



Urgent And Deliberate Interventions Required To Resolve Chronic Shortages Of Essential Health Commodities

Last week, Sikika held general discussion with the Media on the critical shortage of essential health commodities afflicting the central Medical Stores Department (MSD). The media houses subsequently published accurate and informative news articles on the subject.

However, the response from the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDCGEC) and the Medical Stores Department (MSD) only served to downplay the seriousness of the situation. Considering that the information about the shortage was obtained from the Medical Stores Departments' own website, one would have expected an honest and technical response. For the President and Ministry of Finance to help, they would need to know the magnitude of the problem and how it has been caused over the years, including suggestions to effectively resolve it for the benefit of the citizens. Instead, what the Ministry and the MSD response served to divert attention away from the substance of the discussion, as it can be seen below:

- (i) The media cited official data obtained from the MSD website, reporting that “MSD faces a critical shortage of health commodities where 47% of items in its medicines catalogue were out of stock. The Ministry’s official response (27 September 2016) refuted by saying that availability stands at 53%. Although 47% shortage and 53% availability are arithmetically the same thing.
- (ii) The media also highlighted some key important medicines as well as a few common ones that would be expected to be available at all times but were not. All this was an effort to provide an example, highlighting the broader issue of poor availability. Instead of addressing the broader question (overall shortages of essential health commodities), the Ministry’s response deliberately chose to focus on the specific example of Paracetamol tablets and a few other commodities.
- (iii) The Director General of MSD when interviewed by *one of the media outlets* during the week was quoted saying that, there is no shortage of medicines and that the government has done “wonders” by disbursing TZS 20 billion in the first quarter of 2016/2017. This is contrary to the reality, as the amount-disbursed falls far below the

62.5 billion for the respective quarter, if one breaks down the annual budget for medicine (Tsh 251 billion) to the corresponding period (3 months' period).

- (iv) The Ministry of Health also promised to increase stock of some health commodities starting from October 2016, implying there have been stock outs. While this is commendable, they did not state when they will be getting remaining funds and to what extent the increase is going to be in relation to the actual national needs.

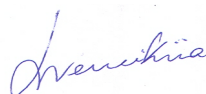
For the sake of clarity, Sikika would like to point out facts to the general public and health sector stakeholders regarding the perennial shortages of health commodities at both, MSD and health facilities:

- (i) The shortage of health commodities at MSD is not a recent phenomenon, this has been a persistent problem but this time it has reached a critical level where we are even experiencing shortages of vaccines over a period longer than three months.
- (ii) The Ministry of Health and MSD, on numerous occasions, have been promising to resolve the shortages. In addition, every year the Ministry has made promises in the Parliament to repay MSD's debt and support it in order to improve its performance. Instead the debt grew every year and MSD's performance has not improved to the required levels.
- (iii) Shortages at MSD directly affect availability of essential health commodities at all public health facilities, as the current system requires that facilities have to first source the items from MSD before trying else where. In addition, a significant proportion of the health facility medicines budget is usually deposited at MSD, and the facilities cannot withdraw the funds in cases of stock outs at MSD.
- (iv) By 16th September 2016, MSD's website displayed zero stock of 47% of all medical items as per their medicine catalogue. Amongst these are key important health commodities that contribute significantly to important health outcomes, such commodities as delivery kits, ORS+Zinc, anti-hypertensives, and vaccines that are essential for prevention of ailments such as yellow fever, measles and rabies.
- (v) One of the reasons for the shortages is failure of the Government to consistently commit sufficient financial resources to meet the countries' essential health commodities requirement. For instance, the currently calculated requirement for essential health commodities stands at TZS 577 billion but the amount allocated for essential medicines in this financial year is TZS 251 billion, out of which TZS 108 is earmarked for repayments of previous debts owed to MSD.

- (vi) Public health facilities have been severely affected and inconvenienced by the current arrangements where it is mandatory that they send requests for medicines to first MSD despite knowing that there is a shortage. Only after obtaining an official confirmation of a stock-out in form of a letter can they proceed to make other arrangements. Despite this huge inconvenience, some have managed to maintain acceptable level of medicines availability by using their own sources of funds and procuring the medicines from private vendors – an example being facilities in Kondoa and Kilolo districts where Sikika monitored.

Therefore, based on the above observations and experience on working in the sector for about ten years, Sikika recommends the following:

- (i) The Medical Stores Department should exist as a fully independent parastatal competing with private wholesalers.
- (ii) That the mandatory central purchase of health commodities by public health facilities through the Medical Stores Department should be abolished and a full decentralized system be allowed to flourish.
- (iii) All funds allocated centrally for purchase of medicines should be sent directly to Councils or health facilities.
- (iv) PORALG should focus on strengthening capacity of these facilities to manage their own affairs while the Ministry of Health focuses on regulating quality of health commodities and also instituting a price control mechanism.
- (v) We request that actors in the health sector be encouraged, and facilitated to handle matters technically and scientifically, whilst discouraged from handling matters politically.
- (vi) Finally, and while the Ministry of Health is implementing the above recommendations, we request President's office to direct sufficient funds to resolve the chronic medicine crisis. This should include clearance of MSD debt.



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