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PHARMACEUTICAL PROJECTS: THE CASE OF SIERRA LEONE

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Introduction

The WHO mission in the area of essential medicines is to help save lives and improve health. WHO’s interactions with countries and other pharmaceutical sector stakeholders are central to its activities. Upon request from a country, the Organization can provide four specific types of support; three of them involve projects and activities at country level (one country only). The fourth type focuses on inter-country, sub-regional, regional and interregional programmes and activities (more than one country).

Financing for such support may come from WHO resources (country office, Regional Office and headquarters) or may also be provided by bilateral or multilateral donors to the country as a loan or grant. In the case of donor funding, WHO may be involved, as implementing agency, in the whole process of preparing and appraising the project together with the funding agency (the donor) and the beneficiary (country).

In this issue of the Newsletter, we share some information on the Sierra Leone Pharmaceutical Project May 2003–March 2006 funded by the African Development Bank (ADB) and for which WHO was the implementing agency on behalf of the Ministry of Health and Sanitation of Sierra Leone. The information includes the historical aspects of the project, implementation, achievements and future perspectives. The project covered various aspects under policy, access, quality assurance and rational drug use. It therefore fits into the WHO Type C support to countries (see Table 1).

Why the “AFRO Pharmaceuticals Newsletter”? 

The WHO mission in the area of essential medicines is to help save lives and improve health. Although medicines have a huge potential, the reality is that for millions of people, particularly the poor and disadvantaged, medicines are unavailable, unaffordable, unsafe or misused. Providing policy-makers and essential medicine managers with practical and evidence-based information is one important element of WHO work. Hence, the objectives of the “AFRO Pharmaceuticals Newsletter” are to:

- Share information and experiences related to essential medicines and pharmaceutical policies with WHO Member States, partners in the pharmaceutical sector, health professionals and the general public;
- Serve as a forum for the diffusion of information on the work of the WHO Regional Office for Africa in collaboration with Member States and headquarters particularly in the following areas: medicines policy, access, quality assurance, rational use and traditional medicine.

The newsletter welcomes contributions from Member States, pharmaceutical sector partners, health professionals as well as the general public. They should be addressed to:

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Table 1: Types of WHO support to countries*

<table>
<thead>
<tr>
<th>Support type</th>
<th>Description</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Situation analysis</td>
<td>Establish current situation and determine priority needs and further support required</td>
</tr>
<tr>
<td>B</td>
<td>Specific technical support</td>
<td>Support focussed on any of the following areas: policy, access, quality, safety, efficacy, rational use</td>
</tr>
<tr>
<td>C</td>
<td>Comprehensive programme support</td>
<td>May cover most or all of the areas in Type B and requires full-time staff in the country</td>
</tr>
<tr>
<td>IC</td>
<td>Intercountry programmes</td>
<td>Involves two or more countries, often from same region, focussed on a subset of the areas in Type B</td>
</tr>
</tbody>
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Sierra Leone Health Services Rehabilitation Project

During the last quarter of 1987, the ADB carried out a mission to Sierra Leone to discuss with the government the various aspects of the national health services in Sierra Leone. Following this discussion, the rehabilitation of referral and district hospitals emerged as an urgent problem. Nine health facilities were selected for rehabilitation and a feasibility study was recommended. A second ADB mission to Sierra Leone in May 1988 set the premise for a feasibility study for an overall Sierra Leone Health Services Rehabilitation Project which was to include a pharmaceutical component, the Sierra Leone Pharmaceutical Project.

Sierra Leone Pharmaceutical Project

In 1994, according to the agreement of collaboration between the ADB and WHO and to specific collaborative activities defined at various joint meetings between the two organizations since 1992, the ADB requested WHO to conduct a desk appraisal of the pharmaceutical component of the Sierra Leone Health Services Rehabilitation Project as defined in the project feasibility study. The WHO appraisal proposed four priority areas that needed to be addressed by the pharmaceutical component:

- Strengthening drug supply and improving the cost recovery system,
- Strengthening the Pharmacy Department,
- Strengthening the Pharmacy Board to ensure quality assurance of drugs,
- Improving rational drug use.

In August 1996, a joint ADB-WHO mission was sent to Sierra Leone to reappraise the overall project, and in particular the pharmaceutical component. The ADB assigned the following specific terms of reference to the WHO team to reappraise the pharmaceutical component of the project:

- Reassess the 1994 estimated costs,
- Review the technical details,
- Redefine proposals for the implementation arrangements.

During the reappraisal mission, the WHO team updated available information on the country’s pharmaceutical sector (situation analysis), defined the goals, objectives and expected outcomes of the pharmaceutical component, and outlined the various project components. A project plan of action and costing for the period 1997–2000 were proposed.

Protocol agreement

Due to the ongoing civil war in the country, further progress on the project was hindered until June 2000 when the Government of Sierra Leone (GOSL) and WHO signed a Protocol Agreement (Memorandum of Understanding) for WHO to be the implementing agency for the project pharmaceutical component. An addendum to the agreement was signed in September 2001 and implementation started in May 2003.

Project funds

The project pharmaceutical component was funded by the African Development Fund in the amount of US$ 3.814 million of which US$ 3.251 million was committed to the pharmaceutical component. This amount was later reduced to US$ 2.760 million when the beneficiary and the funding agency agreed to revise the goods and services to be procured under the project.

Funds for the pharmaceutical component were disbursed to WHO in three instalments: August 2004 (37% of total amount), December 2004 and October 2005. On 31 December 2005, the official project end date, there was an unused balance of US$ 378 387 (11.5%) of the pharmaceutical component funds. However, at the end of June 2006, the unused balance came down to US$ 171 691.00 (5.35%). NB: According to the Protocol Agreement, at the end of June 2006, i.e. six months after the official end date, WHO was to submit the final financial report for the project.

Office premises, logistics and staff

A lease agreement for project office premises was signed in October 2003. As electricity supply was highly erratic, a 27 KVA generator was procured. Communication facilities were installed. Four vehicles, a truck and eight motorcycles were procured. Two of the vehicles and seven motorcycles were being used by the national counterparts, while the other two vehicles and a motorcycle were assigned to the project office.

The project recruited three international staff (project coordinator, quality assurance officer and rational drug use officer). An additional nine local staff were also recruited, including counterparts to the international staff, drivers, an administrative assistant and a secretary.

Project goal, objectives and activities

The goal of the pharmaceutical component was to support, in a sustainable manner, government efforts to ensure availability and accessibility of safe, effective and good quality drugs and medical supplies to the Sierra Leone public. The project’s specific objectives were to:

- Support medicines policy development, implementation, monitoring and evaluation,
- Strengthen medicines selection, financing and the procurement system,
- Strengthen the national medicines regulatory and quality assurance system,
- Promote cost effective use of medicines at all levels in the public and private sectors,
- Provide technical support for programme implementation.

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The project workplan covered 118 activities aimed at building the capacity of the Directorate of Drugs and Medical Supplies (DDMS) of the Ministry of Health and Sanitation and the Pharmacy Board. They were implemented following a Master Work Plan 2003–2005 developed in consultation with DDMS and the Registrar of the Pharmacy Board of Sierra Leone. Project implementation was jointly (WHO, ADB, GOSL) reviewed every six months. The review meetings discussed the implementation of activities during the preceding six months and the achievement of expected outcomes; they agreed on the activities and workplan for the next six-month period.

**Table 2: Main achievements of the Sierra Leone Pharmaceutical Project**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Main achievements</th>
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<tbody>
<tr>
<td>Policy</td>
<td>- Situation analysis document for the Sierra Leone pharmaceutical sector.</td>
</tr>
<tr>
<td></td>
<td>- Revision, adoption and printing of the National Medicines Policy for Sierra Leone.</td>
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<td></td>
<td>- Development of Guidelines for the Donation of Medicines, Medical Supplies and Equipment</td>
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<td></td>
<td>- Development of the National Pharmaceutical Master Plan.</td>
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<td></td>
<td>- Establishment of the National Medicines Committee.</td>
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<tr>
<td>Access</td>
<td>- Procurement of medicines for 8 health facilities around the Free Town area.</td>
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<td></td>
<td>- Development of training manual on medicine supply management and rational use.</td>
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<tr>
<td></td>
<td>- Procurement of a truck to support drug distribution to health facilities.</td>
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<td></td>
<td>- Training of 21 health workers in supply management and rational use.</td>
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<td></td>
<td>- Revision of the Health Services Cost Recovery Policy (pending adoption).</td>
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<tr>
<td>Quality</td>
<td>- Procurement of equipment, laboratory reagents, reference substances and documents for the national quality control laboratory.</td>
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<td>- Development of laboratory Standard Operating Procedures.</td>
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<td></td>
<td>- External training (South Africa, Zimbabwe) of nine nationals in registration, inspection, pharmaceutical analysis and managing the analytical laboratory.</td>
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<td></td>
<td>- On-the-job training for two analysts and two laboratory technicians.</td>
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<td></td>
<td>- Procurement of motorcycles for pharmacy board inspections.</td>
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<tr>
<td></td>
<td>- Development of guidelines for medicines registration, guidelines for inspection (pending adoption).</td>
</tr>
<tr>
<td></td>
<td>- Development of an addendum and regulations to the Pharmacy and Drugs Act (pending adoption).</td>
</tr>
<tr>
<td>Rational Use</td>
<td>- Development of National Essential Medicines List of Sierra Leone.</td>
</tr>
<tr>
<td></td>
<td>- Development of Standard Treatment Guidelines for Sierra Leone.</td>
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<tr>
<td></td>
<td>- External training (Tanzania) of two nationals in rational use of medicines.</td>
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</tbody>
</table>

**Programme support**

The smooth implementation of the project required that the country project staff, with support from the WHO country office (WR/Sierra Leone) and the Regional Office (DSD Division, Focal point Dr Moses Chisale, EDP) carry out certain activities. These activities included the leasing, refurbishing, furnishing and equipping of the project office.
refurbishment of premises at the Jenner Wright Health Centre to accommodate the new quality control laboratory, recruitment and contract renewal for project staff, local and international procurement of equipment and other supplies, production and updating of project property inventories, preparation of workplans and invoices for the replenishment of funds, placement of trainees, organization of project implementation review meetings every six months and general project administration.

Project constraints

The implementation of the project was not without constraints. They included delays in staff recruitment and contract renewals, delays in the transfer of funds to WHO, reduction of the effective implementation period from the planned 48 months to 32 months, non-availability of staff trained by the project (some staff trained during the project were no longer with Pharmacy Board at the end of the project), absence of purified nitrogen gas in Sierra Leone for the infra-red spectrophotometer and purified natural gases required for the flame photometer, leading to delays in installing the two instruments and the high pressure liquid chromatograph.

Project exit plan

All un-implemented activities were included in a project exit plan to be implemented by the beneficiary during the period April–December 2006 using the remaining project funds. WHO would however provide technical support in the context of the normal WHO collaboration with Sierra Leone.

Project handover and recommendations

The official project end date was 31 December 2005. It was however agreed with the beneficiary and the funding agency that activity implementation could continue up to the end of March 2006. The project, all its assets and relevant documentation were officially handed over to the beneficiary on 23 March 2006. They include various property inventories (vehicles, equipment), workplans, project implementation review reports, financial reports and various technical documents reduced by the project.

In order to consolidate the project achievements, it is essential that work in the areas covered by the project continues with the involvement of national counterparts who were part of the project staff. It is also necessary that staff who have been trained in specific technical areas are formally assigned to those positions. In this perspective, the implementing agency made the following recommendations to the beneficiary:

- Address the issue of human resources for the public pharmaceutical sector and institute mechanisms for staff retention.
- Formally assign staff to the positions for which they were trained by the project.
- Train adequate laboratory staff in equipment maintenance, and develop and implement a comprehensive equipment preventative maintenance plan.
- Implement all activities included in the Project Exit Plan April–December 2006.

Future perspectives

During a project implementation review meeting in February 2005, the ADB informed WHO of ongoing preparations for a new project: Strengthening District Health Services (Health II) Project. The project document was sent to WHO for comments. These were provided by various units of the Division of Health Services and Systems Development in the WHO Regional Office.

On 13 October 2005, the ADB informed WHO that the project had been approved. In addition, ADB and the beneficiary had agreed to have WHO as the executing agency for the project human resources component which includes the district health system and pharmaceutical sub-components. Preliminary discussions between WHO and the beneficiary have taken place in relation to the pharmaceutical sub-component, and a protocol agreement has been signed.

The new project, which can be considered as a continuation of the just ended one, will cover 13 health facilities in five districts of the country. It will concentrate on capacity building and provision of essential drugs to health facilities. Following a situation analysis to be carried out, a workplan will be proposed.

In May 2006, a protocol agreement was signed between the Ministry of Health and Sanitation of Sierra Leone and the WHO Regional Office for Africa, in order for the latter to implement the three basic components of the project:

- Essential Drugs Programme: Purchase and delivery of drugs, vaccines and other medical supplies.
- District Health Systems: Recruitment, management, supervision and monitoring of specialized consultancy services for strengthening district health systems.
- Human Resources for Health: Recruitment of specialized training institutions, supervision and management of in-country and sub-regional training activities.

Acknowledgements

The World Health Organization wishes to extend its appreciation to the Government of Sierra Leone and the African Development Bank for being chosen as implementing agency of the pharmaceutical component of the Sierra Leone Health Services Rehabilitation Project. The World Health organization assures them of its future availability to provide technical assistance in the implementation of future projects.