AME
appropriate medical equipment

What is AME?

AME aims to create transparency, visibility and credibility of medical equipment developed and/or suited for use in Low- and Middle-Income Countries (LMICs) through testing against a fixed set of criteria at independent testing facilities.

Vision

A world where all patients have access to quality care through medical staff that have access to medical equipment appropriate to setting.

Background

The state of medical equipment and biomedical engineering in LMICs is not optimal; equipment graveyards, inappropriate donations, limited training options for technicians and engineers and high breakdown rates are the standard. Much equipment presently available in health facilities has been designed for home use or high-income settings.

No current regulatory body requires adequate testing criteria for the LMIC environment. Traditional procurement systems do not provide access to many technologies that have been designed to address the complexities of LMIC settings.

Approach

AME closes the gap between manufacturers of appropriate medical technology and the health systems that benefit from procuring fit for purpose equipment, at both a user- and public tendered-level.

AME addresses those gaps that most affect health technology management and device lifetimes by independently testing and awarding an "Appropriate Medical Equipment" label to priority equipment and software that meet standards for:

- Usability
- Maintainability
- Documentation
- Environmental durability
- Component durability
- Energy demand
- Pricing
- "Getting stuff"-ability

Priority testing areas include respiratory support, patient monitoring, surgery, neonatal temperature support, nutrition & med delivery, testing equipment and digital tools for health technology management and clinical decision-making.

50%
or more medical equipment in sub-Saharan Africa is currently out of service[1]

80%
of all medical equipment in many sub-Saharan African countries is donated or financed by foreign sources[2]

70-90%
of all donated equipment is never operationalized[3]

41%
of 81 LMICs have a defined HTM policy[4]

65%
of 81 LMICs have a medical equipment regulatory body[4]

51%
of 81 LMICs adopted a donation policy for medical equipment[4]

1 EMRO Technical discussions, "The role of medical devices and equipment in contemporary health care systems and services", June 2006
2 T. Judd, J. Dyro, and J. Wear, "Advanced health technology management workshop," in Clinical Engineering Handbook, J. Dyro, Ed. Elsevier, 2004
3 CHA, "CHA Medical Surplus Donation Study: How Effective Surplus Donation Can Relieve Human Suffering", April 2011
4 IFMBE and WHO country data, 2015

equity • accessibility • effectiveness