REPUBLIC OF SIERRA LEONE

MINISTRY OF HEALTH AND SANITATION

NATIONAL MEDICINES POLICY

MAY 2020

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FOREWORD

The Government of Sierra Leone (GOSL) reaffirms its commitment to the Millennium Declaration and achieving the health-related Millennium Development Goals (MDG) and Sustainable Development Goals (SDG), through its Human Capital Development, which encompasses quality healthcare, equal and free access to quality education and sustainable food production through a robust agricultural sector.

For the health MDGs/SDGs, development of the National Health Sector Strategic Plan (NHSSP) 2017–2021 demonstrates a further effort in addressing all the health system issues impeding progress to achieving MDGs 4, 5, 6 and SDG 3.

The Goal of the NHSSP is to reduce inequalities and improve the health of the people, especially mothers and children, through strengthening national health systems to enhance health-related outcomes and impact indicators. Against this backdrop, this revised National Medicines Policy (NMP) year 2020 edition, could not have been launched at a more appropriate time, when the Ministry of Health and Sanitation (MOHS) has embarked on restructuring and strengthening of the national pharmaceutical administration and management systems, which are central to healthcare service delivery.

Indeed, one of the health systems building blocks that needs further strengthening is 'medical products and health technologies', which are being managed by the pharmaceutical sector through a more coordinated and collaborative approach among key actors. The NHSSP 2017–2021 policy statement for these strategic intervention areas is that, the MOHS will ensure provision of adequate quantity of good quality, safe, efficacious and affordable medicines, vaccines, consumables and other health care technologies for delivering improved services to the people of Sierra Leone.

A major challenge to the provision of quality pharmaceutical care is ensuring medicine security, especially for the rural communities, quality assurance of all medicines offered for consumption and their rational use at service delivery points. A number of weaknesses exist in these areas, which are critical for the delivery of pharmaceutical care country-wide. Therefore, the updating and implementation of the National Medicines Policy, is considered an important first step in addressing some of the barriers to achieving national health development objectives and attainment of Universal Health Coverage (UHC).

The primary aim of this policy is to provide clear government statements for the pharmaceutical sector, to allocate tasks to pharmaceutical governance structures i.e. the Directorate of Pharmaceutical Services (DPS), National Medical Supplies Agency (NMSA) and Pharmacy Board of Sierra Leone (PBSL), and other linkages such as MOHS directorates and programs, Hospitals, District Health Management Teams (DHMTs) and Peripheral Health Units (PHUs), based on comparative competencies, and to enhance transparency and accountability in pharmaceutical care for better health outcomes. The full suite of policy statements relating to drugs and medical supplies has been revised to reflect the current pharmaceutical sector reforms i.e. ongoing management system restructuring and strengthening, disease epidemiology of Sierra Leone, as well as current international recommendations and best practices; all these have been developed with the full participation and agreement of all relevant stakeholders.

In the absence of local manufacturing, the country is even more heavily dependent on imported medicines than ever before. The policy therefore seeks to ensure that medicines supply chain management, which includes rational selection, quantification, procurement, storage, distribution, rational use, pharmaceutical management information system and quality assurance (supply monitoring, evaluation and supportive supervision), are adequately addressed. Furthermore, the policy also makes provision for improved and effective medicines regulation and control systems, including control of pharmacy practitioners that ensure the quality, safety, and efficacy of medicines in circulation in Sierra Leone. To this end, the proposed establishment of a Pharmacy Council is an important step to shaping and re-orientating the practice of pharmacy in the country.

Government also recognizes the contribution of Traditional Medicine Practice in the overall health care delivery service of the nation. Therefore, this document has incorporated policy guidelines on traditional medicines. Policy guidelines on veterinary medicines have also been considered, in the context of the 'One Health' approach, which involves joint solutions to address and bridge human health, animal health and environmental health issues.

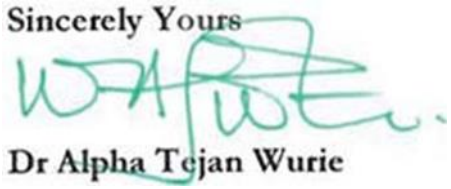
It should be pointed out that, the devolution of some of the traditional supply chain functions (procurement, warehousing and distribution) of the former Directorate of Drugs and Medical Supplies (DDMS) to the newly established National Medical Supplies Agency has necessitated the transformation of DDMS to a new Directorate of Pharmaceutical Services (DPS) with a modified organizational structure, roles and responsibilities. All of these developments have been well articulated in this policy document. Going forward, the DPS,

which is the overarching body to providing general oversight of the pharmaceutical sector, will continue to set the strategic direction for delivery of pharmaceutical services through the formulation/revision, implementation, monitoring and evaluation of the national medicines policy for and on behalf of the Ministry of Health and Sanitation.

Any policy, no matter how carefully formulated, has no value if it is not implemented. Thus, this medicines policy will be followed by a costed Implementation Plan and Communication Strategy. It is therefore incumbent upon all stakeholders, both in the public and private sectors, to fully embrace the policy and participate in its full implementation so as to provide quality pharmaceutical care and improved health outcomes. This is extremely important since health is an intrinsic human right as well as a central input to poverty reduction and socioeconomic development.

Finally, the main goal of this National Medicines Policy is to fully utilize and develop the potential that medicines and related medical supplies have to improve the health status of the populace within the available resources in the country. Achievement of this goal is critical to our success in attaining UHC.

Sincerely Yours



Dr Alpha Tejan Wurie
Honourable Minister of Health and Sanitation
Government of the Republic of Sierra Leone
May 2020

ACKNOWLEDGEMENTS

This revised National Medicines Policy has been produced with collective inputs of many health professionals, development partners and individuals within and outside the Ministry of Health and Sanitation (MOHS). Therefore, any attempt to list them would stand a risk of leaving some contributors. Notwithstanding the above, special thanks are given to the Chief Pharmacist/ Director of Pharmaceutical Services Pharm. Michael Jack Lansana, the Senior Pharmacist/ Head of Policy, Planning and Strategy Dr. Muhamed D. Mansaray, and the entire senior management team of the Directorate of Pharmaceutical Services, for taking leadership of the task and seeing the job through to completion. The MOHS gratefully acknowledges the financial support of the World Health Organization (WHO) and the technical assistance through its Pharmaceutical Consultant Dr. Ogori Taylor and Health Systems Advisor Dr. Selassi A. D'almeida, for the successful completion of this policy document.

The National Medicines Committee (NMC) of the MOHS along with its dedicated secretariat (see members listed below) needs special mentioning for its role in the development of this revised National Medicines Policy. The document was reviewed by the Technical Working Group for Pharmaceutical Policy (a subgroup of the NMC), and later validated and adopted at a consultative workshop comprising participants from a cross-section of stakeholders including MOHS directors, programme managers, health partners and donors.

I believe the National Medicines Policy is stronger because of this combined effort and enthusiasm. Let me take this opportunity on behalf of the Government and the Ministry to congratulate and thank all of you for this excellent work.

Rev. Canon Dr. Thomas T. Samba

Chief Medical Officer, Ministry of Health and Sanitation
Republic of Sierra Leone
May 2020

MEMBERS OF THE NATIONAL MEDICINES COMMITTEE		
No.	**Designation**	**Name**
1	Chief Medical Officer	Dr. Amara Jambai
2	Deputy Chief Medical Officer (Public Health)	Rev. Canon Dr. Thomas T. Samba
3	Deputy Chief Medical Officer (Clinical)	Dr. Donald A. Bash Taqi
4	Permanent Secretary – MOHS	Mr. Abdul R. M. Fofanah
5	Chief Pharmacist / Director of Pharmaceutical Services	Pharm. Michael Jack Lansana
6	Deputy Chief Pharmacist – DPS	Dr. Dennis T. Thomas
7	Managing Director – National Medical Supplies Agency	Dr. Lawrence Sandi
8	Deputy Managing Director – NMSA	Dr. Moses N. P. Batema
9	The Board Chairman – NMSA	Pharm. Alhaji Murtada M. Sesay
10	Registrar – Pharmacy Board of Sierra Leone	Dr. James P. Komeh
11	Chief Nursing and Midwifery Officer	Matron Mary M. Fullah
12	Chief Community Health Officer	Mr. Abu A. Conteh
13	Chief Agriculture Officer / Veterinary Medicine Officer	Mr. Amara I. Sheriff
14	Principal Pharmacist – DPS	Dr. Muhamed D. Mansaray
15	The Principal – COMAHS, University of Sierra Leone	Prof. Mohamed H. Samai
16	Dean of Faculty of Pharmaceutical Sciences, COMAHS	Dr. Mohamed Bawoh
17	Director of Disease Prevention and Control	Dr. Samuel J. Smith
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20	Director of Hospital and Ambulance Services	Dr. Mathew J. Vandy
21	Director of Human Resource for Health	Mr. Emile Koroma
22	Director of National HIV / AIDS Secretariat	Mr. Abdul Rahman Sesay
23	Director of Non-Communicable Diseases and Mental Health	Dr. Santigie Sesay
24	Director of Primary Health Care	Dr. Alie H. Wurie
25	Director of Reproductive and Child Health	Dr. Sartie M. Kenneh
26	Director of Health Systems Planning, Policy and Information	Dr. Francis Smart
27	Director of Support Services	Mr. Mohamed I. Kutubu
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29	Manager – Health System Strengthening	Dr. Dennis H. Marke

No.	Designation	Name
30	Manager – Laboratory Services	Dr. Zikan Koroma
31	Programme Manager – Disease Surveillance	Dr. James S. Squire
32	Programme Manager – National HIV / AIDS Control	Dr. Mariama Murray
33	Deputy Programme Manager – National Malaria Control	Dr. Alhaji Sayui Turay
34	Programme Manager – Neglected Tropical Diseases	Dr. Ibrahim Kargbo-Labour
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39	Programme Manager – National Eye Care Services	Dr. Jalikatu Mustapha
40	Programme Manager – National Dental Services	Dr. David I. Kamara
41	Programme Manager – ENT Services	Dr. Karim Kabineh
42	Registrar – Medical and Dental Council	Dr. Jibao Sandy
43	Registrar – Nurses and Midwives Board	Sis. Christiana Massallay
44	Representative of Hospital Care Managers	Dr. Sikito S. Daoh
45	Representative of District Medical Officers	Dr. Ronald Garsho-Marsh
46	Representative of Pharmaceutical Society of Sierra Leone	Pharm. Alhaji Murtada M. Sesay
47	Representative of Traditional Medicine Practitioners	Mr. Abdul M. Bangura
48	Representative of Private Medical Practitioners Association	Dr. Soccoh Kabia
49	Representative of Civil Society Organizations on Health	Mr. Alhassan B. Kamara
50	Representatives of Faith-based Health Institutions	Bro. Michael M. Koroma
51	Representative of Pharmaceutical Business Association	Mr. Ethelbert A. Tejan
52	Representative of the Sierra Leone Medical and Dental Association	Dr. Delwin Findley
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54	Representative of Global Fund Country Office	Mr. Lionel Caruana
55	Representative of DFID Country Office	Mrs. Jaya Singh Verma
56	Representative of UNFPA Country Office	Dr. Chris Abiodun
57	Representative of UNICEF Country Office	Mrs. Helene Moller
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59	Representative of WHO Country Office	Dr. Sellasi A. D'almeida
60	Representative of Health NGOs	Pharm. Ibrahim Gassama

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2	Deputy Chief Pharmacist – DPS	Dr. Dennis T. Thomas
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8	Pharmacist – Directorate of Pharmaceutical Services	Pharm. Jennet M. Buck
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10	Pharmacist – Directorate of Pharmaceutical Services	Pharm. Zainab Mullah
11	Pharmacist – Directorate of Pharmaceutical Services	Pharm. Yusuf Marah
12	Pharmaceutical Consultant – World Health Organization	Dr. Ogori Taylor

ACRONYMS

AEFI	Adverse Events Following Immunization
CHC	Community Health Centre
CHP	Community Health Post
CHW	Community Health Worker
COMAHS	College of Medicine and Allied Health Sciences
DDMS	Directorate of Drugs and Medical Supplies
DFID	Department for International Development
DHMT	District Health Management Team
DPS	Directorate of Pharmaceutical Services
DTC	Drug and Therapeutics Committee
EPI	Expanded Programme on Immunization
EML	Essential Medicines List
ENT	Ear, Nose, and Throat
GDP	Gross Domestic Product
HAI	Health Action International
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
IHPAU	Integrated Health Projects Administration Unit
ISO	International Standards Organization
MCHP	Maternal and Child Health Post
MDGs	Millennium Development Goals
MOF	Ministry of Finance
MOHS	Ministry of Health and Sanitation
MTHE	Ministry of Technical and Higher Education
NCD	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NHSSP	National Health Sector Strategic Plan
NMP	National Medicines Policy
NMSA	National Medical Supplies Agency

NPPU	National Pharmaceutical Procurement Unit
NPQCL	National Pharmaceutical Quality Control Laboratory
Pharm	Pharmacist
PHC	Primary Health Care
PHU	Peripheral Health Unit
SDG	Sustainable Development Goal
Sis	Sister
SLeSHI	Sierra Leone Social Health Insurance
STG	Standard Treatment Guidelines
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

DEFINITIONS

For the purpose of understanding some of the terminologies used in the document, the following definitions are made:

Pharmaceutical Care: is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life through the collaborative effort of health professionals. These outcomes include: the cure of a disease, elimination, or reduction of a patient's symptoms, arresting or slowing of a disease process, and preventing a disease or symptoms.

Drug: broadly speaking, is any substance that, when absorbed into the body of a living organism, alters the normal body function. In Pharmacology, a drug is a chemical substance used in the treatment, cure, prevention, or diagnosis of a disease or used to otherwise enhance physical or mental wellbeing.

Medicine: is a drug taken to cure and/or ameliorate any symptoms of an illness or medical condition or may be used as preventive medicine that has future benefits but does not treat any existing or pre-existing disease or symptom.

The terms Drug, Medicine and Pharmaceutical (which includes Drug and Medicine) have been used interchangeably throughout the document.

Essential Medicines:
WHO defines essential medicines as those medicines that satisfy the priority health care needs of the majority of the population, and they should therefore be selected with due regard to public health relevance, evidence of efficacy and safety, and comparative cost-effectiveness.

Essential medicines are intended to be available within the context of functioning health systems at all times, in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual and the community can afford.

Quality Assurance: is a wide-ranging concept focusing on processes/set of preventive activities that individually or collectively influence the quality of a product or service. It is the totality of the arrangements made with the object of ensuring that pharmaceutical products are of the quality required for their intended use to meet the clients' requirements.

Access: is described as a general concept that summarizes a set of more specific dimensions describing the fit between the patient and the health care system. The specific dimensions are physical availability, financial affordability and social/cultural acceptability.

Traditional Medicine: includes Complementary and Alternative Medicine. This is the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, treatment or improvement of physical and mental illness (WHO

1.0 Background

The National Medicines Policy (NMP) was first developed in 1993, revised in 2004 to be in accordance with the pharmaceutical sector reforms, pattern of governance towards decentralization, and the revised National Health Policy of 2002. It was further revised in 2012 to align with the Poverty Reduction Strategy II and the National Health Development Strategy 2010–2015. The development of the National Health Sector Strategic Plan 2017–2021 also necessitated the review of the NMP to ensure alignment in the face of emerging and re-emerging challenges such as Ebola, Lassa fever and climate change. The NMP will also drive the achievement of the Sustainable Development Goal (SDG) number 3, which specifically requires that people have access to safe, effective, quality, and affordable essential medicines, vaccines and other biologicals, medical supplies, and equipment.

The National Medicines Policy is the government's expression of its aspirations and goals for the pharmaceutical sector. Itis anchored by the Directorate of Pharmaceutical Services (DPS). The NMP covers the medicines regulatory system, the procurement and supply chain management, hospital pharmacy practice, private pharmacy practice, pharmacy education; to mention a few.

The overarching objective is to ensure that quality, safe, efficacious, and affordable essential medicines, vaccines and other biologicals, equipment and other medical supplies are available to Sierra Leoneans.

The guiding principles of the policy are:

- A National Medicines Policy is implemented within an overarching health systems framework as described by WHO com[prising six core components or "building blocks": (i) Service delivery, (ii) Health workforce, (iii) Health Information Systems, (iv) Access to Essential Medicines, (v) Financing, and (vi) Leadership/Governance
- Access to medicines is a human right and is a critical part of fulfilment to health. A healthy population is productive and will contribute to the economic development of the nation.
- Attainment of Universal Health Coverage (UHC) in which people should have access to safe, effective, quality, and affordable essential medicines and vaccines[1]as well as the health services they need (prevention, promotion, treatment, rehabilitation and palliative care) without the risk of financial hardship when paying for them.

[1] UHC

- The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.
- Efficient management and development of limited human and financial resources
- Ensuring quality of care i.e. appropriate diagnosis, quality medicines, rational use of medicines, safety monitoring.
- Institutionalization of resilient and sustainable systems

The challenge of the previous NMP was inadequate implementation of the policy. This was because there was no NMP Implementation Plan, which when funded usually drives implementation as well as monitoring and evaluation. Without a funded implementation plan, quality data to provide objective information as to the situation of the sector is not readily available. Therefore, improvements to be made will include the development and funding of implementation and monitoring plans, to ensure a systematic implementation as well as tracking progress over the lifespan of this policy.

2.0 Situational Analysis of the Pharmaceutical Sector

2.1 Health and Demographic Data

Sierra Leone covers an area of 71,470 sq.[2] km. It is divided into 5 regions with 16 districts. The total population is 7.7 million[3], with the majority of population living in rural areas (57.9%)[4]. This is a low-income country with a GDP of US $522.8 per capita[5]. About 52.2% of the population live on less than US$1.9/day[6]. Of the total labour force, approximately 4.7%[7] are unemployed.

Life expectancy at birth is 53.9 years[8], with 3% of the population over the age of 60 years[9]. Children under the age of 15 years make up 41% of the population[10]. Out of 1,000 live births, about 78.5 are likely to die in the first year of life and 105 before their 5th birthday[11]. Of 100,000 live births, 1120 mothers are likely to die while giving birth[8]. The key contributors to morbidity and mortality are communicable diseases (58% of total deaths) and non-communicable diseases 33.2%[12].

2.2 Health Service Delivery

Sierra Leone operates a health system consisting of 3 levels, namely, primary, secondary, and tertiary levels. The Primary Health Care (PHC) consists of 3 types of Peripheral Health Units (PHUs) which are Community Health Centres (CHCs), Community Health Posts (CHP) and Maternal and Child Health Posts (MCHP). In addition, there are community-based health services delivered by Community Health Workers (CHW).

The secondary health care services are delivered in district and regional hospitals by the government health services, the private sector, faith-based organizations, as well as non-governmental organizations. While district hospitals receive referrals from primary care facilities, and accept walk-in patients directly, regional hospitals provide further specialized

[2] World Bank 2018
[3] Statistics, Sierra Leone 2019. Sierra Leone Integrated Household Survey Report 2018
[4] World Bank 2018
[5] World Bank 2018
[6] World Bank 2011
[7] World Bank 2014
[8] World Bank 2017
[9] World Bank 2018
[10] World Bank 2018
[11] World Bank 2018
[12] World Bank 2016

care, and accept referrals of complicated cases that cannot be managed at the district hospital. The tertiary health care system comprises a number of hospitals in Freetown that provide the most specialised services.

2.3 Medicine Financing

The government operates two main models for financing medicines; these are the Free Health Care (FHC) Initiative and the Cost Recovery (CR) Scheme. The FHC Initiative was launched in 2010. It aims at improving financial access to medicines for target sections of the population i.e. pregnant women, lactating mothers, children under five years, persons with disability and Ebola survivors. Diagnosis and treatment of malaria, tuberculosis, HIV/AIDS, leprosy, onchocerciasis, lymphatic filariasis and other neglected tropical diseases are also free for the entire persons living in Sierra Leone.

Medicines outside the scope of the free health care initiative fall under the cost recovery model for which patients pay out-of-pocket. In 2016[13], 41.6% of health expenditure was paid out-of-pocket which is very high considering the poverty rate in the country (2018) remains high at more than 50%. In the Sierra Leone public health system, all patients except pregnant women, lactating mothers, children under five years, persons with disability and Ebola survivors, pay for registration, consultation, and full cost of medicines at the point of delivery.

In March 2017, the Government of Sierra Leone officially launched a mandatory and universal Social Health Insurance (SLeSHI) scheme with contributions from workers in the formal and informal sectors of the economy. Children below 12 years, the elderly who are above 65 years, and inmates in correctional centres, as well as extremely poor people will benefit from the scheme with government contribution. Essential medicines for the treatment of specified prevalent diseases under the primary health care will be covered. The insurance scheme is yet to be operationalized.

The country has not carried out a medicine price survey using the WHO/HAI methodology. Although the government is making efforts to monitor prices of medicines in the country, a formal policy and regulatory system to ensure affordability of medicines is not in place.

The government charges 15% duty and 15%[14] value added tax on all imported finished products including pharmaceuticals. Tax exemptions or waivers are offered to UN

[13] World Bank 2016

[14] National Revenue Authority of Sierra Leone 2020

organisations and for other donations. UNICEF confirmed that for a consignment in 2019, as much of 40% of the value of procurement of health products was waived as tax.

2.4 Human Resources for the Pharmaceutical Sector

The density of pharmacists serving the population is very low (0.298 per 10,000 or 3 in 100,000 population) in Sierra Leone[15]. One hundred and ten (110) pharmacists serve in the public sector[16] and these are supported by 216 pharmacy technicians (mid-level personnel). This means that there is inadequate number of pharmacy professionals serving the country.

Although, there is a Faculty of Pharmaceutical Sciences in the College of Medicine and Allied Health Sciences (COMAHS) that trains pharmacists and pharmacy technicians, the number trained annually is inadequate to meet the demand of pharmaceutical services in the country.

2.5 Regulatory Framework

The legal mandate of the Pharmacy Board of Sierra Leone is based on the Pharmacy and Drugs Act 2001, which replaced the repealed 1988 Act. It stipulates the regulation of the practice of pharmacy and medicines control in the country. Although the Act provides the Pharmacy Board with its regulatory mandate, it is not comprehensive in covering all the roles, responsibilities, and powers of the Pharmacy Board.

The Pharmacy Board of Sierra Leone is a part of the Ministry of Health and Sanitation. It is funded through government subvention and receives financial support from other sources. The Pharmacy Board, like other parastatals, is required to deposit all revenue to the national consolidated fund, and not permitted to internally retain revenues derived from customers for specific service delivery which seriously hampers regulatory activities. As at November 2019 Pharmacy board had 180 permanent staff members carrying out regulatory activities[17].

The Pharmacy Board of Sierra Leone is currently carrying out all the functions of a national medicine regulatory authority, including market authorization, licensing of professionals and premises, market surveillance, pharmacovigilance, and clinical trial oversight. Its Quality Management System is ISO 9001: 2015 certified.

[15] Global Health Observatory 2011
[16] DDMS 2019
[17] Pharmacy Board 2019

There is a National Pharmaceutical Quality Control Laboratory (NPQCL) for testing pharmaceuticals which is part of the Pharmacy Board. The NPQCL participates in periodic inter-laboratory proficiency testing. It is however, not adequately equipped and funded to ensure analysis of all products as would be required to control the market. The Pharmacy Board therefore contracts quality control services to other countries such as Ghana, Kenya and Cape Verde, from time-to-time.. Other challenges include inadequate availability to reagents, chemicals, and equipment. Funding for maintenance and repair of equipment is critically inadequate and hampers testing activities.

The country has set up a national pharmacovigilance centre which is part of the medicine regulatory authority. It has 3 full-time staff members. It has developed National Adverse Drug Reaction (ADR) reporting forms and a computerized database for ADRs from marketed products and medication errors. In 2017, it had 718 reports in its database; provided by doctors, pharmacists, nurses, consumers, and pharmaceutical companies[18]. The Pharmacovigilance centre regularly submits reports to the WHO database in Uppsala, Sweden. In the past 2 years, there has been no need for regulatory decision elicited by these pharmacovigilance reports.

2.6 Public Sector Procurement and Distribution

Public sector procurement may be either at central or local level for all health products. While UNICEF, other development partners and NMSA currently procure some of the free health care products at central level, the local councils of 16 districts also procure health products. However, technical guidance may still be required from the central level of the Ministry of Health and Sanitation.

In 2017, an Act of Parliament (NMSA Act, 2017) created a National Medical Supplies Agency (NMSA), mandating the new institution to procure, warehouse and distribute drugs and medical supplies for and on behalf of all public health institutions throughout Sierra Leone' The warehousing and distribution component of its mandate are currently being transitioned in a phased approach from the predecessor and now defunct National Pharmaceutical Procurement Unit (NPPU) to NMSA. This transition process will be completed by the 2nd quarter of 2020.

[18] Pharmacy Board 2019

2.7 Selection and Rational Use of Medicines

2.7.1 National Structures

Sierra Leone's Essential Medicines List (EML), which was last updated in 2016, contains 256 drug products. It also includes medicines for the paediatric population. There is a National Medicines Committee and its associated subcommittee responsible for the selection of products on the national EML. The EML is used for public sector procurement. For the most common illnesses in the country, there is a national standard treatment guideline (STG) that was developed in 2006. There is also a STG for primary health care prescribers, which was last updated in 2012.

There is currently no public or independently-funded national medicines information centre that provides information on medicines to prescribers, dispensers and consumers. Although there has been no national survey on rational medicines use conducted in the country, a unit has now been established within the Directorate of Pharmaceutical Services, which monitors and promotes rational use of medicines in the country.

There is a Sierra Leone National Strategic Plan for Combating Antimicrobial Resistance (2018-2022) and also a national inter-sectoral task force to coordinate the promotion of appropriate use of antimicrobials and prevention of spread of infection. There is a national reference laboratory in Lakka Government Hospital. The Directorate of Health Security and Emergencies coordinates epidemiological surveillance of antimicrobial resistance.

2.7.2 Prescribing

There is no legal provision for the following:

- Require hospitals to run Drug and Therapeutics Committees
- Compulsory prescribing by INN name in both the public and private sectors
- Require generic substitution in the public and private sectors

In Sierra Leone, prescription-only medicines are routinely prescribed by nurses, pharmacists, paramedics, and medicine sellers. The core medical training curriculum does not include the concept of EML and the use of STGs. On the other hand, problem-based pharmacotherapy and the concept of pharmacovigilance are taught in pharmacy school. There is mandatory continuing education that includes National Medicines Policy issues required for doctors, nurses, and paramedical staff members. There is a professional code of conduct which governs the health professionals – doctors, nurses, and pharmacists. Currently, Drug and Therapeutics Committees (DTCs) have been established in eight (8)

hospitals across the country. A rapid assessment of drug use patterns at outpatient departments of these hospitals was conducted by the DTCs and the results revealed polypharmacy (average of 3.2 medicines per prescription), low generic prescription (52%), high antibiotic usage (73%) and adequate injection usage (13.2%).

2.7.3 Dispensing

The basic pharmacist's training curriculum includes Clinical Pharmacy and Therapeutics. However, the concept of EML, use of STGs, drug information and medicines supply management, quality assurance are inadequately covered. Presently in the private sector, prescribers often directly dispense medicines in their clinics. Although not backed by legislation, generic substitution at the point of dispensing is practised in both the public and private sectors. There is no deliberate effort to promote dispensing of generic medicines at public or private pharmacies. Antibiotics and injections can routinely be dispensed or sold over the counter without any prescription.

2.8 Key Issues arising from the Situation Analysis

2.8.1 The government has made a lot of efforts to ensure access to medicines to vulnerable populations. However, uninterrupted availability of essential medicines is still a challenge and needs to be sustainably financed and managed

2.8.2 The problem of affordability of medicines is exacerbated by unregulated pricing as well as high taxes and tariffs

2.8.3 The regulatory legal framework does not adequately define responsibilities, powers, and resources to effectively carry prescribing and dispensing of medicines

2.8.4 Medicines use in facilities shows high antimicrobial and low generic prescriptions.

2.8.5 The DTCs in hospitals are in their infancy and require capacity strengthening to become fully functional and hence effective in addressing issues of rational medicines use

2.8.6 Pharmaceutical sector governance needs to be strengthened especially in areas of transparency, accountability, and communication

2.8.7 There are inadequate human resources for the pharmaceutical sector and available personnel are unevenly distributed and inadequately motivated.

2.8.8 The current National Medicines Policy was not accompanied by funded implementation and monitoring plans to enable its full implementation

2.8.9 The establishment of NMSA creates change management challenges in respect of delivering supply chain activities

3.0 Overall Goal of the National Medicines Policy

The overall goal of the National Medicines Policy is to ensure that the people of Sierra Leone have equitable and sustainable access to essential medicines, vaccines and other biologicals, medical supplies, and equipment that are effective, quality assured, safe, affordable and appropriately used in order to attain the highest possible standards of health.

3.1 Targets

By 2030 the following targets should have been attained:

Area	Target
Access to Medicines and Medical Supplies	A 20% increase in availability, affordability and acceptability of a basket of essential medical products and vaccines in public health facilities
Medicines Regulation	The Pharmacy Board of Sierra Leone and the Pharmacy Council have comprehensive regulatory framework that covers all their functions and responsibilities
	A National Quality Control Laboratory attains self-sufficiency in quality control of medical products within Sierra Leone
Medicines Safety	Increase current ADR reporting rate by 20% considering the current ADR reporting rate at 2019, was 261
Rational Medicines Use	There are functional DTCs in 60% of public hospitals
	A 20% reduction in irrational antimicrobial prescription at the outpatient departments of health facilities
	All prescriptions should be written as generics
Pharmaceutical Governance	All procedures, decisions, and outcomes in NMP implementation are publicly available
	The Directorate of Pharmaceutical Services, Pharmacy Council, Pharmacy Board and National Medical Supplies Agency are adequately structured and organised to fully implement their mandates

4.0 Institutional Arrangements

4.1 Ministry of Health and Sanitation

The Ministry of Health and Sanitation (MOHS) is the supervising ministry for the overall implementation of the NMP. The Directorate of Pharmaceutical Services (DPS) will act on behalf of the MOHS to provide guidance, coordination, monitoring and evaluation of the interventions of all the actors contributing to attainment of the goal of the National Medicines Policy. The DPS will regularly report to the MOHS progress achieved in implementation of the NMP. The Integrated Health Projects Administrative Unit (IHPAU) of the Ministry of Health and Sanitation provides fiduciary oversight of donor-supported projects.

4.2 Directorate of Pharmaceutical Services

For several decades, the Directorate of Drugs and Medical Supplies (DDMS) has been responsible for delivering pharmaceutical services in Sierra Leone. The role of DDMS encompassed pharmaceutical policy and strategy formulation/revision, implementation and evaluation as well as procurement planning including selection and quantification, storage/ warehousing, distribution, information management, financing, ensuring quality, efficacy and safety of medicines, promoting rational use of medicines, managing pharmaceutical human resources, supportive supervision (coaching and mentoring), monitoring and evaluation.

DDMS will be transformed into the Directorate of Pharmaceutical Services (DPS). The DPS retains all the functions of DDMS except procurement, storage and distribution of medicines and medical supplies, which is now the responsibility of the National Medical Supplies Agency (NMSA) established in 2017 through an act of parliament (NMSA Act, 2017).

4.3 National Medical Supplies Agency

The National Pharmaceutical Procurement Unit (NPPU) Act of year 2012 was repealed and replaced with the National Medical Supplies Agency (NMSA) Act, 2017, establishing a public service agency with the exclusive responsibility for procurement, warehousing and distribution of drugs and medical supplies for and on behalf of all public institutions throughout Sierra Leone.

4.4 Pharmacy Board of Sierra Leone

The Pharmacy Board is responsible for issuing marketing authorization, licensing of premises, conducting inspections, surveillance and control of the market for pharmaceuticals, pharmacovigilance, authorization and oversight of clinical trials of medicines and other regulated products as prescribed in the Pharmacy and Drugs Act of

year 2001. The Pharmacy Board currently regulates the practice of the pharmacy profession, education, and training. However, this function will be taken over by the Pharmacy Council when it is established.

4.5 Pharmacy Council of Sierra Leone

A Pharmacy Council will be established and will be responsible for regulating the education, training and human resources management for practice of pharmacy in Sierra Leone.. It establishes the body of knowledge required to practice pharmacy, license pharmaceutical personnel (pharmacists and pharmacy technicians) and ensures ethical conduct of pharmaceutical personnel engaged in the practice of pharmacy.

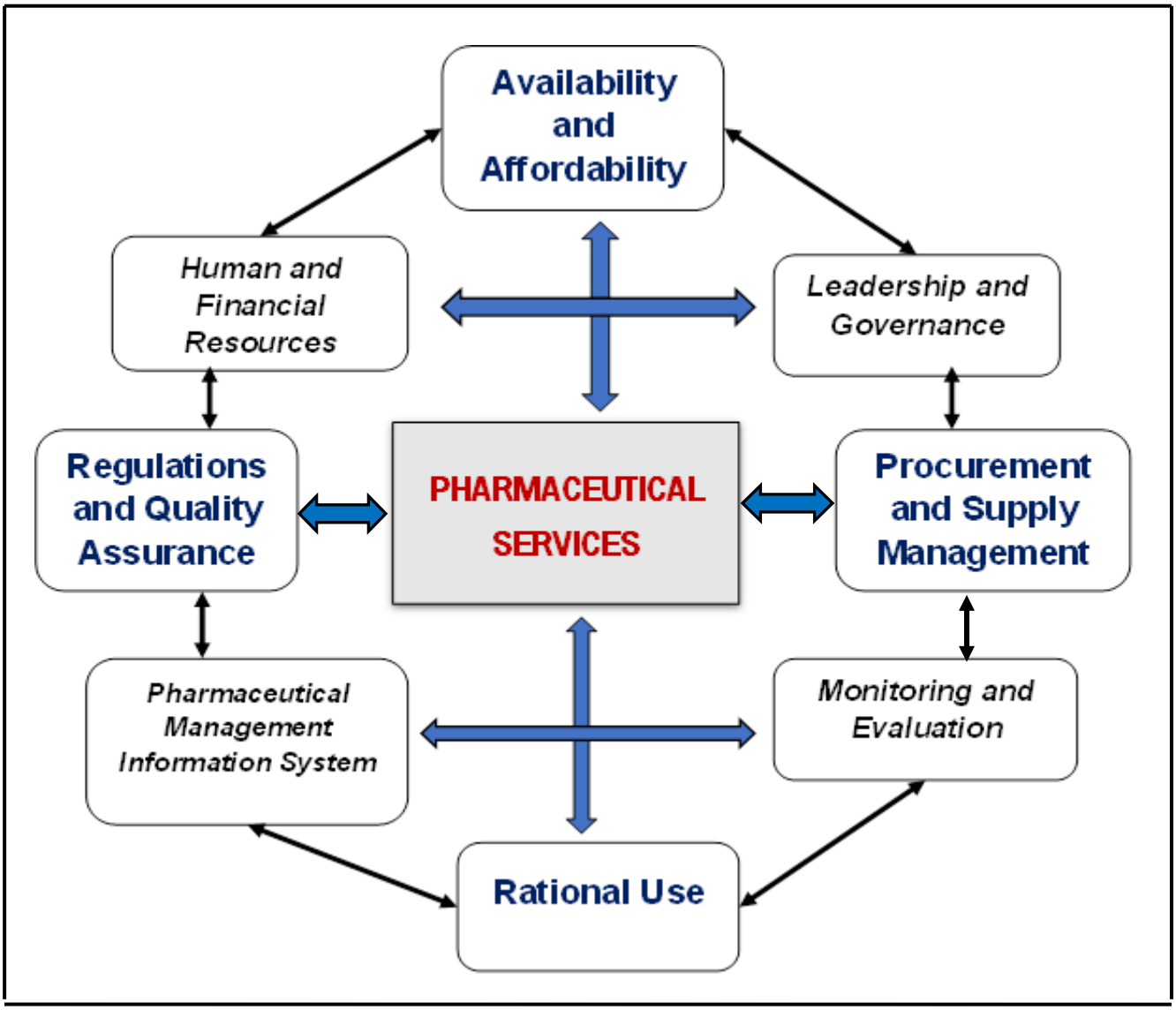
4.6 Ministry of Finance (MOF)

MOF is responsible for working with the MOHS to set its annual budget and coordinate the release of funds for recurrent expenditures and capital investment projects. MOF also disburses salaries through the Accountant General's Office.

4.7 Ministry of Technical and Higher Education (MTHE)

MTHE is responsible for the administration of institutions of higher education that train health care professionals including pharmacists and pharmacy technicians.

5.0 Policy Framework



6.0 Policy Components

6.1 Quality and Safety of Medicines

6.1.1 Preamble

Quality-assured, safe, and efficacious pharmaceuticals are important to a functioning health system. However, there is growing concern about the prevalence of substandard and falsified medicines in the supply chain. Therefore, pharmaceutical supply systems should be designed and operationalized with adequate regulatory control to ensure that products reaching the consumer are safe, effective, and of good quality.

6.1.2 Policy Objectives

- To ensure through regulatory control that pharmaceutical products available in the country are quality- assured, safe and efficacious
- To ensure that the quality and efficacy of pharmaceutical products moving through the supply chain are maintained and that falsified and substandard products are prevented from entering the legal supply chain.

6.1.3 Policy Statements

- All medicines produced, procured, distributed, or marketed in the country will be licensed after demonstration of the product quality, efficacy and safety, unless otherwise specifically authorized by the Ministry of Health and Sanitation.
- All practitioners and premises in the public and private sectors in the distribution of medicines will be licensed or duly authorised to operate. Premises will be subject to inspections in order to enforce good practices that will ensure that the quality and safety of medicines are maintained throughout the supply chain.
- Products in the supply chain will be subject to periodic sampling for the purpose of surveillance of the quality of products circulating in the country.
- Adverse drug reactions to medicines marketed in the country will be continuously monitored in collaboration with the WHO International Pharmacovigilance system, to ensure patient safety. Marketing authorization holders will be responsible for monitoring the safety of their products and will continuously report to the Pharmacy Board of Sierra Leone.

— Clinical trials of medicines will be subject to regulatory authorization and oversight by the Pharmacy Board of Sierra Leone and will be conducted in compliance with Good Clinical Practice.

— Promotion and advertisement of medicines will be subject to authorization by the Pharmacy Board of Sierra Leone and will comply with WHO Ethical criteria for medicinal drug promotion.

6.1.4 Strategies

— Strengthen the framework required to ensure effective regulation of pharmaceutical products, personnel, premises, and practice

— Develop/update policies, procedures, guidelines, and plans required to ensure effective regulation of products, personnel, premises, and practice

— Provide adequate resources i.e. financial, human, equipment, and infrastructure for operational efficiency

6.2 Availability and Affordability

6.2.1 Preamble

Availability and affordability of essential medicines are key indicators of a functional health system and a demonstration of the willingness of a government to fulfil its obligations towards its citizens with respect to their right to health. Rational selection, Sustainable financing, and a Transparent Public Procurement, are the key drivers of uninterrupted availability of pharmaceuticals in health systems.

6.2.2 Policy Objective

- To ensure that adequate funding is made available for a sustainable supply of good quality and affordable pharmaceuticals that satisfy the health needs of the population.

6.2.3 Policy Statements

6.2.3.1 Selection

- The list of medicines to be used in public health facilities will be compiled and regularly updated, in a national Essential Medicines List (EML) consisting of medicines required to satisfy the priority health needs of the majority of the population, made available and

accessible at all times in adequate quantities and at the appropriate dosage forms, and at prices that the individual and the community can afford.

- The selection of essential medicines will take into account the disease prevalence, the standard treatment, the capacity of the staff, the funds available, as well as the demographic and environmental factors
- A National Medicines Committee (NMC) and its associated technical subcommittee will be set up for the selection of medicines to be included on the EML, through a documented selection procedure that will ensure transparency in the listing of medicines and other health technologies on the EML. The NMC will provide general oversight of the crafting of the national EML as well as the formulation/revision of other pharmaceutical policy documents.
- The EML will be the basis for the procurement and reimbursement of medicines within the public sector as well as the prioritization of investments in pharmaceuticals

6.2.3.2 Financing

- Under the Free Health Care Initiative, the government will, provide medicines free- of-charge for children under 5 years, pregnant women, lactating mothers, malaria, HIV/AIDS, tuberculosis patients, Ebola survivors, persons with disability, School Health Program and others, as will be determined by the government.
- The list of medicines to be covered under the Free Health Care Initiative will be periodically updated, in collaboration with stakeholders. The government will provide adequate funding to make these products available at all times in health care facilities to serve the targeted beneficiaries.
- The rest of the essential medicines will be funded through cost-recovery schemes which will be implemented through a revolving fund to achieve long-term financial and operational sustainability.

6.2.3.3 Pricing

- A wholesale and retail mark-up system will be developed or reviewed in a transparent and consultative manner for all service providers in the public and private sectors. This will entail regressive mark-up (lower mark-up for higher-priced products) to encourage dispensing of lower-priced generics.
- Wholesalers and retailers will be required to display medicine prices to ensure transparency in medicine pricing

- Pharmaceuticals and health products will be subject to tax and tariff exemptions
- A price monitoring system, to ensure implementation of pricing policies instituted by the government, will be institutionalized in collaboration with the Ministry responsible for trade and commerce.
- All prescriptions will be written by generic names. For all prescriptions written in brand name, generic substitution will be permitted.

6.2.3.4 Procurement

- Only medicines on the National Essential Medicines List and in generic names will be procured in public sector, unless otherwise specifically authorized by the Ministry of Health and Sanitation.
- All public health facilities will procure medicines from the central procurement agency, NMSA. Private sector facilities are also encouraged to procure from NMSA.
- NMSA will use national and international competitive tendering, direct negotiations, and pooled procurement for economies of scale, to ensure that medical products are purchased at the best possible prices.
- Procurement prices will be periodically compared with international prices to evaluate efficiency of procurements.
- Supplier performance will be monitored to establish the quality of suppliers for future procurement activities.
- Procurements will conform to the national procurement laws for pharmaceuticals in Sierra Leone

6.2.3.5 Warehousing and Distribution

- Medicinal products will be stored in compliance with good storage and distribution practises at the central, regional and district warehouses. Public sector warehouses will be upgraded to meet the minimum defined standards that will ensure the quality and security of stored products.
- Inventory will be managed to ensure accurate and systematic recording, monitoring, and reporting of stocks so as to optimise medicines procurement while minimizing stock-outs, expiries and stock holding costs.
- To minimize losses at warehouses, appropriate risk management systems will be developed and implemented

- The private sector will be adequately accredited to participate in the warehousing and distribution of medicines in the public sector with the aim of improving efficiency and enhance cost-effectiveness.
- Systems will be developed to ensure that deteriorated, damaged, expired, banned, falsified, substandard, obsolete, and unwholesome products are promptly, efficiently and safely disposed of in a manner that will not be harmful to the community and the environment.

6.2.3.6 Local Manufacturing

- Regional and international partnerships will be brokered to support the development of the local manufacturing industry with the aim of achieving self-sufficiency in the supply of pharmaceuticals.
- Local production of traditional medicines will be supported.

Access to Specialized Medical Products

6.2.3.7 Vaccines and Biologicals

- Vaccines and other biologicals will be managed, stored, and transported in accordance with WHO Good Practices for Distribution and Storage of Temperature-Sensitive Products to maintain their quality and efficacy.
- All immunization with vaccines will be subject to Adverse Events Following Immunization (AEFI) reports to ensure the safety of the target populations.

6.2.3.8 Traditional Medicine

- The capacity to provide safe and effective primary care using traditional medicines will be built into the national health system
- Traditional medicine practitioners will be encouraged to collaborate with orthodox medicine practitioners to share information on safety and efficacy of traditional medicines with due consideration to protection of intellectual property rights.
- Researchers will be supported to investigate and document the efficacy and safety of traditional medicines with the aim of incorporating them into the national health systems
- The marketing of traditional medicines will be regulated and controlled to ensure safety and appropriate use.
- Conservation of medicinal plants by adhering to good practices in cultivation and harvesting will be promoted. Development of botanical gardens will be pursued.

6.2.3.9 Controlled Medicines

- Controlled medicines such as opioid analgesics will be made available at all times in relevant facilities for medical and scientific use in order to manage cancer, HIV/AIDS, surgery, reproductive and family health, mental health etc.
- Adequate control, which will not impede access, will be instituted to prevent diversion and misuse.

6.2.3.10 Non-Communicable Diseases

- A limited range of essential medicines and technologies will be selected on the basis of their cost effectiveness and made constantly available at health facilities for the management of non-communicable diseases (NCDs) such as hypertension, diabetes, cardiovascular diseases. In the case of Type 1 diabetes, availability and affordability of insulin will be monitored and assured.

6.2.3.11 Medicine Donations

- All donations of pharmaceutical products will be based on an expressed need, relevant to the disease pattern in the country, and will comply with the requirements of the regulatory agency in relation to imported pharmaceutical products. Unsolicited pharmaceutical product donations will not be permitted.
- Drug donation guidelines will be regularly updated in order to provide guidance to donors of pharmaceutical products

6.2.3.12 Medicine Management during Emergency

- During national emergencies, medicines will be procured and managed, using existing structures as far as possible, to ensure timely supplies, without compromising quality, safety, and efficacy.
- All donations during emergencies will comply with the Guidelines for the Donation of Medicines, Medical Supplies and Equipment to Sierra Leone.

6.2.3.13 Medical Devices

- A list of national essential medical devices will be compiled and regularly updated to guide procurement and improve access in health facilities.

6.2.3.14 Veterinary Medicines

- The National Medicines Policy will also apply to veterinary medicines
- A list of essential veterinary medicines will be compiled and regularly updated to guide procurement and use of veterinary products

6.2.4 Strategies

- Establish/review policies, criteria, procedures and plans to regularly update the Essential Medicines List, which also includes specialized products.
- Regularly update the list of medicines for the Free Health Care and Cost Recovery programs as the basis for selection, quantification, and funding of medical products
- Develop/review policies, plans, procedures to ensure that medicines are procured, stored, distributed, destroyed, and accounted for throughout the supply chain
- Provide adequate resources (human, financial, technical and infrastructure) to enable efficient supply management of medical products
- Implement a pricing policy that will ensure that products in the country are affordable and constantly available

6.3 Rational Use of Medicines

6.3.1 Preamble

When prescriptions are not based on sound scientific evidence established in approved treatment guidelines, medication use can become unsafe, ineffective and result in the wastage of scarce resources. Irrational use of medicines increases adverse drug reactions, antimicrobial resistance, development of complications and ultimately results in increased morbidity and mortality.

6.3.2 Policy Objective

To ensure that medicines are appropriately, safely, and cost-effectively used to optimize health outcomes while reducing the wastage and hazards arising from irrational prescribing and dispensing of medicines.

6.3.3 Policy Statements

- Prescribing in public health facilities will be made by generic name and in accordance with the Essential Medicines List and Standard Treatment Guidelines or treatment cards depending on the level of care.
- Prescriptions will be filled, labelled and medicine information communicated adequately to patients in accordance with the principles of Good Dispensing Practices.
- Drugs and Therapeutics Committees (DTCs) will be responsible for correct, efficient, safe, and cost-effective use of medicines in secondary and tertiary health institutions. In primary health facilities, District Health Management Teams (DHMTs) will be responsible for rational use.
- Prescribers, dispensers, and consumers will receive accurate, unbiased, balanced information that will promote appropriate use of medicines through organised Drug Information Centres and Poison Control Centres, from pharmaceutical industry representatives and through public campaigns.
- Prescribers and dispensers will receive adequate pre- and in-service training to enable them to prescribe and dispense medicines appropriately.
- Consumers will be periodically sensitised on the appropriate use of medicines.

6.3.4 Strategies

- Strengthen the capacity of prescribers in appropriate use of all medicines as well as to address the special needs of different populations (paediatric, geriatric, and palliative care, infection management and control, non-communicable diseases, traditional medicines etc.).
- Strengthen the capacity of dispensers in good dispensing practice, providing medicine information to prescribers and clients as well as compounding
- Provide adequate and updated tools, guidelines, procedures and plans to enable appropriate prescribing and dispensing
- Regularly monitor medicine use indicators in order to continually improve appropriate use in health facilities
- Regularly organize educational programmes for consumers through the media about the importance of the appropriate use of medicines

6.4 Management Support Systems

6.4.1 Preamble

In order to achieve the objectives of the NMP, management systems are designed, operationalized and maintained by competent and adequately qualified personnel to support the planning, implementation, monitoring and evaluation. Support systems therefore help personnel collect information, plan, organize and track progress over time. Good pharmaceutical support systems are the key to achieving set objectives.

6.4.2 Policy Objectives

To ensure that systems required for effective planning, implementation, monitoring and evaluation of the National Medicines Policies are designed and optimized by appropriately trained personnel.

6.4.3 Policy Statements

6.4.3.1 Human Resource Development

- Sufficient number of appropriately qualified and motivated personnel will be deployed, supported, supervised, and appropriately posted to ensure implementation of the National Medicines Policy. The government will provide incentives to ensure coverage of the underserviced areas.
- Initial and continuing training will be provided for health professionals in Supply Chain Management, Rational Use of Medicines, as well as the supportive functions of regulation, operational research, and training to function effectively in meeting the objectives of the National Medicines Policy.
- Pharmacists will be supported to specialize in different aspects of pharmacy practice through specialized training programs and post graduate studies.

6.4.3.2 Research and Development

- Operational research will be carried out to optimize implementation, monitoring and evaluation of the National Medicines Policy.
- The efficacy and safety of medicines will continually be researched to optimize the use of medicinal products within the population
- Research on the use of locally available medicinal and aromatic plants will be explored for the discovery and development of new medicines in collaboration with national and international research institutions.

6.4.3.3 Pharmaceutical Management Information Systems

- For effective and evidence-based decision making, data collection, storage, analysis, and dissemination will be enhanced to ensure attainment of the objectives of the National Medicines Policy.

6.4.3.4 Risk Management Systems

- Systems will be put in place to implement preventive and corrective measures that will eliminate or reduce risks to medicines, facilities and personnel from the hazards of fire, explosions, theft, vandalism, natural catastrophes and environmental damage to ensure continuous availability of pharmaceuticals.

6.4.3.5 Monitoring and Evaluation

- The progress of implementation of the National Medicines Policy, against a masterplan with performance indicators, will be monitored and evaluated by Directorate of Pharmaceutical Services (DPS) at regular intervals and this will be part of the Pharmaceutical Management Information System (PMIS) as a subset of the national health information system.
- Critical components to be monitored and evaluated will include but are not limited to:
  - Monitoring of supply chain management activities including the rational use of medicines
  - Periodic monitoring of availability and price of key essential medicines
  - Surveillance of quality of medicines in the country
  - Monitoring of the safety of medicines circulating within the country.
- Annual monitoring and evaluation reports around pharmaceutical services delivered by NMSA, Pharmacy Board and Pharmacy Council will be submitted by DPS to the MOHS.
- A comprehensive evaluation of the implementation of the National Medicines Policy will be carried out every five years.

6.4.4 Strategies

- Establish a human resources development plan for the pharmaceutical sector, to ensure adequate staffing for implementation of the National Medicines Policy.
- Fill all established and new positions for pharmaceutical personnel to ensure adequate pharmaceutical service provision by implementing the latest scheme of service for pharmaceutical human resources.

- Regularly review the curricula of training schools and continuing education of health professionals to enable health workers implement and monitor the National Medicines Policy as appropriate to their roles and responsibilities.
- Establish and strengthen structures that support data collection, storage, analysis, and dissemination through the use of electronic information management systems.
- Strengthen risk management evaluation, planning and implementation in pharmaceutical warehouses.
- Develop a monitoring and evaluation framework to track implementation of the National Medicines Policy.

6.5 Leadership and Good Governance

6.5.1 Preamble

Leadership and governance in a pharmaceutical system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coordination, collaboration, communication, and accountability. Accountability is an important aspect of governance that concerns the management of resources and relationships to achieve the intended purpose in a transparent and inclusive manner.

6.5.2 Policy Objectives

To provide a framework for effective leadership and good governance that enables efficiency and value-for-money in implementation of the National Medicines Policy in a manner that provides assurance and confidence to the public in the pharmaceutical sector

6.5.3 Policy Statements

6.5.3.1 Implementation Framework

- Policies, laws, regulations, and guidelines will be developed or updated to provide adequate guidance and references to actors in the pharmaceutical sector to pilot the implementation of the National Medicines Policy.

- Good practices that will ensure products and services described in the National Medicines Policy are fit for purpose will be institutionalized.

6.5.3.2 Transparency, Accountability and Communication

- Transparency, accountability, and ethical practices will be institutionalized in the medicines regulation, as well as in the procurement and supply management systems.
- Strategies to ensure access to information, enforcement of standards, promotion of good practices and overall reduction of vulnerabilities of systems to wastage and corruption will be pursued.

6.5.3.3 Coordination

- In order to achieve optimal use of limited resources in the implementation of the National Medicines Policy, a coordination mechanism that will provide a common framework for planning, programme management, supportive supervision / coaching and mentoring, reporting, monitoring and evaluation, which will meet the requirements of all stakeholders including development partners, will be institutionalized.

6.5.3.4 Partnerships and Collaboration

- Partnerships and collaborative relationships will be fostered with other ministries, departments and agencies, development partners, the private sector, regional and international organisations to support coordination, resource mobilization, technical and knowledge sharing for the realization of the goals of the National Medicines Policy.

6.5.3.5 Community Participation

- The community will be included in the analysis, decision-making, planning, implementation, monitoring and evaluation of the National Medicines Policy to ensure that the people receive the medicines that are affordable and meet their needs.

6.5.4 Strategies

- Identify and enact policies, legislation, and guidance documents to support implementation of relevant aspects of the National Medicines Policy.
- Strengthen coordination between levels of the health care delivery system and between programs and partners to ensure that resources are harnessed to optimize implementation of the National Medicines Policy.
- Develop mechanisms to ensure that all procedures, processes, and decisions arrived at during the implementation of the National Medicines Policy are made publicly available.
- Develop a framework for engagement of the private sector in pharmaceutical service delivery during implementation of identified systems.

- Mainstream community participation in policy formation, implementation, monitoring and evaluation of the National Medicines Policy

List of Documents Consulted

1) Government of Sierra Leone, Draft Medicines Policy 2012
2) Government of Sierra Leone, National Medical Supplies Agency NMSA Act 2017
3) Government of Sierra Leone, Demographic Health Survey, 2013
4) WHO Country Office 'Draft Quality of care policy 2018'
5) Government of Sierra Leone, National Pharmaceutical Procurement Unit Act, 2012 (now repealed and replaced)
6) Management Sciences for Health: Administrative Guidelines for Drugs and Therapeutic Committees
7) Government of Sierra Leone, Basic Package of Essential Health Services 2015-2020
8) Government of Sierra Leone, Pharmacy and Drugs Act 2001
9) Government of Sierra Leone, Health Compact 2011
10) Government of Sierra Leone, Guidelines for Donation of Medicines Supply and Equipment 2004
11) World Health Organization, Global Shortage of Access to Medicines and vaccines, 2018
12) Government of Sierra Leone, National Health Sector Strategic Plan 2017-2021
13) Government of Sierra Leone, Health Sector Recovery Plan (2015 – 2020)
14) Government of Sierra Leone, Treatment Guidelines for Primary Health Care 2012
15) Government of Sierra Leone, Standard Treatment Guidelines 2006
16) Organogram for Sierra Leone Directorate of Pharmaceutical Services