

## PROJECT 3-2-2

### Medical Supplies Drives (3 rounds of 2 in 2 years aka Project 3-2-2)

In a federal teaching hospital in Nigeria, patients have to come to a doctor's office with gloves that the doctor will have to use for their examinations. In this same hospital, medical students complain of a lack of supplies and equipments for their clinical training. Across the ocean, U.S. organizations like the Children of Abraham (COA, <http://www.coa-worldwide.org/about.htm>) are looking for partner organizations to help with the relocation of surplus medical supplies to underserved areas around the world. DNPT plans to play a strategic role in bringing together available resources to those in need.

Of several issues, the shortage of medical supplies in Nigerian teaching hospitals emerged as a rallying point for our young organization. This problem not only impedes the training of our colleagues in Nigeria, it is also inimical to patient welfare. Though in the Diaspora, we understand the dire state of Nigeria's healthcare system and have embraced the role of physicians-as-advocates to combat this issue. DNPT's leadership unanimously agreed that providing a delivery channel for medical supplies from the US would improve both patient and trainee experience in Nigerian teaching hospitals.

Hitherto, medical students, though important players in the delivery of care, have felt worthless, dispensable, and incapable of making any meaningful changes to the realities they face. DNPT has been successful not only at reinforcing the home-based students but also at creating a forum for students in the Diaspora to be directly involved in the revolution.

Sourcing and transporting medical supplies from the US to Nigeria is not novel but our approach is much more than that. Firstly, DNPT is an entirely student run organization and therefore, we are empowering our colleagues at home and abroad in a way that's never been done before. Secondly, we hope to draw the attention of government and private sector players to the issue of medical supply shortage as we plan to involve them in our events. We plan to mobilize local medical students' organizations and by working with the local and national press, we plan to publish several essays and articles that will be produced as a result of the advocacy component of Project 3-2-2. Lastly, we hope that by executing 3 drives (2 containers each) within two years (Project 3-2-2), with a financial vitality safeguarded by philanthropic funding, we will be able to keep up the pressure locally. Having this issue in the spotlight continuously over a period of 24 months will ensure that the government (at the Federal and State level) makes the shortage of medical supplies a top priority item on their agenda. A national medical supplies awareness day is an idea we are considering. Such an event held all over the country could serve as a grand finale of Project 3-2-2.

### **Innovation**

Project 3-2-2 is innovative because it is empowering. It will allow patriotic Nigerian medical students in the Diaspora to reconnect in a meaningful way with their colleagues back home and it will also ignite a grassroots campaign that will make this idea sustainable in the long run. As explained in the sustainability essay, funding for continuation will be generated locally and beneficiary teaching hospitals will be selected in a fair manner. In addition to raising awareness about medical supply shortage, the advocacy component

of Project 3-2-2 will be a catalyst for significant public discourse. By encouraging more medical students to speak up and write essays, articles, and petitions, we will have given a voice to a previously voiceless group. In the future, we see the possibility of medical students and other young leaders emerging to take on different other issues plaguing developing countries using our unique student-driven, cross-continental, self-sustaining approach.

### **Sustainability**

This is where we believe Project 3-2-2 stands out. DNPT and NiMSA (Nigerian Medical Students' Association) have committed to Project 3-2-2 as a binding long term project that will hold regardless of leadership changes in both organizations. Our plan is to organize medical supplies fundraising drives by all 32 Medical Students' Associations (MSAs) in Nigeria. MSAs will be required to raise a minimum amount (around \$1,000) in order to enter the beneficiary raffle. Invited representatives of private sponsor-corporation and government officials (e.g. from the health ministry) at an Annual NiMSA conference will randomly pick winning MSAs (representing beneficiary hospitals). Funds generated from the drives will finance the future shipping of medical supplies as well as an annual medical supplies essay contest. We believe the sense of empowerment, responsibility, and advocacy generated during Project 3-2-2 will allow local Nigerian medical students to continue this initiative long after 2012.

### **Partnership**

For Project 3-2-2, DNPT will be collaborating with Children of Abraham (COA), a nonprofit organization that sources and donates free medical supplies and equipment to lacking regions of the world. Along with COA, another critical partner we will work with is the Association of Nigerian Physicians in the Americas (ANPA). Under our arrangement, COA sources the equipments based on the selections and preferences of the receiving hospitals, ANPA members inspect the stocked containers, and then pay for the shipment to Nigeria. The hospitals pay to clear the containers and an ANPA member based in Nigeria monitors the local distribution of the supplies. Even though our initial sourcing partner is COA, we plan to expand this role to other procuring NGOs, like MedShare and Medwish, as our local machinery strengthens. Other key partners include NiMSA, local Nigerian sponsor-corporations, members of the press and potentially the Ministry of Health.

### **Implementation**

The success of Project 3-2-2 will be in danger if adequate foresight does not guide planning. As is vital in any trans-Atlantic multi-party transaction, we have established communication and clarified the responsibilities & expectations of the involved parties. Emails and phone calls are exchanged regularly between NiMSA, DNPT, ANPA, and COA executives. Transparency is also important when valuable items are sourced cheaply and shipped off to a developing country. With regards to this concern, an ANPA member, along with some DNPT members, will verify the content of the containers before shipment to Nigeria. On the other side of the ocean, a Nigeria-based ANPA member along with some local DNPT members will monitor the distribution of the supplies after they are cleared from the port. Persistency will be essential in making certain that people do not forget about the long term goal as soon as the short term goals are achieved.

## **Impact**

Our success metrics are: cost savings for beneficiary hospitals, number of patients & students directly benefiting from the supplies, and increases in fund allocation. Based on prior COA donations, we estimate each container will hold about \$1 million of medical equipment. Each teaching hospital will keep accurate records of the supplies used for patient care and medical education. We will publish articles through the essay drive in high impact journals highlighting the effects of medical supply shortage on patient care and medical education. Nigeria's annual health expenditure is only about 4.1% of the GDP. At the end of Project 3-2-2, we expect at least 2 states to implement legislature allocating more funds towards medical supplies in their hospitals. We will evaluate the project's progress and assess the need for modifications during monthly teleconferences. Upon completion of year 1, we will conduct a comprehensive review and issue recommendations for year 2.

## **Experience**

The Distinguished Nigerian Physicians of Tomorrow ([www.dnpt.org](http://www.dnpt.org)) is an organization of future doctors of Nigerian ancestry. We are Nigerian medical students empowering ourselves in an effort to mitigate the on-going brain drain in Nigeria. Though a young organization born in 2008, DNPT has over 220 members, has carried out many projects, and already has a strong working relationship with all of the organizations mentioned previously. Among past projects is a medical textbook drive benefiting Nigerian medical schools as well as multiple mission trips to Nigerian teaching hospitals. In short, DNPT has the motivation, vision, and strategic relationships necessary for the successful execution of Project 3-2-2. It is imperative that we use this platform to showcase our novel approach at addressing the health problems of Africa's most populous nation by specifically targeting, inspiring, and mobilizing future health leaders.