

The Drug Policy of the African National Congress

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The lack of a cohesive drug policy in South Africa, has been identified as a major contributor to the country's health dilemma. A drug policy consists of many aspects. Some of these exist already, but in forms which are detrimental to patients.

The African National Congress (ANC) is committed to the principle of a written drug policy for SA which is legislated and appropriately regulated. The major components of the drug policy will include legislation and regulations, choice of drugs, supply of drugs, quality assurance of drugs, and human resources within the health care system.

These components have to be informed by analysing and assessing the qualitative and quantitative aspects of health resources (human, financial and physical) in the country and their comparison with international data.

The accurate collection and correct interpretation of data needed for developing a rational drug policy must be a priority, especially if one considers the dearth of accurate information in the country and its dire consequences which we experience today.

The ANC's drug policy is being developed against the backdrop of a health care system made up of a public and a private sector. The National Health System (NHS) of an ANC government will have a strong public sector, which will provide care to all, and a private sector which will care for those persons who can afford it or who are referred from the public sector.

The central tenets of the ANC's drug policy will be:

- the registration of drugs with special emphasis on their approval and pricing;
- continued and wider use of generics;
- an essential drugs list;
- the procurement of drugs for the country's public and private sector;
- distribution and accessibility of drugs, and the rational use of drugs and their implications for the drug products, the patients and the professionals;
- the promotion of local industry.

The drug policy document, which is being developed, will incorporate a strategy for the effective application of drugs within the framework of the NHS. The NHS will be based on primary health care, emphasising more the preventive and rehabilitative aspects rather than curative ones as the tradition in this country has been.

Many areas are being fleshed out in the process of policy development. Some of these are presented here.

1. The Choice of Drugs

Drug choice is influenced by many factors and considerations including:

a. Approved drugs

Only drugs proven to be safe and of acceptable quality and efficacy will be marketed. When drugs are registered, their prices will be decided on after *adequate consideration by the registering body of the country*. The present Medicines Control Council which registers drugs in the country has controlled the standards of medicines on the market adequately. It has set a good example, but certain aspects like the structure, scope of activities and the composition of the council will have to be improved.

b. Rational use of drugs

For optimum benefit to patients, the rational use of drugs will be recommended. The main principles are well known and include:

- the effectivity of a drug, and its prescription only when it is essential - at the right time and in the correct quantity; and
- the availability of an essential drug countrywide, including the remotest of rural areas.

c. Essential drug list of South Africa (EDLISSA)

This includes a list of the most needed drugs to fit the disease profile of the country. It has, to a certain extent, already been applied in the public sector. Wider use and regulation of the list will take place, thereby allowing for flexibility in the inclusions and exclusions of drugs. The number of permutations of a drug will be limited on the advice of expert committees established for this purpose.

d. Generics Policy

Generics are well used in both the public and the private sectors (medical aids use the maximum medical aid pricing system).

The use of generics of acceptable quality will be encouraged. Compliance of the generic drug with the principle of therapeutic equivalence, as assessed by the registering body of the country, will be used to decide on the suitability of a generic for use in the country, after adequate investigation of international experiences. Expert committees which would liaise with sub-committees made up of academics, clinicians and representation from professional bodies, pharmaceutical manufacturers, consumer and patient organisations will be involved, in an advisory capacity, in the process of selection. This will ensure that the generics policy has the approval of the providers and consumers of health care. Health education directed at all the participants in the health care system will include, amongst other issues, the one of generic medicines and education around the rational use of drugs and the health care system itself.

e. Therapeutic protocols

These are lists of specific protocols to be followed in the treatment of designated diseases. They are used in conjunction with considerations on choices of essential drugs which will include generics.

f. Traditional drugs

These drugs are extensively used. They will be incorporated into the health care system in a way which ensures their quality, efficacy, acceptability and safety are in line with other drugs in use. Traditional drugs will be thoroughly investigated by a special committee of the ANC due to the multi-factorial nature of this aspect of health care. Culture, health care (somatic and psychosomatic applications) and the economy of our country are all intimately linked through and by the use of these traditional medicines.

2. The Supply of Drugs

The annual pharmaceuticals or drugs bill accounts for 45-50% of health care expenditure, that is, R8 to R10bn. Yet not everyone receives adequate drug therapy. There are many reasons for this. But a central point about drugs is that the supply of drugs will always be important even in the new health care system where preventive care will be emphasised. It is widely recognised that patients regard the receipt of a drug as the end of their interaction with the system and it heralds the beginning of "the cure". While education can correct the misconception that there is a drug for every disease, it will be an aim of policy to ensure adequate drugs are available. Some will be imported and others



There is a sprinkling of local pharmaceutical industry in South Africa.

Photo: William Matlala

produced locally.

There is a sprinkling of local industry in South Africa, and the ANC has committed itself to the promotion of a local drug industry. The multinational pharmaceutical companies make up 170 out of 250 manufacturing concerns. Their influence is far reaching, not only in health but also in the economy where vast revenues are generated for the country's coffers. The Economics Department of the ANC has stated that the country will function with a mixed economy composed of a public and a private sector. This has opened up the debate as to how the health care system engages this powerful force for the purposes of mutual benefit.

The ANC will strive towards a symbiosis of state, communities and the multinationals. The multinationals will be given the chance to contribute to the health care system in many ways, including social awareness programmes, improved employment policies, education on drug usage and essential national health research. They would also be involved in matters of drug policy including working towards creating more transparency in the industry. For

example, the whole area of costing in the industry needs clarity.

Some questions for the multinationals at this point are "Are the medicine prices too high in this country?", "Why is this so?" We know that presently *problems of foreign currency exchange (forex) exist, but what do you - the multinationals - intend doing about the high prices?*

Next to the Netherlands, USA and West Germany we have the next highest consumer price index in the world. This clearly does not bode well for the future, especially if one takes into account the present financial position of the country and what a future government will "inherit" from the present nationalist government. There are hard times ahead which have to be confronted with the knowledge that the people who have suffered because of apartheid will be expecting better health care from an ANC government and that it might not be able to meet these expectations in the immediate future.

Factors which influence the supply of drugs need further elaboration. These are mentioned here.

a. Procurement of drugs

The need to procure drugs at the best possible prices will have to be approached with circumspection and the awareness that short term solutions must be well thought through if our long term solutions and expectations are to be realised. The central procurement of all drugs by the government was a route taken by some countries in the developing world. In that system the public and private sectors would purchase drugs from the government which would be the sole procurer in the country. Other options to be investigated could be:

- the state as sole procurer of essential drugs for either both the public and private sector or only the public sector with the private sector following its own wishes;
- the present system ie. the tendering system used by the public sector, with the private sector acting independently but within the laws of the country; and
- the state and other countries in the region jointly tendering at the international level for essential drugs only.

Thorough research of all possible advantages and disadvantages will be done before deciding on one or more of these options for drug procurement. Market forces will be closely monitored. Any emerging information which might inform other aspects of the drug policy, particularly the promotion of local industry, also needs to be noted.

b. Distribution and storage

Rational use of drugs can only take place if drugs are accessible to people countrywide. This will be achieved by making use of the infrastructure of public sector systems and the private sector. The latter, never seems to have problems delivering their commodities such as cool drinks, medicinal and industrial gases to the remotest areas of the country. Better use of private community pharmacies would also help. In fact, partial incorporation of the private community pharmacies into the public sector/ national health service will be investigated. If this is suitable, then it would go a long way to making drugs accessible and available at all times. This is especially necessary when the clinics and other government suppliers are closed. Good stock control would have to be put in place to ensure cost-effectiveness of drug use, unlike the present situation in which the "district" pharmacist is being supplied from a central provincial store in an inefficient way. Storage, either centrally or regionally, would also have to be investigated for suitability.

c. Local production

A strong local industry is desirable and comprehensive research would be needed to assess its real value to the country. We will need to foster a strong local chemical industry to produce and supply the raw materials needed for pharmaceutical manufacturing. Presently, most of these materials are imported at great cost to the country. An interesting fact is that just about all the multinationals have set up generic producing companies which might, if moved into the country, help to provide the expertise and infrastructure to aid in the research of raw materials.

3. Human Resources

Human resources, including new categories of personnel, appropriately trained, to run and organise the different elements of drug policy will be a priority. The establishment of training schemes which would serve South Africa and countries in southern Africa, will be established.

Aspects of the drug policy of the ANC have been discussed above. The final policy will be evaluated regularly to ensure that it serves its purpose of effective drug management. It has to be beneficial to patients and to the country as a whole. Where the evaluation shows a need to change, the policy will be adapted accordingly.

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