

HOW STOCKOUTS IMPACT HIV PATIENTS

A universal test and treat policy was introduced in September 2016, and this means that, regardless of the CD4 count, people will start antiretroviral therapy as soon as they are found to be HIV-positive. As a result, the number of people on treatment in South Africa is set to rise significantly in coming years. Unless there is a major improvement within the national supply system, this will increase the number of people affected by stockouts and put further strain on an already struggling healthcare system. With the health of millions of South Africans dependant on the consistent supply of essential PHC medicines, SSP exists to support more effective and efficient medicine supply systems.

STOP STOCKOUTS

TODAY, SOMEONE WENT HOME WITHOUT MEDICATION!

90-90-90

AN AMBITIOUS TREATMENT TARGET

By 2020:

- 90% of all people living with HIV will know their HIV status.
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
- 90% of all people receiving antiretroviral therapy will have viral suppression.



HOW YOU CAN HELP

Whether you are a patient, acquaintance or a healthcare worker and you have knowledge of a medication shortage or stockout let us know. By sharing, you will be helping many more people than you know.

STOP STOCKOUTS

REPORT MEDICINE STOCKOUTS AND SHORTAGES

Send a Please Call Me, SMS or Phone 084 855 STOP (7867)

Email report@stockouts.org, Go to www.stockouts.org/report

Follow us on Twitter@Stop_Stock_Out/Like us on www.facebook.com/stopstockouts




This project is funded by the European Union.

The views reflected in this publication do not necessarily reflect the views of the European Commission.

Next time, it could be you. STOP STOCKOUTS





The availability of medicines must be a top priority if we are to fulfil the rights of all people to health and dignity and make progress in the fight against the quadruple burden of disease that characterises South Africa's health profile: the HIV/AIDS epidemic alongside a high burden of TB; high maternal and child mortality; high levels of violence and injuries; and a growing burden of Non communicable Diseases.

The Stop Stockouts Project (SSP) is a consortium dedicated to assisting the thousands of people whose lives are threatened by the chronic shortages of essential medicines in South Africa. Established in 2013, SSP monitors the availability of all essential primary health care (PHC) medicines and childhood vaccines.

“I live in Groutville in the Mpinyane area in KwaZulu-Natal. I was **diagnosed** with HIV in early 2016 and I've been on HIV treatment for about a year. My clinic often **runs out of my treatment** and sends me home empty handed telling me to come back another day. I get **frustrated** when I miss a day of treatment. I work in a nearby town and have had to **miss days off work** to go back to the clinic. I **don't get paid** when I miss work.”

“THOSE MOST VULNERABLE TO THE EFFECTS OF MEDICATION SHORTAGES ARE USUALLY POOR AND FROM RURAL COMMUNITIES WHO DEPEND ON PUBLIC HEALTH FACILITIES. BUT THE IMPACT OF STOCK OUT EXTENDS BEYOND HEALTH.”

A PLIGHT OF THE POOR, PARTICULARLY

Stockouts remain a real threat to the health of the people of South Africa, in spite of technological measures put in place by the government to maximise access to health services, such as the Stock Visibility System. As SSP increases its monitoring footprint through a series of community engagement initiatives, it has become increasingly clear that stockouts impact poor and rural-based patients in particularly severe ways, by forcing them to spend limited finance and time on making unnecessary journeys. Marginal communities are also less likely to speak up for their right to a consistent supply of essential PHC medicines, and other services. The SSP aims to broaden awareness of the stockouts problem and to provide a channel of complaint and notification in the form of the SSP hotline.

“MARGINAL COMMUNITIES ARE ALSO LESS LIKELY TO SPEAK UP FOR THEIR RIGHT TO A CONSISTENT SUPPLY OF ESSENTIAL PHC MEDICINES, AND OTHER SERVICES.”

SSP monitors stockouts through a “hotspot” mapping process, and increased surveillance of rural hospitals and clinics around the country. A growing bank of patient and healthcare worker testimony has helped SSP to identify and understand the root causes of medicine shortages. These reports are escalated to the Department of Health (DoH) and other stakeholders, in the interests of strengthening the supply chain for essential PHC medicines.

LIVED REALITIES, IMPACT AND COST OF STOCK OUTS

When stockouts leave patients with no choice but to repeatedly return to health facilities, the additional spending on transport and child-minding services, combined with wage losses due to time taken off from work, can lead to indebtedness and a constrained ability to put food on the table and purchase other essentials.

“I live in Mpumalanga. I've been on HIV treatment for three years and am seven months pregnant. My clinic has recently been **short of HIV treatment** and they are only dispensing a weeks' worth of medication at a time, so I have to travel to the clinic every week. I am **unemployed** and can't afford to keep doing this. It's also **hard for me to travel** so much because I am far along with my pregnancy.”

It is not only patients who suffer the effects of stockouts. Nurses and pharmacists spend increasing amounts of time and energy rationing medicines and borrowing stock from other facilities until their orders arrive.

“In our clinic, we mostly rely on **borrowing** from the nearest clinics ... *Stop Stockouts* helps because every time we report stockouts to them, they **immediately intervene** by fast tracking the **supply chain** processes.”