Medicine stockouts are a problem in South Africa's clinics: How pharmacist assistants can help

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Credit: AI-generated image (disclaimer)

Primary healthcare clinics are the main healthcare access point for millions of South Africans.

There are at least 3,467 state-funded primary healthcare clinics across

South Africa's nine provinces. Most South Africans get their essential medicines from public health facilities, which serve 71% of the population.

Nurses often run the clinics as the only available health professionals. But dispensing and medicine supply management is not their core function. When nurses have to manage essential medicine supply, it takes their attention away from quality patient care delivery.

This multitasking by nurses is among the main reasons for essential medicine stockouts in the primary healthcare clinics in South Africa.

To improve compliance with medicine standards, the South African government started to train pharmacist assistants to increase the number of people available to help with medicine management. It recognized that producing enough fully trained pharmacists for deployment in primary healthcare clinics and would take five years or longer.

The training program for post-basic pharmacist assistant qualification is two years—much shorter than that of pharmacists. There are currently 16,250 registered post-basic pharmacist assistants.

But many clinics still don't have one. In my recent research I set out to assess the role of post-basic pharmacist assistants at primary healthcare clinics. The aim was to make recommendations to improve essential medicine supply management.

I found that around a third of the clinics we looked at didn't have a pharmacist assistant. These clinics were more likely than other clinics to have erratic medicine supply management practices. Pharmacist assistants contribute positively in reducing essential medicine shortages. There should be urgent plans to employ more of them.

Essential medicines stockouts result in patients having to make multiple visits to health facilities. They spend time waiting and lose working hours. Patients are exposed to unnecessary changes in their treatment regimen as health workers try to compensate for the stockout through dose combination.

Managing medicine supply

My study was done in 11 of South Africa's 52 health districts. To collect the data, I spoke to 11 district pharmaceutical service managers and reviewed medicine availability reports.

Only 429 (63%) of the 685 primary healthcare clinics had at least one pharmacist assistant. This means that 256 (37%) clinics did not have a pharmacist assistant to manage medicine supply. Nurses had to do the job of managing supplies of essential medicines and dispensing them.

I found that clinics without pharmacist assistants were more likely to have erratic medicine supply management practices. In one district without post-basic pharmacist assistants, medicine availability was an average of 88%.

Those with pharmacist assistants had markedly better stock levels. In 10 districts where at least a quarter of the primary healthcare clinics had post-basic pharmacist assistants, medicine availability was at an average of 95%. This figure is in line with acceptable norms. These clinics had a lower prevalence of medicine stockouts.

A district pharmaceutical services manager who participated in the research said," We are doing well on medicine availability thanks to the availability of (pharmacist) assistants in our clinics."

The study findings show that pharmacist assistants play a significant role

in medicine supply chain management in primary healthcare clinics. Additionally, they can free up nurses to focus on providing quality healthcare services.

The appointment of one pharmacist assistant can free up professional nurses from managing medicine supply. It guarantees that at least 40 patients receive uninterrupted clinical care per day.

Pharmacist assistants also have the time and skill to counsel patients on treatment benefits and adherence. This goes a long way to encourage patients to stay on treatment.

Another benefit is the appropriate storage and management of essential medicines. Pharmacist assistants can ensure that medicine is kept at appropriate temperatures for effectiveness. They also implement stock rotation to use expiring medicines first. This reduces the occurrence of medicines expiring on the shelves.

There have been initiatives within government to encourage the permanent appointment of trained pharmacist assistants in primary healthcare clinics. However, many provincial clinics struggle to permanently appoint at least one pharmacist assistant due to financial constraints. In some instances, donors have stepped in to finance short-term contracts for pharmacist assistants as a temporary solution.

The lack of effective placements has also meant that the private health sector has absorbed many government-trained pharmacist assistants. The majority of pharmacists (and pharmacist assistants) in South Africa practice in community pharmacies, which are pharmacist-owned (independent) or form part of pharmacy chains.

Recommendations

To promote consistent essential medicine availability, National Treasury needs to allocate dedicated funding for the permanent employment of at least one post-basic pharmacist assistant in each of the primary healthcare clinics across South Africa.

Provincial district health services must phase in the permanent employment of post-basic pharmacist assistants. This will go a long way in promoting good medicine supply management at clinics.

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