Tuesday, 29 January 2013

STATEMENT ON CHRONIC SHORTAGES & STOCK OUTS OF ANTIMALARIAL DRUGS

1. STOCKOUTS

The main drug in the fight against malaria, commonly known as ALu or "*Dawa Mseto*", has been reported as being unavailable in many public health facilities across the country. The Ministry of Health and the responsible vertical program – National Malaria Control Program (NMCP), have a state-of-the-art monitoring tool ("sms for life") that gives them a clear picture on the current status of availability of ALu at each public facility within mainland Tanzania. Despite having this tool providing vital information at their fingertips, there is little evidence that the authorities are fully utilizing the data to ensure that areas/ facilities, which run-out of this drug, are re-stocked in a timely manner. Sikika has been monitoring ALu availability using the tool for two years now, and has not seen the required progressive permanent improvements. We have only noticed momentary improvements often correlated to public outcries or media coverage; case in point is last year in May 2012 the media reported on the shortage of ALu where 37% of facilities had zero stocks, within a couple of months with continued media coverage the figure had gone down to about 24%.

2. CURRENT SMS FOR LIFE DATA

According to the most current data from the SMS for Life monitoring tool covering 5,080 health facilities in 22 regions of Tanzania, 1,300 health facilities (25.59%) are currently reporting complete stock-outs of ALu (Zero stocks). Whilst this is the overall average there is a wide variation between regions/ districts, for example in Dodoma region only 3% of facilities reported zero stocks of ALu, Singida 4%, Manyara 6% and Kilimanjaro 10% compared to **Mwanza region where 57% reported having no stocks, Ruvuma 53%, Mara 46%, Kigoma 43%, Shinyanga 42% and Tabora 41%.** The picture is even bleaker when the same data is analyzed per district in the worst regions. In Mwanza **Ukerewe district has 88% of its facilities reporting Zero stocks,** followed by **Sengerema 80%, Geita70% and Misungwi 65%.** The situation has been like this for a considerable time; in fact since 2009, facilities have been experiencing recurring shortages of this the vital drug. All this has been happening despite the extensive structures and resources put in place to facilitate the fight against malaria.

Sikika's own internal data (survey conducted in March 2012 in 54 hospitals all over Tanzania mainland) confirms this perennial shortage / stock of antimalarials where it was seen that 43% of the hospitals did not have quinine (drug of choice for treating complicated malaria cases), whilst 19% of the hospitals did not have ALu.

3. PREVELANCE OF MALARIA/ MALARIA MORTALITY RATES

Malaria is a major public health concern in Tanzania, with the most affected group being pregnant women and children under the age of five. The disease is a leading cause of morbidity and mortality among outpatient and inpatient admissions. Antimalarial drugs are, therefore, vital to combat the disease and reduce deaths.

The prevalence of malaria parasitemia among children under five years of age on the Mainland is around 18%. Health facilities report malaria as the leading cause of outpatient and inpatient health care visits and the primary cause of deaths among children. On the Mainland, more than 40% of all outpatient attendances are attributable to malaria, resulting in approximately 12-16 million clinical malaria cases annually. The NMCP estimates that 60,000-80,000 malaria deaths occur annually in Tanzania Mainland among all ages (extrapolated from the under-five mortality rate in 2004-05 TDHS, size of under-five population, and the proportion of deaths attributable to malaria).

According Tanzania HIV & Malaria indicator survey 2007/2008, in terms of regional prevalence, we can see that

Mwanza region has a high prevalence rate of about 31%, Ruvuma 24%, Mara 30%, Kigoma 20%, Shinyanga 30% and yet these are the regions experiencing high stock out rates.

4. FUNDING

Funding for Malaria prevention and treatment has mainly come from donors primarily Global Fund, Presidents Malaria Initiative (PMI – USAID), World Bank and other donors. Global Fund has been the biggest source of funding accounting for about 57% of the funds, PMI - 33%, World Bank 6% and other sources 4% (for funds disbursed between 2003 to 2010 which were a total of $450million).

In Tanzania the normal practice is such that the GoT through NMCP applies for the Global fund grants to purchase ALu. In the event that there are delays, for whatever reason, the GoT is able to call on funds from the PMI to help mitigate stock outs. It is thus inexcusable to be at a position where a significant proportion of health facilities have no stocks of ALu.

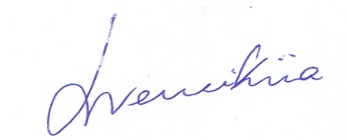
5. ALu NEEDS VERSUS ORDERS

The average consumption of ALu in Tanzania is about 1.3 million treatments per month, which translates to approximately 15,600,000 million treatments per year[1]. However when we look at information available from the Global Fund reports (AMFm order reports) on orders made by Tanzania between 01 January 2012 and 17 January 2013 we see that the GoT through its Medical Stores Department (MSD) only ordered and received 4,917,780 million doses of ALu, in four small lots. The private sector did much better where it ordered and received 11,527,990 million doses.

6. RECOMMENDATIONS

In Tanzania The National Malaria Control Program (NMCP) is the responsible instrument under the Ministry of Health and Social Welfare (MOHSW) that is responsible for coordinating all activities in relation to fighting Malaria in Tanzania. It is responsible for coordinating funding, quantification of ALu needs, procurement and distribution planning. As such it is largely responsible for the current stock status of the vital drug. Sikika is of the opinion that NMCP is not showing the leadership required to address the issue of ALu availability.

To get out of the chronic shortage and frequent stock-outs Sikika advices that MOHSW/ NMCP should master sufficient resources (funds), to be able to procure a bulk order of ALu equivalent to the annual requirement (approximately 15.6million doses), and from here onwards ensure that there is always a buffer stock for at least the next six months. Short of this the country will continue experiencing continued shortages and stock-outs, which are contributing to the high malaria, related deaths.



Mr. Irenei Kiria, Executive Director of Sikika, P. O. Box 12183 Dar es Salaam,
Tel: +255 222 666355/57, Cell: 0784 274039, Fax: 2668015, Email:*info@sikika.or.tz*,
Twitter: @*sikika1*, Facebook: Sikika Tanzania, Website: www.sikika.or.tz

[1] Actual needs may be higher, some experts estimates needs to be at around 18,000,000 doses if clinical diagnostic tests are used, or 25,000,000 if only physical symptoms are used to diagnose malaria.