



This is one of a series of four articles especially commissioned by the Medicines Transparency Alliance (MeTA) which asked independent journalists in four of the pilot countries to look at how some of the issues that MeTA will tackle are affecting people.

Prices, quality, availability and corruption – challenges to poor people’s access to medicines in Zambia

By Newton Sibanda
Lusaka

To get an idea of how the cost of medicines can hurt ordinary Zambians, step into the Garden, a shanty area of the capital, Lusaka.

The first person I meet is Peter Mwale, a 30-year-old father of two, who ekes out a living as a gas welder. He struggles to pay his rent, his children's school fees and the family’s food, and one of his great fears is that a member of the family will fall sick.

"Often, hospitals just give prescriptions because they have no drugs. It’s not like in the past when we could go to hospital and get drugs. The only drugs we can get are Panadol (a painkiller) and Flagyl (for diarrhoeal diseases).

“You have no option but to look for money to buy the drugs you need,” he explains. “Unfortunately, the drugs in chemist's shops are expensive.”

The result, says Mwale, "is that some people just give up and don’t get better, and may even die. Others resort to visiting traditional healers.

"Sometimes you have to make a choice between drugs and food. You can't just take drugs without food," he observes.

Jennipher Chapu, a market trader, is one of those who have resorted to traditional healers – “even though we have been advised to seek medical attention from hospitals and clinics” – because they are cheaper than modern medicine and conventional drugs. It is not simply that traditional healers’ charges are lower, they are also negotiable and can often be paid in the form of possessions, such as chickens.

A widow with five children, 40-year old Chapu describes the cost of drugs as a nightmare.

Wendy Kanyanta, a 33-year-old widow, agrees that drugs in private pharmacies are unaffordable for most people.

Kanyanta recalls the time she took her son to the clinic and had to buy expensive drugs when her son was diagnosed with malaria. "I had to rush to buy drugs because there was nothing in the clinic. The drugs cost about 40,000 Kwacha (US\$1=K3,400)," she said. K40,000 is equivalent to the average weekly wage for a road worker or casual worker. It is about one fifth of a teacher's weekly wage.

On the other side of the counter, pharmacist Linus Mwamba says that although customers have the option of buying cheaper generic drugs rather than brand-name products from South Africa and Europe, "the quality of cheaper generic drugs cannot be guaranteed."

He says that most of his customers buy the cheapest medicines – and he warns that the combination of people's poverty and high drug prices carries another risk: customers buying antibiotics sometimes save money by not completing a course of treatment.

"I have seen situations where people ask to buy half of the course and promise to come back, but they never return."

The cost, for individuals and society, can be high – in the form of the growth of antibiotic resistance.

For the Ministry of Health, spokesman Dr Canisius Banda says the drug supply situation in the country has improved significantly and that life-saving drugs for major diseases such as HIV and AIDS, TB and malaria have not been out of stock for two years.

He acknowledges, however, that shortages occur, as a result of demand.

"After user fees were scrapped, for example, attendance at hospitals and clinics went up and so did demand for drugs." Sometimes it was simply a logistical issue, with drugs ordered but not yet delivered.

Pilfering was also a problem, and the Ministry had established special committees in hospitals and district health management teams to curb the practice.

"Pilfered drugs can end up in private pharmacies," he admits. "Earlier this year, government drugs were discovered in private pharmacies in Solwezi, in North Western province, and in Nakonde, a northern town on the Tanzania border.

The executive director of Transparency International Zambia, Goodwell Lungu, confirms that his organisation has received reports in the past about medicines from the public health system finding their way into private clinics.

Bribery in the health system resulted in higher drug prices, he says, and patients' lack of information about services and medicines, about where and when they are provided, about who provides them and the procedures to be followed also creates an environment for soliciting and paying bribes.

"In human terms, corruption can cost lives," Lungu emphasises.

But all is not gloom.

He points out that a survey showed that Lusaka residents perceived major improvements in terms of accountability and transparency in health service delivery compared with other services.

And the Medicines Transparency Alliance (MeTA) shows the way ahead: "Transparency International Zambia feels that the concept of the Alliance of bringing together various stakeholders - the private sector, civil society, the government and other interest groups - has the potential to improve transparency in the medicine supply chain and will ultimately improve the lives of all public health service providers and beneficiaries."

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Note for editors:

The newly launched Medicines Transparency Alliance (MeTA) will bring together government, business and civil society to share information and analysis about the problems around the supply of medicines in Zambia, including their quality, availability, price and promotion, and work together to explore possible solutions. This is part of a global effort, initially funded by the UK Department for International Development (DFID) in collaboration with the World Health Organization (WHO) and the World Bank to encourage greater transparency and accountability around the procurement, supply and use of medicines. MeTA will work initially in seven pilot countries – Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda, and Zambia.

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