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Product Donations: An Important Role in Medical Missions

This article provides information on the current use of product donations in medical missions and also discusses the potential opportunity for product donations to play a more important role in improving medical mission practices in the future.

The article combines data from two new research studies:

- A 2017 study by Dr. Judith Lasker et al. *Creation and Implementation of Standards for Ethical Volunteering*. Presented at the Consortium of Universities for Global Health Conference April 2017, Washington DC.
- A 2017 survey monkey study conducted by PQMD with its NGO member organizations. This study was conducted in March 2017

To provide context to these two studies, some background information is first provided including: a definition of medical missions; an overview of the complex network of medical mission stakeholders; and a summary of the controversy regarding quality medical mission practices. In addition the article touches on the growing call for medical mission standards and suggests that product donations could provide support for compliance for quality medical mission practices.

Background

Medical missions are defined as the practice where doctors, nurses and other healthcare professionals volunteer their time and travel to foreign countries to provide medical services, products, and training to help improve the health of the poor, sick and vulnerable. Medical missions have been ongoing for hundreds of years with the US, Canada the UK and Australia being the major sending countries. In the US alone it is estimated that over 16% of US doctors annually go on medical missions (200,000 + doctors) with the related cost and expenses totaling over \$US 3.7 billion annually.¹

The process of medical missions involves a complex interconnected network of groups - from the volunteers to the patients at the other end. In between are Support Groups (Funders and Corporations); Sending Organizations (NGOs, Churches/Religious and other organizations, and Universities/Medical Schools); Host Organizations (In-country NGOs, In-country Universities/Health Profession Schools, Churches/Religious groups and other organizations) plus In-country Entities (Ministry of Health, Medical Associations, and Local Healthcare Providers and Healthcare Systems Leaders). In addition there are related groups such as the World Health Organization (WHO), Medical Mission Associations and Medical Mission Thought Leaders. The efforts of these groups are often "not well coordinated" and the groups may even have competing interests. This overall lack of coordination (especially with in-country groups) has raised questions regarding the effectiveness of medical missions as well as the possibility of harm.

The practice of medical missions has also become controversial. On the positive side, medical missions provide valuable medical services to people in need who might not have access to healthcare otherwise. Medical missions also provide benefit to the volunteer themselves by getting personal satisfaction from participating in humanitarian efforts and an opportunity to reconnect to why they chose to become health workers in the first place. Medical missions also can help students gain exposure in the field of medical and international experiences as they make career decisions.²

However, problems occur when doctors and staff from high-income countries demonstrate a lack of awareness about the realities of health problems and medical care services in developing countries and show a lack of respect for local health workers. In addition, visiting medical mission teams often make little effort to understand local health needs and culture. Furthermore, insufficient attention is given to critical issues and follow-up and ongoing care – often not knowing the local system well enough to refer patients for ongoing care. Short-term medical missions are also being questioned for not being the best use of financial resources.²

¹Caldron P et al . (2016) Economic assessment of US Physician participation in short-term medical missions

² Martiniuk, A et al. (2012) Voluntourism: The downside of medical missions ABC News

Medical Mission Standards- Common Topics

Given the complex network of groups and the controversy regarding medical missions, there has been a growing call for quality medical mission standards or principles. Currently there are no overall commonly accepted standards for quality medical mission practices. In fact, there is not even a central source or governing body that collects information on medical missions.

While there are no overall accepted standards there are a number of existing medical mission standards and guidelines. To better understanding these existing standards; Dr. Judith Lasker conducted a research review of 27 current standards pertaining to short-term medical missions. These standards were from an array of organizations and medical mission sectors. A list of these 27 standards is shown in the appendix of this article.

The result of Dr. Lasker's study indicates that there were topics common across most medical mission standards. The study revealed 20 topics mentioned most often. These 20 topic are listed below in chronological order of a medical mission trip. Note: The number in parenthesis indicated how many of the 27 standards contained that specific topic:³

- Partnership collaboration (22)
- Needs Assessments (12)
- Clear statement of goals/agreement of purpose (12)
- Volunteer recruiting (5)
- Matching volunteer skills with community needs (8)
- Volunteer travel and logistics (8)
- Volunteer safety (12)
- Preparation before the trip (21)
- Cultural competency/Language/Cultural humility (15)
- Ethical principles for patient care (10)
- Ethics of practicing beyond ones training (12)
- Legal and governance issues (12)
- Sustainability of programs (11)
- Continuity (10)
- Training host medical staff (14)
- Capacity building (10)
- Evaluation of impact (17)
- Financial transparency (10)
- Post trip debrief (7)
- Student learning/Volunteer benefits (7)

Research - Product Donations Use in Medical Missions

It is interesting to note that product donations were not one on the topics commonly mentioned in current medical mission standards. Moreover, there is very little information (research articles or documents) regarding the role and practices of product donations in medical missions. However by there is some indirect evidence indicating that product donations are significant for medical missions. For example from data in the 2106 Caldron research study it can be estimated that US doctors annually receive \$74 million of product donations for their medical mission trips.⁴

² Martiniuk, A et al. (2012) Voluntourism: The downside of medical missions ABC News

³ Lasker J. et al. (2017) Creation and Implementation of Standards for Ethical Volunteering. Presented at the Consortium of Universities for Global Health Conference April 2017, Washington DC

⁴ Caldron P et al. (2016) Economic assessment of US Physician participation in short-term medical missions

Given the absence of information regarding product donations; in March 2017, the Partnership for Quality Medical Donations (PQMD) conducted a study with its members. A list of PQMD members is provided in the appendix of this report

The PQMD research was a brief survey monkey study designed to determine: 1) the importance of product donations in medical missions, 2) the types of product being donated, 3) the medical mission activities which product are used, 4) the perceived benefits of product donations, 5) the problems with product donations, and 6) suggestions to improve product donations in medical missions. The PQMD survey was conducted amount both Corporate* and NGO members.

The following information pertains to the PQMD survey results of NGO members –17 of 21 NGO members completed the survey. 13 of these NGO members said that their organizations were involved with medical missions and 12 of these 13 NGO members received product donations.⁵

The type of product varied, but most of the PQMD NGOs receive a mix of different products types.

<u>Product Type</u>	<u># of NGOs receiving product type</u>
Pharmaceuticals	10
Medical Supplies	10
Medical Equipment and Medical devices	8
Consumables	8
Consumer Health/Personal Care	7
Other products (tools)	1

The kind of medical mission activity also varies with most NGOs involved in several different medical mission activities.

<u>Medical Mission Activity Types</u>	<u># of NGOs involved in activities</u>
Providing products to medical mission efforts	12
Conducting programs involving medical missions	7
Organizing medical mission trips	6
Providing training and support	6
Providing capacity building support	5

Regarding the amount of product donation used for medical missions, the PQMD survey indicates that on average about 10 to 15% of product donations go towards medical mission activities.

As to the benefits of product donations in medical missions, there were multiple reasons given.

<u>Benefits of Product Donations</u>	<u># of NGOs mentioning benefit</u>
Products are needed to provide medical service (not possible without)	10
Products support local programs (provide needed resources)	8
Product/equipment are needed for training (important for quality training)	8
Product/equipment helps build local capacity (sustainable healthcare)	7
Donated products reduces costs/saves budget	1

⁵ PQMD member study. (2017) Role of Product Donations in Medical Missions

* While the PQMD Survey included both NGO and corporate members, However only 7 of 18 Corporate members completed the questionnaire and 3 of these respondents were “not involved” with medical missions. Therefore the corporate participation rate and sample size was too low to be deemed significant for segment analysis.

However there were also a number of concerns mentioned regarding medical mission product donations.

<u>Concerns regarding Product Donations</u>	<u># of NGOs mentioning</u>
Product may not be properly disposed (safety and environmental concerns)	7
Product may not be available locally – thus medical service not sustainable	5
Equipment may not have local service, maintenance or repair capabilities	5
Equipment may not be cost effective to operate locally (e.g. cost of consumables)	5
Product may not suitable to local needs/or understood by local practitioners	4
Product my get diverted (enter the black market)	3
Product reporting and quality feedback on product usage is a problem	3
Product donations may face corruption or bribery demands	1
Product/equipment donations may hurt company local commercial sales efforts	1
Dating of product donation is a problem (longer expiration dating required)	1

PQMD member were also asked to give suggestions for improving medical mission and they were also asked if they would favor a policy where product donations were “only given to programs which meet basic quality standards”. PQMD NGOs strongly favor a quality product donation policy ⁵.

<u>Favor Product Donation Quality Policy</u>	<u># of NGOs mentioning *</u>
YES – Favor product donation policy	14
No – Oppose product Donation policy	0
Don’t Know	2
Other (depending on quality measures)	1

*Note: this questions was asked to all PQMD NGOs (both involved with medical mission and not involved)

Role of Product Donations in Medical Missions

While the PQMD survey has limitations and PQMD NGOs represent a small percentage of total medical mission organizations, the PQMD survey results indicated that product donations play an important role in their medical missions. The NGOs stated both benefits and concern regarding the use of product donations in medical missions. But most importantly, most all PQMD NGO members expressed support for a policy “where product donations are only given to organizations/programs which meet basic quality standards”.

Given the complexity and controversy regarding medical missions, it is believed that product donations could play an important role in improving medical mission practices. For example, a policy where product donations are only given to quality organizations could help create compliance and help “put teeth” into medical mission standards. Furthermore. Given that product donations are involved in the entire network of medical mission groups a product donation policy could help create discipline across the spectrum of medical mission stakeholders.

In conclusion, it seems that PQMD could be in a unique position to take a leadership role in this area. PQMD corporate members are a major source a much product donations. Also many PQMD NGOs are involved in medical missions and have experience and expertise with quality product donation usage and quality practices. Furthermore, PQMD is an organization that is formally committed to Healthcare System Strengthening (including training, capacity building and quality product donations). Therefore, by developing and enforcing a product donations quality policy PQMD could play an important role in improving medical missions worldwide with an emphasis on in-country healthcare development.

APPENDIX

Appendix Item # 1 --List of 27 Existing Standards reviewed by Dr. Judith Lasker

1. American Academy of Physician Assistants. 2011. Guidelines for PAs Working Internationally. From the Policy Manual.
2. American Dental Education Association, Guidelines for Pre-dental students during clinical experiences abroad. 2010.
3. Americares - 5 Best Practice Framework - Medical Outreach Best Practices Framework--May 2013
4. Catholic Health Association – Short Term Medical Mission Trips. Recommendation for Practice 2015
5. Chapin, E., Doocy, S. (2010). International short-term medical service trips: guidelines from the literature and perspectives from the field. *World Health and Population*. 12, 2, 43-53.
6. Crump JA, J Sugarman, and the Working Group on Ethics and Guidelines for Global Health Training (WEIGHT). 2010. Ethics and Best Practice Guidelines for Training Experiences in Global Health.
7. Dacso, Adopting an Ethical Approach to Global Health Training: The Evolution of the Botswana–University of Pennsylvania Partnership. *Acad. Med.*, 88, 11, 2013:1646-1650.
8. DeCamp M. Ethical review of global short-term medical volunteerism. *HEC Forum*. 2011, 23:91-103.
9. Dowell & Neil Merrylees. Electives: isn't it time for a change? *Medical Education*. 2009.
10. Evangelical Fellowship of Churches, Code of Best Practice in Short-term Mission 2nd edition
11. Forum on Education Abroad. (2013). Undergraduate Health-Related Programs Abroad [online].
12. Grimes, C. E., Maraka, J., Kingsnorth, A. N., Darko, R., Samkange, C. a, & Lane, R. H. S. (2013). Guidelines for surgeons on establishing projects in low-income countries. *World Journal of Surgery*, 37(6), 1203
13. International Federation of Medical Students' Associations. Policy Statement Ethical Medical Placements Abroad, 2016
14. Kingham TP, Price RR, Casey KM, Rogers SO, Kushner AI. Beyond volunteerism: augmenting surgical care in resource-limited settings. *Bulletin of the American College of Surgeons*,
15. Landau, S. (2001). Do it yourself medical mission. A step-by-step approach. *N C Med J*, 62(3), 140–146.
16. Lasker, Judith *Hoping to Help; the Promises and Pitfalls of Global Health Volunteering*. Cornell University Press, 2016.
17. Maki, J., Qualls, M., White, B., Kleefield, S., Crone, R. (2008). Health Impact Assessment and short-term medical missions: A methods study to evaluate quality of care. *BMC Health Services Research* 8(121).
18. Melby MK., Loh LC., Evert J., Lin H., Khan CA., (2016) Beyond Medical "Missions" to Impact Driven Short-Term Experiences in Global Health (STEGHs): Ethical Principles to Optimize Community Benefit and Learner Experience. *Acad Med*,
19. Mitchell, Balumuka, et al. Short-term surgical missions: Joining hands with local providers to ensure sustainability, *South African journal of surgery*. 50(1):2 · February 2012
20. O'Callaghan, Implementation of an international short-term dental mission. *General Dentistry*, 2012
21. Olenick P., Edwards J., Factors to Consider When Planning Short-Term Global Health Work. *Nursing for Women's Health Journal*. 2016, 20, 2.
22. Steffes, *Handbook for Short-Term Medical Missionaries* 2002
23. Stone, G. and Olson, K. The Ethics of Medical Volunteerism. *Med Clinic N Am* 100 (2016) 237–246
24. Suchdev, P., Ahrens, K., Click, E., Macklin, L., Evangelista, D., & Graham, E. (2007). A model for sustainable short-term international medical trips. *Ambulatory Pediatrics*. 7, 4, 317-320.
25. Umapathi (2015) International guidelines for the successful organization of humanitarian medical missions (HMMs) during peacetime. *Proceedings of Singapore Health Care*. 1-7.
26. Wilson, J.W., Merry, S., Franz, W.B., (2012). Rules of Engagement: The Principles of Underserviced Global Health Volunteerism. *American Journal of Medicine*. 125, 6, 612-617.
27. WMA Statement on Ethical Considerations in Global Medical Electives; Adopted by WMA, October 2016

Appendix Item #2 --List PQMD Members

(organizations receiving the PQMD Survey Monkey Questionnaire – March 13, 2017)

PQMD NGO Members (21)

- action medeor
- Americares
- Catholic Medical Mission Board (CMMB)
- Direct Relief
- Health Products International Canada (HPIC)
- Heart-to Heart
- International Health Partners
- IMA World Health
- International Medical Equipment Collaborative (IMEC)
- International Medical Corp (IMC)
- MAP International
- Medical Teams International (MTI)
- MedShare
- Mercy Ships
- Operation Smile
- Project CURE
- Project HOPE
- The Max Foundation
- Tulipe
- UNICEF
- World Vision

PQMD Corporate Members (18)

- Abbott
- Abbvie
- AstraZeneca
- Baxter
- BD
- Boehringer Ingelheim Foundation
- Bristol-Myers Squibb
- Glaxo Smith-Kline
- Henry Schein
- Johnson & Johnson
- Eli Lilly
- Medtronic
- Merck
- MidMark
- Pfizer
- Sanofi Foundation for North America
- Shire
- Takeda