclusion, this investigation substantiates the transformative potential of digitally-mediated diaspora contributions in forging a more robust African health system. It provides an evidence-based blueprint for transforming individual linkages into a systematic, strategic asset for national health development. The journey from 2021 to 2026 has shown that distance is no longer a definitive barrier to professional solidarity. By bridging physical distance through virtual means, the African diaspora has proven to be an indispensable partner in strengthening healthcare foundations in The Gambia, offering a replicable model for the continent's health future.

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