

## Understanding the role of antimicrobials in the informal health sector in Harare, Zimbabwe



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Salome Manyau  
PhD Candidate

# 1. Background



- Review of the informal sector in social science and medicine detail show how the informal retail sector has been negatively framed
- Over the years interest in the informal retail sector has waned as attention has turned to biopolitics
- Despite being pushed in the backdrop, the informal sector has stubbornly persisted and is now integral to the new biopolitical orders being ushered in by shifting politics of global health (eg AMR, UHC)
- Key messages in the AMR discourse advocate for a logic of restraint, rationalisation and rationing of medicines as well as a re-enclaving of medicines (Nelson et al 2009, O'Neil 2014, Zimbabwe AMR Core Group 2017)
- This focus on restraint has recast the stage back to the informal retail sector whose practices have been identified as a potential driver for AMR

## 2. Study Aim and Objectives

### Aim:

- To explore how urban residents, and **formal and informal** drug providers manage **everyday uncertainties** in a context of a **crumbling health system** amidst rising concerns of **antimicrobial resistance** in Harare, Zimbabwe.

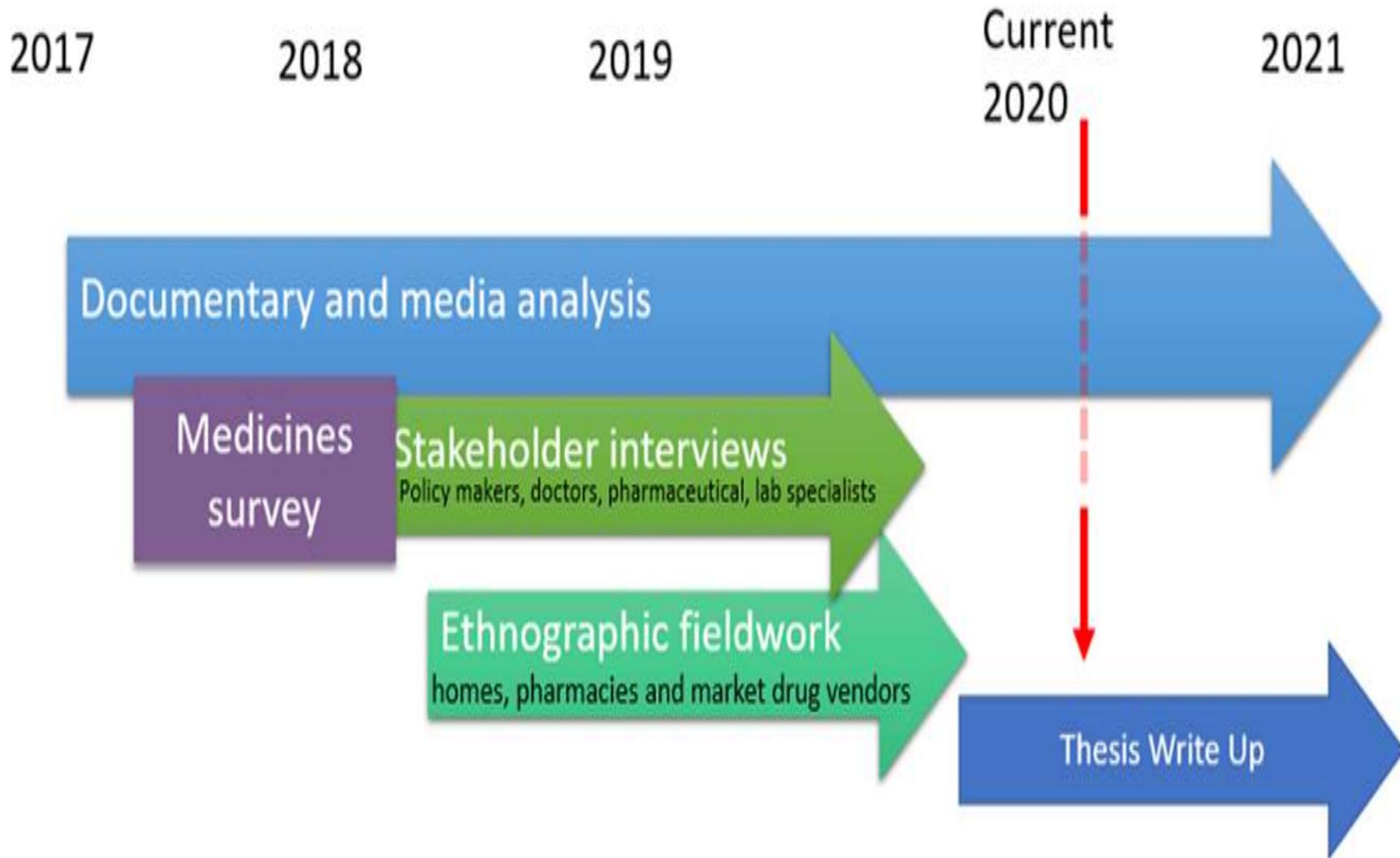


### Study Objectives

- To describe the **landscape of care** for urban residents as they manage everyday uncertainties .
- To shed light on the **roles of antimicrobials** in homes, formal and informal health sectors, in **contexts of vulnerabilities** and how this relates to wider life and livelihoods.
- To better understand the **role of the informal retail sector** in a context of an **ailing health system**, amidst rising concerns of antimicrobial resistance.



### 3. Methods



## 4. Findings



## 4. Findings

- People are living in an antibiotic world populated by amoxicillin, doxycycline, ciprofloxacin, cotrimoxazole, and metronidazole, yet access to these in the public clinic, is erratic, in comparison to the retail pharmacies and informal sector.
- Informal medicine providers had a coordinated way of bringing in regular supplies of unregistered medicines across the border and were well versed with the uses of antibiotics and they provided orientation to their customers.
- There was a co-functioning of the formal and informal with a flow of medicine from the formal sector into the informal and vice versa.
- Pharmacies, with a tendency of buying unregistered street medicines resorted to stripping off all identifiers and repacked medicines into empty containers of medicines registered for use in Zimbabwe.
- This vibrant informal retail sector is providing an alternative, functional and reliable supply of medicines to doctors and pharmacy retailers in need of affordable medicines and to public health patients in the community

## 5. Conclusion

- This work casts the light on the world 'beyond the clinic' making visible a vibrant informal sector , whose existence has been enabled by failures of the formal health sector demanding for critical thinking into how the informal emerges as so central to antibiotic relations.
- It warns us of the danger of defining the formal and informal in opposition each other, as this makes us fail to understand the reasons why informal providers ARE trusted and called-on in the everyday lives of those who seek health care in environments with limited 'formal' options
- It shows us an informal sector that plays by a different set of rules , rules that defy categorisation, code of ethics, standard operating procedures and rigidities, yet it adapts, lives not only outside but within formal sector resisting boundaries causing boundaries to be blurred.
- It shows that it is impossible to regulate the Zimbabwe informal economy to combat AMR or achieve UHC given that it is so reactive and unstable as it resists planning and categorisation that will be needed for stewardship actions

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