

Key organisations and processes for drug regulation in Mozambique and Zimbabwe

Ministry of Health and advisory committees

Mozambique—the Ministry of Health produces treatment guidelines and the national formulary of medicines, supported by the Therapeutic Commission

Zimbabwe—the Ministry of Health and Child Welfare produces treatment guidelines and an essential drugs list, supported by the National Drug and Therapeutic Policy Advisory Committee and the Medicine Control Authority of Zimbabwe

Drug registration

Mozambique—formal registration of drugs started only in 2001

Zimbabwe—the Medicine Control Authority of Zimbabwe registers drugs and ensures their safety

Compiling of the national formulary of medicines and essential drugs list

Mozambique—the national formulary of medicines determines which medicines can be acquired and distributed in the national health system

Zimbabwe—priority for central purchasing is given to first line drugs listed in the essential drugs list and used at all levels of the health service

Central Medical Stores

Mozambique and Zimbabwe—Central Medical Stores are responsible for the acquisition and distribution of medicines

Extra web references [as supplied by authors]

- W1. Trouiller P, Torreele E, Olliaro P, White N, Foster S, Wirth D, et al. Drugs for neglected diseases: a failure of the market and a public health failure? *Trop Med Int Health* 2001;6(11):945-951.
- W2. Wheeler C, Berkley S. Initial lessons from public-private partnerships in drug and vaccine development. *Bull World Health Organ* 2001;79(8):728-734.
- W3. AbouZahr C. Global burden of maternal death and disability. *Br Med Bull* 2003;67(1):1-11.
- W4. Duley L, Henderson-Smart D. Magnesium sulphate versus diazepam for eclampsia. *The Cochrane Database of Systematic Reviews* 2003(3):Art. No.: CD000127. DOI: 10.1002/14651858.CD000127.
- W5. Duley L, Henderson-Smart D. Magnesium sulphate versus phenytoin for eclampsia. *The Cochrane Database of Systematic Reviews* 2003(3):Art. No.: CD000128. DOI: 10.1002/14651858.CD000128.
- W6. Garner P, Kale R, Dickson R, Dans T, Salinas R. Getting research findings into practice: Implementing research findings in developing countries. *Br Med J* 1998;317(7157):531-535.
- W7. Mahomed K, Garner P, Duley L. Tocolytic magnesium sulphate and paediatric mortality. *Lancet* 1998;351(9098):293.
- W8. Graham Dukes M. Priority medicines and the world. *Bull World Health Organ* 2005;83(5):324.
- W9. Fretheim A, Aaserud M, Oxman A. The potential savings of using thiazides as the first choice antihypertensive drug: cost-minimisation analysis. *BMC Health Serv Res* 2003;3(1):18.

Key events and system failures in use of magnesium sulphate for the management of eclampsia in Zimbabwe and Mozambique

Date	Key events in Mozambique	Date	Key events in Zimbabwe
1981	Magnesium sulphate use initiated in academic settings (Maputo Central Hospital, the national teaching hospital)	1980-5	Magnesium sulphate used in central hospitals by obstetricians who favour the drug
1985	Obstetric guidelines at Maputo Central Hospital recommend magnesium sulphate as first line treatment for eclampsia	1985	Essential drug list updated, but magnesium sulphate not included
1989	Trial comparing magnesium sulphate with diazepam for eclampsia in Maputo Central Hospital convinces obstetricians that magnesium sulphate is efficacious (unpublished)	1989	Essential drug list updated, but magnesium sulphate not included
1990	National obstetric guidelines recommend magnesium sulphate as first line treatment for eclampsia, but it is used mainly in Maputo Central Hospital and acquired directly from importers, depending on availability of funds		
1980-99	Gap in updating national formulary of medicines. List of purchases is compiled that includes medicines listed in the formulary and drugs regarded as necessary by clinicians. Magnesium sulphate is not added to this list	1993-5	Harare participates as a collaborative centre in eclampsia trial
1995	Collaborative eclampsia trial published		
1999	Formulary updated. Magnesium sulphate not included in main formulary. Medicines not listed in the formulary could still be acquired, but only with authorisation of the Ministry of Health after a request	1995-6	Findings from eclampsia trial begin to influence policy, including the National Drug and Therapeutics Policy Advisory Committee
2001-2	An exchange of correspondence between clinical staff, the Ministry of Health pharmaceutical department, the Therapeutic Commission and the Family Health Department results in authorisation for the purchase of magnesium sulphate. Central Medical	1998	The Directorate of Pharmacy Services and the Ministry of Health and Child Welfare produce the booklet <i>Drug information for Primary Care</i> . Magnesium sulphate not discussed

	Stores begin regular purchase of magnesium sulphate		
		1995-00	Erratic supplies of magnesium sulphate limit its use
		2000	Magnesium sulphate included in essential drugs list. Standard treatment guidelines on how to manage eclampsia included in the list. Magnesium sulphate included as second line agent. Magnesium sulphate also classified as a “vital” drug—that is, efforts must be made to ensure constant availability
		1998-2001	Harare Maternity Hospital participates as a collaborating centre in the Magpie trial
2003	Magpie trial published		
2003	Magnesium sulphate is distributed to peripheral units, but only when requested by clinical staff	2005	Magnesium sulphate only in use at central hospitals in Harare. Dissemination and support to lower levels not taking place. Meetings on national maternal mortality are resumed after four years
2005	Requests for magnesium sulphate are sporadic, with some areas of the country not making any requests at all		