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Southern Africa comprises 14 countries organized into a loose political and economic body, the Southern Africa Development Community. The total population of southern Africa is 190 million.[1] This region has the best infrastructural development in sub-Saharan Africa and a reasonable economic growth rate. Nevertheless, southern Africa faces many problems, especially a high prevalence of HIV infection and AIDS. In Botswana and Zimbabwe, over 25% of the population is infected.[2]

The region's ability to cope with disease has been severely compromised by the emigration of health care professionals, including pharmacists, to the developed world. The loss of pharmacists has virtually crippled the delivery of pharmaceutical services. The problem is exacerbated by the long-standing inadequacy of the number of pharmacists practicing in the region.[3]

South Africa has eight pharmacy schools offering a four-year bachelor of science degree. On average, 1000 students graduate from these schools every year. Zimbabwe produces about 40 pharmacists a year. Historically, these two countries have been responsible for training pharmacists for the entire region. The pharmacy school curricula are not unlike those in the west; while this has the advantage of training excellent pharmacists, it has also prepared the pharmacists for practice overseas, particularly in English-speaking countries.

Political and economic problems in Zimbabwe have affected the entire region, prompting more health care professionals to leave. Overseas recruitment firms are working hard to enlist the professionals who remain. According to the South African Pharmacy Council, 600 pharmacists registered in South Africa emigrated in 2001 alone. In the same year, over 60 pharmacists left Zimbabwe.

Botswana, having no pharmacy school of its own, has invested in sponsoring students to attend pharmacy programs abroad. Once qualified, many of these pharmacists opt not to return to Botswana, and many of those who do return soon leave for better remuneration and better conditions elsewhere.

While the loss of nurses and physicians leaves noticeable scars on health care systems in southern Africa, the loss of pharmacists cuts even deeper. Pharmacies in the region are often the first port of call for sick people and have been dubbed the "poor man's clinic" because, unlike other primary health care facilities, they offer free consultations and are usually easily accessible.[4] Most hospitals, clinics, and family practices offer prescriptions for a fee and are less accessible; these prescriptions then have to be filled at a pharmacy for an additional fee.

The loss of pharmacists appears to have affected the community pharmacy sector hardest. For example, many pharmacy outlets in Zimbabwe have closed, and the sector has stagnated in South Africa despite a 4% growth rate in the country's economy as a whole in 2002. More insidious, however, is the impact on the public sector, which desperately needs the management skills of pharmacists to control budgets and rationalize drug use, as espoused by the World Health Organization.[5]

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The fragile economies of the region have also been hurt by a slump in manufacturing. Countries that previously were home to generic drug manufacturers may be forced to spend scarce currency on importing more expensive drugs. This problem is more acute in the poorer countries than in South Africa.

In South Africa, universities struggle to retain staff, and most make do with nonpharmacy graduates teaching in the pharmacy schools. At the University of Zimbabwe, virtually all academic members of the staff in the department of pharmacy have emigrated, and there is speculation that the school itself will close.

The movement of pharmacists from one country to another does not seem to be alleviating the global shortage of pharmacists. Not only does this migration drain pharmacists from areas where the shortage is worst, it does not even satisfy the needs of developed nations. The whole pharmacist population of Zimbabwe is estimated at 600—a number insufficient to adequately meet the requirements of the city of Baltimore alone.

Our aim is not to campaign against the free movement of pharmacists. On the contrary, we favor the exchange of professional expertise and recognize that it serves as an important source of income for families of expatriates who remain in the countries of origin. However, the pharmacy profession and health care in poor countries suffer as a result of this trend, and if not checked it could lead to the collapse of pharmaceutical services in many developing countries. Solutions to the problem are urgently needed.

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