**EXECUTIVE STATEMENT BY KZN HEALTH MEC, DR SIBONGISENI DHLOMO AT THE KZN LEGISLATURE ON THE SHORTAGE OF ESSENTIAL MEDICINES**

**30 July 2015**

Madam Speaker – Hon Lydia Johnson
KZN Premier, Honourable Senzo Mchunu
Honourable Members of the KZN Legislature

Madam Speaker; allow me to start by expressing our sympathy to the Ngcobo family at UMzinyathi in Inanda for their loss of a beloved son who died at RK Khan Hospital on Sunday, 26 July 2015.

Here we are made to understand that around 08h00, an enrolled nursing assistant noticed smoke in the Nurses' residence and then went on to investigate. After checking several rooms, he arrived at one of the rooms and found that the door was hot and locked. Other people were summoned to assist and the door was broken down. Inside, on the floor, of the burning flat was a 20 year old student nurse, Sicelo Ngcobo. He was badly burnt and unconscious. He was rushed to the ICU but demised later that afternoon.

On behalf of the KwaZulu Natal government; together with the RK Khan Hospital management and the EThekwini Health District team, on Tuesday, 28 July, we visited the family to pay our condolences. Sicelo had just started his nursing career on this very month of July; may his soul rest in eternal peace.

Madam Speaker – the KwaZulu Natal Department of Health as always, appreciates the opportunity granted to constantly update the Members of this august House on the health related concerns that pertains to the lives of the citizens of this Province.

Madam Speaker, as we are all aware, there has been a wide coverage of the reports of essential medicines shortages at Public Sector facilities; at times, the problem has been painted as just KwaZulu-Natal issue.

This is not even a national issue but an international one affecting both Public and Private Sectors as attested by statements and interviews given by our Honourable Health Minister, Dr Aaron Motsoaledi on various media platforms.

As KwaZulu Natal, when we noticed that there may be challenges in this aspect;

- We held a meeting with the Department of Health District Managers on Friday, 22 May 2015, to ascertain what the situation was on the ground.

- On May 24, 2015, the Minister of Health, Dr Aaron Motsoaledi, also held a press conference wherein he explained that what the country was experiencing was indeed a global problem that affects all of us both in the public, as well as the private health care institutions.

We really commend the speed by which National Minister; Dr Aaron Motsoaledi moved to ensure that the country is not adversely affected.

- On Friday, June 5, 2015, he convened a meeting with all MEC's for Health, Heads of Departments for Health and the Executives of Drug Pharmaceutical Service Providers. The agenda here was the issue of shortages and the implemented remedial measures to correct the problem.

- On the 8th of June, Minister Motsoaledi then issued a Media Statement that read:

*'Manufacturers of these medicines had an opportunity to share the reasons for these shortages. Each product faces a specific set of challenges nevertheless these problems could be categorised into three areas:*

- *Difficulty with sourcing of the active pharmaceutical ingredients and other raw materials,*
- *Unforeseen delays in the formulation and packaging of medicines,*
- *Unanticipated increases in demand for a particular medicine.*

*None of the manufacturers cited non-payment by government as an issue.*

*At that meeting a commitment was made that over the following four (4) weeks all outstanding orders would be delivered for the majority of the medicines that are affected.'*

After the Minister's meeting with Suppliers, there were further National Health Council Technical Advisory Committee Meetings where it was resolved that there should be close monitoring of supplier performance. The Province is working closely with the National Department of Health to resolve situations where there have been supply constraints still reported– e.g. BCG, Bupivacaine, Morphine, Furosemide, and Penicillin.

I can thus report on the progress made since then:

- **BCG vaccine – Biovac** has 46 000 units for distribution by the end of July. A section 21 approval for 166 000 is currently undergoing post importation testing and the outcome is expected at the end of July 2015. A further 166 000 will be obtained from UNICEF and will also be ready for distribution around December 2015.

- **Tuberculin** – each and every section 21 application submitted to the Medicine Control Council has been declined due to testing results and the fact that the facilities where the manufacturing of the API occurred was not of the appropriate standard. A new application has been submitted from a product sourced in Europe and the outcome is awaited.

- **Benzyl penicillin** – 110 000 units are being tested and expected for release by end of July 2015. National Department of Health will rationalise the stock amongst the Provinces. Biotech has also submitted a section 21 application for a product sourced in Romania for 150 000 units whilst a further 200 000 units are being

shipped in via the sea and expected in the country by end of August 2015.

- **Benzathine penicillin** 1.2.mu & 2.4 mu – National Department of Health is in talks with a supplier about applying for a Section 21 Permit from the Medical Control Council to import the stock into the country.

- **Morphine 15mg injection** – A total of 11830 was received on July, 22, 2015 and all dues out have been allocated and the Depot was left with 6780 as stock on hand. Some stock of Morphine 10mg injection is being delivered directly to facilities e.g. Grey's Hospital received 4000 Morphine 10mg injection.

- **Tilidine drops** – The medicines used in the contingency measure as therapeutic alternatives are available (i.e. Ibuprofen syrup and Morphine powder which is used to make the Morphine syrup).

- The decision was also taken that Suxamethonium be preferentially allocated to District hospitals and Rocuronium be kept at Regional and Tertiary hospitals to mitigate for the current shortage. The facilities were advised that Rocuronium injection should only be used when no Suxamethonium Chloride/Succinylcholine is available at a facility level.

- **Furosemide injection 2ml** – 47420 units were received on the 21 July 2015 and were allocated accordingly to facilities.

- We have also been closely monitoring the situation with medicine for children, especially Abacavir that was not available for 2 weeks and for which we were asked to use alternatives for that period. We can report that out of the **20 000** units of Abacavir for children that was promised to be supplied by May 2015, we had **16 497** units delivered. To mitigate for supply constraints of Abacavir, the combination of Abacavir and Lamivudine was prioritised. Aspen Pharmacare has advised that supply of Abacavir will normalise by the end of July 2015. A section 21 permit has been granted and Aspen Pharmacare is now buying Abacavir from a third supplier to fulfil their orders.

- AbbVie has advised that **Aluvia tablets** Supply should stabilise by September 2015. Limited stock released by AbbVie was allocated to the Provinces on 20 July 2015.

Madam Speaker, a further overall assessment of the situation will be made again at the meeting scheduled for tomorrow, 31 July 2015, with the Suppliers in Pretoria.

**Provincial Contingency Plans:**

- The Department is currently redistributing stock within the District as well as in between the Districts to assist facilities when they run low on stock.

- The stock that is available in limited quantities is rationed. The weekly reports from Districts on the stock holding are considered

along with the facility orders at the Depot; a percentage allocation is then conducted.

- Therapeutic alternative prescribing circulars have been issued to facilities for Benzylpenicillin, Ampicillin and Procaine Penicillin.

- The KwaZulu-Natal Pharmacy and Therapeutic Committee has an important role in advising on therapeutic alternatives and recommending Contingency plans.

- The stock status information is shared between the Provincial Office and facilities with contingencies for specific items which are in short supply.

**Stock Monitoring Systems**

The Department of Health has implemented the stock monitoring system, the Stock Visibility Solution (SVS), to enable escalation to and intervention by Senior Management. The SVS has been installed in all Primary Health Care clinics. This is the mobile technology that allows clinics to capture stock levels using the cell phones allocated to the clinics. The Information is transmitted to the central database. The technology is able to send alert SMS's to managers advising them of low stock levels in order that managers can act quickly to avoid a stock-out situation.

The Hospitals and Community Health Centres are already using electronic stock control systems. The Hospitals and Community Health

Centres submit low stock reports to District Offices which are consolidated and submitted to Head Office.

The District Office and Head Office intervene and assist the facilities that have challenges. Head Office escalates the matters of items that no supplier is able to provide stock for further interventions by the National Department of Health.

Madam Speaker; we have thus stated how we are dealing with this matter, but we still want to allay the fears of our communities especially the over 977 000 people that are on ARVs to date in KwaZulu Natal.

We need to categorically state that in this episode, we did not have any shortages of ARVs.

We are also happy to reveal that already in this Province, over 80% of adult patients on ARV medication have been switched over to the Fixed Dose Combination (FDC) drugs which we have adequate stock thereof. We continue encouraging our clinicians to switch more patients to FDC as it is cheaper, convenient and improves adherence of patients to treatment.

Nonetheless, for the small percentage of adult patients who are on single ARV agents due to various reasons; we do have enough single agent stock for them.

Indeed, working together, we have made remarkable progress.

It will be remembered that when the World Health Organisation came with guidelines for ART, it determined that people with a CD4 count of 200 should be initiated; indeed people's lives were saved but we still have many dying. CD4 count was then revised to 350 and we started experiencing change that was more glaring in the Prevention of Mother to Child Transmission of HIV which was 22% in 2008 and now recorded at 1,6%.

As of January, 2015, we have been initiating all people who record a CD 4 count of 500 and this means that more people will now be saved and really have long and healthy life.

We hope to see life expectancy vastly improving from the recorded 52 in 1997 years to 60 years this year. We also hope to see lesser and lesser new infections

Madam Speaker, we undertake to continue taking the House into confidence as we deal with this all important lifesaving process.

I thank you