Dear Editor,

Thank you for the opportunity to respond to Linz et al. commentary on our original article [1]. As the authors allude to, there remain many important implications of recovery programs that deserve additional consideration (e.g., local impact of donations, adherence to international guidelines, hospital supply chains).

Linz et al. call for the creation of a centralized entity (i.e., a national recovery program) to ensure responsible supply donation. We agree that benefits of such an entity may include guideline-adherent donations, varied engagement lengths and scopes, and swift crisis response. At present, many organizations of varying sizes and scope take on the tasks of recovering, sourcing, and/or donating medical/surgical supplies. Johns Hopkins Hospital (JHH) has historically partnered with Humanity First to donate unused medical and surgical supplies. In response to the Ukraine-Russia conflict, JHH also partnered with Project C.U.R.E. to coordinate logistics and delivery of medical supply donations to Ukraine. Of note, the US military, through various regional commands, donated medical supplies to support COVID-19 efforts abroad [2, 3]. We provide these examples because one important step to establishing a centralized ‘hub’ may include an assessment of existing actors, whether government or non-government, who may be uniquely positioned to assume the role and responsibilities of a centralized ‘hub.’ Such an assessment may seek to examine multiple actor’s scope of global response, breadth of supply recovery (e.g., within the donor country), logistics and transportation capability, engagement lengths, etc.

While we support responsible recovery and donation efforts, we would be amiss to not mention that the COVID-19 pandemic demonstrated a lack of local/regional manufacturing of COVID-19 vaccines (e.g., within Africa). Calls for serious investment in local/regional manufacturing of vaccine supplies have been numerous [4]. Similarly, for medical and surgical supplies, serious investments in local manufacturing, regional value chains, and/or improved foreign procurement (e.g., Africa Medical Supplies Platform) may be necessary to ensure robust healthcare systems during crises or in peacetime. None of this should be interpreted as undermining the necessity of recovery and donation programs.

One unexpected benefit of recovery and donation programs that has become apparent is that they offer a unique insight into how well our own (donor) healthcare systems are performing with regard to environmental and social responsibility. In April 2022, the US Department of Health and Human Services launched an initiative to encourage hospitals, health systems, and manufacturers to reduce emissions by 50% by 2030 and achieve net zero by 2050 [5]. Reduction of medical/surgical supply waste is a critical component of this goal. We hope stakeholders will examine inefficiencies in their own supply chains and consider donating excess clean unused medical and surgical supplies.

Medical and surgical supply recovery and donation continues to be relevant and requires a holistic consideration. We encourage a broader examination of how recovery and donation efforts can act responsibly with local or foreign manufacturing and procurement. Additionally, we
encourage the examination of how supply recovery and donation efforts can improve not just human health but also the health of our environment.

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**Declarations**

**Conflict of interest** All authors declare that they have no conflict of interest.

**Ethical approval** The authors are all compliant with the journal’s ethical requirements.

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