



PHYSICIAN TRAVEL PACK
PROGRAM ASSESSMENT REPORT

JANUARY 2015

INTRODUCTION

HPIC is a not-for-profit relief and development organization that delivers health and hope to the world's most vulnerable people. We are dedicated to increasing access to medicine and improving health in the developing world without discrimination through the provision of essential medicines and medical supplies, pharmaceutical management and logistics, and capacity-building projects.

Our historic flagship program is the Physician Travel Pack Program. A physician Travel Pack (PTP) is a hand-carried medical kit consisting of 50lbs of assorted high quality, well-dated primary care medicines and medical supplies worth approximately \$5,000 and donated by Canadian healthcare industry.

PTPs are carried by Canadian health professionals going on short-term missions to the developing world, allowing them to create a functioning clinic anywhere from an urban center to a remote mountain village. PTPs are also used in emergency situations, where the packs are especially valued for their size and versatility. One PTP provides up to 600 medical treatments.

PROGRAM ASSESSMENT

This document presents some of the findings that were revealed from an extensive review of all PTP reports received during the last year. The overall objective of this assessment was threefold: to evaluate the impact of the PTP program and its contribution towards the improvement of health in vulnerable communities; to compile feedback and suggestions for improvement from PTP partners; and to provide recommendations on how the program could move forward in the future.

MAIN FINDINGS

A. THE PROGRAM IS ADDRESSING A SUBSTANTIAL NEED:

Overall, the assessment supports the view that PTPs continue to be an important source of necessary medicines and medical supplies for volunteers going on missions to provide primary care, treat patients and often train local staff.

Partners appreciated having such service available to them; and many indicated that the PTPs were the “essential part of their trips”, “an asset to any international medical mission” and that without these packs “their mission would have been of minimal value”.

“It is a convenient means of getting many types of medicines all at once and packaged conveniently.”

(Dr. Christos Spirou, Family Physician, Ontario, medical mission to Ghana)

B. THE PROGRAM DELIVERS RESULTS:

The primary effect of the PTPs delivery, as articulated by partners, was the satisfaction of immediate healthcare needs in vulnerable communities. All partners acknowledged that the donated medicines brought beneficiaries “caring and hope for a better future” and in many cases were “life-saving”.

“For some of these children, it is obvious that the timeliness of our presence, combined with the antibiotics, is a lifesaving event.”

(Dr. Mallory Chavannes, Pediatric Resident, Ontario, medical mission to Honduras)

Partners explained in their reports the scarcity of resources in many communities and how the pharmacies in several clinics and hospitals would have been bare without these medicine donations. According to partners, PTPs filled a gap or provided healthcare that would otherwise be unavailable. One partner described the feelings of the PTPs' recipients on the ground as follows:

“This was just like Christmas. To see the joy on the faces of the health professionals when they received the boxes was something our team will not forget. Even before we took them to Malawi, as a nurse I was excited to read the list of things that HPIC had packed in the boxes. I knew the supplies would be well used. When we delivered them, our bus was met by a large group of people from the staff community at St. Martin's in Malindi. It was like a party! The administrators of both hospitals expressed such gratitude. I know the patients would be grateful for what they received. When we visited St. Martin's, we were able to meet with some of the mothers who had had babies or whose children were ill and in need of antibiotics. I know also that even Acetaminophen can be in short supply there. This is essential, especially when children have fevers related to malaria. Things that we Canadians take for granted are such valued commodities in places like Malawi.”

(Karen May, Registered Nurse, British Columbia, medical mission to Malawi)

C. THE PROGRAM HAS PSYCHOLOGICAL AND SOCIAL IMPACT:

One impact that emerged from the reports was the notion that the donated medicines in the PTPs conferred to beneficiaries a feeling of being acknowledged and “remembered”.

In some places, many beneficiaries had never seen a doctor or a nurse before and were extremely grateful that “there are people in other parts of the world that care about them and their wellbeing.”

Many partners indicated how the donated medicines positively affected “the quality of life of some patients” and improved beneficiaries' productivity and capability to pursue their daily activities and to care for their families.

“The medications, although only in limited quantities, provided more psychological/emotional support for them -- knowing that people from overseas care about them.”

(Dr. Peter Hahn, Family Physician, British Columbia, medical mission to Vietnam)

As articulated by one partner: Apart from the health giving effects of the medications, “it was striking to see how people's productivity soared as they became free of disease.”

“The medications not only served to relieve pain and suffering but also allowed many patients to at least return to basic health so they can participate in other worthwhile activities that can help lift them and their families out of poverty and/or generate an income.”

(Darryn Ball, Église de Jésus Christ des Saints des Derniers Jours, Québec, medical mission to Guatemala)

D. THE PROGRAM CREATES VALUE:

Many partners mentioned that the PTP helped them make “the largest impact possible with the budget available”. The program has been considered a cost-efficient intervention for many partners compared to procuring medicines from other sources or canvassing individual pharma companies for donations. In their words, the program helped them “offset their costs” and “maximize their budget”.

Beneficiaries were grateful as well for receiving medicine as a gift or donation that they could not have afforded otherwise, and which freed up funds to cover other essential needs.

“It is a great value for us and our teams. We have a limited budget for supplies and the HPIC pack makes it easier to meet the needs of our patients.”

(Emily Lindsay, Registered Nurse, Ontario, medical mission to Peru)

E. THE PROGRAM SUPPORTS OTHER LONG-TERM INTERVENTIONS:

Evidence from the reports review also indicates that the PTPs provision complemented other long-term interventions on the ground. Many partners explained how they used the donated medicines as an entry point for other community development initiatives that are more sustainable and compatible with the local health needs.

For instance, PTPs were used in many cases as part of an integrated approach i.e. as a vehicle to train health professionals, provide counseling or educate communities on health issues such as disease prevention and management of special conditions.

“It meant a lot and it helped as part of a longer term impact the church is having in this communities.”

(Lynne Heron, Emmanuel Christian School, Quebec, medical mission to Panama)

F. THE PROGRAM HAS A SIGNIFICANT IMPACT IN EMERGENCY RESPONSE:

Partners appreciated having the PTPs available quickly due to the fact that they are prepositioned and therefore, can “be deployed with teams into emergencies immediately after a disaster strikes”.

The maintenance of pre-positioned PTPs facilitated a more rapid emergency response. As mentioned by one partner, “it is what saves so many lives”.

“In our experience so far, the PTPs are an excellent overall complete package of essential medicines for our Rapid Deployment teams to use in the immediate aftermath of a disaster.”

(Dr. Michael Mucklow, DMGF GlobalMedic, Ontario, medical mission to Philippines)

G. THERE IS ROOM FOR THE PROGRAM TO IMPROVE:

Based on partners’ feedback and suggestions for improvement, the following recommendations were made for the program moving forward.

- It is recommended that the ideal content list be reviewed in light of the partners’ suggestions and recommendations.
- PTPs should be delivered one week in advance of departure so that partners could have enough time to pack and organize their inventories.
- It is recommended that the program team in consultation with PTP partners consider designing materials and tools that would help partners in their medical missions.
- It is recommended that the program create space for dialogue among PTP partners through which they could build alliances and share their knowledge and experience.
- Systems should be put in place to update partners on the program and solicit their feedback on a regular basis. This would help HPIC engage in systematic consultation with partners to identify needs and clarify how the program could improve.