

Zimbabwe: Still struggling with drug shortages

<p>Staff Writer</p>

January 11, 2013

HARARE, 11 January 2013 (PlusNews) - Chronic shortages of generic and antiretroviral drugs, stock-outs, high medication costs, and long distances to clinics are some of the hurdles people face in their quest to access essential medicines in Zimbabwe.

At any given time, public health facilities in much of Zimbabwe have in stock only half of a core set of critical medicines, according to findings from civil society groups working to improve access to medicines in Southern Africa.

Zimbabwe is still recuperating from a drastic decline in health services caused by sub-optimal investments in healthcare and an unprecedented economic crisis in 2008, during which the local currency crashed.

To make matters worse, over 80 percent of the country's drugs are externally funded.

Unsustainable

A poorly resourced local pharmaceutical industry can barely provide the country with its essential medicine requirements, and government-backed institutions, such as the National Pharmaceutical Company of Zimbabwe (NatPharm), which is mandated with securing drugs and healthcare products on behalf of state institutions, are struggling to survive.

NatPharm is government funded, and we are supposed to procure medicines for onward supply to health institutions, but this is not happening because our shareholder, the government, has not been able to fund us lately," NatPharm director Charles Mwaramba told IRIN/PlusNews. We just woke up one day in 2009, and we did not have any money for operations.

Since then, government has not been able to pay NatPharm. In the 2013 national budget, NatPharm did not even get an allocation, and has been forced to make ends meet by storing medicines for NGOs and other clients for a fee.

Itai Rusike, the executive director of the Community Working Group on Health, a network of civil society organizations, warns that depending on donors to supply the country with medication is

"unsustainable.

The health sector is severely crippled by all sorts of problems, not least of them poor government funding and skewed priorities. Where is our voice as civil society when NatPharm is not being funded? We need a strong voice in the health sector because health is a fundamental human right. We must not be cowed into silence, fearing authority will come down us, Rusike said.

A regional problem

But Zimbabwe's ailing pharmaceutical sector is not alone.

Recent surveys conducted by the Southern Africa Regional Programme on Access to Medicines and Diagnostics (SARPAM) in the Southern African Development Community (SADC) region have found evidence of market failures resulting in uncompetitive drug pricing and unstable availability of medicines, which compromise the health and well-being of people living in the region.

Civil society groups are hoping the roll-out of the Tendai - an acronym for Tracking Essential National Medicines and Diagnostics Access Initiative -project will monitor the availability of medications at healthcare facilities and gradually bring about some improvement. Under the initiative, community health workers from a network of civil society partners use mobile phones to collect data on the availability of medicines at points of access in participating countries, which include South Africa, the Democratic Republic of Congo and Zimbabwe.

SARPAM coordinates the data collection using customized open-source survey software. The software allows monitors to capture many types of instantly accessible data, including digital surveys, voice recordings and photos that provide insight into real issues at the community level. The data can be shared immediately with social networks and mailing lists.

SADC is an epicentre of illnesses, yet policymakers and governments are still not prioritizing medicines, said Daniel Molekele, the SARPAM civil society coordinator.

Although Tendai is still in its infancy, data generated in the pilot stages have been helpful in identifying problems, monitoring interventions, building awareness and adding to the dialogue around access to medicine, Molekele added.

[See the topic on aegis.org](https://www.aegis.org)