

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.

<p>Title: Zambia’s move to increase transparency in medicines supply at grassroots’ level</p>	<p>Date: March 2010</p>
<p>Personnel involved: Violet Kabwe MeTA Consultant, Dr Bonface Fundafunda MeTA Council member, Mr. Masautso Phiri MeTA Council member (Communications Committee Chair)</p>	<p>Location: Zambia</p>

<p>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.</p> <p>The health sector in Zambia is liberalized and comprises of three broad categories of service providers, namely; public/state-owned health facilities, who provide 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 the private sector providing 10 – 15% of health services.</p> <p>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 and export licenses and permits.</p> <p>Medical Stores Limited, a state- owned company under the Companies Act (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.</p>
<p>Problem identification: (250 words) Significant efforts and achievements were made under the health reforms; however, the health sector is still weak and continues to face some major challenges in availability, affordability and</p>

access to medicines. This is more so in rural areas.

The public, especially in rural areas, do not know the issues that affect the cost, Right to access and availability of goods and services. They also do not know what to expect from service providers each time they attend a clinic, hospital or retail pharmacy outlet. Some MPs (the majority of who represent people in rural areas) have also voiced out their concern about the ignorance of this constituency in medicines issues.

Many public and private institutions that provide healthcare services have traditionally not recognised the value of releasing well- packaged information to the public, on the understanding that such a step might compromise services, **or affect their competitiveness**. If the general public are unaware of how systems function, what the limitations or weaknesses are, it would not be in a position to help in finding a solution.

When information is not shared, accountability not demonstrated, and where there is no transparency, suspicion reigns and indeed bad practices set in. This results in overburdening the public with costs that otherwise would not be supported. It also results in government, the donors and the public who are buying goods and services to be routinely contending with unsustainable budgets that are based on poor visibility on the cost of systems, services and goods.

The public also lacks knowledge of their rights under the Human Rights Charter, to accessing essential medicines. Consequently, the price of goods and services related to essential medicines do not favour this Right.

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)

Part of MeTA Zambia's communication strategy is to target the rural community in the three pilot provinces. It is envisioned that general public knowledge and understanding of medicine issues will position them to make informed choices or challenge the underpinning framework of the pharmaceutical system. This will facilitate and promote accountability in medicines supply systems and transparent management, leading to better management of public funds and better information to the public. This requires development of a culture of information dissemination to the public, packaged in such a way that it increases awareness and knowledge on medicine prices, quality and safety issues, the Rights to access to medicines, and practice.

To bring these issues to the community, outreach approaches were embarked on to sensitize the community and raise awareness on what MeTA Zambia is aiming to achieve, in two districts of the rural pilot province of North Western in August 2009. Courtesy calls were made at the highest political level in each of the two districts to explain the mission. In addition to interactive stakeholder meetings, 30 minute programs on community radio were broadcast, and a one hour live phone-in radio programme organized, where local community were able to discuss their

concerns or ask questions about the MeTA Initiative, Rights to access to medicines and other related issues, were also held.

Due to limited budget, a capacity building workshop was held for all the community radio station managers from 5 districts; covering the MeTA Initiative, medicines national supply chain and regulatory issues. The strategy was for the managers to mainstream MeTA issues in existing radio programs. Minimal funds for admin costs were given. MOUs have been signed for running of the programs.

In early March 2010, three road shows were conducted in three towns of two of the three pilot provinces (rural and peri-urban) to sensitize and increase awareness to the community on Medicines Transparency Alliance (MeTA) and other medicines related issues.

For the urban populace, one live national TV program was broadcast early March to sensitize on MeTA and medicines issues. Weekly live radio programs have been running for the past 4 weeks, and will be on-going. So far, MeTA secretariat, PS, CSO, Pharmaceutical Society and Pharmaceutical Regulatory Authority have appeared.

Outputs: (300 words max)

The interactive {takeholders meeting of August 2009 were well attended and the radio live broadcasts successful. The community felt that MeTA was a good initiative that would help the community. The interactive stakeholders meeting was good and brought out a number of burning issues from the community such as:

- 'Good that there is MeTA, but how will MeTA assist in getting government to improve availability of medicines'
- 'What role will MeTA play in ensuring that medicines are there in public health facilities?'
- Too many 'illegal drugstores'(owned by health workers) with drugs coming from neighbouring Congo, whose quality is very bad
- No medicines in the public facilities (a public health worker in the meeting confirmed this)
 - even CoArtem and SP are not available
 - usually the health facility only stock panadol
 - MSL supplies only certain items at the expense of others whilst
 - some health staff stocked medicines in their homes
- When medicines are out of stock, given prescription from hospital, however, can't buy medicines from private pharmacies due to high prices
- Long distances to get to the health facility (some walk 68km)
- Population has increased in Solwezi as a result of the mines, but no corresponding expansion of hospital infrastructure resulting in very long queues
- Attitude of hospital staff very hostile

During the March 2019 roadshows (very popular entertainment forum in community) there was evidence that awareness and interest in MeTA and issues of medicines, had been raised in people; in Mkushi, there is awareness of MeTA by the community, as a result of the

mainstreaming of MeTA and medicines issues on existing community radio programs; in another pilot rural province district (Solwezi), the community responded that they had heard of MeTA from the TV program they had watched that weekend. Unfortunately, there was no further follow up as to their appreciation/understanding of issues discussed.

Immediate feedback from live TV/radio program/s has been very good; those who watched/listened to the programs said the initiative makes a lot of sense. Were also able to follow, understand the discussions and were better informed on medicines issues.

Impact and significance: (300 words max)

For Zambia, realistically it's too early to report the impact (project has been operational for less than a year). Notwithstanding, MeTA Zambia believes that this strategy of providing information on availability, quality, affordability, Right to access etc to essential medicines to the public, will help promote good governance, transparency and accountability. This is extremely important where public and donor funds are involved, and indeed where private funds are involved in purchasing goods and services out of pocket.

A well- informed public is in a good position to make choices on treatment and other related services.

The Ministry of Health has approved the piloting of a new project aimed to upgrade the provision of essential medicines through the various outlets at rural and peri- urban level. This is an accreditation programme based on the Accredited Drug Dispensary Outlet model now active in Tanzania under the leadership of that country's health sector, supported by various partners. In Zambia, the project is called the Zambia Access to ACT Initiative (ZAAI) whose aim is primarily to support access to the approved first line anti- malaria medicine. The project will ensure that drug stores in Zambia, not falling under the Pharmacy Act (but registered under the Local government Act), come under an accreditation programme that allows them to sell quality assured medicines to the general public, and also provide health care information which they may not have access to. This ADDO-Zambia project will be a useful tool for META, as the next step will be to use these accredited outlets as an avenue for transmitting information to the general public, particularly in the rural areas.

This project also demands a change in the way pharmaceutical regulation is currently applied in respect to the drug stores and similar outlets selling medicines. It is clear that the limited public health infrastructure and the practically non- existent private sector medical outlets in the rural areas, poses a risk to public health. Hence the need to explore alternative strategies that can be used to address the need for access to quality medicines and healthcare services at this community level. MeTA will support the ZAAI project.

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

- Need to regularly review legislation that hinder access to affordable good quality essential medicines
- We should have conducted a baseline study when we first went out prior to conducting sensitization and awareness campaigns last year
- Needed to include aspects of monitoring and evaluating the mainstreaming of MeTA community radio programs in the 5 districts
- Need to advertize the TV/radio programs in e.g. print media to capture wider audience?

Links to useful publications/websites/contact details of key people involved etc.

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