Advancing Knowledge Across Healthcare Disciplines

WHO Collaborating Centre for Governance Transparency & Accountability for the Pharmaceutical Sector – April 29, 2016 [modified for web publication]

Dinsie B. Williams
Leslie Dan Faculty of Pharmaceutical Sciences
Governance, transparency and accountability go beyond pharmaceuticals

Let’s take medical equipment, as an example...
Medical equipment in resource-limited settings

For every $1 spent on donations, 62.5 to 87.5 cents go to waste.
Why does this matter?

- Little or no value for money (donors)
- Financial burden on end-users
- Wastes already limited resources
- Affects morale
- Contributes to environmental harm
Why does this matter?

2012 Average Life Expectancy By Region (Years)

- Africa: 58 years
- Southeast Asia: 67 years
- E. Mediterranean: 68 years
- Americas: 76 years
- Europe: 76 years
- Western Pacific: 76 years

Poor healthcare delivery → Lower life expectancy
Policy initiatives

Since the early ‘90s, multiple organizations have attempted to address the issue:

- 1992 Policy Position on Donating and Selling Used Medical Equipment (International Medical Device Group)
- 1994 Guidelines on Medical Equipment Donations (Association for Appropriate Technologies and the Churches Action for Health of the World Council of Churches)
- 1995 Guidelines for Medical Equipment Donations (American College of Clinical Engineering)
Transnational governance initiative

WHO guidelines updated in 2010:

- Maximize benefits to recipients
- Conform to government policies
- Quality of items must be acceptable in the donor country
- Effective communication during donation process

(WHO 2010)
Adoption of WHO donation guidelines in 2014

Policy/guideline/recommendation on donations of medical devices (including type)
*status as of May 2014
- Yes, not specified
- Yes, we use WHO guidelines
- Yes, nationally developed
- No
- Data not available
- Not applicable

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines.
Quality of guidelines vary

6. All medicines and medical supplies to be donated must be labelled in English. The label on each container must contain at least the International Non-proprietary Name (INN), the batch number, dosage form, name of manufacturer, quantity in the container, storage conditions, and manufacturing and expiry dates. Prescriber-information leaflets in the English language must accompany all medicines donations.

7. All equipment donations must be compatible with the electricity supply of Sierra Leone and accompanied with a user’s/technical manual and specifications in English.
Are policies sufficient on their own?

In Sierra Leone:

- Knowledge of policies and guidelines is limited to select senior staff
- Donation programs have room to incorporate principles of accountability and transparency:
  - Quality of material products
  - Communication
  - Incentives
  - Monitoring and evaluation
After more than a decade of guideline development, facilities in Sierra Leone still receive inappropriate donations.
Parallels can be drawn to the pharmaceutical industry

Donors knew equipment they shipped was defective??

Feeble Ministry of Health can’t block dodgy equipment donations??

Parallels can be drawn to the pharmaceutical industry

Donors knew equipment they shipped was defective??

Feeble Ministry of Health can’t block dodgy equipment donations??
Advancing knowledge across multiple disciplines

In healthcare, the need for governance cuts across disciplines
Consequence of engaging technicians, civil servants, nurses, procurement specialists,...

Potential improvement: For every $1 spent on donations, less than 12.5 cents will go to waste