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Tonnes of inappropriate medicines arrive in SE Asia

Tonnes of inappropriate medicines have arrived in South-East Asia following the tsunami disaster, according to a report by [Pharmaciens Sans Frontières](#) (PSF).

Medicines with leaflets in languages unknown to local health workers and too short shelf lives are stockpiled in warehouses across the region. The first and most urgent challenge faced by PSF teams working in the affected countries is to act as “garbage collectors”, says Ghislaine Soulier, a PSF spokeswoman.



Appropriate shipments should be put together in collaboration with the WHO

WHO/Dermot Tatlow

In the Indonesian city of Banda Aceh alone, a warehouse the size of a football pitch would not be sufficient to house all the unusable donations sent by different individuals and organisations. In the rush to provide relief, “the need to help” comes before the “real needs” of the recipient countries, she added. “We’ve seen this time and time again in all recent disasters.”

The biggest question asked in the PSF report is why tonnes of branded medicines were shipped to South-East Asia when that part of the world produces a large percentage of the generic medicines used in humanitarian operations. The pharmaceutical companies in the region have the capacity to supply the required medicine. Niyada Kiatying-Angsulee, of the faculty of pharmaceutical sciences at Chulalongkorn University, Bangkok, said: "There is no serious drug shortage in Thailand because we have a competent local pharmaceutical industry and a good infrastructure developed by the ministry of health."

British pharmaceutical companies have donated both medicines and cash, but according to the Association of the British Pharmaceutical Industry, these shipments have been put together in collaboration with the recipient countries' ministries of health and the World Health Organization.

PSF has now submitted a proposal for its first project in the region. In partnership with local health agents and the WHO this project focuses on the organisation of unusable donations and the distribution of quality medicines in the province of Aceh.

Medicines in development The number of drugs in development for diseases most likely to occur following the tsunami disaster is low, reports [Pharmaprojects](#), a company that tracks pharmaceutical developments from early preclinical study through to launch. Outbreaks of likely diseases include malaria, dengue haemorrhagic fever, Japanese encephalitis, measles and cholera.

Aid delivery rethink If the effects of natural phenomena are to be minimised, aid delivery and investment in development need to be completely rethought, authors of an article in the *BMJ* propose ([2005;330:247](#)). United Nations relief agencies should be funded by assessed contributions from member countries. Donations and spending should be refined and extended and all new development programmes should examine the risk from disaster and seek to protect infrastructure and economic processes from their worst effects.