



GHANA NATIONAL DRUGS PROGRAMME  
MINISTRY OF HEALTH  
FEEDBACK ON ESSENTIAL MEDICINES LIST (EML)

PERSONAL DETAILS			
1. Full Name			
2. Phone	1]		
	2]		
3. Email			
ORGANISATION DETAILS			
4. Organisation Name			
FEEDBACK			
5. Heading/Title/Medicine			
6. Comments or Feedback			
7. Priority	High [    ]	Moderate [    ]	Low [    ]
8. Date of submission	Day [    ] Month[    ] Year[    ]		
NOTES			
<p>The completed form can be sent to: The Programme Manager Ghana National Drugs Programme Ministry of Health P. O. Box MB 582 Accra, Ghana</p> <p>It could be also sent via email to: On completion, the form can be sent to <b>gndp@ghndp.org</b></p> <p>This form can also be filled online or uploaded at: <b>www.ghndp.org/stgeml/feedback</b> Note: You may choose to submit feedback either online or via mail.</p>			
Essential Medicines List Feedback form v1			