

In terms of procurement, handling, storage, and distribution, kits proved to be user friendly. Backed by a sound quality assurance system they were attractive to end users who did not have time to sort and assess less structured supplies. Most health institutions preferred the kits over mixed bulk supplies.

Table 1.4: Summary of the WHO guideline for donated drugs (18)

1. Selection of drugs

- a) All drug donations should be based on an expressed need and be relevant to the disease pattern in the recipient country.
- b) All donated drugs or their generic equivalents should be approved for use in the recipient country and appear in the national list of essential drugs
- c) The presentation, strength and formulation of donated drugs should as much as possible be similar to those drugs commonly used in the recipient country.

2. Quality assurance and Shelf life

- a) All donated drugs should be obtained from a reliable source and comply with quality standards in both donor and recipient country.
- b) No drugs should be donated that have been issued to patients and then returned or were given to health professionals as free samples.
- c) After arrival in the recipient country all donated drugs should have a remaining shelf life of at least one year. Exceptions to this rule has been accepted

3. Presentation, packing and labelling

- a) All drugs should be labeled in a language that is easily understood by health professionals in the recipient country: the label on each container should contain at least the International Proprietary Name (INN or generic name) batch number, dosage form, strength, name of manufacturer quantity in the container, storage conditions, and expiry date
- b) As much as possible, donated drugs should be presented in larger quantity units and hospital packs.
- c) All drug donations should be packed in accordance with international shipping regulations, and be accompanied by a detailed packing list which specifies the contents of each numbered carton by INN, dosage form, quantity, batch number, expiry date, volume, weight and special storage conditions.

4. Information and management

- a) Recipients should be informed of all drug donations that are being considered, prepared or are underway.
- b) In the recipient country the value of the drug donation should be based upon the wholesale price of its generic equivalent in the recipient country.
- c) Costs of international and local transport, warehousing, port clearing and appropriate storage and handling should be paid by the donor agency.