

# MEDICAL AID ABROAD NEW ZEALAND

## ANNUAL REPORT 2003

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### **Introduction**

This report provides information about MAANZ's achievements and activities in 2003, highlights a number of key opportunities and challenges and acknowledges the assistance given by many individuals and organisations through the year.

### **Achievements, activities and challenges**

#### *Statistics*

Despite many challenges in 2003, MAANZ's aim of assisting health programmes overseas with medical supplies has been achieved. MAANZ's annual statistics (refer to the attached tables) highlight the many shipments of supplies to a wide range of counties and agencies in 2003.

#### *Special projects*

Two new projects in which MAANZ has played a significant role have been started in 2003

- A hookworm and scabies treatment project in Taveuni, Fiji to reduce the high frequency of hookworm and scabies. This is a joint project between Auckland University, the Kumeu Rotary Club and MAANZ.
- The formation of a pharmacy in Tonga. This is to be run by a Trust set up as a charitable organisation with the aim of making pharmaceutical products and medical services more easily available to less well-off people in Tonga. We will be assisting by providing medical items and by applying for funds from NZAid.

#### *Funding*

One of the main thrusts this year was to identify a sustainable income stream for MAANZ. This would allow us to employ a person either part- or full-time. Why is this so important? Firstly, many organisations are having difficulty attracting volunteers and MAANZ is no exception. A few people carry out much of the work. Secondly, most recipient countries now require higher standards for the importation of medical items and this particularly applies to pharmaceuticals. This results in increased documentation at each step of sorting, counting, labelling and packing items. Thirdly, close liaison with pharmaceutical companies and other suppliers, government aid agencies and other possible donors, and with shipping companies is essential if we are to continue to source high quality supplies and send them in a timely and secure way to recipient organisations.

In 2003 we engaged a business consultant to explore various options for a sustainable income stream for AMANZ. The resulting report suggested how we could move forward and a number of useful potential opportunities were identified, but to date no income stream has been established. It was felt that the time was not appropriate to move any further with the proposals. Nevertheless, the information collected and links made may prove to be useful in the future.

We also investigated a closer liaison with VASS (Voluntary Agencies Support Scheme), as funding is available for aid projects through NZAID (NZ Agency for International Development). I attended a meeting in Wellington to explore possibilities and one of the VASS staff spent an evening with Dr Morris and myself to explain procedures. At the moment MAANZ does not meet the VASS criteria for assistance to developing countries although with more work it is probable that funding could be approved. The processes are time consuming and many matters have to be documented extensively. Assistance with this work is needed if it is to progress further.

Co-operation with other organisations in the Auckland area that are carrying out similar activities was also investigated to see if we could share some resources. There are at least five other groups we are aware of and probably others. A good example is the Malekula Trust, an organisation set up to assist Vanuatu. MAANZ has supplied goods to most of these groups and discussions with them are ongoing to see how we might work together in future.

Another option that was investigated further in 2003 was a partnership arrangement with OPAL-RUM (Overseas Pharmaceutical Aid for Life—Return Unwanted Medicines), a very successful Australian organisation that carries out work like our own but in a fully professional and large-scale way. Despite several visits to OPAL-RUM in Adelaide we have not been able to define the way ahead. One reason is that key aspects of the Australian operation (e.g. obtaining funding through contracts with state agencies for destruction of expired pharmaceuticals) might not be feasible in NZ.

This leaves us with a number of possibilities but none has yet provided us with the income we require. However, some generous donations have allowed us to meet our financial obligations. It would be preferable however, to have available sufficient funds to assist with the costs of transportation of goods to recipient countries and to purchase commercially items of urgently needed medical items.

#### *Accommodation*

Accommodation has long been a concern. The lease at National Women's Hospital has an uncertain future. It was a great help to have a warehouse made available by Dr Bernie Brenner for larger items and bulk supplies. During the year we moved into temporary premises in Lincoln Rd provided by CANAM construction, then to a room at the Textile Centre provided by Mr Geoff Amos. These moves underline the need for a permanent home where we can securely receive, sort, catalogue, store and pack supplies.

### *Trustees and executive*

Due to overseas obligations and other matters, the Trustees of MAANZ have not been able to meet regularly but have attended the executive meetings. These latter meetings continued monthly through the year and as required to deal with operational matters.

### *Incoming supplies, sorting and packing*

Many items of medical and dental equipment have come our way from commercial firms and hospitals. We receive a small percentage of what is probably available but it is enough for us to deal with given the present resources. Our pharmacists have continued to provide excellent assistance with sorting and classifying drugs. We now only retain and issue in-date drugs. With the new prescribing regulations we are looking at a new method of retrieving in-date drugs from pharmacies. Packing has been done by a small team of people and requires much work.

### *Communications*

We have set up an email list of potential recipients overseas to whom we circulate details of stocks available. This has resulted in an increase in orders and also the facility to move incoming items more quickly. We have increased our list of supporters on email enabling information on MAANZ to be spread quickly. The Website [www.maanz.co.nz](http://www.maanz.co.nz) is used frequently with many visits recorded. However, the site needs a complete review and this will be attempted in 2004.

### *Dental work*

Various orders have been filled but at the moment we have only one dentist involved, Dr Arun Praji. More support for this area of the work would be invaluable.

### *Medical students*

MAANZ is now incorporated in the Electives publicity and has proved well worthwhile. Many more students have applied for goods to take with them on overseas electives.

### *Visitors*

We have had many visitors to the rooms and this has allowed these persons to make their own selection of items.

### *Christchurch Branch of MAANZ*

A branch of MAANZ has been re-established in Christchurch and a report from them follows.

“Medical Aid Abroad (MAA) reformed in Christchurch during 2003. This was stimulated by a request for help from some New Zealanders who were doing voluntary work in some third world countries. Following these requests, we found that MAA had been in recess for some years. As it seemed an opportunity to do something positive, we decided to have a go at reforming the organisation. Since then, we have:

- negotiated a temporary lease with the District Health Board for the use of an old pharmacy for sorting and storage;
- negotiated arrangements with the Christchurch City Council and a waste disposal company for disposal of pharmaceuticals that we can't use;
- arranged for collection and delivery of unwanted medicines to our "sorting space";
- made contacts with Medical Aid Abroad NZ in Auckland;
- made contacts with some agencies who provide foreign aid.

A small group of qualified pharmacists meets every Friday to sort and catalogue the medicines that we have received from pharmacies throughout Christchurch. So far, we have sent deliveries to Bougainville, Nigeria, Nepal and Northern Thailand. We have also been able to source and send some laboratory and dental equipment, following specific requests. There are a number of issues that confront us, including:

1. The need for funding, possibly through some sort of contract with the DHB;
2. Associated with that, we currently have no funds and no way of paying for transport of medicines to where they are needed, or for disposal of waste;
3. The likely sale of the existing premises that we currently enjoy, and the need to find replacement premises;
4. Questions about liability. This seems a grey area that requires clarification;
5. The need for more volunteers;
6. The need to set up a computerised inventory system;
7. A need for an improved system for identifying who needs what medicines and how to transport them.

However, in a short space of time, we have made some progress at reforming an organisation in Christchurch. We would very much like continuing links with MAANZ in Auckland. Despite this daunting list of problems, there seem to be opportunities to do something positive to help people in poorer countries who do not currently have access to medicines."

It is interesting to note that the issues are almost identical to those that we face.

## **Acknowledgments**

Many persons have assisted with MAANZ throughout the year and there have been many expressions of support. I would like to particularly thank the small group of pharmacists who regularly sort and label incoming drugs. Special thanks also to: Dr Gordon Nicholson for doing so much work in packing goods and arranging their despatch; Dr Bernie Brenner for the gift of a computer, use of his warehouse and other behind the scenes support; Graeme Cameron of CANAM for the use of his rooms for storage and other support.

We have enjoyed a good relationship with Douglas Pharmaceuticals and Smith & Nephew and we acknowledge their help. Taylor's Health Care has provided us with linen and uniforms for which we are grateful; The RNZAF has facilitated the transport of goods to Bougainville; and the Kumeu Rotary Club has helped many times with labour and transport as required.

Finally, thank you to the active Executive members who have shared the workload and spent much time on MAANZ matters. We owe them a considerable debt for their commitment.

## **Concluding remarks**

Thus concludes the 35<sup>th</sup> year of Medical Aid Abroad in Auckland. A few dedicated people have again achieved a great deal. If we are to move forward we must do so with new structures to meet ongoing needs of the hospitals and health centres we serve. This will need new people with new ideas to come on board with the Executive. I hope candidates will become available.

Dr Graeme Woodfield  
Chairman

May 2004