

# Australian guidelines for drug donations to developing countries

*Australian guidelines for drug donations to developing countries is endorsed by the Australian Pharmaceutical Advisory Council, November 1996. Amended November 2000. Copyright Commonwealth of Australia, reproduced by permission.*

## Introduction

These Australian guidelines are based on the international Guidelines for Drug Donations developed by the World Health Organization (WHO) in 1996. The WHO guidelines reflect a consensus between the major international agencies active in humanitarian emergency relief: WHO, Office of the United Nations High Commission for Refugees (UNHCR), United Nations Children's Fund (UNICEF), International Committee of the Red Cross, Médecins sans Frontières, Churches Action for Health and the World Council of Churches. They aim to improve the quality of drug donations and are intended to serve as a basis for national and institutional guidelines.

Scenarios associated with drug donations range from acute emergencies to non-emergency development programs. Although there are differences between these scenarios, there are basic rules for an appropriate response that apply to all.

As with the guidelines prepared by WHO, this Australian document starts with a discussion on the need for guidelines, followed by the presentation of the core principles for appropriate donations.

The Australian guidelines have been endorsed by the Australian Pharmaceutical Advisory Council (APAC). APAC expresses its appreciation to the Society of Hospital Pharmacists of Australia for its assistance in developing these guidelines.

## Why do we need guidelines for donations of drugs to developing countries?

The contribution of medicines in the form of donations to developing countries or in disaster situations is often viewed by communities in developed countries, such as Australia, as a useful way to provide much needed pharmaceutical supplies. Televised pictures of refugee camps or rural areas lacking the most basic health services often give rise to emotional appeals to 'do something'. As the lack of medicines is often presented as a pressing problem, an immediate donation of drugs is often perceived as the most pragmatic and direct response. Unfortunately, not all drug donations are helpful and inappropriate drug donations can be

dangerous or useless, and a source of problems for the recipients as the following examples illustrate.

## Guatemala, 1976

In the first week after the earthquake in Guatemala, 7,000 cartons of mixed drugs arrived. These were sorted by a group of 40 pharmacy students at a rate of 25–50 boxes per day (it took about six months to finish the job). Only 10% of the drugs sent were relevant to the health needs in Guatemala and were adequately labelled.

## Sudan, 1990

A large consignment of drugs was sent from France to war-devastated southern Sudan. Each box contained a collection of small packets of drugs, some partly used. All were labelled in French, a language not spoken in Sudan. Most were inappropriate, some could be dangerous. There were: contact lens solutions, appetite stimulants, antidepressants and expired antibiotics. Of 50 boxes, 12 contained drugs of some use. It would have been much better to use the money spent on transport to purchase penicillin and other essential drugs from Kenya and to have then sent from there.

## Eritrea, 1980s

During the war for independence, despite the careful wording of appeals, much time and energy had to be spent on sorting drug consignments. Examples of inappropriate donations were: seven truck loads of expired aspirin tablets that took six months to burn; a whole container of unsolicited cardiovascular drugs with two months to expiry; and 30,000 half-litre bottles of expired amino acid infusion that could not be disposed of anywhere near a settlement because of the smell.

## How else can drug donations cause problems?

Most developing countries have national essential drugs lists covering major health problems. Training programs for health personnel focus on the correct use of these drugs. Such developments need support. Donated drugs can frustrate and undermine national drug policies which aim to secure reliable supplies of appropriate, good quality, essential drugs and to promote standard treatment guidelines as a tool to encourage rational drug use.