

# MEDICAL EQUIPMENT DONOR POLICY

MINISTRY OF HEALTH

Policy document to set guidelines for donations of medical equipment by development partners for commissioning into service with the Ministry of Health



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## 1.0 Aim

To set guidelines for donations of medical equipment by development partners for commissioning into service with the Ministry of Health.

## 2.0 Objective

To ensure that donated equipment are required, sustainable and supportable throughout their useful life by:

- Supporting training and development of bio-medical engineering and maintenance teams to provide in house service support to equipment.
- Placing support and standing agreements with local and international service providers in order to establish a robust maintenance framework.
- Conducting equipment reviews and gap analysis based on current needs, operations and service delivery requirements.
- Establishing a capital plan based on existing capability requirements and conduct of a gap analysis for development partner support.
- Developing effective communications with development partners for the identification of suitable equipment to meet needs.
- Managing in-service asset through maintaining an effective asset management framework, both in organizational structure and in **process mapping**.

## 3.0 Scope

This policy applies to all members of the Ministry of Health and to donors and development partners associated with supporting the Ministry of Health.

## 4.0 Policy

### 4.1 Background

Reviewing and understanding the process of the medical equipment donations is very important. In many cases, these donations are the mainstay of equipment acquisition programs as there are often insufficient funds for timely equipment procurement.

Equipment that is donated can be new or second hand. In each case, there is always the need to be thoughtful of the needs of the health system in Vanuatu. Donated equipment is always given through a genuine desire to help but is sometimes inappropriate for local operating environment. It may be:

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- (a) unserviceable.
- (b) Too expensive to operate.
- (c) unable to be operated, serviced or repaired by local biomedical technicians.
- (d) at the end of its life cycle.
- (e) not supported by the manufacture (end of line).
- (f) spare parts may not be available.
- (g) accessories and attachments may not be provided.
- (h) consumables may not be provided and may not be available.
- (i) the wrong voltage and frequency.
- (j) unfit for use in the local environment; and
- (k) supplied without service manuals and user manuals.

These guidelines aim to improve the process of donation for both health system staff and donors. The intention is to improve the quality of donated medical equipment rather than increasing the quantity of donations.

### 4.2 Principles

The following principles will be applied to acceptance of donated equipment:

- (a) Used electrical or electronic equipment will not be accepted if more than five years old or if no longer supported by the manufacturer.
- (b) All electrical, electronic or mechanical medical equipment must be supplied in good working condition complete with:
  - (i) Accessories and attachments for immediate use
  - (ii) Operation and service manuals in English and details of availability of user training
  - (iii) Consumables for one year of operations.
  - (iv) Reasonable certainty about the availability of consumables for at last five years.
  - (v) Certification of electrical safety and correct operation by a competent biomedical engineer or biomedical service organization prior to shipment.
  - (vi) Pacific standard 230-240V / 50 HZ mains power supply.

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- (c) Non electrical equipment (beds, drips, stands, stainless steel trolleys, over bed tables, bassinets etc) in sound working order and with five years expected lifetime will be accepted if required by a recipient health facility.

### 5.0 Legislation

The principal laws of Vanuatu specifically regulating the purchase of goods and services by government agencies are:

- Part 5 (Purchasing, Approval and Payment for Goods and Services) and Part 9 (Fixed Assets) of the Financial Regulations to be issued pursuant to the Public Finance and Economic Management Act 1998;
- The Government Contracts and Tenders Act 1998; and
- Regulations issued pursuant to the Government Contracts and Tenders Act 1998.

Donor rules and regulations are to be enforced for any aid-in-kind as it relates to donations of equipment.

### 6.0 Related Documents

The following internal documentation is relevant to this policy:

- Asset Management Policy
- Ministry of Health Asset Management Strategy
- Ministry of Health Asset Maintenance Strategy
- Ministry of Health Asset Disposal Strategy

### 7.0 Responsibility

**All Managers** are responsible for adopting the policy and ensuring that all donor coordination is conducted through both the MOH Project Coordinator and Asset and Infrastructure Cell.

The **Senior Planning Officer** is responsible for reviewing the policy documentation on an annual basis and submitting amendments for approvals as required.

The **Asset Manager** has overall responsibility for conducting gap analysis for identification of equipment needs.

The **Project Coordinator** is responsible for ensuring that donors and development partners are informed of the MOH Policy and that it is complied with for any planned projects.