

SOUNDING BOARD

Inappropriate Drug-Donation Practices in Bosnia and Herzegovina, 1992 to 1996

Humanitarian assistance to people suffering as a result of catastrophes generally includes large charitable donations of drugs from sources such as private individuals or companies, nongovernmental organizations, United Nations agencies, and foreign governments. Unfortunately, evaluations have repeatedly shown that many of the medical supplies sent are not the appropriate ones. (1,2)

During the war in Bosnia and Herzegovina, many areas became totally dependent on foreign help for medicines and medical supplies. Information circulated about massive quantities of irrelevant drugs that arrived in Mostar, Tuzla, Gorazde, Sarajevo, and Bihac, cities that were key targets for humanitarian assistance. These rumors prompted us to evaluate the donation of medical supplies in terms of quantity, quality, and appropriateness.

During August 1996, we met in central Bosnia with representatives of national and local health authorities; international agencies, including the World Health Organization (WHO), the United Nations High Commissioner for Refugees, and the European Commission Humanitarian Office; and nongovernmental organizations that implemented drug-supply and drug-distribution programs in Bosnia and Herzegovina. (3) Whenever permitted, we collected activity reports, stock records, and accounting documents. Detailed data were provided by 12 multilateral and nongovernmental organizations that were reported to have provided at least 40 percent of all the donated medical supplies. Additional data were obtained from local administrative or health authorities, warehouse keepers, and health workers. With these data, we compiled estimates of the quantities of medical supplies that entered Bosnia and Herzegovina between 1992 and mid-1996. To allow for the variation in accuracy of the data from sources other than the 12 multilateral and nongovernmental organizations, we present the results as minimal and maximal estimates derived from our calculations.

The quality of the drugs was assessed according to their appropriateness or inappropriateness. Inappropriate drugs were defined as useless and unusable medicines. Useless drugs included medicines irrelevant to the epidemiologic and clinical context or those not on WHO's list of essential drugs. (4) Unusable drugs were medicines that had already expired at the time of their arrival or soon afterward, unidentifiable drugs (e.g., those delivered unsorted or labeled in unknown foreign languages), drugs damaged during the shelling of warehouses, and drugs spoiled during transportation and storage.

To support our quantitative and qualitative appraisal of the medical supplies donated during the war, we made every reasonable effort to visit facilities where drugs and medical materials