



Restructuring the Directorate for Drugs and Medical Supplies

December 2017



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SLAPS 
Systems for Improved Access
to Pharmaceuticals and Services

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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Key Words

Directorate for Drugs and Medical Supplies (DDMS), organogram, Leadership Development Program (LDP), terms of references (TOR)

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ACRONYMS

DDMS	Directorate for Drugs and Medical Supplies
DPS	Directorate of Pharmaceutical Services
FHC	Free Health Care [Initiative]
M&E	monitoring and evaluation
MOHS	Ministry of Health and Sanitation
NHSSP	National Health Sector Strategic Plan
NPPU	National Pharmaceutical Procurement Unit
PHU	peripheral health unit
PLO	pharmaceutical logistic officer
PMIS	Pharmaceutical Management Information System
RMU	rational medicine use
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
TOR	terms of reference

BACKGROUND

The pharmaceutical sector in Sierra Leone faces several challenges. The Ministry of Health and Sanitation (MOHS), in collaboration with different partners, works to strengthen the capacity of district and peripheral health facilities (hospitals and units [PHUs]) to ensure an uninterrupted supply of essential medicines and to manage supply chain activities through an improved nationwide Pharmaceutical Management Information System (PMIS and rational medicine use (RMU) for better health outcomes.

The Directorate for Drugs and Medical Supplies (DDMS) is a relatively new addition to the MOHS pharmacy sector. In the past, the central medical stores, under the leadership of a chief pharmacist, served as the pharmacy department and procurement, warehousing, and distribution entity. The DDMS is accountable to the MOHS central governance and functions within the guiding principles that should provide an effective and efficient pharmaceutical service to the country. The sector abides by the MOHS core values which underlie the directorate's strategies and work processes to create an enabling environment to attract an effective workforce. The adoption of the revised governance structure of the Directorate of Pharmaceutical Services (DPS) will provide the leadership with the platform to achieve the National Health Sector Strategic Plan (NHSSP) goals to reduce inequalities and improve health service delivery to the country.

The governance, management, and service delivery functions of the pharmaceutical sector in Sierra Leone face numerous challenges, coupled with a fragmented supply chain system, uncoordinated parallel procurement systems, and poor donation practices.

The supply chain system of the DDMS cannot consistently meet the medicine supply needs of the population, despite donors providing medical supplies through the Free Health Care (FHC) Initiative. Essential medicines remain scarce, particularly at PHUs, and stock-outs of essential medicines occur frequently. Currently, the selection and quantification process for medicines is not based on consumption and is not reflective of beneficiaries' actual needs, thus creating a prime environment for stock-outs, overstocking, emergency purchases, noncompetitive and nontransparent procurement, and easy diversion of supplies to unintended destinations. Furthermore, the absence or weakness of representative structures and mechanisms at different levels (that should actively contribute to decision making on selection, quantification, procurement, and distribution) contributes to threats and risks along the pharmaceutical supply chain.

The DDMS plays a key role in providing technical guidance and setting strategic direction in policy formulation, service delivery, standards, laws and regulations, and objectives for the pharmaceutical sector in Sierra Leone. It is also involved in stakeholders' collaborations and coalition building, resource mobilization and deployment of resources, and monitoring and oversight.

SIAPS Sierra Leone was a two-year project funded by USAID, seeking to strengthen pharmaceutical systems in the overall context of the Government of Sierra Leone's post-Ebola Recovery Program. USAID's support to MOHS, through SIAPS, focuses on pharmaceutical

management systems strengthening and supply chain management through by capacity building and providing technical assistance in improved governance, management and leadership, selection and quantification, PMIS, RMU, and continuous performance monitoring and supervision. SIAPS identified DDMS as the MOHS entity well placed to be capacitated to implement and sustain the interventions SIAPS put in place.

It is therefore necessary to review and finalize the DDMS structure at all levels to reflect this expanded role, especially with regard to the ongoing decentralization process, the capacity that must be developed, and aligning DDMS' work plan with SIAPS.

As part of its technical assistance to DDMS, SIAPS supported revision of the treatment registers and the report, request, and issue voucher. SIAPS also provided technical assistance in the training of trainers and national cascade training for introducing the newly developed treatment register. DDMS was provided with comprehensive capacity-building technical assistance with the training conducted in leadership development to help overcome the problems within the DDMS, including stock-outs, poor data quality, and not including pharmacists in the decision making process. The training also helped staff become proactive, take the initiative in resolving long-standing issues, and reduce their dependence on relying on their superiors to solve problems.

DDMS, in collaboration with SIAPS, planned step-by-step measures to strengthen DDMS by:

- Reviewing the strategic plan
- Developing a draft organogram and terms of reference (TOR)
- Holding a retreat to brain storm the drafting of an organogram and TOR
- Conducting Leadership and Development Program (LDP) training
- Finalizing the organogram
- Building capacity with up to date reference materials and equipment

The retreat was held August 24-26, 2016, with the following outcome objectives:

- Assembling the evidence for interventions that work, lessons learned as a program, and key promising innovations and practices in the pharmaceutical supply chain
- Finalizing the DDMS organogram
- Identifying and setting timelines for the review of policy documents related to pharmaceutical supply chain strengthening systems
- Creating a timeline for approval of the TOR for the national quantification committee and technical working groups
- Identifying future pharmaceutical system strengthening priorities, activities, and challenges based on SIAPS projects, e.g., the study tour
- Preparing and submitting the retreat report

SIAPS helped the DDMS review its organogram and define the roles and responsibilities of the constituent units. The organogram, which defines the structural framework for implementing DDMS' mandate and the TOR for the four newly established key functional units—Governance, Human Resources Management, Products and Technologies, and Administrative and Finance—are now approved.

SIAPS' helped the DDMS convene meetings that enabled department heads and district pharmacists to review their proposed roles and responsibilities under the reorganization and propose improvements. The organogram and TOR will help clarify roles and responsibilities and enhance accountability within the directorate. In addition, SIAPS facilitated a two-week LDP training of trainers course that built the capacity of pharmacists from DDMS to train others in the principles of leadership, management, and governance practices. The new trainers then cofacilitated their first training for 35 participants from across the country.

As a result of SIAPS' advocacy, Sierra Leone's 2017 MOHS mid-year health sector performance review included a dedicated session on the pharmaceutical sector for the first time. A panel of stakeholders, which included representatives from civil society organizations, participated in a facilitated discussion on key issues affecting the sector. PY6 also marked the launch of Sierra Leone's web-based pharmaceutical dashboard. Initially developed for data management and display of real-time patient and product information for ARVs and related products, the electronic early warning system has been expanded to include products for malaria, TB, leprosy, and reproductive health programs. This brings the number of countries and regions that designed, launched, and implemented dashboards for monitoring and oversight with assistance from SIAPS to eight.

Summary of key technical assistance provided by SIAPS to DDMS as part of pharmaceutical system strengthening and governance

- Review of original DDMS strategic plan
 - Drafting of improved strategic plan with organogram and TOR for each unit in the organogram
 - Review and validate the proposed new structure, organogram, and TOR
 - One-on-one engagement of unit leaders to discuss the different elements of the units
 - Joint field visits/implementations
 - Joint design of pharmaceutical SOPs/guides
 - LDP capacity building
 - Resource input to strengthen DDMS
 - Engagement of partners and transitioning project activities to DDMS
-

TRANSFORMATION FOR PHARMACEUTICAL SYSTEM STRENGTHENING THROUGH RESTRUCTURING AND CAPACITY BUILDING

As part of key technical assistance to the DDMS, SIAPS reviewed DDMS' organogram and defined the roles and responsibilities of the constituent units. Version zero of the revised organogram was presented, followed by group discussions and presentations with key objectives addressing issues related to department, unit, and staff positions to:

- Manage emerging challenges in the collaboration with the National Pharmaceutical Procurement Unit (NPPU) and the Pharmacy Board of Sierra Leone
- Formulate, review, and regulate policies and guidelines that support the implementation of pharmaceutical systems strengthening mechanisms
- Manage the governance and coordination structures at all levels to provide comprehensive, integrated health services
- Coordinate resource mobilization, selection, quantification, procurement, and distribution of medical supplies nationwide
- Manage the human resource, administrative, and financials parts of the sector
- Manage structures that promote the medicine policies and guidelines concept that ensures safety, efficacy, quality, availability, affordability, accessibility, and RMU
- Manage monitoring and evaluation (M&E) and research mechanisms for improved service delivery

Inputs from Presentations

The department responsible for establishing appropriate governance structures of the directorate should adopt the Policy, Planning, and Coordination Unit as one unit with the overall aim of providing technical advice to the chief pharmacist for medicines and medical supplies, policy formulation, implementation, and M&E.

It was agreed that the Human Resource Management Department will be responsible for DPS' staff recruitment, deployment, competitive remuneration, and mobilizing others around a shared vision. This department will serve as a steward for the development of required pharmaceutical services and capacity building of staff to provide pharmaceutical services in the country.

The M&E Unit will be responsible for M&E of projects and programs under the directorate and will have the ability to conduct and manage research projects.

The Quality Assurance Unit should be separated from the M& E Unit with the responsibility of conducting quality in-process and out-process checks for all pharmaceutical service functions.

The Product & Technology Department will be responsible for managing pharmaceutical products selection, quantification, in-country distribution, and inventory management. The department will help promote the use of essential policy documents related to medical supplies, PMIS, and pharmaceutical care, thereby linking the DPS with the district.

The Finance & Admin Department will be responsible for managing financial and administrative transactions of the DPS.

A conclusion on setting the timelines for approval and implementation of the new DPS structure, together with the required needs, was reached; the new structure was expected to start functioning by the end of 2016.

ACTIVITIES, METHODOLOGY, AND OUTCOMES

DDMS' revised organogram and TOR for each unit of the new structure were developed, resulting in an improved structure and initial staffing.

LEADERSHIP, MANAGEMENT, AND GOVERNANCE OF THE DPS

Leadership and governance of Sierra Leone's DPS is a key pillar of the health care system. The DPS plays a key role in providing technical guidance and setting strategic direction for policy formulation, service delivery, standards, laws and regulations, and objectives. It is also involved in stakeholder collaboration and coalition building, monitoring and oversight, resource mobilization, and resource deployment. The DPS is expected to provide leadership and to manage the efforts of pharmaceutical health care providers, particularly pharmacy personnel, to ensure that strategic goals and objectives are accomplished at all levels.

It was therefore necessary to review the DPS structure at all levels, especially with regard to the ongoing decentralization process and capacity needs.

KEY ISSUES

- Emerging challenges in the national pharmaceutical care services in the country
- Paradigm shift in the way pharmaceuticals are managed in the country because of the NPPU Act introduced in 2012
- Regulations to support the implementation and the provisions of the NPPU Act
- Need for governance and coordination structures at all levels
- Stewardship/leadership in the implementation of the National Medicines Policy
- Structures for coordinated resource mobilization, selection, quantification, procurement, distribution, and financial management
- Structures for promotion of essential medicines concepts to ensure safety, efficacy, quality, availability, affordability, accessibility, and RMU
- Public-private partnership in the provision of comprehensive, integrated health services
- Mechanism for monitoring services

GUIDING PRINCIPLES

The guiding principle for the development of the DPS' governance structure is based on MOHS' general objective of strengthening the functions of the National Health Service. The goal of the National Health Service is to improve on key performance criteria as provided in the NHSSP 2010-2015); these are:

- Access to health services (availability, utilization, and timeliness)
- Quality of health services (safety, efficacy, and integration)
- Equity in health services (disadvantaged groups)
- Efficiency of service delivery (value for resources)
- Inclusiveness (partnerships)

The inputs required to influence these performance criteria conform with the NHSSP and WHO's six overarching health systems building blocks that support access to high-quality health services, leading to positive health outcomes for clients and communities, especially those who are most vulnerable and underserved. The fifth pillar is key to the DDMS' "management of medical products and technologies so that the right products are delivered in the right quantities, at the right time, and in the right place—and then used appropriately."

- Governance
- Services delivery
- Human resources
- Health financing
- Medical products and technologies
- Health information

POLICY OBJECTIVES

Health care delivery has always been based on the principles and values of the Alma-Ata declaration on primary health care (1978). Medicines are essential, integral parts of quality health care delivery, and it is unthinkable without the availability of necessary medicines. They do not only save lives and promote health, but prevent epidemics and diseases. The medicines are undoubtedly one of the weapons of mankind to fight disease and illness. Accessibility to medicines is the fundamental right of every person.

The DDMS is aligning to the primary health care concept that states that “health is a contributor to national development and shift towards innovative evidence-based ways of coping.”¹The revised governance structure is designed to provide new impetus, energy, leadership, and flexibility to the directorate to contribute to achieving NHSSP’s goals of reducing inequalities and improving the health of the people. This applies especially to mothers and children through a strengthened national health system that enhances health-related outcomes and impact indicators.

The DPS abides by MOHS’ core values, which underlie the directorate’s strategies and work and form the foundation on which the staff performs their work and conducts themselves.

Core Values

- Right to health
- Equity
- Pro-poor
- Cultural sensitivity
- Solidarity
- Friendliness

Working Principles

The DDMS is accountable to the MOHS central governance. It functions within these working principles to provide a comprehensive and integrated range of primary-, secondary-, and tertiary-level health care services, including effective and efficient pharmaceutical services. This should result in a corresponding reduction in vertical, centrally driven individual programs. The principles are:

- Active promotion of healthy lifestyles and health-seeking behavior among the population
- Prioritizing prevention and control of communicable and selected chronic and noncommunicable diseases, as well as trauma and related injury, reproductive and child

¹ Government of Sierra Leone Ministry of Health and Sanitation. National Health Sector Strategic Plan 2010-2015. <http://sierraleone.unfpa.org/en/publications/national-health-sector-strategic-plan-2010-2015>

health, adolescent health, the well-being and health of vulnerable groups, and providing a basic package of essential health services for mothers and children

- Providing special attention to the needs of all vulnerable groups, including children, women, the poor, the aged, and those from rural and remote areas
- Capacity building, including human resource development
- Appropriate deployment and distribution of the health work force
- A genuine desire to listen to what communities say and to encourage their contribution
- Increased and more diverse public-private sector collaboration
- Evidence-based, quality interventions, based on an informed use of reliable pharmaceutical information
- Implementation of health financing systems that promote equitable access to priority medicines and pharmaceutical services

STRATEGIC OBJECTIVES, ACTIONS, AND TARGETS

Objective 1

- Provide a legal framework and necessary capacities to implement pharmaceutical care services
- Provide a monitoring mechanism for progress on the enforcement of regulations
- Promote the safety, quality, efficacy, and sound use of traditional and complementary medicines
- Strengthen good governance in medicine management and delivery of associated services

Objective 2

- Strengthen the human resource capacities of pharmaceutical personnel at district, regional, and national levels
- Develop and ensure availability of a pharmaceutical operations manual, specifying roles and responsibilities of all pharmaceutical staff at all levels by 2017
- Develop a training program on leadership, management, and governance at all levels

Objective 3

- Provide clear communications line between DDMS, NPPU, the Pharmacy Board, regional and district levels, and PHUs
- Strengthen mechanisms to harmonize and align activities among stakeholders in the pharmaceutical sector within the framework of government priorities and procedures
- Strengthen pharmaceutical management capacities of all hospitals through training and the provision of appropriate supporting environments
- Support the development of strategic and development plans of the DDMS

Objective 4

- Provide a viable oversight, pharmaceutical sector planning, and monitoring and supervision system from national to district levels

Objective 5

- Establish dynamic interactions between pharmaceutical care providers and consumers with the view to improving the quality, accountability, and responsiveness of services
- Strengthen mechanisms for monitoring/addressing pharmacovigilance-related information

Objective 6

- Strengthen coordination, collaboration, alignment, and harmonization with development partners and implementing agency statutory bodies (Pharmacy Board, NPPU, etc.)
- Strengthen capacity of pharmaceutical personnel involved in the coordination structures at district levels as per agreed program, including development of TOR and operational guidelines
- Develop and adopt resource allocation criteria to ensure equity of access to and affordability of essential medicines
- Facilitate a joint funding mechanism for pharmaceuticals
- Develop a cohesive public-private partnership policy and guidelines for sustainable access to essential medicines based on the primary health care strategy

Objective 7

- Develop a pharmaceutical sector-wide coordination mechanism for ensuring that all funding for the sector supports a single policy and expenditure program under government leadership and adopting common approaches across the sector
- Develop a common national joint coordination mechanism that is fully aligned with the national medicines policy and strategic plan
- Develop common management arrangement approaches across the sector by all partners, covering selection, quantification, procurement, disbursement, accounting of funds, and joint reviews of pharmaceutical sector performance

Expected Outputs/Outcomes

- Strengthened DDMS stewardship/leadership role in pharmaceutical care services
- Coordination and partnership structures at all levels strengthened and functional

- Effective pharmaceutical care services based on essential medicines concept for effective selection, quantification, procurement, distribution, and RMU
- Coordinated resource mobilization and financial management for pharmaceutical management systems
- Performance-based management system established
- Improved medicines laws and regulations
- Strengthened mechanism for M&E

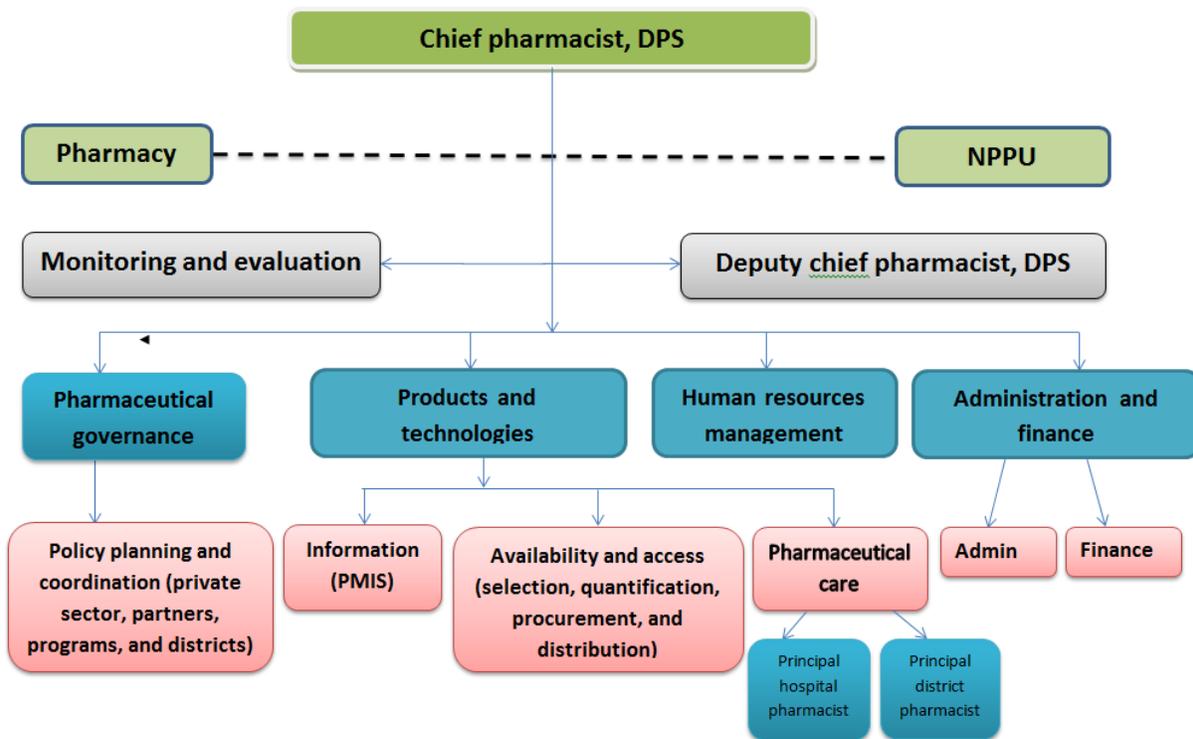


Figure 1. Revised DPS organogram

ROLES AND RESPONSIBILITIES

Pharmaceutical Governance

The Pharmaceutical Governance Unit is responsible for establishing appropriate governance structures for the directorate and providing an enabling environment in which legitimate action is taken to meet stakeholders' needs. This includes designing organograms that can effectively manage pharmaceutical care services in Sierra Leone.

Policy Planning and Coordination Unit

The Policy Planning and Coordination Unit is responsible for developing and reviewing national medicine policy which provides a vision for service delivery in Sierra Leone. It provides a basis for planning implementation strategies, creates uniformity and focus in pharmaceutical development, and enhances processes for the M&E of strategies to accomplish policy goals.

The unit serves as the technical advisor to the chief pharmacist for medicines and medical supply policy formulation, implementing, and M&E. The unit is responsible for improving pharmaceutical services and policy guidance formation to develop access to and safe use of appropriate, cost-effective, and quality medicines. It is also aligned to all other health related policies and laws that affect the pharmaceutical sector, such as the National Health Policy.

Key roles and responsibilities include:

- Development, review, implementation, and M&E of the policy
- Developing strategies to adjust staff's values and work principles
- Providing technical advice to the chief pharmacist on all matters pertaining to international and national pharmaceutical policies, laws, protocols, and conventions on narcotics, psychotropic substances, and their chemical precursors and implementation to ensure compliance
- Planning for pharmacy staff at all levels
- Continuing in-service professional development as a licensure requirement
- Promoting collaborative linkages among MOHS departments and programs, statutory bodies, development partners, and other ministries implementing pharmaceutical activities at all levels
- Assisting stakeholder groups with understanding how they contribute their unique strengths, expertise, experience, and position to support a successful pharmaceutical service

Human Resource Management

The directorate is responsible for planning for human resources so that pharmaceutical services staff meet the requirements of implementing the health policy and, in particular, pharmaceutical services. Hence, DPS' role is to plan, create, align, and facilitate recruitment, deployment, and competitive remuneration and mobilize others around a shared vision. It serves as a steward for the development of required pharmaceutical services and capacity building of the appropriate staff to ensure these services in the country. Their job is to:

- Define leadership that influences health policy
- Define human resources needs befitting the scope of pharmaceutical care service
- Define role of pharmacy human resources
- Identify education needs, training, and development plans
- Review and contribute to designing organograms that facilitate teamwork
- Provide integrated services
- Influence pre-service curricula as a basis for national development
- Manage recruitment, supervision, motivation, and retention mechanisms for pharmacy staff
- Establish a results-based management system for management contracting, performance reviews, staff evaluation, and system improvement initiatives
- Ensure development and design of job descriptions, performance appraisals, discipline, conflict resolution, and delegation
- Develop cultures around a shared vision to work with integrity and be consistent with a chosen approach and clear values
- Create a climate that rewards staff for their work, including trying new ways of doing things, efforts, and commitments and holding them accountable
- Process personnel information for promotion, leave, and benefits

Products and Technologies

DDMS is responsible for promoting the essential medicines concept that ensures selection of medicines with due regard to public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness and that satisfies the priority health care needs of the population.

The directorate is responsible for ensuring availability of essential medicines 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.

Availability and Access

- Provide pharmaceutical supply chain oversight and technical support services in the provision of essential medicines and medical supplies in the country
- Provide policy guidance in supply management of medicines in collaboration with stakeholders
- Provide regular training, supervision, counseling, mentoring, and coaching of MOHS staff that manages medicine selection, quantification, distribution, inventory control, storage, rational use, and logistic information in public hospitals, central and district stores, PHUs, and clinics in collaboration with NPPU
- Work with NPPU to provide essential medicines (including priority orphan drugs) through the FHC Program to combat and prevent prevalent diseases in the country; the directorate provides oversight in procurement, storage, distribution, and inventory management
- In collaboration with NPPU, coordinate and provide leadership and technical service to develop annual procurement plans for medicines and medical supplies for acquisition
- Provide policy guidance to MOHS, commerce and industry, and the pharmaceutical industry in local production of essential medicines
- Collaborate with the Pharmacy Board and the pharmaceutical industry to promote cost-effective production of essential medicines within Sierra Leone in accordance with the standards of current Good Manufacturing Practices
- Provide policy guidance to ensure affordability (FHC, cost recovery, insurance, medicine benefit schemes, donor assistance)
- Provide general supervision of the pharmaceutical sector for affordable essential medicines
- Work with the Pharmacy Board to ensure a sufficient medicine supply and quality assurance, including monitoring and control of narcotic drugs in all private and public health institutions

Use Unit

The role and responsibility of this unit is as provided by the WHO definition of rational use of medicines, “patients receive medications appropriate to their clinical needs, in doses that meet

their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community.”²

Rational Use

- Manage the review and updating of the national essential medicines list in collaboration with the planning unit
- Ensure compliance with standard treatment guidelines that help prescribers make decisions about appropriate, evidence-based treatments for specific clinical conditions
- Collaborate with the undergraduate training institution to incorporate problem-based pharmacotherapy training
- Provide independent information on medicines for prescribing and dispensing
- Promote consumer awareness about medicines use
- Develop a mechanism of empowering communities on RMU
- Provide policy guidance to avoid perverse financial incentives to prescribers and pharmacies
- Collaborate with the Pharmacy Board to enforce regulations to ensure quality assurance, safety, efficacy, and accountability in medicine utilizations and medical supplies
- Provide technical input in integrated pharmaco-economics budgeting and sufficient government expenditure to ensure availability of medicines and staff

Drugs and Therapeutics Committee Unit

- Establish and mandate drugs and therapeutics committees (DTCs), which are multidisciplinary national bodies that coordinate medicine use policies and implement and evaluate interventions to promote more RMU in districts and hospitals
- Provide continuous supervision, audit, and feedback of all public and private health institutions on appropriate use of medicines
- Design and conduct operational research on matters relating to RMU, affordability, and medicine benefits
- Ensure a periodic update of formulary, guidelines, policies, and other reference materials that promote RMU

² World Health Organization. 2002. Promoting Rational Use of Medicines: Core Components - WHO Policy Perspectives on Medicines, No. 005. <http://apps.who.int/medicinedocs/en/d/Jh3011e/>

- Develop model pharmaceutical care tools (pharmaceutical chart, drug utilization chart, adverse drug reaction forms, prescription template, etc.) for utilization in hospitals
- Establish a unit dose dispensing system

Pharmaceutical Information

An effective PMIS can synthesize the large volume of data generated by pharmaceutical management operations. The Pharmaceutical Information Unit will be responsible for integrating data collection, processing the data into information for use in planning activities, estimating demand, allocating resources, and M&E of pharmaceutical management operations. The unit will maintain custody of, retrieve, and disseminate information and will provide overarching information on personnel, outlets, laws, and facilities. It will also develop, produce, and provide pharmaceutical bulletins, bill boards, fliers, etc.

The information is often based on key indicators. Staff at all levels should have appropriate indicators to monitor both their own performance and that of the units for which they are responsible. An essential function of a PMIS is to improve accountability. Much of the recording and reporting in a PMIS is intended to create an audit trail for products as they enter or leave a pharmaceutical supply system. A PMIS should also have a mechanism to provide feedback to the reporting centers and stakeholders.

Administrative and Finance

This department will oversee all DPS' financial and administrative services.

Administration

- Serves as support staff for the DPS for the day to day running of the office
- Provides support to other departmental activities within the DPS
- Provides coverage for reception and secretarial tasks, such as photocopying, filing documents, coordinating meetings, etc.
- Oversees the management of vehicles and drivers, cleaners, messengers, etc.
- Facilitates external and in-country travel and workshops, manages DPS property, and keeps inventory
- Liaises with ministries, government departments, and other ministry department agencies to source and collect all establishments' circulars and relevant documents guiding the conduct of government business

Finance

- Responsible for all financial transaction of the DPS
- Ensure that all transactions are entered in a timely and accurate manner into accounting software in accordance with DPS policies and procedures
- Budgets for educational development of pharmaceutical care services
- Generates annual income and expenditure report

M&E

The M&E Unit is the directorate's arm responsible for M&E of results and intervention impact. This unit is vital for systems improvement within the directorate. Functions include but not limited to the following:

- Reviewing, on a continuous basis, the degree to which planned activities are being completed and performance targets are being met
- Tracking inputs and outputs
- Analyzing progress toward meeting established pharmaceutical care service objectives, goals, or results
- Participating actively in program planning processing and budgeting
- Supporting the Pharmaceutical Governance Department in developing regular reports
- Supporting other departments in dealing with other tasks that may be required
- Providing feedback on outcomes of interventions
- Providing information on plans being met with reasons for success and/or failure
- Supervising regular data collection and ensuring quality of the data by random verifications and validations
- Recording, managing, and preserving M&E data in a safe and accessible way
- Analyzing and discussing findings based on regular monitoring data
- Providing technical support on M&E and evidence-based recommendations to the head of the Governance Department

- Ensuring that implementation of field activities adheres to DPS' M&E system
- Supporting and/or working in close collaboration with partners in conducting baseline surveys and knowledge, attitudes, and practices surveys
- Liaising with other departments within the DPS as well as district and hospital personnel for operational research
- Liaising with the Pharmacy Board of Sierra Leone on the quality of medicines procured by NPPU or other donors along the supply chain pipeline

ANNEX A. JOB DESCRIPTIONS OF KEY PHARMACEUTICAL POSITIONS

Chief Pharmacist of the DPS

The chief pharmacist is the chief executive officer (CEO) of the directorate. The CEO's role is to assume the lead in putting the long-term pharmaceutical-care services strategy into operation. The CEO is responsible for the following:

- Developing the directorate's strategic operating plans that reflect the long-term objectives, vision, mission, values, and priorities
- Aligning, galvanizing, and mobilizing stakeholders' and staff's time and energy as well as the material and financial resources to support the directorate goals and priorities
- Inspiring staff to be committed and continuously learn to adapt and do things better
- Maintaining ongoing dialogue with the ministry as the lead technical pharmaceutical policy advisor and implementer
- Putting in place adequate operational strategic planning, management systems (structures, processes, procedures), and financial control systems
- Ensuring that the operating objectives and standards of performance are understood and obeyed by the implementing directorate staff to achieve defined results
- Closely monitoring and evaluating achievements and results against plans, continuously updating information from M&E and PMIS, and using feedback to adjust plans, structures, systems, and processes for future results
- Taking remedial action where necessary and informing the ministry of significant changes
- Maintaining the directorate's operational performance
- Providing guidance in formulating all pharmaceutical-related laws and regulations for the MOHS.

It also has the responsibility of participation in development of all other health-related laws that have or may have an effect on pharmacy, such as the Sierra Leone Medical and Dental Council, Sierra Leone Nurses and Midwifery Board, International Health Regulation (2005), Local Council Act (2004), Hospital Boards Act (2003), Public Health Act, Pharmacy and Drugs Act, and NPPU Act.

Deputy Chief Pharmacist of the DDMS

The deputy chief pharmacists support the roles and responsibility of the chief pharmacist to achieve set organizational goals. In the absence of the chief pharmacist, the deputies act in that capacity.

Hospital Pharmacist

The hospital pharmacist is a member of the MOHS staff posted by the DPS. They are experts in the field of medicines, knowing the use and effect of medicines on the human system. He/she is tasked with:

- Ensuring that hospitals adhere to the national medicine policy and guidelines
- Reviewing prescriptions to make sure that medicines are appropriate and safe for patients and that there are no errors
- Giving advice to other medical staff on dosages, formulations, side effects, interactions of medicines with respect to patients' conditions
- Counseling patients on their medication.
- Working closely with medical doctors and nurses to make sure that patients receive the best care with respect to treatment, promoting rational prescribing and use of medicines, and recognizing and reporting adverse drug reactions
- Establishing clinical pharmacy services, including ward rounds, to relate patient information, especially drug histories, to treatment; monitoring patient compliance and therapeutic response to medicines; and making meaningful contributions to patients' charts (a column should be provided for pharmacists to make notes)
- Serving as a member of policy-making committees within the hospital, such as the DTC, and thus influencing the development and selection of the hospital medicines list (subset of the national essential medicines list) or formulary
- Developing guidelines and SOPs for medicine use within the hospital
- Supervising and building capacity of pharmacy personnel in delivering pharmaceutical services
- Ensuring compliance with good pharmaceutical practices and compliance with national policies, law, regulations, guidelines, and SOPs
- Overseeing hospital manufacturing of therapeutic commodities
- Supporting procurement of health commodities for the hospital to ensure the supply of quality products
- Ensuring that security and proper storage conditions are in place for all medicines and related products
- Ensuring that proper records, such as consumption data, stock status, procurement, and costs of medicines, are in place

- Keeping up with current trends for conducting and/or participating in research
- Supervising the work of pharmacy technicians
- Conducting training on PMIS and drug supply management for health staff

District Pharmacist

Under the overall guidance and supervision of the district medical officer, the district pharmacist acts as a technical advisor to the district health management team on pharmaceutical-related issues. The district pharmacist is also responsible for implementing the national medicine policy and the supply chain for pharmaceuticals and health products for the FHC and cost recovery systems. The pharmacist will work with all PHUs and hospitals in the district, other district health management team units, NPPU, and programs.

The district pharmacist would carry out the following roles and responsibilities:

- Build the capacity of the pharmacy technician, pharmaceutical logistic officer (PLO), and storekeeper in warehouse management and ensure regular update of inventory records in the warehouses.
- Carry out evidence based quantification of pharmaceuticals and health products for the district and fit into the national quantification for procurement decision.
- Coordinate timely delivery and distribute commodities to health facilities based on needs by the use of data from the health facilities
- Ensuring security and proper storage conditions for all commodities, visits storages facilities in the districts and formulates recommendations to create the appropriate conditions for storage and distribution of pharmaceutical products.
- Ensuring that the risk control management matrix is complied with during distribution of health products and commodities to all PHUs
- Ensuring regular physical inventory at the warehouses and sharing reports with supervisor
- Conducting supportive supervision and mentoring to PHU staff on drug supply management and RMU
- Serving as a member of policy-making committees, such as the DTC, and thus influencing RMU within the district
- Giving support to Pharmacy Board activities on drug regulations and control
- Ensuring that proper records, such as consumption data, stock status, procurement, and costs of medicines are in place

- Keeping up with current trends in conducting and/or participating in research
- Conducting training on PMIS and drug supply management for health staff within the district
- Supervising the work of pharmacy technicians, PIOs, PLOs, and storekeepers

Pharmacy Technician

They are posted as dispensing technicians at hospitals to ensure drug quality and safety for patients on prescription under the supervision of the pharmacist. The pharmacy technician is charged with the following responsibilities:

- Receiving and verifying prescription information and dosages, preparing labels, calculating quantities, and effectively dispensing medication and counsel (based on the pharmacist's instructions) to patients
- Maintaining pharmacy inventory by checking stock to determine inventory level; anticipating needed medications and supplies; placing and expediting orders; verifying receipt, and segregating expired medicines
- Ensuring that the pharmacy is safe and clean by complying with procedures, rules, and regulations
- Entering patient and treatment information into a manual/electronic system in the pharmacy
- Monitoring quality assurance and safety of all pharmaceuticals received in the district medical stores and hospital store and ensuring that medicines are of good quality before distributed to PHUs or dispensing to patients
- Participating in supply chain supervision from the district level to PHUs and mentoring personnel to ensure good storage practices, proper inventory management, and good quality data



DDMS staff in LDP training conducted by SIAPS in May 2017