Bachelor of Philosophy Sample Thesis Prospectus

(Pharmacy)

Title: Access and Flow of Medications in Rural Tanzania as a Cause of Elevated Disease Rates and Poor Health

Many problems in Eastern Africa, and specifically Tanzania, with regards to disease and health issues and directed related to the quality and distribution of health care. Access and flow of medications through Tanzania is no exception to this and could also potentially be one of the major contributing factors to elevated disease rates and lower average life spans in comparison to many westernized countries.

Currently, the percent of the Tanzanian government budget spent on health care is thirteen percent. In 2000, there were 3,035 government health care facilities, 222 parastatal, 746 NGO health care facilities, 927 privately run facilities, and 31 facilities that do not fall into any of the previous categories. This makes a total of 4961 health care facilities to serve the Tanzanian population of 34.5 million individuals. Within these health care facilities drug packets from the government are the primary way in which many of them receive medications. These drug packets contain a specified amount of medications that is independent of where they are being sent. These drug packets consume about 55% of the government’s drug and medical supply sources.

Despite what seems to be a fairly organized drug distribution system, medications are still not reaching patients. It is imperative to ask the questions, “Where are the medications that patients receive coming from? How are they distributed to patients? Why is it that some of these medications are not reaching patients and how is this affecting the health of Tanzanians? In addition, what implementations and changes can be made to improve this access to medications?” These questions are ones that must be addressed to improve the access and quality of medication therapy in Tanzania. This is justified by the fact that if we find answers to these questions we may be able to provide the people of Tanzania with better care. Also, if we find answers to these questions we may be able to provide aid to Tanzania in a better and more efficient manner that addresses not only what we perceive to be the problem, but what the people of Tanzania see as the problem as well.

In order to research the previously mentioned questions I will be traveling to Karagwe in the Kagera region of Tanzania. Karagwe is a rural African area located in the northwestern corner of the country. I will be leaving for Tanzania on May 20, 2006 and will be returning on June 26, 2006. The research will be in collaboration with the Karagwe District government hospital, Nyakahanga Hospital and its AIDS Control Project office. I will be working with the AIDS control office and hospital staff in order to identify cultural parameters that contribute to a poor access of medication. During my time I will work on collecting data for this research. I will be able to collect data from the knowledge base of the AIDS control office and hospital staff’s experiences, as well as their medical records that they began keeping in 1997. I will be able to do this because English is one of the official languages and the language of instruction in secondary education and in the medical records so a majority of the hospital staff will be able to communicate with me. Once I return I will be organizing and analyzing the data collected and preparing it for presentations.
and possibly journal publication for the academic community. Due to the nature of the research requirements, this research will use secondary resources and I will not be able to be in contact with HIV/AIDS patients themselves. I will have access to a computer while I am in Tanzania and will be able to utilize this for data collection. Finally, in preparation for this research I have successfully completed a course specific to health care in this region of Africa. The class is ANTH 1737: Social and Health Issues in East Africa. I have attached the syllabus from this course.

My preliminary expectation is that I will discover that the problem of medication access in Tanzania is multifactorial. I expect that many medications will be from the government; however NGO donations and medications bought privately will also comprise the medications used in Nyakahanga Hospital. In addition I suspect that medications are not reaching patients due to problems not only with the distribution of medications, but as well as problems relating to a variety of societal and cultural practices that are different from our own. These may include but are not limited to, a lower GDP per capita, social stigmas and beliefs associated with medications, and availability of medication distribution centers.