

**GUINEA PHARMACEUTICAL SECTOR
ASSESSMENT**

MOH/USAID/GUINEA HEALTH PROJECT

DRAFT

Michael S. Gabra
2313 North, 11th. St. # 102
Arlington , VA 22201. USA
Tel & Fax : 703-908-0782

Field Work : March - April 1995
Report submitted : May 1995

TABLE OF CONTENTS

Introduction
Section I
Section II

INTRODUCTION

Overview of the USAID/GUINEA Health Project

Mission

USAID/Guinea requested BASICS assistance in the design of an MCH/FP/HIV/AIDS prevention health project. The design team and USAID/Guinea staff met during the mission counterparts from the MOH and together set a USAID/Guinea strategic health objectives of increased demand, access, and utilization to sustainable quality mother and child health care, family planning, and HIV/AIDS preventive services. In designing these strategies the team placed strong emphasis, on building upon achievements of the GOG especially in the primary health care, and on collaboration with NGOs and donors.

The purpose of this report (annex) is to describe the pharmaceutical situation as it is today in Guinea to assist USAID/Guinea in its choice of health related strategies in Family planning and Health project in Guinea.

Country profile

Health: With an annual growth of 2,8%, Guinea's population is estimated to be close to 8 million, by the year 2000. Thirty per cent of the population live in cities over 10,000 population. Conakry's population is estimated to be close to 1, 5 million. Life expectancy is below 44 years of age.

Fifty per cent of women are adolescent mothers. Total fertility rate equal to six with an average birth interval of 35 months. Infant and mother mortality is one of the highest in the region at 150 and 250 /1000 live births respectively.

Major causes of child mortality and morbidity are measles, acute respiratory infections (ARI) (30%), malnutrition (13%), malaria (11%), diarrhea (9%) and tetanus (9%).

Economy: The average economic growth rate between the years 1987- 1991 was 4,1%. It is estimated to be today close to 5 %. Ninety per cent of the economy depends on the revenues from the exportation of minerals, especially bauxite.

SECTION I : SUMMARY OF FINDINGS AND OPPORTUNITIES

1. Key findings:

1. The complexity of the pharmaceutical supply system in Guinea is due to the lack of coordination between the entities operating in the sector.
2. The lack of management skills and experience at the Pharmacie Central de Guinee (PCG) in rational procurement of essential drugs.

3. The lack of proper inventory, coordination and management of drugs and medical supplies between central and regional stores especially in connection with available stocks, consumption etc. and inter depot back up system.
4. Drug distribution and supply under the SSP/PEV/ME and the Essential drugs Unit is key to the success of the cost recovery system in the primary health care.
5. Several parallel system funded by donors and NGOs exist mainly in the rural areas.
6. There is no coordination between donors and MOH or PCG concerning the supply of drugs.
7. Most donors are resistant to the idea of integrating the supply system to PCG. When PCG performance is established, donors and NGOs will have no objections to integrate into the system.
8. The economical liberalization allowed the opening of private pharmacies. To date 212 private pharmacies operate in the country (unconfirmed data). There is little control in the system.
9. Drug information and education to prescribers, dispensers, and consumers is lacking. The private market is flooded with expensive brand names of little efficiency and utility. From information collected through interviews and field trip, over prescribing of medicines especially injections is alarmingly high, especially vitamin injections. Due to regular stock outs in the teaching hospitals in Conakry, brand drugs and medical supplies are prescribed and purchased in the private for in patients.
10. Major problem of concern to the government is the development of the parallel market. Drug peddlers in Conakry freely expose their products in the market and sell drugs in brand packages. Some sources estimate that the informal market represent 30- 40% of the market share ! The government is aware of the situation and is encouraging the private pharmacies to import and sell generic drugs. However, the GOG is not taking concrete steps such as tax incentives and low interest long term loans, to encourage import and sale of generic drugs.
11. The PCG and MOH does not have a strict pre selection of suppliers.
12. Local production of selected drugs was abandoned several years ago.
13. The PCG is not yet fully operational. Delays were caused by a) the ADB rehabilitation project and b) by the late arrival of seed stock of drugs as planned by the project.
14. Lead time of the arrival of the drugs was not taken into account. Seed stock of drugs and medical supplies worth US\$ 1,5 million purchased in 1993 by the ADB project to start operations in PCG arrived a year later. Only 75 % of the total order arrived to Conakry on September 1994. The remaining shipment is on hold because of problems on the suppliers end.
15. Pricing structures and accessibility of drugs are not similar in all regions. For example NGO “assisted” areas, in-patients and out-patients have access to essential drugs at the hospitals at reasonable price (cost price + 18-20%). Out-patients in non assisted areas purchase their drugs in private pharmacies at an exorbitant price. On the other hand, the price of drugs at PCG are 30% to 50% higher than the international price indicator. This is mainly due to the in competitive prices of the first ADB consignment.

16. There is no study showing that health centers would be able to pay PCG prices with the current price structure. PCG's mark up after all costs added is 15% for drugs used at all levels, and 30% for the rest of the drugs (hospitals) and medical material and sundries.

17. The second ADB bid was canceled by the MOH for the same reasons mentioned before. Stocks are critically low in PCG and the discussions and modalities for the preparation of a new tender and International Competitive Bidding (ICB) may take long to accomplish.

18. The distribution system of the Essential Drugs Unit is efficient and should be strengthened.

19. Foreign exchange and account is not available to PCG. However according to NGOs and donors foreign exchange is available for essentials such as drugs and medical supplies.

20. The department of pharmacy is fortunate to have qualified staff in place. The pharmacy inspection is functioning, Pharmacy Board under preparation, and the quality control is seeking funds to begin its work. Several problem persists, such as role and job descriptions, performance and channel of command and communication are not clear.

2. Summary of strategies and opportunities

Purpose of this section

The purpose of this section is to describe program activities which could produce sustainable and measurable improvement in the public sector drug supply. Some of these activities were described in the preliminary papers and discussions in December 1994 between MOH and USAID/Guinea.

Optimization of USAID/Guinea health project could be achieved through :

2.1. Improved management of the Central Pharmacy

- Increase national drug budget
- Develop cost efficiency analysis and needs of operational budget for the Pharmacie Central de Guinee (PCG)
- Review selection of essential drugs and medical supplies list (integrate contraceptives and vaccines logistics), through National Drugs Committees using the VEN (Vital, Essential, Non Essential) selection methods
- Improve management of essential drugs through (selection, quantification and projection of needs, procurement, stocking , distribution)
- Promote Essential Drugs Concept and build regional and district capacity in drug management (communication and feed back from the regions)
- Computerize inventory control

- Improve administrative and financial procedures

2.2. Coordination and integration of resources of donors (grouping of purchases and information)

- Establish MOH/Donors, NGOs Essential Drugs Supply Coordination Committee

2.3. Rational use of medicines through training and IEC (charts, posters, radio messages, therapeutic protocols and formulary)

2.4. Implementing measures aimed at limiting price increases of essential drugs.

- Revision of the price structure , including subsidies to the health centers
- Incentive to import and sale of generic drugs in the private sector
- Corrective measures to allow the purchase by the public (in-patients & outpatients) of generic drugs at hospitals in the rural areas.

2.5. Capacity building of Pharmacy department

- Drug registration
- Strengthen the Pharmacy Board
- Quality Control : Feasibility study for a National Quality Control Laboratory

3. Assessment tools & methods

Data collection was done through interviews conducted primarily in Conakry and a short field trip to Labe. Information concerning the sector was found in documents and reviews made available by different organizations. Substantial information was obtained through group and individual discussions of the design team.

The information collected were sufficient for defining a possible program of activities and intervention of USAID/Guinea.. It is noted however, that due to time limits, quantitative measures (indicators) of the availability and accessibility and rational drug use of essential drugs was not possible. The consultant recommends to conduct these studies in collaboration with other agencies (WHO/DAP) at the early phase of the program.

4. USAID/Guinea Health Activities Concerns and Opportunities

4.1 Current health and Family Planing Activities

Concerned about the potential growth of AIDS epidemic, the GOG in collaboration with Population Services International (PSI) started the social marketing of contraceptives in 1991. Based on encouraging results PSI, signed a cooperative agreement with USAID/Conakry for three years and expanded the program to family planing. Looking in the future, USAID/ Guinea and PSI would like to expand the Guinea health program in increasing demand, accessibility, and utilization to sustainable quality mother and child health care, family planing, and HIV/AIDS preventive services.

4.2. Possible opportunities for USAID/Guinea

- Building Central Pharmacy Capacity: Procurement and Inventory control

Currently drug supply in Guinea is entirely dependent on donor support. Should donor support phase out, the management of MCH/FP/STD/HIV/AIDS care, at all levels, will depend upon the availability of essential drugs and medical supplies. Efforts must be invested to develop a central and regional capacity of drug supply system with an adequate forecasting systems of national need and projections, procurement, quality control, and proper inventory control and distribution of drugs.

- Drug Information and Communication

USAID/Guinea support and intervention to change prescribing habits require a managerial, regulatory, and communication approach.. A three stage collaborative approach with the pharmacy department at the MOH can be considered :

1. Indicator surveys to document basic patterns in drug use.
2. Use of qualitative methods such as observation of patients, in-depth interviews, focus groups etc. to identify the reasons of inappropriate drug use behaviors.
3. Designing and implementing interventions

- Capacity building of the MOH , pharmacy department through:

1. Assistance of the Pharmacy Board in computerized drug registration
2. Elaborate with the pharmacy department guidelines and standard operating procedures for inspections at central and regional level.
3. Asses the feasibility and cost effectiveness of a National quality control laboratory

4. Develop standard treatment guidelines for prescribers and dispensers training. Develop IEC plans and strategies on rational drug utilization.

5. Ministry of Health Concerns

In addition to the interventions needed in the opportunities summarized (b) above the MOH concerns include :

- Price structures of drugs
- Impact of cost recovery
- Hospital drug allocations and eventual subsidy to health centers.
- UNICEF support in the essential drugs program is coming to an end
- Illegal market of drugs
- Sale of generics in the private sector
- Availability of foreign exchange
- Guidelines for donors (Donated drugs, especially brand names enter Guinea without proper selection of needs and use)
- Importation and customs constraints
- Hospital laboratories management
- Solidarity funds, mutual and the case of indigents

6. Relevant Activities of donors

Potential local collaborators in relevant activities include :

- **WHO/Geneva Drug Action Program** supports the department of pharmacy at the MOH in many areas. Following are the most important:

a. Integration of the different supply systems into one : A seminar was organized in 1992 but strategies and plan of actions were not defined.

b. A study of pricing structures in 1993. The study developed costs scenarios for different supply systems. Unfortunately nothing was done until now. Another study on the impact of cost recovery scheme was conducted in 1994.

c. Developing the National drug Policy and legislation, national essential drug list, formularies and documents in drug management for health centers.

d. Support and training of staff especially the Essential Drugs Unit

- **United Nations Children Fund (UNICEF)** supported the implementation of the primary health care and the cost recovery schemes in more than 300 health centers. It has participated in revising the essential drug list for health centers and standard treatment guidelines and formularies for the health center.

- **World Bank** is financing the rehabilitation, maintenance and pharmaceutical supply in twenty health centers, two improved health center, and four prefectural hospitals in the prefectures of Mali, Koubia and Mamou in Middle Guinea, and prefectures of Telimele, Coyah and Kindia in lower Guinea.

- **EEC** is preparing plans to support the Department of pharmacy (DNPL) and the PCG but details are not available yet.

- **GTZ** the German technical assistance in health is strongly represented in Kissidougou and Gueckedou. The volume of importation of drugs is equivalent to US\$ 300,000.- per year. (revolving fund and cost recovery scheme)

- **PSI (Population Services International)** is actively involved in social marketing of contraceptives in Upper Guinea and Forest Guinea. PSI is considering the expansion of their activities to include three products, oral contraceptives, ORS, chloroquine and / or impregnated nets for malaria prevention.

- **MSF (Belgium)** : MSF Belgium is supporting and managing the regional pharmacy depot (Central d'achat) in Forest Guinea, N'zerekore. In 1993 the turn over in drugs was US\$ 422, 000.- (cost recovery scheme)

- **MSF (France)** : In 1994 MSF France financed drugs and medical supplies US\$ 150, 000 for three prefecture hospitals in Upper Guinea. (cost recovery scheme).

- **UNFPA, IPFF, AGBEF** finance and support oral contraceptives in Guinea.

7. Statistics and lessons learned by the GTZ health project in Kissidougou and Gueckedou

1. Utilization of HC:

- | | |
|--|--------|
| a. Utilization rate in covered area: | 71-85% |
| b. Utilization rate in non-covered areas: | 38% |
| c. Utilization rate in HC less than 5 km away: | 50% |

2. Household spending on health:

- a. 24% for HC
- b. 25% for Hospital
- c. 25% private pharmacy
- d. 25% parallel market and traditional healers

3. Financial Accessibility (19 families, 7 villages)

- a. Average income : 150, 000 FG (lowest = 21,200 - highest = 150, 000 FG)
- b. Disponibility budget for health: 12,800 FG

Studies in Rwanda and Central African Republic showed that 2,5-5% of household revenue was spent on health. From the above analysis, we can assume that 3750-7500 FG can be spent on health

4. Disparity of revenues:

- a. 54% of people interviewed in Kissidougou did not have the money to pay
- b. 39% of people interviewed in Gueckedou did not have the money to pay

5. Indigents represent 4% of the total hospital population. (how many are not coming at all ?)

6. Value of imported drugs by GTZ to the two hospitals is equal to US\$ 300,000 per year (generics). Cost to the public is equal to cost price + 10-20% mark up.

7. Disponibility of essential drugs :

Kissidougou : 95%

Gueckedou: 100%

8. Coverage

Kissidougou: a. Pre-natal care: 43%
b. PEV: 57%

Gueckedou: a. Pre-natal care: 67%
b. PEV 81%

9. Mutual and Overcharging:

GTZ is conducting a pilot test to implement a health mutual (mutuelle de sante). Preliminary results from the test show that overcharging is low when children are treated (9,8%) compared to adults (18%). Average price overcharge in children is 58% and in adults 118% (both medians were 66%). The overcharging in function of care was 15,2% for the curative care and 77,6% for pre natal care.

8. Technical justifications concerning Intervention Opportunities

Purpose

In the public sector drug supply there are urgent needs to be addressed in rational drug procurement and management. The purpose of this section is to describe activities that could achieve sustainable and measurable achievements in the public and private sector drug supply.

Assumptions

Just as there are needs there are some limitations:

1. The current administration in the Central Pharmacy proved to be unable to cope with the situation. It is assumed that following training and technical assistance the management in the central pharmacy will be able to implement strategies of rational procurement and inventory control.
2. The GOG political will to keep procurement of essential drugs centralized at the Central Pharmacy (PCG).
3. Given the serious administrative problems at the Central Pharmacy (PCG), the technical assistance should be allowed interventions at all levels of the administration and financial activities of PCG.
4. Operational budget for central pharmacy must be made available to PCG.
5. Increase of national drug budget .
6. Availability of foreign exchange for procurement and opening of a foreign exchange account.
7. Donors willingness to coordinate and integrate their purchases at the Central Pharmacy (PCG)
8. Drug information and IEC adopted by the MOH. Technical assistance allowed selected scope of activities after conducting of surveys
9. Private sector encouraged through tax incentives to sell generic drugs to the public.
10. GOG willingness to re-structure and revise pricing modalities both in the private and the public (if not, is the government considering a subsidy for drugs at health centers when UNICEF pulls out).
11. Implementation of activities will ultimately require Central , Regional, Prefectures interventions.

12. Hospitals outpatients in the rural areas allowed to buy generics at hospitals (as it is done in donor assisted regions)

9. Central Pharmacy Procurement and Inventory Management

Technical justification

- Central Pharmacy (PCG) mandate as central source of supply in the public sector.
- Central Pharmacy (PCG) lack of experience to perform procurement
- Guidelines and procurement standard operational procedures not available.

Little information is available to make estimates and national projections, annual plans of procurement (consumption/morbidity data), VEN (Vital, Essential, Non Essential) list in drug and medical supplies.

- Information on international prices of drugs and medical supplies not available
- Computerized pre-qualification and monitoring procedures of suppliers not in place
- Technical evaluation committee such as a Medical Buying Board not in place
- Computers available but under utilized - hard-software training necessary
- Action plans and strategies of a phased integration of donors and NGOs not established
- Flow information and inventory control (including regional depot and parallel supply system) lacking
- Cost of distribution not available. Recall and recycling systems from the regional depot not in place. Monitoring of orders not in place.
- Certification schemes on quality assurance not incorporated in procurement procedures

Basic recommended project activities:

The Central Pharmacy as mentioned elsewhere was renovated and rehabilitated by the ADB project. Unfortunately, unexpected delays in the implementation of the project did not allow on the job training in management, finance, procurement and stock control.

- Design and implement a package of measures for administrative and financial management, rational procurement planing, improving the flow of information.

- Implement stock control measures.
- Computerize information with available hard-software, procurement, stock control, finances
- Plan and implement in phases integration of donors supply system starting with the Essential Drugs Program to ensure sustainability of the system.
- Develop and implement a study for collecting baseline data on availability, stock control and storage conditions suitable for USAID/Guinea health project.
- Assess the feasibility of sub-stores at district level for most essential drugs (VEN -vital products) to improve essential drugs Disponibility including contraceptives and vaccines, and reduce costs of transport for health centers.
- SSP/PEV/ME and the Essential Drugs Unit distribution network integrated and strengthened.
- Allocate budget, and decentralize activities for regional medical stores

10. Drug Registration

Technical justification

- Information retrieval not possible. Appropriate registration procedures lacking.
- Growing number of drug outlets (212), wholesalers (13-15) , number of brand drugs unknown, drug peddlers in the parallel market
- Unknown volumes of imported drugs, donations etc.
- IEC, and general public knowledge on rational use of drugs inexistent.
- Registration of traditional medicines products not done.
- Guidelines and standard operational procedures for inspectors not available
- Pharmacy Board (Commission National des Medicaments) not functional.

Basic recommended project activities:

- Consult with the department of pharmacy and produce a list of their needs
- Evaluate the needs of the department of hard - software for drug registration.

- Train staff on selected hardware and software for drug registration
- Enter data and involve staff in the process
- Assess the feasibility of a National Quality Control Laboratory
- Monitoring
- Revenue collection and Finance for licenses, drug registration etc.

11. Drug Information and Rational Use

Technical justification

- Training on rational drug utilization lacking at all levels of health care and teaching schools (pharmacy, medicine, nursing, midwives, TBA etc.)
 - Over prescribing at all levels of health care (private included)
 - Prescribing and dispensing wrong or incomplete courses of drugs
 - Prescription of brand names in public hospitals (in-patient prescriptions included)
 - Lack of monitoring system such as Hospital Drug Committees
 - Pressure from consumers to receive injections (vitamin cocktails)
 - Medical leadership and opinion in rational drug utilization lacking
 - Promotion of Brand names uncontrolled
 - National Essential drug lists not available in clinics, hospitals, pharmacies.
 - Standard treatment guidelines for referral hospitals not developed.

Basic recommended project activities:

- Determine appropriate cultural and socially accepted messages that relate to drugs
- Develop standard treatment manuals (Manuals from Zimbabwe and Malawi can be used as samples and adapted to Guinea context). A prescriber and dispensers training is urgent.
- Purchase computers for up to date information on drugs. Train staff and decide whether to install the system with the inspectorate at the MOH or at the Pharmacy Board situated in the PCG compound. Consultant recommendation favors the latter.

- Revise and review available documents.
- Develop a curricula and training for all medical staff
- Plan and design operational research and survey in rational drug utilization
- Assist in developing a Rational Use of Drug Unit with the pharmacy department.

12. Basic Recommendations and strategies for the project

Availability, Disponibility and financial accessibility of essential drugs of certified quality are the pillars on which the primary health care in Guinea is built upon. The consultant recommends USAID/Guinea to adopt an integrated approach of the following :

- **Design and implement a plan of action for rationalizing procurement, improve the flow of information, distribution and stock control at the Central Pharmacy.**
- **Determine appropriate mechanisms for starting a drug information, education and communication (IEC) strategies through training , documents, posters etc. at all levels of care.**
- **Capacity building of the pharmacy department and computerize drug registration.**

SECTION II : PHARMACEUTICAL SECTOR ASSESSMENT

Public Sector Pharmaceutical system

1. Procurement

Financing

The consultant could not find a comprehensive, current data of total drug expenditure in the health sector during this mission. In 1992 the health budget in Guinea was at 2% of total government budget. From documents reviewed, estimates show that this year the health budget was increased to 3.5-4%. The total health budget for FY 1994 (salaries not included) was FG 2, 300, 000, 000.- (US\$ 2, 371,134.-) of which FG 1, 150, 000, 000 (48.8%) was allocated for drugs.

In it's effort to decentralize it's operations, the ministry of finance (MOF) allocated the annual drug budgets totaling FG 950, 000, 000.- directly to the hospitals. The allocation criteria was based on past records and as in the past, the lion's share went to the two teaching hospitals in Conakry , Donka and Ignace Deen.

There were long delays in the disbursement of the drug allocations. According to our counterparts this has decreased the motivation of the staff in planing and forecasting annual hospital and drug budgets, as requested in the MOF decentralization plans. Although available data is not sufficient for a complete analysis of the drug budget, there is clear government commitment to increase the national drug budget.

In 1992 hospital drug budgets allocation were as follows:

<u>Name</u>	<u>Amount</u>	<u>% from Grand total (FG 600,000,000)</u>
CHU Donka	55, 479, 620	9, 24
CHU Ignace Deen	52, 540, 668	8, 75
Hosp. de Labe	13, 717,719	2, 28
Hosp. de Kindia	16, 491,595	2, 74
Hosp. de Kankan	16, 491,595	2, 74
Hosp. de N'zerekore	14, 808, 628	2, 74

Other major sources of funding (FY 1993) :

<u>Name</u>	<u>Target Areas</u>	<u>Amount US\$</u>
UNICEF	Health Centers	300, 000
World Bank	PDSS in LABE	N/A
MSF (BE)	Forrest Guinea	423, 000
MSF (F)	Upper Guinea	200, 000
CESTAS	Pref. Boke, Boffa	53, 000
PSF	Pref. Coya	2, 000
GVC	HC in Labe, Pita	15 tonnes of pharmaceuticals/year
Philafricaine	Pref. & HC in Macenta	62, 000
GTZ	Pref. Kissidougou, Gueckedou	300, 000
ADB Project	PCG national distribution	1, 5 million
KFW	N/A	N/A
French C.	PCG (Donation?)***	500,000
Others		N/A

*** The above mentioned donation is in PCG since January 1995. It contains essential items that the PCG is running out of stock.. Government and donor should inform PCG as soon as possible their plans concerning this consignment.

2. Pharmacie Central de Guinee (PCG)

2.1 Funding Constraints

The Pharmacie de Guinee (PCG) operates as a parastatal enterprise entrusted by the government to purchase drugs for all institutions and laboratories serving the public sector. Hence, supplies must be available in order for the organization to continue funding it's procurement and operational expenses.

PCG started off with an initial capital of US\$ 6,619,040.46 mainly in buildings. Others assets i.e. vehicles, renovated buildings, furniture, computers are part of the acquired assets from the ADB loan.

CMS operations in the last few years has been in a downward trend partly because of the delays in the ADB project. It is worth noting that PCG imports 90% of the supplies for sale and the local suppliers supply expensive brand products.

The major problem of PCG is that it does not have an adequate operating capital to cover overheads including staff salaries, maintenance of vehicles and buildings. Because of the low stocks and fresh supplies being held, the total income is expected to be at the end of the financial year very low. Meanwhile hospitals and patients have no choice but to spend on purchases from the private market.

Major clients are the two teaching hospitals (Ignace Deen, Donka), four regional hospitals (Kankan, Labe, Faranah, N'zerekore) and 28 prefectural hospitals. Health centers receive their stock from the essential drugs program under the SSP/PEV/ME. Some autonomous health centers purchase some drugs from PCG.

2.2 African Development Bank Project

The African Development Bank project is coming to an end. Only minor construction work remains to be done (fence). Under the project the buildings in the central and regional stores in Conakry, Faranah, Kankan, Labe, and N'zerekore were renovated. They were also equipped with vehicles and furniture. The stores in Conakry are equipped with computers.

The ADB project also purchased vehicles for the pharmacy inspection unit in the MOH. Unfortunately, the representative of the ADB project was abroad during the consultant mission and all information concerning the project was collected through interviews and discussions with PCG and MOH staff.

2.3 Recommendations

PCG seems to have inherited the old problems of Pharmaguinee. It is clear that the existing system needs a second organizational re-shufflement. To ensure a cost effective and efficient distribution system of essential drugs the following issues must be addressed:

a) Legal framework :

PCG is a parastatal body with some autonomy. Internal consultations and deliberations must take place to clarify the following:

- duties and responsibilities of the MOH, Board of directors, and Management
- Organizational chart and clear job description for each of the departments

b) Operational framework

- Inter relation between the Board of Directors and the Management must be defined
- PCG must be allowed a foreign exchange account with some rights to borrow and utilize funds
- Procurement must be supervised by the Board of Directors with the collaboration of a Medical Buying Board or a Central Tender Board . The clients must be represented.
- PCG must introduce as soon as possible standard operational procedures for inventory control, procurement, accounting and finances. An independent auditing body must be allowed to operate at least once a year.
- PCG must develop strategic planning
- PCG must improve on the internal reporting channels, feedback from the regions and clients
- PCG must work hard to improve its public relations with end users and NGOs
- PCG must develop in-service training

- The flow of goods and storage space and conditions can be improved by adding some racks

c) Financial framework

- PCG must improve and strengthen its accounting / budgeting / auditing system
- PCG must be competitive, cost effective and accountable
- PCG must develop a customer, service - oriented attitude
- the mark up of 15% for drugs is adequate but is high (30%) for medical supplies. Replacement costs to replenish stocks must be defined including the regions.
- Operational costs must be reduced at central level. Labe Regional stores is operate by three

3. Principal Supplier in the Public sector

3.1 The first ADB tender

A major controversy is brewing in Guinea concerning the first seed stock of drugs that the ADB (African Development Bank) project procured for PCG. Although an inter- ministerial commission was involved in the preparation of the bids, the senior managers of PCG claim that they were not consulted at any stage in the preparation of estimates, selection and quantification of the items.

First purchase suffered from the following deficiencies :

1. According to PCG officials the bids was restricted to one wholesaler
2. Supplier did not adhere to requirements (blister forms, three years expiry date from the date of arrival to Conakry)
3. The prices of the drugs in the first bid were uncompetitive (prices were 50-100% higher than IDA, Holland, the only available international price indicator in PCG)

The bids were divided to three groups:

- a) drugs (oral & injectables)
- b) bandages and surgical materials
- c) laboratory and chemical products.

3.2 Constraints from Suppliers

The companies that won the bids are :

<u>Name of Company</u>	<u>Pharmaceutical Category</u>	<u>Value (FG)</u>	<u>% Delivered</u>
Familia (Guinea)	oral and injectables	1, 556, 435, 062	75.72%
Medical Export Group (Holland)	bandages,surgical materials	272, 553, 770	100%
Intertropical Comfina (Belgium)	laboratory, chemicals	80,029,208	100%

Familia Guinea delivered 75.72% of the consignment. Items such as insulin, anti rabies vaccines and other cold room items and reagents are pending. Interviews with the company did not reveal the nature of the problems with their suppliers. The only information obtained was that payments for the orders was done upon delivery. Although two out of the three suppliers delivered in full the ordered products, PCG staff had doubts about the overall quality of the products in the consignment. Upon physical inspection, the consultant noted that for one product still in stock there was more than four manufacturing sources and multiple batch numbers and expiry dates within one source.

3.3 Second tender problems

Given the problems of the first consignment the second order of seed stock under the ADB project worth US\$ 1,3 million was put on hold by PCG and MOH. The MOH requested from ADB to consider revising the terms of the bid. According to unverified information a company by the name "Pharmaf Guinee" won the bid.

The reasons for holding the second ADB procurement are :

- a) the prices of the items were uncompetitive
- b) according to PCG staff, the selection of the items was done without proper consultation
- c) all the items (94 drugs , 130 medical supplies and 104 chemicals) must be purchased in one consignment from one source.

Unless this matter is solved soon, PCG will run out of stock of some important items. The stocks in Conakry are currently very low. During the mission stay the Chief Pharmacist was trying to coordinate the procurement of 46 emergency drugs.

4. Drug need selection and quantification

The PCG staff, in spite of the good will, do not have the skills and experience in international procurement. There is practically no reference on international price indicators and no information on suppliers. There is no standard operational manual in procurement.

The computers are under utilized partly because of the low activity reigning in the organization. The software was designed by a French company under the ADB project. It contains modules for procurement,

accounting and stock control. Unfortunately, it seems that the two training sessions held by the mother company were not sufficient to enable the staff to use the computers efficiently. In addition, the company did not provide the staff in the computer department, the necessary references and manuals to operate the system !

Some work has been done by PCG to develop procurement procedures in a workshop manual. The procurement procedures are described through 7 interventions in 26 steps. However, the document does not describe the following :

- The selection process
- Budget allocated per drug or group of drugs
- How to do national projections by number of population and consumption / morbidity
- How to adjust to seasonal needs (cholera)
- Prequalification of suppliers.
- The role of the technical committee (Comite d'evaluation)
- The role of the Commission interne du marche (CCIM) are not clear.

In view of the plans that the GOG and PCG have to integrate the different supply systems in the country, the consultant recommends to use the VEN (V= vital, E= essential, N=non essential) list for drugs and medical supplies to establish a rational criterion for procurement. The drugs and medical supplies under the vital (V) for example should never run out of stock at all levels.

5. Price of drugs

After costing PCG adds a 15% mark up for drugs used at all levels (health centers drugs) and 30% mark up on medical supplies for all levels. The prices of PCG drugs as shown in the table below are on average 35% to 38% higher than the prices practiced by the SSP/PEV/ME (UNICEF drugs). However, PCG can lower it's initial costs and maintain it's mark up if it implements a controlled, rational procurement procedures and stock controls. Because of delays in preparing the necessary documents and in collecting the consignments on time PCG incurs high costs in storage at the customs department. The Essential Drugs Unit (SSP/PEV/ME) average cost in custom handling charges is close to 0.85% of the value of the consignment while PCG paid 8.29%.

On the other hand the overall price structure must be revised as soon as possible.

Drug Price Comparison (FG) for the Consumer between SSP/PEV/ME (UNICEF) and PCG for HC Drugs :

Product Name	Strength	Form	Price PCG	Price PEV	%
Aspirin	300 mg	tab	4	1.9	53
Aminopylyne	250mg	inj	105	105	---
Aminophylline	200mg	tab	13,5	7,4	45
Benzyl Benzoate	90%	1L	6,000	3,450	43
Butyle Scolopamine	20mg	tab	13,1	9	31
Chlorhexidine sol.	20%	100 ml	2000	1080	46
Cotrimoxazole	480mg	tab	15,41	12,6	18
Diazepam	5mg/ml	inj	90	92,5	3*
Water for injection	5ml	inj	45	30	33
Methyle ergotamine	0.2mg/ml	inj	131,1	70	46
Ferrous + Folic	60+0,25	tab	2,5	1,3	48
Aluminium Hydroxide	500mg	tab	9,61	5,4	44
Ringer's Lactate		inj	960	800	17
Lidocaine	2%	inj 50ml	850	490	42
Mebendazole	100mg	tab	9,8	9,8	---
Metronidazole	250mg	tab	9,61	6,8	30
Niclosamide	500mg	tab	38,8	20,3	48
Paracetamol	500mg	tab	N/A	9,4	
Praziquantel	600mg	tab	450	510	13*
Procaine Penicilline	3MU	inj	355	340	4
Promethazine	25mg	tab	8,3	4,1	50
Quinine	300mg/ml	inj	150	150	---
ORS	PDR	sachet	100	57	43
Tetracycline eye oint.	1%	tube	200	180	10
Gentian Violet	25gr	pot	2500	910	64
Choloroquine	100mg	tab	8,5	4	53
Suture needle	12	box	362	840	32*
Coton	500g	box	436	105	76

6. Storage and distribution

6.1 Storage distribution and inter regional transfers

The stores in Conakry and the regions were renovated under the ADB project. The space in Conakry is adequate if a push system is implemented. Space could be more efficiently used if racks were available especially to store bulky slow moving items. Only the stores in Labe were visited and are adequate.

New supplies are received in Conakry then transferred to the regional depot according to their orders (pull system). The transfers are based on stock records and not on population ratio, morbidity data, donors interventions, donations etc. Each of the regional stores have a vehicle, and once a month or two the

vehicle would come to Conakry for supplies. Although the system is working costs required for these inter regional deliveries are not built in the price of the items.

6.2. Storage Conditions and stock Control

Communication is a national problem in Guinea. Decisions made at the central level are not communicated to all the regional stores. PCG would need to install a radio system to stay in touch with the regions. The procurement department require information all the time from all the regions. For the time being this information is not easily available. Transfer of information and feed back of consumption records from the regions to the central are additional constraints in the transfer of information.

Although only two items were physically checked the stock records in the stores of Conakry and Labe were well kept.

Because of the low supplies in Conakry a scheduled ordering by clients is not possible. Hospitals send their orders ad hoc to the regional stores and if stocks are available the order is prepared and payments is done on a cash carry basis. Unfortunately this sometimes takes long to prepare. For example one NGO client complained that his organization had to wait three months for their orders for products available.

6.3 Computer

As described earlier the computer system in Conakry is under utilized. It is only used for accounting purposes and invoices. In N'zerekore (Forest Guinea) MSF (BE) are testing a new inventory control system (GEMEDIC). From experience, the consultant recommends to standardize one system in all the regional stores.

6.4. How drugs enter the system and how they are distributed

The following are the entry routes on how drugs enter the distribution system :

UNICEF : UNICEF procures all the drugs for the PHC under the Bamako Initiative from UNIPAC. Local purchases are rare. Supplies arrive to Conakry and are handled by the Essential Drugs Unit. These are packaged following demand and needs (fixed kit system was abandoned). The Conakry stores pushes some stocks to the regional stores.

MSF : Both the French and the Belgian branches are involved in the supply of essential drugs in Forrest Guinea and middle Guinea. Both used a revolving fund and grants from the EEC to support the system.

GTZ : GTZ as described earlier provide and support the supply of drugs in two districts, kissidougou and Gueckedou. The system started in supplying the seed stock and using a cost recovery system. It is note worthy to mention that donor assisted hospitals sell generic drugs to out patients too.

DONATIONS : Guinea receives substantial amount of donations mainly through EEC grants. Some districts receive direct donation s from solidarity funds (see under Labe Hospital)

VERTICAL PROGRAMS : In this category of drugs donor support the GOG in supplying the essential drugs in family planning, leprosy and TB and other communicable and infectious diseases.

7. Rational Use of drugs

7.1 Product Selection and Standard Treatment Guidelines:

Guinea made significant steps in promoting the rational use of drugs at the primary health level . With UNICEF and WHO collaboration, the MOH developed standard treatment guidelines and made them available in each of the health center.

The department of pharmacy should be commended for its effort to produce these documents such as the National Essential Drug List (NEDL), Formulary (Formulaire National du Medicament) and drug Management Manual for health Centers (Guide de Gestion des Medicaments pour le niveau Centre de Sante).

The department of pharmacy is now revising the national essential drugs list and is considering to include essential drugs needed in MCH, STD and FP. Some in-house NGO lists exist in some health centers. Unless the department of pharmacy in the MOH receives support in producing, printing and promoting all the documents, all this effort will not be fully exploited. The MOH is committed to use only the national essential drug list in the public sector.

Supply and Prescribing

Good prescribing habits and rational use of drugs are based on :

- a) consistent and appropriate availability and Disponibility of certified good quality drugs
- b) training and information (IEC)
- c) supervision and monitoring systems in place
- d) appropriate dispensing practices
- e) good storage conditions.

Drugs are supplied to the health centers through the SSP/PEV/ME Essential drugs unit. The PCG and the Essential drugs Unit share the regional and central stores. Although this claim was not verified it seems that health centers in 80% of the cases, received their supplies in less than a week.. Stock control is good and records of sale are available. The consultant however did not have the time to observe dispensing practices at the hospitals and health centers.

A spot check of prescriptions in Labe Regional and Prefectural Hospital (68 beds used / 90) district hospital revealed the following problems:

1) Unlike other NGO assisted areas out patients are not allowed to buy essential drugs at the hospital. [Mamou and Kundera District hospitals (same region, as Labe) are selling drugs to outpatients)]

2) In-patient prescriptions had brand names; all outpatient prescriptions were brand names. 18-25% of patients coming to the hospitals are hospitalized.

3) Stock out of essential drugs is common in many of the hospitals. In many areas of the country including the capital, virtually all in-patients are asked to purchase in the private at an exorbitant price the drugs and surgery supplies before their hospitalization.

4) The hospital pharmacy was out of stock of the following products :

- Cotrimoxazole
- Ampicillines tabs. 500m
- Sterile Gloves
- Penicillin inj. 1 MU (not on the list)
- Barium Sulfate (X-Ray product)
- Solutions for X-ray development
- Ergometrine tabs
- Thermometers
- Glibenclamide tabs
- Salbutamol tabs
- Paracetamol
- Ketamine
- Penicilline 250mg
- Ferrous Sulfate / Folic tab.

5) Brand names from donations are prescribed for in - patients and billed with consultation fees.

6) 10 million FG worth of drugs in Labe Hospital are expired; they consist of donation made in the last few years through a solidarity group in France for Labe Prefecture (ADPL). Neither the regional stores which is just across the road from the hospital, nor the regional health office have a system to dispose of the expired drugs.

7) A small retrospective check of prescriptions was conducted with the hospital pharmacist. The average number per prescription of drugs for in patient was close to three (2.8) . 56.5% were antibiotics, and 25 % injections. However the consultant observed that the drugs purchased in the private market for in patients were not included in this count. This would increase the average number of per prescriptions.

8) Expenditure on drugs for February 1995 (in-patients):

- | | |
|----------------|----------|
| - Dentistry | 12,543 |
| - Emergencies | 70,006 |
| - Laboaratory | 40,000 |
| - General Med. | 219, 580 |
| - Surgery | 423,,960 |
| - Maternity | 372,642 |

- Pediatrics	25,063
- Operations	212,076
- ORL	11,280

9) Monthly average number of prescription per department (in-patients)

- Pediatrics	96
- General Med.	123
- Surgery	126
- Maternity	107

10) Although the pharmacist is doing his best to rationalize the consumption of drugs in the hospital, the consultant recommended that he share his concerns with all members of staff in the hospital and try to create a Hospital Drug Committee.

11) Standard treatment Guidelines for hospitals are not available.

11) At present the pharmacists are also in charge of the laboratory. It is recommended that the pharmacist in the hospital be only in charge of issues concerning drugs and medical supplies and usage. This would give the pharmacist time for supervision, control and support of all the department in the hospital in drug related issues. A qualified laboratory technician should be given the task to run the hospital laboratory.

In order to promote rational prescribing in the country, it is vital that treatment guidelines, manuals and the principles of Rational Use of Drugs, be taught and practiced at central (teaching hospitals), Regional, Prefectural and sub-prefectural levels by all members of the medical profession. It is recommended that the MOH create a task force to look into the problem and train the regional pharmacists at the Prefecture and the pharmacist within the institution with the specific task to supervise correct storage, supply and use of medicines.

Dispensing and patient compliance

Little is known about patient compliance in Guinea. Operational research technique and surveys are needed to provide some information. At health centers drugs are handed to the patients in paper bags; in the hospitals in patient drugs are handed over on newspaper or paper bag when available. Paper bags, although cheap, do not protect the drugs from atmospheric damages. The PCG should in the future procure easily sealed plastic bags. Counseling of patients on how and when to take the drugs is rarely done. Less than 10 seconds was spent on counseling in two of the pharmacies visited in Conakry. The consultant did not continue the observation to ask the patient if they understood how they should take the drugs.

Self medication and traditional medicine

As described earlier one of the causes of self medication is a) overprescribing, b) financial constraints that the majority of the population, c) unavailability of drugs at teaching and Prefectural hospitals. There was little time available for the consultant to fix an appointment with the pharmaceutical association to discuss

issues such as a) sale of generics in pharmacy b) ethics in service, 3) price and quality. The department of pharmacy in the MOH is not able to fulfill its obligations and implement the legislation. The current situation in Guinea in the pharmaceutical area is not appropriate for the protection and safety of the general public. It is distressing to see that a high percentage of sales in the pharmacies is spent on vitamins in tablets, liquid and injection form.

Recommendations

Action needs to be urgently taken to educate the general public on the rational and appropriate utilization of drugs. The government is encouraged to seek the collaboration of retailers and wholesalers in this matter.

8. Private Sector Pharmaceutical Sector

Sector overview and background

According to officials in the pharmacy department in MOH 212 pharmacies operate in Guinea, of which 140 are in Conakry (in 1993 the number was 190). Records to check if numbers tallied were difficult to obtain. Ninety percent of the pharmacies are supplied by Laborex.

In 1994 the value of imported drugs of medicines from France was 60, 000, 000 FF. Total value of importation was according WHO estimates in 1993 14 billion Guinean Franc (1US\$ = 980) . Total market value is estimated by the MOH and EEC to be close to US\$ 20 million. There are 16 domestic companies licensed to import drugs in Guinea; the most important three are Laborex (90%), Sonaphar (3.8%) , Sodipharm (2.2 %) . Main sources of importation are France (83%), Holland (7%), USA (3%), and Denmark (3%).

Pharmacists complained that the supplier frequently changed the price of drugs. Each month the pharmacists receive a price list from major suppliers. The consultant observed a 20% increase for a particular drug in three months. This may partially attributed to currency fluctuation.

Values in million FG of importation in 1993 (rounded figures):

<u>Name of Importer</u>	<u>Value</u>	<u>%</u>
Laborex	3241	71%
NGO	319	7%
Sodipharm	229	5%
Int. donors	168	4%
Private	164	4%
Others	464	10%

Registration of imported drugs by the department of pharmacy in the MOH is manual. According the Pharmacy Board pharmacist the situation is not under control. The exact number of brand names in the private sector is not known. However 1413 drugs were registered in 1993, compared to 3,500 in 1988. Regulation of imports is difficult because of weak borders and customs controls. Customs and department

and the department of pharmacy destroyed two containers of drugs. During the mission stay, custom and pharmacy departments destroyed two containers of bad quality drugs. The content and source of shipment was not revealed. The news of this action received extensive mass media coverage.

Values in million FG of importation in 1993 (rounded figures):

<u>Name of Importer</u>	<u>Value</u>	<u>%</u>
Laborex	3241	71%
NGO	319	7%
Sodipharm	229	5%
Int. donors	168	4%
Private	164	4%
Others	464	10%

B. Discussions and Recommendations concerning the private sector

Focusing on retail the consultant observed several set of problems.

Price structure:

Guinea is known in to have a high mark up on drugs in comparison to neighboring countries. The private sector is authorized to use the following mark up:

- For the importer :

 - 13% Docking expenses (CIF)
 - 4% Transit charges
 - 3% Inflation rate of source country
 - 24% Importer mark- up on retails
 - 48% Pharmacist mark up on clients

The current price structure of drugs in the private is high for the average Guinean income. The government should consider implementing the sale of generic drugs in hospitals and the private, and encourage competition.

Sale of generics in the private:

Discussions between the pharmacy association, wholesalers and MOH concerning the sale of generics in private pharmacies is on going and there are signs of a breakthrough in Conakry. One wholesaler and pharmacy started providing this service with a 20% markup. But the overall situation is not encouraging. Government recommendation (arrete 3757 MSPP/DNS/DPHL/90) to sell a list of drugs (listes des medicaments sociaux) at a cheaper rate is not universally adhered to. Reports and records on spot checks inspections in pharmacies do not reveal if pharmacist are selling the drugs at the recommended price (23% mark up).

Behavioral change :

Concerning the prescribers the consultant observed that over prescription is the norm. Ten clients showed up with one prescription each during the interview. Seven clients only asked the pharmacist to price the prescription. The average number of prescribed drugs was 4. Only three clients decided to buy their drugs. One paid fully the price and the two others took only part of the prescription. The lowest total price of one prescription was FG 25, 000 and the highest FG 60, 000. For comparison the lowest price cited before equals 15% of net salary of a young graduate pharmacist !

In Labe Prefectural hospital (see chapter on Drug information and drug Utilization) 56 in-patient prescriptions were checked . The average number of drugs was close to three (2.7) per prescription, 56.5% were antibiotics, 25 % injections of all sorts including vitamins. The use of vitamin in all forms including vitamin C injections is alarming. One such prescription revealed that the patient only a minor fungal infection (personal observation). According to a World Bank report , over prescription and over charging may be more serious than the overall ability to pay (Bangoura, WB, 1995)

•The supervision of wholesalers and retailers in terms of quality of service and of products lies in the hands of the Pharmacy Board and Inspectorate in the department of pharmacy. The Legislation was recently revised, but the department does not have the means to train members of the Pharmacist Association, wholesalers and the general public on the ethics and dangers of inappropriate use of drugs.

Parallel Market :

The above set of problems encouraged the population to seek drugs at a cheaper rate in the market. According to interviews with NGOs the informal sector represents 30%-40% of the market share. Drug peddlers in Conakry (Medina market) sell their drugs. Discussions and interviews with pharmacists revealed that the main source is coming from abroad across the borders and the rest are local samples or stolen goods from the private. According to one unverified source, young unemployed pharmacists share and control part of this market.

Local Production :

In 1987 the GOG allowed the privatization of the only manufacturing facility. ENIPHARGUI with UNIDO's and ADB support produced at the time 50 products. Inadequate management, cumbersome government procedures to facilitate the importation of raw products and the economic situation drove the to the closure of the establishment. During the mission the GOG expressed it's interest in reviving the local production for products such as IV solutions and products such as aspirin, chloroquine, paracetamol, metronidazole, mebendazole and ORS.

However there are some constraints in this area : a) the domestic manufacturer will have to import virtually everything required for manufacturing process, b) few skilled and qualified staff good manufacturing procedures, c) price of imported goods d) high interest rate on bank loans. As a first step in supporting domestic production the MOH and the department of pharmacy must identify which of the essential drugs they want to produce . To do so national consumption figures must be available, and appropriate marketing and economic feasibility studies must take place.

The government should also consider having some incentives to encourage local production such as tax custom facilities on all imported equipment and raw material for the first 5 years of production. Support from NGOs and collaboration with companies abroad must be considered.

The set of behavioral problem described before, price and mark up controls, parallel market, is not receiving at the present time much attention. Public behavior towards drugs and self medication is affecting 20-25% of the population, especially in Conakry and large cities. One way to address the problem is to use mass media campaign to promote a rational and correct usage of drugs.

IEC interventions and methods, standard treatment guidelines training and manuals, aimed at influencing the public on the rational use of drugs should be included in all health education curricula.

9. Cost recovery

9.1 Coverage

Under the BI UNICEF sponsored the cost recovery scheme in 346 health centers in the country. UNICEF committed itself to support them in establishing their autonomy and the supply of drugs for the first two years. Today 304 health centers out of 346 are operational of which approximately 100 are considered to be autonomous i.e. self supporting. The teaching and district hospitals are also adopting the system.

Other NGOs such as GTZ and MSF, as described earlier offer the logistical support in their areas for a similar system. GTZ is test piloting a community based mutual (insurance) cost sharing schemes. Community and family based solidarity funds do exist but the overall situation is not well documented.

9.2 Discussions and recommendations concerning the cost recovery system

The overall objectives of the above mentioned schemes is to maintain the supply of essential drugs all year round. The main question now in the eyes of the GOG and donors are these schemes financially self sustaining ?

From discussions with MOH officials and donors, there is a general feeling in Guinea that the established cost recovery drug supply system is the only viable and financially sustainable system for a steady supply of essential drugs in the country. Although the system functions some observations and recommendations must be made :

- 1) the essential drugs unit under the SSP/PEV/ME is not a central procurement body
- 2) Administrative and transport costs are not built in the price of the drugs of the health centers
- 3) there is no studies available comparing operating costs between PCG and Essential Drugs Unit
- 4) UNICEF is progressively phasing out from the drug supply operations . The cost recovery system will decapitalize if a new price structure is put in place without ensuring a government subsidy for the health centers.

5) Donor coordination is vital in ensuring the regular drug supplies until the PCG builds up its capacity and become a customer oriented service.

10. Drug Policy, Legislation and Regulatory Controls

10.1 The DNPL (Direction National de la Pharmacie et du Laboratoire)

The DNPL is part of the MOH and is in charge of overseeing the implementation of all policy and regulatory matters including the national essential drug lists and formularies in the pharmaceutical sector.

The organigram of the department is organized in the following manner :

- National Director (one Pharmacist) and Administration
- Drug Division (one Pharmacist)
- Pharmacopoeia section (three Pharmacist)
- Drugs and Finances (three pharmacists)

10.2 National Drug Policy

Since the early nineties WHO/DAP assisted the department of pharmacy to draft the National Drug Policy. It must be noted that this work was achieved with little external help. It was entirely elaborated by the national staff through group discussions and debate in 1992 and 1993. In October 1993 the document was discussed in a seminar with the relevant departments and presented to cabinet. The main elements presented in the draft are the disponibility, accessibility, quality assurance, and rational use of drugs. According to some interviews with health professional, the document in its present draft was not discussed with various groups that would be affected by it, especially the consumers. Also the CNM (Commission National des Medicaments) as discussed elsewhere is not functional.

10.3 Legislation

In April 1994 the Official Journal of the GOG published the enacted text of the legislation under law no. L/94/012/CTRN of March 22, 1994. The DNPL is responsible for the implementation of the Act. The documents included codes and regulations for the private and public sector.

Although the document was not thoroughly studied by the consultant certain observations concerning the non enforcement of some provisions of the documents can be made in prices of drugs, generics in the private, number of pharmacies and licenses of space and exploitation, dispensing doctors, code of ethics etc.

10.3 Traditional Medicines

The staff of the division of traditional medicine in the MOH is composed of two doctors, one pharmacist, one biologist, one botanist and one health assistant. A document entitled "Les tradi-therapeutes en Guinee Maritime " describes some of the traditional medicine used in Guinea.

10.4 Regulatory control and Quality Assurance

It was difficult to obtain from the DNPL a standard operational procedures concerning registration, licensing and inspections. The inspection unit was, under the ADB project, supplied with one vehicle. However it still lacks the necessary management tools to perform efficiently. It is a young department and would need support as recommended earlier in developing procedures in registration of firms and imported goods, marketing approval, certification of sale and distribution etc. Inspections are made ad hoc. There are in each region pharmacy inceptors but their roles are ill defined.

The GOG is willing to set up a national control laboratory. From discussions with MOH it seems that the regional laboratory control in Accra never responded to the department's proposal for collaboration in this field. The existing space in the PCG currently under utilized by the CNM is under consideration for setting the laboratory. However the consultant recommends to research other means of testing (analysis reports from manufacturers & WHO Certification) and to consider the costs involved before a final decision is taken.

Bibliography

1. Bob Pond, *The Basics Strategy for improving pharmaceutical Management for Child Survival*, 1994
2. *Management Sciences for Health, Managing Drug Supply*, 1989
3. Patrick M. Najman, *Overview of Pharmaceutical distribution in Guinea*, September 1994.
4. *Journal Officiel de la Republique de Guinee*, premiere annee no. 8, Lois, April 1994
5. *Journal Officiel de la Republique de Guinee*, premiere annee no.10, Statut de la PCG, May 1993
6. MOH, *Politique Pharmaceutique National*, January 1994
7. *Division Medecine Traditionelle, Les Tradi-therapeutes en Guinee Maritime*, 1992
8. Pascale Brudon Jaakobowicz, *Politique Pharmaceutique National, Programme de collaboration, WHO/DAP*, May 1994.
9. *World Bank Document, Better Health in Africa*, December 1993.
10. WHO, Brazzaville. *Paquet minimu sante pour tous*, November 1993.
11. Marie Odile Waty, *Analyse du Systeme de recouvrement des Couuts (PEV/SSP/ME), rapport de mission WHO/DAP March 1989*.
12. WHO/DAP, *Guide de Gestion des Medicaments pour le niveau de Centre de Sante, Version Provisoire*, February 1995.
13. Sylviane Menard, Margareta Funder, *rapport de mission, WHO/DAP*, May 1993.
14. MOH, *Cellule Planification, Situation des intervenants dans le Secteur Sante*, January 1995.
15. David Boyd, *Health Information Assesment*, September 1993
16. MOH/PCG, *Brochure d'information*, 1994
17. SEATS/JSI, *Health and Population Assessment in Guinea*, April 1994
18. MOH, *Coordination Nationale PEV/SSP/ME, Rapport de Synthese de Monitorage Moyenne Guinee*, July 1994.
19. MOF, *Enquetes Demographique et de Sante Guinee 1992*, April 1994.
20. WHO, *Mother - Baby Package , draft December 1994*
21. Mary Odile Waty, *Rapport d'une mission, WHO February 1990*.

22. MSF (BE), Projet D'appui au Developpement Sanitaire dans la zone de la Guinee Forrestiere, Bilan de Centrale d'achat D' Approvisionnement de N'zerekore, June 1994.
23. MOH, SSP/PEV/ME, Comite de Gestion.
24. PSI, Mid term Evaluation of Guinea Social Marketing of Contraceptives Project, July 1993.
25. MOH/USAID, Proces Verbale, November 1994.
26. MOH, Regime Generale des Hopitaux, April 1993.
27. World Bank Document, Health and Nutrition Sector Project, June 1992.
28. MOH, Projet d'Optimisation du SNIS.
29. Christelle Josselin, GTZ, CIDR, Etude de Prefaisibilite - Mutuelle de Sante, Projet sante Rurale Kissidougou et Gueckedou, September 1994.

Persons Met

Guinea Ministry of Health

Dr. Kangjoura Drame, Minister of Health

Dr. Ousmane Bangoura, General Secretary for Health

Dr. Kekoure Kourouma, Director Direction National des Pharmacies et Laboratoires (DNPL)

Dr. Mory Fofana, previous Director Direction National des Pharmacies et Laboratoires (DNPL)

Dr. Mahi Barry, Chief of SMI/PF

Dr. M. Bah, DNPL, Inspection

Dr. P. Barry, SSP/PEV/ME

Dr. P. Gbabanace, Traditional Medicine

Pharmacie Central de Guinee

Dr. Taha Dia, Director

Mr. M. Bangoura, Administrative and Finance Director

Dr. Bagoureissy Tall, Computer Division

Dr. Rene Tinkiano, Pharmacist in Charge of Stores

Mme Cisse Dr. Gualin Camara, Pharmacist in Labe

Dr. A. Dziamou, Pharmacien Hopital Labe

Direction du Plan

Dr. Dgery Kaita, directeur

African Development Bank

Dr. Sidiki Keita, National Coordinator

UNICEF

Dr. Facinet Yatarra

WHO

Karin Timmermans

World Bank

Dr. Mamadi Conde, Coordinator of the Health and nutrition project

EEC

Mr. J.P. Lamarc

MSF (F)

Claude Mahoudeau, Coordinator

MSF (BE)

PSI

Malcolm Donald
Dr. J.P. Duconge

GTZ

Mr. Boes Berthold
Dr. Michael Marx, Chef de Mission (special thanks to Dr. Marx for Documents sent by radio, road etc.)

Laborex

Mr. Dominique Becquart

Familia

Dr. Baldi