

Kartong

community pharmacy

functional commerce to create a sponsor independent sustainability in drug availability

Follow up February 2007

Operationalising the pharmacy

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Activities and events in chronological order:

02-02	Arrival at night in Kartong, warm welcome by Lamin and lodge staff.
03-02	GGD workshop at lodge about HIV/VD's and stroll through the village.
04-02	Visit to chicken farm and fish market at Gunjur.
05-02	Clinic visit; meeting nurses Abi and Fatu and mr. Bodjan again. Pharmacy cupboard was still in order. Consultation room/pharmacy was somewhat unorganized. Other parts of clinic have been reorganized. Solar cell system is working perfectly. Good fridge/freezer available now. Arranged meeting with Ousman Camara (future pharmacist) for the day after. He had not been informed that he had been appointed as a result of his application letter. Information from Rezelman came that the ordered drugs (a donation of St. Evenaar) were arriving by plane on the 8 th .
06-02	Meeting with Ousman Camara (OC) in clinic. Gave him an update about the project. The other (part-time) future pharmacist, Ousman Jabang (OJ) could not really attend the coming days because he had to 'entertain' as a Jembe-player, 18 Swedish girls. This made him very tired..... Made a start, together with OC, with cleaning up the future pharmacy and reorganizing the consultation rooms. Lamin suggested that in order to facilitate the procedures of receiving the goods at the airport we arranged something with the Jammeh Foundation for Peace (JFP), as discussed in the last visit. This resulted in a construction whereby JFP on paper got the ownership of the drugs but handed them straight away after the custom procedures had been fulfilled.
07-02	To clinic. Finish cleaning pharmacy. Discussing and explaining guidelines to OC. Some adjustments had to be made to pharmacy; new door lock, iron bars, painting on outside wall. OC will arrange necessary things. OC explained he had a financial problem because he could not work at his own pharmacy in Gunjur but had just bought new stock (he had been unaware that he had the job). I gave him Euro 50,- as an advance payment. Visit to clinic in Darsalami, to keep relation warm for future cooperation.
08-02	To Serrakunda to visit JFP (mr. Suleyman was back in charge together with the brother of the president). Suleyman directed us to an official of JFP in Banjul. We went there. Necessary paperwork was being put into process. Paid Euro 50,- to JFP official. Visited Royal Victoria training hospital. Met with head of pharmacy. At night back to the airport. Flight was scheduled to arrive at 20.00h. Due to very bad weather conditions in Europe the flight was delayed 2 hours. Prior to receiving the goods customs made clear that we needed a form called 'Bill of lading' (specifying the exact content of the goods) and that a signature of a senior JFP official was missing. Therefore we could not take the arriving goods at that moment. In the resulting discussion we were allowed to take the refrigerated items directly with us and had to come back the following day. Furthermore we found out that IDA normally sends the Bill of lading attached to the order itself. This is not a

	<p>efficient way of handling things.</p> <p>Whilst at the airport Lamin got a phone call which made clear that a certain person named Bubba(a state official connected to the clinic) was not 'amused' by the proceedings of the pharmacy and had gone 'wild'.</p> <p>In short the problem was that the clinic is still a state controlled clinic and that therefor a commercial pharmacy inside the clinic was not allowable.</p> <p>One has to know that Bubba besides being a government official, also is the owner of a pharmacy in Gunjur and therefor a certain commercial interest in this matter might be applicable. Furthermore, rumors accuse Bubba of stealing drugs from the clinic. With a new lock on the pharmacy door this will not be possible anymore. A fight for power was about to start.</p> <p>On return in Kartong at night Lamin had very serious conversations with the village chief and was making clear that the community had very much interest in the pharmacy project and that it therefor should get the community support, e.g. stopping Bubba in his efforts to frustrate the pharmacy.</p>
09-02	<p>To clinic. Workers were busy in the pharmacy. OC did a good job in painting the outside wall. He was picking up his responsibility as a senior staff member well. Picked up the rest of the order at Banjul airport. Paid Dalasi 500 for diesel (no receipt).</p>
10-02	<p>Made a start with unpacking/checking. Not possible to put drugs into pharmacy drawer cupboard because the new door lock was not installed yet. OC filled in received amounts in 'Stock administration'.</p> <p>6 items are expected (especially Ibuprofen & Omeprazol are missed) to arrive by the middle of March because of lack of stock at IDA.</p>
11-02	Instructing OC how to use the administration guidelines, pricelist etc.
12-02	<p>New lock is placed. Starting to fill the drawer cupboard. Old drugs were kept aside because they don't belong to the (commercial) stock of the pharmacy. They will be dispatched to the patients in the old way.</p> <p>Items for clinic and laboratory handed over.</p> <p>First real client with prescription: amoxicilline sirup for a baby.</p> <p>Customer price was about 30% people would have to pay in regular pharmacies!</p> <p>Totally 13 clients on first day.</p>
13-02	<p>To pharmacy. Filled rest of drawer cupboard. Coaching OC on how to handle things. 13 clients.</p> <p>From a discussion with OC it was made clear that some prices of the pricelist had to be adjusted. Because of the chosen system (Dalasi 8 pharmacy fee on each prescription) some drugs would end up to be more costly then normal.</p> <p>This was specifically the case for: paracetamol tablets/suppositories, ORS, multivitamins. Adjustments were made.</p>
14-02	<p>Day off. Mainly to see if OC manages by himself.</p> <p>Lamin has meeting with representatives of neighboring communities. The idea is to create an organization like FOFDHK but for a much bigger area/population.</p> <p>The pharmacy project is an example which can be spread easily. Rvs asked to be on board of trustees.</p>
15-02	To pharmacy. Some corrections further explaining to OC, 25 clients. Lunch at OC's compound. Meeting with Alhagie Jabang. Explaining financial administration and control mechanisms (stock and finance) and responsibilities.
16-02	<p>Last visit to clinic. OC still needs a solution for the stock he bought for his own pharmacy but can't sell anymore. Lamin will fix it. Lamin has the map with all the crucial documents about the project/order.</p> <p>Return home at midnight.</p>
mid march	The dutch nurses who stayed two weeks longer are about to deliver information on how things are going (specifically the status of the stock).

General description:

The project went well and the pharmacy was put into operation. It has been made very clear how the pharmacy should be managed. Responsibilities were made clear as well as the fact that the success or failure was mainly in their own hands.

From the reactions of the public it became clear that they were happy to have a pharmacy in their village and that prices were low.

Some items were learned:

- Ordering at IDA went quite smoothly with their electronic order form, minimum is Euro 1500,-.
- IDA service desk was adequate in giving information and help.
- Sending goods by airfreight costs about Euro 6/kg versus Euro 2/kg by boat (20 days voyage).
- Disappointing was that about 10% of the goods could not be send at the first order (although IDA had about 1 month to get the order together).
- IDA does not standard send the 'Bill of lading' separate from the goods. On request this can be done. This is advised because this makes the passage through customs faster/easier.
- IDA puts some kind of tempex flakes into the boxes for the protection of the goods. Because of a lack of adequate waste disposal these flakes (which are not biodegradable) end up flying around all over the place. This remark has already been brought to the attention of IDA.
- It was good to start with only a limited amount of drugs because in this phase it is all about creating a commercially sound organization. Scaling up is not really a problem once the responsible persons are doing a good job.
- The cooperation with JFP went very well (mainly thanks to Lamin's very good contacts with the JFP-people).
- there is a very high demand for painkillers (especially paracetamol, ibuprofen), antibiotics (mainly amoxicilline) and stomach acid inhibitors (omeprazol). Because of the poverty people tend to buy just small amounts. This could be a problem for the future because of the chosen system.
- It is expected that a new order will have to be made much sooner than previously expected.
- During time all kinds of drugs (even opiates!)/cottons were left behind (by well meaning guests/tourists) at the clinic. The result is a big mess of all kinds of (unnecessary) articles and it only creates confusion amongst the nurses and a serious waste problem. Again it has been clear that sometimes well meant actions mainly create problems.

Developments/future:

The coming months will be in the light of how successful the Kartong Community Pharmacy is doing. Especially the business side. In order to buy new drugs at IDA money has to be generated. RvS will closely monitor the events and keep in contact with Kartong and St. Evenaar.

1) Because of the installed solar power system and the availability of a phone line Lamin wants to create an internet café. This would be really great because then communication for coaching would be much more easily and furthermore directly ordering at IDA by OC could be arranged.

2) A region wide 'FOFDHIK' would be interesting because then quality drugs at low prices could be available to much more people. This would probably also demand a professional organization to fulfill a function as wholesaler/central ordering body. Furthermore opposition has to be expected from economic interests.

3) At this point all the drugs are bought at IDA. First of all this means that money leaves the country. Secondly, especially for 'heavy' products (like dermatics, amoxicilline) this is costly because of the transportation costs.

Local production is a possibility but this would require serious professional attention and serious investments. Local production therefor is strongly not advised in this stage. Never the less it should be an option to keep in mind (there are interesting subsidies from the Dutch Ministry of economic affairs).

From the Royal Victoria training hospital we learned that they also produced for other external parties (mainly eye drops and syrups). A very interesting new production project was the one sponsored by the government of Thailand and had to do with the production of artisinate-tablets.

4) A burning oven would be useful because at this moment the clinic waste is burned in the open air and children have easy acces to the (burned) waste.

5) The Kartong Community Pharmacy-project could be a very interesting project to structurally send Dutch pharmacy students on a regular basis.

6) Finally, I have confidence in OC & OJ that they are able to perform their tasks adequately and that the pharmacy is successful.