



Memorandum of Understanding (MOU)

EXECUTION OF KWARA STATE HEALTHCARE PROJECT

BETWEEN

KWARA STATE GOVERNMENT

&

KWARA STATE ASSOCIATION OF NIGERIA, NORTH AMERICA | KSANG USA

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**MEMORANDUM OF UNDERSTANDING
BETWEEN
KWARA STATE GOVERNMENT
AND
KWARA STATE ASSOCIATION OF NORTH AMERICA (KSANG)**

INTRODUCTION:

This memorandum of understanding (MOU) is generated in response to the healthcare needs of the people of Kwara State and the willingness and determination of KSANG to partner with the Kwara State government in help to meet those needs.

PURPOSE AND SCOPE:

There is immense need and a sense of urgency to upgrade the medical facilities, quality of healthcare and medical education in Kwara State of Nigeria. Both the Kwara state government and KSANG recognize these needs and KSANG is interested in partnering with the Kwara state government in improving the current state of healthcare for the people of Kwara state. The KSANG executive and its healthcare committee have the capability to invite and facilitate the engagement of North American companies to help accomplish the goals and objectives of Kwara Health Project (KHP).

DEFINITIONS:

The MOU is between **Kwara State Government** (herein referred to as “the state” ” which expression where the context so admits includes it successors – in – title and assigns) of the one part AND **Kwara State Association of Nigeria (KSANG) – North America** (herein referred to as “KSANG” which expression where the context so admits shall include its administrators, executors, legal representatives successors – in – title and assigns) of the other part.

WHEREAS:

1. The **STATE** is a Kwara State of Nigeria and is committed to the improvement of the state of healthcare provision for its citizens.
2. **KSANG** is a non-profit organization of patriotic Nigerians of Kwara state origin and it shall invite, solicit and facilitate collaboration of organizations and corporations in the United States that can help in the implementation Kwara Healthcare Project.

NOW THIS MEMORANDUM OF UNDERSTANDING WITNESSETH as follows

A. OBLIGATION OF THE STATE

The STATE shall:

- i) Designate the Commissioner of Health to work with KSANG in providing man power and other resources on the ground;
- ii) Identify existing medical facilities and work with the KSANG health committee to develop a comprehensive plan to upgrade those facilities;
- iii) Work within the framework of the KHP to develop new medical facilities in Kwara state in order to improve access to good quality healthcare for all Kwarans
- iv) Work with KSANG health committee to provide estimated costs of upgrading existing medical facilities to a desirable standard level that will provide state-of-the-art healthcare to Kwarans;
- e) Work with KSANG health committee to provide estimated costs of building new 21st century Community Health Centers across the state wherever needed and as outlined in the KHP;
- f) Provide some financial resources needed to fulfill the upgrade and building of new CHCs.
- g) Provide for local accommodation and transportation and reimburse cost of overseas return air ticket for KSANG representatives when visiting Nigeria on behalf of the project.
- h) Cooperate fully with KSANG and agree to comply fully with KHP and with any modification (s) therein;

B. OBLIGATIONS OF KSANG

KSANG shall:

- i. Have the Healthcare committee work directly with Commissioner of Health and staff.
- ii. Actively solicit funds for KHP and organize fundraising events from USA philanthropic organizations, medical organizations, and business partners

that, at most, will match Kwara State Government financial contributions towards KHP;

- iii. Source for medical expert and advice and guidance in the USA to help accomplish the goals and objectives of KHP.
- iv. Assist in providing training of healthcare professionals.
- v. Establish international partnership with western medical conglomerates.
- vi. Provide medical equipment and supplies as needed for the medical facilities outlined in KHP via fundraising, in-kind donations from our partners and friends in the USA.

THIS MEMORANDUM OF UNDERSTANDING (MOU) is made this 3rd day of July 2010

IN WITNESS WHERE OF the parties set their hands and seals in the day and year written above.

SIGNED SEALED AND DELIVERED BY THE STATE

Signature 

Name LADI HASSAN.


Commissioner of Health, Kwara State

IN THE PRESENCE OF (Executive Governor of Kwara State):

SIGNATURE: 

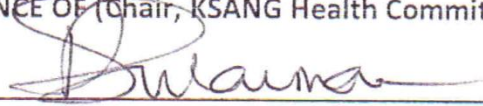
NAME: Abubakar Talle SARKI

IN THE PRESENCE OF (President of KSANG):

SIGNATURE: 

NAME: MR Abdul-LATEEF Amole & B.S

IN THE PRESENCE OF (Chair, KSANG Health Committee):

SIGNATURE: 

NAME: Dr Olayake Sulaiman

MOU ADDENDUM

KSANG Preventive Task Force on Cardiovascular Disease

Preamble

After a successful 2014 free medical mission to Kwara State, KSANG is ready to roll up its sleeves and focus its energy on addressing the major cardiovascular problems facing majority of Kwara State citizens such as uncontrolled high blood pressure (HBP) and diabetes.

Blood pressure as high as 246/161 mmHg with an average of about 190/130 mmHg were recorded during the 2014 KSANG medical mission. This was also evident from the anecdotal data collected during KSANG medical mission in 2012. Such diseases are two of the risk factors for cardiovascular disease (CVD) such as Stroke and Heart attack.

According to Center for Disease Control (CDC), high blood pressure and high cholesterol are the two major risk factors for heart disease. Preventing and controlling these risk factors will definitely save lives and improve quality of lives of Kwara Citizens.

The potential financial burden of CVD epidemic in Africa can be very enormous. According to CDC, the estimated annual direct cost of CVD to US is about \$277 billion and about \$444 billion indirectly. Africa continent as a whole cannot afford this kind of cost. The only solution is prevention. Acute coronary events (Heart Attack) and cerebrovascular events (Stroke) frequently occur suddenly and almost certainly fatal especially in Nigeria where adequate medical care is non-existence. Cardiovascular disease in sub-Africa has a large economic impact with an estimated financial burden of tens of billions of US dollars over the next decade.

According to the Governor of Kwara State, His Excellency, Alhaji Abdulfatah Ahmed, 15 clinics and hospitals have been upgraded and involved in the community health insurance scheme and over 1 million people have benefited since the program commenced in 2007.

In his statement at the 20th Annual General meeting and 13 scientific conference of Nigeria Medical Association (NMA) Kwara State branch, the Governor said there is need to do more to promote preventive medicine through wholesome practices, and the need for healthcare professionals to redouble their efforts to encourage active lifestyles and healthy eating habits so

as to reduce the incidence of avoidable non-communicable diseases in the population. KSANG is answering to the Governor's call to action with the proposal of KSANG Health action plan to implement component of the MOU agreed to by both KSANG and the Kwara State Government in 2010 to reduce the risk of CVD.

The most visible way to meet the healthcare challenges and the unbearable financial burden both to the citizens and the government is through Public-Private Partnership (PPP). This is contractual relationships between public and the private sectors that bring together the strength of both parties to provide services or infrastructure in the most cost effective way. When PPP is executed correctly, it will result in more effective, affordable and efficient health services, improved performance of Kwara State health care delivery system and ultimately in the achievement of a better health status of Kwarans.

KSANG has developed a great relationship in the last few years of its existence with the strong believe that this relationship has yielded good returns to Kwara state and its citizens.

Key facts

- Cardiovascular diseases are the number one cause of death globally: more people die annually from CVDs than from any other cause.
- An estimated 17.3 million people died from CVDs in 2008, representing 30% of all global deaths. Of these deaths, an estimated 7.3 million were due to coronary heart disease and 6.2 million were due to stroke.
- Low- and middle-income countries are disproportionately affected: over 80% of CVD deaths take place in low- and middle-income countries and occur almost equally in men and women.
- The number of people who die from CVDs; mainly from heart disease and stroke, will increase to reach 23.3. Million by 2030. CVDs are projected to remain the single leading cause of death.
- Most cardiovascular diseases can be prevented by addressing risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity, high blood pressure, diabetes and elevated lipid levels.

- 9.4 million Deaths each year, or 16.5% of all deaths can be attributed to high blood pressure. This includes 51% of deaths due to strokes and 45% of deaths due coronary heart disease.

The most unfortunate and tragedy of it all is that most low and middle income countries like Nigeria operates a hospital care based model that focused on disease treatment that requires highly technical hospitals. These hospitals are not accessible to all and benefit a small minority of citizens.

There is also less emphasis of preventive care. The low income and the poor citizens in our towns, villages and rural areas are left behind. As a result, a large proportion of people with high cardiovascular risk remained undiagnosed and even those diagnosed have insufficient access to treatment at primary healthcare level. The high rate of circulating fake drugs in the country further complicates the management of patients on medications, rendering their treatment less effective. These were evident during KSANG recent medical mission (April 2014) when patients who have had difficulty controlling their blood pressure on medications experience significant improvements, KSANG Medical Team placed them on its medications. .

Goal

KSANG Task Force, in partnership with Kwara State Government and stakeholders would start a pilot program to implement the four new guidelines in preventing CVD. These are evidence based and have proven to reduce the incidence of first and recurrent cerebrovascular disease. The cardiovascular disease prevention guidelines were released in November, 2013 by American Heart Association and American College of Cardiology. The four new guidelines are:

- Cardiovascular risk assessment
- Lifestyle modification
- Management of elevated cholesterol
- Management of obesity

Cardiovascular Disease Risk Factors

Cardiovascular risk factors such as hypertension, diabetics and hyperlipidemia cluster together increase risks for strokes and heart attacks. In order to effectively prevent or control heart attacks and strokes, the total cardiovascular risk needs to be reduced by lowering all modifiable risk factors of all patients independent of whether they have hypertension, diabetes or other CVD risk factors. This approach is in line with WHO recommendations to focus on total CVD risks instead of a single risk factor. Prevention of heart attacks and strokes by reducing the total cardiovascular risks is the most cost effective, especially for sub-Saharan Africa and in particular Nigeria.

Non-modifiable Risk Factors

- Age
- Sex
- Family history
- Race

Modifiable Risk Factors

- Smoking
- Poor diet
- High blood pressure
- High blood cholesterol
- Obesity
- Diabetes
- Physical inactivity
- Poor dental hygiene

Implementing these four guidelines will involve connecting the dots that can produce the clinical outcome of preventing cardiovascular events. Four centers spread across the geographical Kwara State will be chosen to start the implementation.

Connecting the dots:

1. Engage stakeholders:

- Kwara State Government
- Kwara State Ministry of Health
- Kwara State Health Advisory Board
- Hospitals/ Community Health Centers
- Health care providers
- Partners (Private Public Partners)
- Health Insurance fund; Nigeria Community Health Plan (HCHP)

2. Describe the program: Successful implementation of the four new guidelines will help to halt the alarming rate of death due to strokes and heart attacks. Kwara state government under ministry of health will provide resources in helping her citizen to:

Quit smoking or not to start smoking

- Be physically active
- Lower blood pressure
- Add aspirin to regimen
- Good hygiene habits
- Lower blood cholesterol and low density lipoprotein cholesterol
- Make health food choices
- Reduce body mass index
- Control blood sugar
- Manage stress
- Maintain healthy weight

Resources Needed

Kwara State Government will provide the human resources

Human Resources:

- Medical Doctors
- Nurses and Nurse Assistants
- Dieticians
- Pharmacists
- Other health workers
- Transportation of patients to Health center by Local Government (15 – 20 passenger bus)

Equipment needed

KSANG will provide estimated quantity of equipment needed at each level

- Stethoscopes
- Accurate Blood Pressure Machines
- Weighing Scales
- Diabetic monitor machines

KSANG IN COLLABORATION WITH THE STATE GOVERNMENT will provide:

- Equipment for urine glucose and albumin
- Blood cholesterol machine.

Drugs Needed

KSANG in collaboration with the state government will provide Drugs needed

- Thiazide diuretic
- Beta-blockers
- Aspirin
- ACE Inhibitors
- Biguanides
- Statins
- Calcium channel blockers

3. Evaluation and Data collection

Patients Monitor/Tracking

Each patient enrolled in the project will:

- Have standard medical record
- Means of communication e.g. cell phone
- Have monthly visit to designated clinic
- Receive monthly supply of free medications
- Receive education on
 - Weight loss program
 - Life style changes
 - Healthy eating
 - Patients Monitor/Tracking
 - Physical activities

Estimated Cost of Drugs and Medical Supplies of KSANG Task
Force for 1 facility

Description	Quantity	Unit Price \$	Total Price \$
Sprague Stethoscope	12	10.45	125.40
Mobile Aneroid BP Monitor	2	149.27	298.54
Omron BP Monitor	6	45.87	275.22
Detecto Physician Scale	2	325.48	650.96
Diabetic Test Strips & Supplies	200	10.00	2,000.00
Urostix/Clinitek	10	145.99	1,495.90
Accutrend Cholesterol Strips	8	127	1,016.00
Accutrend Cholesterol Meter	4	299.87	1,199.48
Drug Combination for 200 Patients	12	2000	24,000
Staffing Physician per year	12		
Assistant Physician	12		
Total			\$ 31,025.58

The Good News

Kwara State of Nigeria, under the leadership of Governor Alh. Dr. Abdul-Fatal Ahmed has made a tremendous progress, in the history of the state in tackling health care challenges. At the end of May 2014, his administration has spent N3.7 billion on comprehensive renovation and equipping of five general hospitals. They include hospitals located in Offa, Share, Omu -Aran, Kaima and Ilorin. At the commission of Share general hospital was also the launching of community health insurance scheme for the people of Share and surrounding areas. This combination is what is needed throughout the state in order to guarantee Kwara State citizen access to quality and affordable health care. Most importantly, since Kwara State is committed to preventing or significantly reducing strokes and heart attacks, Nigeria Community Health Plan (HCHP) like the one in Share has to be available in due time in all locality.