WHO WE ARE

- **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
- Monitors availability of all essential primary health care medicines, medicines for HIV, TB, NCDs and childhood vaccines
WHO MAKES UP THE CONSORTIUM?

- SOUTHERN AFRICAN HIV CLINICIANS SOCIETY
- TREATMENT ACTION CAMPAIGN
- MEDECINS SANS FRONTIERES
- Rural Health Advocacy Project
- SECTION 27: catalysts for social justice
- Project funded by the European Union
Large variation between provinces in respect of:

- Volume of stock outs
- Types of medicines out of stock
- Length of stock outs

Not only **HEALTH** but **FINANCIAL IMPACT**

**NB HEALTH & WELLBEING** huge impact
SPP PROCESS

How we are making a difference:

- Giving people access to info; giving a voice

Results in no stockouts

- Case management & escalation system
- Annual survey/ongoing research
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
**TAC** monitors public health facilities and encourages the reporting of stockouts. The watchdogs work to support public health users to report the unavailability of drugs.

Encourage HCW & community members to report stockouts through the *SSP hotline*: **084 855 7867**
WHAT WE NEED TO KNOW WHEN YOU REPORT

1. **The type & dosage of the drug** that's out of stock
2. **How long** it's been out of stock
3. **Which clinic or health facility** was out of stock
4. **Whether the patient was given** alternative medicine or left with nothing
In July 2017, Nandi went to a clinic in Mpumalanga.

Her FDC medicine was not available - she went to the clinic another 3 times before getting her medicine.

Thanks to SSP training she remembered to report what had happened.

She called SSP a second time, worried about infecting her unborn baby with HIV, with an unsuppressed viral load.

SSP arranged to borrow medicine from another clinic and had it sent to Nandi’s clinic.

Five days later Nandi received a call to collect her medicine at her regular clinic.

Although Nandi’s clinic had to wait for their order, SSP’s intervention made it possible for Nandi to get her ARVs before her supply ran out.
2 CASE MANAGEMENT SYSTEM

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

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
Conduct annual telephone survey of public health facilities across all nine provinces

Provides insight into root causes of stockouts, changes to a treatment regimen, patients being turned away from their clinic and referred elsewhere and/or being given an insufficient supply of medication

Disseminate findings to provincial and national DOH to highlight weaknesses in supply chain management systems of PHC, make recommendation and ensure access to health services

Use data to further engage civil society and broaden advocacy nationally, regionally and internationally
Some highlights from the 2016 survey

- Mpumalanga: 58%
- Gauteng: 39%
- Free State: 36%
- North West: 31%
- KZN: 20%
- Eastern Cape: 19%
- Northern Cape: 14%
- Limpopo: 12%
- Western Cape: 9%
- South Africa: 25%
Wide variations between provinces persist - 2017

- Northern Cape: 33%
- North West: 21%
- Free State: 21%
- Eastern Cape: 21%
- Limpopo: 19%
- Gauteng: 19%
- KZN: 10%
- Mpumalanga: 8%
- Western Cape: 2%
- South Africa: 16%
Efv most commonly reported ARV stockout - 2017

<table>
<thead>
<tr>
<th>ARV Product</th>
<th>Stockout Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efavirenz 200mg or 600mg</td>
<td>25%</td>
</tr>
<tr>
<td>Lamivudine 150 or 300 mg</td>
<td>8%</td>
</tr>
<tr>
<td>Tenofovir/Emtricitabine/Efavirenz 300/200/600mg</td>
<td>6%</td>
</tr>
<tr>
<td>Abacavir 60mg or 20mg/ml</td>
<td>6%</td>
</tr>
<tr>
<td>Abacavir 600mg</td>
<td>6%</td>
</tr>
<tr>
<td>Zidovudine 300mg</td>
<td>5%</td>
</tr>
<tr>
<td>Isoniazid tablets 300mg</td>
<td>4%</td>
</tr>
<tr>
<td>Tenofovir/ Emtricitabine 300mg/200mg</td>
<td>3%</td>
</tr>
<tr>
<td>Lamivudine 10mg/ml</td>
<td>3%</td>
</tr>
<tr>
<td>Atazanavir 300mg</td>
<td>2%</td>
</tr>
</tbody>
</table>
Most stockouts persist for weeks or months

- Less than a week: 35%
- 1 to 4 weeks: 41%
- More than a month: 24%
HCWs borrow from neighbouring facilities to reduce impact.
HOW WE DO THIS

Create awareness on health service challenges

Educate communities about their health rights

Increase capacity of communities on how to report stockouts

Empower communities and HCW to take action on the lack of health service delivery
PATIENTS – KNOWLEDGE & POWER (VOTE). SSP HAS A VITAL ROLE TO PLAY SUPPORTING PATIENTS.
HCW – CHAMPIONING THE CAUSE

✓ At the front line
✓ Know what patients need and what the system is lacking
✓ Clinic support services – availability of medicines & supplies
✓ Can be champions getting systems to function better by reporting stockouts via SSP hotline or through partners (TAC)
✓ Use WhatsApp groups to manage stockouts
WE NEED YOU TO REPORT STOCKOUTS AND SUPPORT PUBLIC HEALTHCARE USERS by helping to build a functional system.

1. SUPPORT PUBLIC HEALTHCARE USERS by helping to build a functional system.

2. REPORT GAPS in the systems to alleviate the burden of multi-tasking.

REMEMBER... YOUR VOICE MATTERS
For more information contact us on:

084 855 7867

kopano@stockouts.org / report@stockouts.org

Twitter: Stop_Stock_Outs

http://www.stockouts.org/

https://www.facebook.com/stockouts/
ANY QUESTIONS?

Q & A SESSION
Thank you

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