Editorial

"The sad fact of the matter is that the health care industry is in disgrace. We are widely perceived as unscrupulous and unethical, motivated purely by greed, and relentless in our exploitation of human suffering for commercial gain. Truly, if capitalism ever had an unacceptable face, this must be it."

So said Peter Beningfield, the chief executive of SA Druggists, at a pharmaceuticals industry conference earlier this year. He went on to specify the cost of medicines as the most prominent issue which needs to be addressed. However, the progressive health sector has been far less outspoken in its criticism. At the same conference, the ANC representative somewhat timidly asked the question, "Are the medicine prices too high in this country?" Progressive health workers have had extensive debates on the crisis in the private sector, yet, when it comes to the cost of drugs, we have been relatively slow to assess the reasons and reluctant to put pressure on the big drug companies.

Meanwhile, both multinational and local drug manufacturers have continued to increase prices as well as profits. In 1992, a quarter of the world's largest 500 companies lost money, but all 25 pharmaceutical companies in the top 500 were profitable. Despite the current recession, SA Druggists, Adcock Ingram and Premier Pharmaceuticals have also filled their pockets. During 1992, the Pharmaceutical and Medical sector was easily the strongest performer on the Johannesburg Stock Exchange. The majority of South African private sector retailers are controlled by the big three and they continue to mark up the ever increasing producer prices by a further 50%.

The state sector is also beset with problems. Despite the severe shortage of hospital pharmacists, the government is insistent on making further cutbacks on state services. As a result, patients are suffering. This picture is compounded by corruption and theft of state drug supplies.

In this edition, Critical Health examines some of these issues and explores options to ensure affordable, accessible and appropriate drug use within a primary health care context.

We start with an article by Muller, author of a study on the negative effects of multinational pharmaceutical companies on health in developing countries. He now argues that we should no longer focus our energy on the multinationals because they cannot influence and dictate prices in the way they did before.

Several babies and adults died of infections related to intravenous drips produced by Sabax. Soller argues that the company was able to deny responsibility for the deaths largely because of the way in which the government health structures and the Medicines Control Council responded.

Many drug manufacturers also fail to provide adequate safety measures for workers in the factories. Colvin describes how workers at a pharmaceutical production plant, owned by a German multinational, have been poisoned by chromate compounds. The employers retrenched affected employees without compensation.

Jeebhay and Mbuli suggest that most pharmaceutical companies in this country have inadequate safety programmes. South African legislation is too lenient and poorly enforced. This allows companies, which are compelled to adhere to strict policies in their home countries, to ignore these in South Africa.

The second section focuses on pharmacy in the state sector. Critical Health interviewed a number of pharmacists who complained of staff shortages and poor remuneration. This leads to overwork and stress, and consequent neglect of counselling of patients in the use of medication.

Moller and Summers highlight the severe shortage of staff in the rural and 'homeland' hospitals. They suggest improving conditions of service to attract graduates into the state sector and training additional black pharmacists to overcome staffing backlogs.

Summers argues that the high proportion of women pharmacists in the state sector is due to the poor conditions of service and salaries which men are less prepared to endure. Women are discriminated against in terms of promotion to management levels.

We include a number of articles suggesting ways in which the pharmacy sector needs to change. There is a need for a drug policy which ensures that essential drugs of acceptable quality and efficiency are made accessible to the majority of the population. Pharasi stresses that such a policy must be integrated into a comprehensive primary health care approach.

Eagles outlines the ANC's views on drug policy. The ANC is considering price control, an essential drugs list and a policy on generics, within the context of a strong national health service.

The demand for drugs in a new South Africa should determine the nature of pharmaceutical production, according to Crompton. He suggests the need for appropriate state intervention in production to facilitate our research and development capacity, increase pharmaceutical exports and keep prices down.

Hodgkin, speaking from international experience, argues that the availability of essential drugs is not sufficient to prevent irrational drug usage. Companies which promote such bad practices must be opposed and people must be educated about drugs to empower them to challenge these practices.

Pharasi argues that pharmacists should not be paid on a fee for service basis as this encourages them to focus on the sale of medicines. They should use all their skills in collaboration with general practitioners in health teams.

Modern and traditional medicine must be integrated, argues Jacobs. However, traditional medicine must remain under the ownership and control of people within black communities. Health personnel in the modern sector and traditional healers need training to facilitate integration.

The progressive health sector has only recently started to critically analyse pharmacy in South Africa and develop ideas on policy. We have a lot to learn from international experience. For this reason Critical Health includes a resource list of publications available from WHO and international pressure groups HAI and BUKO. We also provide a review of an article on Zimbabwe's post independence experience, which highlights the successes and failures of an interactive approach between the state and the market oriented pharmaceutical industry.

In the first contribution in the general section, Le Roux argues that many mothers cannot breast feed. Their children need infant formulas and milk, but, for many, these products are unaffordable. She suggests the need for research as to the reasons for the high price of milk and possible ways of lowering it.

Masobe and Price argue that the Medical Schemes Amendment Act allows for the development of managed health care options such as health maintenance organisations. However, it will also result in medical aid becoming unaffordable to the aged and ill, who will be forced to rely totally on a weak public sector.

Responding to an article on SAHSSO's emergency services group in a previous edition, Wildschut argues that SAHSSO's Victims of Violence, Torture and Rehabilitation Programme is well established. She describes aspects of the work this programme is involved in.

Next Edition - HIV/AIDS in South Africa

The HIV virus is spreading at an ever increasing rate. Hundreds of people are being infected every day. All sections of society are at risk, but it is spreading fastest among the oppressed. HIV/AIDS will further accentuate the poverty of the majority, throwing people into a cycle of greater risk to infection. Is the government committed to fighting the spread of HIV, and providing care for those who become ill with AIDS? How effective are NGOs, para-statal and community groups in their prevention and care work? What have we learnt from experience? How can we develop effective approaches to the social impact of the epidemic? Critical Health investigates these issues in the next edition.