



THE SITUATION IN SIERRA LEONE



Advocacy Workshop – West African
Region

The Team



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Map of Sierra Leone



Sierra Leone – Country Profile



- West African State, bordering Guinea & Liberia
- Total population (2004) – 5M
- Life expectancy at Birth – 39 Yrs
- Per capital income – \$150
- 57% Lives on less than \$1 a day
- Official Language – English
- Just Recovering from 12 years of civil war
- Least developed by UNDP REPORT 2003 – 174 out of 174

Demographic Data



▪ Infant Mortality rate	70/1000
▪ Maternal Mortality	180/100,000
▪ Doctor population ratio	1:54,000
▪ Nurse Population Ratio	1:6,516
▪ Population per PHU	7:936
▪ Access to Health Services	60%
▪ Access to safe drinking water	42.8%
▪ Access to Sanitation	29%
▪ Literacy	31%
▪ % Living below poverty line	70 % (HDI-UNDP05)

HIV & CANCER REVALENCE



- Adult HIV prevalence (2005) – 1.5%
- HIV prevalence in adult incident TB cases (2004) – 9.9%
- Cancer prevalence – not Known

Palliative Care in Sierra Leone



- Palliative Care Started 1995
- Started as The Shepherd's Hospice
- Responding to chronic diseases e.g. Cancer, HIV/AIDS
- Approach is community based utilizing volunteer services
- Partnerships – MOHS, WHO, CRS, NACP, Bread for the World, CORDAID,

Major Palliative Care Activities



- Home care visits
- Treatment of OIs
- Pain and Symptom Management
- Training of volunteers and Healthcare workers
- Policy advocacy
- Care for OVCs

RESEARCH OBJECTIVES AND METHODOLOGY



Rationale:

Assess Access to Pain Medications for effective Pain control in Sierra Leone

Advocacy Objectives



Goal

- Assess national response capacity to Pain in Sierra Leone

Objectives

- Legal and policy review for easy access to opioid analgesics for medical and research purposes

Objectives



- Identify the current opioid analgesics in use for relief of pain in the Health system including Hospices
- Identify gaps in human resource needs to prescribe and handle opioids efficiently
- Review bureaucratic bottlenecks in the way of increased opioid availability.
- Develop an Action plan for opioid availability in Sierra Leone

Summary of Self Assessment Check list Results



Legislation and policy

- Not overly restrictive
- Prescription and handling limited to MO and Pharmacists
- Licence can be granted by the Minister on application
- Basic security & Monitoring measures to be available

Legislation and Policy



- No national Cancer treatment policy
- No standard guidelines for palliative Care

Availability of Opioid Analgesics in SL



- Pethidine is readily available in most Military health facilities
- Oxycodone
- Codeine phosphate (in cough preps)
- Dihydrocodeine (tartrate salt in tablet form)
- Tramadol

Challenges



- Health and Medical workers fear the prescription of opioids
- Record keeping among Health care workers not very good; not comfortable with strict accountability as in the case of opioid analgesics requirement

Challenges



- MoHS not having cancer program
- Poor diagnosis and treatment of Cancer
- Only one MO trained in palliative Care and Opioid analgesics and one Nurse

Bureaucratic Bottlenecks



- Oral Morphine (drug brand) not registered in Sierra Leone
- Registration process to takes some time
- GoSL and Donor priorities focused on fighting poverty
- Cancer treatment & Palliative care not of urgent attention

SWOT Analysis of Pain in Sierra Leone



- Legislation & Policy
- Education & Training
- Bureaucracy & Administration

SWOT – Legislation and Policy



Strengths	Weaknesses	Opportunities	Threats
Checks abuse. Regulatory Body in place	Only MO and Pharmacist to prescribe and dispense	Advocacy to broaden Prescribers	Fear of drug abuse
Opioids allowed for Pain	Products not Registered In SL	Product to be registered	Initial high cost of investment in registration
Not overly- restrictive	Not specific on Need for Ca. pain treatment	Need to review drug laws to recognise pall.	Subject to broad interpretation

SWOT – Education and Training



Strengths	Weaknesses	Opportunities	Threats
Introductory courses available	Training emphasis on DDA	Training on opioid analgesic and INCB objectives	Donor priorities
Partnership with overseas Pall. services for training (HtH, APCA etc)	No harmonized curriculum developed for Care caregivers	Develop harmonized curriculum for training	Migration of Local staff
Pool of Healthcare workers as SLPCA to be trained and assisted to pilot	Ignorance and fear among MO and the public about Opioids	Public education to change prescribing and customer attitude	Slow pace of change in attitude

SWOT – Bureaucracy & Administration



Strengths	Weakness	Opportunity	Threats
National Drug Regulatory Body in partnership for Opioid availability	No national Taskforce for Opioid availability for Pain Relief	Form National. taskforce for Opioid availability for Pain Relief	Fear
MoHS recognised need for opioid availability- not in denial	No focal point in MoHS on Cancer Care(no cancer control)	MoHS to have focal point for Cancer treatment and Pall.	Donor Priority
National Pall Asso. Formed to promote standards of quality care	No national guidelines developed for Cancer and Palliative care	Coordinate effort on advocacy for minimum standards of care to include opioid	Donor Priorities



6.0 SELF-ASSESSMENT CHECK LIST

Action Points (for Advocacy & Review)

Issues Addressed by SLPharB



- **SLPharB recognizes that narcotic drugs are absolutely necessary for the relief of pain & suffering of cancer and AIDS patients**
- **SLPharB establishes that it is government's obligation to make adequate provision to ensure the availability of narcotic drugs for medical & scientific purposes**

Addressed issues...



- **Government has established administrative authority for implementing the obligation to ensure adequate availability of narcotic drugs**
- **Sierra Leone Pharmacy Board (SLPharB) is responsible for licensing, need estimates & usage statistics of opioids**

Addressed issues...



- The system to collect information about medical need for opioid analgesics from relevant facilities is good – *needs to improve*

Addressed issues



- Quarterly returns on opioid consumption are sent to SLPharB by all permit holders
- The information is used to prepare annual estimates and statistical reports for submission to INCB

Addressed issues...



- **Government provides annual estimates to INCB of need for narcotic drugs for the next year in a timely way- *process needs to improve***

The Issues...



- Government to review the process of developing annual estimate for opioids
 - Government to review policy and law for compliance with INCB
- Recommendation for opioid availability

RESEARCH INSTRUMENT



BOAT MEETING



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**THANKS OSI & PPSG,
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