

Sri Lanka

Sunday Times on Line

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## Most tsunami drug donations were useless and dangerous

An in-depth study by the Health Ministry on the donation of drugs to the country after the 2004 December tsunami has revealed that despite the great expectations of the government that the country would benefit financially and materially from such donations, they were more of a burden than a benefit to the country .

The report said donations largely did not adhere to the internationally accepted recommendations for improving the quality and efficiency of drug/medicine donations in emergency situations and were in violation of World Health Organization's (WHO) guidelines.

Research conducted by the Health Ministry's Medical Supplies Division revealed that 43% drugs for tsunami victims belonged to the "non list" category and 38% of drugs were never registered for use in the country while 50.5% of the total donations did not have expiry dates.

According to WHO guidelines, after arrival in a recipient country, all donated drugs should have a remaining shelf life of at least one year. But in this case, more than half (28 metric tons) did not have the expiry dates while shelf life of (5%) of the products had expired or expired within a few days of arrival. The balance had a year or more prior to expiry from the date of arrival. Hence nearly 57 % were unusable from the date of their arrival.

Contrary to this, donations purchased by local residents and organizations after consulting with the Director Medical Supplies Division (MSD) though small in quantity, had the required shelf-life, were appropriate to the needs of the time the entirety of drugs were utilized.

In addition over 90% of the donations that were sent directly on a government to government basis were on the Health Ministry expressed list and had the required shelf life.

Another violation of the WHO guidelines was regarding costs. It is accepted procedure that costs of international and local transport, warehousing, port clearing and appropriate storage and handling should be paid by the donor agency but in this instance all local costs for handling, transport storage were borne by Sri Lanka.

The costs incurred by international organizations to transport medicines at collection centres overseas is also considered a total waste as 90% of these donations were in the unusable category, the report states.

The cost incurred by the Ministry of Health to destroy the unusable drugs -

approximately 150 metric tons- amounted to approximately Rs. 2.6 million.

The report also criticised the behaviour of some of the donors stating that many of them requested publicity for their donations and sought to be photographed when handing over the donations claiming that this could be beneficial to seek more aid from the country of origin.

The Report cites an incident where a Director of Health having provided transport and refreshments to a particular donor, in addition to having to pose for photographs, found to his dismay the expiry date of the pharmaceuticals had passed and the entire consignment was useless.

The survey was carried out between March 2005 to July 2005 and included donations received and handled by the Ministry's Medical Supplies Division.

Products having the same drug substance, in the same dosage form and in the same strength irrespective of brand name and package size are classified as a 'Unique Drug Product' (UDP). To determine compliance with the World Health Organisation (WHO) Good Donation Practices Guideline the 2003 version of the WHO Essential Medicines List, (WHO-EML) the Ministry of Health published a list of needed drugs (MHO List) and the Sri Lanka Hospital Formulary List of Medicines (HFL).

Unfortunately a majority of the UDPs -over 80%- were unsolicited, came unannounced and in unsorted boxes. Around 50% of the donations were non-discriminatory collections of unused pharmaceuticals of private individuals collected at various centres and transported via international relief organisations.

The stockpiling of unnecessary or expired drugs cluttered up storage depots, resulting in a shortage of space for essential medicines. It is estimated that approximately 20-30 metric tons of drugs were not appropriately stored.

The report also come out with recommendations to be made at three levels, namely international, national and at the advocacy and information level in order to avoid such a situation in the future.

The lack of initiative and courage by the government to refuse unsolicited donations in spite of the growing knowledge that most of the donations were inappropriate, is also seen as one reason for the flood of unnecessary items to the country in the aftermath of the tsunami.

It is possible that unwanted donations may have been curbed if the media also showed the international community some positive aspects of Sri Lanka such as the good health care infrastructure thus guiding them on good donation practices.

The report adds at least in the future, a policy for the receiving of donations of pharmaceutical should be instituted.□The report ends with the words: "...given the bitter lessons learnt, our hope is we will be as courageous as India and Thailand who rejected unsolicited international help following the tsunami..."

## Suggestions to improve the situation

Recommendations for improving the quality and efficiency of drug medicine donations in emergency situations are detailed at three levels:

n International level: Implementation of the International guidelines and regulations on Good Donation Practices, for international monitoring of drug donations by WHO, NGOs and donor countries and to prohibit dumping practices.

n Local level: MOH to include a national policy on pharmaceutical donations in the National Drug Policy and have operational guidelines on handling such donations. □n Advocacy and Information level: dissemination of the study results, and organisation of awareness raising and campaigning activities for good donation practices.

## A waste of time, space and money

n The majority of the UDPs (80%) were unsolicited, came unannounced and in unsorted boxes.

Around 50% of the donations were a non-discriminatory collection of unused medicines of individuals collected on an ad hoc basis and transported via international relief organizations including the International Red Cross Federation. These donations were a mixture of many different brands mixed up with other relief items.

43% of the UDPs belonged to the "non list" category (not listed in the MOH list, WHO-ML)

HFL, Emergency Medicines Lists and 38% of the drug substances were never registered for use in the country. Hence they could be considered totally irrelevant, useless and at times dangerous.

A large proportion of non essential medicines (80%) were irrelevant to the emergency situation.

62% of the pharmaceutical products were labelled in languages not understood locally, 81% were without package inserts and 15% were without generic names.

Stockpiling of unusable and useless medicines cluttered up storage areas, resulting in a shortage of space for storage of essential medicines.

The monetary value of one donation as claimed by donors was equivalent to approximately 50% of the public health drug budget and should have had the purchasing power to supply 50% of the medicines on the Sri Lanka hospital formulary. However total tsunami donations reduced the total drug budget for the year 2005 by a mere 4%