

Case Study MeTA Pilot Countries

Country case studies may be made publicly available and information from them will be used to promote and communicate about MeTA.

MeTA is a multi-stakeholder process and we welcome views from any perspective. You may wish for other stakeholders engaged in MeTA in your country - the council, secretariat or consultants for example - to agree the contents of the case study beforehand and get their input, but you may also wish to express your personal opinions. We fully respect both approaches. Please can you make it clear whose perspective it is.

Title: Zambia’s advocacy initiative to promote transparency and accountability in medicines supply chain at ‘policy’ level	Date: April 2010
Personnel involved: Violet Kabwe, MeTA Consultant, Hon Lazarus Chota, MeTA Chairperson, Hon Yamfwa Mukanga, member, Policy & Advocacy sub-committee	Location: Zambia

Country context: (200 words)

Zambia’s social-economic position is weak and the country is still classified among the least developed poor countries of the world. Its social-economic situation is characterized by a weak economy and high levels of unemployment, poverty prevalence and disease burden, especially in rural areas. Poverty prevalence is estimated at 67% overall, and 72% of the rural population is classified as under extreme poverty.

The health sector in Zambia is liberalized and comprises of three broad categories of service providers, namely; public/state-owned health facilities, who provide over 60% of the bulk health services in the country; faith-based health facilities under the coordination of the Churches Health Association of Zambia, providing 20 – 30% of health services; and a small private sector providing 10 – 15% of health services.

The pharmaceutical business in Zambia is regulated by a Pharmaceutical Act of 2004. The Act establishes the Pharmaceutical Regulatory Authority which is responsible for the registration of medicinal products, inspections of facilities and products, licensing of pharmaceutical premises (retail, wholesalers, and manufacturing sites) and issuing of import, export licenses and permits.

Medical Stores Limited, a state- owned company (with Ministry of Finance and National Planning owning 98% shares, and MOH holding 2% share), is responsible for storage of public health commodities and distribution to the district level and hospitals. Distribution from district to the health centers is the responsibility of the District Management Team.

Problem identification: (250 words)

Despite the significant efforts and achievements *that* were made under the health reforms; however, the health sector remains weak due to the many challenges in availability, affordability and access to medicines that continue to impact negatively on health services delivery.

In particular, inadequate pharmaceutical support systems, poor infrastructure, critical pharmaceutical human resource shortage, etc. has contributed to the erratic supply of medicines especially at primary health care level. Supply chain management weaknesses have also contributed to high levels of wastage.

There are some equity challenges relating to access to health facilities due to a variety of access problems. This is more pronounced in rural areas due to geographical and other constraints. In addition, access is constrained by the high numbers of users of services (congestion), due to lack of infrastructure expansion in line with the increased demand.

Rural areas are also hardest hit in terms of the availability, and distribution of skilled pharmaceutical human resources, as compared to urban areas where other providers of care are available. There are examples where cleaners/guards in rural facilities are managing and administering medicines and/or injections. Although a rural retention scheme has been introduced, it is for medical practitioners, other medical practitioners have not been included yet.

During the MeTA de-brief to parliamentarians, a point was raised by an MP from the ruling party (Minister) as to why MeTA was not targeting the rural constituencies where the population was very ignorant about medicines' issues, as compared to the urban population.

MeTA's intervention (300 words max)

MeTA Zambia has come up with advocacy initiatives to create an entry point for MeTA to be included in the national health reform process, in efforts to influence the health outcomes. In line with these initiatives, a successful MeTA de-brief meeting was held for 5 Members of Parliament (MPs) from the 3 main political parties (ruling and opposition), which included a Minister. A lot of interest was generated, the participants said they were not aware of the MeTA Initiative in Zambia and were happy to be consulted. They pledged to support the initiative. The MPs discussed and expressed concern on some medicine issues including:

- The quality of medicines
- Inequality in the way guidelines and regulations are being enforced between the private and public sector by Pharmaceutical Regulatory Authority (PRA)
- The 'illegal drug stores'
- The inadequate regulation of medicines entering Zambia from neighbouring countries including traditional medicines

With this greater understanding of MeTA principles and how these principles could impact on the provision of health services in Zambia. The MPs resolved to raise a motion in Parliament, which would provoke debate on MeTA core principles. They observed that it was important for the public to be informed about these issues.

Accordingly, on April 24th 2010, Honorable L Chota raised this motion in parliament: "Mr Speaker, I beg to move that this House urges the Government to streamline the provision of health services in the country and improve the availability, accessibility and affordability of drugs." This was seconded by Honorable Y Mukanga, who then (as per our strategy) introduced and explained the MeTA Initiative/concept in the 7 pilot countries to the members of the august house.

The motion provoked excellent debate as MPs highlighted the prevailing situations in their constituencies, adversely affecting medicines access, availability, quality and affordability, as well as poor infrastructure, to mention some. It is unfortunate that after such an excellent debate on the motion, the majority of MPs voted against the motion.

Outputs: (300 words max)

- The debriefing meeting for 5 Members of Parliament (MP) from three main political parties including the ruling party resulted in a cadre of MPs who are passionate about MeTA issues and resolved to raise a motion in Parliament to provoke debate.
- The debate in Parliament has raised the MeTA Zambia profile within the policy makers and general public; as Hon Y Mukanga said “We thank God for bodies such as the Medicine Transparency Alliance (MeTA) which works hand in hand with the Government to improve access to medicine by increasing transparency and accountability in the health care system and market place”.
- The debate brought out evidence of what is obtaining on the ground in the MPs constituencies, such as:
 - challenges faced by PRA to effectively carry out its mandate
 - inadequate human resources in health facilities
 - non-accessibility of drugs by the majority of rural Zambians due to numerous reasons
 - poor road network in the country, especially in rural areas
 - non-availability of essential quality drugs in health facilities; patients given prescriptions to buy from private sector whose prices are unaffordable for the patient →end up with no medicines
 - lack of well-stocked (legal) pharmacies in rural Zambia.
 - mushrooming of ‘illegal drug stores’
 - patients resorting to unconventional means such as consulting traditional doctors/medicines because they are the only ones close to them and available at the time
 - problems and weaknesses in the procurement, management, supply and distribution of these drugs due to:
 - inadequate funding
 - human resource shortages
 - poor technical skills
 - corruption in the supply chain.

This motion enabled all Parliamentarians (ruling and opposition) to debate all matters pertaining to availability, accessibility, quality, etc on the floor of parliament. This also allowed ministers, although on the defensive, to explain the challenges and inadequacies they are facing in the distribution of medicines.

Impact and significance: (300 words max)

As a strategy, issues to do with medicines availability, access, quality, pricing etc, was used as an entry point to introduce the MeTA concept before the august house, so that the message would be communicated to all.

MeTA was mentioned and discussed in Parliament and people came to know about it. Hon. Yamfwa Mukanga explained what MeTA was all about. Though the motion was not supported by the majority, Members of Parliament promised to support it the next time it would be brought to Parliament because there would be continuous debate on issues concerning MeTA.

As the debate went on, the public out there were listening on radio, and got to know the stances their Members of Parliament have on issues of health care services in general, and availability, quality, affordability and access to medicines, in particular, in public health institutions. More importantly, they got a picture of what was obtaining on the ground, concerning issues of medicines supplies in hospitals and clinics around the country, as MPs recounted experiences from their constituencies. They were also informed of the general overview of the drugs in the country, which included the pricing in private clinics and pharmacies.

The debate came when there had been continuous reporting in newspapers and television on issues concerning shortages of medicines in hospitals and clinics. Newspapers like the privately owned Post, in their Editorial had brought out these issues. They said leaders were hiding their faces from the reality of what was happening in hospitals and clinics countrywide.

Although when put to a vote, the majority (being the ruling party) of Parliamentarians voted against, the message was received by most of the Zambian population, more importantly, the Executive now understands the general feeling of members concerning national health issues in general, and essential medicines supply systems in particular. Now budget will have to be monitored on raised issues of concern.

Government was jolted, and a number of pronouncements were made at different for a by the President and Ministers stating that there were enough drugs at Medical Stores Limited (MSL) (a visit was made to MSL). However, they did admit that there are problems with distribution of medicines to peripheral level.

Although when put to a vote, the majority (being the ruling party) of Parliamentarians voted against, the message was received by most of the Zambian population.

This debate is the beginning of many motions to come before parliament, concerning availability, affordability, quality, and access to essential medicines.

What lessons can be drawn from this experience?(200 words max)

- During the debate, most members put aside political affiliations to freely debate the problems affecting their constituencies concerning issues of medicines supply
- Despite vigorous lobbying before the motion (with most members affirming to support motion) political will and influence plays a key factor in the key decision making process in parliament
- Political position of the majority party in parliament also plays a key role in the decision making process in parliament

[Links to useful publications/websites/contact details of key people involved etc.](#)

Violet Kabwe	MeTA Consultant	kabwe.violet@gmail.com	+260977755796
Hon Lazarus Chota	MeTA Chairman		+260979694747
Hon Yamfwa Mukanga	MeTA C'ttee member	yamfwamukanga@yahoo.co.uk	+260977746621

www.metazambia.org