

# EPN Access to essential medicines study

## Short guided desk review tool

### Instructions

It is recommended that a member of staff of the in-country partner organization (EPN member organization) should carry out the research required to answer the following questions. **They should be prepared to present the information to the research team at the training meeting (day 1 or 2).** All statements must be fully referenced. There is no avoiding the fact that answering these questions will require looking at documentation and talking to specialists in the various fields.

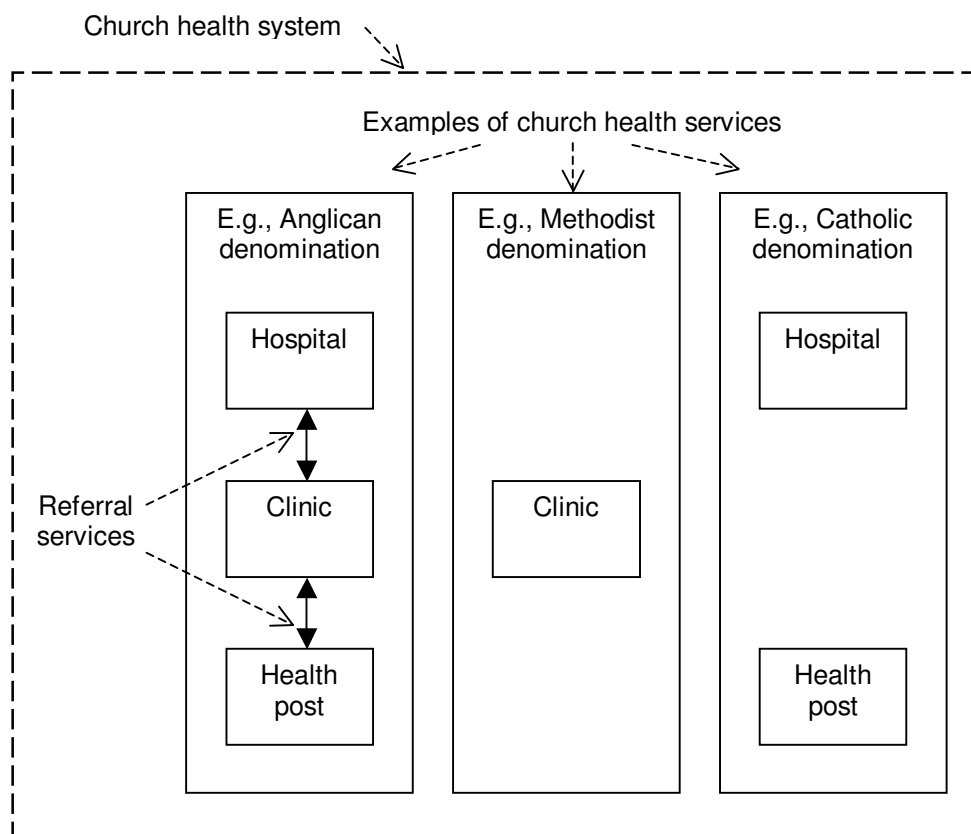
If you are unclear about the meaning of a question or anything else, please email [heatherbr@kclinfo.com](mailto:heatherbr@kclinfo.com).

### Glossary

- CHS represents **church health service**.
- A church health **system** would exist if denominations worked together.

### Example of church health services (as used in this study)

[If the diagram is not visible, please select menu option 'View>Print Layout']



- A **hospital** is a facility with 50 or more beds.
- A **clinic** is a facility with between 1 and 49 beds.
- A **health post** is a health provider with no beds.

# 1 QUESTIONS

<b>1. In your country, how many church-owned facilities are there of the following types?</b>	
<b>1.1. Hospitals?</b>	Number:
<b>1.2. Clinics?</b>	Number:
<b>1.3. Health posts?</b>	Number:

**2. Please list the contact details for each one.**

Name and denomination	Address	Telephone	Fax	Email

**3. What percentage of available health care is provided by church health services?**

Percentage:

**4. Sharing information**

**4.1. Please list the ways that health facilities in general share information. For example, is there a central statistics service that collects information from health institutions and then makes it public?**

**4.2. What percentage of CHSs contribute information to this system?**

**4.3. Which mechanisms involve CHSs?**

**4.4. What information do the CHSs contribute and how often?**

**4.5. Is there a separate CHS-based information sharing system? If so, please give examples of what information they share and who is part of the system.**

**4.6. What evidence is there that clinics share information with hospitals within their referral group (or CHS)?**

	Yes	No
<b>5. Is there a national drugs policy?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.1. If yes, please attach a copy.</b>		

**6. Debate and representation**

**6.1. Are there any mechanisms in place to allow for representation of the following at regional and national levels in relevant debates?**

**6.1.1. Hospitals, clinics, and health posts?**

<b>6.1.2. Doctors, nurses, pharmacists, or pharmaceutically-trained staff?</b>		
<b>6.2.</b>	<b>Is there ever open public debate about health-related policies? If yes, please describe the two most recent debates.</b>	
<b>6.3.</b>	<b>Are pharmaceutical functions and needs SUFFICIENTLY represented at local, regional, and national levels?</b>	

<b>7. Government support</b>	<b>Yes</b>	<b>No</b>
<b>7.1. Do any government health subsidies exist?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.1. If no, from your perspective, why not?</b>		
<b>7.1.2. If yes, are they available to CHSs?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.2.1 If yes, what percentage of the national health budget is used for subsidizing medicines in CHSs?</b>	Percentage:	
<b>7.2. What percentage of trained pharmaceutical personnel in CHSs are trained by the government?</b>	Percentage:	
<b>7.3. What percentage of trained pharmaceutical personnel in CHSs are trained by the CHSs through in-service training?</b>	Percentage:	
<b>7.4. What amount does the government spend on CHS infrastructure development (in US\$)?</b>	Amount:	

	<b>Yes</b>	<b>No</b>
<b>8. Is there national guidance or law to encourage compliance with drug donations guidelines?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.1. If yes, please describe the key points that differ from the interagency guidelines.</b>		

	<b>Yes</b>	<b>No</b>
<b>9. Are CHSs covered by any tax exemptions?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.1. If no, please list any other facilities in the health sector, or not-for-profit sector, that do benefit from tax exemptions.</b>		
<b>9.2. If yes, please list CHSs that benefit from tax exemptions.</b>		
<b>9.3. If yes, is there any evidence that exemptions have been requested but refused (evidence of application letters, acceptances, and rejections)?</b>		

10. Of the following essential drugs and supplies, which are made in your country?	Yes	No
<b>[Essential medicines]</b>		
10.1. Amoxicillin tablets or capsules	<input type="checkbox"/>	<input type="checkbox"/>
10.2. Aspirin tablets	<input type="checkbox"/>	<input type="checkbox"/>
10.3. Chlorpheniramine tablets	<input type="checkbox"/>	<input type="checkbox"/>
10.4. Co-trimoxazole tablets	<input type="checkbox"/>	<input type="checkbox"/>
10.5. Ferrous salts	<input type="checkbox"/>	<input type="checkbox"/>
10.6. Folic acid tablets	<input type="checkbox"/>	<input type="checkbox"/>
10.7. Mebendazole tablets	<input type="checkbox"/>	<input type="checkbox"/>
10.8. Oral rehydration salts (ORS)	<input type="checkbox"/>	<input type="checkbox"/>
10.9. Paracetamol tablets	<input type="checkbox"/>	<input type="checkbox"/>
10.10. Povidone iodine	<input type="checkbox"/>	<input type="checkbox"/>
10.11. Procaine penicillin injection	<input type="checkbox"/>	<input type="checkbox"/>
10.12. Quinine injection	<input type="checkbox"/>	<input type="checkbox"/>
10.13. Sulfadoxine-pyrimethamine tablets	<input type="checkbox"/>	<input type="checkbox"/>
10.14. Tetracycline eye ointment	<input type="checkbox"/>	<input type="checkbox"/>
10.15. Whitfield ointment (benzoic acid compound)	<input type="checkbox"/>	<input type="checkbox"/>
<b>[Supplies for clinics]</b>		
10.16. Gloves, examination latex non-sterile disposable	<input type="checkbox"/>	<input type="checkbox"/>
10.17. Syringe disposable with needle 10cc	<input type="checkbox"/>	<input type="checkbox"/>
10.18. Syringe, disposable with needle 5cc	<input type="checkbox"/>	<input type="checkbox"/>
10.19. Bandage, crepe	<input type="checkbox"/>	<input type="checkbox"/>
10.20. Gauze, absorbent	<input type="checkbox"/>	<input type="checkbox"/>
10.21. Tape, plastic adhesive microperforated	<input type="checkbox"/>	<input type="checkbox"/>
<b>[Supplies for hospitals]</b>		
10.22. Surgical sutures	<input type="checkbox"/>	<input type="checkbox"/>
10.23. Gloves, surgical latex rubber sterile	<input type="checkbox"/>	<input type="checkbox"/>
10.24. I.V. giving set	<input type="checkbox"/>	<input type="checkbox"/>
10.25. I.V. cannula 20G	<input type="checkbox"/>	<input type="checkbox"/>
10.26. Urine collection bag for adults 2000cc	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
11. Are other (non-CHS health services) governed by any pro-poor ethics, e.g. sliding scales of charges, etc.?		
11.1. Government?	<input type="checkbox"/>	<input type="checkbox"/>
11.1.1. If yes, please describe.		

	Yes	No
<b>11.2. NGOs?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.2.1. If yes, please describe.</b>		
<b>11.3. Other faiths?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.3.1. If yes, please describe.</b>		

	Yes	No
<b>12. Have there been any advocacy campaigns relating to health issues (not public health campaigns)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.1. If yes, please describe.</b>		
<b>13. Have there been any advocacy campaigns started by the CHSs that aim for changes in how CHSs or the health sector is treated by government?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.1. If yes, please describe.</b>		
<b>14. Have there been any advocacy campaigns that included the CHSs alongside other health services that aim for changes in how CHSs or the health sector is treated by government?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.1. If yes, please describe.</b>		

<b>15. Please attach copies of any research carried out in the last two years concerning access to essential medicines in your country..</b>

<b>16. Is there any other pharmaceutical or access issue you would like to suggest that we look at?</b>

<b>17. Please indicate what kind of information is available on church hospitals through your organization or others, for example, numbers of outpatients, budgets, numbers of staff and their roles, etc.</b>

<b>18. Please describe the current state of health in the country, i.e., morbidity, mortality, predominant diseases, life expectancy, etc. Please try to disaggregate data by gender and location in country. Also include access to a doctor, health services, clean water, and any other factors affecting health.</b>

	Yes	No
<b>19. Are there any regional variations in...</b>		
<b>19.1. Levels of health?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.1.1. If yes, please describe.</b>		

	Yes	No
<b>19.2. Quality of health services available?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.2.1. If yes, please describe.</b>		
<b>19.3. Density of church health services?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.3.1. If yes, please describe.</b>		
<b>19.4. Density of non-church health services?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.4.1. If yes, please describe.</b>		

**20. On receipt of all the self-assessment surveys, please indicate ...**

**20.1. Which respondents come from which area (a map would be a useful tool).**

**20.2. What percentage of the church health services in that area the respondents represent.**

*Below this line, the document is not protected and you can make any additional comments or paste useful information.*

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