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**QUALITY MANUAL**

**Version 1 September 2016**

***Mr Alex Jaucot, General Director,***

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***1081 Brussels***

***Belgium***

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**Glossary**

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| **Abbreviation** | **Definition** |
| CAPA | Corrective and Preventive Actions |
| DF | Damien Foundation |
| DFB | Damien Foundation Belgium |
| GDF  | Global Development Fund |
| GDP | Good Distribution Practices |
| GMP | Good Manufacturing Practices |
| GSP | Good Storage Practices |
| ILEP | International Federation of Anti-Leprosy Associations |
|  |  |
| MD | Medical Doctor |
| MPH | Master in Public Health |
| MRA | Medicines Regulatory Authority |
| MScBT | Maitrise en Science Biomédicale Tropicale |
| NGO | Non-Governmental Organization |
| NRA | National regulatory authorities |
| PLD | Procurement and Logistics Department |
| PM | Project Manager |
| QA | Quality Assurance |
| QA-GDP | Quality Assurance – Good Distribution Practices |
| QC | Quality Control |
| QCL | Quality Control Laboratory |
| QG | Person responsible for Quality |
| QMS | Quality Management System |
| RFQ | Request for Quotation |
| RP | Responsible Person |
| SOP | Standard Operating Procedure |
| SRA | Stringent Regulatory Authorities |
| TB | Tuberculosis |
| TBLL | Tuberculosis, Leprosy, Leishmaniosis |
| The UNION | International Union against Tuberculosis and lung disease |
| WHO | World Health Organization |
| WHO MQAS  | WHO Medicines Quality Assurance System |
| WHO PQP  | WHO Pre-Qualification Program |

# 1. Introduction

## 1.1 Presentation of Damien Foundation:

The vision of Damien Foundation is currently under revision. In short, our vision is a world free of poverty-related stigmatizing diseases, with a specific concern for Leprosy and Tuberculosis (TB).

Our sources of inspiration are Father Damien and others, like Dr Hemerijckx and Raoul Follereau.

Our values are solidarity (North-South, South-South) and respect. We are a neutral-pluralistic-independent Non-Governmental Organization (NGO).

We work to improve the fate of patients suffering from poverty-related diseases, primarily Leprosy, TB and Leishmaniosis (TBLL). We aim to ensure prevention of these diseases and accessible, equitable, Quality Medical Care for Leprosy, TB and Leishmaniosis patients. Our support is always long term.

We work towards this aim by giving expertise, providing resources and building capacity. Our partners and indirect beneficiaries are National Programs and occasionally also local NGOs. In some instances, we also run own projects or hospitals. Our ultimate (direct) beneficiaries are patients suffering from Leprosy, TB or Leishmaniosis. Our support is mainly medical, but we also give direct socio-economic care to the most vulnerable among these patients in order to empower them and ensure a dignified life.

We currently work in:

* Africa: Asia: America: Europe:
* DR of Congo Bangladesh Nicaragua Belgium
* Burundi India Guatemala
* Rwanda To start 2017 Nepal To start 2017 Bolivia
* Nigeria
* Niger
* Guinea
* Mozambique
* Comoros
* To start 2017 Senegal

## 1.2 Provision of medicines and medical supplies

Among the resources provided by the Damien Foundation are medicines and medical supplies. The majority of these are given to National Programs. The rest are given directly to patients, in the instances where the Foundation is running its own projects or hospitals. The medicines are primarily for treatment of TBLL diseases but also include treatments for complications, concurrent diseases, and occasionally general health care, with the aim to improve TBLL care. Medical supplies are provided with the same objectives, including diagnosis. The largest part of the medicines provided are currently directed at combatting Tuberculosis.

The Damien Foundation aims to supply **high quality** medicines and medical supplies at the **best price**, and to ensure their **quality during the supply chain**.

Medicines are only sent to some of the countries in which the Foundation is active. In the others (as listed above), actions take the form of support in cash or kind, but never as money to buy medicines with.

Internationally purchased medicines are chosen as a result of a restricted tender, as detailed in section 4. They are sent to the following countries:

* DR of Congo
* Burundi
* Niger
* Comoros
* Rwanda
* Guinee
* Bangladesh

In addition, a small proportion of all the medicines sourced by Damien Foundation is sourced locally, in the following countries (see section 4.1.2):

* Bangladesh
* DR of Congo
* India

In the other countries, the necessary medication is assured by the government, often with support by other donors like Global Fund. In some, temporary stock-outs do exist, but legislation makes is (next to) impossible for us to import medicines. There is no plan to send medicines to the countries where we will start working in 2017.

## 1.3 Responsibilities and Organisation

Alex Jaucot, General Director

Industrial engineer, over 20 years of TB and leprosy projects overseas, experience in infection control of airborne diseases, General Director since 2015

Tine Demeulenaere, Medical Advisor and Responsible for Quality of medicines

MD, MPH, MScBT, 15 years of overseas public health work, medical advisor DF since 2001

Nimer Ortuno Gutierrez, Medical Advisor
MD, MPH, 15 years of overseas TB and leprosy control and Medical Advisor DF since 2015.

Angela Bianco, Procurement and Logistics, contact person ICT,
Master of International Business Economics and Management (MIBEM), with DF since 2016

Guido D’Hollander, voluntary pharmacist (part time) with DF since 2015

Project department director, vacant position

Luc Comhaire, Project Manager

Hospital nurse and trained in tropical medicine, five years leprosy and TB projects overseas, project manager since 1989.

Celine Van den Bergh, Project Manager,

Political and social sciences, graduate business management, 5 years of projects overseas, Project Manager since 1997.

Isadora De Backer, Project Manager

Business engineer, 2 years of projects overseas, project manager since 2004.

Jean Dandois, Project Manager

agricultural engineer, 7 years of projects overseas, project manager (DF) since 1992.

Overseas Representatives, medical coordinators, logisticians (very big projects only):

RD Congo: Pamphile Lubamba, MD, Luc Malingreau, logistician

Burundi: Michel Sawadogo, MD

Rwanda: Jean Paul Zawadi

Nigeria: Osman Eltayeb, MD

Niger: Alberto Piubello, MD

Guinee: Souleyman Hassan, MD

Mozambique: Cesar Arroyos, MD

Comoros: Younoussa Assoumani, MD

Senegal: to be defined

Bangladesh: Bart Rombaut, Aung, MD

India: Shivakumar M, MD

Nepal: Sushil Koirala, MD

Belgium: none

Nicaragua: Toon Bongaerts, MD, MPH

Bolivia: to be defined

Guatemala: Zoila Bailon, nurse, Luis Sanchez, MD

The overall organisation chart and the detail of sections relating to procurement and distribution of medicines are shown in Appendix 1.

# 2. Quality Policy and Management

## 2.1 Quality Policy Statement

The Damien Foundation aims to achieve the best possible outcomes for the largest number of patients, with the funds entrusted to it. For the more isolated, the poorest of the poor patients and in the sake of equity and solidarity, Damien Foundation wants to improve their situation even knowing that cost effectiveness will be less in such cases.

Damien Foundation is also bound to comply with international and national law with respect to the procurement and distribution of medicines, in all the countries in which it carries out such activities. However a ‘strong regulatory pharmaceutical framework’ does not yet exist in most (if not any) of the recipient countries it serves. This means that complying with local legislation is not generally sufficient to ensure the provision of safe, effective and quality medicines. On the other hand, procuring medicines manufactured in stringent regulatory jurisdictions is generally prohibitively expensive and conflicts with the equity objectives of Damien Foundation. The quality policy aims to address these difficulties.

The quality policy of the Damien Foundation is to provide medicines, in all the territories in which it does this, in a cost effective way, whilst guaranteeing their Safety, Efficacy and Quality. This applies to their procurement, transport and distribution. Damien Foundation will also comply with all national laws of the countries in which these activities are carried out.

This means in practice, that Damien Foundation will develop, implement and maintain a Quality Management System to support this policy, with appropriate procedures, documentation, training and review. In particular, it will ensure the availability of high quality medicines through the purchase of quality sources and the respect of GDP principles (as further detailed in this manual), so that the medicines reach the patients in a good state.

In its support to National Programs and partner NGOs, the Foundation will aim for implementation of relevant international standards of quality and treatment, such as those published by WHO, ILEP (International Federation of Anti-Leprosy Associations) and The UNION (International Union against Tuberculosis and lung disease).

Through its General Director, its Board and its General Assembly, the Damien Foundation is committed to establishing, implementing and maintaining an effective Quality Management System. This System is embodied by the content of this manual, and the afferent procedures and documentation.

The General Director requires all personnel of the Foundation to be familiar with the Quality Policy and with the Quality Management System. He also requires all concerned personnel to be fully conversant and to apply the parts of the System and the procedures that are relevant to their work. The Quality Assurance Cell and Management Advisory Committee will ensure that this implementation is effective.

## 2.2 Fields of application of quality management

Quality Management as a whole is recognised as important by the Damien Foundation. However, its quality system is solely focused on the provision of medical aid for the time being. Due to the higher priority for ensuring quality of medicines and to the relative lack of international guidance on medical supplies, the scope of the Quality Management System is still restricted to medicines procurement and distribution.

The following sections are therefore only applicable to medicines. It is envisaged that Medical Supplies will be included when sufficient maturity of the QMS for medicines is attained. The quality manual would then be revised as appropriate.

## 2.3 Quality Standards

The Damien Foundation’s activities in Belgium will comply with the EU-GDP Guidance: EC Guideline on Good Distribution Practice for medicinal products for human use.

The procedures covering activities for other territories will be based on the cited EU-GDP Guideline, as well as on:

* the GDP for pharmaceutical products of WHO (Annex 5 of WHO Technical Report Series (TRS), No. 957, 2010),
* WHO Model Guidance For Storage Transport (Annex 9 of TRS 961, 2011) and related Technical Supplements for as appropriate,
* The Model Quality Assurance System of the WHO (Annex 3 of the WHO TRS, n° 986, 2014).

For the procurement of medicines outside the scope of the WHO pre-qualification programme, approaches as developed by QUAMED have been used.

## 2.4 Quality Management Review

To assess and monitor the quality standard of DF activities as defined by its QMS, the Quality unit compiles an annual report, collecting data from the relevant unit (Logistics, Medical Advisors, Project Managers, Quality). The annual report summarises the yearly activity of medicine procurement, transport and distribution, from a quality perspective.

The following information should be covered:

* Summary of all the medicines procured and distributed per country / projects, including a comparison between the needs evaluated, the quantities procured and the amounts actually delivered.
* Review of medicines purchased locally (and why) and of those purchased on an exceptional basis (using a deviation rather than an established procedure).
* Review of international and local tenders, of supplier and of logistic agent performance. Qualification of new suppliers / logistic agents and on-going requalification of existing ones, including audit results.
* Review of self-inspections and inspections by external bodies. Action plan follow up.
* Review of recalls and complaints; summary of incidents and deviations; summary of the CAPA initiated and closed during the period.
* Review of the change controls initiated and closed during the period.
* Changes made / planned to the documentation, including evaluation for the need of additional documents.
* Status of staff training with respect to training plans and needs to amend these.

The annual report is reviewed and approved by the General Director and is presented during a Quality Management meeting. Additional actions are identified and agreed, if required, at this meeting.

2.5 Codes of Conduct and Conflicts of Interest

Code of Conduct:

Members of the source selection committee will act putting the interest of patients in the center of their activity, finding a balance between the interest of the individual patient (quality) and the number of patients that can benefit (cost-effectiveness). They will act ethically, professionally, impartially, responsibly, morally courageous, tenacious in obtaining the information needed. They will follow the trainings available and needed in order to improve their knowledge helpful to make the right choice. They will be organized, collaborative and open-minded in order to reach a timely consensus.

To limit conflicts of interest, the decisions on where to buy (sources, suppliers) and through whom to transport, will be taken by a panel of several people: QG (QA-GDP responsible person, RP (person responsible for procurement and logistics), volunteer pharmacist and one other Medical Advisor at least. No member of this committee has worked before or works for any pharmaceutical company or distributor of medicines as consultant or employee. No member receives any funds or presents from pharmaceutical companies or distributors. The board of directors examines the documented decision of the committee. DFB undergoes yearly external financial audits.

The Damien Foundation shall ensure the confidentiality of information obtained from suppliers in particular the course of the tenders or related to Quality Control (testing). Each staff member, as well as any consultant, is required to sign on a confidentiality agreement. This agreement requires them to maintain confidentiality of any information that comes to their knowledge in fulfilment of their duties.

3. Staff Training

## 3.1 Ensuring staff awareness

All staff of the project department are made aware of GDP principles, using a GDP presentation based on the MSF-Supply training. Every new employee of this department, every director, every new overseas representative, every expatriate, and all board members, receive the same presentation. The same public are made aware of the existence, principles and contents of the quality manual.

Overseas representatives receive a copy of the presentation and of the quality manual. They ensure key operating and program personnel (national and provincial levels at least) are aware of their contents. Relevant SOPs are included in such presentations.

Medical advisors when visiting project countries reinforce this awareness with key human resources, like local medical advisors, provincial project holders, NGO project holders etc.

## 3.2 Training Policy

A formal and detailed Quality Assurance training, including GDP, is received by the Person responsible for QA and the one for procurement and logistics. These people are trained on all the SOPs included in the quality system.

In addition to the awareness programme described above, all other staff involved in the procurement and distribution of medicines are trained on the SOPs relevant to their duties. This includes program managers, medical advisors, overseas representatives and selected local staff. The training needs are defined by function in the training matrix shown in Appendix 3.

Training is performed by self-reading of the SOP, asking and receiving clarification from the QA-GDP responsible person and the person responsible for procurement and logistics and signing a declaration that the content is read, understood and will be implemented. These training records are consolidated and maintained by Brussels or local Human Resources, as applies.

Training should take place as soon as possible after a person starts in their function, with a target of completing formal training in the first six months. This applies to existing staff on the introduction of new SOPs as well as in the case of SOP revision.

Medical advisors visit project countries on an annual basis. During these visits, they reinforce general Quality Assurance awareness as well as providing specific SOP training and reinforcement. The target audience includes key human resources, like local medical advisors, provincial project holders and NGO project holders.

# 4. Procurement and Distribution of Medicines

## 4.1 Material Flows of Medicines

This section describes how the Damien Foundation procures and distributes medicines, so that the objectives of the quality policy are met. A number of organisations are active across this logistics chain and they are enumerated first for clarity.

* Medicine manufacturers. Apart from some local purchases (Bangladesh), Damien Foundation does not deal directly with medicine manufacturers, but uses wholesalers, designated as ‘suppliers’.
* Suppliers (also referred to as distributors). Medicine wholesalers who typically receive an annual order from Damien Foundation after a tendering process. For some local purchases, country teams also work with (local) suppliers (India, DR of Congo and Bangladesh).
* International Logistics Agents. Contracted by Damien Foundation to provide warehousing and to transport the medicines to their countries of destination, according to a schedule established by Damien Foundation. They ensure customs clearance at export.
* Custom authorities. Clear the medicines for import in the destination countries, once they have arrived. In general this clearance is supported / monitored by the Damien Foundation.
* Medicine Recipients. They receive the medicine consignments after custom clearance and then take responsibility for distribution, storage, use and administration to the final patients. In most cases the recipients are National Programmes. In some countries, Damien Foundation has its own Hospitals or Projects; it then takes on the above responsibilities.
* Local transporters: These are only relevant to the Foundation’s responsibilities in two cases a) local medicine purchase by Damien Foundation; b) when Damien Foundation is itself a recipient and ensures transport in its own vehicles.

The list of medicinal products supplied by Damien Foundation is contained in a specific controlled quality document. This list is updated yearly based on requests of overseas project representatives.

The list of contractors used by Damien Foundation (suppliers / distributors and international logistic agents) is contained in Appendix 4.

The list of recipients registered by Damien Foundation is contained in Appendix 5.

### 4.1.1. Case of medicines purchased internationally:

For international procurement, the flow of medicines is illustrated in the following schematic, which also shows the responsibilities for medicines.



Each year, total needs for medicines are defined and consolidated. Restricted tendering then takes place, to enable supplier selection and the placement of orders by the Damien Foundation. In parallel, international logistic agents are contracted by Damien Foundation to prepare the shipments and shipment routes are decided.

After order placement, the medicine suppliers deliver these to the international transit zones: in Antwerp (for sea freight), in Brussels (Brucargo zone for air freight), or in Mumbai (for Indian manufacturers, air or sea freight). Medicines may arrive directly from the manufacturers to the transit zone, or via the supplier’s warehouse. They are under the responsibility of the supplier until their arrival in the transit zone, at which point the logistic agent takes over.

The goods await ‘consolidation’ with others for the same shipment / destination. They are then assembled in the international transit zone and shipped to the local import point, where they await customs clearance. During these operations, the medicines are under the responsibility of the logistic agents.

After this, Damien Foundation resumes responsibility for the medicines and ensures that customs are cleared.

These processes are further detailed in section 4.2.

In exceptional urgent cases, shipments can be made directly from the manufacturer or the supplier to the final destination. This possibility is assessed before implementation and is documented by deviation, with QA signature.

### 4.1.2. Case of locally purchased medicines

In a limited number of countries, medicines are purchased locally.

* In India, medicines are only purchased by the Damien Foundation for the ‘Delhi Project’. Only local purchases are made, due to the relatively small volume (acting only as a complement to the national programmes) and to the large local supply.
* In DR-Congo, local medicine purchase is used only for primary care medicines in two remote health care districts (zones de santé of Moba and Kansimba). All other medicines are supplied either to the National Program or to a reference hospital in Kinshasa and are purchased internationally.
* In Bangladesh, certain medicines are purchased locally, while others are purchased internationally.
* In other countries: local purchase only happens on an exceptional basis, usually in an emergency when international purchase is not possible

The selection and qualification of local suppliers is covered by a dedicated SOP (P-Q-014). This also explains how decisions to source locally are made.

## 4.2 From needs definition to delivery

### 4.2.1 Needs definition and consolidation

Damien Foundation Brussels organises an annual group purchase for medicines not covered by the National Programs or their other donors. This is based on an international call for tenders. To define the needs of each project country for the next year, the Procurement and Logistics Department sends a list of the current registered products and previous purchase price to each country representative (‘Collecte des besoins’). These then fill in the quantities required. The medical advisors and project managers (PM) in Brussels approve the lists for each country for which they are responsible; a first budgetary control is exerted at this point. The PMs submit the approved country needs to the Procurement and Logistics Department, who consolidate all the needs, medicine by medicine.

### 4.2.2 Tendering, supplier selection and order placement

After consolidation, the Procurement and Logistics Department sends a request for quotation (RFQ) to the approved medicine suppliers listed in Appendix 4. After all quotes have been received, the offers are evaluated and one (or several) supplier(s) is selected for each medicine. This process corresponds to a standard restricted tender process as described in the WHO-MQAS.

The policy of medicine supplier qualification is described in section 4.5. The evaluation and selection of offers is done according to SOP P-Q- 007.

After supplier selection, the country representatives revise their requirements based on the new price quotes received. The final budgetary control is exerted at this point, with country representatives agreeing final amounts with Project Managers and Medical Advisors. The final orders per project country are approved by the project managers.

Final approval is given by QA and a copy of the orders is kept in the quality records. The approved orders are then given to PLD, who places them to the corresponding suppliers.

The purchase orders must be conform to the chosen bid and contain the following information:

* the name of the supplier
* the specifications of the article ordered including the name and site of the manufacturer
* the quantity required
* the terms of payment
* the place and deadline for delivery

The suppliers then launch cascading orders to the approved manufacturers they work with.

Besides the needs identified for the annual group purchase, the projects might identify some additional individual needs due to unforeseen stock rupture or individual urgent cases.

* A tender for a supply or a service contract is only launched when the value of the medicines is estimated at over € 1,000.
* Medicines valued at a maximum of € 999 are purchased on the basis of a single bid, provided quality requirements are met by the single bidder.

### 4.2.3 International transport (via Antwerp, Brussels or Mumbai export zones)

When the orders from the project countries are placed, the Procurement & Logistics Department obtains quotes for transportation to the various project countries, from the approved International logistics agents, listed in Appendix 4. The selection of these is described in section 4.7. SOP Q-P-015 covers international transport of medicines.

The best transport option is selected from the quotes, based on medicines, quantities, mode of transportation and price. This choice also determines the international transport zone. The suppliers are informed of whom to deliver the goods to. They transport them to the transit zones, directly from the manufacturers or via the supplier’s warehouse, as explained above. A delivery date is fixed for this, between PLD, logistic agent and supplier.

The various deliveries are consolidated by the international logistics agent per country of final destination. Once this is achieved, the shipping route is finalised by PLD, based on quotes from the logistics agent. The international logistic agent then expedites shipment by the agreed route, exchanging documentation with PLD. The goods arrive at the point of entry in the country.

### 4.2.4 From incoming customs to aid beneficiaries:

Damien Foundation resumes responsibility for the medicines at the point of entry and ensures that customs are cleared.

After customs clearance two mutually exclusive situations arise:

* Damien Foundation hands over responsibility of the shipment to the National Programmes (recipients), who then transport, store and distribute the goods. This occurs in DR Congo, Burundi, Rwanda, Comoros and Guinee.
* Damien Foundation assumes these responsibilities for transport, storage and distribution of goods. This occurs in Bangladesh and Niger.

SOP P-Q-012 specifies Local Receiving and storage of Medicines; SOP P-Q-013 covers their local distribution.

## 4.3 Responsibilities (procurement and distribution of medicines)

**Quality Cell, Damien Foundation**

* Ensures appropriate policies and procedures are developed, maintained and applied
* Approves the selection of suppliers and international transporters
* Ensures Quality Agreements are in place with suppliers and international transporters
* Ensures Suppliers and Transporters are re-assessed and audited at appropriate frequency on behalf of DF
* Approves key documents in the annual order definition and placement process, for medicines and transport modes
* Performs traceability audits at appropriate frequencies for the medicine procurement, distribution and delivery to the end-patient
* Approves investigations of international scope for all unforeseen events: complaints, recalls, deviations and incidents
* Approves change control and CAPA plans and closures.

**Procurement and Logistics Department Damien Foundation**

* Applies the approved and relevant policies and procedures
* Assists in selection, on-going evaluation and auditing of suppliers and transporters.
* Obtains, compiles and records all required information for ensuring procurement and distribution of medicines
* Liaises with medicine suppliers and international transporters, in order to obtain quotes, place and follow up orders and ensure deliveries to transit zones and final destinations
* Ensures all documents are correct and complete to ensure medicine traceability (some of these come from country representatives)
* As appropriate, initiates or supports the following quality processes: complaints, recalls, deviations, incidents, change control, CAPA.

**Medical Advisors, Damien Foundation**

* Study the Medical Needs Assessment file received by DFB country representatives for medical soundness and cost-effectiveness. Propose changes (e.g. Cheaper or medically better alternatives;)
* Train and give Technical Assistance regarding GDP compliant stock management and distribution to DFB teams and National Program as appropriate

**Project Managers**

* Invite yearly needs from country representatives
* Check requested needs with budgetary means
* Pass order to PLD

**Country Representatives and Logisticians (big projects), Damien Foundation**

* Applies the approved and relevant policies and procedures
* Assists in selection, on-going evaluation and auditing of local suppliers and transporters, applying specific local procedures (Country representatives, as relevant).
* Provides information required in order to evaluate beneficiaries; recommends on their retention.
* Define and agrees annual needs for medicines, in function of disease / country responsibility, within constraints of Quality Policy and within budgetary constraints
* Provides relevant information required to ensure traceability of medicines. Ensures its accuracy.
* Ensures customs clearance and hand over to beneficiary (Country representative or logistician, in function of country)
* Checks quantities and state of medicines on arrival
* As appropriate, initiates or supports the following quality processes: complaints, recalls, deviations, incidents, change control, CAPA.

Responsibilities of aid beneficiaries, medicine suppliers and international logistic agents are included in sections 4.4, 4.5 and 4.6, respectively.

## 4.4 Screening of beneficiaries ***Phase 2***

Beneficiaries that can receive medicines from Damien Foundation are:

(the majority) National Programs against TB, leprosy or Leishmaniosis founded and recognized by the Ministry of Health of their country.

(the minority) Hospitals of DF itself or of non for profit organizations. In this case the organisation needs to be recognized, or the hospital itself accredited as such by the Ministry.

The responsibilities of aid beneficiaries are:

* Applying the conditions necessary to retain their licensed status
* Ensure that medicines are transported locally and stored in appropriate conditions
* Ensure the conditions under which medicines are administered / provided to patients
* Checking content of consignments against packing lists and reporting results to DF
* Raising complaints if necessary. Collating and documenting any adverse events potentially linked to medicines provided by DF..
* Assisting in resolution of all non- conformities (deviations, incidents, complaints, recalls)

## 4.5 Policy for selecting medicine sources

Outside areas of stringent regulatory authorities, purchasing a medicine means defining its specifications (and more generally the basis on which it has been ‘approved’), as well as its manufacturer and manufacturing site / practices. Only if all these elements are under control can guarantees on safety, efficacy and quality be given.

Damien Foundation does not have the ability or the resources to complete this goal successfully and seeks advice and support from QUAMED, a network of non-profit organisations working in the field of supplying medicines.
QUAMED developed a QA Policy for procurement to which Damien Foundation, as a QUAMED member, decided to adhere to. The objective of this QA policy is to support each partner in selecting its sources (products, suppliers, manufacturers) against specific norms and standards.

The QA policy is essentially based on the norms and standards of the WHO as defined in the WHO Technical report Series[[1]](#footnote-1) and the WHO International Pharmacopoeia[[2]](#footnote-2). When appropriate, the policy relies on the monographs of other reputed pharmacopoeias (European, British and US) and on ICH guidelines. As a general principle, the work of the WHO Pre-Qualification Program (WHO PQP) and the work of Stringent Regulatory Authorities (SRA) are recognised *de facto*.

The policy proposes different options for procuring of medicines depending on each partner’s need and development level of its own QA system.



Damien Foundation will implement the options stepwise starting from Option 1, the most appropriate one to the current development status of its QA system, and migrating soon to option 2. The principle is that part(s) of the QA work can be delegated to third parties as long as the DF has acquired the conviction that the third party has the capacity to select its products in accordance with the norms and standards defined in the policy.

**Option 1**



Damien Foundation (with the help of Quamed) assesses and validates a supplier for its level of compliance with WHO MQAS and WHO or equivalent GDP/GSP, and for its sources validation process (manufacturers and FPPs). This last point is therefore delegated to the supplier. Medicines are purchased from a well-managed store and storing conditions are satisfactory. However it is acknowledged that the level of security regarding the manufacturing sites and medicines specifications is linked to the quality of the validation process of the supplier. It is why the evaluation of the supplier and its monitoring are critical.

**Option 2**

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Damien Foundation assesses and validates a supplier for its level of compliance with WHO MQAS and WHO or equivalent GDP/GSP, and for its medicines validation process. This last point is therefore delegated to the supplier. The validation of manufacturers is not delegated to the suppliers, but manufacturing sites are assessed by DF and validated for their level of GMP compliance. This is achieved by consulting validated information found in the WHO Prequalification list or Quamed database or obtained from other recognised sources. Medicines are purchased from a well-managed store and storing conditions are satisfactory. DF checks whether they are coming from GMP compliant manufacturing sites. However it is acknowledged that the level of security regarding the medicines specifications is linked to the quality of the validation process of the supplier.

For both options, the evaluation of the suppliers and its monitoring are critical.

The sourcing of medicines is based on the following principles:

* Medicine quality is of the highest concern to Damien Foundation. Other concerns in sourcing medicines are availability, shelf-life, performance, warranty, service and price.
* Damien Foundation sources its medicines from a limited number of pre-approved suppliers (which are in fact medicine wholesalers).
* All first line TB medicines are purchased based on the WHO pre-qualification programme (this maintains a register of pre-qualified triplets of medicines, manufacturers and manufacturing sites), when it includes the medicine. Thus suppliers are required to quote only prequalified sources when these exist.
* For first line TB medicines not included in the WHO pre-qualification programme, a close fit is sought: medicines / manufacturer qualified by the GDF (Global Development Fund), or manufacturers approved for the same product but a different dosage or formulation.
* Second or Third Line TB medicines are sourced from territories of stringent regulations, from the WHO pre-qualified sites or from other sources, based on quality, volume, availability and price.
* Medicines outside the scope of the WHO pre-qualification programme are sourced from the same limited number of pre-approved suppliers.
* Though the responsibility for selecting manufacturer, manufacturing site and specifications is devolved to approved suppliers, these elements are all included in the quotations and taken into account in the decision making. A preference is given to manufacturers and sites about which positive information is available (for instance by consultation of the Quamed data-base).

It should be noted that medicines for Leprosy are not sourced by Damien Foundation. These are donated by Novartis to the WHO and made available to national programmes.

 The list of medicines for potential purchase is contained in a controlled quality document.

## 4.6 Policy for selecting suppliers

The suppliers are included in the pre-selection on Damien Foundation’s decision based on the outcomes of the audits carried out by Quamed according to the WHO GDP and MQAS standards. They are regularly re-audited. In addition Damien Foundation has been working with them for a number of years and have demonstrated satisfactory business performance. Damien Foundation does a regular monitoring of its approved suppliers (see also 6.2, 6.3).

Quality is managed through a quality agreement (in place with each pre-approved supplier) and by conducting regular audits (see also section 6.2). Under these agreements, the responsibilities devolved to the medicine suppliers are:

* Define, implement and maintain an appropriate QMS, consistent with the WHO-MQAS standard.
* Qualify medicine sources (including medicine and stability specifications, manufacturing sites and standards) so to ensure efficacy, safety and quality of medicines.
* Supply medicines to DF according to agreed specification, manufacture and site, shelf-life, scheduling, price, packaging and place of delivery.
* Ensure medicine traceability and provision of all agreed information
* Notification and control of changes and deviations. Cooperation in case of investigation of all no- conformities (deviations, incidents, complaints, recalls)

Addition of a new medicine supplier is possible, but not frequent. The selection and qualification of a new supplier is based on the following criteria:

* Existence of an appropriate QMS, consistent with the WHO-MQAS
* The ability to work within the WHO prequalified medicine system
* Demonstrate sourcing system that is consistent with WHO-MQAS requirements and will ensure the safety, efficacy and quality of the medicines procured
* Readiness to sign a quality agreement with the Damien Foundation.
* Submit to an audit with a satisfactory outcome, precede or follow pre-selection of the supplier.

The list of approved suppliers (international and local) is contained in Appendix 4.

## 4.7 Policy for selecting medicine transporters and logistics agents

The transporters and logistics agents currently selected by Damien Foundation are listed in Appendix 4. Damien Foundation’s cooperation with these selected transporters and logistics agents is based on their historic performance and their experience in the countries in which Damien Foundation is active, particularly as forwarders of medicines.

A quality agreement is in place, between Damien Foundation and each of these selected transporters and logistics agents.

The responsibilities of international transport agents are:

* Defines, implements, maintains and adheres to appropriate standards, consistent with GDP as defined by WHO or EU, according to territory.
* Transport of medicines on behalf of DF according to agreed conditions, destinations, scheduling and price.
* Complies with the Quality Agreement agreed with the Damien Foundation, in particular
	+ Compliance with agreed GDP standards for medicine transport and storage.
	+ Control of subcontractors, ensuring that they respect equivalent terms of the quality agreement, as applicable
	+ Ensuring medicine traceability and provision of all agreed information
	+ Notification and control of changes and deviations. Cooperation in case of investigation of all non- conformities (deviations, incidents, complaints, recalls)
	+ Regular auditing by DF or DF mandatees to appraise the standards of GDP

Damien Foundation has a policy of regularly auditing its international logistic agents, in accordance with the quality agreements. Such audits may be performed by in-house personnel, or contracted out. The aim of these audits is to appraise the standards of GDP at the logistic agents and define / follow up ensuing CAPA plans. The audits shall give rise to written reports.

Addition of a new medicine transporter or logistics agent is possible, but not frequent. In the event that a new transporter or logistics agent is selected, the following criteria must be fulfilled:

* Transporter/Logistics agent must be experienced in warehousing and transporting medicines
* Damien Foundation must be entitled to check the organisation’s management system
* A quality agreement between Damien Foundation and transporter/logistics agent must be in place
* Transporter/Logistics agent must comply with GDP principles for transport and storage, in particular with the responsibilities defined above.
* A GDP audit will shortly precede or follow the official selection of a transporter or logistic agent

4.8 Policy for temperature monitoring and control during transport

Damien Foundation does not supply any medicines requiring a cold chain.

Many medicines, whilst not requiring a cold chain for transport, are sensitive to temperature and humidity extremes. One way to solve this would be to systematically implement refrigerated transport (15-25°C). Besides being costly and difficult to implement, this may represent an over-design on one hand and fail to address long times when the container cannot be refrigerated on the other.

Damien Foundation is committed to defining and implementing a rational policy in this respect, but this would clearly benefit from a preliminary study of temperature profiles on different routes over a sufficient period of time to be able to assess the risks. Therefore a protocol has been defined with this objective, for an approximate 2 year period.

The data will be used to evaluate the risks caused by temperature excursions. On this basis, mitigation measures will be defined and implemented. These could include:

* Switching to air freight for certain medicines / destinations
* Implementing a temperature control system for sea freight (or even air freight) for certain destinations
* Avoiding certain routes, or using different logistic channels.

## 4.9 Storage of medicines Phase 2

The medicines procured by Damien Foundation are not stored by DF Brussels itself at any point. Until the point of shipment to the international transit zone as described in section 4.2 the medicines are stored at the suppliers’ or manufacturers’ warehouse under the suppliers’ or manufacturers’ responsibility respectively. In line with the quality agreements signed between Damien Foundation and its suppliers, Damien Foundation expects its suppliers to apply GDP for storage of medicines.

After delivery of the medicines from the supplier warehouse to the international transit zone, the medicines are stored at the logistics agent’s warehouse until a shipment to a final destination is completed and will be consolidated for international transport to final destination. At this stage, the storage of medicines is the logistics agent’s responsibility. Also in this case, Damien Foundation expects the logistics agent to apply GDP as per the signed quality agreements.

At final destination, medicines are stored in clean secured stocks with air conditioning and pest control in those cases in which Damien Foundation is in control. In most cases, storage will be under NTP control. DF gives technical assistance in order to approach GDP standards in those cases.

## 4.10 Detection of Counterfeit drugs Phase 2

As medicines arrive from the producers/distributors packed in carton boxes, on pallet, taped in plastic, transporters and DF can at best count the boxes and see if it coincides with the packing list. They cannot see the drugs, so they cannot detect counterfeits or quality problems. It is only on reception at arrival that medicines are unpacked – by DF on a sample bases, and certainly by the beneficiary.

As part of GDP training, DF key personnel and local counterparts – beneficiaries are made aware, with examples, of the risk of counterfeits. They are invited to react to DF immediately if any quality issue or risk of counterfeit is observed.

The risk of counterfeits filtering into the supply chain is limited by selecting sources (manufacturers and distributors well, as above.

## 4.11 Traceability

Traceability is a basic requirement of GDP and Damien Foundation aims at guaranteeing traceability of medicines all along the supply chain, on the one hand from the manufacturer to the patient and on the other hand from the patient back to the manufacturer. The most crucial situations in which traceability is of highest importance are recalls and alerts. Alerts and recalls can originate from suppliers or manufacturer, national/international authorities (e.g. NRA, WHO Rapid Alert System), from a notification from partners/other organisations (e.g. QUAMED)who were aware of quality defect needing a recall, non-conforming results of quality control analysis on drugs obtained from the monitoring of consignments delivered by suppliers or products used in the field or products quality defects noticed in the field. The procedure to be followed in an alert or recall originating from any of the above mentioned sources is described in P-Q-002.

Traceability is maintained at various levels:

1. Medicine manufacturers and distributors: provide shipping documents and packing list including name of manufacturer and the manufacturer’s address or the manufacturing site (in case medicine is procured from distributor), batch number, expiry date, product name incl. dosage and strength, product code, number of boxes shipped. This information is provided to Damien Foundation at the time of delivery through the distributor/manufacturer at the latest.

2. International logistics agent: The various supplier deliveries are consolidated by the international logistic agent per country of final destination. (cf. § 4.2.3 QM, Procedure P-Q-015) A record of this is kept.

3. International transport to final destination: All shipping documents are kept as record and forwarded together with packing list, free gift certificate and supplier invoice to consignee (cf. § 4.2.3 QM, Procedure P-Q-015).

4. Receipt at final destination: Consignee checks if all medicines sent according to packing list have been delivered. Receipt confirmation with observations is sent to Damien Foundation Brussels.

From Q4 2017 Damien Foundation formally requests (National Programs) or instructs (own projects) beneficiaries to systematically mark batch numbers on waybills, stock cards and any other documents related to medicines during their storage and distribution. In this aim, Damien Foundation will instruct its representatives to make these elements (and in particular the batch number and manufacturer identification that are often missing from the records) part of Technical Assistance and Supervision at all levels.

5. Document System

## 5.1 Type of Documents

Only documents that are relevant to the management of quality of medicines and medical supplies are part of the quality system. Other documents generated and used by Damien Foundation are not in the scope of this manual.

The quality relevant documents may or may not require review (and signature) by a member of the quality unit. Of those that do, some also require a control of their versions and circulation to ensure only the most recent version is in use. Such documents are known as ‘controlled documents’.

So three type of documents exist in the quality system:

* Documents that do not require QA signature and are not controlled. Examples could be reports or forms of lesser importance or intermediate ones
* Documents that require QA signature but which are not controlled. For instance audit reports and important completed forms.
* Documents that require QA signature and that are controlled. SOPs fall into this category (including the form templates appended to the SOPs).

The requirement for QA review is determined by the quality unit, using the guiding principle that the more critical the document is to ensuring the quality of medicines, the greater this requirement becomes. The controlled / not controlled nature of the document is determined by its type.

Aside from defining documents by how they are managed, they are also defined by their type.

* The quality manual and its appendices, which holds a distinct place in the documentation system. This is a controlled document.
* SOPs (Standard Operating Procedures) describe how recurrent operations are carried out. If applicable, record templates are appended to these, whose purpose is to record the execution of the operations. These are controlled documents.
* Instructions are more specific than SOPs, covering for instance apparatus operation. Quality critical instructions are controlled documents (some may be SOP appendixes), whereas others are not and may not require QA signature.
* Specifications contain analytical parameters, methods specification and acceptance criteria for medicines or products. These are controlled documents
* Forms refer to data capture of operations. These can be completed templates from the SOPs, self-standing or just recorded data. These are not controlled documents; they may or may not require QA signature.
* Quality Agreements with suppliers are QA-signed, non-controlled documents.
* GMP / GDP or authority certificates from suppliers and beneficiaries. These are kept in the quality system but are not signed by QA.
* Reports of various types (inspection, technical, investigation…) are not controlled documents and require QA signature depending on their scope and importance.

## 5.2 Document management

Management of SOPs and of Instructions and Form templates appended to them is described in Procedure P-Q-001, ‘Procedure of Procedures’. This section covers general principles or details that are specific to other document types.

Each quality related document is given a unique number as follows:

* Document type:

P: Standard Operating Procedure

I: Instruction

F: Form

R: Report

S: Specification

* Theme:

Q: Quality Assurance of Medicines

X: Others

* Chronological numbering: 00X

For example, the code for an SOP about quality assurance medicines- will be called P-Q-001

The numbering system does not apply to the following documents, which are unique by definition:

* the quality manual
* Quality Agreements
* GMP / GDP and Authority certificates

Quality related documents can be initiated spontaneously, as requirements of the QMS or at the request of the Quality unit. The structure of each document should be aligned to its purpose. Documents should be complete and concise, ‘fit for purpose’ and contain references as appropriate.

Each quality-related document should have an author and at least one separate reviewer/approver. This may be a member of the QA unit if a QA review is required (see above). When the complexity of the document content and the quality impact demands it, a first technical review, followed by a final QA review may be mandated by the quality unit. The object of the quality review is to ensure compliance with the QMS and the general clarity and completeness of the document. The objective of the technical review is to ensure the accuracy of the data and soundness of the conclusions. Data integrity is ensured by a combination of using the ‘four eyed principle’ when logging critical data, data source integrity checks and spot checks on source data at document review. The appropriate combination is defined by the quality unit at the time of review.

Subsequent document management depends on their ‘controlled’ nature. Controlled documents are expected to be updated with time and only the current version should be used.

For controlled documents, a system shall be put in place to ensure:

* Documents are circulated to the units / staff requiring them and only to these
* If copies are made, they should be clearly distinguishable from the ‘original’ document (for instance by stamping each page of copies)
* Documents are revised at an appropriate frequency, so as to remain current (every 3 years or earlier if needed)
* Revisions give rise to a new version, whilst the unique document number is unchanged.
* The documents contain a ‘history page’ summarising the changes and rationale of preceding versions.
* The previous document versions are destroyed or visibly rendered obsolete at their point of use.
* Prior versions are kept for a defined time period.
* In case there is no longer any use for a controlled document, it can be ‘discontinued’ with approval of the Quality unit. In which case all existing copies are handled as previous versions. The archiving requirement remains.

The implementation of these principles for SOPs is described in P-Q-001

Non controlled documents are not subject to the above rules governing circulation, copying and version management. They may have several versions (for instance to update report findings), in which case a history page should be included from the second version onwards. Retention of prior versions is not mandatory.

All quality relevant documents are kept for a defined minimum period, by default 10 years. Document archiving is implemented by means of a paper-based system in Damien Foundation’s Head Quarters.

# 6. Continuous Improvement

## 6.1 Policy on Self Inspection

The Quality Unit is responsible for carrying out internal inspections or investigations of activities relating to procurement and distribution of medicines. These activities may be ad-hoc or pre-scheduled. The objective is that all the relevant activities should be self-inspected on a regular basis.

These inspections will be carried out by at least one member of the Management Advisory Committee , if possible with no managerial link to the activity inspected. If such a link exists, another staff member should form part of the inspection team. The main objective of the inspections is to verify adherence to the existing procedures and policies and to identify points of improvement to the systems. The inspection will be reported in writing, including al the observations/deficiencies found. Each concerned unit is responsible to propose an action plan with corrective/preventive actions (CAPAs) that will be reviewed by the Quality Unit and approved by the General Director.

The CAPA follow-up will be included in the Quality Management Review.

At a minimum the following areas are regularly self-inspected:

* job descriptions, training plans and training records
* Document management (in particular for controlled documents)
* Adherence to procurement procedures for medicines and services (for instance at the end of each annual procurement exercise)
* Traceability of medicines through procurement / distribution chain
* Good storage and distribution practices (for local units, when under the direct responsibility of the Foundation)

## 6.2 Reassessment of suppliers and contractors

Damien Foundation’s policy for suppliers’ approvals is based on regular audits to appraise the level of compliance with the WHO GDP and MQAS standards.

As said earlier Damien Foundation does not have the ability or the resources to perform such audits and relies on results of evaluations done by other organisations such as QUAMED for its decision-making. DF regularly consults the QUAMED database to obtain the most up-dated information on the suppliers’ audits as well as on any alert or incident report. Results of the monitoring of the suppliers performance are also taken into account for their regular re-assessment (every 3 years or earlier in case of problem). Quality unit and DG will decide on continuing or temporary/definitively suspending an approved supplier.

Damien Foundation regularly audits its international logistic agents, in accordance with the GDP standards and the signed quality agreements. Such audits may be performed by in-house personnel, or contracted out. The aim of these audits is to appraise the standards of GDP at the logistic agents and follow up ensuing CAPA plans. The audits shall give rise to written reports and these will be reviewed as part of the annual quality review together with the review of their performance.

## 6.3. Monitoring quality

The quality of the procured products is controlled by DF at different steps of the procurement-distribution process. In case of critical/major or recurrent failure, DF will decide on appropriate actions that may include:

- temporary/definitively suspending the procurement of a given medicine from a supplier,

- temporary/definitively disqualifying a supplier,

- temporary freezing the distribution of a product/batch,

- recalling a distributed product/batch.

a) Monitoring of Suppliers commitment

-Suppliers must submit to DF the results of manufacturer’s own QC tests (through a Certificate of Analysis) for each batch of all the medicines procured.

-Suppliers are required to provide medicines that strictly comply with the specifications approved by DF during the tender and with the minimum shelf-life requirement (at least 3 years from the date of DM order or a remaining shelf-life of 75% of the total shelf-life when it is shorter than 3 years).

Compliance with these requirements is checked by the Quality unit from the packing list and at receipt (on products themselves and packing list) by the recipients (national Programmes, Central Medical Stores, Hospitals, DF projects

b) Monitoring of supplier performance

DF continuously monitors the performance of suppliers with respect to product and supply chain quality by evaluating the criticality and frequency of the deviations (regarding the quality of the supplied products, the delivery time, the respect of the contracted agreements, etc.), claims, non-conformity of tested samples, that have occurred per supplier.

The supplier performance is part of the QM review and is taken into account for the re-assessment of the suppliers and the evaluation of new tenders.

c) Quality testing

DF will only send samples for testing to an independent DF designated Quality Control Laboratory (QCL) when a problem is suspected (complaint from receiving party). To ensure the quality of independent quality control testing, DF only uses the services of QCL that meet one of the following criteria:

i) Prequalified by WHO Pre-qualification Programme, or

ii) Accredited in accordance with ISO 17025.

In addition DF will respect any systematic laboratory testing the recipient countries and their national regulatory authorities (NRA) deem necessary.

In the event of testing results conducted by DF designated independent QCLs that are non-conforming to specifications as per indicated pharmacopoeia standards/manufacturer declared specifications, the manufacturer will be required to investigate the discrepancy and provide a report. In case the non-compliance is confirmed, the manufacturer will be requested to replace the complete batch at manufacturer’s own cost (or reimburse DF) and take appropriate actions to eliminate risks to health of users, e.g. to initiate a batch recall as necessary.

DF reserves the right to be in contact with national NRAs concerning issues related to quality, safety and efficacy of procured medicines.

d) Alerts surveillance

The Quality cell receives regular updates from Quamed re. alerts, GMP non-compliance reports, NRA suspension, recalls, etc. published in the public official websites of WHO, SRA and QUAMED. In case an alert concerns a product or a supplier used by DF, the Quality unit will investigate to propose appropriate action(s) and if necessary to held a meeting of the ad hoc committee (composed of the

DG, the Quality unit, Medical advisors and Project managers as necessary)

6.4 Complaints and Recalls

Complaints to the Damien Foundation can concern the quantity, quality or packaging of goods. Apart from the specific cases where Damien has responsibility for transport between point of entry and point of use, complaints are ‘passed through’ to international logistic agents or to suppliers. There is therefore no requirement for a formal written SOP for managing complaints, but more for a system ensuring the reporting of any Quality complaint from the recipients/end-users. Such system is still under development.

For the time being, complaints are logged by date, brief description, goods and projects impacted. Investigation is passed on to suppliers or logistic agents. Once resolved the outcome, root cause are recorded and if necessary CAPA are defined. DF reserves the right to be in contact with national NRAs concerning issues related to quality, safety and efficacy of procured medicines and to decide for a recall. Complaints are reviewed at least annually as part of the DF management review.

Recalls are managed as prescribed by the relevant SOP that identifies the responsibilities, sets the criteria for investigation and provides documentation to support the process. Recalls are managed by the Quality unit. The ultimate responsibility for batch recall belongs to the ad hoc committee composed of at least the Quality unit, other medical advisors and the General Director.

A recall can be initiated by the manufacturer, officially decided by a national MRA for a given country, or decided by DF. DF can have to take such a decision following:

* an obvious non-conformity regarding the quality of a product (critical non-conforming QC test results, non-compliance in the labelling or packaging),
* an alert launched by WHO, an authority, other organization or partners (e.g. QUAMED), or
* a critical quality complaint.

In the event that DF decides on product recall, DF shall notify the MRA of the supplied countries and liaise with the manufacturer for organizing the recall and necessary associated activities.

DF reserves the right to suspend procurement of medicines and inform where applicable, other partner organizations (e.g. QUAMED).

6.5 Deviations and Incidents

Deviations are non-intentional departures from conditions or modes of operation, as defined in the quality manual, in SOPs or in working instructions, that could potentially impact the quality of medicines received by patient beneficiaries of Damien Foundation.

Incidents are observations made on the outcomes of operations performed under the responsibility of Damien Foundation that could potentially impact the quality of medicines received by its patient.

The distinction between deviations and incidents broadly follows that between the inputs and outputs of the quality system. Making it is not as important as capturing both types of events. Indeed they are addressed by the same procedure. Complaints are a special type of incident, at least those complaints that potentially concern medicine quality, which are also in the scope of the procedure. Recalls are governed by a separate procedure (see section 6.4)

In some cases it is necessary to depart from defined modes / conditions of operation (for instance when following them is impossible or totally impractical). Such cases, sometimes referred to as planned deviations, or temporary change controls, follow the Change Control procedure described in section 6.7. They should not be documented using the deviation procedure.

Handling deviations and incidents (or non-conform events) is a vital part of the quality system. Indeed it is important that every such event is investigated in a way proportionate to its seriousness, that the investigation be documented and that appropriate actions be taken. These investigations seek to establish firstly the possible impact on the patients who could receive (or have received) the medicines as well as on the quality system itself and secondly the root cause of the event, in order that the impact may be fully evaluated and recurrence prevented.

Once these two aspects have been established, a decision can be made about the medicines impacted by the non-conform event. In particular, they must not be handed over to beneficiaries until this point is reached. Corrective and preventive actions (CAPA see section 6.6) are then defined that address the consequences and the causes, respectively, of the non-conform event. Once these have been implemented the deviation is closed. All these operations are carried out under the supervision of the quality unit.

The procedure for handling deviations and incidents is described in SOP XXXX.

Deviations are assigned a unique number respecting the general document format:

 D-Q-XXXX XXXX is an incremental number, starting at 1

Deviations are also logged in a deviation register, being a paper or electronic file under the control of the quality unit. Entries to this file are regularly updated and include:

* the deviation number,
* a brief description of the incident
* the current status of the deviation (as defined in the procedure)
* the references of the CAPAs generated as a result (if applicable)
* the dates at which the event was first observed, the deviation raised, the investigation completed and the deviation closed (for performance metrics)

Deviations are managed as individual items for evaluation / decision / improvement. The following performance targets are set:

* deviation notification (from date of incident to notification to the quality unit): 5 days
* deviation investigation (from incident date to investigation complete): 1 calendar month
* deviation closure (from incident date to deviation closed): 3 calendar months

Performance against these targets is reviewed during each annual quality review. At this point, the deviations incurred within the year are also reviewed, in particular for the following aspects: recurrence, frequency by type of operation, by location, by transporter, by supplier, etc… Appropriate actions are derived from this review.

## 6.6 Continuous improvement and CAPAs

Fostering continuous improvement is an important feature of a quality system. This is based on a number of systematic or adventitious triggers, which include:

* The annual quality review (section 2.4)
* Staff training programmes (section 3.2)
* Regular review of SOPs (SOP P-Q-001)
* Self- inspection activities (section 6.1)
* Re-assessment of suppliers and contractors (section 6.2)
* Monitoring quality (section 6.3)
* Complaints and recalls (section 6.4)
* Deviations and incidents (section 6.5)
* Suggestions by employees.

These activities may result in deviations being raised, but also in a need for actions to be implemented. Such actions fall into two categories and are known collectively as CAPA (corrective and preventive actions):

* Corrective actions address an observed problem relating to medicine quality
* Preventive actions address the prevention of problems affecting medicine quality

Frequently, a single deviation (or observation resulting from the above) requires several individual CAPA actions, known as a ‘CAPA plan’. Unless these are foreseen to be completed on very different timescales, it is strongly preferred to manage them all under the same CAPA heading, which will then be complete when all of the individual actions are completed.

CAPA plans are defined in collaboration with technical staff and approved by the quality unit. The plans are implemented by technical staff and reported to the quality unit, which verifies their execution and then closes the CAPA. The procedure is described in SOP YYYY

Carrying out CAPAs may require changes to hardware impacting patient safety or to elements of the quality system (in particular SOPs and work instructions). In this case, a change control is raised (see section 6.7). This examines the ‘secondary’ impact of changes on the quality system, which are not addressed in the CAPA plan or documentation.

CAPA plans are assigned a unique number respecting the general document format:

 CP-Q-XXXX XXXX is an incremental number, starting at 1

CAPAs are also logged in a register, being a paper or electronic file under the control of the quality unit. Entries to this file are regularly updated and include:

* the CAPA plan number,
* a brief description of what it addresses
* the current status of the plan (open or closed)
* the references to the incident(s) that triggered the plan
* the dates at which the CAPA was created and closed (for performance metrics)

CAPA closure is targeted at 2 months from creation.

Performance against this targets is evaluated during each annual quality review. CAPAs created during the year are also reviewed, in particular for their effectiveness and for what type of process triggered them.

## 6.7 Change Control Phase 3

## 6.8 Risk Management Phase 2 or 3

# Appendix 1 Organisational Chart



**For overseas representatives:**

RDCongo: Pamphile Lubamba, MD, Luc Malingrau, logistician

Burundi: Michel Sawadogo, MD

Rwanda: Jean Pierre Zawadi

Nigeria: Osman Eltayeb, MD

Niger: Alberto Piubello, MD

Guinee: Suleyman, MD

Mozambique: Cesar Arroyos, MD

Comoros: Younoussa Assoumani, MD

Senegal: to be defined

Bangladesh: Bart Rombaut, .., Aung, MD

India: Shivakumar M, MD

Nepal: Sushil, MD

Belgium: none

Nicaragua: Toon Bongaerts, MD, MPH

Bolivia: to be defined

Guatemala: Zoila Bailon, nurse, Luis Sanchez, MD

Chain of Command for overseas projects:

General Assembly -> Board -> General director -> director project department -> one of the project managers (advised by one of the medical advisors) -> country representative (mostly an MD)

# Appendix 2- F001 P-Q-001: List of procedures

P-Q-001 SOP of SOPs

P-Q-002 Procedure for Recalls

P-Q-003 Handling Complaints

P-Q-004 Procedure for Temperature recording during transit
P-Q-005 Deviation and incidents
P-Q-006 CAPA
P-Q-007 Evaluation of Offers Received
P-Q-008 Qualification and monitoring of medicine suppliers
P-Q-009 Qualification and monitoring of Transporters and Distributors
P-Q-010 Procedure for Self-Inspection
P-Q-011 Change control
P-Q-012 Local Receiving and storage of Medicines
P-Q-013 Local Distribution of Medicines
P-Q-014 Qualification of local suppliers
P-Q-015 International Transportation of Medicines

# Appendix 3: Training matrix

To be completed

# Appendix 4: Contractors used by Damien Foundation

**Suppliers (Distributors) of Medicines**

**Amstelfarma BV**, Zuiveringweg 40, 8243 PZ Lelystad, The Netherlands

**IDA Foundation,** Slochterweg 35, 1027 AA Amsterdam, The Netherlands

**IMRES BV,** Larserpoortweg 26, 8218 NK Lelystad, Nederland

**Kwality Pharmaceuticals Ltd.,** Nag Kalan, Majitha Road, Amritsar 143601, India

**Lupin Limited**, 159, CST Road, Kalina, Santacruz (E), Mumbai 400098, India

**Macleods Pharmaceuticals Limited**, Atlanta Arcade, Marol Church Road, Andheri East, Mumbai 400059, India

**MSF Supply**, Chaussée de Vilvoorde 140, 1120 Neder-over-Hembeek, Belgium

**Sandoz Private Limited**, Sandoz House, Dr. Annie Besant Road, Worli, Mumbai 400018, India

**Svizera Europe BV**, Antennestraat 43, 1320 AJ Almere, The Netherlands

**VWR International bvba**, Researchpark Haasrode Geldenaaksebaan 464, 3001 Leuven, Belgium

**International Transporting Agents**

**Bolloré Logistics Belgium**, Bedrijvenzone Machelen Cargo 829E, 1830 Machelen Belgium

**Comexas Airfreight NV**, Vliegveld 744, 1820 Stenokkerzeel, Belgium

**Comexas Seafreight NV**, Merksemsebaan 280, 2110 Wijnegem, Belgium

Local Suppliers of Medicines (manufacturers or wholesalers): List by country

Local Contractors (Suppliers and Transporters) ; List by country

# Appendix 5: Beneficiaries of Damien Foundation

List of approved Beneficiaries, by country

Other documents not in Quality Manual but that should be accessible centrally:

* Job descriptions
* Training records
* DF license(s) (NGO ‘licence’? or export licence?)
* Copies of License or equivalent from each beneficiary
* For each supplier and service provider
	+ Copy of licence
	+ Copy of quality agreement (if exists)
	+ Until Q Agreements in place for suppliers: copy of latest questionnaires on quality
	+ Rationale on why they can be considered qualified
1. http://apps.who.int/medicinedocs/en/cl/CL3.1.2.20/clmd,50.html#hlCL3\_1\_2\_20 [↑](#footnote-ref-1)
2. http://www.who.int/medicines/publications/pharmacopoeia/en/index.html [↑](#footnote-ref-2)