



# Southern African HIV Clinicians Society 3rd Biennial Conference

13 - 16 April 2016  
Sandton Convention Centre  
Johannesburg

**Our Issues, Our Drugs,  
Our Patients**

[www.sahivsoc.org](http://www.sahivsoc.org)  
[www.sahivsoc2016.co.za](http://www.sahivsoc2016.co.za)

# STOP STOCKOUTS



Rural Health  
Advocacy Project

+SECTION27  
catalysts for social justice



2016

# Stop Stock Outs Project (SSP) established in 2013

- Consortium of 6 civil society organisations
- 3 key objectives

1

Patients and healthcare workers have a system to identify and report essential medicine stock outs and shortages

2

Monitor, analyse and track essential medicine needs

3

Engage Department of Health (DoH) and other key stakeholders to resolve stock outs.

# Survey Overview

## Third Annual National Stock Outs Survey

- Telephonic survey
- 22 questions to public health facilities about:
  - i. Availability of ARV and TB medicine
  - ii. Duration and impact of ARV and TB medicine stock outs
  - iii. Availability of 3 vaccines and 7 essential medicines
- University of Cape Town – Ethics Approval



2016

# STOP STOCKOUTS

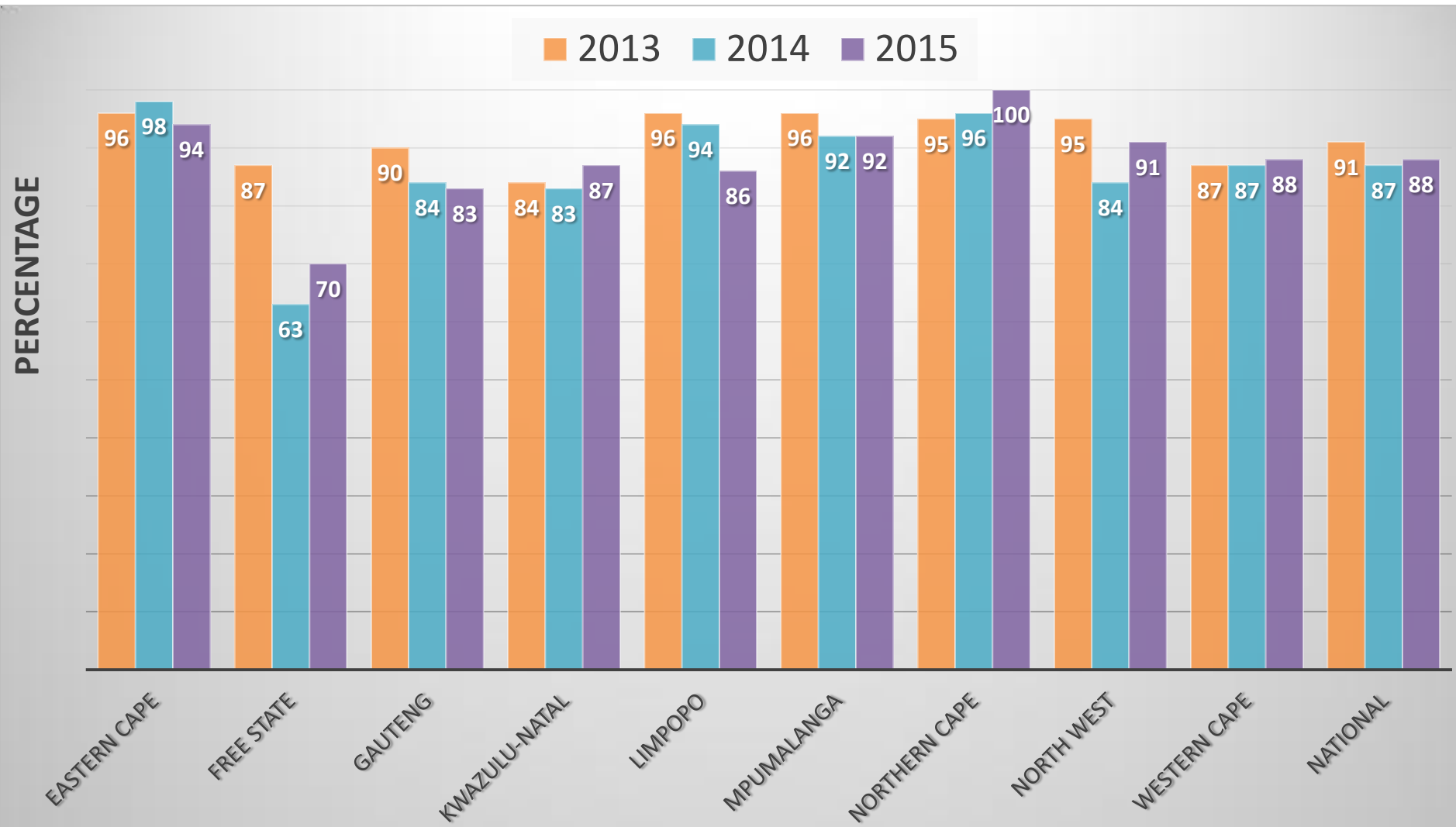
## 2015 INTERIM SURVEY RESULTS



# 2015 Survey Participation

Province	Facilities		
	Identified Number of Facilities	Contactable by phone % (Number)	Willing to provide information % (Number)
Eastern Cape	669	75% (501)	94% (469)
Free State	226	85% (193)	70% (135)
Gauteng	363	92% (334)	83% (277)
KwaZulu-Natal	726	70% (508)	87% (443)
Limpopo	357	81% (290)	86% (248)
Mpumalanga	299	80% (240)	92% (220)
Northern Cape	163	75% (123)	100% (123)
North West	322	75% (243)	91% (222)
Western Cape	422	88% (372)	88% (326)
<b>National (Total)</b>	<b>3547</b>	<b>79% (2804/3547)</b>	<b>88% (2463/2804)</b>

# Facilities in South Africa participating by province



# Key Findings - General

**88%** facilities willing to participate

**25%** participating facilities experienced an ARV/TB medicine stock out (in 3 months prior)

**11%** participating facilities experienced vaccine stock outs (on day of survey call)

**25%** of ARV/TB medicine stock outs resulted in majority of patients leaving with no medication or incomplete regimen (in 3 months prior)

**4%** participating facilities reported stock outs of adult fixed dose combination (FDC)-- reduction compared to 2014 (**9%**)

- Wide variation across provinces and districts in proportion of facilities with stock outs, duration of stock outs and facility response to stock outs.
- Percentage of facilities experiencing stock outs in 2015 has not changed dramatically compared to 2014.



# Key Findings - ARV/TB Medicines

Most common out of stock items and contributing factors to stock outs vary:

**2013** – 1<sup>st</sup> line FDC (inadequate planning for introduction of new regimens)

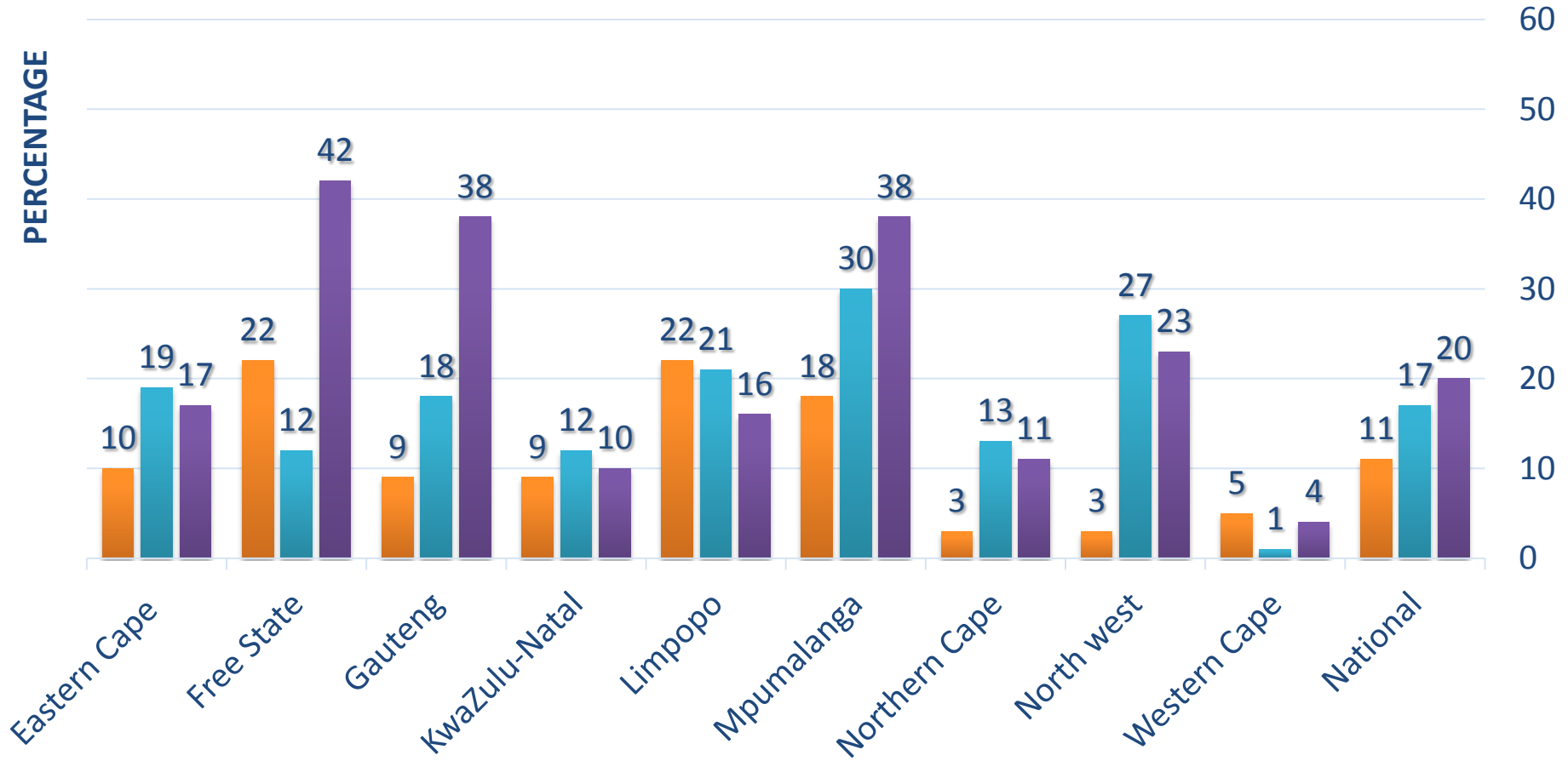
**2014** – Wide variety of ARV/TB medicines (weaknesses in supply chain)

**2015** – LPV/r and ABC (reliance on single suppliers; patent and registration barriers, substitution for out-of-stock medicines)

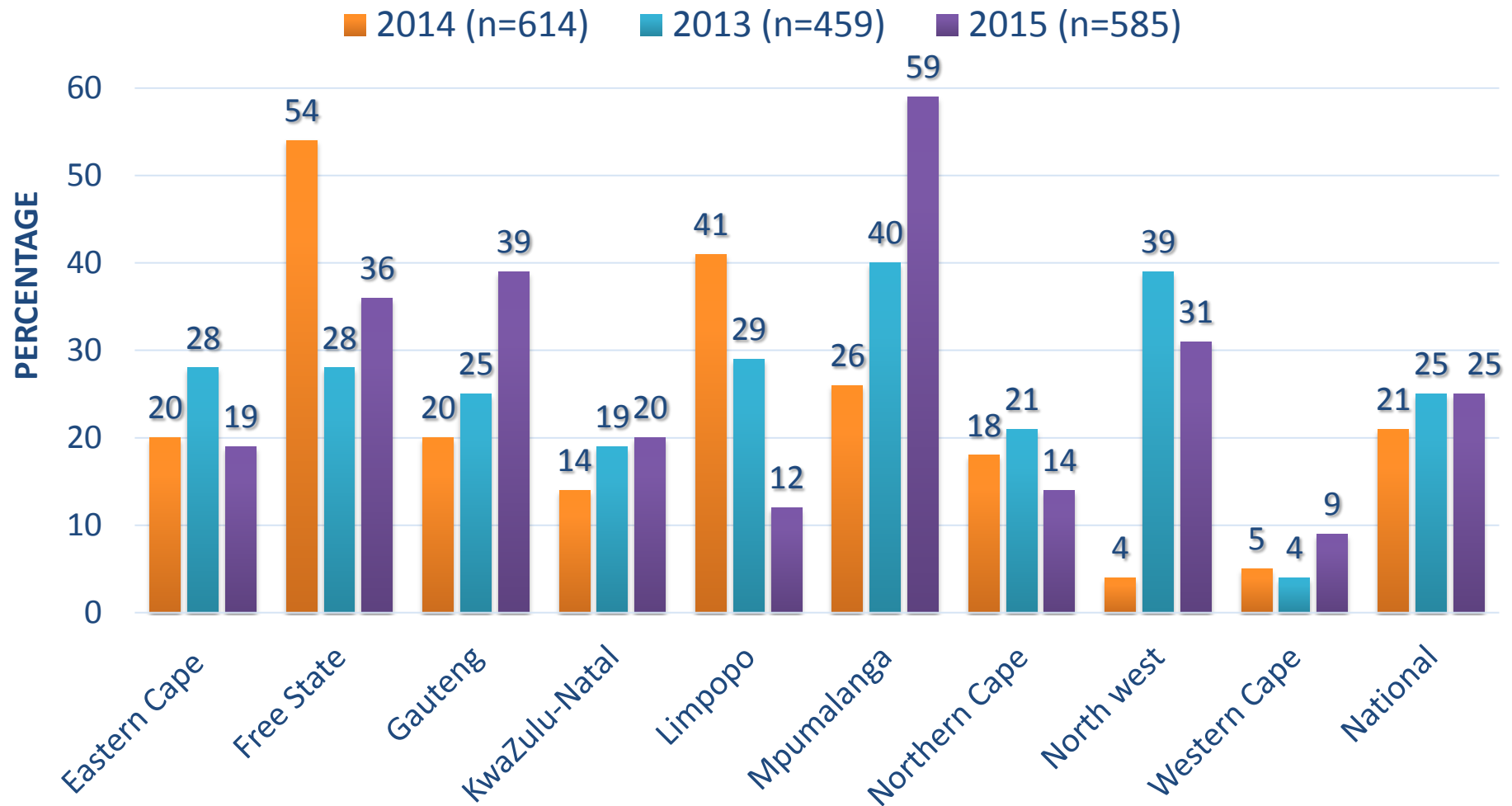
Urgent need for plans developed by all stakeholders, addressing multiple contributing factors to stock outs, to reduce occurrence and mitigate impact.

# Facilities in South Africa reporting ARV/TB medicine stock outs by province (day of call)

2013 (n=242) 2014 (n=410) 2015 (n=480)



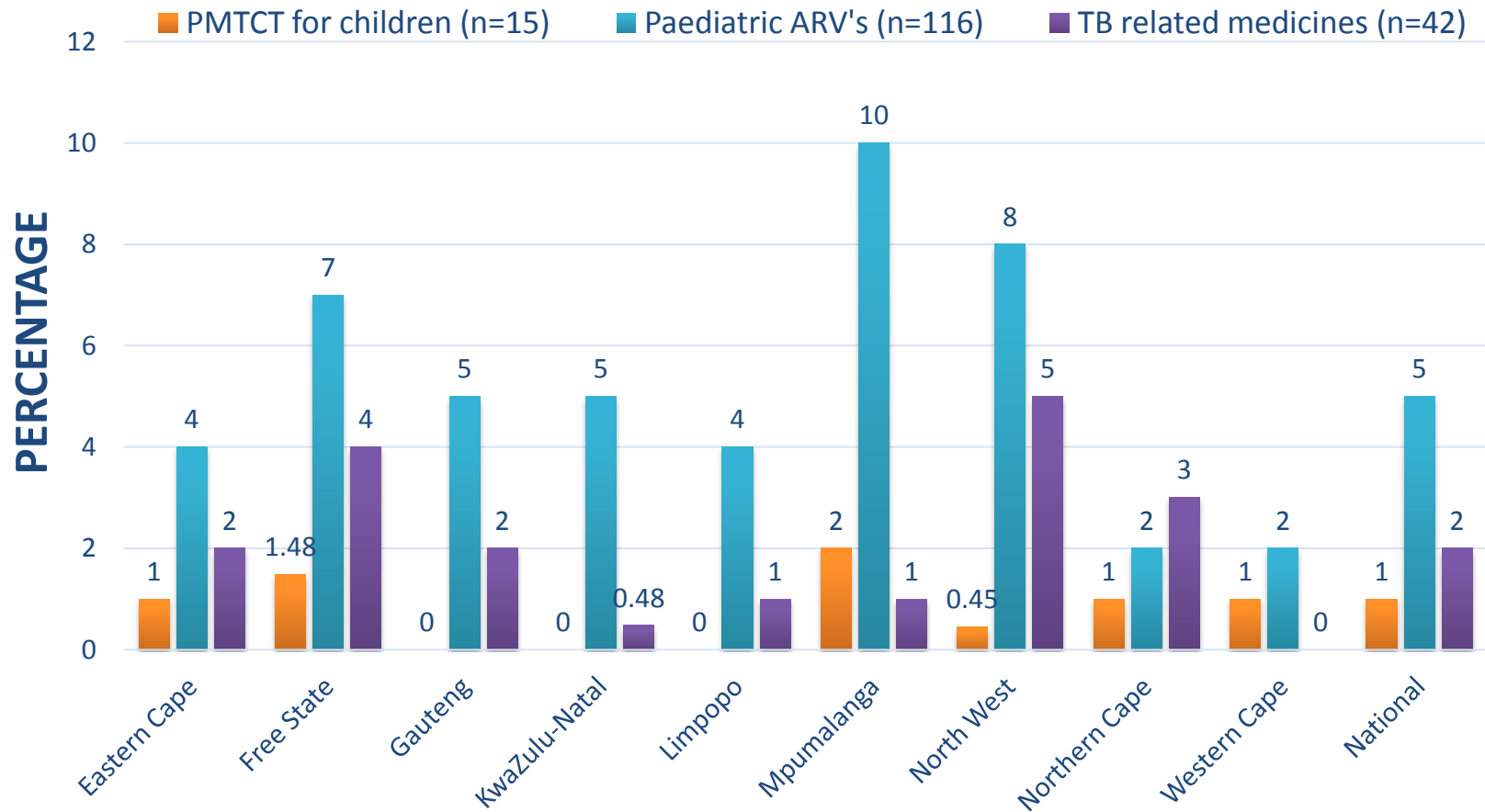
# Facilities in South Africa reporting ARV/TB medicine stock outs (3 months prior to call)



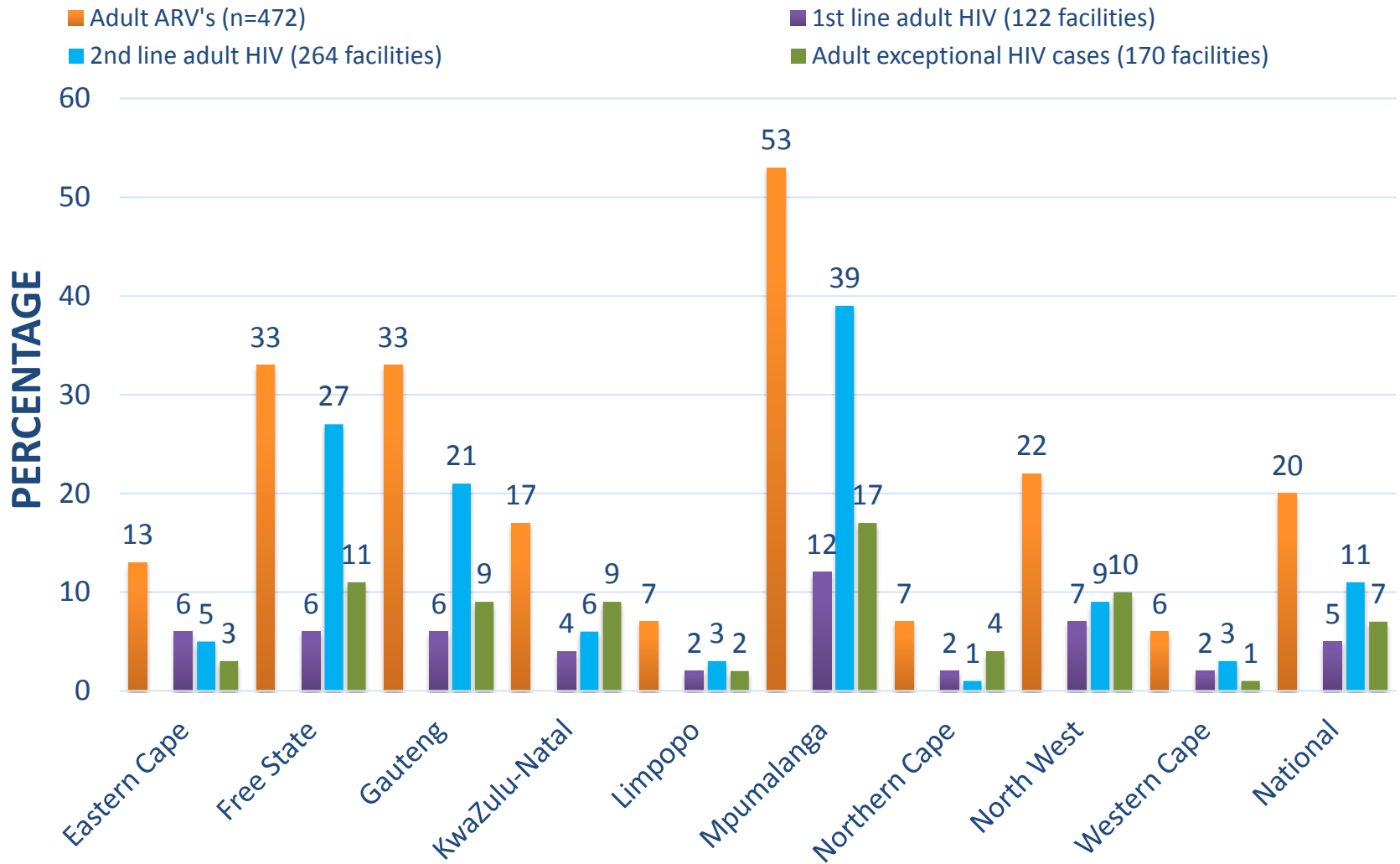
# 2015: Districts with highest percentages of facilities reporting stock outs of ARV and TB medicines (3 months prior to call)

District (Province)	Number of facilities with a stock out	% of participating facilities with a stock out
1. Nkangala DM (MP)	39	63%
2. Ehlanzeni DM (MP)	62	62%
3. Sedibeng DM (GP)	17	53%
4. Mangaung MM (FS)	8	50%
5. Xhariep DM (FS)	8	50%
6. Ekurhuleni MM (GP)	34	47%
7. G Sibande DM (MP)	24	45%
8. Bojanala Platinum DM (NW)	30	41%

# Facilities in South Africa reporting Paediatric ARV, PMTCT and TB-related medicine stock outs by province



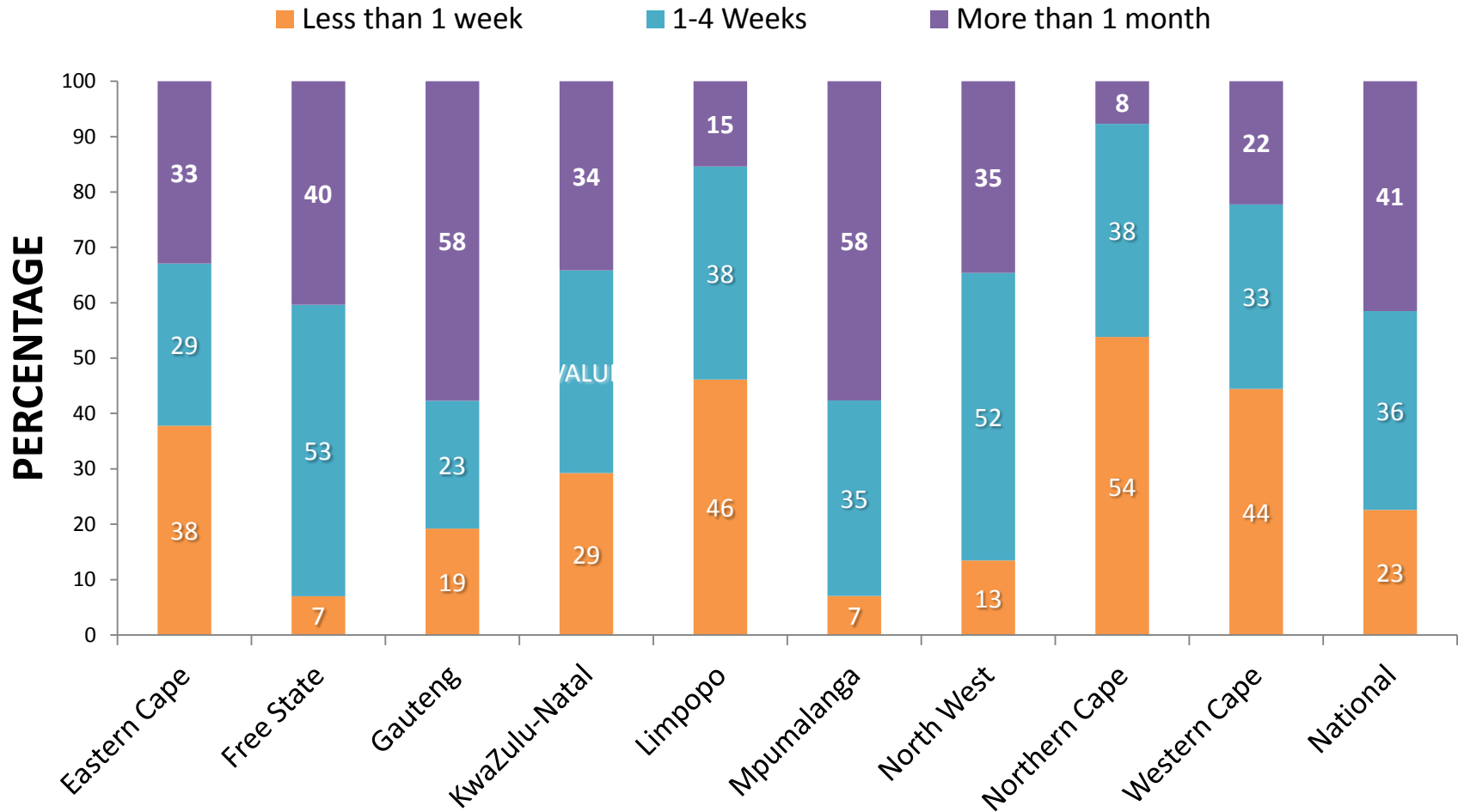
# Facilities in South Africa reporting Adult ARV stock outs by province





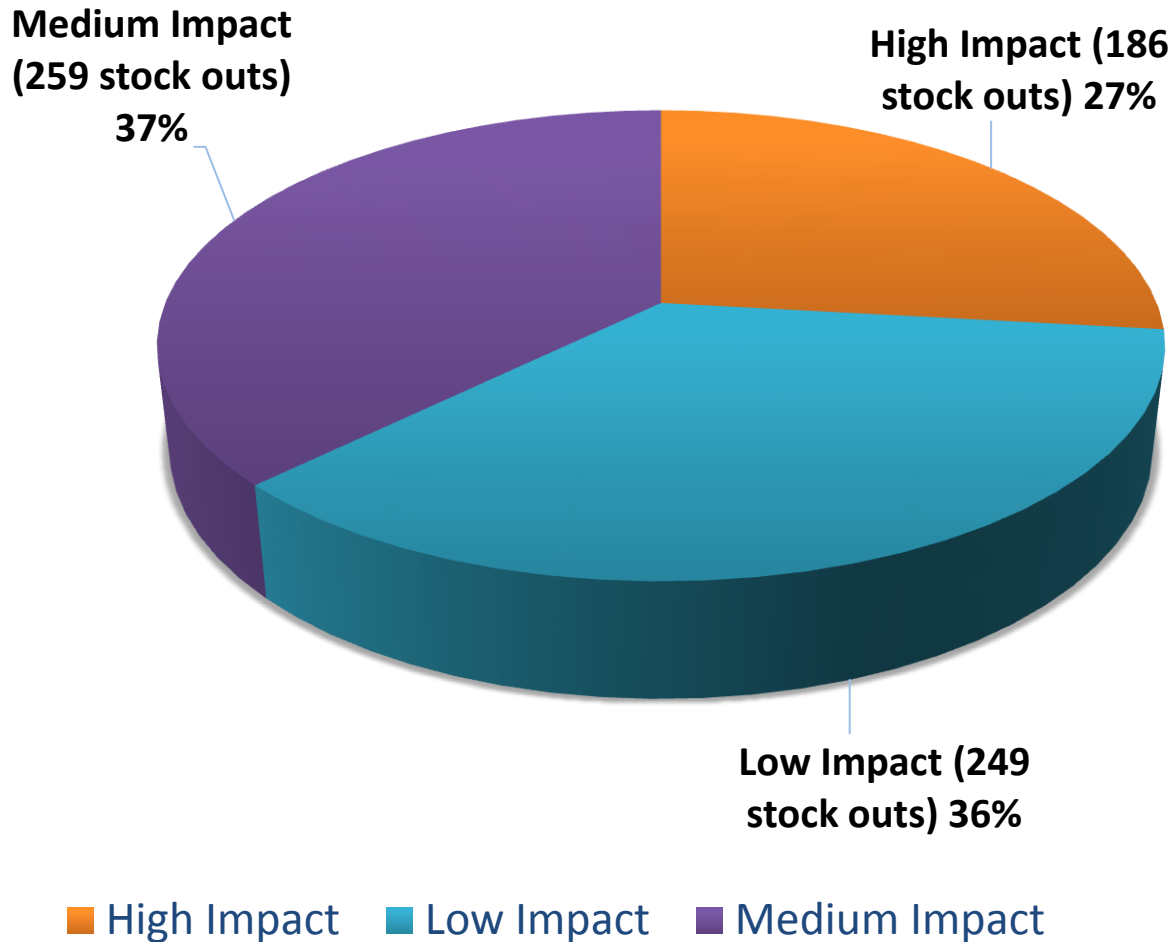
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# Duration of ARV/TB medicines stock out (by province)





# Impact of ARV/TB medicine stock outs on patients (n=702)



**HIGH** – Turned away AND No medication

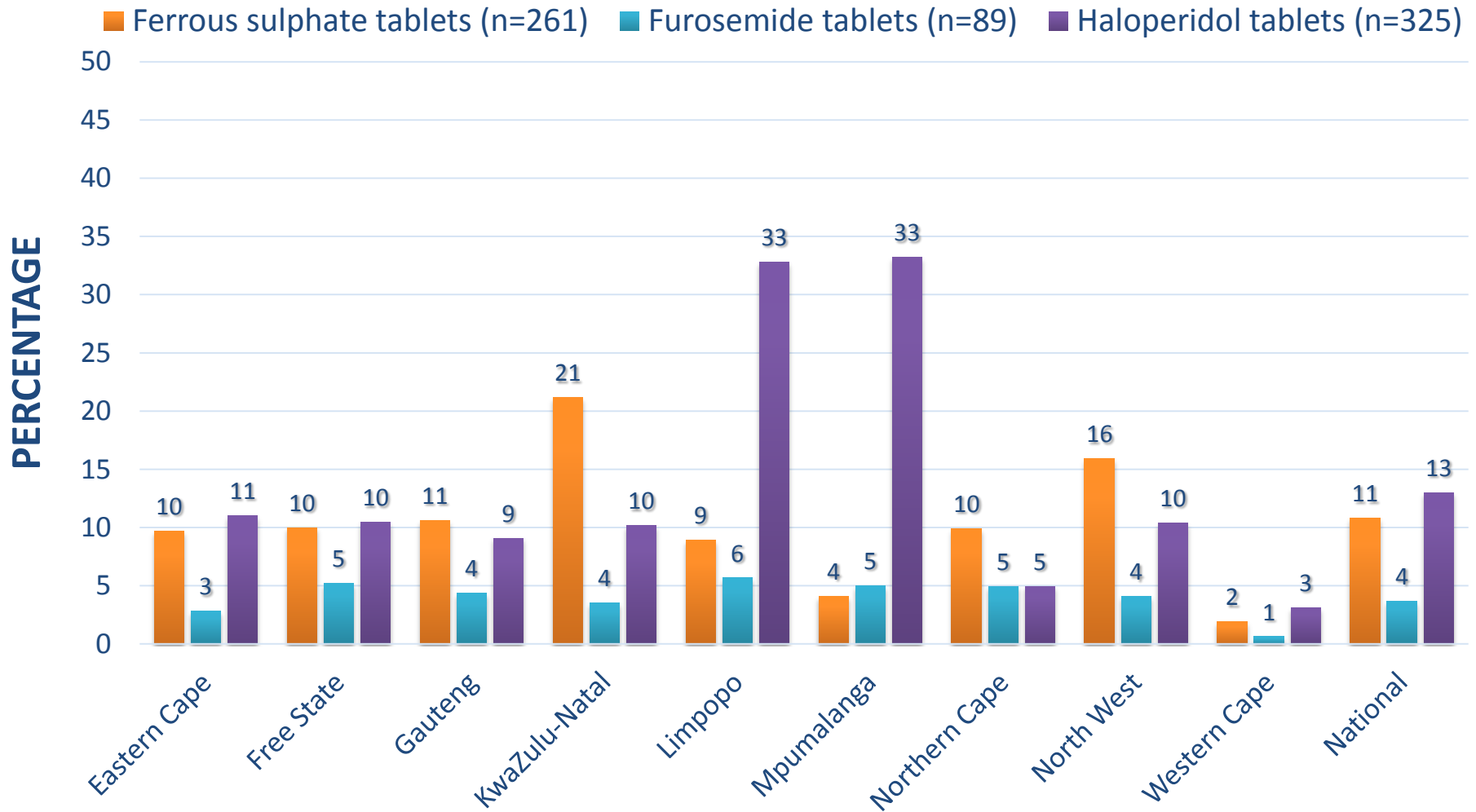
**MEDIUM** – Referred or turned away patients/ pill burden increased/borrow AND a smaller supply

**LOW** – Switched to appropriate alternative / borrowed AND full supply



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# Essential medicines stock outs (by province)



# Engagement with Department of Health

## SSP Collaboration with Department of Health

Interim results of survey shared with all provincial departments — EC, NC, NW and GP responsive

SSP not yet invited to NDoH Ministerial Task Team on non-availability of medicines

SSP requests all provinces and NDoH submit a plan for the final 2015 survey report or invite SSP to participate in the development of plans to address stock outs

# Recommendations

- Urgent need for action plans developed by ALL stakeholders to address multiple contributing factors, reduce occurrence and mitigate impact
  - Urgent focus on poorly performing districts and provinces
  - Timing appropriate given 2016 discussions on new NSP; WHA and UN HLM
- 
- LPV/r stock outs show timing is right to reform South Africa's patent laws and revise regulations during MCC transition to SAHPRA
- 
- South Africa should consider including ATV/r as preferred second-line option in light of unfavourable LPV/r market dynamics

# Thank you...

