# **Equipment donation**

Information note



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Many of our member organisations and their individual members are involved in programmes as donors or recipients of physiotherapy equipment in different countries/territories. This information note has been developed with input from a range of stakeholders (including ADAPT, ICRC, WHO) and is designed to help donors and recipients find the best possible solution for the donation of physiotherapy equipment.

Physiotherapy equipment refers to all medical devices and equipment as <u>defined by the WHO</u> <sup>1</sup> and used by physiotherapists.

#### **Key facts**

In some countries/territories <u>nearly 80% of health care equipment is donated or funded by international donors</u> <sup>2</sup>. According to WHO, a large proportion (eg up to 70% in Sub-Saharan Africa) of <u>donated equipment lies idle</u> <sup>3</sup> for a variety of reasons such as:

- donors' lack of awareness of the local realities for the intended recipients.
- donors and recipients often do not communicate as equal partners in the pursuit of a common goal.
- recipients have difficulty articulating to a donor how best they can be helped.
- recipients' circumstances may lead them to believe that anything is better than nothing.

#### Challenges

WHO states that large and expensive medical equipment, such as magnetic resonance imaging (MRI) machines, are often given a lot of attention in the context of equipment donation. However, WHO states more basic medical devices can have <u>far greater impact and are often much more in demand</u> <sup>4</sup>. Motivation, a UK based charity which contributed to the WHO's Wheelchair Service Training Package, estimated in 2014 that <u>about 150,000 wheelchairs</u> <sup>5</sup> were donated worldwide each year. Despite this number, few people with disabilities in developing countries/territories who need wheelchairs have them. Too often, donated wheelchairs are <u>provided without the necessary related services</u> <sup>6</sup>.

The WHO standards and implementation <u>manual for prosthetics and orthotics</u> <sup>7</sup> states that donations which are usually free for the end-user, 'might lead to abuse of the system and seriously undermine the efforts of providers that do not rely on donors to create sustainable services'.

Although the share of locally produced rehabilitation devices should be increased in the long term, WHO reported in 2012 that it was not clear whether local production improves access to medical devices <sup>4</sup>.

#### Good practice tips

#### General advice

- Good intentions are not enough. Equal communication between the involved parties throughout the process is paramount <sup>8</sup>.
- Donation of equipment should not be seen as a passive giving process but one that requires active engagement on both sides with the focus of the donation process sitting with the recipient.

### **Needs assessment**

- A needs assessment is best carried out by a national physiotherapy association or a local physiotherapy team.
- Donations are best made in response to requests and expressed needs. Recipients need to <u>define the</u> required equipment and assess the market <sup>3</sup>.

 People with disabilities may need ongoing provision of equipment and one-off donations may not be appropriate. Financial donations to established and reputable NGOs may be an alternative consideration <sup>9</sup>.

#### Stock management

- Any unused equipment should be assessed regularly to evaluate underlying reasons for non-use (for example, lack of maintenance, no need, not fit for purpose, wait for new donation).
- Hygiene, maintenance and repair of the donated equipment needs to be managed. WHO recommends
  donations should include spare parts and batteries for at least two years<sup>4</sup>.
- For individually handed out items: local physiotherapy team ensures fitting of donated equipment <sup>9</sup> as well as proper use and, if necessary, follow-up appointments before equipment is handed out.
- For donations to rehabilitation facilities: local physiotherapy/rehabilitation team ensures proper use, hygiene, maintenance and storage.
- Storage and stock management, especially in challenging climate conditions, should be considered before making a donation and planned in collaboration with the recipients.
- · Recycling and waste management should be considered.

#### **Production**

- For low tech physiotherapy rehabilitation equipment, local production should be considered over donations <sup>9</sup>.
- Depending on health condition and context, pre-fabricated adaptable or made-to-measure items might be appropriate. Where possible, priority should be given to adaptable over made-to-measure equipment <sup>9</sup>.
- New equipment is preferable over used equipment. It is recommended any <u>donated refurbished</u> <u>equipment</u> should have had work completed by an experienced reputable refurbisher <sup>4</sup>.

## **Training**

- Any instruction or maintenance manual or notes should be supplied with donated equipment
- · Adequate training of those distributing equipment

#### **Donation procedure**

- Guidance should be considered from NGOs specialised in the field to establish and develop any discussion or partnership between donors and recipients, for example to determine specifications.
- <u>Local regulations and customs fees</u> <sup>10</sup> need to be taken into account to avoid any donations becoming a burden for the local health care facility.
- Proper donation procedures are encouraged, including training for professionals and fitting session for users, if applicable.

#### Barriers to successful equipment donation

WHO identifies a number of barriers to successful physiotherapy equipment donation, including:

- Lack of genuine partnership between donor and recipient.
- Donation to an individual without concrete plan of use.
- Insufficient appreciation of the challenges for the recipient's context eg available funds, cultural beliefs, climate, size of physiotherapy department and storage.
- Limited standardised inventory of medical equipment in resource-constrained settings to identify needs.

- Insufficient connectivity between activities undertaken by various organisations working on donations.
- Lack of accountability no tracking and monitoring of donations and no existing quantification framework for impact of donations.
- Insufficient capacity and capacity building programmes for recipients.
- Recipients believe they can use the donated equipment, even if they are not familiar with the technology but do not want to miss the opportunity.
- Lack of follow-up programmes on the use and impact of donated equipment.
- Lack of spare parts for equipment no longer in production.

#### **Related links**

- WHO website with information on equipment donation:
   www.who.int/medical devices/management use/manage donations/en/
- WHO list of organisations involved in equipment donation:
   www.who.int/medical devices/management use/donation org roles.pdf?ua=1
- THET Making it Work- A Toolkit for Medical Equipment Donations: <a href="www.thet.org/resources/making-work-toolkit-medical-equipment-donations/">www.thet.org/resources/making-work-toolkit-medical-equipment-donations/</a>
- WHO Priority Assistive Products List (APL): <a href="https://apps.who.int/iris/bitstream/handle/10665/207694/WHO">https://apps.who.int/iris/bitstream/handle/10665/207694/WHO</a> EMP PHI 2016.01 eng.pdf?sequence=1
- International Aid: <a href="https://www.internationalaid.org/">www.internationalaid.org/</a>
- Motivation Australia: www.motivation.org.au/
- Project C.U.R.E.: https://projectcure.org/
- IMEC America: www.imecamerica.org/
- PhysioNet: www.physionet.org/
- International Society of Wheelchair Professionals: https://wheelchairnetwork.org/

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- 8. Miesen M. The Inadequacy of Donating Medical Devices to Africa. The Atlantic. 2013
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