



## CHRONIC DRUG SHORTAGES THREATEN GAINS OF SA'S ANTI-RETROVIRAL TREATMENT (ART) PROGRAMME; CIVIL SOCIETY CALLS FOR BOLD ACTION

*Stop Stock Outs Project releases second annual survey indicating persistent medicine shortages in majority of provinces and calls for an emergency response*

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DURBAN – Chronic shortages of essential medicines, including antiretroviral (ARVs), tuberculosis, vaccines and other medicines, in health facilities across South Africa require urgent, sustained and co-ordinated action from provincial and national health authorities, according to the 2014 Stop Stock Outs Project (SSP) Survey, which is being released today at the **7<sup>th</sup> South African Aids Conference in Durban**.

"We want to see all levels of government, especially Provincial Health MECs and Heads of Health Departments, take bold and decisive action to create a system that is responsive to the needs of patients," says Anele Yawa, General-Secretary of the Treatment Action Campaign, which is a member of the Stop Stockouts Project consortium. "We urgently need to develop a culture of accountability in our health system."

The [second annual national stock outs survey](#), conducted over the fourth quarter of 2014, comprises of the most comprehensive data on the frequency, prevalence and impact of stock outs to date, found that five of the nine provinces (Mpumalanga, North West, Limpopo, Free State and Eastern Cape) were severely affected, with more than one in three health facilities reporting a stock out of at least one ARV or TB medicine during the three month survey period.

In Gauteng, Northern Cape and KwaZulu-Natal provinces, drug supply remains erratic, with more than one in five clinics reporting at least one ARV or TB medicine stock out. 32% of reported ARV or TB stock outs lasted for more than one month; 43% lasted between one and four weeks; and 25% lasted less than one week nationwide.

Across the country, at least one childhood vaccine, including Measles, Pentaxim and Rotavirus were also reported out of stock in 12% (249/2157) of facilities.

These results show that most medicines are available in South Africa's medicine depots, but patients are unable to get their prescriptions fully filled in health facilities because of downstream logistical and management problems. These problems range from inaccurate forecasting to storage or transport issues.

In 22% of reported ARV and TB stock outs, patients were sent home with no medication.

In 35% of cases the patient was given a smaller supply, switched to an alternative which increased the number of pills they needed to take, or a less than optimal regimen was given.



"This situation is unacceptable because patients are the ones paying the cost of a dysfunctional system," says Dr. Indira Govender of the Rural Doctors Association of Southern Africa. "They miss out on work or school to queue at a health facility, only to be told there is no medication or they need to come back again. Then they have to live with the stress of an untreated disease that puts them at risk of further illness or death. Patients are expected to remain adherent to treatment and are labelled "defaulters" when they don't. But is this fair, when our health departments are defaulting on their medicine supply?"

While the survey found improved availability of the most commonly prescribed Fixed Dosed Combination (FDC - Tenofovir, Emtricitabine and Efavirenz) for patients on first line HIV medicine, there were frequent stock outs of other first line HIV medicine, second line HIV medicine, paediatric HIV medicine, isoniazid preventive treatment (IPT) for TB, and medicine for complicated TB. This puts HIV patients unable to take standard FDCs due to clinical complications and co-existing conditions, as well as HIV-infected children at risk of treatment interruption.

"The basic pillar of any public health system is the supply of medicine to clinics and hospitals, and stock outs are indicative of a bigger problem related to management and accountability," says Karl le Roux, a doctor working in the rural Eastern Cape.

The survey's findings have been presented to the National Department of Health (NDoH) and the Provincial Departments of Health (DoH) in the Free State, Eastern Cape, Gauteng, Limpopo, North West, Northern Cape and Western Cape who acknowledge the extent of the problem.

As the result of constructive engagement between the SSP and provincial health authorities (with the exception of KwaZulu Natal), five provinces (Gauteng, North West, Northern Cape, Limpopo and Western Cape) have for the first time produced action plans and action plans. The remaining provinces have acknowledged the extent of the problem, have not yet committed any action plans.

The Department of Health's commitment is key to reducing stock outs. The problem requires actions from all across the supply chain, from the Ministry to local clinic managers and all the way to patients who can help by reporting stock outs they experience to the Stop Stock Outs project hotline – **084 855 7867**.

##ENDS##



**NOTES TO EDITORS:**

The full 2014 National Stock Outs Survey can be found at [www.stockouts.org](http://www.stockouts.org).

For a summary of the results please turn to the Executive Summary on page 6.

Mpumalanga reported the largest proportion of facilities with stock outs: 40% (82/205) of facilities experiencing a shortage of at least one ARV/TB medication in the preceding three months, and 30% (62/205) of facilities in Mpumalanga reporting a stock out on the day of the survey call.

North West province had the most significant increase from 4% (8/182) in 2013 to 39% (86/222) in 2014 in facilities reporting stock outs.

**South Africa's three worst affected provinces for HIV and TB medicine stock outs/shortages:**

MPUMALANGA	NORTH WEST	LIMPOPO
<ul style="list-style-type: none"><li>- 40% of its 205 responding facilities reported a stock out or shortage</li><li>- 33% of reported stock outs lasted more than 1 month</li></ul>	<ul style="list-style-type: none"><li>- 39% of its 222 responding facilities reported a stock out or shortage</li><li>- 31% of reported stock outs lasted more than 1 month</li></ul>	<ul style="list-style-type: none"><li>- 29% of its 266 responding facilities reported a stock out or shortage</li><li>- 46% of reported stock outs lasted more than 1 month</li></ul>

**South Africa's 7 worst affected districts for HIV and TB medicine stock outs/shortages: ((%) Proportion of health facilities reporting at least one ARV or TB medicine during the survey period)**

MPUMALANGA	NORTH WEST	EASTERN CAPE	FREE STATE
1. Nkangala 44% (25/53 facilities)	3. Bojanala 44% (34/77 facilities)	4. Joe Gqabi 46% (16/35 facilities)	6. Lejweleputswa 42% (13/23 facilities)
2. Gert Sibande 41% (23/56 facilities)		5. Alfred Nzo 50% (28/58 facilities)	7. Fezile Dabi 42% (11/26 facilities)



Rural Health Advocacy Project

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**About the Stop Stock Outs Project:**

The Stop Stock Outs Project (SSP) is an independent civil society consortium that monitors and speaks out about medicine stock outs and shortages, with the aim of achieving a stock out free health system. The SSP consortium consists of the Treatment Action Campaign, the Rural Doctors Association of South Africa, the South African HIV Clinicians' Society, Rural Health Advocacy Project, SECTION27 and Doctors Without Borders (MSF). The SSP raises awareness and brings transparency to medicine supply problems facing patients during medicine stock outs as they occur, to highlight problem areas in the supply chain that need urgent attention. The project seeks to empower the tens of thousands of patients and clinicians.

**TAKE ACTION NOW – REPORT STOCK OUTS**

The SSP operates a NATIONAL HOTLINE to ensure accountability and transparency to patients, while creating a network of proactive monitors to build on the success of resolving stock outs by working with the Department of Health.

**Report medicine stock outs & shortages:**

- Send a Please Call Me, SMS, WhatsApp message or Call: 084 855 7867

**FOR MORE INFORMATION & INTERVIEWS CONTACT:**

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