



**STOP
STOCKOUTS**

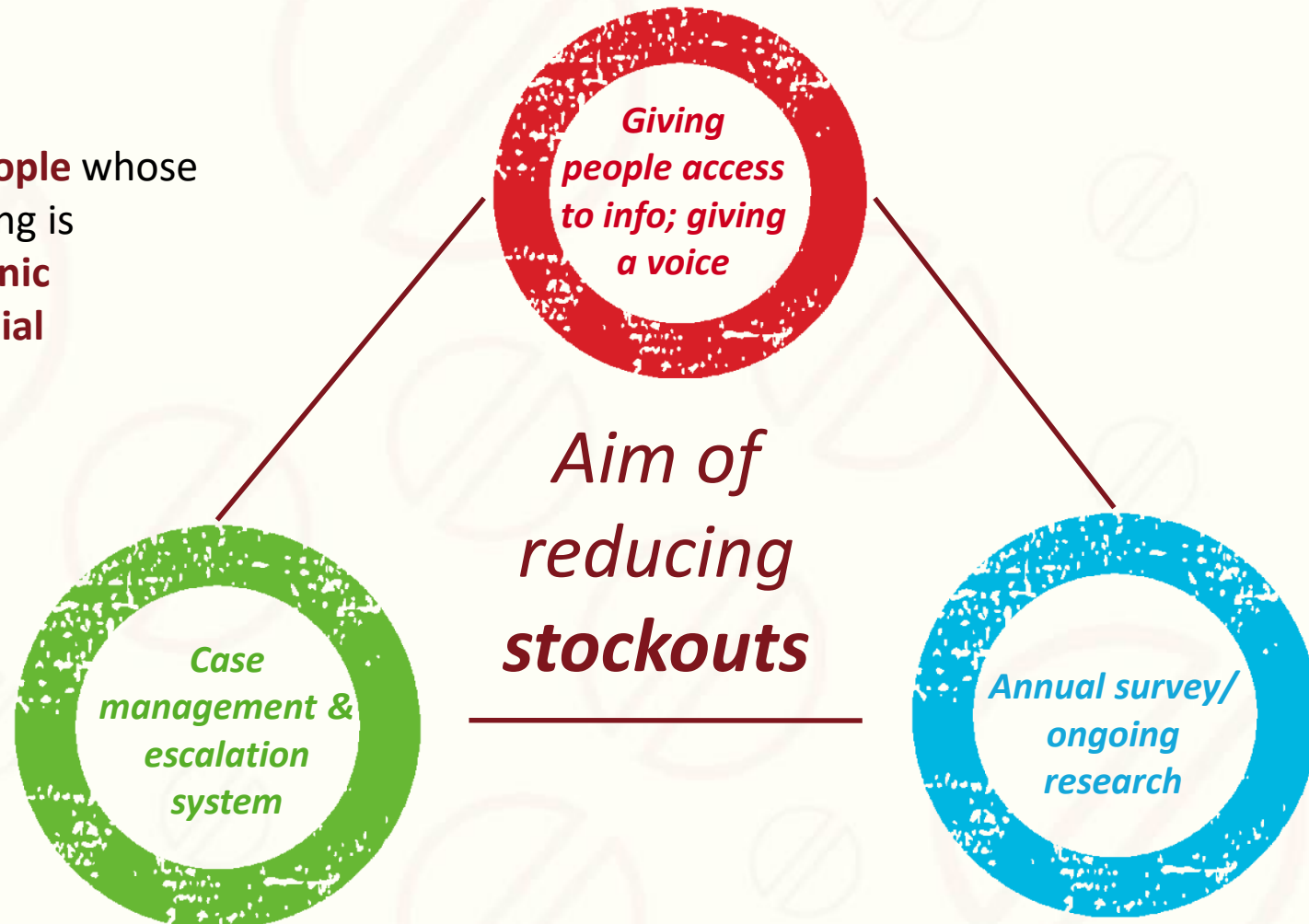
**Southern Africa HIV Clinicians
Society Conference
25 October 2018**

**Tinne Gils
Pharmacy adviser
Médecins Sans Frontières**

SPP: AIM and PROCESS

SSP –an independent civil society consortium established 2012

Assists 1000s of people whose health and well-being is **threatened by chronic shortages of essential medicines**



WHO MAKES UP THE CONSORTIUM?

**STOP
STOCKOUTS**



Rural Health
A d v o c a c y P r o j e c t

+ SECTION 27 incorporating the
AIDS Law Project
catalysts for social justice



Project funded
by the European Union

GIVING PEOPLE A VOICE



The **Treatment Action Campaign** has over the years mobilised communities to raise awareness on treatment access of PLWHA. Today TAC has roles that include **capacity building, community engagement & training** with communities & HCW to *increase understanding of the impact of stockouts.*



Encourage HCW & community members to report stockouts through the **SSP hotline: 084 855 7867**

CASE MANAGEMENT SYSTEM

**STOP
STOCKOUTS**



Call, SMS, WhatsApp or send, Please Call Me to the **Hotline** number



Reported stockouts are captured in the **Case Management System** & verified & escalated to district level. They have 3 days to address*



Unresolved cases are escalated to provincial and then national. Each has 3 days to resolve*



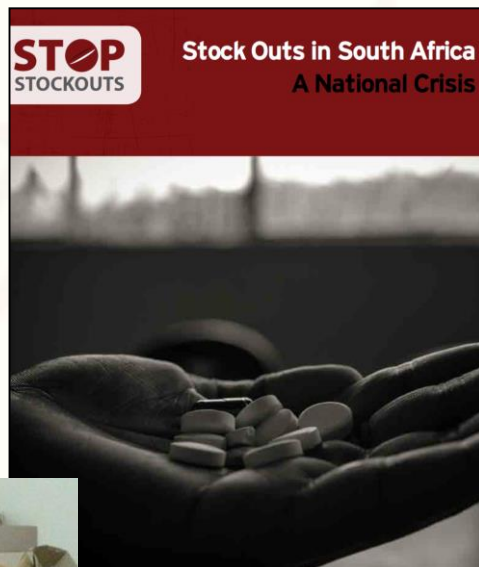
Data obtained increases evidence-base for advocacy around healthcare systems policy

*Escalation days are dependent on the medicine's usage and how essential it is

PERIODIC SURVEY



2012: Mthata
> 50%



2013 - 21%



2014 - 25%



2015 - 36%

Stockouts in perspective



- Stockouts lead to treatment interruptions (Kranzer & Ford, 2011)
- Stockouts are associated with mortality and loss-to-follow up (Pasquet et al., 2010)
- Introduction of new regimens are critical period for stockouts risk (Gils et al, 2018)
- Stockouts push people into poverty (Baglione et al., unpublished)
 - Incurred cost can be considered as a catastrophic expenditure for at least **50% of ART clients**

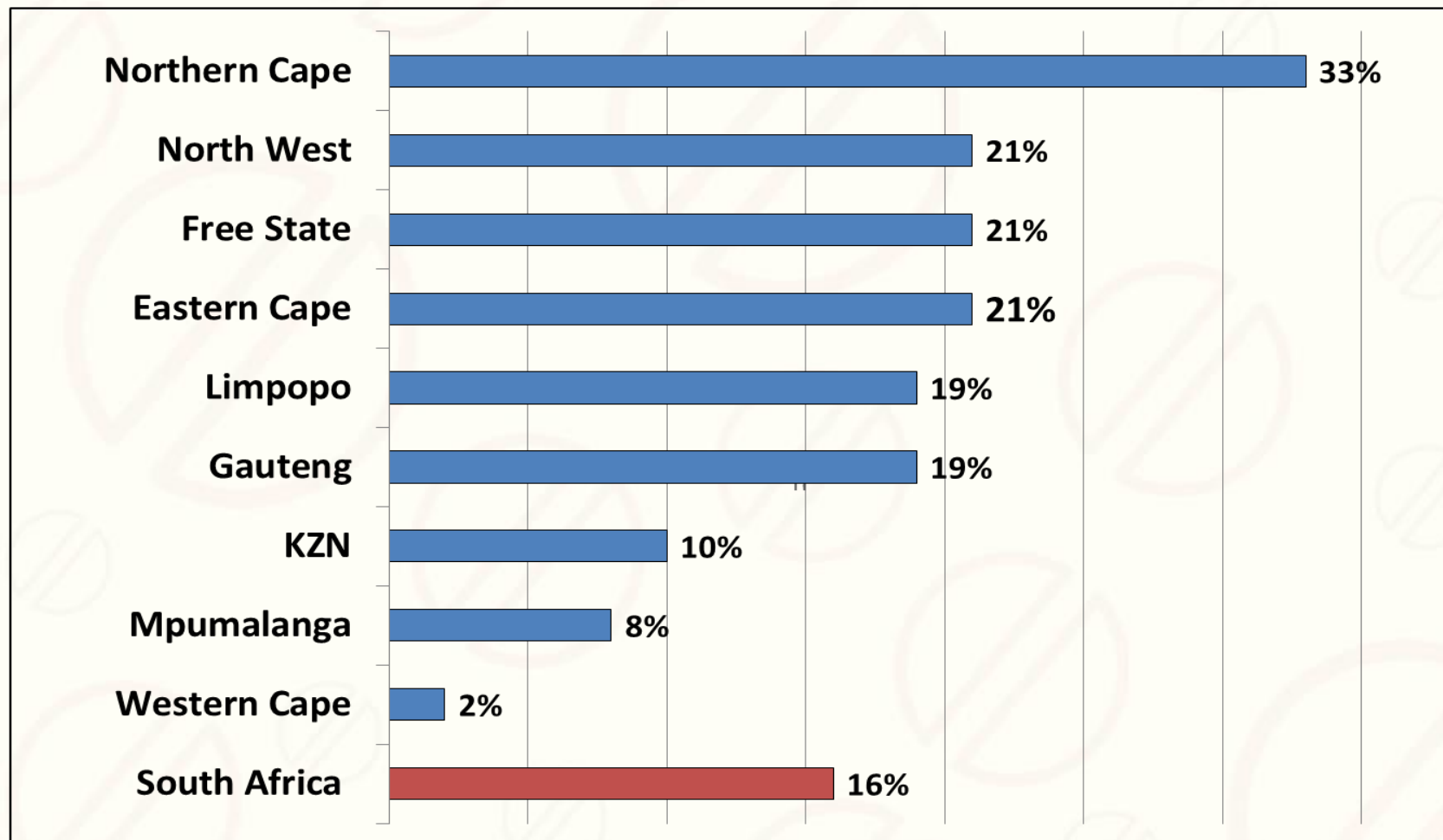


Direct costs	Indirect costs
Transport Food & communication Child-minding Substitute labor Buying medicine privately	Travelling time Waiting time at clinic

Method for 2017

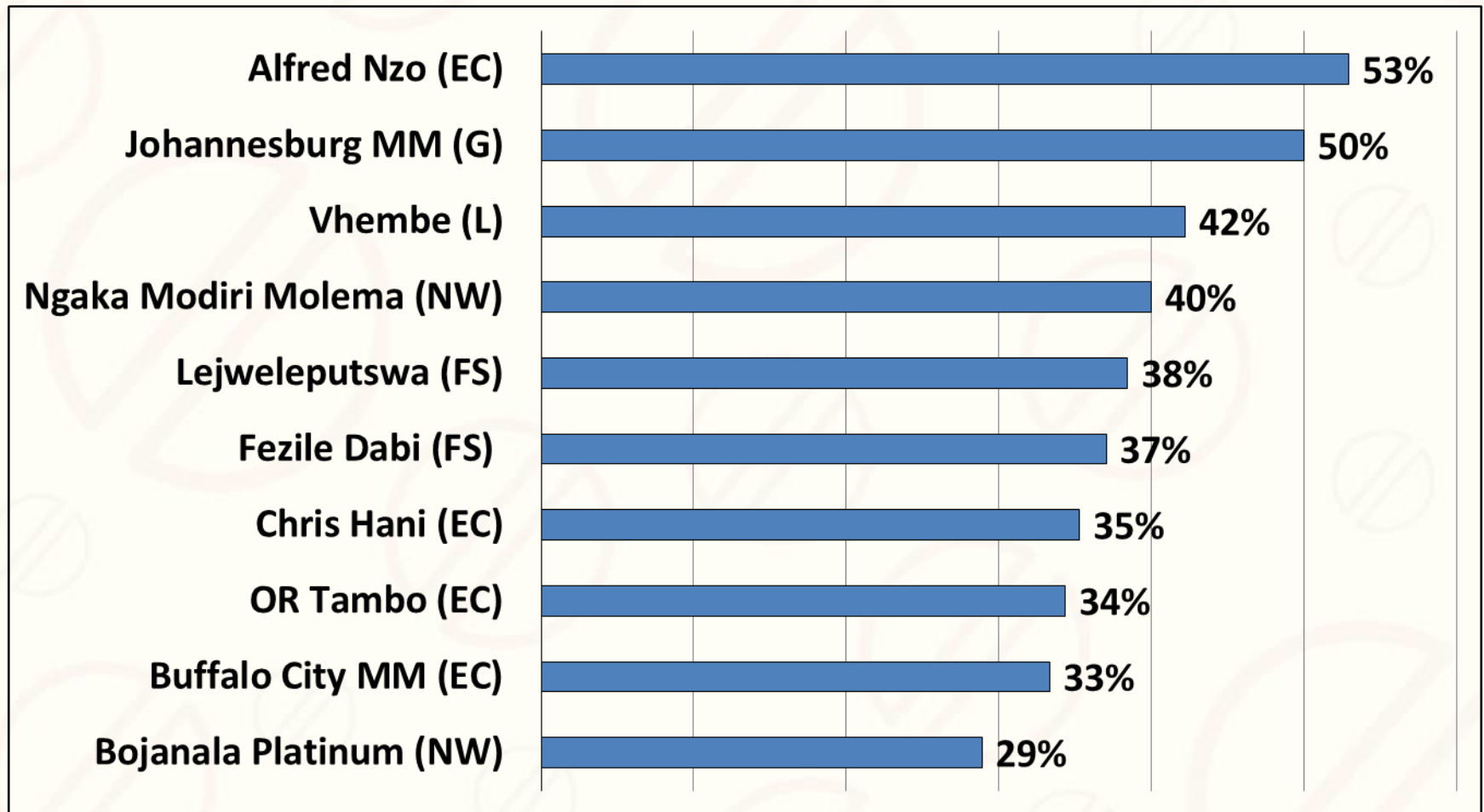
- Cross-sectional prevalence survey
- Phone contact with all public health facilities in South Africa, (called up to 3 times)
- Questions on:
 - ✓ Availability of ARV, TB medicines and vaccines, 15 essential medicines stockouts, duration and impact
 - Day of the call
 - 3 months prior
 - ✓ Percentage of the cohort on second-line ARV
 - ✓ Presence of pharmacist/pharmacy assistant
 - ✓ Policy implementation: on CCMDD, SVS, Test&Treat

Results: 2017

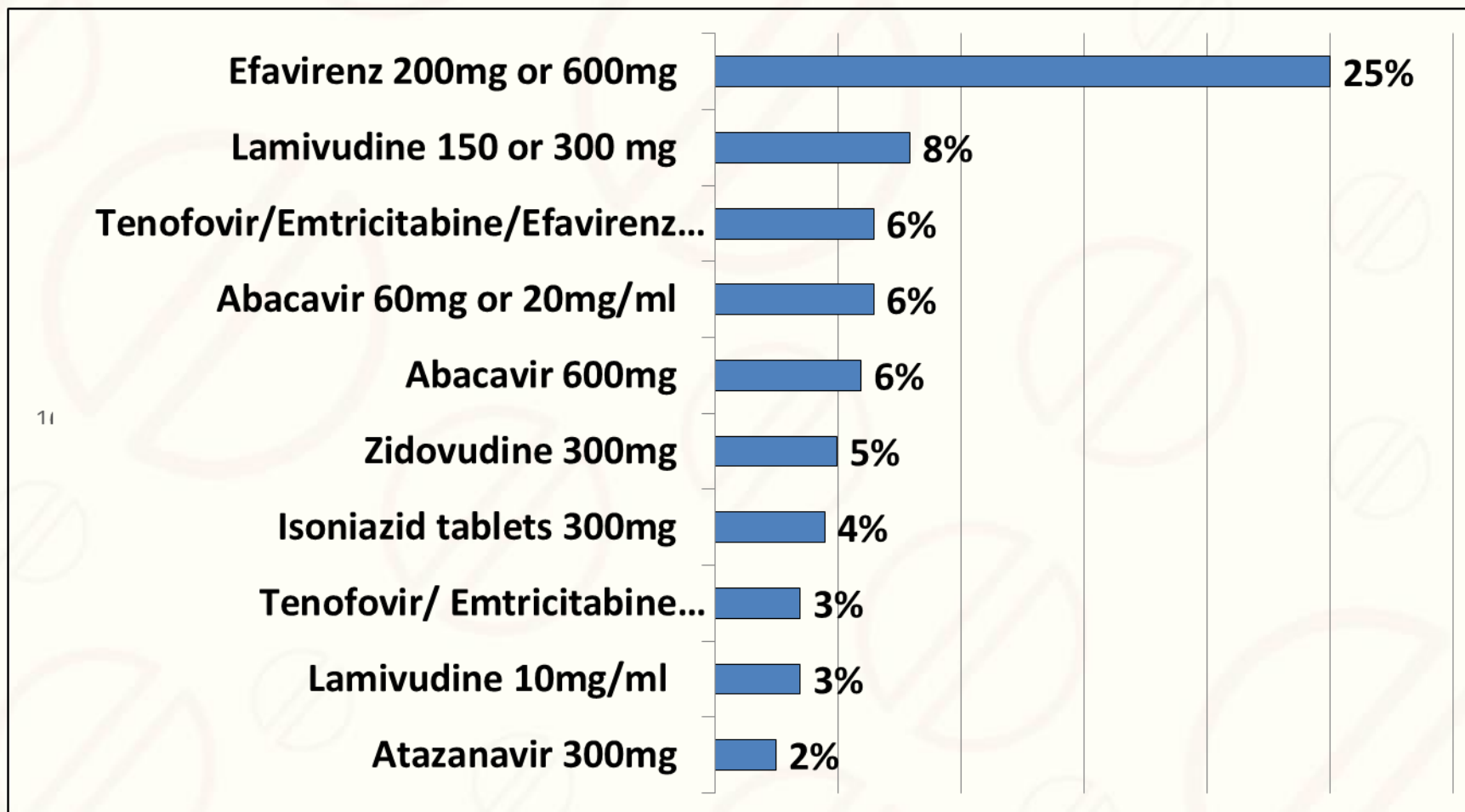


16 % of 1526 facilities (41% of total) reported a stockouts of ARVs or TB medicines in 3 months prior to the survey

The 10 districts with highest levels of stockouts

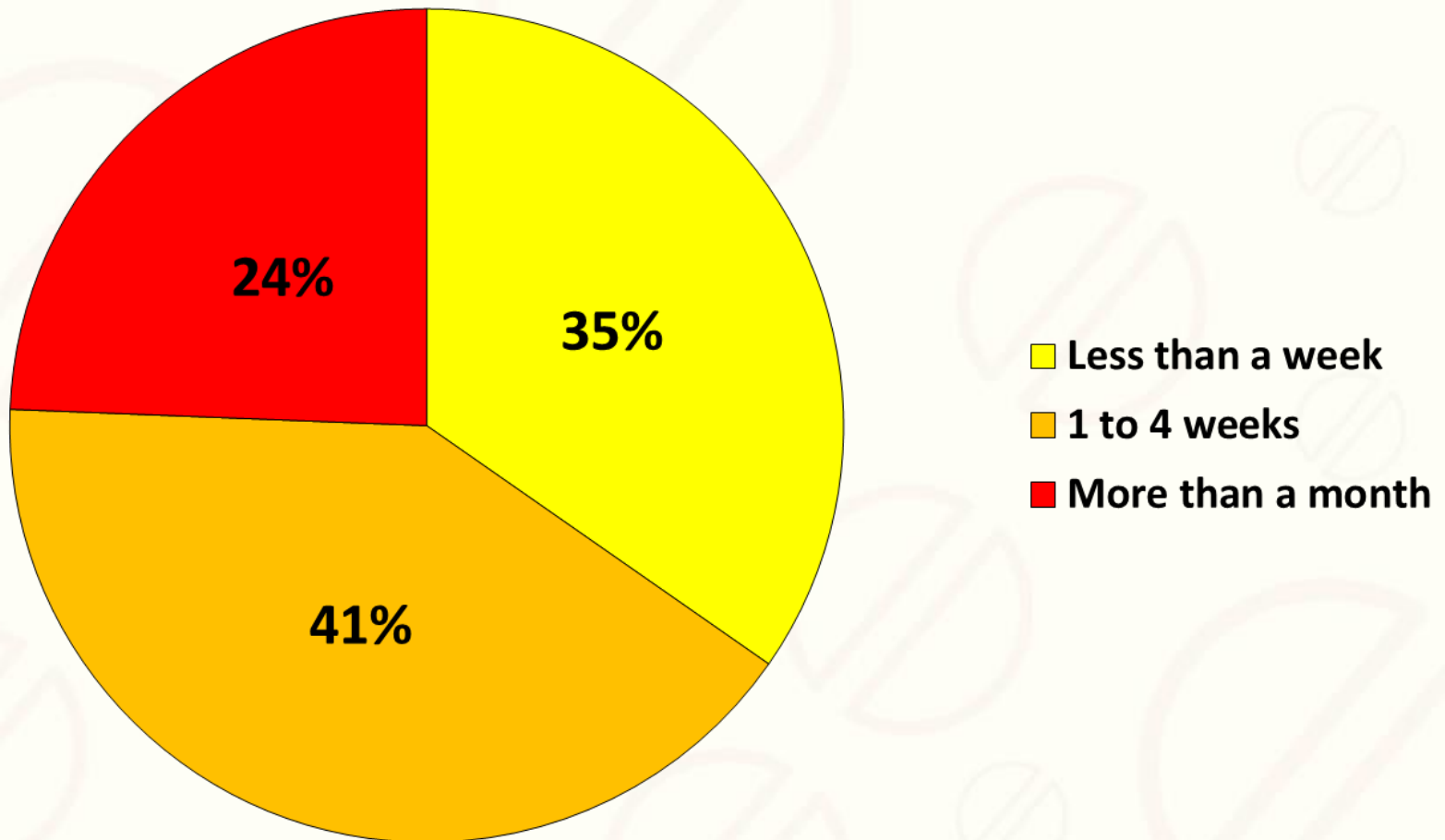


EFV most commonly reported ARV stockout - 2017

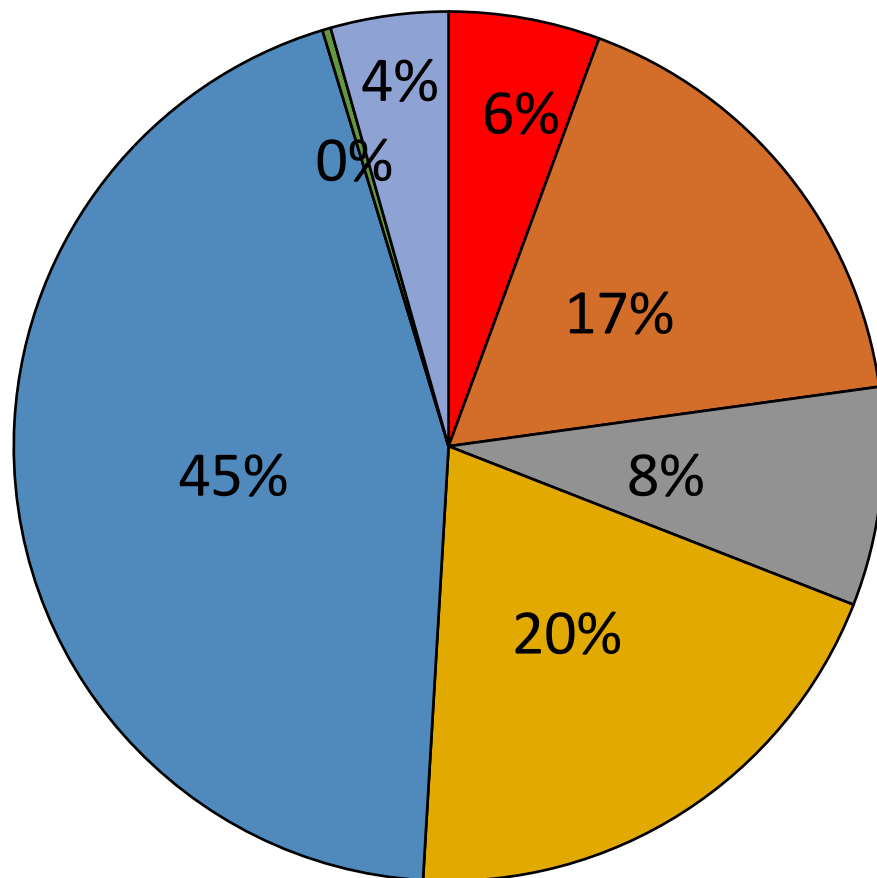


N = 277 stockouts

Most stockouts persist for weeks or months



HCWs borrow from neighbouring facilities to reduce impact



- Turning them away
- Referred to another facility
- Switching their treatment
- Same treatment BUT given another strength/dosage
- Borrowed
- Received 1 or 2 Out Of 3 Drugs
- Other

Other stockouts



Overall 15 essential medicines and vaccines all >90% stocked

In Limpopo:

- **9%** of facilities had a stockout of Ceftriaxone
- **7%** of facilities had a stockout of Epilim (Sodium valproate)
- **9%** of facilities had a stockout of Insulin (Actrapid)

Northern Cape

- **12%** of facilities in NC had a stockout of salbutamol inhalers
- Other stockouts (402 facilities):
 - 98 BCG vaccines
 - 52 tuberculin skin test

Policy Implementation & HR



Stock Visibility System

- 83% of facilities reported using the app
- 87% agrees it helps to reduce stockouts

Test & Treat

- 6 % reported not having implemented
- 21% found it increases the frequency of stockouts after implementation

Second-line ARV

- 80% of clinics reported having less than 10% in second-line
- 11% of facilities were not aware of second-line numbers

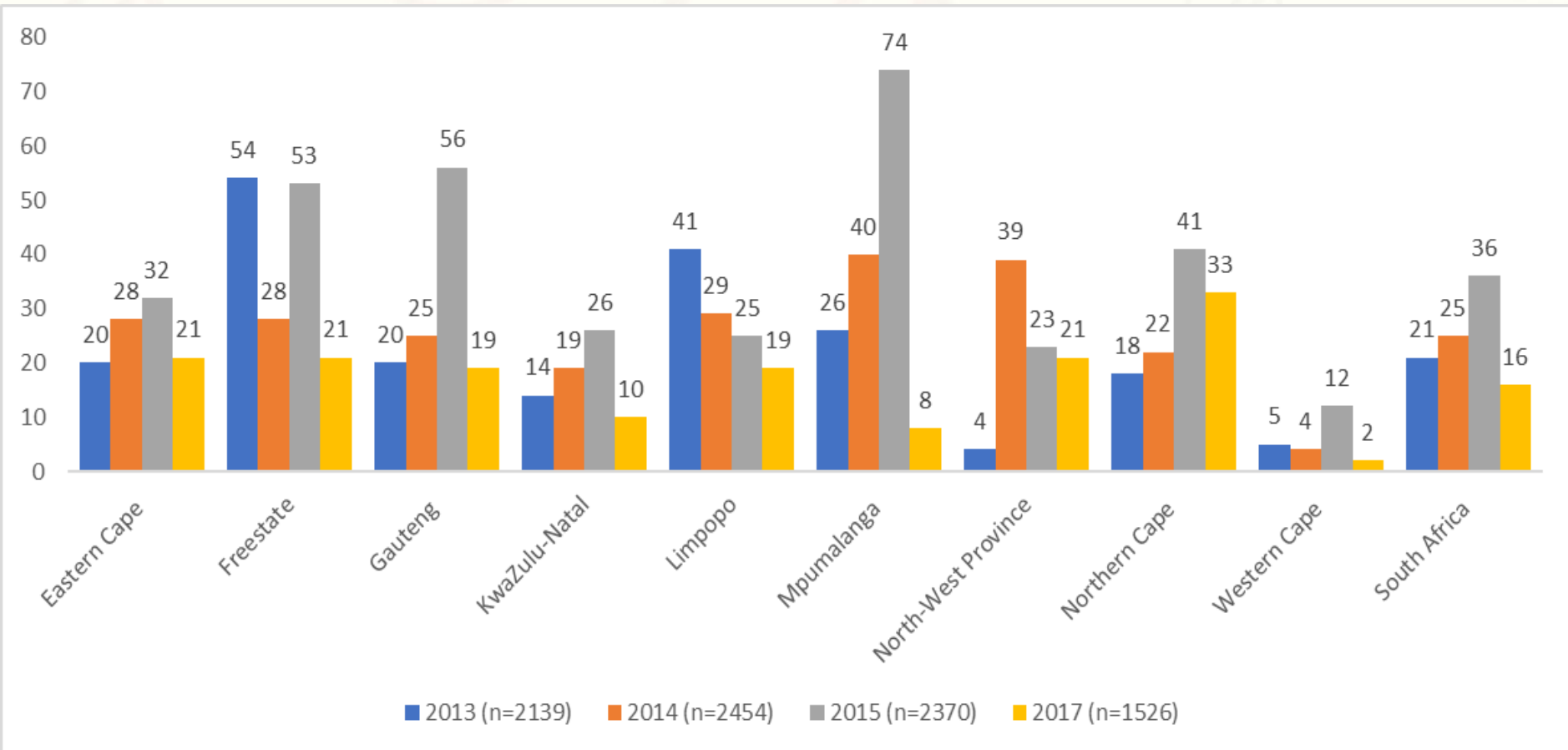
Central Chronic Medication Dispensing and Distribution

- 78% of facilities uses CCMDD
- 70% reported it reduces stockouts

Pharmacists or pharmacy assistants

- 22% of facilities have pharmacists
- 44 % of facilities have pharmacy assistants

Comparison 2013-2014-2015-2017



Limitations



- Cross-sectional survey
 - Prevalence of stockouts
- Self-reported stockouts
 - Recall bias
 - Stockouts resulting from mismanagement could be underreported
 - Stockouts experienced in CCMDD programme could be underrepresented
- No sampling but low response rate
 - Who are the non-responders ?

ARV stockouts today



Since August:

- Stockout reports of Lamivudine, Abacavir (single and in fixed-dose combinations)
- International shortages of API from Chinese plant

SSP Press release in 9th October

- AZT/3TC 300/150 mg: Section 21 – still reports
- ABC/3TC: Still reports
- DOH reports no alternatives should be given

But also:

- Darunavir (from private market at interim)
- Dolutegravir

2018 contraceptive shortages



- Widespread contraceptive shortages 2018
 - Risk of unwanted pregnancy & use of unsafe backstreet abortion compounded by poor access to ToP in many of affected areas.
- Noristherat (norethisterone) still out of stock today
- Poor communication from NDOH regarding supplier shortages and anticipated length of problem; failure to offer guidance on offering alternative contraceptive options (e.g. IUD)
- Until press release

North West crisis



- Strike began February 2018.
- Most severe breakdown in health care service delivery happened in April
- Spread to widespread political rioting
- Demanded for the resignation or dismissal of NW premier
- Access to health services was denied
- Military deployment under national administration

“they were singing, I think there were seven, others were standing outside, I was scared thinking they are going to injure us,I was so scared....we didn’t know what was going on....even the doctor was so scared and the baby was so critical”

Testimony of a woman who fled from a hospital in NW with her child to seek care in Mahikeng

Principles of maintaining essential services during strike not respected

**STOP
STOCKOUTS**

- Essential medicines available and blocked
- Intervention SSP: TAC and MSF

Pathways of communication unclear

Sub-districts cannot communicate with supplier directly

Outstanding supplier payments

If clear definitions of essential services were in place would this change?

Until today no clear communication



Why do we have stockouts?



Chronic

- Problems with medicine distribution and supply provincial depots
- Issues with forecasting at the clinic level
- Lack of communication

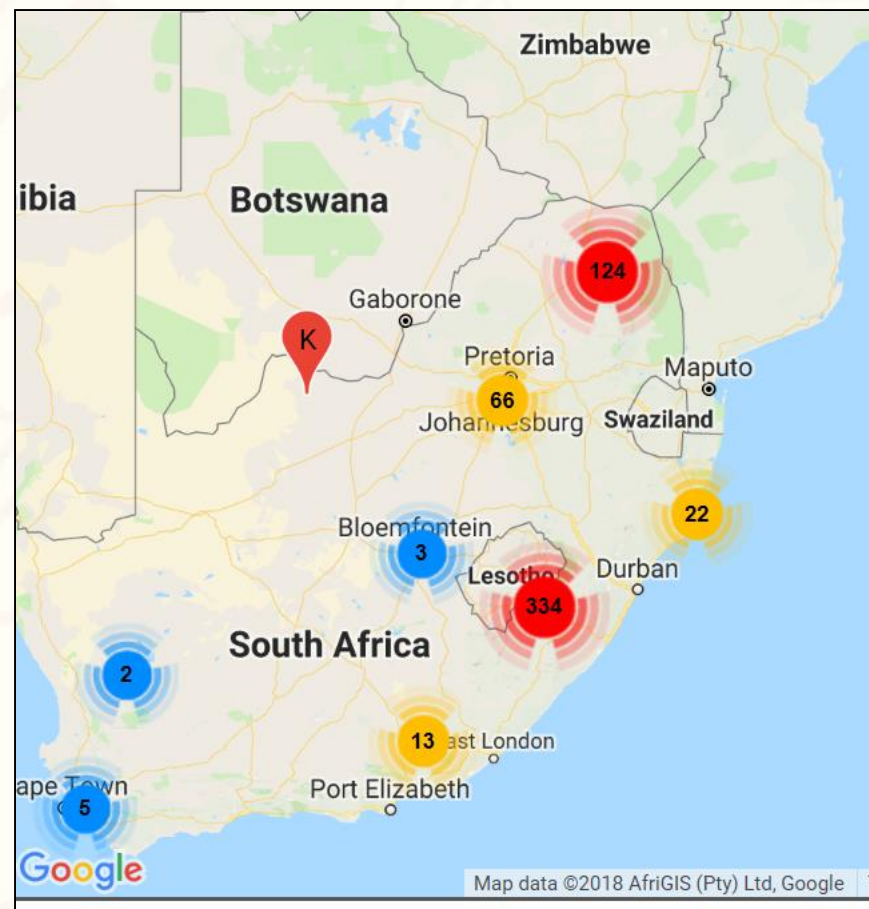
Acute – large impact

Shortages of active pharmaceutical ingredients

National/international supply issues

Critical times:

- Introduction of new regimens
- Political tensions



Conclusions

Proactively addressing chronic issues



- **Chronic failings in the medicine supply chain persist**
 - ARV/TB shows improvement - for many medicines still stockouts
- **Wide provincial variation in stockouts**
 - Forecasting, buffer stock & other practices vary widely
 - It can be done
- **Better patient involvement needed**
- **Stock visibility system**
 - Widely used, staff attribute benefits – currently not visible
- **CCMDD**
 - Monitor if stockouts are being followed-up
- **Switch second-line ART**
- **Implement Test & Treat**

Conclusions

Responding to acute crises



- **Swift emergency response capacity is needed at national and provincial level: A Task Force ?**
 - Guidance to facilities in event of large stockouts
 - Define what emergency/crisis means
 - What about dolutegravir roll-out?
- **Preventive measures for international supply problems**
 - Register multiple suppliers (...SAPHRA Back-log)
- **Principles of access to healthcare and medicines**
 - All stakeholders to agree to definitions of essential services
- **More visibility of stock availability needed at all levels**
 - Major stockouts not responded to, or after delay
 - Meeting happened after press release – proposed data sharing

REMEMBER... YOUR VOICE MATTERS

STOP
STOCKOUTS



CONTACT DETAILS



For more information contact us on :



084 855 7867



admin@stockouts.org / report@stockouts.org



Twitter: ***Stop_Stock_Outs***



<http://www.stockouts.org/>



<https://www.facebook.com/stockouts/>

STOP STOCKOUTS



Project funded
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Slides by Amir Shroufi, Lauren Jankelowitz

References:

- Gils, T. et al. (2018). Stockouts of HIV commodities in public health facilities in Kinshasa: Barriers to end HIV. *Plos One*, 13(1), e0191294.
- Kranzer, K., & Ford, N. (2011). Unstructured treatment interruption of antiretroviral therapy in clinical practice: A systematic review. *Tropical Medicine and International Health*, 16(10), 1297–1313.
- Pasquet, A. et al., (2010). Impact of drug stock-outs on death and retention to care among HIV-infected patients on combination antiretroviral therapy in Abidjan, Cote d'Ivoire. *PLoS One*, 5(10), e13414.