Patients at the centre of Supply Chain Reform:
MSF Regional Stock Out Initiatives
November 18th 2015 – HHL Conference Johannesburg

Workshop Presenters:
Mark McCaul, Sue Tafeni, Chipo Takawira
Workshop Planning:

- Short Overview 90-90-90 and where we are at in terms of statistics
- Task-shifting and the Tiered Model of Care
- South Africa Stop Stock Outs Program
- Stop Stock Outs Initiative Mozambique

End Discussion Point: What are the next steps in supply chain reform for ART treatments and what is needed to achieve them?
HIV care for epidemic control
Ambitions vs reality

37 million people living with HIV
- 90% of them know their status (33 million people)
- 90% of them initiated on ART (30 million people)
  - 81% of the total
- 90% of them with undetectable viral load (27 million people)
  - 73% of the total

55% of them know their status (20 million people)
75% started on antiretroviral treatment (15 million people)
45% with an undetectable viral load* (7 million people)

Treatment cascade or treatment cliff? Successful HIV treatment, as measured by an undetectable viral load, is key for epidemic control.
Reaching the 90:90:90 UNAIDS targets will require considerable future commitment and investment.

Source: UNAIDS

*Fox MP; Rosen S. Retention of Adult Patients on Antiretroviral Therapy in Low- and Middle-Income Countries: Systematic Review and Meta-analysis 2008-2013
Tiered Model of Care & Task Shifting

The levers of tiered care

- ART initiation/refills
- Clinical monitoring
- Adherence support
- Laboratory tests
- OI treatment
- Psychosocial support

Service intensity

Service frequency

Monthly
- Bi-monthly
- Every 3 months
- Every 6 months

People

Service location

Health worker cadre

Physician
- Clinical Officer
- Nurse
- Pharmacist
- Community Health Worker
- Patient/peer/family

HIV clinic/hospital
- Primary care clinic
- Other clinic
- Community
- Home
Stop Stock Outs Program (SSP) - South Africa

Stock Outs in South Africa
The Crisis Continues

2014 Stock Outs Survey

Stop Stockouts
084 855 STOP(7867)
Report Medicine Stock Outs
reports@stockouts.co.za

Did you get all of your medication today?
REPORT MEDICINE STOCK OUTS

Send us a
- Please Call Me
- SMS
- Phone us or missed call us

Our hotline number is 084 855 7867

The Stop Stockouts Project (SSP) is an organization that monitors availability of essential medicines in government clinics and hospitals across South Africa.

www.facebook.com/stockouts @Stop_Stock_Outs

Rudasa TAC SECTION27

MEDECINS SANS FRONTIERES

Rural Health Advocacy Project +SECTION27
catalysts for social justice
SSP South Africa - Overview

Guiding Pillars:

1. **Voice** - Patients and HCWs - voice and empowered to hold their health system accountable and report on stock outs - Citizen based reporting = end user data

2. **Influence** – Civil society is able pressure government and other stakeholders to respond in the short and long term + acceptance of the use of civil society monitoring as an effective parallel monitoring system for service delivery

3. **Sustain** - Develop a long term sustainable programme

Activities:

✓ Collect and Maintain data on ART Stock Outs via survey
✓ Use the survey data to create awareness and mobilize communities
## Methodology Overview

<table>
<thead>
<tr>
<th><strong>Respondent</strong></th>
<th>Pharmacist, Pharmacy Assistant or Person who orders your medication</th>
</tr>
</thead>
</table>
| **Name of HIV/TB Medication** | Name of HIV/TB Medication, Dosage (Adult or Paediatric formulation)  
Ongoing (stock out today) and Previous 3 months - range |
| **Facility Action** | 6 Categorical choices |
| **Patient Impact** | No, Smaller or Full supply |
| **Vaccines and other indicator medicine stock outs** | Out of stock today, In stock, Do not stock |

- **Total Cost:** $3180 USD
- **Annually; Via Telephone; 22 questions**
2014 Results

- 2432 out of 3827 facilities contacted
- Nationwide, 2864 out of 3732 facilities were contactable by phone within three attempts (In 2014, an additional 3 phone surveyors were employed to increase contacts)
% Facilities reporting at least 1 ARV/TB stock out in the preceding 3 months
### 2014: Patient Consequences - Definitions

<table>
<thead>
<tr>
<th>Facility Action:</th>
<th>Patient Left Facility With:</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Impact:</td>
<td>No medication</td>
</tr>
<tr>
<td>Referred or turned patients away</td>
<td></td>
</tr>
<tr>
<td>Medium Impact:</td>
<td>A smaller supply</td>
</tr>
<tr>
<td>Referred or Borrowed</td>
<td>A smaller or full supply</td>
</tr>
<tr>
<td>Switched to a different drug</td>
<td>A smaller or full supply</td>
</tr>
<tr>
<td>Switched to a different dosage, pill</td>
<td>A smaller or full supply</td>
</tr>
<tr>
<td>burden increased</td>
<td></td>
</tr>
<tr>
<td>Received a less optimal medicine or</td>
<td></td>
</tr>
<tr>
<td>regimen</td>
<td></td>
</tr>
<tr>
<td>Low Impact:</td>
<td>A full supply</td>
</tr>
<tr>
<td>Borrowed</td>
<td></td>
</tr>
<tr>
<td>Switched appropriately to a different</td>
<td></td>
</tr>
<tr>
<td>medicine</td>
<td></td>
</tr>
</tbody>
</table>

#### 2013
- Shortened supply given: 15%
- Left with no medication: 20%
- Changed regimen/dose: 29%
- Borrowed medication: 36%

#### 2014
- High Impact (no meds): 22%
- Medium Impact: 33%
- Low Impact: 45%
Community Engagement Activities:
1. Monitor patient stock outs in parallel with system stock outs
2. Unroll SSP into mainstream community (4 target districts)

Methodology:
1. Enable TAC/SSP Trainers (mobilizers)
   - Run community workshops, distribute materials, monitoring of stock outs in health clinics, mobilize other patients to report, follow-up on selected stock outs, Quarterly leadership training
2. Capitalize on Media Channels and Media Awareness
   - Grassroots community radio and newspaper activities and media training to community media
   - Collect more patient stories, and profile on media platforms (2015 film on patient testimonies in Eshowe, KZN)
Summary:
- Stop Stock Out (SSO) Mozambique was initiated in 2014 to look into the frequent inability of patients to access medications
- Program has been renamed ‘Juntos pelo Acesso aos Medicamentos’ (JAM) to reflect the centrality of community engagement, healthcare workers, local authorities and other stakeholders to ensure better supply chain management and most importantly to ensure access to medicines for patients.

3 Main Axis of JAM:
- Patient Empowerment;
- Stock Management Mentorship; and
- Finding resolutions for Supply Chain Bottlenecks
Core Objective
Raise patient awareness and capacity to respond on their rights to free HIV, TB and other essential drugs available for them whenever needed.

Anticipated Outcomes
Patients should:
✓ Have awareness about the importance of uninterrupted treatment;
✓ Have knowledge about their constitutional right to demand access to care and medicines;
✓ Ask questions or complain when sent back home due to lack of medicines; and
✓ Have the proper tools and platform to report to the relevant authorities.
✓ Be encouraged to take part in providing their own solutions.
Methodology

- MSF provides community trainings on medicines, stock outs, responsibilities and rights of the patients to access free care, etc.
- Toll-free lines have been set-up for patients or healthcare workers to call and report whenever they face any difficulty getting their drugs.

Geographical Scope

- Initially focusing mainly on training the patient communities members in six health centres in Tete City, Changara, Marara and Moatize districts,

Follow up Activities

- Follow up of each case is done by the JAM team, who interacts directly with the health centres’ pharmacists, district and provincial warehouse representatives until a solution is found and the drug is available in the facility.
Results:

✓ 129 reports since April 2015
✓ All ARV cases resolved - 29% within 24hrs; 40% within 48hrs; 71% within 7 days (rolling scale)
Objective:

- Assist pharmacists in gaining a better overview of their stocks, consumption and forecasting through training and regular support visits

Scope and Data Collection:

- Program is currently running in 12 health facilities in Changara and Moatize
- Baseline analysis using standard pharmacy indicators was conducted between October and December 2014.
- Health facilities were scored on indicators related to store management, stock control, HR and order quality.
- An electronic ARV stock management tool was introduced June 2015 in 3 health facilities. – This activity to be taken over by CHASS
Results are shown here - Worst performing health centres in red, the best in green and the mediocre in yellow.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Stock condition</th>
<th>Stock recording</th>
<th>Management</th>
<th>Dispensing Practice</th>
<th>HR</th>
<th>Extra</th>
<th>Comments</th>
<th>Assessment Dashboard color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matambo</td>
<td>weak stock mg and organization</td>
<td>absent</td>
<td>weak MMIA</td>
<td>acceptable</td>
<td>low capacity and inability to prevent gaps</td>
<td></td>
<td>Shelves to be given</td>
<td>41</td>
</tr>
<tr>
<td>Marara</td>
<td>very good</td>
<td>very good</td>
<td>very good</td>
<td>very good</td>
<td>motivated</td>
<td></td>
<td></td>
<td>95</td>
</tr>
<tr>
<td>Kachembe</td>
<td>terrible, dirty and disorganized</td>
<td>almost absent</td>
<td>good MMIA</td>
<td>but not FEFO</td>
<td>acceptable</td>
<td>low capacity</td>
<td>Window to be fixed</td>
<td>32</td>
</tr>
<tr>
<td>Mazoe</td>
<td>dirty and lack of ventilation</td>
<td>almost absent</td>
<td>good</td>
<td>acceptable</td>
<td>low capacity</td>
<td></td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>Chipembere</td>
<td>weak stock mg and organization</td>
<td>good</td>
<td>MMIA and FEFO well performed but low control on stock level</td>
<td>acceptable</td>
<td>good</td>
<td></td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>Drunga</td>
<td>very good</td>
<td>good</td>
<td>very good</td>
<td>very good</td>
<td>very good</td>
<td></td>
<td>chair to be given</td>
<td>86</td>
</tr>
<tr>
<td>Changara</td>
<td>good</td>
<td>very good</td>
<td>very good</td>
<td>good</td>
<td>good</td>
<td></td>
<td>Night clinic did not receive anything and we sent all STI drugs to the gap</td>
<td>62</td>
</tr>
<tr>
<td>Missawra</td>
<td>dirty and untidy</td>
<td>absent</td>
<td>good MMIA</td>
<td>but not stock card updated</td>
<td>acceptable</td>
<td>not motivated</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Ntemangau</td>
<td>terrible, dirty and disorganized</td>
<td>absent</td>
<td>absent MMIA and Inventory, low control on stock level</td>
<td>acceptable</td>
<td>low capacity</td>
<td>shelves and pallets to be given</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Tete HC n.2</td>
<td>good</td>
<td>good</td>
<td>good</td>
<td>good</td>
<td>good</td>
<td></td>
<td></td>
<td>72</td>
</tr>
<tr>
<td>Tete HC n.3</td>
<td>good</td>
<td>good</td>
<td>good MMIA</td>
<td>inventory well performed but expired drugs not separated</td>
<td>good</td>
<td>good</td>
<td>Night clinic have low stock of Azithromicin</td>
<td>54</td>
</tr>
<tr>
<td>Tete HC n.4</td>
<td>good</td>
<td>good</td>
<td>very good</td>
<td>good</td>
<td>good</td>
<td></td>
<td></td>
<td>78</td>
</tr>
<tr>
<td>Mozite</td>
<td>good</td>
<td>good</td>
<td>good</td>
<td>really good</td>
<td>good</td>
<td></td>
<td>Night clinic orders are lacking STI and there is an abuse of consumption of Azithromicin</td>
<td>86</td>
</tr>
</tbody>
</table>
MSF Regional Stock Out Initiatives

Future:
✓ Continue to represent Patient Realities
✓ Continue to look for Innovative Solutions
✓ Continue to focus on Community Engagement
✓ Continue to establish and monitor Baseline Data on Stock Outs

Discussion Point: What are the next steps in supply chain reform for ART treatments and what is needed to achieve them?