

Drug shortages heap more woes on ailing healthcare system

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Public health is in disarray as many hospitals and clinics countrywide experience medical supply shortages. The stock shortfall is so grave that some patients have had to leave the health facilities empty-handed, writes S'THEMBISO HLONGWANE.

FOR four hours, Prudence Mnyandu shifted from one wooden bench to the next as she waited her turn to hand her prescription to the pharmacist at Durban's Wentworth Hospital for, among others items, Zantac, to treat stomach ulcers.

"When I got to the window the pharmacist told me they were out of Zantac. I was advised to return three days later. And today (Thursday) they were out of antibiotics and painkillers," says the mother of three from Lamontville, south of Durban.

As doctors, pharmacists and emergency medical personnel intensify their negotiations at the Bargaining Council with the government, patients' rights of access to quality care and medication seem compromised.

For some time now health workers have been demanding the implementation of the Occupation Specific Dispensation that seeks, among other things, to reward good performers.

The Pharmaceutical Society of South Africa (PSSA) says some of its members have complained about grave shortages of paracetamol syrup, penicillin injections and antiseptic fluids at public hospitals and government clinics.

The Gauteng department of health and social development has asked staff at their pharmaceutical services central depot to work extended hours, including over weekends, to clear the backlog in deliveries to affected institutions.

Healthcare sources in Limpopo say more than 30 medical items, including bandages and painkillers, are out of stock at the province's hospitals and clinics.

In KwaZulu-Natal the situation is "fluid as stock availability changes from day to day", says the province's health spokesperson, Chris Maxon. Maxon says the lack of paracetamol is still a problem because suppliers are behind schedule.

Their counterparts in Mpumalanga say they have half the required amount of paracetamol tablets and enough syrup.

A doctor at Gauteng's Tembisa Hospital on the East Rand – who declined to be identified for fear of reprisal – believes proper communication between doctors and pharmacists could help remedy the situation.

“There should be a system designed that allows doctors to see what medication is in or out of stock. If this shortage is not addressed soon it can introduce decay into the health system,” he says.

The PSSA's Lorraine Osman says those facing the most danger due to the situation include the elderly, those in psychotherapy and patients with high blood pressure and heart disease.

The South African Medical Association (Sama) says the shortages are unacceptable.

“It's a travesty that patient care has been compromised. The shortage also adds to the frustration of healthcare givers as they negotiate for better wages and working conditions with government,” says Professor Denise White, Sama chairperson.

“As the health sector we all need to curb this decay before it becomes an epidemic,” White says.

But what is the cause of these shortages?

City Press has learned that the problem is twofold: the unavailability of active ingredients and supply chain problems.

National department of health spokesperson Fidel Hadebe says some companies that supply medication experienced shortages of active pharmaceutical ingredients during February and March.

“This matter has since been resolved and what needs to happen now is for provinces to fast-track orders and deliveries,” he says.

This year the National Treasury allocated R25 billion for poverty reduction, education and healthcare.

University of Cape Town health economist **Professor Di McIntyre** says the Treasury would need to increase its budget allocation for the health sector to avoid such shortages.

“Currently our gross domestic product is 8%. Of that, only 3% is for the public sector. If we can increase that to 5%, maybe we can give all South Africans good quality health care.”

Andy Gray of the School of Pharmacy and Pharmacology at the University of KwaZulu-Natal says, however, the problems are not about poor budgeting by the Treasury.

He says lack of pharmacist management and poor supply-chain management are to blame.

“Most of the medical supplies in the public sector are bought via a central point called the Co-ordinating Committee for Medical Procurement (Comed), which is located within the national department of health,” says Gray.

“Comed signs contracts with the suppliers that stipulate the quantity of medicine to be supplied to state institutions countrywide. That process is governed by the National Drug Policy.’

Gauteng department of health and social development spokesperson Mandla Sidu says the department is working on improving the situation.

“We are buying medication from other companies to ensure that there is enough to send to health facilities in the province.”

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