



Understanding **GOOD MEDICINE** **DONATION** *Practices*

A reference guide on appropriate steps
for medicine donation
as an emergency and disaster response

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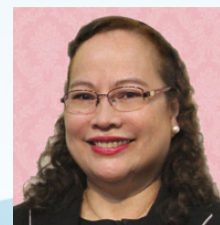
Message from *DOH Secretary*

The Department of Health (DOH) recognizes the benefits of medicine donations but at the same time recognizes that inappropriate donations can lead to harm to the healthcare system. One of the biggest challenges that both the public and private sectors face during emergencies and disaster response is how to make donations responsive to the needs of affected victims. The publication of this reference guide promotes the ethical practices among your members in donating medicines that will ensure optimal health outcome from beneficiaries.

The DOH believes that this manual can be used as a primer for medicine donation with principles of proper supply chain management to ensure good medicine donation practice.

Every concept contained in this Manual was guided by international and local standards such as the WHO Guidelines for Medicine Donations and the DOH Guidelines on the Acceptance and Processing of Foreign and Local Donations during emergency and disaster situations. I congratulate PHAPCares in coming up with this handy reference that guide foundations interested in donating medicines to our people in times of emergencies.

I highly recommend the use of this Manual “Understanding GOOD MEDICINE DONATION Practices: A Reference Guide on Appropriate Steps for Medicine Donation as an Emergency and Disaster Response” for the use of your members, donors, volunteers, and other stakeholders as their guide on good medicine donation practice.



Paulyne Jean B. Rosell-Ubial
PAULYN JEAN B. ROSELL-UBIAL MD, MPH, CESO II
Secretary of Health

Message from PHAPCares Foundation Officers and Trustees

As an association with a strong commitment to social responsibility, the Pharmaceutical and Healthcare Association of the Philippines (PHAP) through the PHAPCares Foundation is pleased to release the publication “Understanding Good Medicine Donation Practices” in partnership with the Department of Health (DOH). This publication is a pioneering initiative, which will serve as a reference guide for medicine donors and recipients during emergency situations.

Each year, millions of Filipinos are exposed to natural hazards and are vulnerable to their consequences as the country remains in the list of global hotspots for high disaster risk.

The DOH and PHAPCares Foundation recognize the direct and indirect impact of disasters on the health of the population and the overall healthcare system. Among the most obvious impact of disasters include injuries, disease outbreaks, and the rise of chronic illnesses. As experienced in recent years, extreme events such as typhoons, earthquakes, droughts and volcanic eruptions disrupt or overwhelm healthcare systems.

Since its founding in 2003, the PHAPCares Foundation has been in the forefront of initiatives to make a difference

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in the lives of Filipinos through humanitarian missions and healthcare system strengthening in geographic areas affected by conflicts, health outbreaks and calamities. In partnership with the government and reputable institutions, we have established the “Quick Medicines Program” where we endeavor to be among the first organizations to reach disaster areas in determined efforts to help save lives.

Through the years, the PHAPCares Foundation has adhered to Good Medicine Donation Practices to complement national efforts and ensure that medicines truly benefit the recipients. This publication extensively uses key concepts on good medicine donation from both the DOH and the World Health Organization (WHO).

This publication aims to serve as a reference for us in the pharmaceutical sector, for those in the health community, and for other organizations involved in disaster response that would lead us toward achieving our desired state of strengthened emergency response. We cannot overemphasize the importance of using this Guidebook as a source of information in the overall management of disaster preparedness and response, particularly in assisting decision makers in the conduct of medicine donations.

Finally, it serves as our humble contribution to assist foreign and local donors and most importantly, ensure that medicine donations benefit communities and the Filipino people to the maximum extent possible during emergency situations.

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Introduction

The Philippines ranked third in the global World Risk Index due to the country's exposure to natural hazards and its perceived vulnerabilities. Natural events such as typhoons, volcanic eruptions, drought, sea-level rise and earthquakes have the potentials of becoming a disaster if they threaten the lives, safety and overall well-being of a great number of a population.

Apart from natural events, anthropogenic hazards as a result of direct or indirect human action or inaction could also bring about disaster. Among them are conflicts, terrorism, fire, and accidents that could cause injuries or deaths to a significant number of people. When emergency situation arises, there is an urgent need to respond to help save lives and ease the suffering of those affected.

Disasters can have direct and indirect impact on the health of the population and on the health care system itself. The public health consequences of disasters include injuries, acute disease, emotional and psychological trauma, and disease outbreaks. Meanwhile, hospitals and health care centers and the personnel that staff them are subject to the same destructive forces, thus causing a heavy blow on the healthcare system. As such, medical assistance in times of emergencies often have immediate and long-term impact on health outcomes.

In view of the public health impact of disasters, the PHAPCares Foundation is in the forefront of efforts to help ensure the health and overall well-being of people affected by calamities. The mandate of the PHAPCares Foundation is to serve as the corporate social responsibility

arm of the Pharmaceutical and Healthcare Association of the Philippines (PHAP), a group composed of research-based providers of medicines and vaccines in the country. In partnership with the government and other institutions, the PHAPCares Foundation has conducted humanitarian missions in both calamity and conflict-torn areas. Along with other volunteers, they continue to risk their lives to ensure that life-saving medicines reach the communities affected by disasters.

The challenge at hand is how to enhance the country's emergency response system, with quick medicine donation a crucial part of the task and action for effectively resolving the prevailing deficiencies and problems during disasters and calamities.

This Guidebook aims to raise awareness about good medicine donation practices. It is an instrument to the call of the national agencies for the need to improve the system for coordination among agencies. It is also an answer to the government's call for review of guidelines and protocol for coordination and cooperation especially among foreign and local donors and recipients. Moreover, the publication emphasizes the importance of resource management to sustain an effective and efficient medicine donation especially in times of calamities. Only by so doing could resources be maximized and offer effective, efficient response in managing the impact of disasters and saving lives.

The Guidebook hopes to serve as a supplementary material to the current and existing publications, guidelines, department orders, executive orders, ordinances, international regulations, and experts' position papers being used by the Department of Health (DOH) and its agencies, the World Health Organization (WHO) and the Centers for Disease Control (CDC), and similar agencies.

This reference guide is extensively using key concepts from the WHO Guidelines for Medicine Donations (3rd edition, 2011) and the DOH Administrative Order 2007- 0017 or the "Guidelines on the Acceptance and Processing of Foreign and Local Donations during Emergency and Disaster Situations".

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*Sources:
World Risk Index 2016
Australian Journal of Emergency Medicine*

Guidelines:

Actions






Results



1 “Unmasking” Good Medicine Donation Practice Guidelines

The Good Medicine Donation Practice Guidelines have many inter-connected layers.

-  First, the Guidelines are explicitly intended to better the quality of medicines donated by PHAPCares and its members to any recipients.
-  Second, the Guidelines are categorically meant to improve PHAPCares’ emergency response.
-  Third, the Guidelines distinctly aim to benefit both the donors and the recipients.

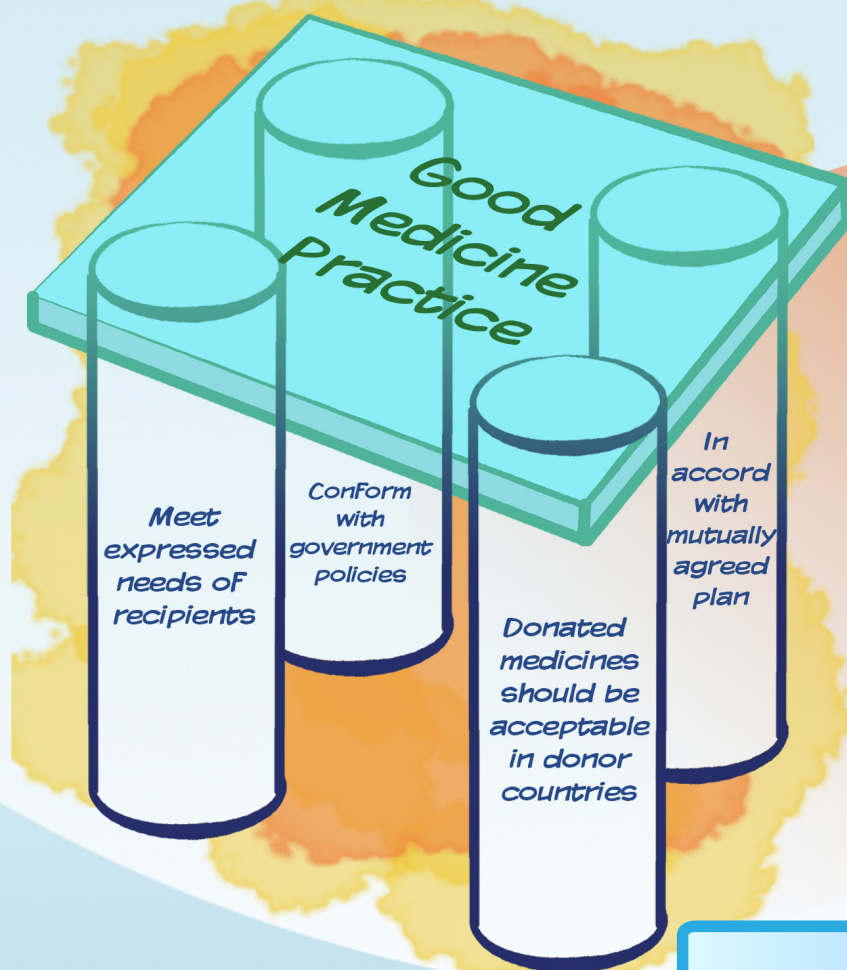
To achieve the above-mentioned, the following must be correctly followed or observed:

- Protect and safeguard the recipient parties/countries from unsuitable and/or inappropriate medicine donation practices;
- Further strengthen the participation, involvement, and accountability on the part of the recipients in the whole process of medicine donation;
- Put in place a concrete and workable mechanism that encourages communication, dialogue, and full cooperation among all parties concerned in the medicine donation;





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- Categorically emphasize the need and suitability of each country to start developing a national medicine donations policy, and to eventually adopt into practice in all levels that may be necessary to craft these national donation guidelines/protocols; and
- Assist whenever needed the donors and recipients if and when guidance or support is needed in complying with the Good Medicine Donation Practice Guidelines.

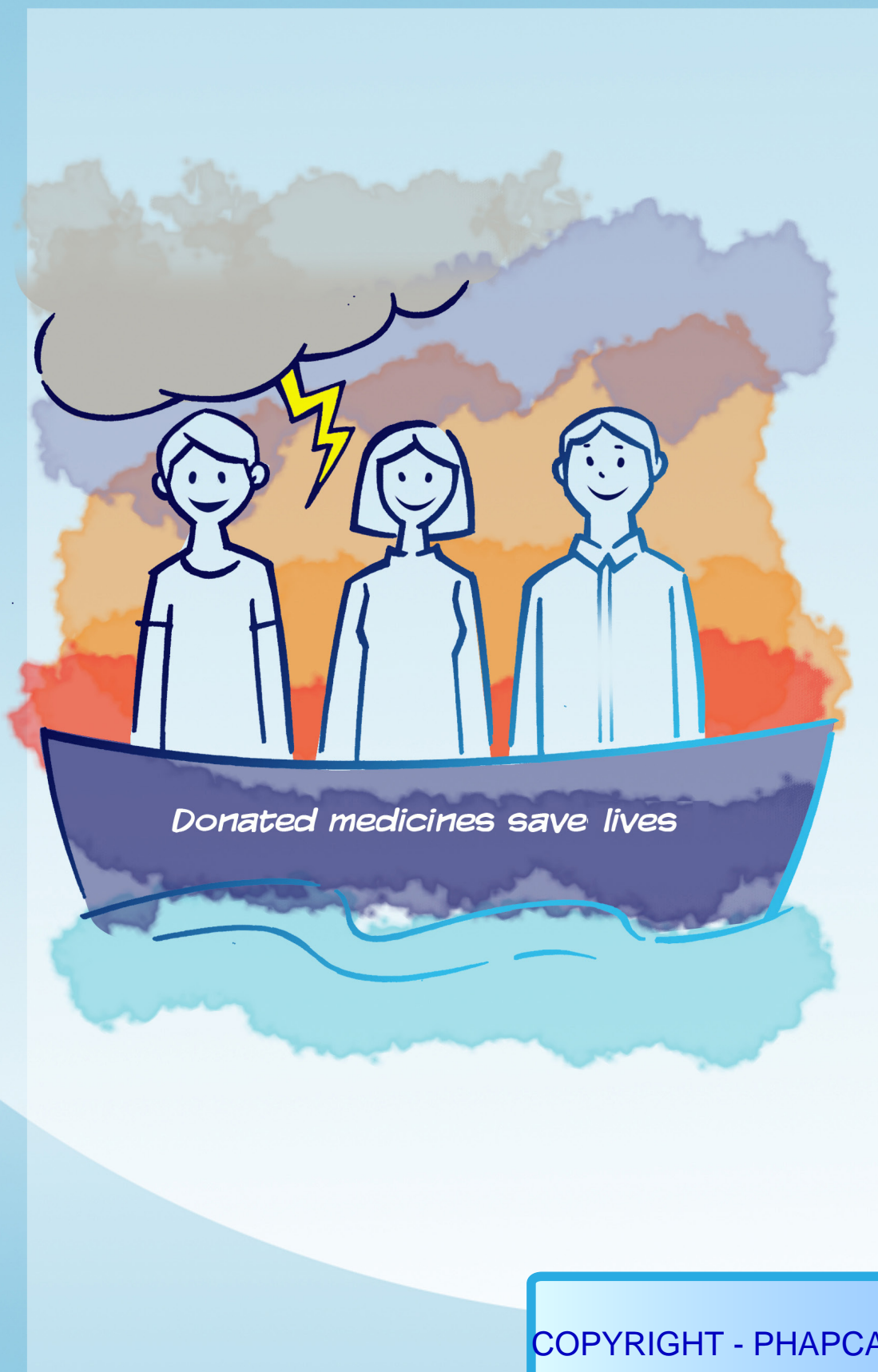
Four Pillars



2 Four Pillars/Principles of the Good Medicine Donation Practice Guidelines

- 
 Medicine donations must benefit the recipients to the maximum extent possible. All medicine donations must be anchored on the expressed needs by recipients. Unsolicited medicine donations are discouraged.
- 
 Medicine donations must give due respect and proper recognition to the expressed needs and requests from and authority by the recipient. Medicine donations must, at all times, conform with and follow the national government policies, rules and regulations, and administrative arrangements by the recipient.
- 
 Establish effective and appropriate communication, coordination, and collaboration between donor and recipient. All medicine donations must be in accord with the plan mutually agreed upon by all parties involved.
- 
 If the quality of a medicine item is not acceptable in a donor-country, the same medicine is not acceptable under all conditions and situations as a medicine donation to other countries.






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3

Understanding the Essentials of Good Medicine Donation Practice Guidelines according to the WHO Guidelines for Medicine Donations (3rd edition, 2011)

Under the Good Medicine Donation Practice Guidelines:

- 
 Medicine donations save lives, and medicine donations ease sufferings.
- 
 Medicine donations become strategically beneficial to the recipients. If properly managed, medicine donations help support rebuilding health systems. Medicine donations ensure access by certain population/group to specific medicines or health products, which may be unavailable during emergencies and disaster situations.
- 
 Medicine donations save national and local government agencies money. This money, in turn, may be used for other pressing/urgent needs.
- 
 Well-intentioned they maybe, some medicine donations may not be appropriate nor relevant to the emergency/disaster situations. In some cases, donated medicines do not meet locally acceptable policies in place and standard treatment guidelines.
- 
 Good Medicine Donation Practice Guidelines provides that donated medicines be labeled in a language understood by the recipients. The

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guidelines provide that donated medicines are included in the list of registered medicines for use in the recipient-country, which includes the “international non-proprietary name” and the generic name on the labels.



All donated medicines must be properly documented.



Before any donation of medicine is made, actual needs on the ground must be understood and recognized. Appropriate medicines to be donated must comply with the pharmaceutical policies and regulations of the recipient-country/locale. Inappropriate medicine donations negatively affect a country’s national pharmaceutical policies and programs on rational medicine use.



Donated medicines may have high declared value (market value in the donor country, NOT the world market price). High declared value means high import taxes and high cost of overhead for storage and distribution. In some instances, the declared value of medicine donations had to be deducted from the national government’s medicine budget. Medicine cost should be declared based on its trade price and not based on retail price.



Medicine donations may negatively affect the long-term sustainable access to certain medicines. For example, some medicines, which are donated, may have fewer alternatives.

4 Always Remember:



Medicine donations are done with good intentions and meaning. But some donations may have hidden or unseen possible long-term negative implications and consequences/impacts.

The need for donated medicines greatly varies from case to case. Medicine donations must be judiciously done using analysis from the ground conditions. Unsolicited and unnecessary medicine donations are wasteful. They should never be done.

Donating medicines is vastly and sharply different from donating clothes or food items. Used improperly, medicines can cause health problems or even deaths.









Long-term medicine donations must include medicines for chronic medical conditions. Sudden discontinuation of the use of certain medicines may cause health problems or severe complications. Sudden discontinuation may lead to resistance to the disease or the rise of new strains of bacteria or virus. Long-term medicine donations must clearly see the phasing out of the medicine at the proper time.

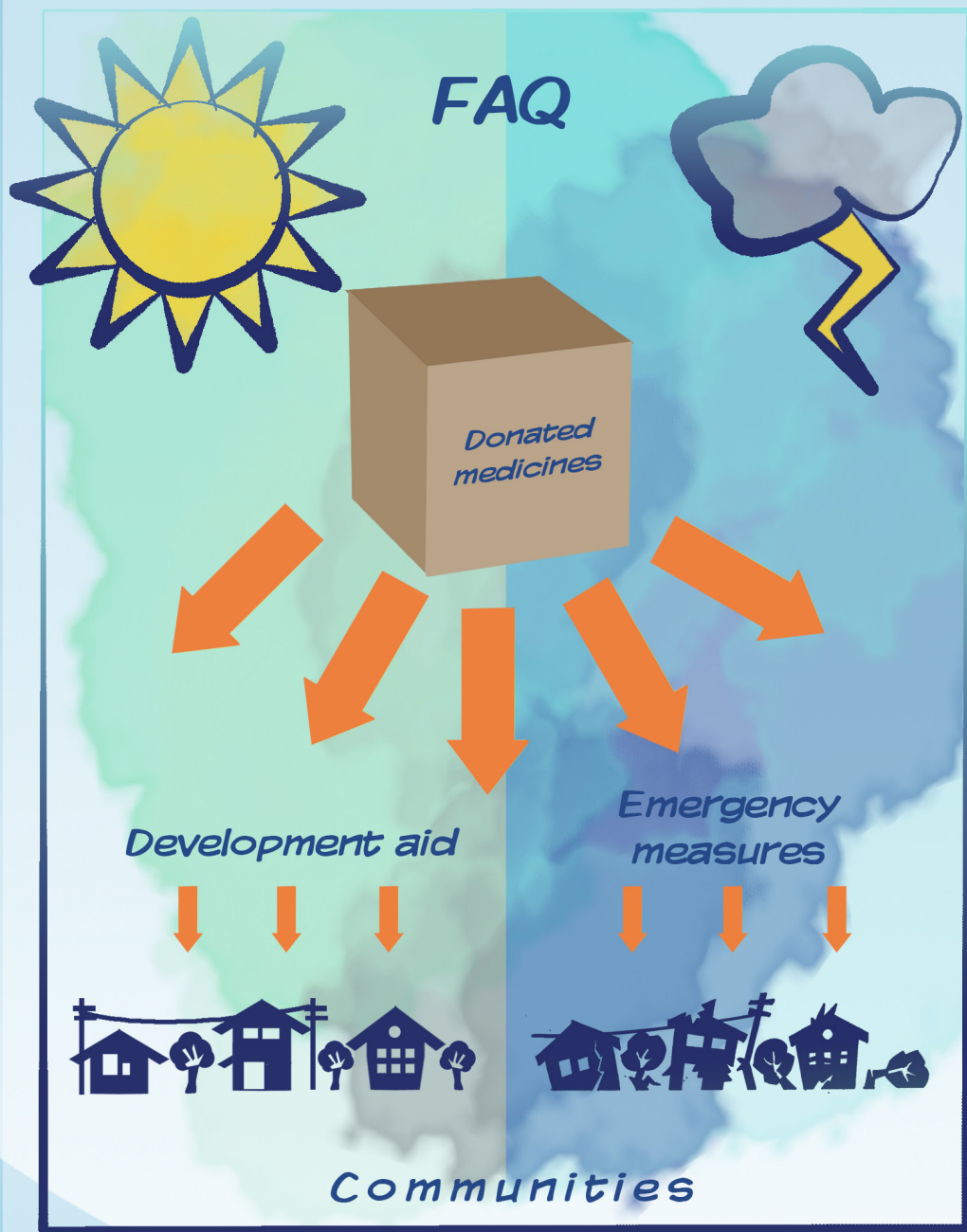
REMEMBER



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5 Take Note:

-  Medicine donation is NOT the long-term solution to underfunded health system.
-  Medicine donation will not solve lack of access to needed medicines in under-developed areas or countries.
-  When donating medicine, please pay attention to the shelf-life or expiry date. Some donated medicines may expire before reaching the intended recipient. Cost of properly disposing of expired medicines may be prohibitive.
-  Donor and recipients must open meaningful lines of communications, coordination, and collaboration.
-  Donors must be respectful of local laws, ordinances, rules, and regulations in donating medicines to prevent problems with recipients.
-  Forget the saying that “anything is useful” in areas ravaged by emergencies and disasters. This is not true. Inappropriate medicine donations may cause graver problems. Simply, what is inappropriate medicine donation in a given situation is always inappropriate medicine donation in all situations.
-  Donating returned medicines is NOT acceptable. What is not acceptable in the donor-country is also not acceptable in recipient-country.
-  Donating medicines, in some cases, may have the opposite impact of the original intention in making the donation. Be on the look-out for potential problems.



6 Frequently Asked Questions When Making Appropriate Medicine Donations

Conditions surrounding medicine donations vary greatly.

While most medicine donations are made and publicly announced during emergency or disaster situations, the same donation can be done even when there are no crises.

A medicine donation can take place as a component of development aid during non-emergency situation.

Private companies often give medicine donations coursed through local community organizations, faith-based agencies, or civil society groups. Health facilities and health institutions are frequent recipients of medicine donations.

The list may be endless, but one thing is common:

Good Medicine Donation Practice Guidelines must be followed strictly and properly at all times when making medicine donations.

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What medicines may be donated?

Medicines to be donated are based on the expressed, categorical, and clear needs using data and analysis from the grounds, for example, affected area of an emergency or disaster. Medicine donations should be relevant to the disease pattern in the locale/country of the recipients. There should be a clear agreement, between the donor and the recipient, on the quantity of the medicine to be donated at any given condition.

However, in certain conditions, such as acute emergencies, the requirement for a prior expressed consent from the recipient maybe waived, provided that the medicines to be donated are listed in the WHO model lists of essential medicines and/or included in the United Nations list of emergency relief items recommended for use in acute emergencies.

The Flow



*Recipient
government
protocol*



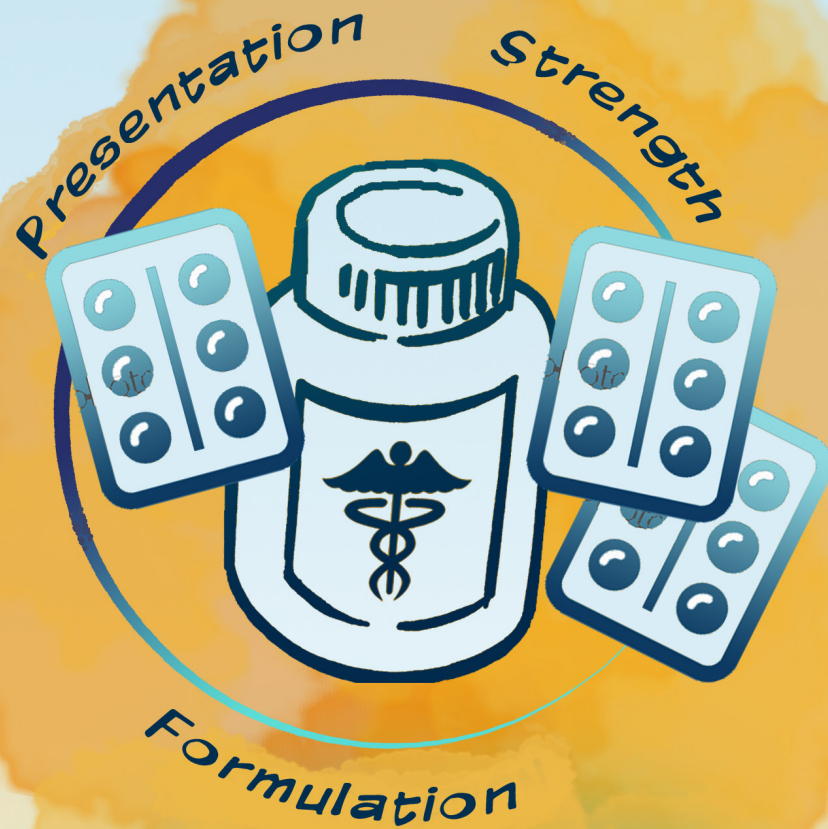
*Approval
(or rejection)*

Q2 Should medicine donations comply with a country's national medicine policies, essential medicine programs, and national treatment protocols?

All medicine donations, or their generic equivalents, should be approved for use in the recipient locale/country, and should be listed in the national list of essential medicines or its equivalent, or in the national treatment guidelines. If a national list is not available or updated, the medicines should be included in the WHO model list of essential medicines, unless specifically justified by the recipient.

Possible exceptions can be done under the following conditions: a) medicines needed to deal with sudden outbreak of uncommon or emerging diseases; b) not all medicines appropriate for certain conditions have already been approved for use in the recipient locale/country. If this were the case, donors must properly and duly inform recipients of the regulatory status of the products under consideration for donation. An expressed agreement must be obtained from the recipient.

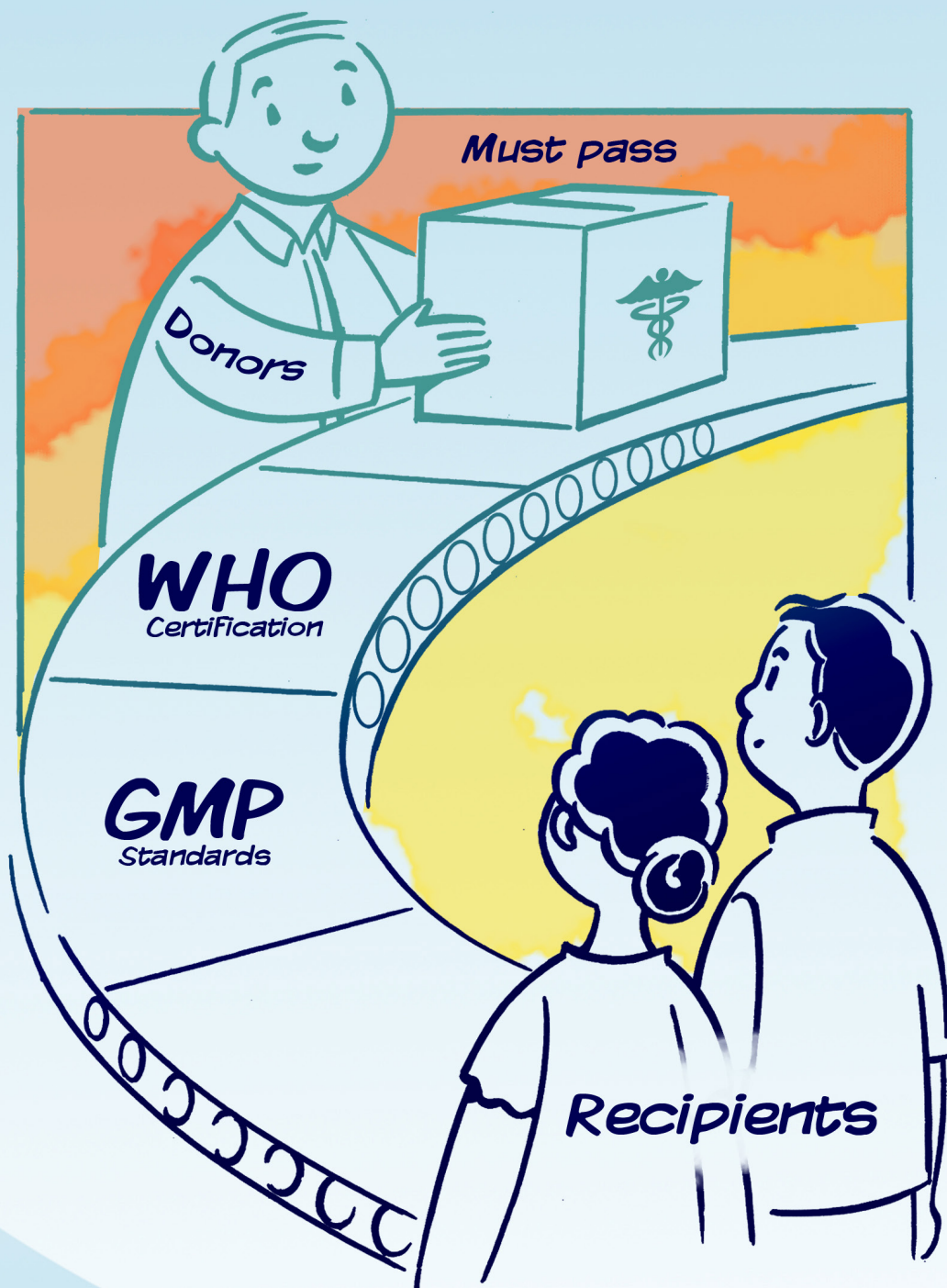
*No variance
and/or slight variance*



Q3 Should the presentation, strength, and formulation of donated medicines be similar, or almost similar, to those of medicines commonly used in the recipient country?

It is preferable that the presentation, strength, and formulation of donated medicines be similar, or almost similar, to those of the recipient country. This is intended to prevent medication errors if and when dosage recalculation must be done. Medication errors, as we all know, pose problems and maybe fatal.

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04 How do we ensure that the medicine donations comply with quality assurance and shelf-life prescriptions?

All donated medicines should be obtained from quality-ensured sources and must comply with quality standards, both in donor and recipient countries. It is highly recommended that the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce be used.

Double standards must be avoided and prevented at all cost when making medicine donations. Certain medicines not approved by health authorities for use in the donor countries must not be passed on to recipient-countries.

Medicines to be donated must be authorized for sale in the donor country, and should be manufactured using standards of Good Pharmaceutical Practices (GMP).

However, a possible exception is when a donor provides funds to buy medicines from local suppliers and producers, whose medicines comply with the national standards of recipient countries.



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Q5 What is the ideal shelf-life of medicines donated after arrival in the recipient countries?

After arrival in the recipient country, medicine donations should have a remaining shelf-life of at least 12 months. Even with longer shelf-life than 12 months, large quantities of medicine donations pose logistical challenges. It is suggested that the total quantities of donated medicines should match the recipient's needs and must be able to be consumed before expiration date.

Medicine donations shortly before expiry dates must be totally avoided. It is unacceptable. In most cases, medicines will reach recipients after expiry. Note that during emergency and disaster situations, the regular medicine distribution system is under stress due to logistical problems. The idea that short-dated medicines can be donated in case of acute emergencies is totally wrong and incorrect.

During emergency situations the existing system in the recipient country is disrupted and overloaded. Donated medicines tend to accumulate in warehouses or stockpiling facilities.

However, exceptions can be made when medicines are directly donated to health facilities or health institutions, which have trained professional staff aware of the protocol on limited shelf-life use prior to expiry.

An exemption is also made when the national donation policy specifies the minimum acceptable remaining shelf-life for donated medicines.



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06 What do recipients examine in the presentation, packaging, and labeling of donated medicines?

All donated medicines must be labeled in a language easily understood by health professionals in the recipient country. The label must include the International Proprietary Name, the generic name, batch number, dosage form, strength, name of the manufacturer, country of manufacturer, quantity in the container, storage conditions, and expiry date. In the case of injections, the route of administration must be indicated.

Donated medicines should be packed in sizes that are suitable for recipients and appropriate for the setting of distribution and use.

If possible, liquid formulations should be avoided. They pose demanding logistical requirements.

When relevant, medicines intended for children should be listed in the WHO Model List of Essential Medicines for Children.

Donated medicines should be packed using the standards of the international shipping requirements, and must be accompanied by a detailed packing list specifying contents, preferably not exceeding 30 kilograms. Shipments of medicines should not be mixed with other supplies, unless these medicines are shipped as kits with expressed and pre-determined contents.

The maximum weight load of 30 kilograms is emphasized because such weight can easily be handled without special equipment.

Open communication lines



Q7 What kind of communication, coordination, and collaboration is needed between a donor and a recipient?

A donor and recipient must ideally plan and collaborate closely at an early time or phase when making plans to donate medicines. Without the consent of a recipient, medicine donations cannot be done. Included in the donor's responsibility is to provide complete information in advance. This will allow for smooth and efficient customs clearance. This will lead to faster distribution of the donated medicines to target recipients.

The roles of pharmacists are important in making medicine donations. Pharmacists can either act as advisers or directly be involved in the process of medicine donations.

Arriving at values



*Price
of generic
in recipient
country*

How is the declared value of medicine donations calculated?

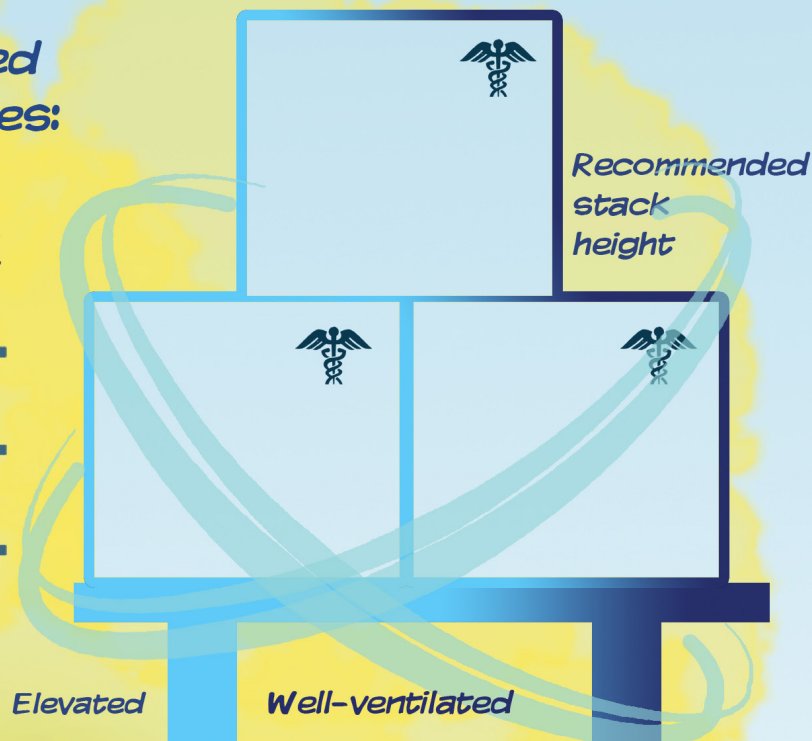
Using prevailing price standards by the recipient country, the declared value of a shipment of medicine donation should be calculated based on the wholesale price of its generic equivalent. If the wholesale price of its generic equivalent is not available, the wholesale world market price for its generic equivalent should be used instead.

Care should be exercised that medicine donations should not be valued using the retail prices in donor countries. This leads to a bigger amount to be paid as overhead cost for import tax, port clearance, and other handling fees at the recipient country.

However, in the case of patented medicines, with no generic equivalent, the wholesale price of the nearest therapeutic equivalent may be used at a reference price point.

Donated medicines:

25–30°C



Donated vaccines:

4–8°C



Cold chain: A system of storing and transporting vaccine at recommended temperature



Storage of medicines (vaccines and medicines)

For Medicines:

When in storage, it is required they be at room temperature at a required stack height, elevated from the ground and with ventilation. Usual room temperature requirement is at 25 to 30 degrees Celsius.

For Vaccines:

A cold chain is used to control the temperature based on the requirement of the vaccine. The normal storage temperature is at 4 to 8 degrees Celsius so as not to affect potency and efficacy of the vaccines

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Q10

In a situation of expired donated medicines, who should shoulder the cost of international and local transport, storage fees, port clearance, and related items?

The costs of international and local transport, warehouse, port clearance, customs storage, handling, disposal, and reverse logistics of expired medicine donations should be shouldered by the donor agency, unless clearly specified in a contract between the donor and the recipient. Recipients should not be given the burden of paying for expenses related to expired or unwanted medicine donations.




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7 Collaboration, Roles, and Responsibilities Between Donor and Recipient


The WHO Guidelines for Medicine Donations (3rd edition, 2011) was published to assist donors and recipients to get the optimum benefits for both of them.


This section of the booklet gives practical pointers and suggestions to donors and recipients on the process of medicine donations.

-  Even in the early stages when a donor is thinking of making a medicine donation, careful and detailed planning cannot be over-emphasized. Careful and detailed planning is always important.
-  The coordination and harmonization within the ranks of the donor and within the ranks of recipients is essential. On top of the “within the organization” internal cohesion, coordination and harmonization between the donor and recipient is equally essential for the successful implementation of a medicine donation.
-  A donor must recognize and understand that medicine donation is not an excuse to influence or dictate on the recipient. Mutual respect between donor and recipient is highly encouraged. Specifically, this means that a recipient is free, without fear of reprisal or consequences, to refuse

a medicine donation if it were not to the recipient's best interest.


 In times of emergencies, strong collaboration among relevant national, international, and WHO Health Cluster should be initiated at the earliest time possible when medicine donation is being considered already.

 Sharing of relevant information and data on needs and responses generated from the communication networks and communication mechanism of a donor and a recipient, which are always in place, is highly encouraged. This will help greatly all parties involved in processing the medicine donation make well-informed and intelligent decisions.


 The setting up of a coordination mechanism between a donor and a recipient, especially for medicine donation, is strongly and highly suggested.


The coordinating mechanism may serve as a central point of contact, responsible for the dissemination of information, and ensures that the donation complies with the national donation policy of a country. This compliance applies to both emergency and non-emergency medicine donations and situations


The coordinating mechanism may help determine and prioritize medicine needs and quantities required.

 Clear delineation of roles and responsibilities, in all phases of medicine donation, of a donor and a recipient should be categorically agreed upon and clearly established even before the arrival of

the medicine donation in its intended recipient or destination.

 Details of responsibilities for transport, customs, clearance, reception, storage, and distribution administration, monitoring and evaluation and when warranted, the disposal of donated medicines, should be agreed upon in writing and formally signed by official representatives of a donor and a recipient.

 Both donor and recipient must be able to demonstrate that each of them has the capability, skills, and human resources to carry out the specific tasks enumerated in the previous paragraph. If a party is unable to comply with the required capability, skills, and human resources, improvements should be carried out before any shipment of medicine donation is approved and transported.






 Recipient government has the responsibility to supply donors with correct information about requested and approved medicine donations. Donors are encouraged to keep recipients updated and well-informed about the details of the contents of planned medicine donations and their arrival details. Detailed information is needed for the recipient to properly receive the shipments and for eventual distribution of the medicines to areas needing them.

Evaluate



8

Tips on Monitoring and Evaluation

-  The evaluation of the appropriateness of medicine donations is an absolute necessity. This evaluation determines the effectiveness, efficiency, and adequacy of current and future donations.
-  Monitoring and evaluation data will help in preventing the continuation or repetition of inefficient or harmful donations. These data will also help to modify inappropriate donation programs, adjust forecasting, and improve management of donations.
-  Evaluation should include assessments of the administrative process used by the donor agency, the adequacy of selection and forecasting appropriateness of medicines, timelines for deliveries, and changes in treatment guidelines.
-  Specific to WHO Health Cluster partners, they should collectively monitor all implementation of the overall health crisis response strategy and should ensure that the overall health cluster/sector response is evaluated timely.
-  Cost-benefit analysis may help in determining the donation's usefulness to donor and recipient.



Long-term donation programs should be regularly evaluated.



In times of emergency situations, the appropriateness of medicines should be monitored and evaluated as part of the disaster response. The disaster response team is the most appropriate to do this task.

The phasing out of long-term medicine donation should be carefully planned and implemented. This long-term medicine donation may include medicines for life-long use. An unplanned termination may negatively affect treatments and pose serious health impacts. An important aspect of planning for the phasing out of long-term medicine donation is for a government recipient to study how it can take over the procurement of the needed medicines. The recipient must also study realistic cost estimates and the development of a scenario on how to secure adequate budget for the estimated cost.

9

General and Quick Reminders to Donors



Needs of recipients guide the medicine donations.



Administrative aspects of medicine donations are as equally important as the medicines themselves.



The citizens of a donor country should be truthfully, properly, and timely informed about the medicine donations being done by their government representatives.



The recipient government must demonstrate the required adequate capacity to handle and process medicine donations.



The shelf-life and the remaining shelf-life of medicine donations should be properly and openly discussed to prevent potential issues, problems, and challenges.



The handling and management of expired medicines should be clearly discussed and explicitly agreed upon between both donor and recipient.



If necessary, the discussion on the “interagency emergency health kit” should be initiated.



Sometimes, there are situations where cash donations for regular supplies of essential medicines are more welcome than medicine donations. Cash donations can support the activities of the local government or coordinating committee and the local and regional industries. Cash donations will help governments buy health products that the prescribers and recipients are familiar with. Donors must always be on the look out for announcements and appeals indicating priority areas of need for funding during emergency situations.

10

General and Quick Reminders to Recipients



Clearly and adequately define the “National Guidelines for Medicine Donations.”



Need for medicine donations should be well-specified and detailed.



The recipient must explicitly define what it considers as the “remaining shelf-life” appropriate or used in its “National Guidelines for Medicine Donations.”



The efficient and rapid customs clearance of all medicine donations is important and crucial.



Incoming medicine donations must be properly registered with appropriate government authorities or their representatives.



The value of medicine donations may be considerable. The handling and processing of medicine donations at the point of entry in a country require due efficiency and care.



Proper documentation of the medical mission, outreach or free clinic is important. Donors should be given proper reports and appropriate documentation after the event has been completed. The documentation and reports will provide good data and insights to the Donors. Submitting documentation and reports to Donors is an important act of accountability and respect.



Profile

In a General Assembly called by the PHAP Board of Trustees on June 17, 2002, a Resolution was passed by majority of the members present to organize and incorporate PHAPCares Foundation. The same Resolution stipulates that “membership in the Foundation shall be concurrent with membership in PHAP or, shall be a condition for continued membership in PHAP.”

Thereafter, the foregoing agreement was incorporated as one of the provisions in the PHAPCares Articles of Incorporation and By-laws filed with the Securities and Exchange Commission on January 27, 2003.

As the social development and philanthropic arm of PHAP, PHAPCares has been tasked to set up and manage the association’s integrated medicine donation program, in partnership with government and reputable NGOs, to benefit indigent and other disadvantaged Filipinos. PHAPCares aims to contribute to a public-private sector joint initiative to enable poor Filipinos to have better access to quality essential and life-saving medicines.

PHAPCares is duly accredited by the Philippine Council for NGO Certification (PCNC) as a “Donee Institution” in accordance with the provisions of the Bureau of Internal Revenue’s (BIR) Regulation No. 13-98 dated January 1, 1999.

Thus, all donations to PHAPCares shall entitle the donors to full or limited deduction pursuant to Section 34(H) (1) or (2), and exemption from donor's tax pursuant to Section 101 (a)(3) of the National Internal Revenue Code of 1997. Governing the affairs of PHAPCares is a 13-man Board of Trustees which is elected annually from among representatives of member companies, now numbering over 60.

References

WHO Guidelines for Medicine Donations (3rd edition, 2011)
<http://bit.ly/1qNk3CZ>

Department of Health Administrative Order 2007-0017
(Guidelines on the Acceptance and Processing of Foreign and Local Donations during Emergency and Disaster Situations)
<http://bit.ly/24axeuU>

Department of Health Administrative Order 2004-168
(The National Health Policy on Health Emergencies and Disasters)

Revised Implementing Rules and Regulations of Republic Act 9184 (Government Procurement Reform Act)
<http://bit.ly/1se8qq1>



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