

Medical Products Donations in Ghana

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Primary Authors

Seth Wiafe, MPH

Daniel Ganu, DrPH

John Ayeh, Ms

Co-Investigators

Winnifred Oware, BSc (C)

Frank Osei, MPhil (C)

Ogonnaya Dotson Newman, MPH

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- Global Environmental Protection and Health Service
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- Kama Health Services
- Koforidua Regional Hospital
- Manna Mission
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- Ministry Health
- Mount Herob
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- Nation Builders International
- Nhaho Medical Centre
- Obra Foundation
- Pentecost Social Services
- Plan Ghana
- Presbyterian Health Services
- Presbyterian Hospital
- Project C.U.R.E
- Rural Help Integrated
- Sacred Heart Hospital
- Sidsec
- Siloam Gospel Clinic
- Simli AID
- St. Joseph's Hospital
- Support Services Foundation
- The Needy Club of Ghana
- Urban AID Clinic
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Executive Summary

In countries where pharmaceuticals, medical equipment, and other supplies are difficult to acquire on a regular basis, medical products donations (MPD) become the major means of obtaining these critical commodities. The Partnership for Quality Medical Donations (PQMD) estimates that in countries where medical products are in short supply, medical donations account for more than half of all medical supplies. Even in developed countries, where there is better and easier access to obtaining supplies, medical donations are needed in special circumstances such as natural disasters, economic downfall, and disease outbreaks. A continuous and systematic medical donation program has the potential to save lives, give hope, make substantial impact in improving health, and can contribute to the most unusual health challenges worldwide.

Understanding the mechanics of medical product donations from both the donor and the recipient point of view is essential for its efficient management. Although, MPD are not the entire solution to the global healthcare crisis, appropriate donations have been proven as an effective and sustainable mechanism for providing access to needed medical supplies not available by any other means.

Purpose

The purpose of our research was to assess medical donation practices in Ghana with the aim to:

- Provide a foundation for decision making around medical donations ,
- Foster cooperation among potential recipients and donor organizations , and
- Identify opportunities for PQMD members to partner with local organizations to match up appropriate medical resources and need.

Methods

A standardized survey was conducted between July 2007 and September 2007 with 50 leading organizations operating in all the 10 regions of Ghana. Relevant government data sources and other publicly available information useful to the project were also evaluated.

Findings

The survey uncovered that concentration of donation activities happen mostly in the southern part of the country. Ninety-four percent (94 %) of agencies donating supplies are non-governmental organizations (NGOs) while sixty-two 62% of these identified themselves as faith based. Although nearly thirty-two percent (32%) of the agencies do not receive donations of medical equipment on a regular basis, seventy-four percent (74%) of the equipment they receive arrive in acceptable conditions. Sixteen percent (16%) of the respondents do not receive any pharmaceuticals at all.

Conclusion and Recommendations

As the study received positive response, participating agencies were optimistic that the outcome of this research will improve the current medical donation practices in Ghana. The team submitted to PQMD, five recommendations of which many will apply to improving the overall medical donation practices in the country. These include a process of sharing best practices among like-minded organizations, enforcement of existing policy and regulations on medical donations, provision and sharing of standard equipment compatibility list of medical equipment, and designing a system of program coordination among donors and recipient agencies.

The Ghana Team

From left to right

Seth Wiafe (LLU)
Frank Osei (KNUST)
Winnifred Oware (VVU)
Daniel Ganu (VVU)
John Ayeh (KNUST)



Table of Contents	Page #
1.0 Introduction	6
1.1 Background	6
1.2 Overview of Ghana Health System	8
1.3 Significance of Medical Products Donations	10
1.4 Goal and Objectives	11
2.0 Methodology	13
2.1 Study Design	13
2.2 The Survey Instrument	14
2.3 Ghana Medical Donations Assessment	14
2.4 Data Processing and Management	15
3.0 Results	16
3.1 Results – Type of Agencies	17
3.2 Results - Recipient Information	17
3.3 Results – Policies	18
3.4 Results – Pharmaceuticals	19
3.5 Results – Medical Consumables	20
3.6 Results – Medical Equipment	21
3.7 Results – Quality of Equipment	22
3.8 Results – Medical Donation Safety	23
3.9 Results – Population and Services	24
3.10 Results – Single Disease Initiatives	24
3.11 Results – Barriers to Receiving Medical Donations	24
3.12 Results – Barriers to Distributing Medical Donations	25
4.0 Limitations of Survey	25
5.0 Discussion and Recommendations	25
6.0 Response Strategy	28
Appendix 1 – Survey Instrument	29
References	36

1. Introduction

1.1 Background

Medical products donations (MPD) are a major means of obtaining critical medical supplies especially in countries where these supplies are difficult to acquire on regular basis. Even in developed countries, where there is better and easier access to obtaining supplies, medical donations are needed in special circumstances such as natural disasters, economic downfall, civil and political crisis, and disease outbreaks.

To address the need for MPD, several governmental and non-governmental organization programs are available such as The Partnership for Quality Medical Donations (PQMD). For example, in 2005 during Hurricane Katrina in the United States, PQMD partnered with other related organizations and donated various medical products to those affected by the disaster.

In Afghanistan, PQMD members partnered with other organizations to provide life saving medical assistance in the country with civil crisis and poverty working against them. Since its formation, PQMD is dedicated to the development, dissemination, and adherence to high standards in the delivery of medical products to under-served people and disaster victims around the world.



In an effort to advance the quality of medical donations worldwide, in the summer of 2007, PQMD collaborated with Loma Linda University School of Public Health (LLUSPH), Geoinformatics Program to study medical donation practices in Ghana under the direction of Seth Wiafe, MPH, Academic Director Health Geoinformatics Program. Ghana would be the first country in which this study would be implemented. The study aimed to assess the existing practices and policies of managing and distributing medical product donations in Ghana. Understanding the mechanics of MPD, from both the donor and the recipient point of view in a specific country is essential for efficient local donation management to complement the World Health Organization's (WHO) published guidelines for drug donations ¹.

For the purpose of this research, we divided all medical products into four main categories: pharmaceuticals, medical equipment, medical consumables, and other supplies.

The fieldwork was done in country through a fellowship program for students at Kwame Nkrumah University of Science and Technology (KNUST), Geomatic Engineering Department, and Valley View University (VVU). At each of these universities, one student was selected under the supervision of a faculty advisor from their home university. A Medical Products Donation Assessment and Response (MPDAR) model was created and implemented. The MPDAR model



consists of both Assessment and Response components.

1.2 Overview of Ghana Health System

Ghana is a country on the West coast of Africa bordering Cote d'Ivoire (formerly Ivory Coast) to the West, Togo to the East, Burkina Faso to the North, and the Gulf of Guinea on the South (Figure 1). It is estimated that 23.5 million people live in Ghana, with a population density of 258 people per square mile ². Accra, the largest city, is the capitol which is located on the Southern coast. Gold, cocoa, timber, tuna, bauxite, aluminum, manganese ore, diamonds, and horticulture are Ghana's main exports ². Although, English is the official language, other major African languages including Akan and Ewe are spoken ³. Christianity is a major religion accounting for over sixty percent of the populations' belief system followed by twenty-one percent indigenous beliefs and sixteen percent Islam. The life expectancy at birth for the total population is an average of 60 years of age according to The World Fact Book.

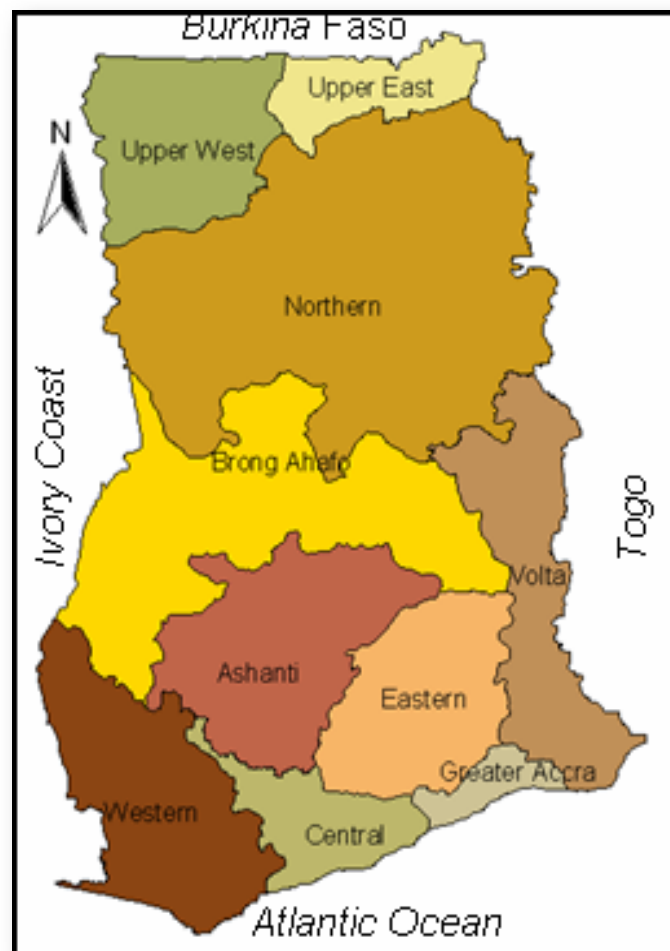


Figure 1: Ghana: Administrative Regions

Major health problems in Ghana include infant mortality, malaria, and HIV/AIDS. In 2004, malaria was the number one cause of death accounting for 31.6% for people aged 0-14 years followed by HIV/AIDS accounting for 12.9% of deaths, and acute lower respiratory infections with 11.6 %⁴. The northern regions of Ghana have larger poverty populations than the other regions resulting in 30% of children in the northern regions to not be fully immunized by age one. The national average of diarrheal disease is 18% compared to the northern region's 31%. Many of these causes of deaths can be prevented with the most simplistic medical supplies.

The need for adequate medical facilities and appropriate supplies, to help counteract the health problems Ghanaians suffer from, is vital for the well being of the communities. According to the Ghana health ministry, there are over 150 hospitals spread out over all the ten regions of the country⁵. Since 2001, the national doctor to patient ratio has increased from 970 doctors to 20,036 patients to 1, 514 doctors to 14,732 patients in 2006⁶.

Although there are several clinics and hospitals services provided by the government and other organizations in most parts of the country, rapid population growth impose pressures on these facilities to meet increasing healthcare demands⁷.

In Ghana, the Ministry of Health seeks to improve the well being of Ghanaians through the coordination and management of various health programs. The Ministry of Youth and Manpower is responsible for maintaining a registry of organizations that manages MPD in the country.



1.3 Significance of Medical Products Donations

In countries where pharmaceuticals, medical equipment, and other supplies are difficult to acquire on a regular basis, medical products donations become the major means of obtaining these critical commodities. PQMD estimates that in countries where medical products are scarce, medical donations account for more than half of all medical supplies. Even in developed countries, where there is better and easier access to obtain medical supplies, medical donations are needed in special circumstances such as natural disaster response e.g. Hurricane Katrina of 2005 in the United States.

Reasons for the need for MPD have generally been attributed to civil & political instability, import/export challenges, cumbersome public health policies, disease outbreak, natural and manmade disaster situations, and economic downfall. These reasons could create systemic or acute shortage of various medical supplies in the affected country.



Over the years, many examples of inappropriate pharmaceuticals and equipment donations have been reported. A study conducted by Harvard School of Public Health looked closely at the United States medical donations over the span of three years delivering products to three different countries. The study focused on two agencies in each country. The majority of drug donations during the course of the study were considered beneficial, however, an average of thirty percent of the donated drugs expired in less than one year while six percent expired in less than one hundred days ⁸. Furthermore, distributors would occasionally ignore the administrative policies, lacking the ability to comply with the local drug regulations, risking the donated drugs to be dangerous ⁹.

Additional problems may often arise among medical product donations. First, a common misconception among donors is that any type of donated drugs is better than none at all. This misconception can become a burden on the receiver when there is a lack or over abundance of supplies. Donors can inadvertently cause more harm than good in those instances, as they are unaware of the specific needs of the recipients. To reduce the risk of miscommunication, medical equipment donation practices created by WHO have medical equipment guidelines based on the following four principles ¹⁰:



- 1) Health care equipment donations should benefit the recipient to the maximum extent possible
- 2) Donations should be given with due respect for the wishes and authority of the recipient and in conformity with government policies and administrative arrangements of the recipient country
- 3) There should be no double standard in quality. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation
- 4) There should be effective communication between the donor and the recipient, with all donations made according to a plan formulated by both parties

1.4 Goal and Objectives

The main goal of this project was to create a Medical Products Donation Assessment and Response (MPDAR) model to be considered as a foundation for decision-making around MPD practices in Ghana. This project also has the potential to foster cooperation among recipients and donors. This creates opportunities for PQMD members and others to partner with local organizations in Ghana to match up appropriate medical resources and need.

The inclusive goal of PQMD is to help improve the quality and efficiency of medical donations worldwide. If successful, this model can be adopted by other countries. Therefore, PQMD will use our findings to further advance medical donations as well as provide a standard to benefit other countries around the world.

The study has three objectives as outlined below:

- Develop MPD assessment model
- Evaluate MPD practices in Ghana
- Create a response strategy for PQMD

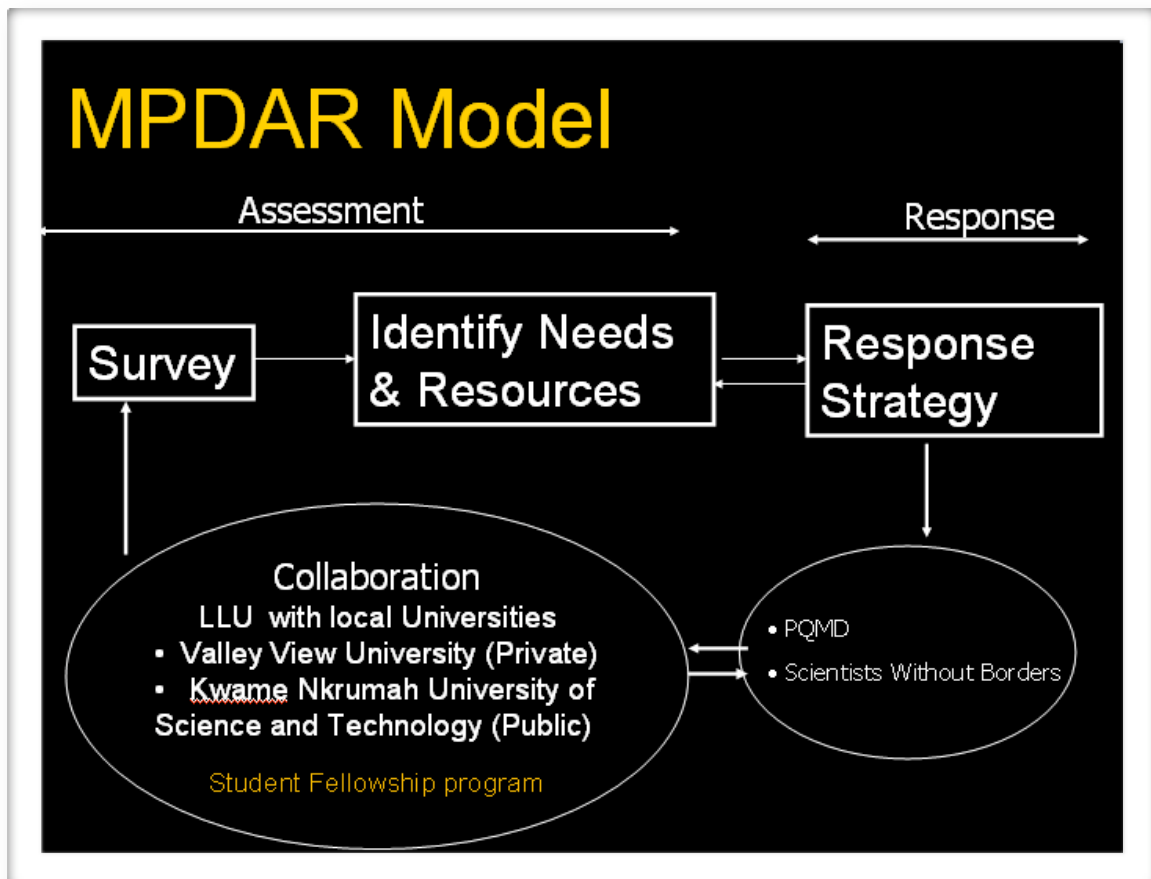


2. Methodology

2.1 Study Design

The fieldwork was done in country with the cooperation of two universities. The five regions in the country's southern half were studied by Valley View University (VVU), located 30 miles from the capital of Accra; while the other five northern regions were studied by Kwame Nkrumah University of Science and Technology (KNUST), situated in the city of Kumasi. At each of these universities, one student was selected for a 10-month fellowship, which began in June 2007. Under the direction of a faculty advisor from their home university—and equipped with GPS units and laptops—the two students spent 3 months distributing surveys and collecting data using the survey instrument we developed (appendix 1) regarding how medical product donations are received and, in turn, distributed.

Schematic diagram of the MPDAR model



2.2 The Survey Instrument

The survey instrument contained questions regarding key information about location, area, name, and years with organizations. Specific information about each facility was asked. The specific location was broken down to city/town, district, region, and province. Questions regarding the management of the organizations were asked as well as their awareness of government policies regarding donations. The survey also contained questions on whether or not the organizations received pharmaceutical supplies, medical consumables, and medical equipment. Formal policy to monitor the safety of medical supply donations were assessed as well. The survey consisted of seven pages of yes or no and check all that apply from stated options questions. Space was provided for the answers that required more explanation besides the options given. Details of the survey can be found at Appendix 1 of this document.

2.3 Ghana Medical Products Donations Assessment

The first step was to find agencies to survey in Ghana. Since organizations dealing with medical supply donations are required to register, the Ministry of Man Power Youth and Employment, the government agency responsible for keeping records and similar organizations were contacted. In addition to the government sources, Internet and leads from other agencies were used to identify similar agencies. A comprehensive list of potential organizations, phone calls and e-mails were used to verify their existence.

The next step was to send out surveys to organizations in all the ten regions of Ghana. The students from KNUST and VVU dispensed the surveys by mail or onsite visits. During these onsite visits, geographic coordinates (longitudes and latitudes) were recorded using a GPS enabled pocket PC and a paper form survey, which was filled out. When onsite visits could not be arranged, the surveys were mailed. The distribution of surveys took three months to complete.



2.4 Data Processing and Management

For efficient management of the data collected by the survey, a Microsoft Access form was created so that as data came in, it was entered and stored. Figure 2 indicates the data entry interface we developed. All information was manually entered into the database unless it was filled out on a pocket PC. Each Tab in the database represented the specific agency's information based on the information provided from the survey. Data was analyzed using SPSS statistical package. ArcGIS software was used to map the location of the facilities where the agencies operate from which was used as basis for further spatial analysis.

2007 PARTNERSHIP FOR QUALITY MEDICAL DONATIONS STUDY

add record save record find record delete record

ID: 001

Data Collected By: Winnifred oware

GPS Coordinate
x-coordinate: 5°06'49.185"N
y-coordinate: 0°17'37.157"W

Key Informant Information
Key Informant Name: Tsike-Sossah Eyrarn Simon
Key Informant Title: Head of Organisation
Years with Organization: 5yrs

Facility Information
Facility Name: Abusua Foundation

Service Provider

Type1	Care and Support
Group/Type of people served1	People living with HIV/AIDS
Number of people served1	60
Type2	Training including Health
Group/Type of people served2	Prisoners
Number of people served2	120
Type3	
Group/Type of people served3	
Number of people served3	

2007 PQMD MEDICAL DONATIONS SURVEY - GHANA

Record: 1 of 32

Figure 2: Data Entry Interface

3. Results

The survey uncovered strengths and weaknesses of the agencies receiving supplies and their management, and determined what needs improvement. Fifty surveys were received from all ten regions in Ghana out of the 65 surveys distributed as indicated in Figure 3. The majority of them came from Greater Accra (10), Eastern (10), and Volta regions (9).

Figure 3: Map of organizations surveyed



Regions with fewer responses were Brong Ahafo (1), Central (1), and Western (2). The Upper West, Upper East, Ashanti and Northern regions ranged between three and five responses each.

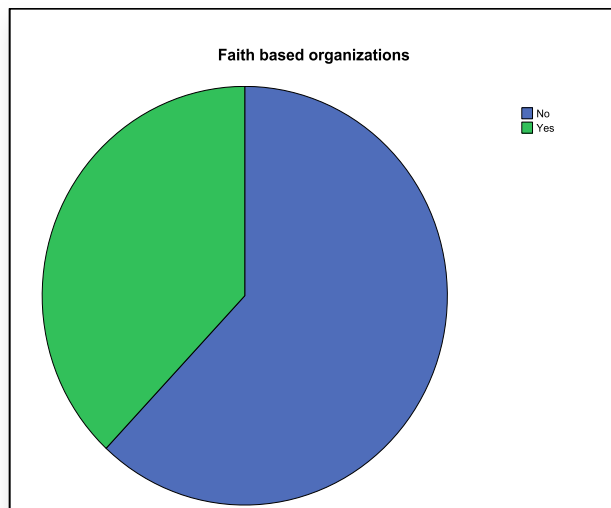
3.1 Results - Type of Agencies

The government agencies accounted for six-percent (6%) of medical donations throughout the country. No United Nations (UN) agency was involved in the study; PQMD accounted for two of it's members.

Name	Frequency
NGO reg in US 501c3	7
Non-US NGO	26
UN	0
Government	3
PQMD member	2
Faith - based	19

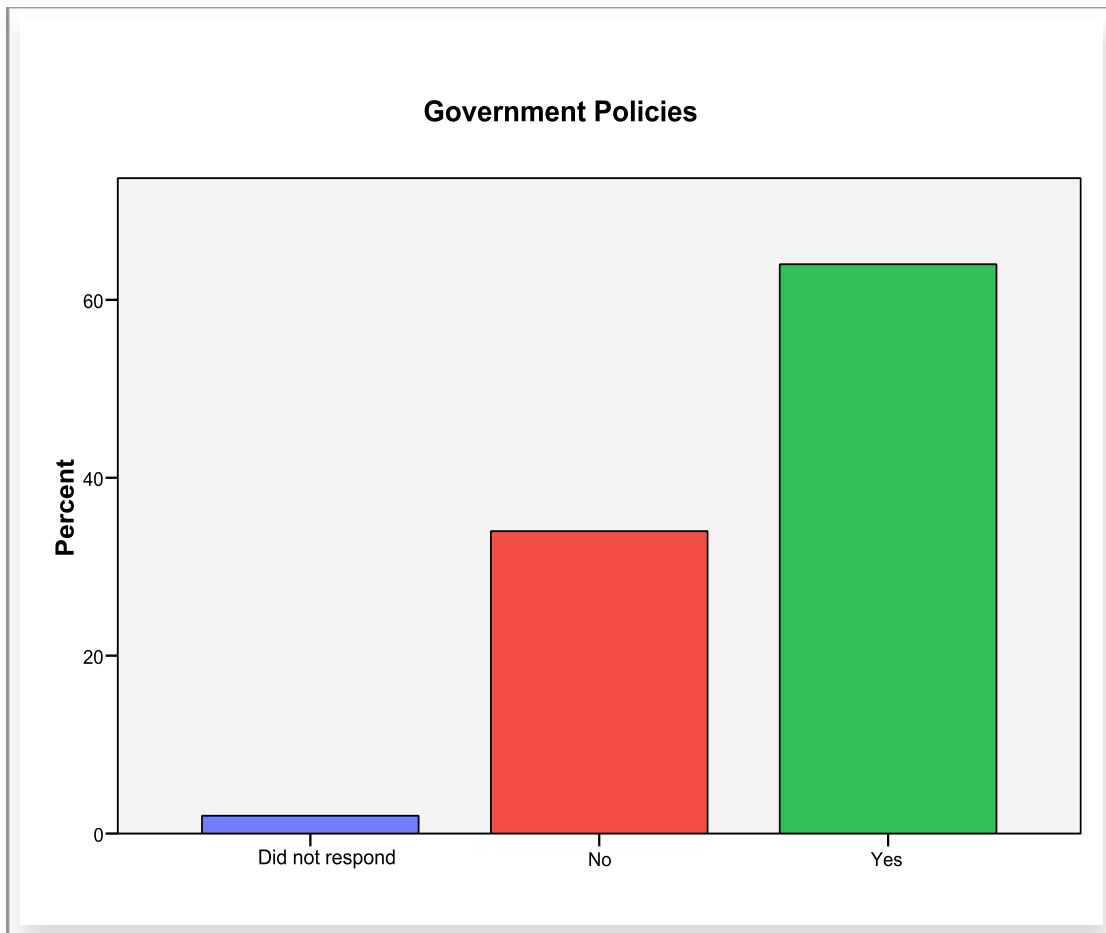
3.2 Results - Recipient Information

We found that faith based organizations (FBOs) play a significant role of contributing thirty-eight percent (38%) in MPD in Ghana. The other sixty-two percent (62%) consisted of a combination of Ghana government, NGO's registered in the United States (US) as 501c3 organizations, PQMD members, and other NGO's not registered in the US.



3.3 Results - Policies

Questions regarding knowledge of government policies on MPD and policies within the agency's own working policy were asked. Out of the fifty agencies, 64% were aware of government policies, 34% were not aware and 2% did not respond. The 64%, who said yes, were not sure if the policies are being enforced. Sixty percent (60%) of agencies were aware of agency policies, while thirty-six (36%) were not, and four percent (4%) did not respond as illustrated below.



Forty-seven agencies responded to a question regarding the presence of a mechanism to identify medical products needs in their agency. Ten organizations (20%), said no and thirty-seven organizations (74%), said yes. The other three, (6%), did not respond.

3.4 Results - Pharmaceuticals

Some agencies identified the distribution of pharmaceuticals as being driven by institutional needs. Thirty-eight percent (38%) receive less than ten percent (10%) of their donations in pharmaceuticals.

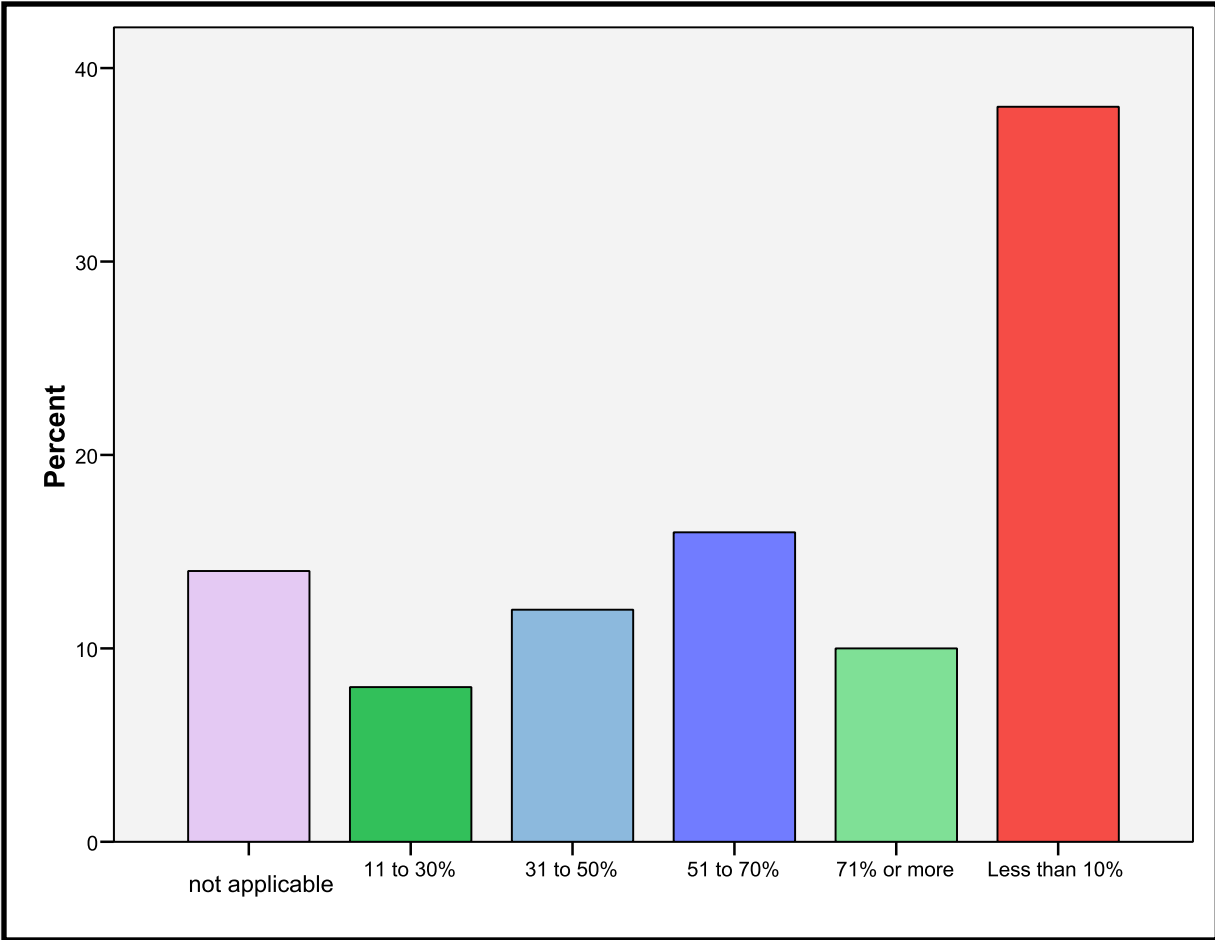


Figure 4: Organizations that receive donated pharmaceutical supplies

3.5 Results - Medical Consumables

A small percentage (16%) received between thirty (30%) or more in medical consumables, while a larger percentage (38%) of organizations did not receive any consumables. Figure 5 shows that the distribution of medical consumables were not equal.

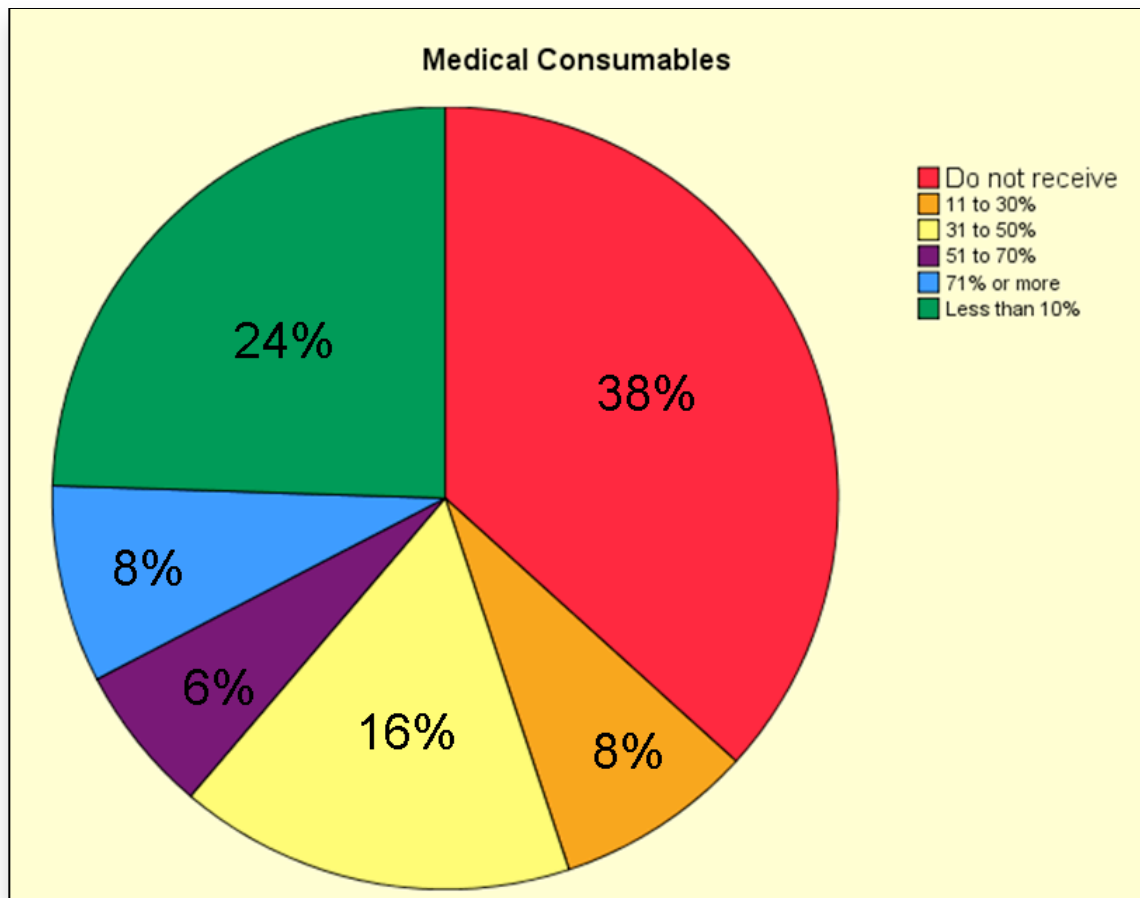


Figure 5: Medical Consumables

3.6 Results – Medical Equipment

As shown in figure 6, more than one - third of the agencies do not receive donated medical equipment at all. The majority of agencies that receive medical equipment receive less than ten percent (10%).

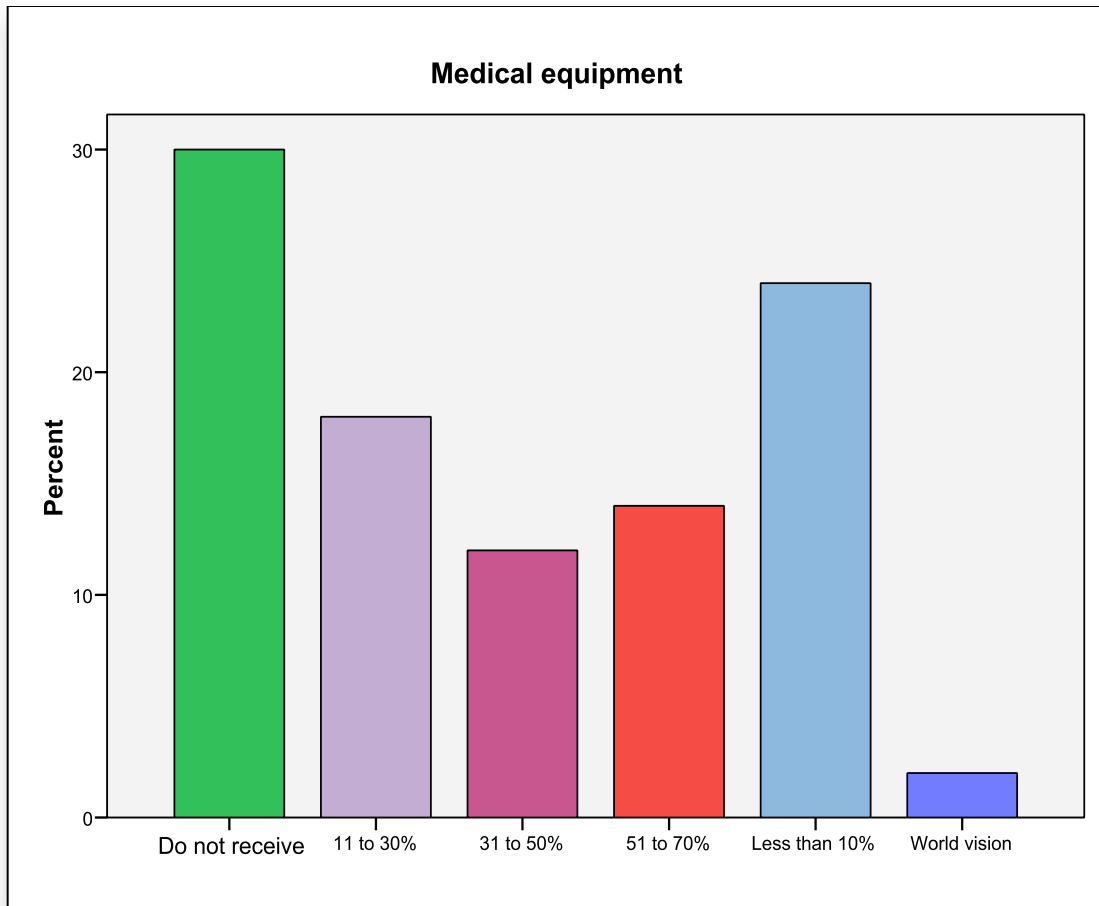
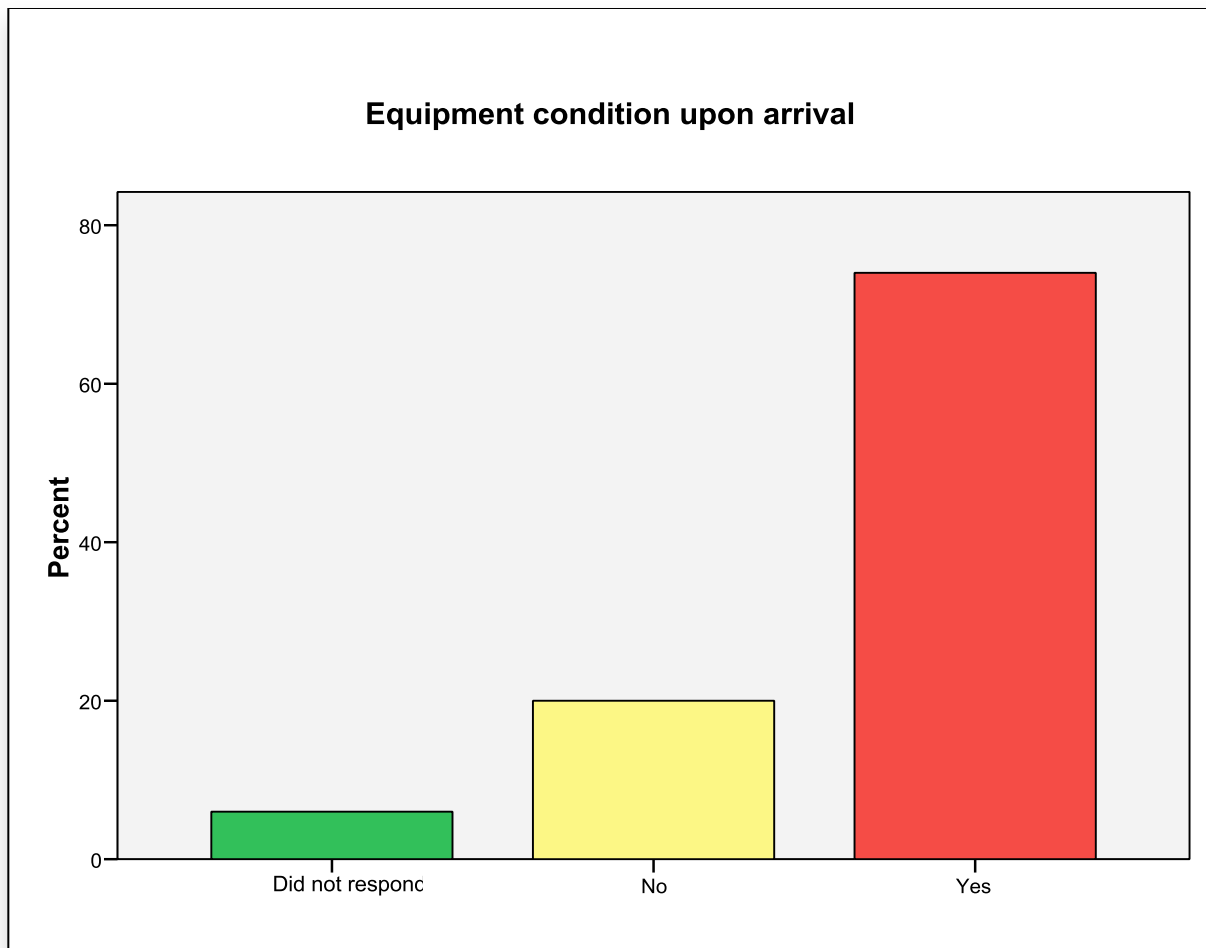


Figure 6: Medical Equipment

3.7 Results - Quality of Equipment

A positive result is the condition of equipment donated. Almost seventy-five percent (75%) of agencies said equipment are usually in good condition upon arrival, while twenty percent (20%) said the condition of equipment is not good, and six percent (6%) did not respond.



3.8 Results - Medical Donation Safety

When asked about the safety of the medical donations, a high percentage (95%) said yes, the products were safe (Figure 7). Sixty-two percent of agencies (62%) have a formal policy to monitor the safety of donations. Seventy-two (72%) have a quality assurance program on safety.

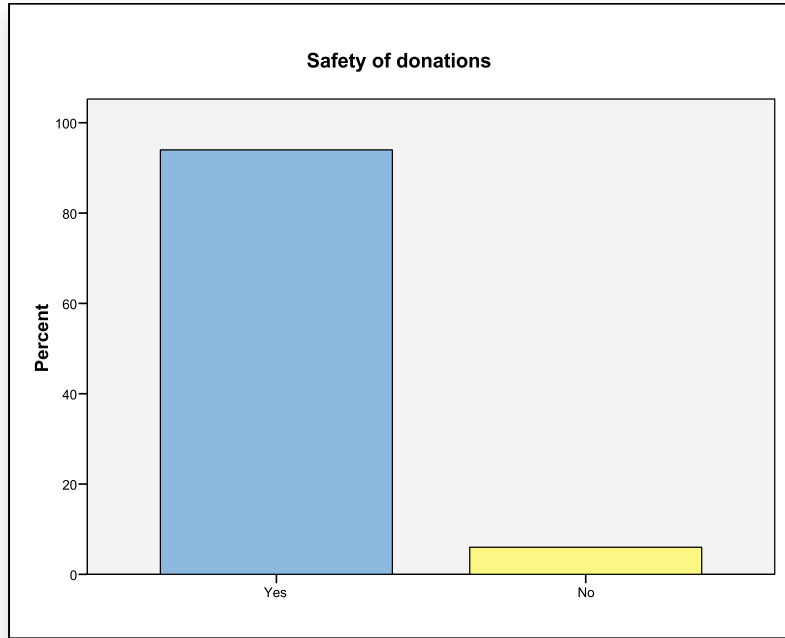


Figure 7: Donations safety

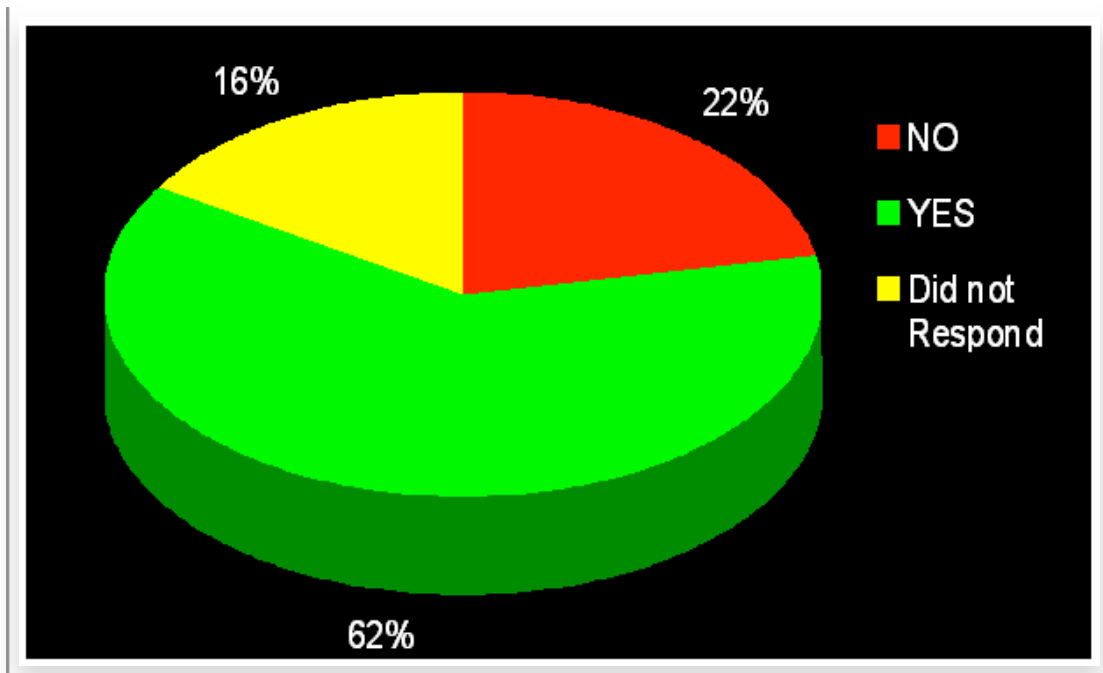


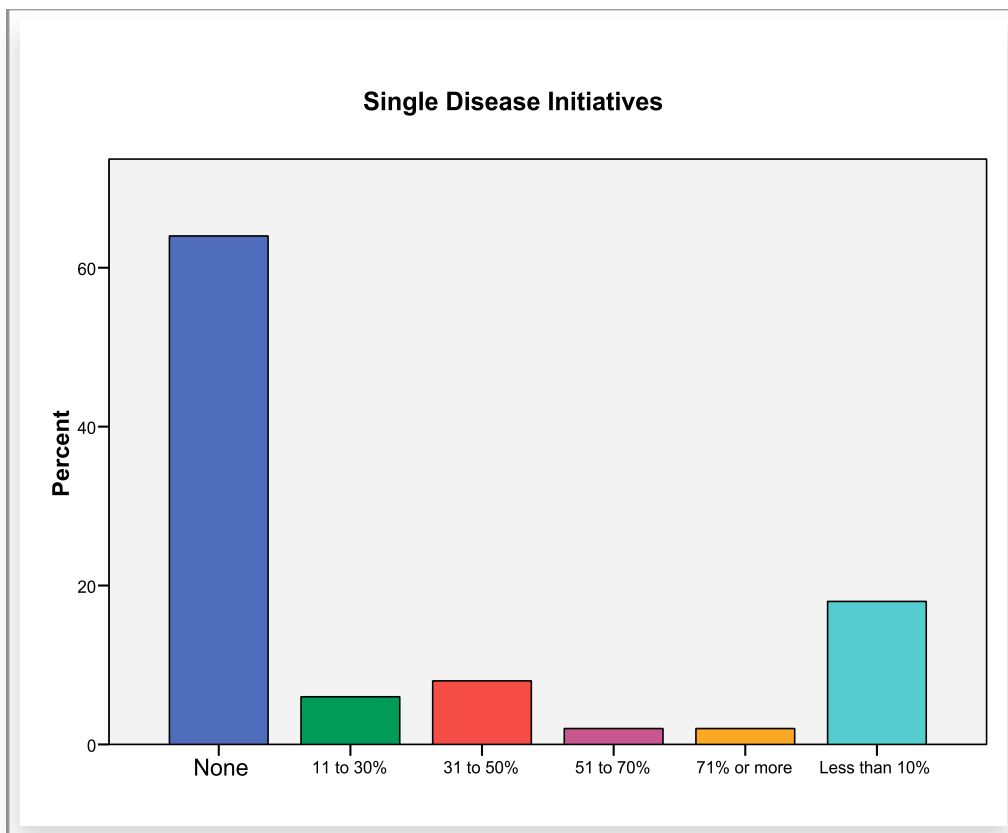
Figure 8: Policy to monitor medical donations safety

3.9 Results - Population and Services

Twenty-two different population types were identified. Thirty-eight percent (38%) were from both local communities and the general public. Thirty-five different service areas were identified. Forty-eight percent (48%) supplied services related to health education, 28% supplied services related to pharmacy and lab services, and 22% delivered services related to primary health care. Two percent (2%) supplied unidentified services.

3.10 Results - Single Disease Initiatives

There are few agencies that are involved in single disease initiatives programs as indicated in the figure below.



3.11 Results – Barriers to Receiving Medical Donations

When asked to identify barriers to receiving medical product donations, ninety-six percent (96%) said that international laws do not prevent them from receiving medical donations. Local policies were more evident to be a problem factor with fifty-percent (50%) saying yes, local policies do prevent them from receiving medical donations. Twenty-six percent (26%) said it is a lack of adequate donors.



3.12 Results - Barriers to Distributing Medical Donations

Regarding the distribution of medical product donations, fifty-six percent (56%) of agencies said no, local policies are not a problem for distributing medical supplies and forty-four percent (44%) said yes, local policies are a problem. Donor and program requirements seem like they do not cause a problem in distribution since eighty-two percent (82%) of the organizations said no, on both issues. A larger number of agencies said that organizational bureaucracy hinders them from distributing donations to recipients.

4. Limitations of survey

There were a few elements, which may have hindered some of the organizations participation in the study. The lack of access to facilities made it difficult for them to receive a survey. When those facilities were accessed, some of the leaders felt threatened by the survey for various reasons. At times it was difficult to secure appointment with responsible officials of the organizations, and when that was achieved; some did not have time to fill out the survey due to their busy schedules. Such respondents were eliminated from the survey.

5. Discussion and Recommendations

Complication is an element that hampers the accessibility of medical donations to the communities in Ghana. There is a stronger concentration of donations in the southern part of Ghana possibly due to the easy access from the harbors. The uneven distribution of medical donations throughout the country due to inaccessibility is a major limitation. The condition of most facilities were poor with offices that were either small or homes that doubled as an office. Organizations have high expectations for the outcome of this study to make a difference. Some seek to create a relationship with PQMD members to receive more donations and improve their current donation practices.



Recommendations

Considering the outcome of the study we made the following recommendations to PQMD: These recommendations can be the starting point to increase the quality of medical donations in Ghana and eventually the world.

- **Amount of Donation**
 - PQMD should increase its member presence in Ghana and lead out a program to increase the quantity of pharmaceuticals and medical equipment donated especially in the Northern regions of Ghana
- **Donation Coordination**
 - PQMD should lead out to design a system of program coordination among donors and recipient agencies
 - PQMD should make available a standard equipment compatibility list for Ghana
- **Donation Policy Enforcement**
 - Donors should work with local regulatory agency to improve enforcement of medical donation regulations & policy
- **MPD Agency Registration System**
 - PQMD should work with Ministry of Manpower and Youth and Employment to improve the registration system of local agencies involved in MPD practices
- **Compliance of Safety Standards**
 - PQMD should work with the Ministry of Manpower and Youth and Employment, the Ghana National Standards Board, or an appropriate agency to design a system that allow agencies to comply to safety specifications and standards regarding installation, operation, and maintenance of medical equipment donated.



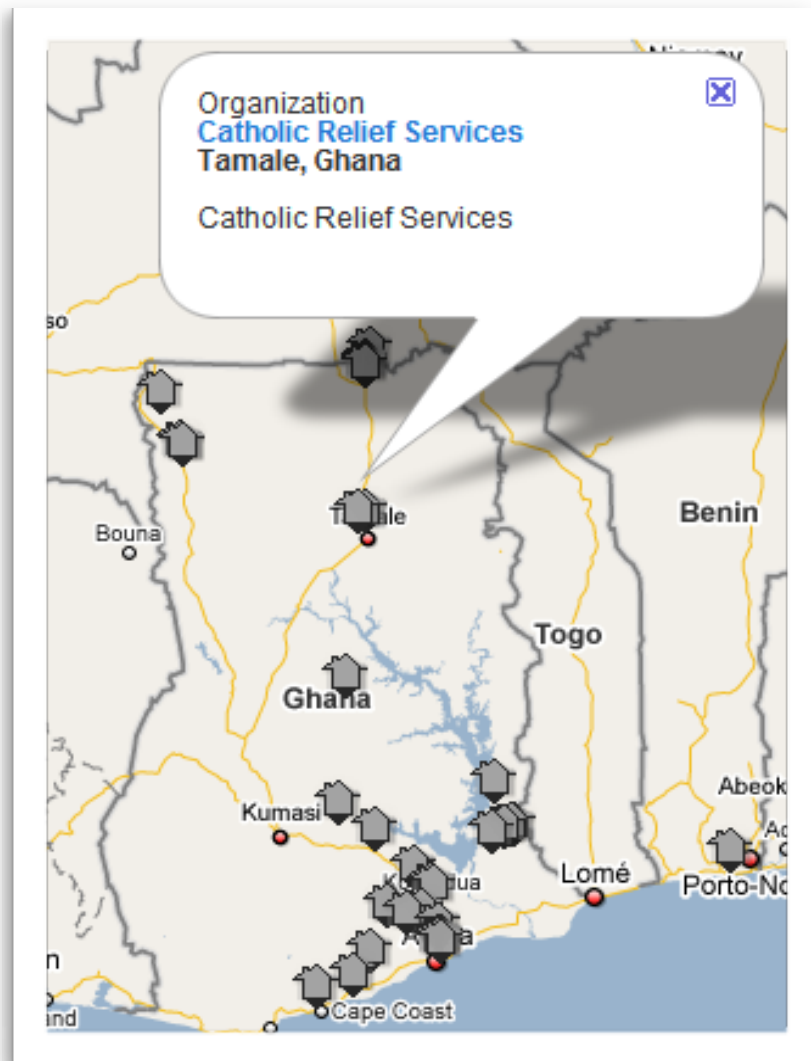
6: Response Strategy

Through a collaboration between PQMD and Scientists Without Borders (SWB), the data collected by the survey is added to SWB database, which provide a way for organizations, projects, and individuals with complementary needs and resources to find and help one another.

With this arrangement, agencies with medical donations need can benefit from agencies with adequate medical donation resources through a matching process at the SWB website

<http://scientistswithoutborders.nyas.org/> .

The figure below shows the survey data on SWB database.



Appendix 1: Survey Instrument

2007 PQMD Medical Donation Survey - Ghana

ID	
Data Collected By	

GPS Coordinates	x-coordinate	y-coordinate	
-----------------	--------------	--------------	--

Key Informant Information

Key Informant Name	
Key Informant Title	
Years with Organization	

Facility Information

Facility Name	Country
City/Town/Locality	Facility Address
District	Phone
Region	Mobile
Province	Fax
	Email

Agency Type (Check all that apply)	NGO Registered in US 501c3	UN	Faith Based	
	Non-US NGO	Government	PQMD Corporate Member	

Type (Check all that apply)	Counseling and Testing Center	Latrine	Research
	Medical Equipment Repair	Medical Stores	School
	MOH Central Office	MOH District Office	Well/Water Source
	Health Center/Clinic	MOH Provincial Office	
	Hospital	Pharmacy	
	In-Service Training	Pre-service Training	

Site Focus (Check all that apply)	Dental Care	Environment	Refugee Assistance
	Education - University	Orphanage	Vision Care
	HIV/AIDS counseling/testing	Training/Capacity Building	Education - Primary
	Reproductive Health/Family Planning	Education-Medical	Health
	Drug Distribution	General Distribution	Repair - Medical
	Water Sanitation	Other	

Services Provided		
Type	Group/Type of People Served	Number of People Served

Our agency's target population is selected... (Please check all that apply)

...by our administrative board	
...by our donors	
...by the local government	
...through the services we provide	
...because of our geographic location	
Other	

If other please specify _____

Medical Product Donation - Receptient Information

Does your agency have a current working policy related to medical product donations?

Yes	
No	

Does your agency currently have an agreement with the donors of your medical products?

Yes	
No	

Is this agency aware of any government policies related to medical product donations?

Yes	
No	

If yes, identify the policies

Is there a mechanism in place to identify your agency's medical product needs?

Yes	
No	

Indicate the percentage of medical product donations received by this agency					
Type of Donation	Less than 10%	11 to 30 %	31 to 50 %	51 to 70 %	71 % or more
Pharmaceuticals					
Medical Equipment (eg - xray machine)					
Medical Consumables (eg- gauze)					
Single Disease Initiatives (eg Diflucon)					
Other (Specify)					

Indicate the top 4 organizations that provide your agency with donations (Rank according to fair market value)				
Type of Donation	Organization #1	Organization #2	Organization #3	Organization #4
Pharmaceuticals				
Medical Equipment (eg xray machine)				
Medical Consumables (eg gauze)				
Single Disease Intiatives (eg Diflucon)				
Other (Specify)				

Specify any other organizations that donate medical products to your agency

Medical Product Donation - Safety

Is there a quality assurance system set up to monitor the safety of your medical product donations?

Yes	
No	

If yes, does your agency have a formal policy related to the safety of medical product donations?

Yes	
No	

Who is responsible for managing the safety of medical product donations? (Check all that apply)

Program Manager	
Administrator	
Clinical Staff (eg Nurses, lab techs, doctors, etc.)	
Safety Officer	
Central Supplies Department/Officer	
Maintenance Department	
Other	

If other, specify: _____

Does your agency keep records related to the quality and quantity of medical product donations received?

Yes	
No	

If yes, who performs this assessment? (Check all that apply)

Program Manager	
Administrator	
Clinical Staff (ie. Nurses, lab techs, doctors, etc.)	
Central Supplies Department/Officer	
Maintenance Department	
Other	

If other, specify: _____

How is this assessment performed? (Check all that apply)

Quantity of product distributed	
Qualitative research methods	
Survey of staff distributing products	
Health outcomes of population served	
Customer service surveys	
Other	

If other, specify: _____

Medical Product Donation - Medical Equipment Donations

Do medical equipment donations frequently arrive in good working condition with instructions for use?

Yes	
No	

Do medical equipment donations frequently arrive with compatible electrical plugs?

Yes	
No	

Is there a formal training system to educate staff on the use of medical equipment donations?

Yes	
No	

Do medical equipment donations frequently arrive with replacement parts or manuals for maintenance?

Yes	
No	

Is there a mechanism in place to repair or replace broken parts when donated medical equipment needs maintenance?

Yes	
No	

Is there a formal system in place to handle waste streams associated with medical equipment donations?

Yes	
No	

Medical Product Donations - Pharmaceuticals

Is there currently a person on staff responsible for communicating risk associated with pharmaceuticals?

Yes	
No	

Does your agency have documented guidelines for pharmaceutical distribution?

Yes	
No	

If yes, briefly describe your distribution mechanism?

Is there a formal data collection system to track usage and distribution of pharmaceuticals?

Yes	
No	

If yes, briefly describe the data collection system

Is there a formal system to handle the pharmaceutical waste?

Yes	
No	

Medical Product Donations - Medical Consumables

Does your agency have documented guidelines for medical consumables distribution?

Yes	
No	

Is there a formal data collection system to track usage and distribution of medical consumables?

Yes	
No	

Is there a formal system to handle the waste stream produced by medical consumables?

Yes	
No	

Do any of the medical consumables received through product donation have expiration dates?

Yes	
No	

If yes, is there an average amount of time between the arrival and expiration dates on the medical consumables?

If yes, identify the amount of time between arrival and expiration date	Less than 6 months	6 months - 1 year	greater than 1 year

Medical Product Donations - Single Disease Initiatives

Does your agency have any Single Disease Initiative Programs that are sponsored by an organization/company?

Yes	
No	

Provide information related to the Single Disease Initiative Program(s) that your organization manages

Program Name	Target Disease	Sponsoring Organization

Medical Product Donations - Donors

How do your donors identify your medical product needs? (Check all that apply)

Needs Assessment	
Emergency Response Mechanism	
Solicitation - Donor	
Solicitation - Recipient	
Other	

If other, specify: _____

Is your agency aware of the policies that your donor's have related to medical product donations?

Yes	
No	

Medical Product Donations - Policy Implications

Does your agency work directly with the Food and Drugs Board for medical product donations?

Yes	
No	
I don't know	

Is your agency familiar with the standards for importing pharmaceuticals and medical equipment established by the Food and Drugs Board?

Yes	
No	

Do the practices regulated by the Food and Drugs Board have an impact on the medical product donations received?

Yes	
No	

Does your agency work directly with the Ministry of Health?

Yes	
No	

Is there a government agency that regulates medical product donations in Ghana?

Yes	
No	
I don't know	

If yes, what government body regulates medical product donations?

Specify _____

Are you required to comply with medical product donation regulations?

Yes	
No	

Is your agency familiar with the World Health Organization's (WHO) *Guidelines for Drug Donations*?

Yes	
No	

If yes, does your agency utilize the *Guidelines* for the donations received?

Yes	
No	

Is your agency familiar with WHO's *Guidelines for Health Care Equipment Donations*?

Yes	
No	

If yes, does your agency utilize the *Guidelines* for the donations received?

Yes	
No	

Is there an average amount of time between the arrival and expiration dates of pharmaceutical donations?

	Less than 1 year	1-2 years	2 years or greater
If yes, identify the amount of time between arrival and expiration date			

Medical Product Donations - Barriers

What are some of the barriers for receiving medical product donations? (Check all that apply)

Local Policy	
International Law	
Organizational Bureacracy	
Lack of Adequate Donations	
Lack of Donors	
Other	

If other, specify: _____

What are some of the barriers to distributing medical product donations? (Check all that apply)

Local Policy	
Programmatic Requirements	
Donor Requirements	
Organizational Bureacracy	
Other	

If other, specify: _____

References

1. http://whqlibdoc.who.int/hq/1999/WHO_EDM_PAR_99.4.pdf
2. <https://www.cia.gov/library/publications/the-world-factbook/geos/gh.html#Econ>
3. <http://www.infoplease.com/ipa/A0107584.html>
4. http://www.who.int/healthmetrics/tools/logbook/en/countries/gha/2006_Ghana_Burden_of_Disease_Study.pdf
5. http://www.ghana.gov.gh/ghana/hospitals_ghana.jsp
6. http://www.moh-ghana.org/moh/docs/human_r/Population%20to%20Doctor%20Ratio.pdf
7. <http://www.britannica.com/eb/article-55187>
8. <http://query.nytimes.com/gst/fullpage.html?res=9A02EFD61039F935A2575BC0A96F958260&sec=&spon=&pagewanted=all>
9. http://www.who.int/hac/techguidance/guidelines_for_drug_donations.pdf
10. http://www.who.int/hac/techguidance/pht/1_equipment%20donationbuletin82WHO.pdf