

Action What's Next

HEALTH CARE

Containing a Global Health Care Crisis

► Whenever Elizabeth Sheehan drives into Boston, she makes a mental note of how many shipping containers she spots near the harbor. "There's a wall of them, and some haven't moved in months," says the Massachusetts resident. If Sheehan gets her way, many of these surplus metal boxes will soon be transformed into clean, efficient health care centers outfitted to serve the most vulnerable people throughout the Caribbean, Africa, and Southeast Asia.

That's the idea behind Containers to Clinics (C2C). Sheehan, a physician's assistant with a decade of health care experience in the developing world, founded the nonprofit in hopes of "delivering lifesaving medicine and health care to the last mile." She has seen what happens when there is no access to basic medical care. "The most vulnerable populations—rural women and children—die in droves," she says, often from treatable illnesses like diarrhea and pneumonia.

The prototype C2C design, developed in collaboration with sustainable building specialists and public health experts, combines two retrofitted containers in an "L" shape. One side contains private, well-lit examination rooms and basic diagnostic equipment; the other houses a pharmacy and medical laboratory. Solar-powered fans keep the metal boxes from overheating, and a canopy offers shade for waiting patients.

C2C unveiled its prototype design late last year, just before the earthquake struck Haiti in January. By spring, the first unit

was loaded on to a ship bound for Port-au-Prince. Post-disaster medical care "doesn't have to be delivered under a tent, with people's feet in the mud," Sheehan insists. "Our model offers a clean place to deliver health with dignity," whether it's in a disaster-relief zone or in a poor rural community.

Once the pilot phase is com-

ing at partnerships with existing NGOs and government ministries" to ensure a steady supply of medical staff. The retrofitted containers could also be used as classrooms where local residents would be trained as community health workers.

The best solutions to fill the rural health care gap will come about through collaboration



Used shipping containers are converted into health care clinics that can be easily transported to the developing world.

pleted and the design gets fine-tuned, C2C could expand rapidly. Surplus shipping containers are already scattered around the globe. "With the downturn in trade, they have become an eyesore," Sheehan says. She envisions developing a C2C kit so that these abandoned containers can be retrofitted on-site in developing countries. The kits will create economies of scale, bringing down the cost.

Lower-cost clinics alone won't fill the health care gap, Sheehan acknowledges. "We know that staffing will be our biggest challenge. We are look-

ing at partnerships with existing NGOs and government ministries" to ensure a steady supply of medical staff. The retrofitted containers could also be used as classrooms where local residents would be trained as community health workers.

with local stakeholders and attention to cultural traditions, Sheehan adds. "I have no interest in striding into a community with my cool idea. We won't go anywhere unless the community wants us."

"C2C really captures the imagination—an entirely new clinic in a box," says Meg Wirth, global health expert and founder of Maternova, which promotes innovation for maternal and infant health. "The fact that C2C is not just a facility but is also linked to a program is what really makes it promising," Wirth adds. "The C2C concept provides the potential for linking smaller products up front—rather than sending them separately and hoping they all end up integrated as envisioned."

PHOTOGRAPHS BY JILL WOOD/STANFORD COURTESY OF CONTAINERS TO CLINICS