STOP STOCKOUTS
4TH NATIONAL SURVEY REPORT (2017)
THE FRAGILE SYSTEM

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Access to
essential medicines
is a **fundamental**
human right!

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GENERAL ABBREVIATIONS

3mo	3-month period prior to contact
ART	Antiretroviral Therapy
ARV	Antiretroviral
CCMDD	Centralised Chronic Medication Dispensing and Distribution
Combined	Both day of contact and within the past 3 months
Day	Day of contact
DOH	Department of Health
HIV	Human Immunodeficiency Virus
LPV/r	Lopinavir/ritonavir
MDR-TB	Multidrug-Resistant Tuberculosis
NDOH	National Department of Health
OM	Operations Manager
PMTCT	Prevention of Mother to Child Transmission of HIV
SSP	Stop Stock Outs Project
TAC	Treatment Action Campaign
TB	Tuberculosis
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
XDR-TB	Extensively Drug-Resistant Tuberculosis

GLOSSARY OF TERMS

ART (antiretroviral therapy): the use of a combination of three or more antiretroviral (ARV) drugs for treating HIV infection. ART involves lifelong treatment.

ARV (antiretroviral drugs): the medicines used to treat HIV.

Dosage: the amount of a medicine, drug or vitamin that should be taken at one time or regularly during a period of time.

Drug regimen: a combination of medicines comprising a complete treatment programme for a patient. (e.g. the standard first-line ARV regimen in South Africa is a combination of tenofovir, emtricitabine and efavirenz).

Stockout: the complete absence of a specific formulation and/or dosage of medicine at a given public health facility.


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FOREWORD

This report, from the 2017 Stop Stockouts survey, comes at a time of near collapse in country's public health systems in the run up to the national elections in 2019. As political parties' campaign for the elections, issues surrounding appalling service delivery will take centre stage, and protests will likely flare up across South Africa. As we saw with the protests in the North West Provinces earlier this year when health care providers embarked on a wage strike, protest action can have severe impact on access to health care services. Users of the public health system were not able to access vital health care services including collecting essential medication. The impact of this strike was worsened by other unrelated protests, whose violent nature interfered with the State's ability to replenish medicine stocks that were fast depleting. The immediate effects: patients defaulting on their chronic medication and loss of life as patients could not enter health facilities and health care providers were prevented from providing care. In the long run, loss of confidence in the public health system.

The events in the North West Province are neither exclusive to that province, nor a once-off event. We have seen similar effects nationally in previous strikes in the health sector. What is evident from all these strikes is that the responsive measures are painfully slow and often inadequate. The time for action to prevent such disruption is now. Government and labour must work together on the long-discussed Minimum Service Level Agreement to ensure a minimum level of service during strike action while respecting the right to protest.

Whilst health sector strikes, and other unrelated protest action have an adverse impact on access to healthcare services, particularly access to medicines, this report also reveals that there are other contributors to shortages of medicines at health facilities. Unreliable supply systems and inefficient stock monitoring systems continue to block access to medicines.

Despite some improvement in the medicines supply systems, this report paints a bleak picture of the reliability of those systems to ensure that there are no medicine stockouts, or that in the event that there are stockouts, the situation is remedied speedily. It also paints a disturbing picture about the State's ability to respond to emergency situations that arise as a result of service delivery protests. This is particularly concerning in the lead up to the 2019 elections.

We hope that those reading this report will engage with its findings and seriously consider its recommendations to ensure reliable supply of medicines to all.

EXECUTIVE SUMMARY

Our 4th National Stop Stockouts Report highlights the chronic stockouts of essential medicines that persist in South Africa. It presents findings of a telephone survey we conduct annually of public health care facilities across all nine provinces to monitor medicine availability. It is the only independent, publicly available national audit of medicines stocks in South African public health facilities and is aimed at providing insight into the causes of stockouts. We disseminate findings of the study to provincial and national departments of health in order to highlight weaknesses in supply chain management systems of primary health care facilities and to help ensure these are mitigated.

The proportion of facilities impacted by stockouts in the 2017 survey varies widely by province. In the most severely impacted province (Northern Cape), a third of all facilities were experiencing a current or recent stockout of an antiretroviral or anti-tuberculosis medicine at the time the survey. In the worst impacted districts (in Eastern Cape and Gauteng), half of the facilities reported current or recent stockouts. The time taken to resolve stockouts also varied widely, with facilities in Mpumalanga all reporting a resolution of stockouts within a week and 42% of facilities in Limpopo reporting a wait of more than a month for their stockouts to end.

On a positive note, we found areas of improvement. Stockouts of Fixed-Dose Combination (FDC) antiretroviral therapy were found to have reduced. This is important given that around 3.5 million people are on FDC across the country. Most facilities reporting stockouts of antiretroviral or anti-tuberculosis medicine reported only one item out of stock, as compared with multiple stockouts reported in previous years.

The report therefore provides evidence of some improvement and some ongoing problems in stockouts of antiretroviral and anti-tuberculosis medicine. It also shows, however, that the progress seen in relation to antiretroviral and anti-tuberculosis medicine is not mirrored in relation to other medicine, including vaccines, psychiatric medication and other essential medicines selected for the survey.

Furthermore, events of the last 12 months show the ongoing fragility of the medicine supply system and the need for constant vigilance. These events include health care disruption due to protest and strike action in North West, extensive stockouts of a wide range of family planning commodities over many months, and, in October 2018, widespread stockouts of second line and even first line ART.

These crises have struck hard at an already strained system, resulting in recurring, crippling stockouts. At these times patient suffering increases greatly.

The crisis in the North West was initiated by an event, namely protest action, but was exacerbated by a lack of coordination in the response between national, provincial and district actors, that led to avoidable further delays. This crisis and others highlighted unacceptably poor communication towards patients and clinicians to advise them of what was happening, including when to expect resolution and what to do in the meantime. Communication problems compound stockouts.

The SSP, since its inception, has called for greater transparency, including real-time acknowledgement of stockouts and how they should be managed. Since the SSP was formed over four years ago, the existence of stockouts is no longer denied. This is an important development. Yet communication with patients, health care workers and the public in general about specific stockouts that occur and how they should be managed remains a problem. We repeat our call for better communication.

The SSP also continues to call for coordinated national and provincial capacity to respond effectively and swiftly to crises and emergencies, whatever their cause may be. Such capacity and planning must be developed alongside continued efforts towards system improvement. Experience tells us there will always be crises, some outside the control of government. Dedicated capacity is required to respond to these situations.

The SSP values its ongoing relationship with national and provincial departments of health and is committed to continuing its work to reports on and stop stockouts in South Africa.

BACKGROUND

The Stop Stockouts Project (SSP) is a coalition of six civil society organisations, formed in 2013. The establishment of the SSP followed a 2012 crisis at the Mthatha Depot in Eastern Cape, during which strike action by depot workers had resulted in widespread medicine stockouts at clinics across the province. Since its founding, Stop Stockouts has received reports of medicine stockouts on a national hotline, and published national surveys on a periodic basis.

Substantial resources have been invested in improving availability of medicines and supply chain reform in South Africa in the five years since the first SSP survey in 2013. The establishment of the National Surveillance Centre allows for clinic staff to report medicine shortages to the NDoH through mobile applications like the Stock Visibility Solution (SVS) and aims to provide the NDoH with an overview of medicine stock levels at health facilities and with suppliers. The establishment of the Central Chronic Medicines Dispensing & Distribution system also allows for more predictable chronic medicines pick up at community pick-up points, private and facility-level pharmacies, and differentiated models of care such as adherence clubs. At the same time, with the introduction of a universal "Test & Treat" policy, where everyone who is HIV-positive is eligible for ARVs, regardless of CD4 count, South Africa is attempting to nearly double the number of people on treatment. Despite a number of innovations, in many respects, medicine supply is provided by a fragile system, with too few staff trained in stock management. Stockouts continue to plague facilities and leave people without the medicines they need.

A PROVINCE IN CRISIS
— STRIKES LEAD TO WIDESPREAD STOCKOUTS IN NORTH WEST

On 26 February 2018, several health worker unions commenced a strike action in the North West Province, calling for improved labour conditions and political action—namely the removal from office of the North West Premier and Health Head of Department. Strikers blocked access to the administration building of the Department of Health in the provincial capital of Mahikeng. The strikes also prevented delivery of drugs to health facilities from the North West provincial drug depot, leading to diminishing drug supplies at clinics and hospitals, and eventually widespread stockouts across the province. Starting in early April, some striking union members started to block and close health centres in Mahikeng sub-district. Chaos ensued and a later alleged fatality in Mafikeng led the community to join in shutting down the provincial capital and services in the towns and villages. The National Government was finally forced to intervene. These protests are reported to have led to the death of several people who were denied care at health facilities due to the strike and lack of drugs.

Stop Stockouts sounded the alarm about the effects of the strike on patients' access to medicine supplies at the end of March, and again in mid-April 2018, as the crisis deepened, and facilities expressed alarm over short supplies in clinics[i, ii]. On 20 April, the South African National Defence Forces' Military Health Services were deployed to the provincial medicines depot in order to facilitate the distribution of supplies.[iii] Cabinet subsequently invoked Section 100 of the Constitution and placed the provincial health department under national government administration.[iv]

Stop Stockouts member organisations supported interventions to help resume the provision of medical supplies and medicines to facilities in North West. MSF provided administrative and logistical support to the pharmacies of Mafikeng Provincial Hos-

pital and Taung District Hospital, and supply chain support at Mahikeng Depot and in Kenneth Kaunda and Bojanala Districts. TAC also sent a team to assess the situation and mobilise on the ground. TAC engaged with officials and with unions, acknowledging their legitimate complaints and right to strike and highlighting the importance of not blocking access to health care services in the exercise of that right. It served as the voice of health care users in the discussions between government and unions.

A number of challenges were identified during the response to the crisis in North West. They are outlined below, together with proposed solutions:

- Pathways for sharing information between different levels of the DoH about medical supply levels are not well-defined, especially when an intermediary level of the system shuts down. Sub-district pharmacists had no way of knowing what happened to an order that was placed with the Provincial Medicines Procurement Unit, and do not know if or when to expect the delivery. Since the NW DoH was not part of the National Procurement Drug Unit that was established to procure drugs from suppliers directly to the facilities, the NW health sector ordered from another depot which then caused a logistical nightmare for the NW facilities as they had to be registered to even get a pricelist from the suppliers and then place urgent orders.
    - Expanding access to information at all levels of the supply chain could improve ordering practices during crises and routine operations.
- There is a lack of crisis response mechanisms within the Department of Health for managing the movement and storage of medical supplies. Once the provincial depot was taken over by SANDF, additional logistical and human resources were required for moving medicine from the depot to facilities and loading/unloading of trucks at those facilities. Sub-district pharmacies also required extra human resources on hand to manage their role as de facto medicine depots during the crisis.
    - Establishing emergency preparedness plans at a national level, including dedicated response teams, could help to avoid similar acute crises in South Africa during future periods of unrest. Such teams could also be deployed to enhance capacity in districts that are chronically plagued by stockouts.
- Sub-districts are not able to directly contact suppliers when they need additional medicines—instead, they must contact wholesalers, who may not fill complete orders for large volumes.
    - Depots should have the contact details of suppliers.
- Administrative challenges compounded the problem of stockouts. Some suppliers had not been paid by the province and refused to deliver until accounts were settled. The adjustment of VAT rates had also caused the rejection of orders, as the new prices had not been communicated across the system. Several months post-strike the supplies defaulted to pre-strike quantities since they were purchased from the depot which was already empty. They also had countless invoices that were still pending and suppliers who were refusing to supply the district.
    - Provinces can and should be monitored and held to account for payment to suppliers, and report on their record of on-time payments as part of Annual Performance Plans.

Despite all of the attention paid to North West, there is still no clear communication by the province and persistent shortages, especially of surgical supplies.

Stop Stockouts expressed deep concern during the crisis that the sanctity of health care was not honoured during the strike actions. It is the right of everyone in South Africa to have access to healthcare, whether in times of peace or protest. While workers have the right to strike action, this should not interrupt the ability of individuals to receive medical attention or the medication they need.

METHODOLOGY

An annual telephonic survey was initiated to connect with all public health facilities in South Africa, with the aim of assessing the availability of essential medicines and vaccines. Facilities that could be contacted and agreed to participate were asked about:

- Availability of ARV and TB medicines on the day of the call, and in the three months prior to call.
    - Facilities that reported stockouts on the day of the call without reporting stockouts in the three months prior were counted as having had stockouts in the previous three months.
    - Facilities with ARV and TB medicines reported out of stock were asked additional questions assessing the duration and impact on patients of reported stockouts, based on action taken by the facility.
        - Duration was classified as less than one week, between one and four weeks, and more than one month.
        - Impact was classified based on (i) the action of the facility; and (ii) the supply given to the patient.
            - High-impact: All stockouts that led to patients leaving the facility without any medicines or with incomplete regimens.
            - Medium-impact: stockouts that led to patients receiving less optimal regimens, higher pill burdens, less optimal formulations, and/or less than a full supply of medication.
            - Low-impact: switch to suitable alternative regimen or formulation, or facility borrowed the medicine out of stock, with full supply given to the patient.
- Availability of three childhood vaccines and 15 essential medicines on the day of the call.
- The presence or absence of staff that manage facility supply, namely pharmacists and pharmacy assistants.
- Participants' opinions regarding recent policy and programmatic changes that may have an impact on medicine supply. These include:
    - Introduction of the Stock Visibility System whereby facilities provide weekly reports on stock levels of essential medicines to a centralised system managed by the National Department of Health.
    - Implementation of the Central Chronic Medicines Dispensing and Distribution system (CCMDD) for certain classes of medicines;
    - The introduction of a policy of "Test & Treat" for people living with HIV to initiate ART upon knowing their status, regardless of CD4 count.

This survey is likely an underrepresentation of the true frequency of stockouts, however, as:

- we were unable to make contact with a number of facilities;
- any one person who has been reachable may not accurately recall all medicine stockouts in their facility; and
- there may be some reluctance on the part of health care workers to report stockouts when they are a result of facility level inaction to accurately forecast demand or failure to order on time.

Recall bias is also a possibility as sometimes staff contacted cannot recall stockouts or claim stockouts that in fact did not occur, though the former is more often the case.

PARTICIPATION

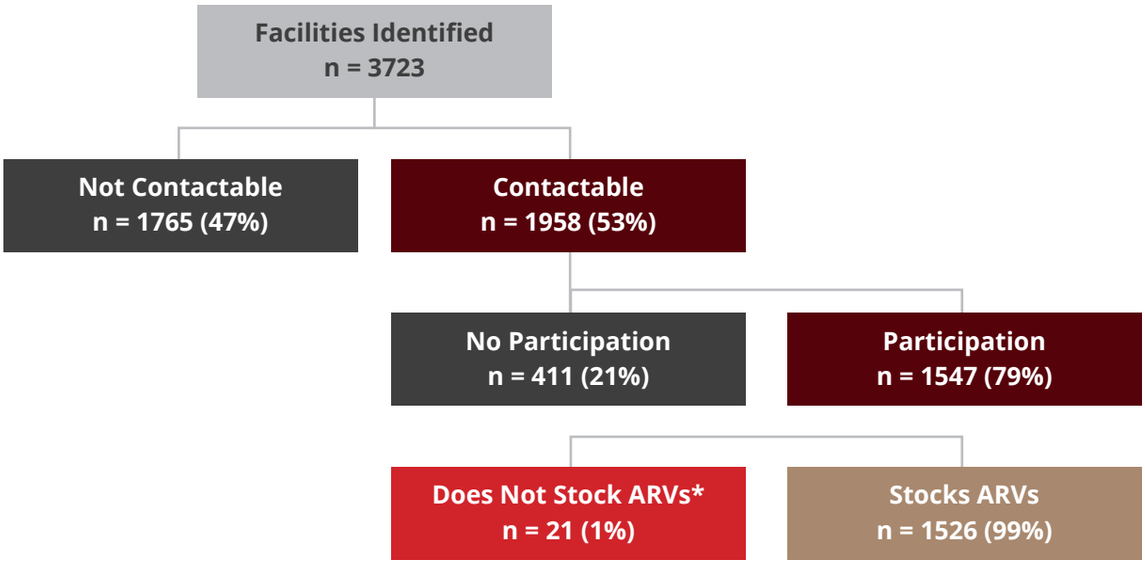

Figure 1 Facilities that were contacted and surveyed on stockouts, 2017
*excluded from ARV analysis

79% of contactable facilities responded to the survey in 2017, compared to 88% in 2015 (see Appendix A1 for a breakdown of how responses varied by province). Participation in the 2017 survey was lower than in previous years, both in terms of proportion of facilities reachable by phone (79% in 2015 compared to 53% in 2017) and those willing to participate (88% in 2015 compared to 79% in 2017). Participation rates reduced substantially in Gauteng (from 83% to 51% of facilities reached), and KwaZulu-Natal (from 87% to 68%). Both provincial departments have come under severe scrutiny over the past year - in Gauteng due to the Life Esidimeni crisis which resulted in the deaths of at least 144[v] mental health patients following a move from suitable to unsuitable care, and in KZN where an oncology crisis has had severe consequences for cancer patients needing care. The reduced participation rate may be due in part to healthcare workers being reluctant to invite further criticism in these contexts.

The majority of respondents were Operational Managers (62%).

Only 22% of facilities had pharmacists and 44% had pharmacy assistants—though substantial provincial differences were evident, with Western Cape having the highest proportion of facilities with both types of staff.

Facility size was categorised by number of people on ARVs—over 1000 people (37% of facilities) or less than 1000 people (73% of facilities).

RESULTS

ARV & TB MEDICINES

Of all participating facilities, 16% had experienced an ARV or TB medicine stockout in the past three months.

In five provinces, approximately one in five facilities reported having had stockouts in the past three months, and in Northern Cape, one in three facilities were affected by stockouts.

As in previous years wide variation was observed between provinces with a third of facilities reporting a current or recent stockout in the Northern Cape, the most severely impacted province.

More than 80% of facilities reported that less than 10% of their ARV cohort were on second-line medications and 11% of ARV-providing facilities did not know their second-line cohort numbers or did not stock second-line ARVs. While South Africa was experiencing widespread shortages of lopinavir/ritonavir in 2015, due to a lack of manufacturer capacity to meet demand, a lower proportion of facilities with stockouts of second-line treatment was expected and was found in the 2017 survey.

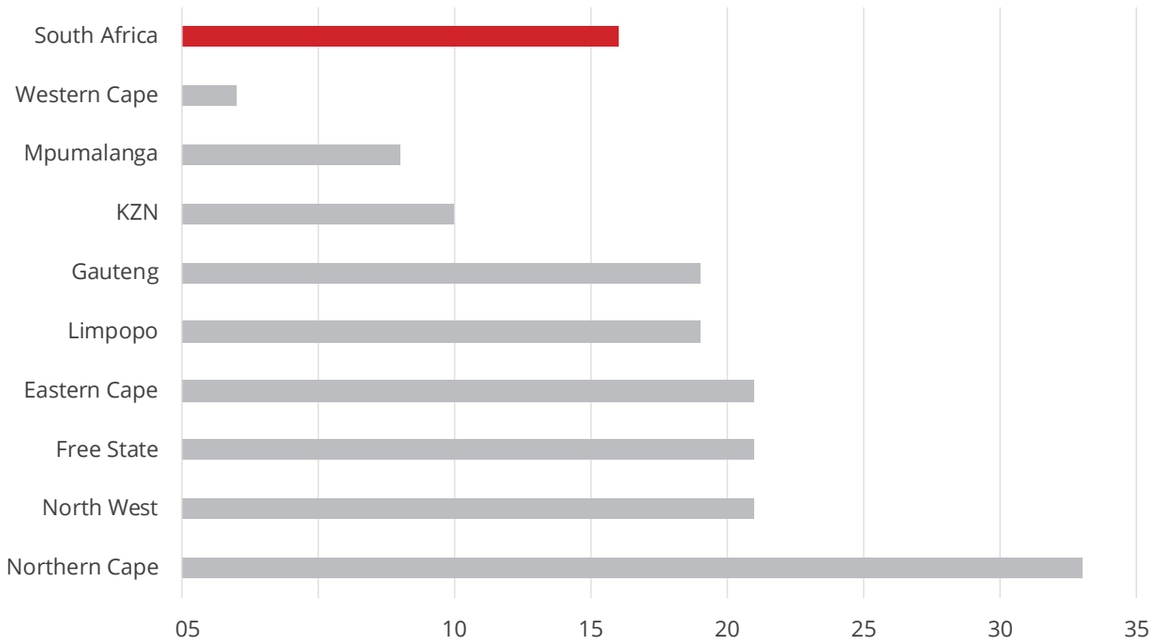

Figure 2 Proportion of facilities reporting a current or recent ARV and /or TB medicine stockout, by province, 2017

Most facilities experiencing stockouts reported only one item out of stock. North West province had the highest proportion of facilities with multiple ARV/TB medicine stockouts. Larger facilities (4.0%), who have over 1,000 cohorts on ARV were more likely than smaller facilities (2.4%) to have multiple medicines out of stock, and more likely to have a stockout overall (17.9% vs. 15.5%).

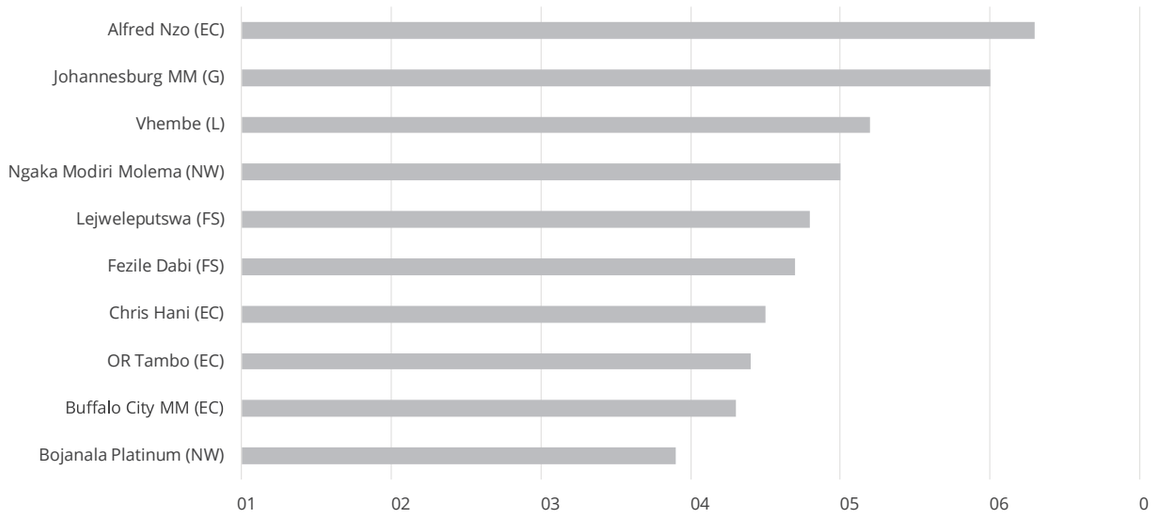

Figure 3 The 10 districts with the highest proportion of facilities reporting a current or recent stockout, 2017

Wider still variation is seen in the proportion of facilities reporting stockouts at the district level. For more detail of the variation in the level of stockouts by district, including a list of districts where more than 20% of facilities report a stockout, see **Appendix A1.**

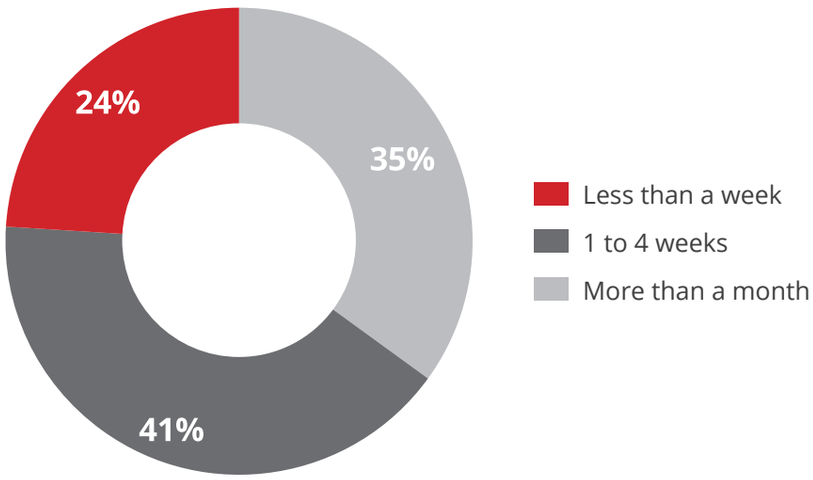

Figure 4 Duration of stockouts by province, 2017

Of the facilities who provided information, most resolved shortages of medication in less than a month. Mpumalanga had the shortest duration with every facility surveyed claiming less than a week for replenished supply of stockout medications. All of Western Cape's facilities took up to a month. Limpopo not only had the most scattered response, but the greatest number of clinics that must wait more than a month for an end to their stockouts. For a breakdown of the duration of stockouts by province, see **Appendix A2.**

ARV & TB MEDICINE STOCKOUTS

Two dosages of efavirenz were the most frequently reported medicines out of stock, followed by the fixed dose combination of ARV that is the regimen for most people living with HIV who are on treatment. After adult first-line ARVs, paediatric ARVs and TB medicines (first and second line) were the most prevalent types of medicines out of stock. For more detail on the frequency of medicines out of stock by province, see **Appendix A3.**

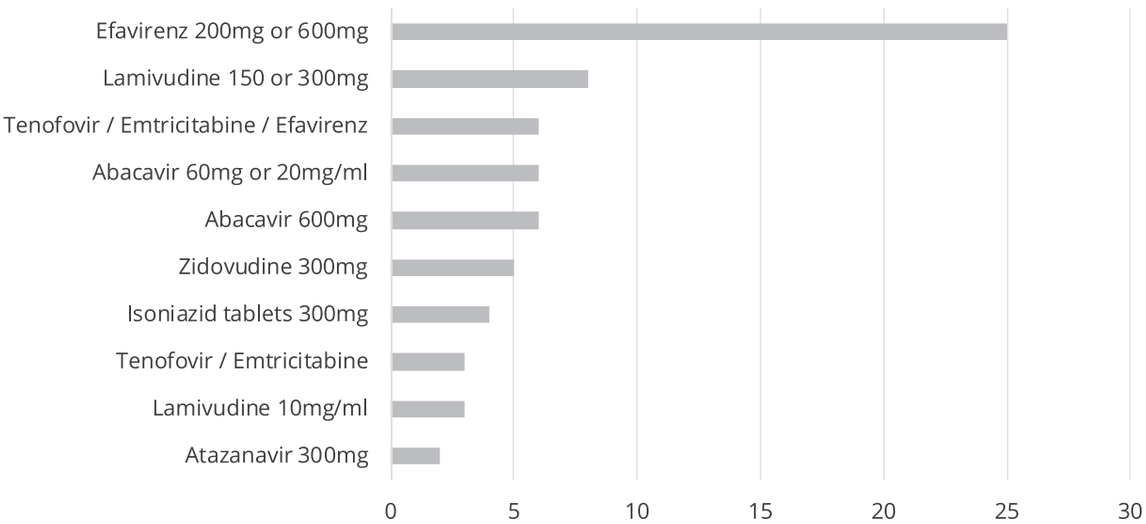

Figure 5 ARV and TB medicines out of stock, 2017

DURATION & IMPACT

25% of stockouts had lasted for longer than one month. Longer term stockouts of over one month were more prevalent on the day of the call in Limpopo (42% of stockouts), Gauteng (33%) and North West (28%) than in other provinces.

Around two-thirds of stockouts (both on the day of the call, and in the three months prior) were medium-impact stockouts, with the majority of stockouts occurring in smaller facilities. For more detail on the impact at the province level, see **Appendix A4.**

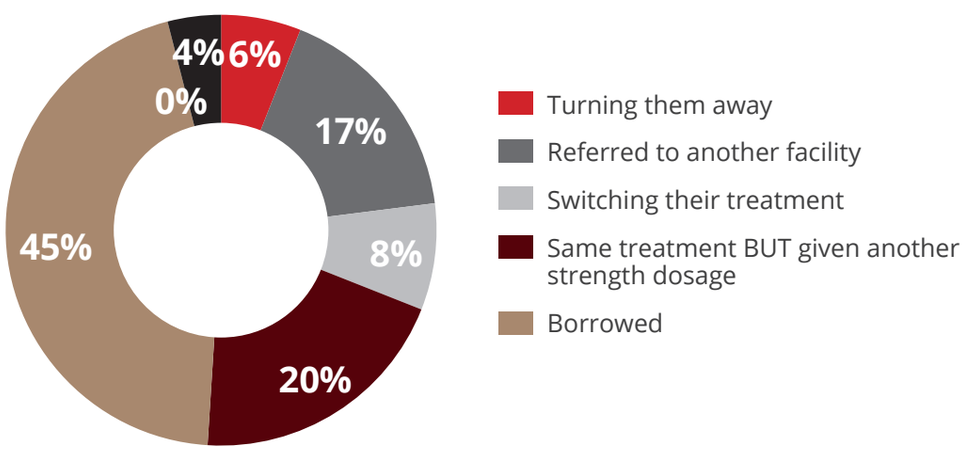

Figure 6 Facility action and patient outcome for stockouts - Combined, 2017

Borrowing the out of stock medicine was the most frequent response to medicines being out of stock (45% of stockouts). Worryingly, patients are either turned away without medicine (6%) or are given sub-optimal regimens (meaning they receive only one or two of the three drugs) (45%).

Facility-level mitigation of stockouts reduces the negative clinical, economic and psychological impact that being turned away without medicine can have on patients. SSP research based on previous survey findings concluded that having to return to the facility a second time to pick up medicine would be a catastrophic expenditure for 50% of the ART cohort, and an impoverishing expenditure for 40% of people on ARVs in South Africa—meaning that stockouts push people further into poverty. Action by facility staff therefore plays an important role in limiting the impact of stockouts on patients, but it does not come without a different type of cost. For example, the inability to avoid stockouts, results in staff dedicating more time to instead of attending to patients. It may also require adjustments to stock orders as other medicines must substitute out of stock items.

PROVINCIAL & DISTRICT ANALYSIS

Consistent with provincial and national reductions, most districts had reduced the proportion of facilities experiencing stockouts. Multiple districts in the EC, GP, LP, NC and NW had at least 20% of their facilities reporting ARV and TB stockouts. See **Appendix A9**.

POLICY IMPLEMENTATION

In the 2017 survey, facilities were asked to respond to questions regarding implementation of policies that influence medicine supply.

Most facilities (70%) started implementing Test & Treat in September 2016, as intended by the National Department of Health, with 90% of facilities having implemented the policy within one year of initial rollout. At the time of the survey, 6% of facilities reported not having implemented the policy. (Appendices A8 and A12). Facilities mostly disagreed (44%) or strongly disagreed (23%) that the roll out of Test & Treat had increased the frequency of ARV stockouts. However, one in five facilities (21%) felt that the roll out of the policy had increased the frequency of stockouts. Most of the facilities that agreed that the Test and Treat policy had increased the frequency of ARV stockouts were located in LP, KZN, EC and NW. Previous surveys and research suggest that extra technical support and adequate planning is important for facilities in order to avoid stockouts when implementing new practices. — As South Africa intends to switch at least some proportion of its first line cohort to regimens including dolutegravir in the near future, it will be important to provide adequate instruction and guidance to facilities in carrying out the switch.

For details of the month during which Test & Treat was implemented, see **Appendix A8.**

Over 1.5 million patients have been enrolled in CCMDD as of December 2017. Most facilities (78%) surveyed had also started utilising the CCMDD system for delivering chronic medicines to patients stable on treatment. The general impression of facilities was that this outsourcing of medicine packaging and distribution not only saved time for facility staff (75%) but also reduced frequency of stockouts (70%). Respondents from 6% of the facilities were of the opinion that the CCMDD system had no impact on both stockout frequency and tome spent attending to clients. The North West and Northern Cape provinces were the least approving of the program. Overall, these findings are encouraging, but may have also skewed downward the overall results of facilities experiencing stockouts.

Facilities were not asked if they knew about stockouts at pick-up points serviced by CCMDD. While facilities are supposed to track any failed CCMDD deliveries associated with patients enrolled in the program through their clinics, it is unclear how well this tracking and reporting is being implemented.

Finally, most facilities (83%) claimed to be reporting their stock levels of essential medicines to the National Department of Health through the Stock Visibility Solution (SVS). Of facilities using the system, 87% agreed that the system helped reduce the frequency of stockouts. The SVS can act as an emergency warning mechanism and provoke a reaction by the DOH to direct supplies to locations where they are scarce. However, this mechanism failed to kick off a timely reaction in North West during the 2018 crisis. (Appendices A10 and A11).

SUMMARY

A lower proportion of facilities reported stockouts in 2017 compared to previous surveys. This is logical when considering in 2015, LPV/r shortages accounted for over two-thirds of all stockouts reported. Some provinces in particular showed marked improvement. However, these results might also be skewed downward, given that (1) participation was lower (and those choosing not to participate may have been reluctant to report on health system failings), and (2) facilities were not reporting on failed CCMDD deliveries—which even though they are not managed directly by the facility, may have the same outcome of patients going home empty-handed.

Low rates of reported stockouts during the survey may mask systemic challenges or poor quality of the supply chain that can cause system collapse in times of crisis. An example of medicine shortages during chaotic times would be the recent North West crisis, where clinics were shut down and a lack of access to essential medicines jeopardised the lives of the province's residents.

Stockouts are particularly concerning where there is a prolonged period before the situation is remedied, and where the stockout is of high impact. More consistent reporting through SVS, and rapid response time is necessary to avoid long-term stockouts, facilitate borrowing between facilities if necessary, and ensure patients are not going home empty-handed.
This is the first year the survey has measured the availability of pharmacy staff. The low proportion of facilities with pharmacy support is concerning, as these staff are at the front lines of maintaining facility supply. The Western Cape, where the proportion of facilities with pharmacy support staff is highest also experiences the lowest proportion of facilities with stockouts.

It is also clear that communication is not always effective between the policy-making levels of the DOH and facilities. It is unacceptable that not all facilities are yet to be implemented Test & Treat or offer second-line ARVs. Given the ageing cohort on ARVs in South Africa, and the importance of being on effective regimens for individual health and reducing transmission of HIV, all staff should be familiar with these policies and promoting best practices in ARV care for their cohort.

Children remain particularly vulnerable to stockouts. Paediatric medicines were some of the most common medicines out of stock. This is particularly worrying, as children do not have alternative treatment options if their medicine is unavailable.

SURVEY RESPONSE

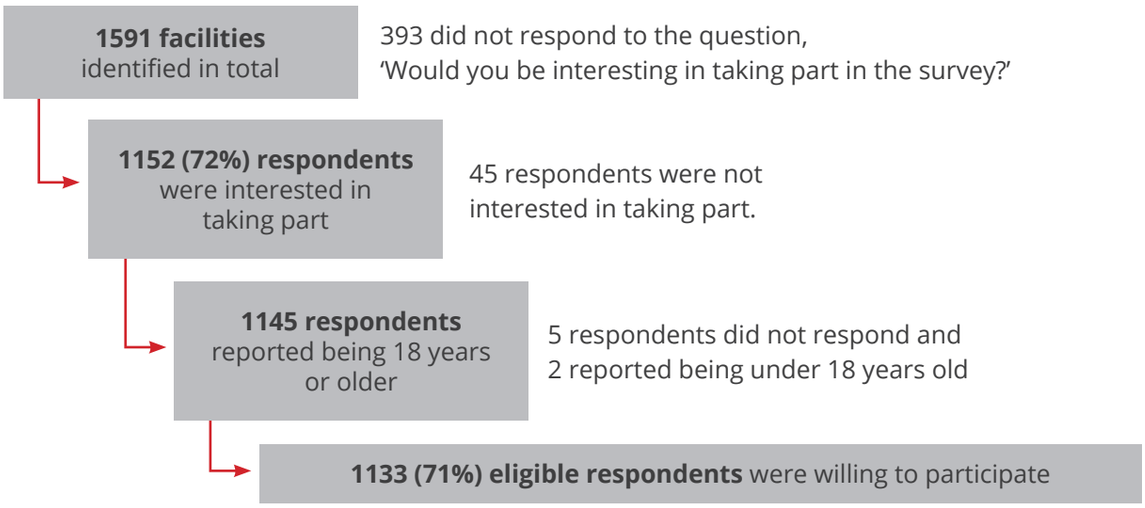

Figure 7 Summary of the survey response, 2017

RESULTS

VACCINES

Although the percentage of facilities that reported having vaccines in stock appeared to be high, it is important to note that the response rate to this question was slightly over two-thirds of the facilities identified. Provincial and district summaries are not detailed (see **Appendix A13**) but the Limpopo province reported the most stockouts with 9, 13 and 5 facilities out of 99, 98 and 99 facilities respectively that usually dispense vaccines.

ESSENTIAL MEDICINES

In terms of essential medicines, the survey coverage was again slightly over two thirds of the facilities identified. More than 95% of the facilities that responded to the questions about essential primary health care medicines and routinely stocked essential medicines (see **Appendix A14**) reported having them in stock on the day of the call, though the Limpopo province was the most affected. In addition to having the greatest number of facilities reporting stockouts of these medicines, there was a large proportion of facilities reporting that some essential medicines were not usually stocked. For example, 40; 22 and 35 out of 100 facilities contacted in Limpopo did not usually stock sodium valproate, injectable short acting insulin and furosemide respectively.

PSYCHIATRIC MEDICINES

As part of an initiative to highlight the state of mental health care and treatment and following what has come to be known as the Life Esidimeni Tragedy in South Africa, the 2017 survey opted to include some psychiatric medicines prescribed and stocked at primary health care level (see **Appendix A15**). According to the survey, a majority (>90%) of facilities contacted that usually stock the medicine, reported having stock on the day of the call. Citalopram, Flupenthixol/Fluphenazine and Risperidone require either doctor initiation or health care workers with advanced psychiatric training to prescribe which may be the reason why a large proportion of facilities that were contacted reported not usually stocking these medicines. Again, Limpopo province had the most facilities reporting stockouts on the day of the call.

In addition to the medicines reported on in this report, respondents were also asked if they knew of any other medicines at their facility that were out of stock (see **Appendix A16**). Of the 402 facilities that answered, 98 reported BCG vaccine and 52 reported Tuberculin skin test shortages. This has serious implications for the control and treatment of TB in South Africa.

ENGAGEMENT WITH DEPARTMENT OF HEALTH

CONTRACEPTIVES SHORTAGES IN 2018: AN ONGOING CONCERN FOR SOUTH AFRICA

During 2018, SSP was active in pressuring the National Department of Health to respond to the chronic lack of contraceptives for women across the country. For months on end, the complete lack of access to contraceptives - coupled with limited access to abortion services - in many parts of the country, elevated the risk of unwanted pregnancies and undermined reproductive and health rights of women.

In July 2018, the Deputy Director General for the Department of Health communicated that suppliers of key contraceptive medications were unable to meet their obligations, resulting in the shortages experienced across the country. This alone highlights the need to ensure multiple registered suppliers so that tenders can be split, or emergency stocks replenished.

Products in short supply included various dosages of the oral contraceptive levonorgestrel/ethinyl estradiol triphasic (also known as Trigestrel or Triphasil), and the injectable contraceptive norethisterone enanthate (also known as Nur-Isterate).

Supplies are not expected to return to normal until November 2018 at the earliest. The lack of these contraceptives limits the options women can use, and these are some of the most well-adopted options (injectable contraceptives especially).

Running out of contraceptives sets in motion a chain reaction of other stockouts when substitution occurs. Moreover, staff are not well-trained in providing other options for contraception, which can lead to complications for patients.

Patients and healthcare workers in contact with the SSP indicate an increasing problem across the country, with many women being turned away from clinics without having received any contraception. Most women in South Africa cannot afford to purchase contraceptives from private pharmacies and depend on being able to access them from public health facilities.

Lack of contraceptive methods result in unwanted pregnancies and maternal and infant deaths

Globally, 43% of an estimated 206 million pregnancies in developing countries are unintended or unwanted, with an estimated 84% of unwanted pregnancies occurring among women who had an unmet need for modern methods of contraception. (reference)

In 2017, an estimated 308 000 women were projected to die from pregnancy-related causes in developing countries and 2·7 million babies expected to die in their first month of life. Most of these deaths were thought to be preventable with improved health care for new mothers and babies, and full access to contraceptive care to help women avoid unintended pregnancies.

The shortage of contraceptives therefore needs to be addressed as a matter of urgency.

Some of the measures SSP calls for include:

- The immediate intervention by the National Department of Health to ensure the uninterrupted availability of contraceptive medicines at facilities. This should include the collection and dissemination of up-to-date information on shortages across all parts of the supply chain to mitigate the ongoing crisis. The public should also be kept up to date.
- Comprehensive guidance from the NDOH to be immediately disseminated to all public health facilities and the public at large, to ensure facilities are clear on which alternatives to provide in the absence of certain contraceptive products, and make the public aware of their rights and contraceptive options;
- Provincial departments of health to ensure that facilities are comfortable offering all contraceptive options (including IUCD insertions and implants), and provide training where needed;
- Rapid approval of any applications to the South African Health Products Regulatory Authority that would facilitate the availability of additional quality-assured contraceptive supplies in South Africa.

These demands were put to the Department of Health through written communication and a press release, however, we have not had any response regarding the calls to action - and simply received further confirmation of stock-outs recorded.

CONCLUSIONS & RECOMMENDATIONS

Many of the conclusions from this year's survey are similar to those we have made previously, but are as follows:

1. There must be effective and immediate communication of stockouts, between national and provincial departments of health and to clinicians and patients. The SSP wishes to open dialogue with the government on norms and standards on such communication for efficient outreach.
2. Crippling levels of stockouts persist in the worst impacted districts and in many cases the same districts have suffered in this manner year after year. The DoH and partners should develop clear plans for improvement in those sites and the SSP would welcome the opportunity to be part of a task team to visit those districts and assist in the development of plans to support progress.
3. We call for the establishment of a clear process for the rapid response of identified stockouts, in which the civil society is promptly informed and can engage and support as appropriate.
4. Efforts should be taken to minimize the impact of global supply chain disruption. The DoH and partners should monitor global demand for essential medicines and horizon scan for impending issues so as to improve international forecasting and inform the national health sector of proactive measures to promote supply security. Increased use of buffer stocks, alternative suppliers and other measures may also need to be more widely used where supplies of medicines are particularly uncertain.

Specific steps to combat and/or mitigate stockouts at the departmental and clinic levels are as follows:

FOR THE DOH

- Track what proportion of facilities are turning in reports of CCMDD successful delivery to ensure its effectiveness;
- Improve visibility over drugs used by vulnerable cohorts (e.g. second-line/exceptional ARV/paediatric ARVs);
- Share, on a periodic basis, with civil society/public supplier performance metrics (i.e. pharmaceutical companies and CCMDD suppliers) and SVS performance metrics;
- Provide clear guidance and support for facilities during the transition to dolutegravir (DTG) so as to avoid similar frustrations with current ARV;
- Establish an emergency response team/ standard operation procedures to manage crisis situations in districts/provinces, akin to the response in North West in April-May 2018;
- Prioritise pharmacist training in SVS and other supply chain systems; and
- Increasing the number of pharmacy staff in facilities must be a priority as they are often the first to acknowledge a short supply of medication.

FOR HEALTH CARE FACILITIES

- Implement Test & Treat with immediate effect if not already in practice;
- Utilise CCMDD to apply differentiated models of care, and track supplier performance with regard to on-time deliveries;
- Utilise SVS on a weekly basis to report stock levels to the DOH; and
- Implement rapid switching and improve familiarity with a second-line cohort.

The need for stockouts to be addressed in South Africa is as great now as it has ever been. We hope this report will serve as a catalyst towards substantive and constructive engagement between all concerned to address this ongoing crisis.

A NEW WAY OF WORKING

Unfortunately, year after year, since the first National Survey in 2013, the national and provincial departments of health have struggled to communicate effectively with civil society stakeholders. However, during this latest mass stockout of contraceptives, 2nd and 3rd line ARVs, the NDoH, who initially responded defensively, did set up and coordinate a meeting between national and provincial DoH, civil society and pharmaceutical suppliers. The meeting provided a positive opportunity to engage constructively on the stockouts crisis and resulted in plans for the resolution of the stockouts, new agreements for working together, and more effective ways of regularly communicating across the different sectors. The SS P has responded to this by making itself more available for a constructive response, as a means to ensure essential medicine availability for all in South Africa. SSP will continue to support the DoH to deliver essential medicines, while ensuring that the voices of the patients affected on the ground, and the voices of health care workers struggling to offer services without essential supplies, are amplified and heard.

[i] http://stockouts.org/Content/Files/Stockouts%20in%20North%20West%20affecting%20lives%20of%20patients%20FINAL.pdf

[ii] https://allafrica.com/stories/201804130208.html

[iii] https://www.enca.com/south-africa/military-medical-practitioners-arrive-in-north-west

[iv] https://www.news24.com/SouthAfrica/News/cabinet-places-north-west-health-dept-under-administration-20180426

[v] https://www.news24.com/SouthAfrica/News/life-esidimeni-police-investigation-puts-death-toll-at-144-patients-20180126

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext

FACT SHEET. ADDING IT UP: Investing in Contraception and Maternal and Newborn Health, 2017. Gutt Macher Institute. https://www.guttmacher.org/sites/default/files/factsheet/adding-it-up-contraception-mnh-2017.pdf

APPENDICES

Table A1 Facilities reporting one, two or at least three stock outs, by province - Combined, 2017

Province	Total	Contacta-ble	Response Dispense ARV	No Stock Out	One Stock Out	Two Stock Outs	At Least Three Stock Outs
Eastern Cape	865	420	362	286	61	11	4
Free State	258	159	125	99	18	8	0
Gauteng	415	185	93	75	14	4	0
KwaZu-lu-Natal	524	318	239	214	21	4	0
Limpopo	506	284	191	154	29	7	1
Mpuma-langa	316	202	195	180	15	0	0
North West	349	151	132	104	22	5	1
Northern Cape	166	81	66	44	21	1	0
Western Cape	324	158	123	120	3	0	0
SA	**3723**	**1958**	**1526**	**1276**	**204**	**40**	**6**

Table A2 Response rates by province, 2015 and 2017

Stock Out Response Rates, By Province 2017						
Province	Total	Not Con-tactable	Contacta-ble	Response	2017 Response Rate	2015 Response Rate
Eastern Cape	865	445	420	368	88	94
Free State	258	99	159	125	79	70
Gauteng	415	230	185	95	51	83
KwaZulu-Nata	524	206	318	239	75	87
Limpopo	506	222	284	192	68	86
Mpumalanga	316	114	202	196	97	92
North West	349	198	151	133	88	91
Northern Cape	166	85	81	66	81	100
Western Cape	324	166	158	133	84	88
South Africa	3723	1765	1958	1547	79	(2463/2804) 88

Table A3 Duration of stock outs by province, 2017

Province	Duration of Stock Outs (%)		
	Less than a week	1 to 4 weeks	More than a month
Eastern Cape	35	44	21
Free State	57	29	14
Gauteng	28	39	33
KwaZulu-Natal	45	45	9
Limpopo	16	42	42
Mpumalanga	100	0	0
North West	16	56	28
Northern Cape	36	43	21
Western Cape	0	100	0
Total	**33**	**42**	**25**

Table A4 Medicine out of stock (by frequency) in the past 3 months by province, 2017

ARV/TB Medicine Out of Stock, Combined		
	Frequency	%
Efavirenz 200mg (EFV)	42	13.33
Efavirenz 600mg (EFV)	36	11.43
Tenofovir/Emtricitabine/Efavirenz 300/200/600mgTDF/FTC/ EFV (FDC))	27	8.57
Abacavir 600mg (ABC)	19	6.03
Abacavir 60mg or 20mg/ml (ABC)	19	6.03
Lamivudine 150 or 300 mg(3TC)	18	5.71
Isoniazid tablets 300mg (INH)	16	5.08
Efavirenz 50mg	13	4.13
Tenofovir 300mg (TDF)	13	4.13
Tenofovir/ Emtricitabine 300mg/200mg (TDF/FTC)	13	4.13
Zidovudine 300mg (AZT)	12	3.81
Lamivudine 10mg/ml (3TC)	11	3.49
Atazanavir 300mg (ATV)	9	2.86
Rifampicin/Isoniazid 300/150mg -Rifinah/Rimactazid(R/H)	8	2.54
Nevirapine 200mg (NVP)	7	2.22
Levofloxacin (Lvx)	5	1.59
Zidovudine 150mg or 10mg/ml (AZT)	5	1.59
Rifampicin/Isoniazid 150/75mg -Rifinah/Rimactazid(R/H)	4	1.27

Table A5 Impact of stock outs by province, 2017

Province	Contactable	Response	Adult Exceptional Case ARVs	Adult First Line ARVs	Adult Second Line ARVs	Paediatric ARVs	PMTCT (ARV)	Complicated TB	First Line TB	IPT (TB Prophylaxis)	Total
Eastern Cape	420	362	3	35	7	29	2	4	5	4	89
Free State	159	125	0	6	3	12	0	5	4	3	33
Gauteng	185	93	6	8	0	9	0	1	0	0	24
KwaZu-lu-Natal	318	239	2	8	5	9	0	1	1	3	29
Limpopo	284	191	9	13	7	12	0	0	1	3	45
Mpuma-langa	202	195	3	8	2	1	0	1	1	0	16
North West	151	132	1	12	5	11	0	1	0	2	32
Northern Cape	81	66	1	10	1	5	0	0	6	1	24
Western Cape	158	123	1	2	0	0	0	0	0	0	3
Total	1958	1526	26	102	30	88	2	13	18	16	295

Table A6 Impact of stock outs by province - Combined, 2017

Province	Stock Out Impact			
	High Impact	Medium Impact	Low Impact	Total
Eastern Cape	6	52	26	84
Free State	1	25	4	30
Gauteng	2	8	9	19
KwaZulu-Natal	1	10	15	26
Limpopo	0	28	11	39
Mpumalanga	0	12	4	16
North West	5	21	6	32
Northern Cape	0	5	17	22
Western Cape	0	2	1	3
Total	**15**	**163**	**93**	**271**

Table A8 Month of implementation for Test and Treat for ART, 2017

Which month did your clinic start implementing Test and Treat for ART?		
Month ART was Implemented	**Frequency**	**%**
Sep-16	1084	70
Oct-16	118	8
Nov-16	42	3
Dec-16	10	1
Jan-17	25	2
Feb-17	15	1
Mar-17	11	1
Apr-17	41	3
May-17	11	1
Jun-17	20	1
Jul-17	7	0
Aug-17	17	1
Sep-17	27	2
Oct-17	33	2
We have not implemented Test and Treat	86	6

Table A9 Districts with more than 20% of facilities reporting ARV or TB medicine stock outs - Combined, 2017

Province	District	Total Facilities	Not Contact-able Facilities	Contactable Facilities	Responded Facilities	Responded Facilities Dispense ARV	Stock Out Facilities Combined	% Facilities Reporting, Combined / Facilities Dispense ARV
LP	Vhembe DM	6	3	3	2	2	1	50
NC	Pixley ka Seme	35	18	17	13	13	5	38
NC	Frances Baard	39	21	18	14	14	5	36
EC	Alfred Nzo	79	41	38	34	34	12	35
NC	Namakwa	27	7	20	18	18	6	33
GP	Johannesburg MM	132	69	63	33	32	11	33
EC	Buffalo City MM	84	44	40	34	33	11	32
LP	Vhembe	125	53	72	46	45	14	30
FS	Fezile Dabi	44	12	32	27	27	8	30
NW	Ngaka Modiri Molema	105	62	43	40	40	11	28
GP	Sedibeng DM	45	28	17	11	11	3	27
FS	Lejweleputswa	53	21	32	26	26	7	27
EC	OR Tambo	152	78	74	65	64	17	26
NW	Bojanala Platinum	135	85	50	45	45	11	24
EC	Joe Gqabi	63	24	39	32	32	7	22
KZN	uMgungundlovu	37	14	23	14	14	3	21

Table A10 National implementation of SVS by facility, 2017

Does your facility use Stock Visibility Solutions (SVS) to report stock levels to the DOH?		
	Frequency (n=1547)	%
Yes	1280	83
No	217	14
Don't know	50	3

Table A11 Response to SVS effectiveness by province, 2017

SVS reduces the frequency of stock outs at your clinic								
Province	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	No Change	Don't Know	Total
Eastern Cape	20	67	2	4	1	5	1	
Free State	9	85	2	2	0	0	2	
Gauteng	30	51	0	11	2	2	4	
KwaZu-lu-Natal	9	84	2	3	0	1	1	
Limpopo	9	77	6	6	0	1	1	
Mpuma-langa	24	69	1	2	0	1	3	
North West	3	75	4	13	3	3	0	
Northern Cape	20	52	9	13	4	0	2	
Western Cape	35	45	2	10	0	0	8	
Total	**212**	**900**	**36**	**74**	**9**	**23**	**26**	**1280**

Table A12 Survey response to Test & Treat, 2017

Test & Treat increases the frequency of ARV stock outs in your clinic during the three months after starting implementation.									
Province	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**	**No Change**	**Don't Know**	**Refused**	**Total**
Eastern Cape	1	19	1	50	21	4	5	0	
Free State	2	7	0	31	52	2	6	0	
Gauteng	13	11	1	46	4	6	18	0	
KwaZu-lu-Natal	1	25	1	46	19	1	6	0	
Limpopo	1	26	3	61	2	1	6	0	
Mpuma-langa	1	8	1	24	46	1	18	1	
North West	2	18	3	62	1	8	6	0	
Northern Cape	0	13	6	38	17	0	25	0	
Western Cape	2	8	2	24	38	0	26	0	
Total	**25**	**246**	**25**	**641**	**334**	**38**	**150**	**2**	**1461**

Table A13 Common vaccines in stock by frequency and percentage, 2017

Name of Vaccine	Number of facilities that responded (% of total facilities identified)	Number of facilities that do not usually stock the vaccine	Number of facilities that reported the vaccine being OUT OF STOCK	Number of facilities that reported the vaccine being IN STOCK	% of facilities that usually stock vaccines that reported having the vaccine
Rotavirus	1078 (68%)	39	42	997	96%
DTaP-IPV-Hib-HBV	1074 (68%)	37	46	991	96%
Measles	1073 (67%)	30	24	1019	98%

Table A14 Common essential medicines in stock by frequency and percentage, 2017

Name of Medicine (Use in primary health care)	Number of facilities that responded (% of total facilities identified)	Number of facilities that do not usually stock the medicine	Number of facilities that reported the medicine being OUT OF STOCK	Number of facilities that reported the medicine being IN STOCK	% of facilities that usually stock medicine that reported having the medicine in stock
Ceftriaxone injectable (antibiotic)	1078 (68%)	24	38	1016	96%
Enalapril tablets (anti-hypertensive)	1079 (68%)	19	28	1032	97%
Sodium Valproate tablets (anti-convulsant)	1079 (68%)	83	24	972	98%
Metformin tablets (controls blood sugar in diabetes)	1078 (68%)	8	10	1060	99%
Short-acting insulin injectable (lowers blood sugar in diabetes)	1078 (68%)	45	38	995	96%
Salbutamol inhaler (bronchodilator for asthma)	1079 (68%)	5	54	1020	95%
Furosemide tablets (rapid acting diuretic in fluid overload e.g. cardiac failure, hypertension)	1077 (68%)	52	34	991	97%
Ferrous sulphate or Iron and Folate combination tablets (Iron supplement to treat anaemia in chronic diseases and pregnancy)	1078 (68%)	7	44	1027	96%
Magnesium sulphate injectable (Used to treat severe pre-eclampsia and eclampsia in pregnancy)	1072 (67%)	15	30	10237	97%

Table A15 Common psychiatric medicines in stock by frequency and percentage, 2017

Name of Medicine	Number of facilities that responded (% of total facilities identified)	Number of facilities that do not usually stock the medicine	Number of facilities that reported the medicine being OUT OF STOCK	Number of facilities that reported the medicine being IN STOCK	% of facilities that usually stock medicine that reported having the medicine in stock
Amitriptyline tablets (anti-depressant)	1079 (68%)	127	49	903	95%
Citalopram tablets (anti-depressant)	1078 (68%)	396	60	622	91%
Diazepam tablets (sedative)	1077 (68%)	79	17	981	98%
Zuclopenthixol / Flupenthixol / Fluphenazine (anti-psychotic)	1075 (68%)	265	80	730	90%
Haloperidol tablets (anti-psychotic)	1074 (68%)	137	41	896	96%
Risperidone tablets (anti-psychotic)	1072 (67%)	386	50	636	93%
Furosemide tablets (rapid acting diuretic in fluid overload e.g. cardiac failure, hypertension)	1077 (68%)	52	34	991	97%
Ferrous sulphate or Iron and Folate combination tablets (Iron supplement to treat anaemia in chronic diseases and pregnancy)	1078 (68%)	7	44	1027	96%
Magnesium sulphate injectable (Used to treat severe pre-eclampsia and eclampsia in pregnancy)	1072 (67%)	15	30	10237	97%

Table A16 Other medicines and vaccines out of stock, 2017

Are there any other medicines or vaccines out of stock in your facility today?	No response	54
	Don't know	20
	No	657
	Yes	402
What is the name of the medicine or vaccine?	BCG vaccine	98
	Tuberculin skin test	52

APPENDIX 17

Reproductive health rights of women in South Africa under threat, as supply shortages leave health facilities across the country without supplies of contraceptives

23 July 2018, Johannesburg: Public sector supply shortages of contraceptives have been confirmed by the National Department of Health (NDOH) to the Stop Stock Outs Project (SSP). Despite several suppliers being unable to meet demands—in some cases for months on end—and with shortages expected to persist for several months to come, comprehensive guidance for clinics on how to manage this crisis has not been forthcoming from the NDOH.

"The current shortage of all contraception, coupled with the near absence of access to abortion services in many parts of the country places women at increased risk of unwanted pregnancy and undermines their reproductive and contraceptive health rights," says Dr Indira Govender, rural doctor, RuDASA member and member of the Stop Stockouts Project (SSP) Steering Committee.

Affected products that are in short supply include various dosages of the oral contraceptive levonorgestrel/ethinyl estradiol triphasic (also known as Trigestrel or Triphasil), and the injectable contraceptive norethisterone enanthate (also known as Nur-Isterate). Supplies are not expected to return to normal until November 2018 at the earliest. While other contraceptives are available, supplies of these alternatives are also becoming depleted in clinics as their use has widened.

Patients and healthcare workers in contact with the SSP have indicated an increasing problem across the country, and many women are being turned away from clinics without any contraception. "Most women depend on public health services in South Africa, and can't afford to purchase contraceptives from private pharmacies," says Dr. Govender. "We urge both the National and Provincial Departments of Health to act swiftly to identify where stock outs are occurring, and direct supplies to where they are most needed. At the same time, suppliers with production problems must work quickly to resolve these issues—and manufacturers that do have extra stock on hand should make it available to the NDOH at an affordable price.

The SSP is calling for:

- Immediate intervention by the National Department of Health to ensure the uninterrupted availability of contraceptive medicines at facilities. This should include the collection and dissemination of up-to-date information on shortages across all parts of the supply chain, and to the public to avoid a major health crisis.
- Comprehensive guidance from the NDOH to be immediately disseminated to all public health facilities and the public at large, to ensure facilities are clear on which alternatives to provide in the absence of certain contraceptive products, and make the public aware of their rights and contraceptive options;
- Provincial departments of health to ensure that facilities are comfortable offering all contraceptive options (including IUCD insertions and implants), and provide training where needed;
- Rapid approval of any applications to the South African Health Products Regulatory Authority that would facilitate the availability of additional quality-assured contraceptive supplies in South Africa

The SSP has been proactively engaging with patients, health care providers and other partners to identify and address all essential medicine shortages. "We will continue to work closely with the NDOH and provincial departments of health, to mitigate the impact of these contraceptive shortages and to provide updates on medicine shortages reported through the SSP hotline. Going forward it is critical to improve the ability of health systems to diagnose and solve supply issues as they arise," Dr. Govender says.

"We are also very concerned about extremely limited access to safe termination of pregnancy services in public health facilities, even though constitutionally, everyone has the right to reproductive health care services and South Africa has one of the most progressive abortion access laws in the world. To have a complete failure in the contraceptive supply system, but also fail to provide information on or access to safe termination of pregnancy services will likely result in a growing number of unplanned and unwanted pregnancies, and unsafe abortions. The inadequate DOH response has been insufficient and really smacks of a lack of commitment to reproductive and women's rights," concluded Dr. Govender.

The SSP is a civil society consortium monitoring and reporting on the availability of essential medicines, childhood vaccines and chronic medicines in South Africa.

APPENDIX 18

MEDICINE STOCKOUTS: A NEW DISASTER LOOMS

Stocks of 2nd and 3rd line antiretroviral drugs (ARVs) and contraceptives have run out across the country – a crisis that has been developing over the past two months. The Stop Stockouts Project (SSP) has been in communication with the National Department of Health (NDoH), which is aware of the medicine stockouts. However, no clear plan has been provided on how to address these shortages, beyond identifying and reporting them. "International API (active ingredient) shortages are also to blame and lives are at stake," says acting manager, SSP and CEO, Southern African HIV Clinicians Society (SAHCS), Lauren Jankelowitz.

Following the shortages earlier this year in mainly the North West Province when industrial action led to stockouts of essential medicines, the latest stockouts represent a national crisis. According to SSP information, Mpumalanga is the worst hit, followed by the North West, Gauteng, Limpopo, Eastern Cape, Free State, and KwaZulu-Natal. No reports have been received from the Northern Cape yet.
"Responsibility for this monumental crisis lies at the door of the affected provincial and national departments of health. The SSP hotline for any party to report stockouts nationally has been inundated with calls and requests for assistance," says Jankelowitz.

A robust supply chain and uninterrupted access to medication is crucial in ending HIV. Stockouts of ARVs interrupt treatment, increasing the risk of opportunistic infections, treatment failure, ARV drug resistance and ultimately death, explains Jankelowitz. In addition, stockouts place a further burden on patients who must often travel long distances to reach a health facility. Having to repeatedly return to a clinic and spend extra money on transport and childminding services can lead to indebtedness and a constrained ability to put food on the table and purchase other essentials.

Both the SSP and the Southern African HIV Clinicians Society (SAHCS) point to ongoing efforts to arrest this crisis. This includes routine monitoring reports, telephonic surveys of facilities to monitor stockouts, and a hotline where patients and facilities can report stockouts. This information is escalated to NDoH. Furthermore, the SAHCS has developed clinical guidelines on alternative medicines that patients can use while supplies are being resolved.

"Communication from NDoH has been limited and without a clear action plan to immediately resolve this crisis. We are at a loss as to how to proceed, and frankly a little stunned at how poorly these stockouts and any clinical guidance have been communicated to healthcare workers on the ground. It's a ticking time bomb," says Jankelowitz.

There has been no response to a request by SSP in April this year, during the North West strike, urging the NDoH to investigate why supplies were not being delivered; where the bottlenecks were and why there was a backlog in the first place – although it was officially blamed on industrial action over unrelated employment issues by staff at distribution points in the province.

"If there is indeed no budget as indicated by the NDoH, we need to get to the bottom of why this is the case and what will be done about it," Jankelowitz says. "We call on all parties – government, suppliers and healthcare workers – to work together to resolve this disaster and are considering asking countries with surplus supply to help fill the gap temporarily, while we wait for South Africa's suppliers to step up production.

APPENDIX 19

PRODUCTIVE MEETING TO TACKLE DRUG SHORTAGES

The Stop Stockouts Project (SSP) consortium members have met with the National Department of Health (NDoH) Director-General: Health, Ms Malebona Matsoso, Provincial Departments of Health heads along with drug suppliers to urgently find ways to resolve ongoing shortages of certain antiretroviral drugs (ARVs) and contraceptives in public health clinics across the country, and which threatens to become a national crisis.

On the agenda was the extent of the shortages, measures that have been put in place to secure additional supply, and strategies to ensure that sufficient stock is available at facilities.

According to acting manager, SSP and CEO, Southern African HIV Clinicians Society (SAHCS), Lauren Jankelowitz, the five-hour hastily convened meeting at the NDoH head office in Pretoria on Tuesday was positive, with all groups agreeing to work together to ameliorate the impact of stockouts and get supplies back to required levels as soon as possible.

National and some Provincial Departments of Health have been grappling with a worsening situation – including total stockouts in some areas – regarding first-, second-and third-line ARVs and some contraceptives. It is feared that, if unresolved, the situation might impact direly on the treatment regimens of patients, with potentially fatal consequences.

"All the provincial heads from Department of Health attended the meeting and we can start to build sound relationships with them to shorten lines of communication for timeous decisions when we identify a problem area," says Jankelowitz.

The situation has seen SSP and the National and Provincial Departments of Health locked in a war of words over the perceived way the situation was being resolved, with the NDoH calling for Tuesday's urgent meeting.

The NDoH committed to resolving the problems by the end of the year.

NOTES

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To report medicine stockouts and shortages:
Send a Please Call Me, SMS, or Phone 084 855 7867
Email: report@stockouts.org