THE STATE OF TRANSPARENCY AND ACCOUNTABILITY ON ACCESS TO MEDICINES IN SOUTHERN AFRICA

Survey Report

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ABBREVIATIONS / ACRONYMS

AAI . . . . . . . . . . . . . . . . AIDS Accountability International
AIDS . . . . . . . . . . . . . . . . Acquired Immune Deficiency Syndrome
AUC . . . . . . . . . . . . . . . . African Union Commission
CSOs . . . . . . . . . . . . . . . . Civil society organisations (CSOs)
CTD . . . . . . . . . . . . . . . . Common Regional Technical Document
DFID . . . . . . . . . . . . . . . . Department for International Development
GLOBAL FUND . . . . . . . . The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV . . . . . . . . . . . . . . . . Human Immunodeficiency Virus
LGBTI . . . . . . . . . . . . . . . Lesbian, Gay, Bisexual, Transgender and Intersex
MS . . . . . . . . . . . . . . . . Member States
MoH . . . . . . . . . . . . . . . . Ministry of Health
NACs . . . . . . . . . . . . . . . . National AIDS Councils
NAFs . . . . . . . . . . . . . . . . National Accountability Forums
PACTs . . . . . . . . . . . . . . . . Partnerships for Action
PEPFAR . . . . . . . . . . . . . . The President’s Emergency Plan for AIDS Relief
QA . . . . . . . . . . . . . . . . Quality Assessment
RCAF . . . . . . . . . . . . . . . . Regional Consumer Action Forum on Access to Medicines
SADC . . . . . . . . . . . . . . . . Southern African Development Community
SARPAM . . . . . . . . . . . . . . Southern African Regional Programme on Access to Medicines and Diagnostics
TRIP . . . . . . . . . . . . . . . . Trade Related Intellectual Property Rights
Access to quality and affordable medicines remains a major challenge in most of sub-Saharan Africa. In this regard, countries in Southern Africa have not been an exception since virtually everyone one of them is currently facing a myriad of issues affecting access to medicines.

While efforts continue being made by the governments in all Southern African countries to improve access to medicines, it appears not much progress has been achieved in recent years. On the contrary, it seems the region has actually seen an increase of the number of millions of its citizens who do have easy access to quality and affordable medicines.

In this regard, one of the key problematic factors that could be that of an apparent lack of accountability and transparency in terms of the whole system, processes or issues related to access to medicines. It is argued that a lot of medicines are not able to reach the millions of people at the local community level largely due to the lack of accountability and transparency in this particular area.

It has thus been argued that unless and until there is a significant improvement with regards to accountability and transparency related issues, access to medicines will remain a major challenge in the Southern Africa region.

There is thus an urgent need to invest in concerted efforts that will in effect, seek to create greater accountability and transparency around the implementation process of access to medicines in order to address the emerging gaps in terms of meeting the set targets by the respective governments across Southern Africa.

It is therefore by reason of the forgoing that AIDS Accountability International (AAI) invested in a three year initiative that seeks to promote accountability and transparency in order to improve access to medicines in Southern Africa.

The initiative is also a joint partnership with the Southern Africa regional Programme on Access to Medicines and Diagnostics (SARPAM) and the Open Society Initiative for Southern Africa (OSISA)

The overall aim of the project is to have increased confidence and capacity by citizens in selected countries to demand effective and efficient access to medicines service delivery from governments, private sector and all other development partners.

The following is a summary of the research report that forms part of the key deliverables under the project. In particular, the research aimed to evaluate the ‘state of transparency and accountability on access to medicines’ in the Southern Africa region.

First and foremost, it seems evident that the prevailing view among members of the civil society in Southern Africa that there is not much that has been achieved to date in terms of the promotion of a culture of transparency and accountability with regards to access to medicines issues in the region. There is in general, an air of mistrust and scepticism from the civil society of the current state of affairs.

Corollary to that fact, it is also clear that civil society has some particular perspectives on what really needs to be done urgently to improve the situation for better. Specifically, civil society is proposing for an active multiple partnership approach that will include all the relevant stakeholders involved in access to medicines issues.

There is also a clear call for policy, statutory and systemic reforms in terms of all issues related to access to medicines. This is most poignant with regards to such specific components as that of procurement and the entire rubric vis-à-vis the supply chain management for medicines delivery.

Civil society is also clamouring for a rights based approach with regards to access to medicines. This point is most relevant when it comes to the rights of the rural communities, key affected and marginalised populations.
THE PROJECT

The Open Society Initiative for Southern Africa (OSISA), funds AAI to co-ordinate a new project to promote transparency and accountability initiatives within Southern Africa with a particular focus on access to medicines.

The overall aim of the project is to increase confidence and capacity by citizens through the civil society in selected SADC countries to demand effective and efficient access to medicines services from governments, private sector and funding partners.

ABOUT THIS REPORT

As part of the preliminary process in terms of rolling out the new project, during November 2015 a special survey was designed to collate information needed in the development of a special report focusing on the ‘State of Transparency and Accountability in Access to Medicines in Southern Africa’.

The survey constituted a series of inter-related questions that sought to clarify the situation with regards to access to medicines related issues from an accountability perspective. Among highlighting some of the key aspects on transparency and accountability with regards to access to medicines in Southern Africa, the survey also sought to establish the status of missed targets by SADC governments.

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Further, the survey sought to shed more light on the current capacity of civil society to play its role as a trusted and reliable watchdog for society in terms of access to medicines in the SADC region. The responses from the survey developed the basis for this report focusing on the ‘State of Transparency and Accountability in Access to Medicines in Southern Africa’.
Accountability has been identified as a key factor in improving the response to development needs in Africa and worldwide. Exactly how accountability functions as a panacea for the gaps in public policy development and access to medicines is not well understood by many in the field and is seldom implemented in any actionable form.

However, AAI through years of working in the field, is an expert on accountability and uses the AAI Accountability Framework to ensure that accountability systems and processes are implemented.

The framework was developed with partners of the HIV & AIDS Accountability Forum and used for advocacy for the UN High Level Meeting on HIV & AIDS in June 2011. The Forum was a Ford Foundation funded project with AIDS Accountability International, GESTOS, Global Health Council, GNP+, ICW, IPPF/WHR and World AIDS Campaign as members. The following quote comes from a press release from June, 3 2011.

“We understand that national targets will not always be reached. There can be clear and logical reasons which civil society can well understand. The setting of goals should not frighten countries, it can enhance performance, partnership, meaningful dialogue, and create a shared vision between member states and civil society” said Kevin Moody, International Coordinator and Chief Executive Officer for the Global Network of People Living with HIV (GNP+)
AAI’S ACCOUNTABILITY FRAMEWORK

AAI use our 3 step Accountability Framework as a lens on all of our work. The framework suggests a way to ensure that the principle of accountability is translated from rhetoric into action.

Increasing accountability

AAI believes that strong and accountable leadership is necessary to ensure effective responses to health needs. We do this by increasing transparency, promoting dialogue and supporting action to improve the response.
1. Transparency
Data, full, relevant, correct, accurate and unbiased data that is methodologically sound, periodically collected and collectively reported, discussed and reported as well as transparent about its failings and limitations is a vital starting point for any discussion on developing a response to health problems.

2. Dialogue
Dialogue should mean all relevant stakeholders can meaningfully and freely participate, without fear, in the discussions and debates on the delivery and performance of health by public servants, especially in relation to the commitments that they as governments and leaders have made.

3. Action
Action is necessary for public servants to improve their delivery of health, share their successes and learn from their failures making for quality, improved, sustainable and human rights based health access for all a reality. All leaders, not just governments, need to act to ensure transparency and dialogue are part of the health development process.

Over the years, AAI has also managed to create a practical Accountability Literacy training concept that covers what accountability is, how it functions for improved public service, what the process is of increasing accountability, and what mechanisms are available to ensure greater accountability.

As such AAI has as such developed a reputation and trust as credible expert on accountability related matters and strategy from various stakeholders across the spectrum ranging from governments, quasi-state institutions like the Southern Africa Development Community (SADC) and the African Union Commission (AUC), private sector and the broader civil society.
Traditionally, CSOs are critical actors in the advancement of universal values around human rights, the environment, labour standards and anti-corruption. As global development integration has advanced, the role of CSO’s has gained particular importance in aligning economic activities with social and environmental priorities. Civil society groups can monitor the performance of public officials and attempt to provide systematic oversight of their actions.

However, it appears that in recent years, civil society across Southern Africa has found it increasingly difficult to fully play its traditional watchdog role in society. A lot of CSOs have either closed down or scaled down their functional existence in recent years mostly due to complications with the funding models in countries.

CSOs that are doing well have instead increasingly focused on the less controversial option of service delivery provision. In this regard, the said organisations have tended either to co-operate with government initiatives or collaborate with the international partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the President’s Emergency Plan for AIDS Relief (PEPFAR.) This has inevitably left a huge gap in the role of civil society in terms of promoting sustainable accountability in any given country.

Too often African civil society is conscious not to bite the hand that feeds them, and this subsequently diminishes their power as watchdogs. Governments have the funds to deliver public service, education and a myriad of other basic rights, but it appears civil society is no longer much focused on making sure they do their jobs as public servants.

In fact, some countries such as Zimbabwe have actually experienced a further decline in terms of the budget allocation towards procurement of medicines in recent years due to an ever worsening political and socio-economic crisis in that country.

As a result, access to quality access to medicines in Zimbabwe has been severely affected. The situation in Zimbabwe is not isolated; other SADC countries are facing similar challenges.

As such the situation with regards to access to medicines in the SADC region remains of very critical concern. Most citizens in the region, especially at a local community level, still face some serious difficulties in terms of accessing quality access to medicines.

Therefore, improving access to medicines is important since it directly translates to improved public status and citizens’ satisfaction. Further, although the ‘right to access quality access to medicines’ is somewhat embodied in most national constitutions and statues or policies, it is not adequately implemented or operationalized.

The pilot project is anticipated to run for at least three years depending on the availability of funding; and will have at least three key areas of investment among others;

**Increase transparency**

Conduct research that creates greater transparency around access to medicines in order to address the emerging gaps in terms of meeting the set targets by the respective SADC governments.

**Promote Dialogue**

Create spaces and opportunities in order to raise the profile of the issues related to transparency and accountability with regards to access to medicines in the SADC region;

**Ensure Action**

Hold leaders accountable for action required for the promotion of transparency and accountability issues with regards to access to medicines in the SADC region;
ISSUES FOR CONSIDERATION

In order to help ascertain the state of transparency and accountability with regards to access to medicines in Southern Africa, the pilot survey considered the following issues listed below:

1. Overview of each organisations main issues in relation to transparency and accountability on access to medicines

2. Areas seen as the most challenging in relation to transparency and accountability issues on access to medicines

3. Query on whether any particular population group, province, district, community is worst affected in terms of access to medicines in your country?

4. Suggested key interventions that are needed in order to promote transparency and accountability issues on access to medicines

5. Query on whether any particular population group, province, district, community is worst affected in terms of access to medicines in respective countries

6. Suggested key interventions that are needed in order to promote transparency and accountability issues on access to medicines

7. List of stakeholders/institutions that could play a strategic role in promoting transparency and accountability issues on access to medicines

8. Suggested strategic roles that respective organisations could play in promoting transparency and accountability issues on access to medicines

9. Any other general comments or recommendations related to promoting transparency and accountability issues on access to medicines

The outcome of the survey provided some answers to the above questions and the summary is provided on the pages to follow...
“Please give a brief overview of the main issues in relation to transparency and accountability on access to medicines in your opinion.”

There is by and large no transparency and accountability with regards to access to medicines issues across all countries in the Southern Africa region. In most instances, the government is the most dominant factor and there is an urgent need to include all stakeholders involved in access to medicines issues such as the policy makers, civil society, local government, traditional authorities, media, academia and private sector.

To worsen matters, it seems as if that in most countries, the governments are very defensive in their approach, do not like to take responsibility, and almost always seek to blame civil society for seeking to implement strategic interventions that seek to promote transparency and accountability with regards to access to medicines.

Further the entire statutory and policy framework is normally designed in a very prohibitive and inhibitive manner that militates against the active role of other stakeholders such as the media and civil society. A good example can be found when it comes to laws and policies related to access to information that tend to opaque transparency or cloud issues of accountability in most countries in the region. As a result, access to information issues, for example those relating to procurement of medicines and the entire supply chain management systems tend to be very problematic and a clear hotbed for corruption tendencies that in the long run lead to such unacceptable issues such as stock-outs at primary health care service delivery level.

What also worsens matters is the fact that most primary health care centres have weak administrative systems and also lack adequate human resources. In such countries as Zimbabwe for example, there are allegations of rampant pilferage of medicines stocks by the health workers. It is no longer abnormal to find government procured medicines being sold either in private pharmacies or directly to the public along the streets and avenues.

As a recommended way forward, the survey revealed that civil society was of the strong view that there is an urgent need for the following four outstanding issues to be resolved.

Firstly, there is need for some wholesale statutory and policy reforms to allow for easier access to information to all issues related to access to medicines.

Secondly, there is need for both the relevant government and quasi-government institutions involved in access to medicines issues to start having a collaborative culture with all other different stakeholders that must also include civil society. Consultation and stakeholder alignment must be the foundation of all government and administrative issues related to access to medicines.

Thirdly, there is an urgent need in most of the countries for the wholesale reforms with regards to the procurement and supply management systems. Statutes and policies in this particular area need to be totally overhauled to allow for the involvement of all other key affected stakeholders to be enabled to review progress on a more regular basis.

Fourthly, there is an urgent need for health systems strengthening investment. Most countries need to invest more in terms of human resources and administrative infrastructure for health care service delivery especially in the rural areas. This should address such concerns that civil society has raised during the survey such as the fact that in most instances at primary health care level, there are no proper administrative systems in place to ensure transparency and accountability. Neither is there any reliable well documented data, number of patients on treatment and limited technology capacity.

It is proposed that this could help to enhance transparency and accountability in the access to medicines in the long term.
“Please list at least three areas that you see as the most challenging in relation to transparency and accountability issues on access to medicines.”

As expected, various responses were received that clearly highlighted a lot of challenges. The following is a summation of the top three challenges that were most cited during the survey.

1. Firstly, most of the respondents highlighted the issue of the unfair and mostly unmonitored prices of medicines. The major issue of concern was that most public health care facilities usually have stock-outs of essential medicines. This then forces most patients to buy their prescribed medicines from the private pharmacies and on the streets.

Now the problem is that most of these business people in the private sector stand accused of being too greedy and unscrupulous. There are allegations that they tend to come up with the most profitable of all prices for their medicines on stock.

The problem is that most of the affected patients are from the low income groups and also come from the marginalised rural communities. So they end up buying the medicines based on very high prices they cannot afford or altogether give up on the idea of buying some of the prescribed medicines at all.

There is an urgent need for governments across all countries to regulate the prices of essential medicines and also employ locally based price monitors at community level to help enforce the recommended prices.

2. Secondly, there are clearly concerns about the many problems affecting the supply management chain in terms of medicines procurement and service delivery. It appears that in most countries, truck-loads of essential medicines meant to be delivered to local community health facilities especially in rural areas end up never reaching their intended destination.

Some senior government officials stand accused of running medicines cartels that diverted stocks originally meant for public health facilities to the private sector. As such the same medicines that are meant to be given to patients basically for free end up being sold to them at higher than normal prices even for the private sector.

In some countries such as Zimbabwe, there are also allegations of high pilferage of medicines stocks already at local health care facilities by senior health care workers. These all now stand accused of owning their own private pharmacies or are simply behind the medicines that are being sold in the streets.

In this regard, there is also an urgent need for governments to employ community based monitors who will be able to report to the police any incidence of medicines that was originally meant for the public healthcare system being sold anywhere else.

3. Thirdly, the other major challenge is that of the increase in the number of medicines stocks that are not officially registered by the relevant authorities. Worse still some of these medicines are usually expired or sub-quality in nature. Such stocks of medicines are normally sold in private pharmacies or on the streets. Most of them come with a very cheap price tag. Since most of the patients are so poor and desperate they normally end up buying such medicines.

Unfortunately, this may either result in them not being healed or in some instances getting worse due to the side effects caused by those unregistered medicines. This problem is increasingly becoming worse in such countries like Zimbabwe were it now affecting local townships in such big cities as Harare and Bulawayo.

In this regard, there is also an urgent need for governments to employ community based monitors who will be able to report to the police any incidence of medicines of either expired or unregistered medicines.
THE WORST AFFECTED

Is there any particular population group, province, district, community that is worst affected in terms of access to medicines in your country?

In this regard various responses were received. As expected, most of the answers were by and large influenced by the context of the country from which the respondents were based. The following below is a summary of some of the most recurrent responses segregated in terms of a particular population group, province, district, community.

In terms of a particular population group most of the answers focused on the commonly marginalised groupings. The first common category was that based on sexual minorities who are normally excluded from freely accessing not just medicines but the broader public services even beyond health matters.

The most cited included Men who have sex with men (MSM), lesbians, gays, transgender, and sex workers.

Others also highlighted elderly people, people living with HIV, people with disabilities, adolescents, people with chronic illnesses like diabetes and cancers.

There were also special mentions for communities living far away from major urban areas. These included the mining and fishing communities. Of key concern in all the countries was the plight of the rural communities who often live under minimal healthcare infrastructure and human resources.

Generally, the rural populace has to walk long distances and lack the capacity to fully express their rights or to hold public officials and leaders accountable. In this regard there was a clear call for governments to start investing more resources towards improving the local health care systems.

In terms of worst affected provinces and districts, it appears the focus also remained largely on the same marginalised areas that consisted mainly of rural communities.

Some of the specifically cited examples included such as those in Zimbabwe like the internally displaced Chingwizi community who were recently affected by heavy floods. In Malawi the examples of cited districts included Chikwawa, Nsanje, Chitipa, Rumphi, Likoma, Mzimba, Mangochi, Nkhota-kota, among others. While in South Africa, special mention was made for both the Free State and Eastern Cape Provinces.
THE RECOMMENDED TOP 3 KEY INTERVENTIONS

“Please suggest at least three key interventions that are needed in order to promote transparency and accountability issues on access to medicines.”

One of the key questions under the survey sought for recommendations in terms of the top three key interventions proposed by the civil society.

In this regard, several recommendations were derived from the respondents. Below is a summary of the top three recommended interventions proposed by the civil society across Southern Africa.

1. Firstly, there is need for policy changes with regards to all key institutions affecting access to medicines. These include the structure and composition of such institutions as medicines regulatory and procurement bodies. The reforms are necessary to ensure that all the crucial institutions are more accountable to other public oversight bodies such as anti-corruption commissions, auditor generals, consumer protection agencies, Parliaments and public protectors (ombuds-persons). The reforms will also allow the public to have a clearer idea of their performance and conduct especially though the eyes of the media and civil society watchdog organisations.

2. Secondly, there is need for more specific systems reforms. In particular, the whole issues surrounding the medicines tenders/procurement and supply chain management systems. It is evident that in most countries, a lot of medicines stocks are being lost due to weak systems that have over the years allowed cartels to flourish unabated. The time has come for reforms that are meant to streamline and make the systems more efficiently run to avoid unnecessary medicines stock outs that affect a lot of people in Southern Africa.

3. Thirdly, there is a need to start placing more emphasis on multi-stakeholder participation and involvement in resolving any of the problems affecting transparency and accountability with regards to access to medicines in Southern Africa. In most of the countries in the region, only a few government and private sector people are involved in the entire system. This has allowed for corruption to grow unrestrained over the years.

As such there is need for policy reforms that will emphasise in multi-stake holder participation on a more regular basis. This will then allow other stakeholders that are normally affected by access to medicines issues to start having a bigger say in finding effective solutions. Further, emphasis must not just be placed at national levels but also at local community level where it appears most of the problems are being cited.
“Please list any stakeholders/institutions that could play a strategic role in promoting transparency and accountability issues on access to medicines.”

It must be duly noted that under this same project, AAI and SARPAM recently conducted a mapping exercise of all relevant stakeholders with regards to access to medicines in the Southern Africa region. The mapping exercise focused mainly on the CSOs that were actively interested in the promotion of transparency and accountability issues especially with regards to access to medicines.

However, in response to the above question that was raised as part of the survey; several key stakeholders/institutions were suggested.

Listed below are some of the most relevant of the suggested organisations/institutions:

1. National AIDS Councils (NACs) across all countries
2. Consumer Action Forums on Access to Medicines, across all countries
3. National networks for people living with HIV, across all countries
4. National networks for access to treatment, across all countries
5. National AIDS services organisations and networks, across all countries
7. National and regional faith based associations and networks, across all countries
8. National medicines regulatory authorities and procurement agencies, across all countries
9. National and regional associations for pharmaceutical companies/private sector, across all countries
10. Southern African Generic Medicines Association (SAGMA)
11. Innovative Pharmaceutical Association (IPASA)
12. Southern Africa Editors Forum (SAEF)
13. Southern Africa Litigation Centre (SALC)
14. SADC Lawyers Association (SADCLA)
15. AIDS and Rights Alliance for Southern Africa (ARASA)
16. SAfAIDS
17. Southern Africa AIDS Trust (SAT)
18. National Consumer Protection Associations, across all countries
19. Parliamentary Committees for Health (HIV and AIDS)
20. SADC Parliamentary Forum (SADC-PF)
21. National Anti-Corruption Commissions/Bureaus
22. SADC Secretariat (Pharmaceutical Directorate)
23. Federation of African Pharmaceutical Manufacturers Associations (FAPMA)
24. International organisations such as Amnesty International and Transparency International
25. International development partner such as foundations and all other types of philanthropies.
26. United Nations agencies such as UNAIDS, UNIDO, UNDP, WHO, among others.
RECOMMENDED STRATEGIC ROLES FOR ORGANISATIONS

“Please suggest any strategic role that your own organisation could play in promoting transparency and accountability issues on access to medicines.”

In response to the above cited question, the survey participants raised a large number of suggestions. The list below shows some of the most relevant suggestions:

1. There is a need to empower religious leaders to become champions and advocates.

2. Advocacy, engaging policy makers on the importance of transparency and accountability on the issue of people having access to medication.

3. Mobilizing and empowering community structures so that people should be able to voice out and take action where things are not going okay.

4. Strengthening of governance structures and systems using the Ouagadougou Framework and the tools CSOs have developed.

5. We can be part of the procurement process; and also provide strategic information in terms of medicines and drug shortages in the various communities on the ground.

6. There is need to establish and maintain strong community based monitors at the health centres, using community evidence to advocate at the national level.

7. There is need to strengthen community awareness for social advocacy and accountability.

8. Training of community action groups that will monitor service provision by CSOs.

9. Planning, implementation monitoring, strategising, capacity building and training, awareness creation, information dissemination.


11. Hosting dialogues on accountability with communities.

12. There is need to invest in a critical mass mobilization of citizens to take part in advocacy and lobbying activities.

13. Interacting with local policy makers at grassroots levels.

14. Facilitate the creation of an essential medicines accountability and transparency network led by CSOs.

15. Host national dialogues and provincial Indabas with leadership at various levels and do community enhancement and sensitization on access to medicines.

16. We will continue to support the Ministry of Health (MoH) in health sector budget reporting through a resource mapping exercise and continue to support the MoH on supply chain issues.

17. Capacity building of media on the issues; capacity building of CSOs in the sector to work with the media; producing special editions of the junior reporters; and radio and television programmes.

18. Through tracking of procurement, supply chain and capacity building of the Hospital Committees.

19. Promoting accountability and transparency awareness programmes in rural areas.

20. Engage political leaders in round table dialogues.

21. Monitoring availability and accessibility of medicine in rural areas.

22. Campaign for law and policy reforms.

23. Build technical capacity of watchdog kind of stakeholders to monitor compliance or implementation of policy commitments.
“Any other general comments or recommendations related to promoting transparency and accountability issues on access to medicines?”

In response to the above survey question, some of the participants raised several issues that broadly affect access to medicines in the region. However, there were several responses that responded to the specific component related to the promotion of transparency and accountability with regards to access to medicines in the Southern Africa region.

Listed below are some of the most relevant responses:

1. We need to identify allies who are scientists and are prepared to work together with CSOs to uncover the hidden politics in the production of medicines. WHY IS GETTING A CURE TAKING SO LONG? Are pharmaceutical companies hindering progress in this area??

2. Generally, the situation could improve if there is collaborative approach by stakeholders at national and local levels.

3. I think it is crucial that at any time there be a co-ordinated multi-stakeholders approach towards resolving issues affecting access to medicines.

4. There is need for a tighter coordination of civil society to keep this matter on the agenda.

5. The roles, responsibilities and accountability relationships for each stakeholder must be well defined.

6. Availability of comprehensive information will allow policymakers and authorities to respond effectively to inconsistent pricing, corruption, drug theft and other issues.

7. There is need to greater unity in order to carry out activities to promote transparency and accountability issues on access to medicines.

8. There is an urgent need to set up proper structures to help people access medicines in time, to avoid loss of lives.

9. Unity of civil society for a united voice in calling for transparency and accountability; and also the capacity development of community health workers and advocates.

10. At the healthy facilities where communities are taking a role in facility management, there is tremendous improvement in use of drugs and other healthy related services.

11. Let us situate this initiative within the health and community systems strengthening context.

12. There is a need to bring the media and CSOs up to speed to track and promote accountability.

13. Media such as TV, radio and newspaper can be a tool to be a watch dog on accountability issues

14. There is need to have a sustained advocacy strategy on this with proper legal environment and or tools to support the same.

15. There is a need to build a strong network in the region and globally with similar aims and objectives around this campaign for an effective desired change.

16. There is a need to conduct baseline surveys or conduct more research on the quality and side effects of the medicines that people take. (e.g.) ARVs taken with its side effects.

17. It is very vital to build capacity of people so that they are empowered to be able to hold their government accountable and transparent promotion. Knowledge is Power!

18. Empower population to demand what is due to them by service providers. Currently the population is disempowered.

19. Control corruption and provide more access to information

20. The main issue would be to advocate for the Access to Information (ATI) Bill and educate the public to use the law to know the situation.
KEY EMERGING ISSUES AND NEXT STEPS

The survey has managed to uncover some issues that still need to be followed up with regards to the ‘state of transparency and accountability on access to medicines’ in the Southern Africa region.

First and foremost, it seems evident that the prevailing view among members of the civil society in Southern Africa that there is not much that has been achieved to date in terms of the promotion of a culture of transparency and accountability with regards to access to medicines issues in the region. There is in general, an air of mistrust and scepticism from the civil society of the current state of affairs.

Corollary to that fact, it is also clear that civil society has some particular perspectives on what really needs to be done urgently to improve the situation for better. Specifically, civil society is proposing for an active multiple partnership approach that will include all the relevant stakeholders involved in access to medicines issues.

There is also a clear call for policy, statutory and systemic reforms in terms of all issues related to access to medicines. This is most poignant with regards to such specific instances as that of procurement and the entire rubric vis-à-vis the supply chain management for medicines delivery.

Civil society is also clamouring for a rights based approach with regards to access to medicines. This point is most relevant when it comes to the rights of the rural communities, key affected and marginalised populations.

So in terms of the next steps and the way forward, it is recommended that country level case studies be developed in this initial pilot phase of the project. Due to limitation of funds, at least three countries be selected for a more direct and specific engagement of civil society in those respective countries. The case study reports from the identified three countries will serve as basic samples for the initial detailed analysis that will also help to inform the strategic approach when it comes to the second phase of the project.

In this regard, it is proposed that the selected initial countries be Botswana, Malawi and Zambia. As such, it is further proposed that a special regional workshop be held in Johannesburg in March that will be attended by the relevant members of the civil society drawn from the three selected countries. The proposed workshop will develop the basis for further research in the three selected countries in order to come up with a more specific and detailed case studies from those countries.
IMPLEMENTATION PARTNERS

AIDS Accountability International (AAI)

AIDS Accountability International (AAI) is a non-profit making organisation that is registered in Sweden. AAI has administrative offices in Stockholm but is now mainly based at Cape Town and Johannesburg for both administrative and programme purposes.

AAI’s vision is a world where strong and accountable leadership permeates all levels of society to ensure effective responses to health challenges. AAI does this by increasing transparency, promoting dialogue and supporting action for an improved response.

AAI was established in 2005 with the mission to follow up on commitments to the AIDS epidemic that were made by governments. AAI’s work has since expanded to sexual and reproductive health and rights, malaria, tuberculosis, and non-communicable diseases. AAI works on holding all leaders accountable, such as business, civil society, funding partners and bi and multi-lateral development organizations.

“AAI works on holding all leaders accountable, such as business, civil society, funding partners and bi and multi-lateral development organizations.”

AAI is an independent research and advocacy think tank holding leaders accountable for the commitments they have made to respond to health needs. AAI uses research to develop various tools for stakeholders for them to use in their campaigns to advocate for better health.

AAI conducts only needs-driven, evidence-based research and advocacy that measures performance against the commitments that have been made by governments.

AAI also conducts its own advocacy, capacity building and monitoring and evaluation interventions to encourage those who are delivering on their commitments, identify and put pressure on those who are under-performing and stimulate constructive debate about what can be learned from different approaches and how best practices should be shared.

AAI focuses on inclusion of the most marginalized in much of our work, with a focus on women, girls and lesbian, gay, bisexual, and transgender people. We have a global reach with an African focus.
The Southern Africa Regional Programme on Access to Medicines and Diagnostics (SARPAM)

Initiated as a support programme for the SADC Pharmaceutical Business Plan, through the Department for International Development (DFID-UK) between 2009 and 2014, and now continues to operate as a regional programme through engagement with various partners and facilitators in the public and private sectors.

SARPAM was designed in consultation with the SADC Secretariat and other stakeholders, to respond to identified gaps in the pharmaceutical markets of Southern Africa, including practices which result in uncompetitive, inconsistent medicine pricing and the poor supply chain management of medicines. The programme engages both public and private sector stakeholders to ensure improved access to medicines across the region.

Outcomes achieved by SARPAM

**Procurement Cooperation**
Developing transparency in medicines pricing to promote better awareness and cultivate procurement cooperation among countries in the region

**Regulatory Strengthening**
Developing stronger regulatory systems in countries and encouraging collaboration in medicines registration to reduce the time it takes for medicines to get to patients

**TTAtM**
Assisting countries to take advantage of TRIPS flexibilities to reduce medicines pricing and provide a regional framework to support local production of generic medicines.

**Civil Society**
Supporting civil society to hold organisations accountable for access to medicines and diagnostics through developing a systematic mechanism to gather data to understand and analyse blockages in the supply chain and to inform policy and programming decisions

**InfoHub**
Enabling technology features that support Procurement Cooperation (the SADC Medicines Database) and Civil Society engagement (TENDAI – mobile telephone and database solutions for collecting community-based evidence of stock outs at health facilities)

**Social Impact Investment**
Facilitating quality investments in all aspects of the private sector pharmaceutical value chain system, including local production, in Southern Africa by creating structures and support for market-related loans to companies that focus on improving access to medicines and diagnostics, at the same time maximising social impact
CONTACT DETAILS

AAI

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MOBILE: +27(0) 82-225-1598

SARPAM

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Civil Society Partnerships Manager
EMAIL: washington@sarpam.net

Yunus Mohammed
Programme Manager
EMAIL: yunus@sarpam.net
## APPENDIX A – PILOT SURVEY QUESTIONNAIRE

### Questionnaire Details

<table>
<thead>
<tr>
<th>Contact information</th>
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<tbody>
<tr>
<td>About your programming</td>
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<tr>
<td>Mandate of organisation / Mission statement</td>
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<tr>
<td>What specific issues is your organisation addressing?</td>
<td>Access to Medicines at Health Facilities in General</td>
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<td>Prevention of Medicines Stock-outs</td>
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<td>Prevention and Treatment Access</td>
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<td>Supply Management Chain/Procurement of Medicines</td>
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<td>Registration of Medicines</td>
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<td>TRIPS and Access to Local Generic Medicines</td>
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<td>Policy Issues on Access to Medicines</td>
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<td>Engagement of Private Sector/Pharmaceutical Business</td>
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<td>Pharmaceutical Academia and Research Issues</td>
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<td>Engagement of Policy Makers and Government</td>
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<td></td>
<td>Service Delivery Issues on Access to Medicines</td>
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<td></td>
<td>General Access to Healthcare Services</td>
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<td>Other (please specify below)</td>
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<td>Where is the geographical focus of your programmes?</td>
<td>Global or continental (Africa)</td>
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<td></td>
<td>Global but with a special focus on sub-Saharan Africa</td>
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<td>Regional (All Countries in Eastern and Southern Africa)</td>
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<td></td>
<td>Several Countries across [within] the Eastern and Southern African region</td>
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<td>National (please specify which countries)</td>
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<td>What sorts of interventions do you undertake in the areas that you work?</td>
<td>Knowledge Management</td>
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<tr>
<td>Service Delivery</td>
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<td>Advocacy</td>
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<td>Awareness raising/Communications</td>
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<td>Law and Policy Reform</td>
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<td>Capacity Building/Training</td>
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<td>Funding/ grant-making</td>
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<td>Research</td>
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<td>Other (please specify below)</td>
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<tr>
<th>What specific resources have you produced on access to medicines issues?</th>
<th>Tools (please specify below)</th>
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<td>Training Programmes (please specify below)</td>
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<td>Research (please specify below)</td>
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<td>Advocacy (please specify below)</td>
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<td>Other (please specify below)</td>
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<th>Who are your main beneficiaries? Please check all that apply.</th>
<th>Women and/or girls</th>
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<td>Men and/or boys</td>
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<td>Adolescents</td>
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<td>Survivors of GBV</td>
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<td>People living with HIV and AIDS</td>
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<td>LGBTIQ</td>
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<td>Sex Workers</td>
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<td>People with Disabilities</td>
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<td>Students</td>
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<td>Mobile Labour/Workforce/Traders</td>
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<td>Inmates (Prison Populations)</td>
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<td>Injecting Drug Users</td>
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<td>Migrants/Refugees/Asylum Seekers</td>
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<td>Other (please specify below)</td>
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## What are the main sources of funding for your work?

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<th>Source of Funding</th>
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<td>International donors/foundations</td>
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<td>Local foundations</td>
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<td>Private sector</td>
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<td>Individual donations</td>
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<td>Subscriptions</td>
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<td>Sales for services</td>
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<td>Government</td>
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<td>Other (please specify below)</td>
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## How do you manage the funds in your projects/organisation?

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<th>Management Method</th>
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<td>Accounting system with software/ tool (please specify below)</td>
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<td>Accounting system without software/ tool (please specify below)</td>
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<td>Annual financial statements with audit report(please specify below)</td>
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<td>Annual financial statements with no audit report(please specify below)</td>
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<tr>
<td>Only standard processes in place with no system/ tools (please specify below)</td>
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<td>Other (please specify below)</td>
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The Accounting unit would have been able to specify the tool, but I also see Microsoft Excel

---

**Transparency and accountability on access to medicines**

### How would rate promotion of transparency and accountability in terms of access to medicines as a government health priority in your country?

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### Please give a brief overview of the main issues in relation to transparency and accountability on access to medicines in your opinion.
Please list at least three areas that you see as the most challenging in relation to transparency and accountability issues on access to medicines

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Is there any particular population group, province, district, community that is worst affected in terms of access to medicines in your country?

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Please suggest at least three key interventions that are needed in order to promote transparency and accountability issues on access to medicines

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Please list any stakeholders/institutions that could play a strategic role in promoting transparency and accountability issues on access to medicines

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Please suggest any strategic role that your own organisation could play in promoting transparency and accountability issues on access to medicines

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Any other general comments or recommendations related to promoting transparency and accountability issues on access to medicines

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Thank you for taking the time to complete this questionnaire.