

Acute shortage and stock-out of medicines and medical supplies deteriorates public hospital services

By Scholastica Lucas

Most illnesses, especially infectious diseases, are either preventable or treatable. To achieve this, essential drugs and medical supplies should be available all the time at health facilities and at affordable price. The Medical Stores Department (MSD) was created by an act of Parliament in 1993 with the express objective of furnishing to the nation good quality drugs and medical equipment at accessible prices, made available through approved government and non-government agencies throughout Tanzania.

The vision of MSD is to provide quality medical services closer to people i.e. to make available at all times essential drugs and medical supplies of acceptable quality at cost-effective prices to the population through government and approved non-government and private health facilities.

This objective resonates with MDG 8 target E; *“in collaboration with pharmaceutical industries, ensure access to affordable essential medicines in a sustainable manner”*. The attainment of this target would also contribute to realization of MDG 4, 5 and 6 i.e improving child health, maternal health as well as control of HIV, TB, malaria and other diseases.

Despite of the government’s good intentions to establish MSD, an agency with well stated roles and functions, yet essential medicines, medical supplies and equipment are poorly available in most of the public health facilities, leading to unnecessary suffering and sometimes deaths of innocent citizens. These problems have been raised several times by citizens and more recently by doctors (during the recent doctors’ strike - January 2012), where amongst other things, doctors were particularly unhappy with the chronic unavailability of medicines, medical supplies and bed capacity across the country, especially in public referral hospitals.

In March 2012, Sikika conducted a survey in 54 public hospitals across Tanzania mainland, to inquire about out-of-stock essential medicines, medical supplies (including laboratory supplies) and available bed capacity. The results show that, 94% of the surveyed hospitals had stock out of

one or more essential medical supplies and 96% had a stock out of one or more essential medicines. The specific items commonly out-of-stock were; Gloves (surgical & examination) (83%), Gloves (surgical & examination) (48%), Quinine (43%), Amoxicillin capsules (41%), Gauze (39%), Metronidazole tablets (31%), X-ray films (30%), Syringes (28%) ALu (19%) and Diclofenac tablets (15%). The stock out had lasted for a period exceeding 4 weeks.

Apart from the stock- out of medicines and medical supplies, some of the surveyed hospitals' laboratories (17%) are poorly functioning due to different reasons such as lack of reagents, insufficient working instruments and equipment (i.e. centrifuge machines, baseburners and spatulas), shortage of laboratory personnel and tiny laboratory space to accommodate staff and equipment.

The shortage of beds in most of the public hospitals is one of the top chronic problems in Tanzania. The ratio of beds to service population in Tanzania has been decreasing every day. For example in 1960 the ratio was 14.9 beds per 10,000 people, and now it is only 7 beds per 10,000 people (<http://www.indexmundi.com/facts/tanzania/hospital-beds>). According to survey findings, number of the health facilities had bed occupancies rate above 100%. This means that, hospitals are admitting more patients above the beds capacity, resulting to two or more patients sleeping on one bed and/or others sleeping on the floor (mattresses). Wards, which are mostly overburdened by patients, are Prisoners, Postnatal, Antenatal, Pediatric, Female and Male medical wards.

Poor availability of essential medicines, medical supplies, and equipment are against government's commitments as far as human rights are concerned. The 1948 United Nations' Universal Declaration of Human Rights (UDHR) states that "everyone has the right to a standard of living, adequate for the health and well-being of himself and his family, including food, clothing, housing, and medical care" (Article 25). The International Covenant on Economic, Social and Cultural Rights (ICESCR) also recognizes the right to health in Article 12. Both of these instruments are recognized by the Government of Tanzania (URT, 1998) and place a certain international obligation on Tanzania to ensure that these rights are respected (Article 9f).

So far, the responsible authorities have failed to abide by the stated human rights above in solving the chronic shortages of medicines, medical supplies and in-patient congestions. Ministers and other high authorities have on several occasions promised drastic changes including re-organization of the MSD as one of the steps towards a better health system in Tanzania, but not much has been achieved so far.

In response to solving some of these identified problems, Sikika recommends that, the government through the Ministries of Finance (MoF) and Health and Social Welfare (MoHSW) must not only increase funds for medicines and medical supplies in line with actual needs, but also should manage and ensure a timely flow of these funds to facility accounts at the Medical Stores Department. Also introduce buffer stocks for both medicines and medical supplies, and carrying out a thorough hospital bed needs assessment focusing on areas and wards of more challenges such as postnatal, Antenatal, Female and Male medical, Neonatal, Post cesarean, Maternity and Pediatric wards.

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