When logistical complexity induces the de-medicalisation of humanitarian action

Pierre Boulet-Desbareau
Humanitarian Expert – March 2011

Whilst various elements such as human rights, the respect for dignities, etc… are defining the "raison d'être" of humanitarian action – access to health care remains one of the main driving forces.
The greatest impact of humanitarian crises, whether linked to natural disasters or man-made, is on the health of the victims of these disasters.
Coming to the rescue of these populations cannot be done without taking a medical perspective on the crises and the humanitarian needs that stem from it. Various humanitarian answers such as bringing water, food, shelter, essential items, and of course health care are brought to deal with the situation based on the most accurate evaluation of needs possible for the vulnerable population.
The lack of medical perspective in humanitarian responses brought by an organization, whoever it is, could jeopardize the relevance of the action (did we help the people that most needed it?), but also its effectiveness (was the help provided of good enough quality?) or even its efficiency (were the means used best adapted to the situation encountered?).

Nevertheless, we need to acknowledge that **the aid provided today during humanitarian crises is progressively less and less medical**, despite an increasing number of humanitarian 'actors' at field level. This is something that MSF has been observing particularly during the cholera epidemic which affected Haiti at the end of 2010[1] – this situation is worrisome for several reasons and we can wonder about the origins of this phenomenon.
A first element of response is closely linked to the difficulties that humanitarian organizations face in deploying effective humanitarian medical logistics. Before considering the financial constraints, the quality of the medical products requested by the teams in the field as well as their availability at the appropriate time are two fundamental prerequisites for efficient humanitarian medical intervention.
A drug or a vaccine whose active component has been altered by exposure to high temperatures or high levels of humidity, or simply because it's a counterfeit can have fatal consequences on a patient. This is why the quality of medical products, including therapeutic nutritional goods, is the corner stone of humanitarian supply.

However, humanitarian organizations that develop medical projects are finding it increasingly difficult to guarantee this quality because it requires an extremely rigorous pharmaceutical control along the supply chain, from the purchase of the drug (technical validation of the product as well as the production source), to its storage, transport and distribution.

This quality control of humanitarian logistics is crucial as drug counterfeits[2] and the sale of substandard medicines[3] – already very present in developing countries – are gaining ground within the world's drug market as a whole.

---

[1] See article written by Unni Karunnakara, MSF-International President - « *Haiti : Where aid failed* » http://www.msf.org/msf/articles/2010/12/haiti-where-aid-failed.cfm

[2] Counterfeit medicines are those manufactured with criminal intent, by deliberately and fraudulently mislabeling drugs, giving a false representation of identity and/or source

Besides the investments that are necessary to guarantee a permanently control of temperatures and humidity during the storage and transport of medical goods – pharmaceutical quality requirements have a major impact on purchasing terms. In fact, they restrict the number of potential suppliers and thus, the negotiation margins of prices and delivery terms. They also complicate stock-management where traditional inventory systems (e.g. FIFO, LIFO) cannot be used if one is to respect use-by dates.
They can also have a high financial impact due to the unpredictable nature of humanitarian action, forcing hazardous forecasts, over-stocking and increasing risks regarding the loss of drugs when expired.
Beside the constraints related to any process of drug destruction in regions where it is needed, the expired drug – if not properly managed - can lead to a dangerous re-circulation of non valid medicines on a local market.

Moreover, developing countries – which account for the main field of interventions from humanitarian actors – are increasingly protecting the financial interests of their own pharmaceutical production and distribution network despite a quality level that is rarely aligned to the WHO[4]'s international standards.
Indeed, it is difficult if not impossible for MSF to import medical goods in 25% to 30% of the countries where it operates.

These import restrictions and hence restrictions on the use of quality drugs are different according to the country and the time period. They generally have the following consequences:

- Increase in import taxes for humanitarian medical products;
- Increase in the deadline expiring time from the entry date into the country;
- Increasing request of pre-validation by the national authorities of fret samples before shipment;
- Banning of certain drug import, etc.

The import constraints of certain drugs - with national authorities being ever stricter about pre-authorising the drug samples before their dispatch from the MSF central purchasing offices – is a good example as it highlights a system in which lack of clarity is increasing by the day.
The above examples only concern the medical complexity of the humanitarian supply chain, but could also apply to other activities often linked to the logistics services of an humanitarian organisation such as the patient transport, the setting up of medical structures, the management of hospital equipment, the water distribution programmes, etc.

Keeping this in mind, we can easily understand that some organisations - faced by this logistical complexity - prefer to turn a blind eye as regards the quality of the drugs they are using when buying from local suppliers, or even to restrict the medical action of their humanitarian operations with all the consequences such a de-medicalisation entails.

The main challenge of humanitarian logistics today resides in its future ability to face these constraints in order to guarantee high-quality humanitarian and medical interventions.
From now on, Humanitarian logistics services will have no choice but to professionalize themselves and to integrate medical competences within its teams.

---

[3] Substandard medicines are genuine drugs produced by originator and generic manufacturers, which do not meet the quality standards set for them.
[4] World Health Organisation