

**ECUMENICAL PHARMACEUTICAL NETWORK
GUIDELINES FOR
EFFECTIVE AND EFFICIENT PHARMACEUTICAL SERVICES**



Guidelines in order of priority	Indicators for evaluating the guidelines
Compliance with best practices for drug storage and management.	<ul style="list-style-type: none"> ▪ Presence of check list for good storage conditions ▪ Percentage of stock outs ▪ % of expired medicines (in relation to average inventory value) ▪ Service level (% fulfilment of requested demands) ▪ Presence and use of bin or stock cards ▪ Regular calculation of minimum and maximum stock ▪ Presence of annual audit/inventory reports of drug store ▪ Presence of SOPs (procurement, receiving, issuing) Regular monitoring reports.
Compliance with rational drug use guidelines.	<ul style="list-style-type: none"> ▪ Not less than two indicators to be used from WHO guidelines for each of. <ul style="list-style-type: none"> - Prescribing Dispensing - Facility ▪ Patient care.
Functioning medical supply system	<ul style="list-style-type: none"> ▪ Structures—warehouse and stores ▪ EDL stocked ▪ Meets CHS needs for supply, cost, and delivery ▪ Low levels of wastage ▪ Availability of stock records ▪ Availability of standard operating procedures and evidence of implementation ▪ Procedure manuals or guidance for personnel and financial activities.
Functioning Drug and Treatment Committees (DTC) in hospitals	<ul style="list-style-type: none"> ▪ Membership defined ▪ Terms of Reference in place ▪ Regular meeting ▪ Date of last meeting ▪ Drug list adapted to needs ▪ Standard treatment guidelines in evidence
All 'owners' have a maximum understanding of roles, best practice, and management information. Also understanding of Revolving Drug Fund concept and implementation of methods of increasing access for the poorest	<ul style="list-style-type: none"> ▪ Basic understanding of: <ul style="list-style-type: none"> - Rational drug use concept - Essential drugs concept - Management of HIV/AIDS-related demands - Awareness of health and drug production in country - Costing mechanisms for pharmaceutical services - Sustainability of CHS concepts - Strategic planning.
Implementation of standard operating procedures for procurement.	<ul style="list-style-type: none"> ▪ Availability of SOP procurement document ▪ Self-assessment results of SOP audit.
Improvement in access to medicines for an institution, passed on to patients.	<ul style="list-style-type: none"> ▪ Affordable prices ▪ Prices compared to other institutions ▪ Independent pharmacy budget ▪ List of exemptions.
Quality assurance policy in place and implemented.	<ul style="list-style-type: none"> ▪ Structure in place to ensure compliance to registration standards ▪ Frequency of regulatory authority visits ▪ Written standard operating procedures ▪ Access to and usage of a quality control laboratory ▪ Compliance with national regulatory authority standards (or an appropriate alternative, such as WHO).
Pricing policies in place and operationalised.	<ul style="list-style-type: none"> ▪ Documented pricing policy (formula and accounting process, and accounting for windfalls) ▪ Price list ▪ Implementation evidence
Government subsidies extended.	<ul style="list-style-type: none"> ▪ % trained personnel (pharmaceutical) ▪ % salaries paid by government ▪ % national health budget that goes to CHS for medicines (subsidised medicines received) ▪ Government contribution to infrastructure development.

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Pro-poor ethic in evidence.	<ul style="list-style-type: none"> ▪ Exemption policy ▪ Promotion of insurance schemes ▪ Differential pricing ▪ Advocacy activities <ul style="list-style-type: none"> - For provision/subsidies for the poor
Tax exemptions available to CHSs.	<ul style="list-style-type: none"> ▪ Documentation of existing taxes (current government tax policy) ▪ List of current exemptions <ul style="list-style-type: none"> - Documentation (application letters, acceptances and rejections).
Transparency mechanisms in place in support of 'Health for All'	<ul style="list-style-type: none"> ▪ Audited reports available ▪ Annual reports available ▪ Collective planning (annual, strategic) mechanism in place ▪ Policy on monitoring and evaluation written and implemented ▪ Organogram (professional profile) ▪ Staff recruitment policies written and implemented.
Service provision of ARVs	<ul style="list-style-type: none"> ▪ ARV delivery systems in place ▪ Drop-out rates ▪ Numbers receiving ARVs
Effective community involvement system in place	<ul style="list-style-type: none"> ▪ Evidence of system ▪ Evidence of topics raised and actions resulting from the system ▪ Awareness levels of the local community of system
Cross-institutional information sharing.	<ul style="list-style-type: none"> ▪ Evidence of information collected ▪ Evidence of information passed to other institutions, the government systems national drugs policy, and national health management information systems and within hierarchies.
Compliance with drug donations guidelines.	<ul style="list-style-type: none"> ▪ Selection of three indicators from guidelines
Mechanism in place to allow for representation at regional and national levels in relevant debates.	<ul style="list-style-type: none"> ▪ Selection of three indicators appropriate for the local debate environment
At least one pharmaceutically trained person per institution knowledgeable in key areas.	<ul style="list-style-type: none"> ▪ Quantification of drug needs ▪ Drugstore management ▪ Quality assurance ▪ Rational drug use ▪ Unit costing ▪ Record and data management ▪ Appropriate financial management ▪ Local production
Access to key pharmaceutical information.	<ul style="list-style-type: none"> ▪ Available in the pharmacy area: <ul style="list-style-type: none"> - Essential Drugs List - National (or WHO) formulary - Standard treatment guidelines - New and obsolete drugs list - Registered drugs list - Local production manuals. - Available in the institution: - National drugs policy - DTC/PTC guidelines - WHO essential medicines publications - International medicines pricing indicators - Rational drug use information - Reports from CHSs on pharmaceuticals - Managing drug supply manuals.
Regular assessment of pharmaceutical unit work	<ul style="list-style-type: none"> ▪ Annual reports of unit evaluation
Church leaders' awareness of key messages	<ul style="list-style-type: none"> ▪ Comparison to baseline in three selected areas appropriate to the local environment
Pharmaceutical function represented at all levels of discussion	<ul style="list-style-type: none"> ▪ Minuted discussions at various levels ▪ Interview results
Disaster preparedness procedures in place.	<ul style="list-style-type: none"> ▪ Documentary evidence ▪ Review data of three selected indicators
Empowerment of home-based care teams in rational drug use	<ul style="list-style-type: none"> ▪ Evidence of training ▪ Verbal evidence of implementation