



MEDICAL GUIDANCE NOTE

Title: THE DONATION OF MEDICAL SUPPLIES AND EQUIPMENT
PRIOR TO DEMOBILISATION

Last revised: January 2011

1. Background

1. The MWG, taking into consideration the World Health Organisation (WHO) Guidelines for Drug Donations WHO/EDM/PAR/99.4, and acknowledging the challenges associated with the donations of small quantities of drugs typical of a USAR medical cache, recommends that all unused medications and consumable stock should normally be taken back home with the team.
2. However, if donations are to be made, this should be done in accordance with the WHO Guidelines for Drug Donations WHO/EDM/PAR/99.4. The core principles as stated in the WHO Guidelines for Drug Donations provide the overarching principles regarding donations of medical supplies, which are:
 - 2.1 Maximum benefit to the recipient;
 - 2.2 Respect for wishes and authority of the recipient;
 - 2.3 No double standards in quality;
 - 2.4 Effective communication between donor and recipient.

2. Considerations

In circumstances where donations are going to be made, the following should be kept in mind:

- 2.1 Donations must be made in accordance with the relevant legislation of the recipient and donor countries;
- 2.2 Donations should be based on an expressed need;
- 2.3 Only drugs specifically requested should be donated;
- 2.4 The presentation, strength and formulation of donated drugs should, as much as possible, be similar to those of drugs commonly used in the recipient country;
- 2.5 Drugs should be within their expiration date;
- 2.6 All drugs should be labelled in a language that is easily understood by health professionals in the recipient country; the label on each individual container should at least contain:
 - 2.6.1 The International Nonproprietary Name (INN) or generic name;
 - 2.6.2 Batch number;
 - 2.6.3 Strength/concentration;
 - 2.6.4 Dosage form;
 - 2.6.5 Name of manufacturer;
 - 2.6.6 Quantity in the container;
 - 2.6.7 Storage conditions;



MEDICAL GUIDANCE NOTE

- 2.6.8 Expiry date;
- 2.7 Donations should be coordinated via the OSOCC;
- 2.8 The actual handover of donated items should be to a health professional;
- 2.9 Drugs where there is an ongoing requirement for cold-chain storage should not be donated;
- 2.10 Where legislation allows, the handover of restricted drugs should be carefully considered and due process, as required by the donor and recipient countries, should be adhered to;
- 2.11 Records of all donated items should be maintained.