New guideline on Supply of drugs and medical equipment and management of pharmacies (version 2008) :

- **to help you on your daily activities on stock management,**
- **to calculate adequately your needs to realize the medical international order (according to the periodicity and the planning of your project).**

Some remembering and facts

1)- Risks linked to local purchases and bad storage practices

Drugs are available on the market locally in all countries where MSF is working. Also, more countries prohibit or dissuade NGOs from importing drugs.
Today, MSF teams on the field are sometimes buying drugs in local markets (because forced or wild activities) not well controlled and very risky.
Are we putting patients at risks with those practices?

Most developing countries are not able to control the quality of their market. The pharmaceutical authorities may have shortcomings, such as lack of HR and means, corruption, cross-borders trading, illegal distribution channels, counterfeits and substandard drugs, deficient quality control systems….
Local markets and productions, if any, could be risky, if not correctly controlled.
All of these reasons are often combined so that the quality of the drugs available cannot be guaranteed.

2) Many examples of substandard and counterfeit drugs could be shown:

A lot of cases are reported:
Meningococcal vaccine made of tap water; paracetamol syrup made of industrial solvent; contraceptive pills made of wheat flour; and antimalarials, antibiotics, and snake antivenom containing no active ingredients….

Buying on the local market without any information about the source could be very dangerous for the patient and could become a public health concern.

3) MSF policy

MSF guarantees good quality of all medical products supplied through its missions by the following measures:

1. **All medical products must be supplied by MSF procurement centers unless it is impossible or incompatible with the objectives of the project.**

2. Purchase of medical products in project countries needs formal approval by the Head Quarter medical director.

3. Pharmaceutical expertise is required for approval of suppliers (specified list of product, specified period of time). Local purchases should not be done out of the list of validated suppliers.

4. Any suspected problem in regards to quality of medical supplies should be reported to the pharmacist or medical director at HQ immediately.

MSF agreed on the following principles:

1. Drugs are imported in countries under the legal and moral responsibility of MSF. Those drugs should not be less efficient or more toxic than those available in our countries. Pharmacists must be able to prove therapeutic equivalence if needed.
2. Drugs bought on the local markets must be of acceptable quality as well. They should be registered by the National Regulatory Authorities and should be used for Projects and not for export.

MSF supply centres are offering high quality services for drugs and medical material supplies that are currently the most secure option for the patients we are treating.

Today, the evolution of the international context (especially generic producers coming into the world market but also more frequent limitation of imports from National Regulatory Authorities) is obliging us to adopt a common intersectional politic.
MSF common standards exist and all pharmacists have participated to their definition. This is based on the current procedures used in all sections.

- Common qualification system will concern international supply (drugs imported in a country under the responsibility of MSF).
- Common procedures will concern local purchases (drugs bought locally to be used locally).

MSF's general policy on drug supply (intersectional policy signed by all the medical directors) gives priority to importation from MSF Supply Centres (MSF Logistique / MSF Supply / MSFH Procurement Department). This is the only way to guarantee as far as possible, the quality of drugs used by MSF operating with limited human resources. It is easier to be reassured about the quality of drugs from these Centres where quality assurance is monitored rather than in the 80 countries where MSF is carrying out programmes.

4) Good storage practices

Behind this, storage and distribution are subject to strong climatic conditions and stability or degradation of drugs is often ignored.
Two classical examples:

* For oxytocin injection, storage conditions from the manufacturers are very contradictory. For this reason WHO performed a study on the stability of oxytocin injection. The recommendation is to store **oxytocin under refrigeration and protect from light**. Short periods of un-refrigerated storage are only permissible if **not exceeding one month at 30°C or 2 weeks at 40°C.**

* About Methylergometrine, WHO estimate that the level of degradation of the active substance is:

- 25% of degradation after **one year** storage at 30°C **in the obscurity.**
- 25% of degradation after **one month** at 25°C **in the light** !

An evident sign of degradation is a yellow coloration of the liquid. In this case, you have to destroy the coloured vials.

5) Estimation of needs

It is clear that with the storage conditions you are often facing in your projects, the over-estimation of needs will increase the risk of quality problems to appear.
In another way, an under-estimation of needs will urge you to supplement through inappropriate and dangerous local supplies.
The new guideline has to be shared with all the projects and available in each project pharmacies in paper copy.
For the realisation of the medical international order please use the last version of the MSF Logistique order sheet. You can download this updated version from the MSF Logistique website. The old versions have to be deleted from your computers.

Don't hesitate to contact us if questions related to drugs in general and to stock management.

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