

Drugs and Medical Supplies in Response to the UN Inter-Agency Appeal During the 1998 Flood in Bangladesh: Process, Perspectives, and Lessons Drawn

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Objective: Assess the quantity, quality, and appropriateness of the drugs and medical supplies donated by different foreign governments and UN agencies during and in the aftermath of the 1998 flood in Bangladesh in response to the UN Inter-Agency Consolidated Appeal (CAP).

Methodology: The quality, composition, and usefulness of drugs and medical supplies received by Bangladesh during 15 September–31 December, particularly for the post-flood health situation were analyzed using SUMA (Supply Management Software). The software was used for tracking and registering all incoming humanitarian health supplies received. SUMA also was used for describing the gaps between drugs required and what actually was donated for humanitarian aid as projected in the CAP. The Bangladesh health officials who were involved in management and distribution of these donated drugs and medical supplies were interviewed to support quantitative and qualitative appraisal of donated drugs and medical supplies during and after the 1998 flood.

Results: The total pledged commitment received (up to 31 December 1998) by the Government of Bangladesh for humanitarian medical aid in response to the CAP was US\$8,993,760, which was 2.6% above the \$8.7 million UN International Appeal for Emergency Health Programme in Bangladesh for the 1998 flood. Most (98%) donated drugs that arrived in Bangladesh between 15 September and 31 December were delivered in boxes containing only one drug or with an explicit packing list. Twenty-one percent of the donated drugs received until the end of December 1998 were inappropriate. Although, in terms of the monetary size, the UN Consolidated Appeal for Emergency Health Programme for the flood victims in Bangladesh was completely funded, by the end of December 1998, there still were supply gaps, i.e., gaps between the donated quantities and the projected requirement for 7 (22%) of the 32 drugs listed in the UN Consolidated Appeal. Only 34% of the drugs arrived in Bangladesh within the flood period, i.e., within the month of September and early October, and the rest (66%) arrived in between mid-October and 31 December 1998, i.e., between 2 weeks to about 11 weeks after the recession of flood water.

Conclusion: The present study indicates that effective coordination can prevent the entry of many unnecessary donations to a country affected by a disaster. Furthermore, effective communication between donors and the recipient

country can better assist to meet the need of a disaster-affected country. The study also has shown that better structuring of the emergency health needs of the disaster-affected population and the technical quality of UN Consolidated Appeal had a positive effect on the overall donor response for Bangladesh in 1998. As a long-term measure and to avoid possible “drug dumping”, regulations specially addressing drug donations for humanitarian purposes should be devised by the countries affected by recurrent disasters based on the WHO’s revised Inter-Agency Guideline for Drug Donation, the Basel Convention, and the Disposal of Wastes Guideline to determine the criteria that might ensure that a medical donation is “acceptable for humanitarian assistance”.

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