



Medical Surplus Recovery: Code of Conduct

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## Introduction

Published in 2013, the Code of Conduct (COC) is comprised of voluntary standards that were developed with the support of national medical donation experts and subsequently adopted by the founding Medical Surplus Recovery Organization (MSRO) members of the MedSurplus Alliance.

The COC reflects the collective commitment of the medical surplus recovery community to adhere to quality practices and ensure organization integrity.

The COC was designed for MSROs that receive, sort, repair, package, and ship new or used medical products.

However, we also encourage donors, recipients, and other stakeholders to use the Code of Conduct to evaluate their medical donation program practices and to identify qualified MSRO partners.

A well-functioning health system ensures access to essential medical products, vaccines, and devices. By eliminating medical supply stock outs and creating access to quality supplies and working medical equipment, we can remove a significant barrier to reducing patient morbidity and mortality in low-income settings.

### Who We Are

The MedSurplus Alliance is a cross-sector alliance that works collaboratively to improve access to quality donated medical products, through donation program standards, accreditation, capacity building, and leadership.,

The MedSurplus Alliance is a program of The Task Force for Global Health, an independent, nongovernmental organization based in Decatur, GA, USA, with field offices in Addis Ababa, Ethiopia, and Guatemala City, Guatemala.

The program operates under the guidance of a cross-sector Leadership Council that includes medical surplus recovery organization leaders and stakeholders from the healthcare, private, public, manufacturing, and academic sectors.

### What We Do

MedSurplus Alliance stakeholders include hospitals, manufacturers, non-profit healthcare providers, and medical surplus recovery organizations that recover, redistribute, and effectively utilize high-quality medical supplies and equipment to improve the health of those in need.

The MedSurplus Alliance stakeholders believe that it's not enough to simply support donation standards and best practices in principle. To make measurable progress we must commit to a Code of Conduct and demonstrate adherence through the MSA accreditation program.

The MSA Code of Conduct was inspired by the World Health Organization Guidelines and developed with the participation of medical donation stakeholders, standards development

organizations and accrediting organizations. The Code of Conduct establishes, publishes and advances voluntary standards of practice to guide the operations and decisions of the medical surplus recovery industry, donor organizations, funders and healthcare providers.

### **Why It Matters**

The challenges are everywhere, and the work is not easy. The Code of Conduct and toolkit are designed to inspire and guide the collective commitment of the entire medical surplus recovery community to adhere to quality practices, eliminate inappropriate medical donations, and help ensure that healthcare workers are better equipped to care for their patients.



## Governance

### 1.1 Governance – Similar Values

Organizations should have similar ethos and values, a commitment to serve qualified recipients without discrimination, a commitment to sustainable programming whenever possible, integrity, excellence, and organizational transparency.

**1.1.1 MSROs should have a written mission, vision, and/or values statement.**

### 1.2 Governance – Anti-Discrimination

Organizations are encouraged to have a strong commitment to honoring diversity in the workplace and should adopt an anti-discrimination policy that applies to directors, employees, and volunteers.

**1.2.1 MSROs should have a written anti-discrimination policy.**

### 1.3 Governance – Bylaws and Board

Organizations shall be governed fairly, impartially, and responsibly by an independent board of directors.

**1.3.1 MSROs should have written bylaws.**

**1.3.2 MSROs should be governed by a board of directors.**

### 1.4 Governance – Financial Accountability

Organizations shall conduct their finances in a way that ensures the appropriate use of funds and accountability to donors.

**1.4.1 Organizations shall have an annual audited financial statement, with the audit being conducted by an independent certified public accountant.**

**1.4.2 Organizations should comply with generally accepted accounting principles (GAAP).**

**1.4.3 Organizations' audited financial statements should be available upon request.**

## **1.5 Governance – Good Donation Principles**

Organizations should always respect the World Health Organization donation principles that form the basis for the responsible donation of good medical equipment, consumables, and pharmaceuticals.

**1.5.1 Donations Based on Expressed Need: Donations of medical equipment, consumables, and pharmaceuticals should benefit the recipient to the maximum extent possible. All donations should be based on an expressed need. Unsolicited donations are discouraged.**

**1.5.2 Donations Conform to Local Needs and Policies: Donations should be given with due respect for the wishes and authority of the recipient, and in conformity with the government policies and administrative arrangements of the recipient country.**

**1.5.3 Effective Coordination and Collaboration: There should be effective coordination and collaboration between the donor and the recipient, with all donations being made in accordance with a plan formulated by both parties.**

**1.5.4 No Double Standard in Quality: There should be no double standard in quality. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation.**



## Needs Assessment

### 2.1 Needs Assessment – General

#### 2.1.1 General – Needs Assessment

Donations should only be made based on an expressed need, at the request of the in-country partner, and after a thorough needs assessment confirms that the donation is also appropriate for the setting.

In addition to the specific product requirements, the overall needs assessment process should collect and assess the following information:

2.1.1.1 MSROS should collect and assess information regarding the demographics and socioeconomic statuses of the population being served.

2.1.1.2 MSROS should collect and assess information regarding whether or not the recipient organization has an understanding of the local healthcare infrastructure, including the location and capacity of healthcare facilities.

2.1.1.3 MSROS should collect and assess relevant information regarding the in-country partner's staff capacity and qualifications, in order to determine the ability of the partner to effectively handle and distribute the donation.

2.1.1.4 MSROS should collect and assess information related to the quantity of product needed.

2.1.1.5 MSROS should assess the recipient organization's policies and plans for taking into account the medical cultures, beliefs, and traditional health practices.

2.1.1.6 MSROS should exchange contact information with the recipient organization. This information should be exchanged in order to maintain effective communication throughout the donation process and as a resource as questions arise.

2.1.1.7 MSROS should collect and assess information regarding the logistics capabilities of the receiving country in order to identify any potential problems or difficulties. Items to consider may include transportation network, customs/Ministry of Health (MOH) rules and regulations, import laws, local shipping and storage capacity, climate, and security.



2.1.1.8 MSROs should determine whether the recipient organization has a product disposal plan.

2.1.1.9 Prior to shipping, MSROs should have all product reviewed and approved by the recipient.

## **2.1.2 General – Gap Analysis**

The Medical Surplus Recovery Organizations agree to establish a cooperative and systematic process for determining and addressing the needs of the receiving organizations, or the gaps between current and desired conditions.

2.1.2.1 MSROs have a documented process for measuring the gap between the products requested and the products that are provided.

## **2.2 Needs Assessment – Consumables**

### **2.2.1 Consumables – Needs Assessment**

Consumable product donations should only be made based on an expressed need, at the request of the in-country partner, and after a thorough needs assessment confirms that the donation is also appropriate for the setting. In addition to the general assessment requirements, the consumable product needs assessment process should collect and assess the following information.

2.2.1.1 MSROs should determine if recipients have access to the appropriate human resources to properly handle the donation.

2.2.1.2 MSROs should determine that the product type, quantity, size, and material appropriately address the health needs of the target population.

2.2.1.3 MSROs should determine if recipient organizations have access to the reagents or consumables required to operate the donated equipment.

## **2.3 Needs Assessment – Medical Equipment**

### **2.3.1 Medical Equipment – General Needs Assessment**

Medical equipment donations should only be made based on an expressed need, at the request of the in-country partner, and after a thorough needs assessment confirms that the donation is also appropriate for the setting.

In addition to the general assessment requirements, the medical equipment needs assessment process should collect and assess the following information.

2.3.1.1 MSROs should determine whether the technology is appropriate for the operating environment.

2.3.1.2 MSROs should determine whether the number of accessories required is minimal and/or will not pose significant challenges to the operation and maintenance of the equipment.

2.3.1.3 MSROs should determine whether necessary operating supplies (particularly disposables) are available at an affordable cost.

2.3.1.4 MSROs should determine whether standardization with other in-country equipment exists or is feasible.

2.3.1.5 MSROs should determine whether the donated equipment has low energy consumption.

2.3.1.6 MSROs should determine whether the equipment uses environmentally friendly substances.

2.3.1.7 MSROs should determine whether the equipment is easy to maintain.

2.3.1.8 MSROs should determine whether the equipment has a reasonable tolerance to hostile electrical and physical environments.

## 2.3.2 Medical Equipment – Responsible Use Guide

MSROs should provide the recipient with a responsible use guide that outlines the requirements for the appropriate use and maintenance of the equipment, when applicable and possible. When a responsible use guide is not available, MSROs must inform the recipient prior to shipping the equipment. The guide should include the following information.

2.3.2.1 MSROs should include product brand information within the Medical Equipment Responsible Use Guide.

2.3.2.2 MSROs should include installation location, including: floor loading capacity, ceiling height, and door width within the Medical Equipment Responsible Use Guide.

2.3.2.3 MSROs should include figures regarding electrical power (voltage, frequency, phase, and dissipation) needed within the Medical Equipment Responsible Use Guide.

2.3.2.4 MSROs should include figures regarding water volume, pressure, and drainage needed within the Medical Equipment Responsible Use Guide.

2.3.2.5 MSROs should include safety requirements (such as shielding) within the Medical Equipment Responsible Use Guide.

2.3.2.6 MSROs should include information regarding sub-systems, including cables, reagents, filters, electrodes, and recording paper required to operate the equipment to be donated within the Medical Equipment Responsible Use Guide.

2.3.2.7 MSROs should include maintenance information within the Medical Equipment Responsible Use Guide.

2.3.2.8 MSROs should include transportation and offloading information within the Medical Equipment Responsible Use Guide.

## **2.4 Needs Assessment – Pharmaceuticals**

### **2.4.1 Pharmaceuticals – General Needs Assessment**

Pharmaceutical donations should only be made based on an expressed need, at the request of the in-country partner, and after a thorough needs assessment confirms that the donation is also appropriate for the setting.

In addition to the general assessment requirements, the pharmaceutical needs assessment process should serve to collect and assess the following information.

2.4.1.1 MSROs should determine whether the product being sent matches the expressed need of the receiving organization and is appropriate for treating the affected population.

2.4.1.2 MSROs should determine whether the recipient organization has determined proper storage for the product. This includes storage facilities, shelving, dispensary facilities, and refrigeration.

2.4.1.3 MSROs should determine whether the recipient organization has the proper staff for handling and dispensing of pharmaceuticals prior to any donation being made.

2.4.1.4 Prior to donating pharmaceuticals to a country, MSROs must be familiar with any rules and regulations governing pharmaceuticals in that country. This can include, but is not limited to, drugs approved for use in the country, the receiving country's WHO list of essential medicines, and any national standard treatment guidelines.

### **2.4.2 Pharmaceuticals – Target Population**

Pharmaceutical donations should only be made based on an expressed need, at the request of the in-country partner, and after a thorough needs assessment confirms that the donation is also appropriate for the setting.

2.4.2.1 MSROs should choose partners who have policies and plans in place to ensure that donations are used in a way that respects local cultures and health practices.



## Quality & Quantity

### 3.1 Quality & Quantity – General

There should be no double standard in quality. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation.

#### 3.1.1 General – Sourcing Quality

3.1.1.1 Donated products should be obtained from a reliable source.

3.1.1.2 Donated products should meet the applicable quality standards in both the donor and recipient countries.

3.1.1.3 Donated products that do not meet stated quality standards or have been recalled should not be distributed.

#### 3.1.2 General – Logistics Quality

It is important to understand and meet logistics quality requirements throughout the donation process in order to ensure that products arrive in working order and are in usable condition.

3.1.2.1 MSROs should confirm there exists adequate cold-chain systems and/or temperature monitoring for the donated product at the recipient location.

3.1.2.2 MSROs should confirm there exists adequate storage & distribution capabilities for the donated product at the recipient location.

3.1.2.3 MSROs should confirm there exists adequate personnel to handle the donated product at the recipient location.

### **3.1.3 General – Packaging Quality**

The product should be packaged and shipped in a manner that safeguards its quality and integrity during transportation. MSRO procedures should address all of the following.

- 3.1.3.1 MSRO packing procedures should address the proper marking and labeling of shipments.
- 3.1.3.2 MSRO packing procedures should address the proper handling of perishables and thermal-sensitive products.
- 3.1.3.3 MSRO packing procedures should address the proper use of corrugated fiberboard boxes, including avoiding use of used boxes.
- 3.1.3.4 MSRO packing procedures should address the proper protective cushioning of product.
- 3.1.3.5 MSRO packing procedures should address proper cargo security measures.
- 3.1.3.6 MSRO packing procedures should address the proper use of stretch wrapping.
- 3.1.3.7 MSRO packing procedures should address proper methods for palletizing boxes.
- 3.1.3.8 MSRO packing procedures should address regulations regarding bagged shipments.
- 3.1.3.9 MSRO packing procedures should address the hazards of shipment testing.

### **3.1.4 General – Quantity**

Quantities donated should fit the documented need in order to ensure that the donations are not wasted and do not become an environmental problem.

- 3.1.4.1 MSROs will have a process to confirm the appropriate quantity to donate based on the recipient's need and capacity to use the products.

## **3.2 Quality & Quantity – Consumables**

### **3.2.1 Consumables – Human Resources**

When donating consumables, it is important to engage the person responsible for managing the inventory at the recipient organization in the assessment and ordering process.

3.2.1.1 MSROs will determine if the personnel that will use the product (i.e. the hospital staff) are involved in the ordering process and respond accordingly.

3.2.1.2 MSROs will determine if the personnel responsible for inventory management at the recipient organization are involved in the ordering process and respond accordingly.

### **3.2.2 Consumables – Sorting Practices**

Organizations will have proper procedures in place to ensure that unusable or expired consumable products are not shipped, in order to avoid creating unnecessary burdens for the recipient.

3.2.2.1 MSROs will have a system of sorting disposable supplies into boxes of the exact same items (ex. Latex Exam Gloves size large). When applicable and necessary, organizations should note size or size range and brand information so the recipient can make informed decisions during the item selection process.

3.2.2.2 MSROs will label boxes with expiration dates, using the earliest expiration in the box as the date identified to the recipient, when applicable.

3.2.2.3 MSROs will follow all applicable laws/regulations in relation to expiration date guidelines for disposable medical devices.

3.2.2.4 MSROs will pack consumables in boxes suitable for transportation.

## **3.3 Quality & Quantity – Medical Equipment**

### **3.3.1 Medical Equipment – Supplies and Accessories**

3.3.1.1 MSROs should confirm that donated healthcare equipment is fully operational at the system and subsystem levels and that all essential accessories and supplies are available or provided to the recipient organization.

3.3.1.2 MSROs will confirm that the recipient of any donated healthcare equipment is aware of all the ancillary equipment, ongoing supplies needed, and utilities necessary to the support of the device or equipment being donated.

### **3.3.2 Medical Equipment – Manufacturer Standards**

All donated medical equipment should meet all of the manufacturer's safety and performance specifications. Medical equipment donated by a MSRO should be checked for the following before being approved for donation.

3.3.2.1 MSROs should confirm the installation location requirements of medical equipment are appropriate to the recipient location prior to donation.

3.3.2.2 MSROs should confirm the electrical power requirements of medical equipment are appropriate to the recipient location prior to donation.

3.3.2.3 MSROs should confirm the water requirements of medical equipment are appropriate to the recipient location prior to donation.

3.3.2.4 MSROs should confirm the safety requirements of medical equipment are appropriate to the recipient location prior to donation.

3.3.2.5 MSROs should confirm the subsystem requirements of medical equipment are appropriate to the recipient location prior to donation.

3.3.2.6 MSROs should confirm the maintenance manuals and documentation of medical equipment are appropriate to the recipient location prior to donation.

3.3.2.7 MSROs should confirm the transportation packaging and storage considerations of medical equipment are appropriate to the recipient location prior to donation.

3.3.2.8 MSROs should confirm the required supplies of medical equipment are appropriate to the recipient location prior to donation.

3.3.2.9 MSROs should confirm the onsite storage requirements of medical equipment are appropriate to the recipient location prior to donation.

### **3.3.3 Medical Equipment – Human Resources**

MSROS should determine the number of properly trained physicians, nurses, and/or technicians at the recipient location who will operate and maintain the requested equipment and respond appropriately.

3.3.3.1 MSROs have a process to determine the number of qualified personnel with the skills to operate and maintain the donated equipment.

3.3.3.2 MSROs have determined how the recipient of donated medical equipment will address any gaps in qualified personnel or provide training if needed.



## **3.4 Quality & Quantity – Pharmaceuticals**

### **3.4.1 Pharmaceuticals – Documentation**

3.4.1.1 MSROs should confirm that a product's generic name, along with other relevant information (e.g. quantity, expiration date, lot and control numbers, and storage/temperature requirements) appears on all package and shipping documents.

### **3.4.2 Pharmaceuticals – Human Resources**

3.4.2.1 MSROs should ensure that pharmacists or medical directors representing recipient organizations are involved, either directly or by advising others, in the arrangements for donations of medicines.

### **3.4.3 Pharmaceuticals – Expired Medicines**

MSROs will ensure that proper procedures are in place to ensure that excess or expired medicines are not shipped, thus avoiding creating an unnecessary burden for the recipient.

3.4.3.1 MSROs will ship only pharmaceutical products with at least 12 months remaining before their expiration date or with prior written acceptance and assurance that the product will be utilized before expiry and that the customs regulations in the recipient country will release shipments with short-dated products.

3.4.3.2 MSROs will have procedures in place to ensure that excess or expired donations are destroyed in accordance with the manufacturer's/donor's prescribed procedures and applicable government regulations/WHO guidelines.



## **4.1 Logistics – General**

These general requirements apply to all consumables, medical equipment, pharmaceuticals, and other medical donations.

### **4.1.1 General – Packaging**

Packaging can be one of the most complicated aspects of medical donations. Access to high-quality medical products can be compromised when proper packaging procedures are not followed.

4.1.1.1 Prior to making a donation, MSROs should work with recipients to ensure that packaging, labeling, maintenance, and operating instructions (when applicable) are able to be understood by the recipient organization.

4.1.1.2 MSROs should take account of the mode of transportation when protective packaging is chosen (i.e. glass syringes and bottles must be packed to avoid breakage).

### **4.1.2 General – Storage Access**

High quality medical products can be compromised when proper storage is not available, or when procedures are not followed. A strong in-country partner relationship is integral to ensuring that products are stored properly.

4.1.2.1 Prior to a donation being made, MSROs should ensure that recipients can demonstrate the ability to provide the adequate storage capacity to accommodate necessary supplies and maintenance parts relative to the equipment being donated.

### **4.1.3 General – Transportation**

MSROs should consider the following when transporting a donation.

4.1.3.1 MSROs should ensure that the means of travel are appropriate to the circumstances of the donation.

4.1.3.2 MSROs should ensure that shipping documents are clear and contain all the essential information.

4.1.3.3 MSROs should confirm that arrangements for necessary storage are made prior to shipping.

4.1.3.4 MSROs should confirm that the recipient or their designee is able to provide transportation from the point of entry to the final destination.

### **4.1.4 General – Staging and Loading**

When staging and loading a shipment, MSROs should take the following factors into account.

4.1.4.1 MSROs should take into account and properly handle product shipment with regard to the mode of transport, product volume, and product type.

4.1.4.2 MSROs should ensure that proper loading of donations (donations should be palletized, shrink wrapped, and include an accompanying packing list) occurs in order to ensure stability (size and weight distribution, strapping) and ease and safety of offloading.

### **4.1.5 General – Customs Clearance**

4.1.5.1 MSROs should confirm that the recipient has access to human resources with the capacity to receive the shipment of donated medical resources and the necessary clearance documents to move it through customs in a timely manner.

4.1.5.2 MSROs should confirm that, unless otherwise arranged, the recipient is able to provide transportation from the point of entry to the final destination.

### **4.1.6 General – Security**

4.1.6.1 MSROs should use a high security bolt seal that meets C-TPAT and ISO standards (i.e. TydenBrooks Intermodal II Seal). The seal number should be recorded for internal tracking and on shipping documents.

## **4.2 Logistics – Consumables**

### **4.2.1 Consumables – Packaging**

4.2.1.1 MSROs should ensure that expiry dates are clearly labeled on all packaging.

4.2.1.2 MSROs should ensure that consumables are packed in boxes that protect the integrity of the product and are suitable for transportation.

4.2.1.3 MSROs should ensure that packaging is sealed securely to prevent opening in transit and tampering.

### **4.2.2 Consumables – Storage**

4.2.2.1 Prior to shipping, MSROs should determine that recipients can provide the adequate storage capacity to accommodate the consumables to be donated.

### **4.2.3 Consumables – Transportation**

4.2.3.1 MSROs should ensure that the means of transportation is appropriate to the circumstances of the donation.

4.2.3.2 MSROs should ensure that shipping documents are clear and that they contain all necessary information.

4.2.3.3 MSROs should ensure that all consumables are palletized and shrink wrapped with an accompanying packing list.

### **4.2.4 Consumables – Staging and Loading**

When staging and loading a shipment of consumables, MSROs should take the following factors into account.

4.2.4.1 MSROs should take into account and properly handle product shipment with regard to the mode of transport, product volume, and product type.

4.2.4.2 MSROs should ensure that proper loading of donations (donations should be palletized, shrink wrapped, and include an accompanying packing list) occurs in order to ensure stability (size and weight distribution, strapping) and ease and safety of offloading.

#### **4.2.5 Consumables – Customs Clearance**

4.2.5.1 MSROs should ensure that recipients have access to human resources with the capacity to receive the shipment and the necessary clearance documents to move it through customs in a timely manner.

4.2.5.2 MSROs should ensure the recipient is able to provide transportation from the point of entry to the final destination.

### **4.3 Logistics – Medical Equipment**

#### **4.3.1 Medical Equipment – Packaging**

4.3.1.1 MSROs will ensure that donated equipment is created and/or packed to minimize damage during shipment.

4.3.1.2 MSROs will ensure that the necessary components referred to in the installation instructions are included, packaged together, and shipped with the equipment.

4.3.1.3 MSROs will ensure that installation (when applicable), operating, and maintenance instructions are included for all equipment. If instructions are not available, MSROs will work with the recipient to confirm that they have the capacity to appropriately operate and utilize the donation.

## **4.4 Logistics – Pharmaceuticals**

### **4.4.1 Pharmaceuticals – Packaging**

When packaging pharmaceuticals for donation, MSROs should take into account the following factors.

4.4.1.1 MSROs should ensure that pharmaceuticals are packaged properly with regard to the climatic conditions in the recipient country.

4.4.1.2 MSROs should ensure that the necessary steps are taken, and the necessary materials are used in the packaging process to avoid breakage.

4.4.1.3 MSROs should ensure that products requiring maintenance of cold-chain are properly labeled and contain control thermometers.

4.4.1.4 MSROs should ensure that shipping documents include the product's generic name and other relevant information (i.e. quantity, expiration date, lot and control numbers, and storage/temperature requirements).

4.4.1.5 MSROs should ensure that prescribing information is in a language that will be understood by a staff member at the recipient institution.

### **4.4.2 Pharmaceuticals – Transportation**

4.4.2.1 MSROs should use only qualified, licensed, and reliable transport companies when shipping pharmaceuticals.

4.4.2.2 MSROs should take into account and properly address the duration of time that a shipment will spend on transport when determining the appropriate means of transportation for items requiring refrigeration.



## Monitoring & Evaluation

### 5.1 Monitoring & Evaluation – General

Organizations should have a process for evaluating the quality of their donations. Thorough evaluations should be conducted periodically and in partnership with recipient organizations.

#### 5.1.1 General – Continuous Improvement

5.1.1.1 MSROs should have a plan in place to review the donation program.

#### 5.1.2 General – Recipient Engagement

5.1.2.1 MSROs should have an evaluation process readily accessible to recipients so as to facilitate feedback.

5.1.2.2 MSROs should facilitate an agreement with the recipient organization regarding an evaluation schedule prior to a donation being made.

5.1.2.3 MSROs should work together with the recipient organization in order to ensure that evaluations are completed correctly and in a timely process.



## Donations in Emergency Situations

### 6.1 Donations in Emergency Situations – General

#### 6.1.1 General – Emergency Needs Assessment

Donations should only be made based on an expressed need, at the request of the in-country partner, and after a thorough needs assessment confirms that the donation is appropriate for the setting.

In addition to the general and specific product donations standards, the following factors should be considered when determining whether or not to donate during a disaster.

6.1.1.1 During a disaster, MSROs should determine whether the local population is participating in any assessments and product requests and respond accordingly.

6.1.1.2 During a disaster, MSROs should determine whether outside aid is being accepted and has been requested and respond accordingly.

6.1.1.3 During a disaster, MSROs should determine whether other organizations are responding and, when possible, determine if multiple requests have been made for the same product by more than one organization and respond accordingly.

6.1.1.4 During a disaster, MSROs should determine whether there is an expedited plan in place for vetting new partners and respond accordingly.

6.1.1.5 During a disaster, MSROs should evaluate unusually large requests to avoid sending excess product that might create a disposal issue for the recipient and respond accordingly.

6.1.1.6 During a disaster, MSROs should verify customs clearance procedures to determine if they have been waived, modified, or forbid emergency medical donations and respond accordingly.

#### 6.1.2 General – Short-Dated Products

During a disaster, product donations should be held to the same quality standards as they are in non-disaster situations. Products must be used prior to the expiry date.

6.1.2.1 MSROs should document requests for short-dated product including who is requesting the product, why it is requested, and how it will be transported and used prior to the expiration date.



## **6.2 Donations in Emergency Situations – Consumables**

### **6.2.1 Consumables – Emergency Needs Assessment**

Emergency consumable product donations should only be made based on an expressed need, at the request of the in-country partner, and after a thorough needs assessment confirms that the donation is appropriate for the setting. In addition to the general and specific product donations standards, the following factors should be considered when determining whether or not to donate during a disaster.

6.2.1.1 During a disaster, MSROs should process and package approved emergency consumable products in the same manner as non-emergency shipments.

6.2.1.2 During a disaster, MSROs should send approved shipments of consumables by the most expeditious means available.

## **6.3 Donations in Emergency Situations – Medical Equipment**

### **6.3.1 Medical Equipment – Emergency Needs Assessment**

Emergency medical equipment donations should only be made based on an expressed need, at the request of the in-country partner, and after a thorough needs assessment confirms that the donation is also appropriate for the setting. In addition to the general and specific product donations standards, the following factors should be considered when determining whether or not to donate during a disaster.

6.3.1.1 During a disaster, MSROs should process and package approved emergency medical equipment donations in the same manner as non-emergency shipments.

6.3.1.2 During a disaster, MSROs should send approved shipments of medical equipment donations by the most expeditious means available.

## **6.4 Donations in Emergency Situations – Pharmaceuticals**

### **6.4.1 Pharmaceuticals – Emergency Needs Assessment**

During a disaster, pharmaceutical product donations should be held to the same quality standards as in non-disaster situations. Products must be used prior to the expiry date. In addition to the general and specific product donations standards, the following factors should be considered when determining whether or not to donate during a disaster.

6.4.1.1 MSROs should document requests for short-dated pharmaceutical products including who is requesting the product, why it is requested, and how it will be transported and used prior to the expiration date.



## Disposal

### 7.1 Disposal – General

#### 7.1.1 General – Appropriate Disposal

Organizations will dispose of hazardous materials in accordance with relevant laws, regulations, and good environmental practices.

7.1.1.1 MSROs should check with the manufacturer of donated medical products and comply with appropriate disposal procedures.

7.1.1.2 MSROs should check with the Ministry of Health or equivalent entity in the country regarding disposal of medical products in order to ensure compliance with appropriate laws and regulations.

7.1.1.3 MSROs should ensure that drugs are separated into different categories for which different disposal methods are required.

7.1.1.4 MSROs should have a specific plan in place for disposing of medical products.

The MSA Accreditation program is the formal evaluation of a Medical Surplus Recovery Organization's capacity to adhere to the MSA Code of Conduct and World Health Organization donation guidelines.

#### Accreditation Benefits an MSRO by:

- Signaling a clear indication that the MSRO desires to have a commitment to quality by undergoing a voluntary evaluation.
- Encouraging marketplace confidence in MSROs by their undergoing regular impartial and independent audits by an internationally respected body.
- Positively influencing donor satisfaction with MSROs and their clients via greater quality awareness and enhanced communication.
- Potentially reducing liability insurance through the accountability and transparency of the process.
- Promoting continuous improvement for the MSRO and its clients through the assessment of system effectiveness, efficiency, and competence.

*Adapted from ANSI – Benefits of Accreditation (ANSI, 2013)*



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## THE CHALLENGE

Every year, millions of lives are saved thanks to donated medical products. However, far too many developing countries are burdened by the relentless influx of useless equipment, devices and other medical products into their healthcare settings.

## WHAT WE DO

We've built a new approach to address this problem – a cross-sector alliance of medical surplus recovery stakeholders, all focused on the same objectives:

- To **connect** stakeholders to medical surplus recovery programs and services.
- To **learn** from each other and the global health community.
- To **share** program innovations and capacity building resources.
- To **commit** to an adherence to medical surplus recovery donation standards.

The MSA Accreditation program is an independent and objective assessment of MSRO adherence to World Health Organization Guidelines and the MedSurplus Alliance Code of Conduct. It authenticates MSRO competence and integrity in the categories of Governance, Needs Assessment, Quality and Quantity, Logistics, Monitoring and Evaluation, Donations in Emergency Situations, and Disposal.

Visit our website to learn more and find MSA Accredited MSROs.