



The Southern African HIV Clinicians Society

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JHB CME





SOUTHERN AFRICAN HIV CLINICIANS SOCIETY

Stop Stock Outs Project (SSP):

A partnership between TAC, SA HIV Clinicians Society, RHAP, MSF, RuDASA and SECTION27



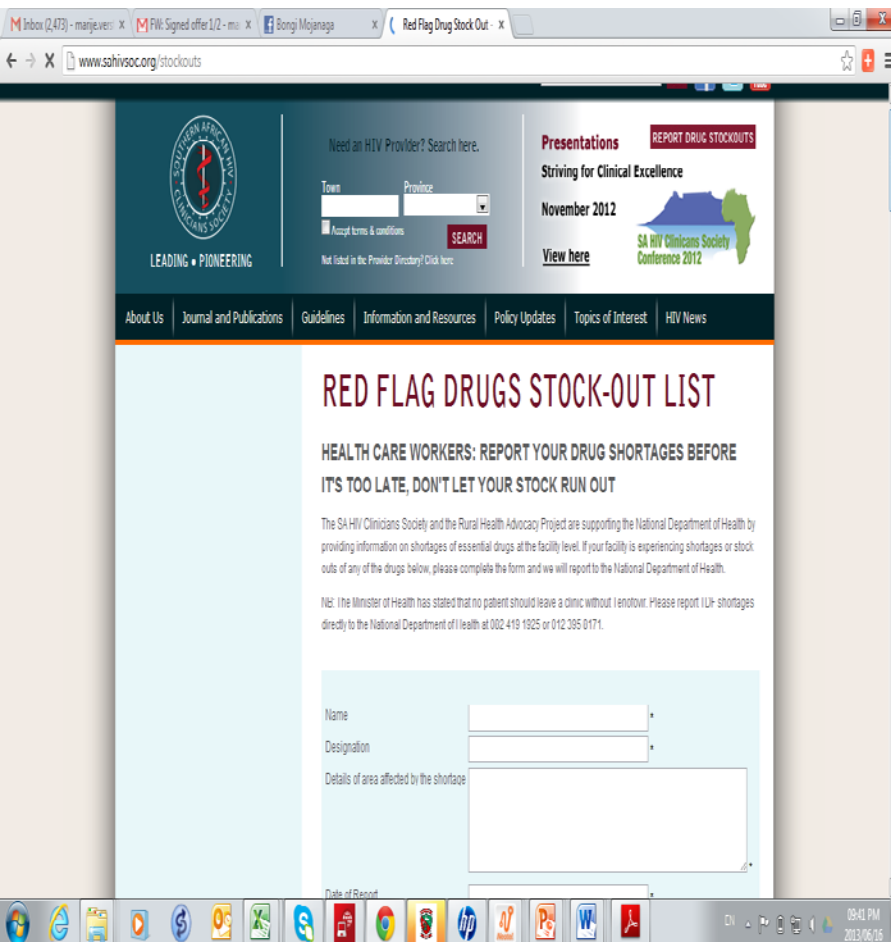
Introduction and Rationale

- Persistent stock-outs across provinces over many years
- Patient health outcomes and health care worker morale
- Un-coordinated and ad-hoc initiatives by several organisations
- Some successes; some failures





Introduction and Rationale



- RHAP and SA HIV Clinicians Society Red Flag List
- TAC/MSF Mthatha Depot
- Lack of capacity
- Symptom-management
- Causes multi-faceted
 - Lack of early-warning system
 - Suppliers failing to meet tender quotas
 - Premature exhaustion of budgets and provinces failing to pay suppliers
 - Processing at depots; staffing, systems, governance
 - Ordering practices at facilities: staffing & systems
 - Transport between depots and facilities
 - Corruption



Government Response

- National Core Standards – 6 priority areas:
 - No 6: Availability of basic medicines and supplies
- Depot > facility: blind spot NDoH
- Number of initiatives:
 - Split contracts
 - Direct delivery LP and KZN
 - Bar-coded system
 - VEN system
 - Local manufacturing of APIs



SSP: Joint Civil Society Initiative

Project objectives:

1. Monitor and report on drug stock outs across the country
2. Follow up on selected stock outs to ensure that they are resolved
3. Create “intelligence”: navigating the drug supply chain
4. Analyse collated data to assist NDOH and other policy makers in understanding the root causes of stock outs within the public health system.



SSP: Capacity

- Steering Committee: TAC, RHAP, MSF, SA HIV Clinicians Society, SECTION27, RuDASA
- Staff:
 - Fulltime Project Manager (Ms Monique Lines)
 - Parttime M-Health Coordinator (Ms Bella Hwang)
 - Administrator (vacant)
- Systems: web-based technology & central database



SSP: How

- Development of list of essential medicines:
 - refining existing Society/RHAP list (www.sahivsoc.org/stockouts)
 - ALL HIV and TB Drugs
 - Antibiotics
 - Paeds: incl all immunisations
 - Neonates
 - Maternity
 - Theatre and resus
 - Chronic meds: epilepsy, asthma, hypertension, psychiatry
 - Supplies: gloves, syringes etc



Who

- Anyone can report:
 - SMS, Email, Fax, Phone
 - Health care users, health care workers
 - Confidential (basic data needed)



Data Flow

- Project manager enters all reports into a central database for verification, investigation and reporting.
- Confirmation of reports is undertaken, through direct contact with local, district and provincial pharmaceutical services personnel.
- All verified reports are collated and forwarded to the NDOH and provincial department of health for action.
- Follow up with the primary complainant/s is done when the project has been informed whether or not a stock out complaint has been resolved
- Monthly reports on the number, description and resolution or status of reports. All reports will be shared with government, civil society and the public, and will be available for download on the project's website and distributed at the organisations' meetings.



Phased Implementation

- 1: Stakeholder and System Development
- 2: “Active” Pilot Implementation (10 Districts)
- 3: Broader Implementation (10+ Districts)

Public campaign/web-based portal



Discussion and comments

RHAP

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-TAC

-MSF

-SECTION27

-RuDASA

