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**TO: ALL MEDIA**  
**DATE: 12 JANUARY 2010**  
**EMBARGO: FOR IMMEDIATE RELEASE**

**REPORT ON "UNACCEPTABLE SITUATION" - HOSPITALS RUN SHORT OF BASIC MEDICINES (MERCURY, 12 JANUARY 2010) – BASED ON MISUNDERSTOOD LEAK OF A MANAGEMENT TOOL DOCUMENT**

The report in the Mercury of 12 January 2010 was based on a Pharmacy management tool – Dues Out Report – which was misunderstood and has been used erroneously. The KwaZulu-Natal Department of Health is naturally is a concerned with any shortage of medicine in any of our hospitals.

This media report was based on a shortage at an institution in a particular time and cannot be described as a crisis as the Democratic Alliance (DA) has chosen to describe it. Our institutional Pharmacy Managers are regularly in touch with Provincial Pharmacy Stores Depot (PPSD) to address any shortages and replenish as required by their institutions. The PPCSD stock levels are dependent on the supplier's ability to deliver on time the required items, where they (suppliers) face a shortage; the department cannot therefore decide to change the rules of procurement.

The department has cases where the supplier/s cannot meet the Medicines Control Council (MCC) specifications and has been forced to stop production till these have been rectified. This leads to a world-wide shortage of Active Pharmaceutical Ingredients (APIs) used in the manufacture of that medication. The volumes needed in the public sector are so high such that other suppliers are often unable to cope as they could not have anticipated the failure. Under such cases the Department Of Health is often forced to source unavailable medicines from overseas at a much higher cost.

In instances where a medication becomes unavailable, the pharmacist consults with the clinician treating the patient and he/she will prescribe alternative medication that maybe used. Most of our patients in the public sector cannot afford to purchase medicines from pharmacy outlets.

We have the Provincial Pharmacy and Therapeutics Committee (PPTC) which makes recommendations for alternative medication to be used where there is a dire shortage, and these recommendations are sent down to the institutional pharmacy managers for implementation.

Ends  
**ISSUED BY:**  
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