

Gaining Perspective

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I recently had the privilege of spending 5 weeks in Kabul, Afghanistan, in support of the Canadian troops stationed there. During my stay, I spent a half-day in a local outpatient clinic pharmacy to assess the medications available. This experience was quite an eye-opener. First of all, the number of medications offered is very limited, and these drugs can be ordered only once every 3 months. The day I was there the pharmacist ran out of ciprofloxacin and did not know when she would receive more. Apart from the quarterly medication order, medications are also available through donations from the Western world. My first thought was a sense of pride in such efforts to support the local population, but after a few minutes I realized something was wrong. In broken English, the pharmacist asked if I could tell her what a donated drug was, as the product monograph was not in English (she thought it was in French, but it turned out to be in Spanish). The only reference material the pharmacist had was an old book in the Dari language, but searching the Martindale that I had with me, I discovered that it was a cough syrup. After warming up to me a bit more, the pharmacist showed me other unfamiliar donated medications. Among them was a shelf half-filled with expired propofol. It turned out that neither she nor the local physicians had ever heard of or used this medication. Once I explained to the senior physician what it was, he urged me to destroy it.

The World Health Organization (WHO) has drug donation guidelines¹ to help ensure that recipient countries are not inundated with useless medications. For example, the presentation, strength, and formulation of donated drugs should, as much as possible, be similar to those of drugs commonly used in the recipient country. All donated drugs should be labelled in a language that is easily understood by health care professionals in the recipient country. All donated drugs should have a remaining shelf-life of at least

1 year, and donated drugs should be provided in larger-quantity units and hospital packs. It was clear that these basic guidelines had not been respected in this case. This problem is not unique to Afghanistan. For example, during a WHO audit of humanitarian drug donations received in Albania during the Kosovo refugee crisis, it was estimated that 50% of the drugs were useless or inappropriate and had to be destroyed, 65% had an inadequate (i.e., too short) expiry date, and 32% were identified only by a brand name unfamiliar to local health care providers.¹

What can we, as hospital pharmacists, do to help prevent these problems? Be vigilant, become aware of the WHO guidelines, get involved with your local charitable organization as the drug expert, and learn more about *Pharmaciens sans frontières* (<http://www.psfci.org/new/index.htm>). Simply put, let's use our knowledge and skills to help others — that's what our profession is all about.



Reference

1. Guidelines for drug donations. 2nd ed. Geneva: World Health Organization; 1999. Rep no. WHO/EDM/PAR/99.4. Available: <http://www.who.int/medicines/library/par/who-edm-par-1999-4/who-edm-par-99-4.pdf>. Accessed 2004 Jul 13.

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