

Never look a gift horse in the mouth?

Andrei Issakov poses the questions that need to be asked regarding the receipt of donated healthcare equipment.



This common proverb is unacceptable, if donations are to serve their main intended purpose of improving the recipient's health service delivery.

Many African countries are overwhelmingly dependent on donor assistance to meet the objectives of their health systems. In some countries, nearly 80% of physical healthcare assets are either directly donated or funded through international donors or foreign governments.

In these circumstances, the acquisition process is strongly influenced, if not dictated, by donor policies and preferences, or donor and recipient short-term political imperatives. Donations circumvent proper planning, selection, and procurement systems, where they exist. Little consideration is given to actual local needs, capacity, and expertise to manage, utilise, and maintain acquired assets, and recurrent implications of donated capital.

Furthermore, sometimes equipment is new, but often it is the surplus removed from industrialised countries' hospitals due to replacement by the latest technology and is no longer manufactured. Sometimes, the donations are quality items that can be put to good use, but often they don't meet basic standards, and are not supported by adequate after-sale arrangements for training, maintenance, spare parts, and manuals. As a result, the equipment seldom works for any significant length of time, and quickly ends up in a junk pile in a hospital courtyard, or is often unusable from the start due to missing parts, missing manuals, or the wrong electrical current. Even when it does work, it often becomes a burden to the recipient responsible for the heavy running costs of the capital donation.

There is a wide range of systemic policy, organisational, and technical problems behind the current widespread suboptimal donation practice.

Donors and recipients do not usually communicate on equal terms. Very few recipient countries have in place policies and capacity for the evidence-based acceptance of donations, and are not capable of rejecting unneeded donations or negotiating their possible

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redirection to higher priority areas or demanding appropriate after-sale support. It is always difficult to say no to a gift, simply because of respect for the donor, but especially so if decisions are based on political pressures of the moment or perceived immediate benefits rather than on a clear long-term vision and assessment of health system needs and capacity to absorb the donation.

To ensure that donations benefit the recipient's healthcare system as intended, clear policies, guidelines, regulations, standards, and procedures are needed as a crucial component of a coherent national healthcare infrastructure and technology policy. Donating healthcare technology in a policy vacuum is not a viable option, and it is even dangerous as it can freeze development rather than advance it.

Recipients need to make clear to prospective donors what kind of assistance they require, and how they wish to receive it. The onus is on recipients as clearly defined needs and frameworks will be appreciated and complied with by most donors, who normally mean well but are often not aware of the specific local needs and conditions, thus not being aware of possible inconveniences and consequences at the recipient end. Information on donations in the pipeline or anticipated from other sources is also crucial to avoid donor overlaps in some areas, and gaps in coverage of the recipient's other needs.

In order to improve the way donations are made and received, a number of guidelines, checklists, reference materials, and support services have been developed that address all the elements and all the actors in the complex donation process^{1*}. If all parties involved adhere to the Good Donation Principles and Practices clearly defined in those documents, smart donations will be ensured, and the common practice of the most useful part of a donation being its container will be broken.

References

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