



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

**STOP  
STOCKOUTS**

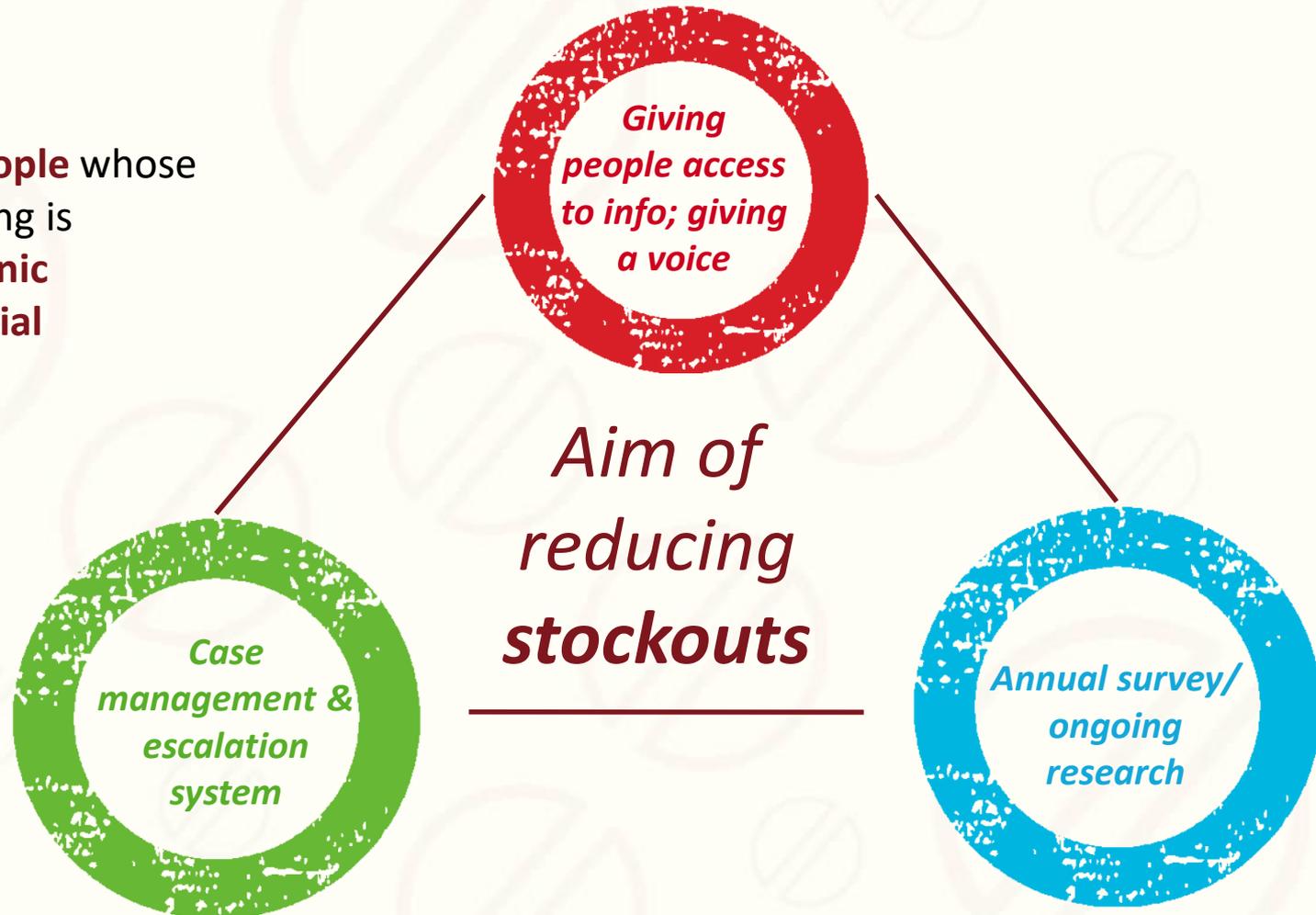
**Tinne Gils  
Pharmacy adviser  
Médecins Sans Frontières**



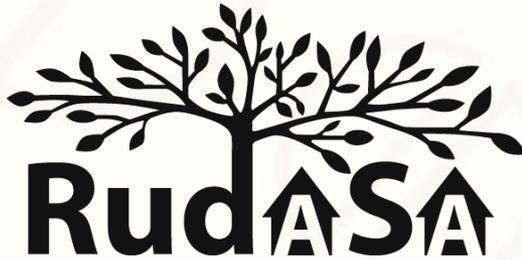
# SPP: AIM and PROCESS

**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?



Project funded  
by the European Union

# GIVING PEOPLE A VOICE

**STOP  
STOCKOUTS**

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



*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

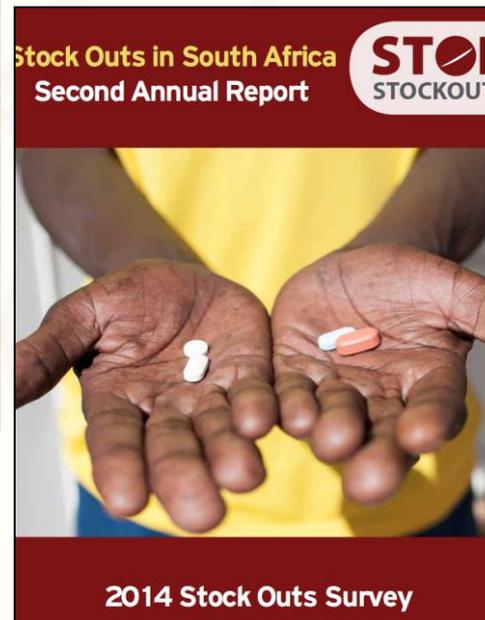
# PERIODIC SURVEY



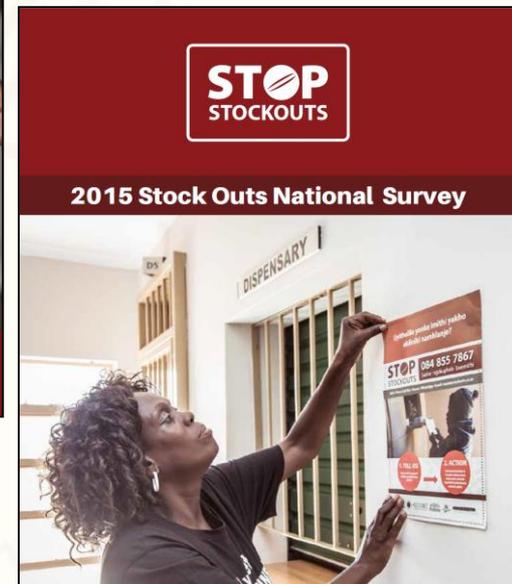
2012: Mthata  
> 50%



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**



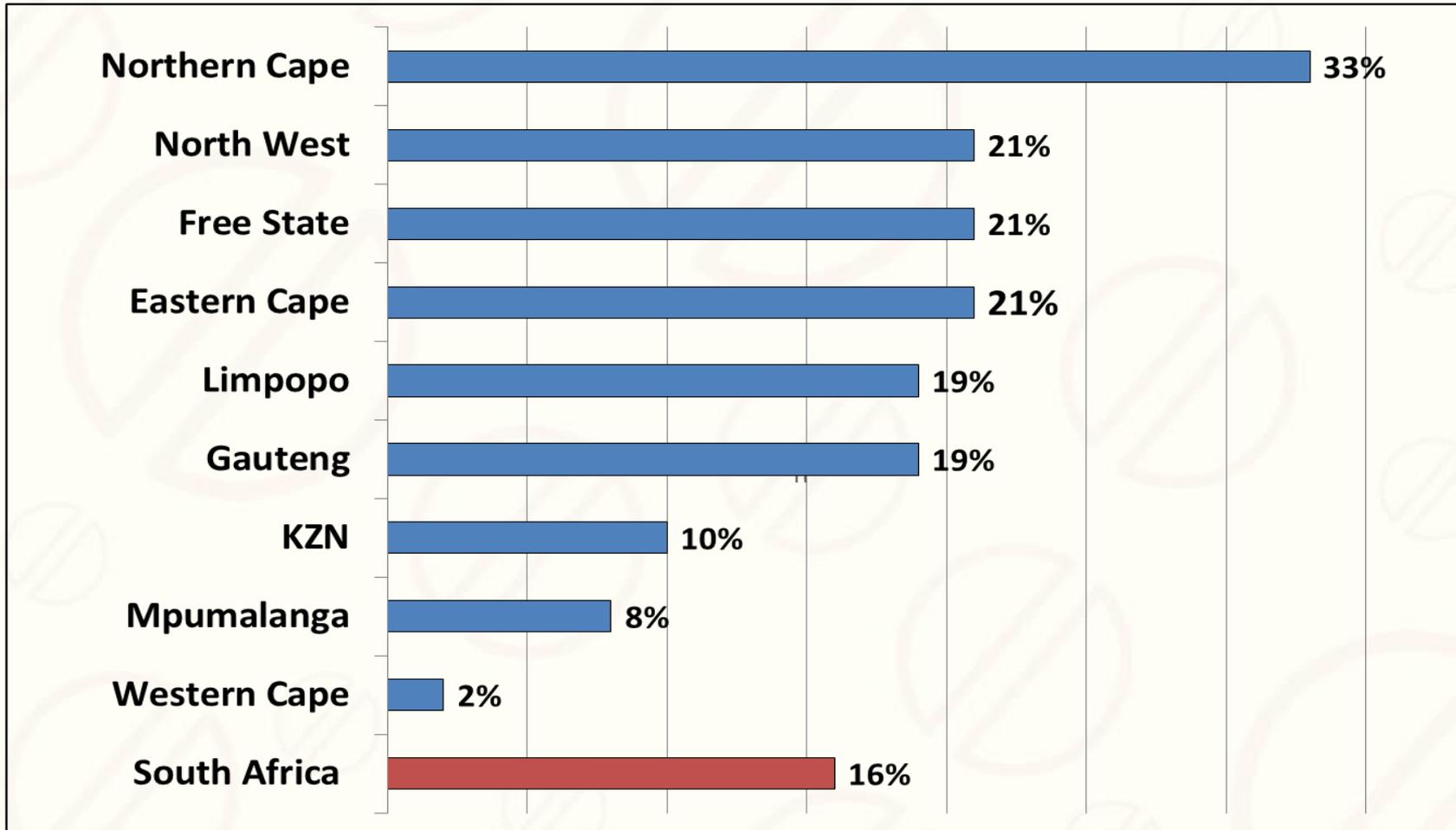
Direct costs	Indirect costs
Transport Food & communication Child-minding Substitute labor Buying medicine privately	Travelling time Waiting time at clinic



## Method for 2017

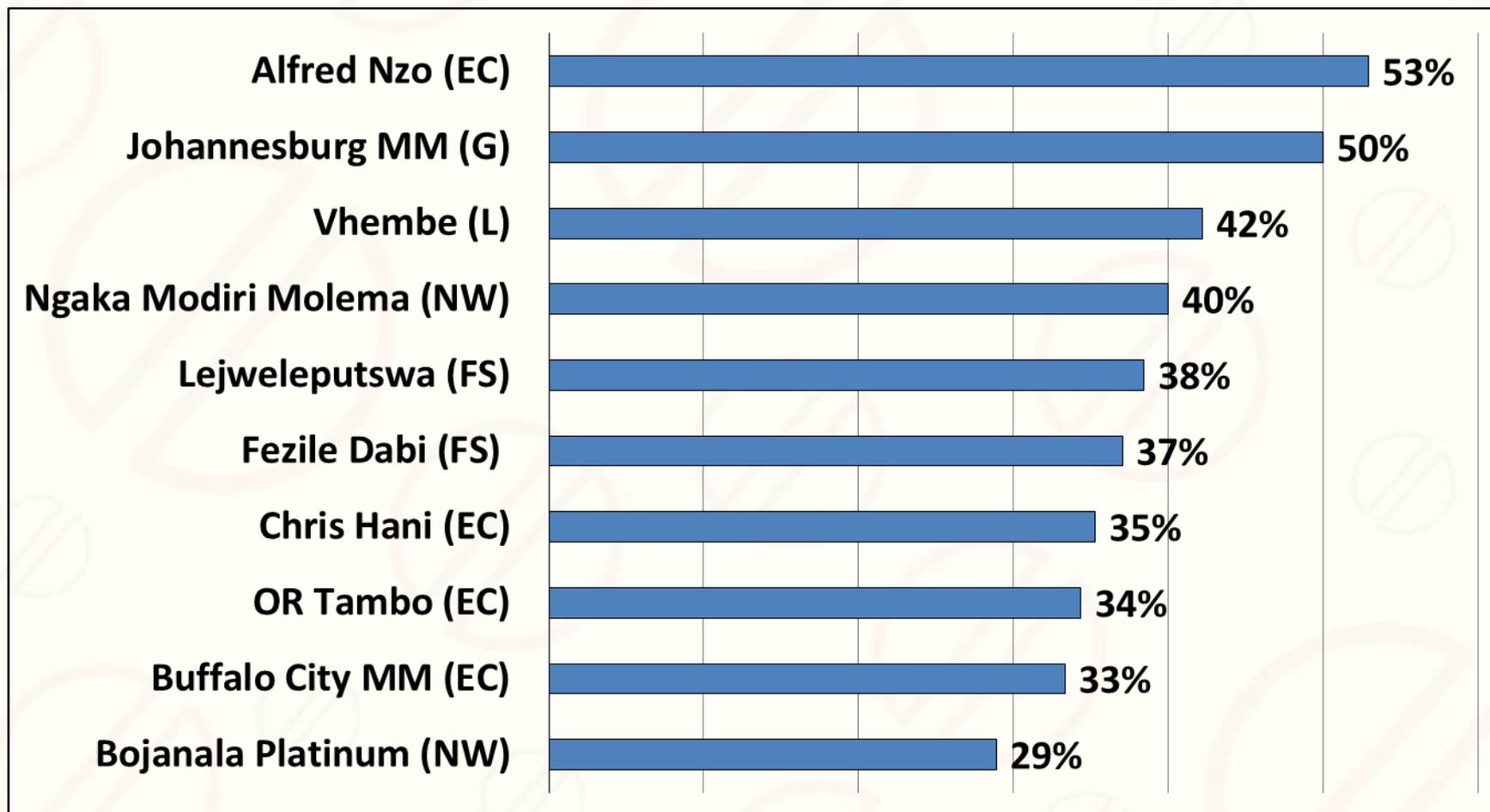
- Cross-sectional prevalence survey
- Phone contact with all public health facilities in South Africa, (called up to 3 times)
- Questions on:
  - ✓ Availability of ARV, TB medicines and vaccines, 15 essential medicines stockouts, duration and impact
    - Day of the call
    - 3 months prior
  - ✓ Percentage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

# Results: 2017

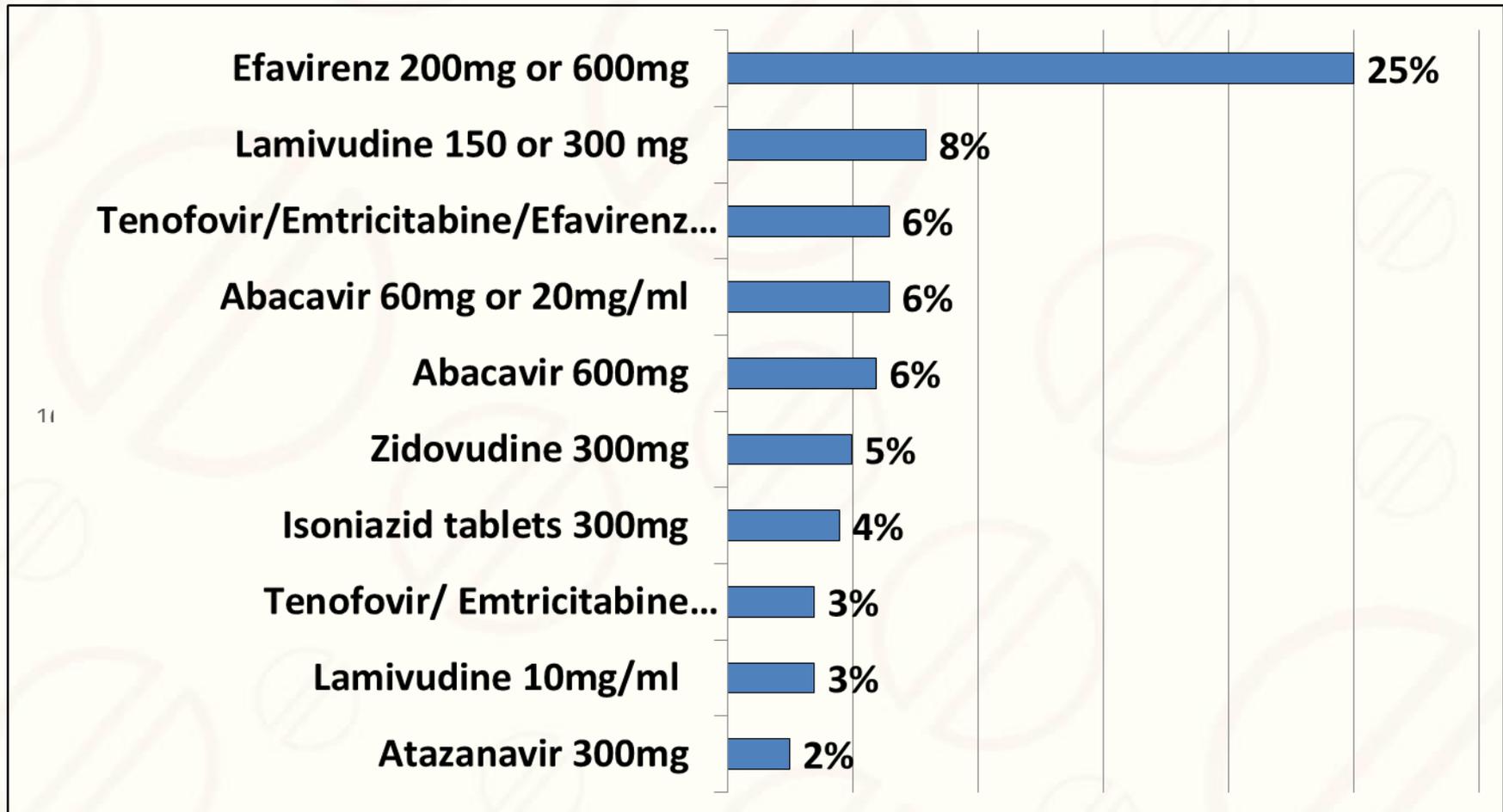


**16 % of 1526 facilities (41% of total)** reported a stockouts of ARVs or TB medicines in 3 months prior to the survey

# The 10 districts with highest levels of stockouts

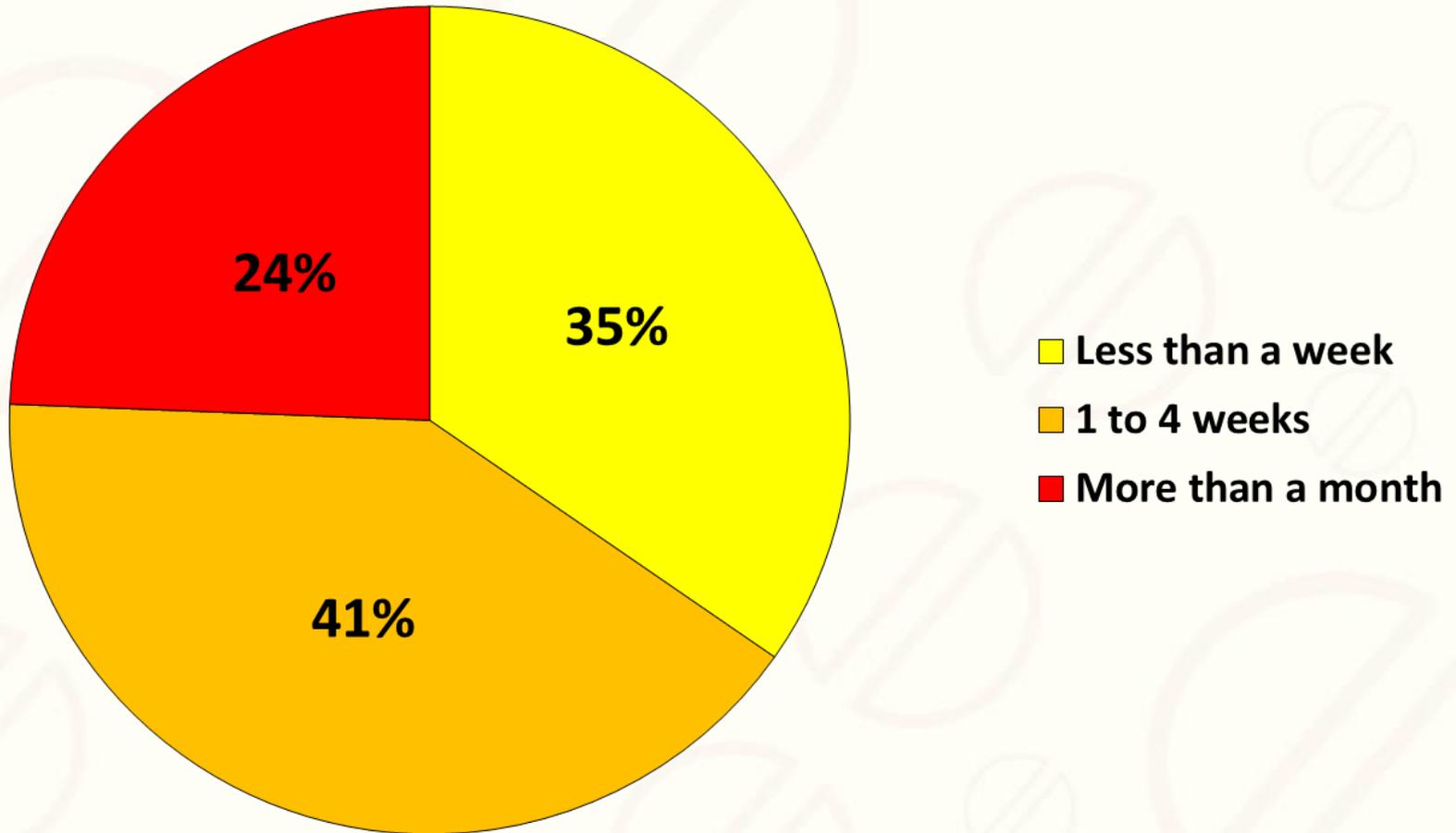


# EFV most commonly reported ARV stockout - 2017

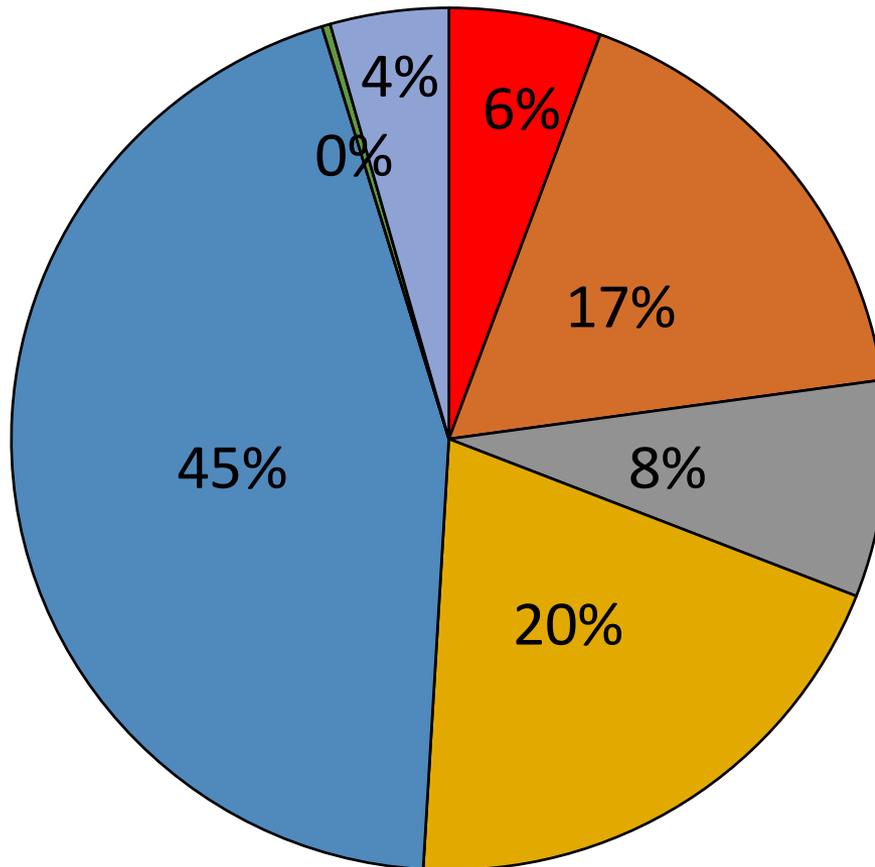


N = 277 stockouts

# 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

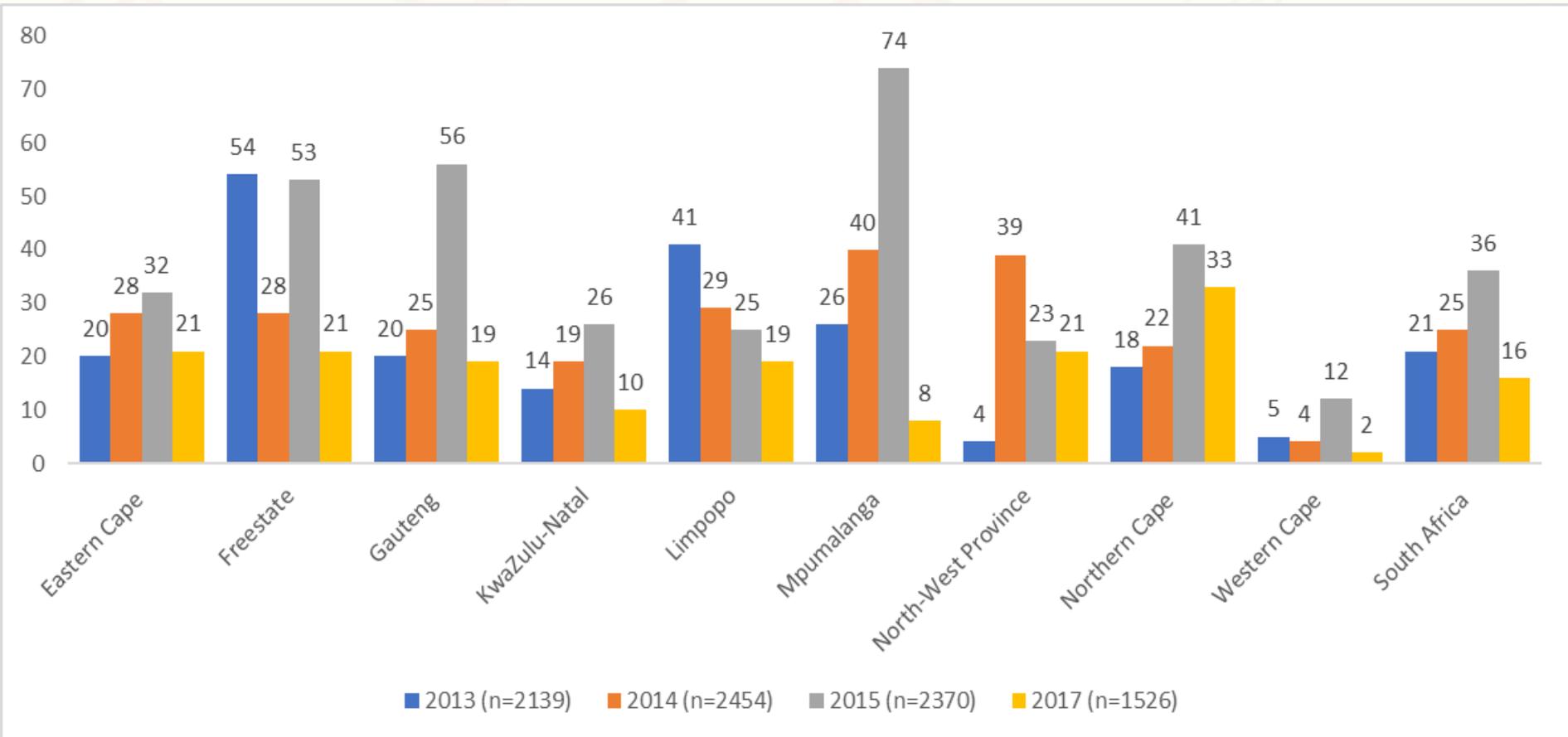
## Central Chronic Medication Dispensing and Distribution

- 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 9<sup>th</sup> 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



- 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

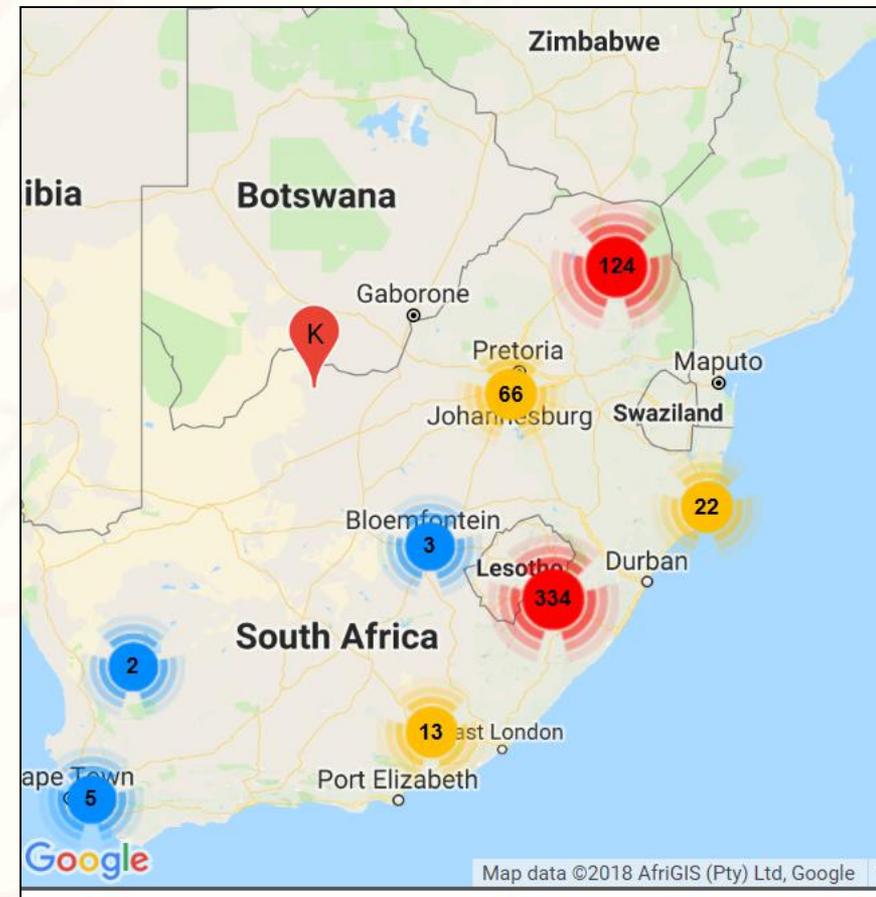
## Acute – large impact

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](mailto:admin@stockouts.org) / [report@stockouts.org](mailto:report@stockouts.org)***



Twitter: ***Stop\_Stock\_Outs***



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



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

# STOP STOCKOUTS



Project funded  
by the European Union

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.
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