Catholic health care ministry has an opportunity to be a catalyst in the development of Medical Surplus Recovery Organization (MSRO) industry standards that can significantly improve the impact of surplus donations made to the developing world. The key is to donate usable and appropriately sorted supplies and equipment to an organization that matches donations to needs identified by in-country solicitors.

In a 2010 study of MSROs by CHA, the following nine drivers – or nine key impact areas – were identified. These drivers will help MSROs effectively serve more CHA members and create greater impact for the developing country to which they are shared.

The nine drivers come not only from the 2010 MSRO study, but also, are based on feedback from ministry and industry leaders as well as expertise from the World Health Organization, Catholic Relief Services and the Partnership for Quality Medical Donations. They represent the “best practices” of leading MSROs as assessed by CHA during the 2010 study.

Nine Key Drivers for Responsible Collection and Redistribution of Medical Supplies and Equipment
Nine Key Drivers for Responsible Collection and Redistribution of Medical Supplies and Equipment

**ORGANIZATION**

+ **Leadership** – An MSRO needs dedicated, full-time staffing.

+ **Container Price/Value** – An MSRO must find multiple funding streams and understand the realities of the end beneficiaries through relationships with those who solicit surplus on their behalf.

+ **Staffing** – An MSRO needs adequate staffing and effective volunteer recruitment and training.

**OPERATIONS**

+ **Sorting/Quality Management** – An MSRO has to have the capacity and staffing to sort down to the individual item level and move short-dated items quickly.

+ **Shipping/Distribution** – An MSRO must take ownership of the entire process of shipping from customs regulations and laws to ensuring that shipment is received and contents correctly distributed.

+ **Inventory Management** – An MSRO must provide an online database for solicitors to see available inventory, have less than a one-month backlog of items to sort and have effective processes for intake.

**RELATIONSHIPS**

+ **Hospitals** – An MSRO must develop and continuously maintain relationships with hospitals as sources of appropriate donations. An MSRO should also have policies and procedures that clearly define what materials are and aren’t accepted.

+ **Beneficiaries** – An MSRO must conduct needs assessments; validate requested items to ensure usability; have real-time, online inventory databases; facilitate effective distribution once shipment in country; and elicit continuous dialog, including feedback, through the ordering process and after shipment is received and distributed.

+ **Business/Financial Partners** – An MSRO needs to utilize technical and strategic strengths of health care organizations.

**Learn More**

Get additional information about the MSRO assessment toolkit on CHA’s website at [www.chausa.org/MedicalSurplus](http://www.chausa.org/MedicalSurplus). For additional questions or information, please contact Bruce Compton, CHA senior director of International Outreach at [bcompton@chausa.org](mailto:bcompton@chausa.org) or (314) 427-2500.