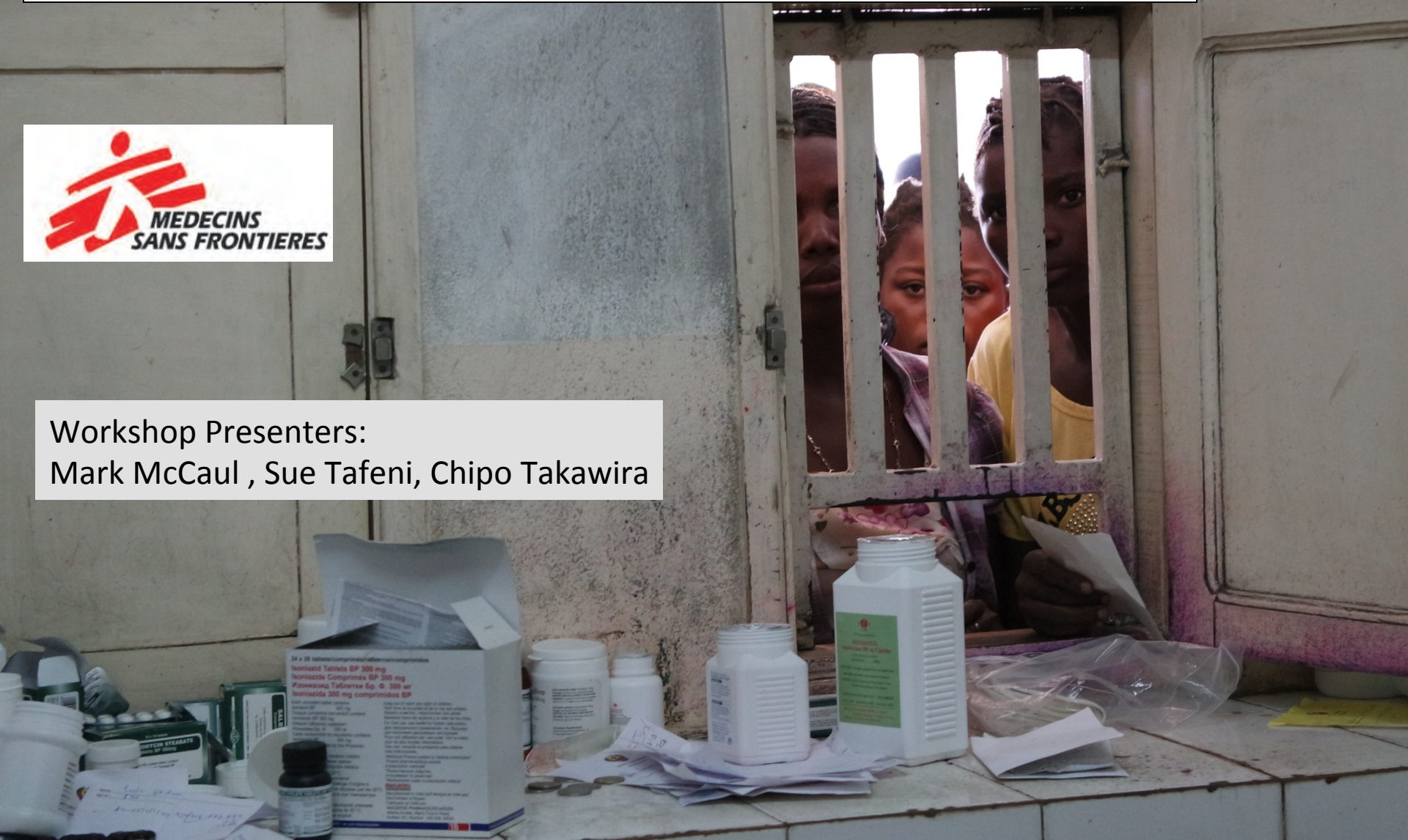


Patients at the centre of Supply Chain Reform: MSF Regional Stock Out Initiatives November 18th 2015 – HHL Conference Johannesburg



Workshop Presenters:
Mark McCaul , Sue Tafeni, Chipo Takawira



MSF Regional Stock Out Initiatives

Workshop Planning:

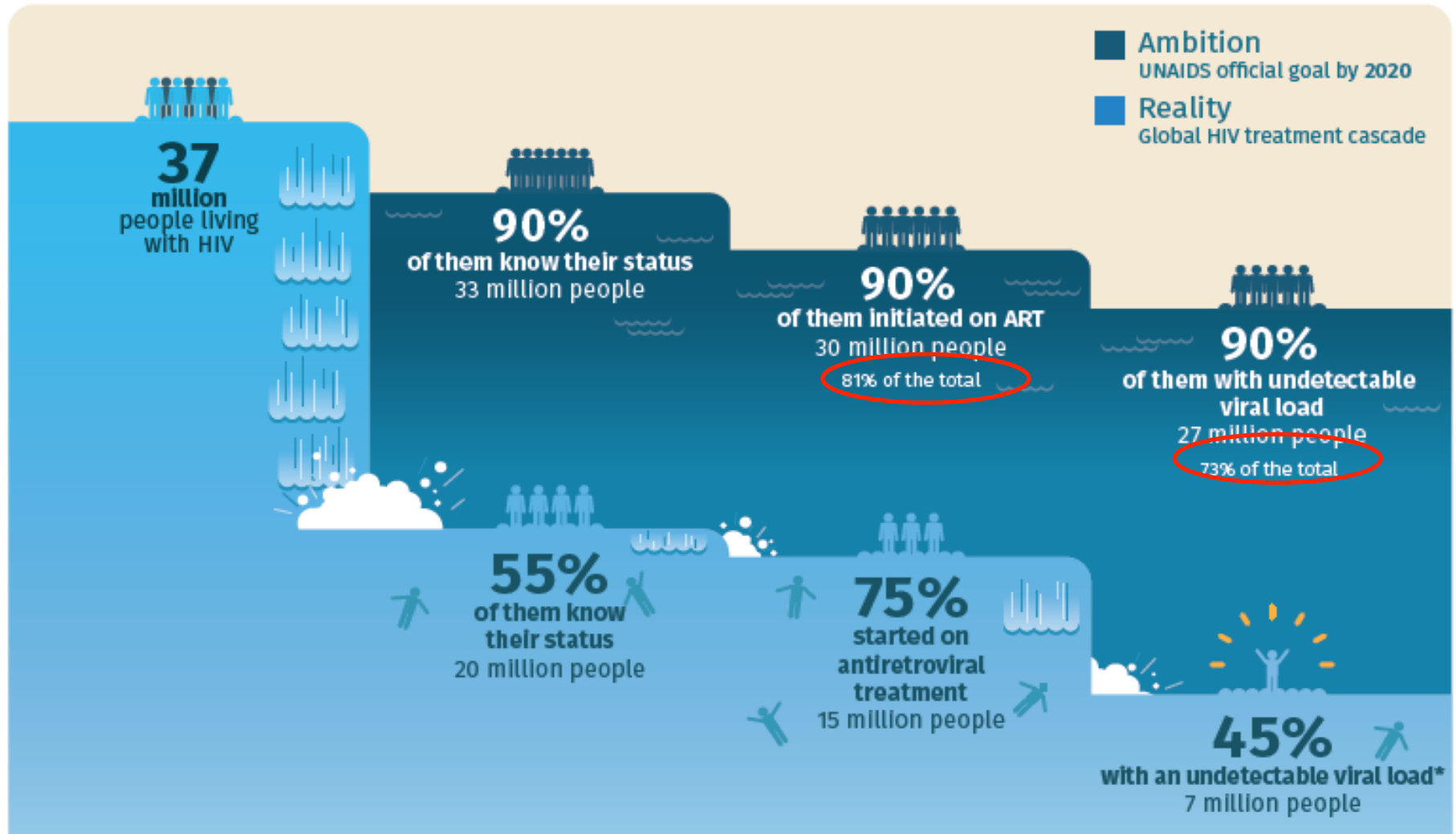
- ✓ Short Overview 90-90-90 and where we are at in terms of statistics
- ✓ Task- shifting and the Tiered Model of Care
- ✓ South Africa Stop Stock Outs Program
- ✓ Stop Stock Outs Initiative Mozambique

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



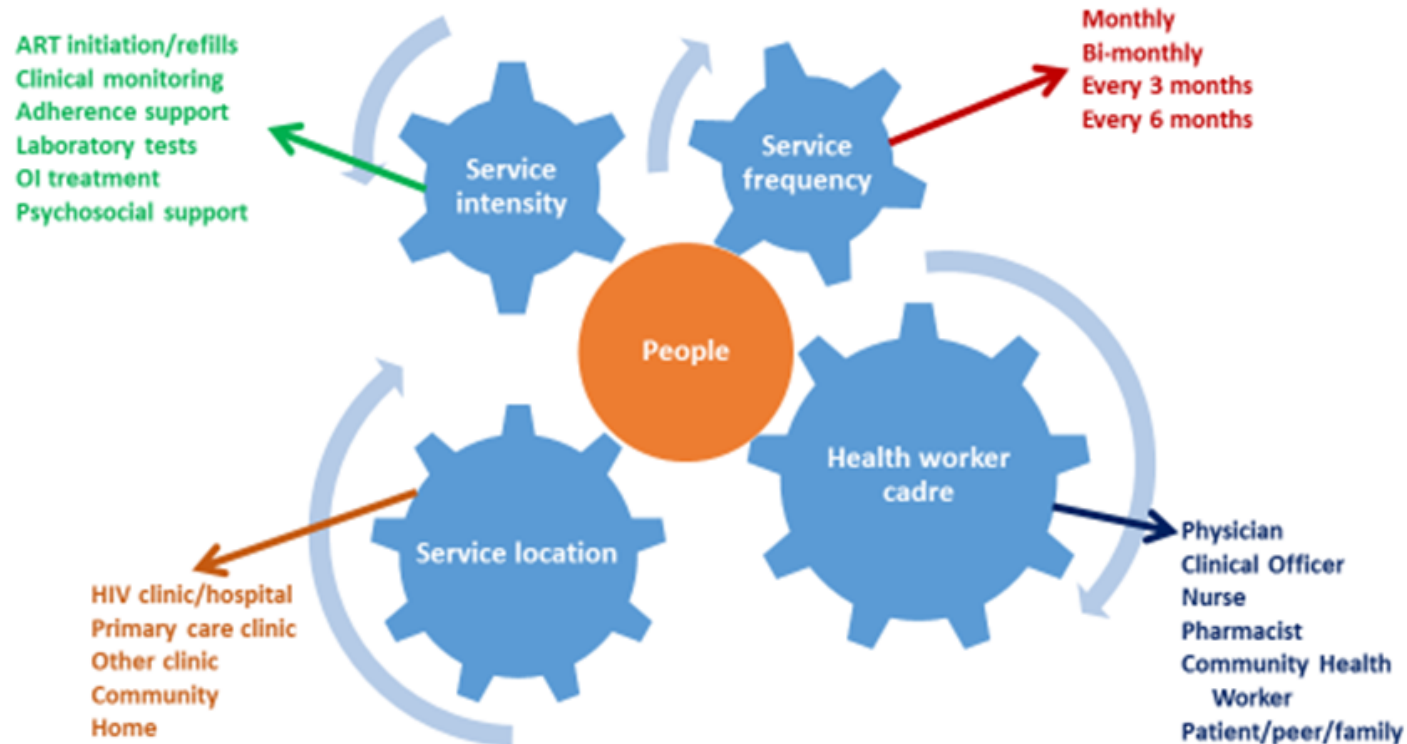
Treatment cascade or treatment cliff? Successful HIV treatment, as measured by an undetectable viral load, is key for epidemic control.

Reaching the 90:90:90 UNAIDS targets will require considerable future commitment and investment.



Tiered Model of Care & Task Shifting

The levers of tiered care





Stop Stock Outs Program (SSP) - South Africa

Stock Outs in South Africa
The Crisis Continues

STOP
STOCKOUTS



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



Our hotline number is 084 855 7867

STOP
STOCKOUTS

The Stop Stock Outs 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



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



SSP South Africa – Survey Methodology

Methodology Overview	
Respondent	Pharmacist, Pharmacy Assistant or Person who orders your medication
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

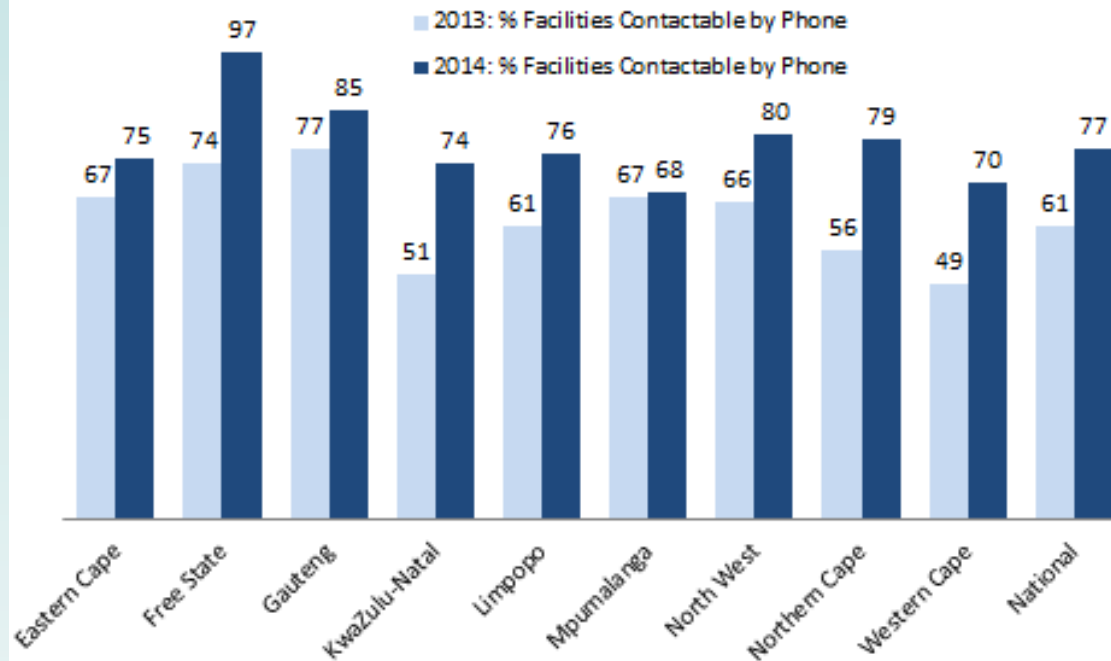
- Total Cost: \$3180 USD
- Annually; Via Telephone; 22 questions

SSP South Africa – 2014 Results

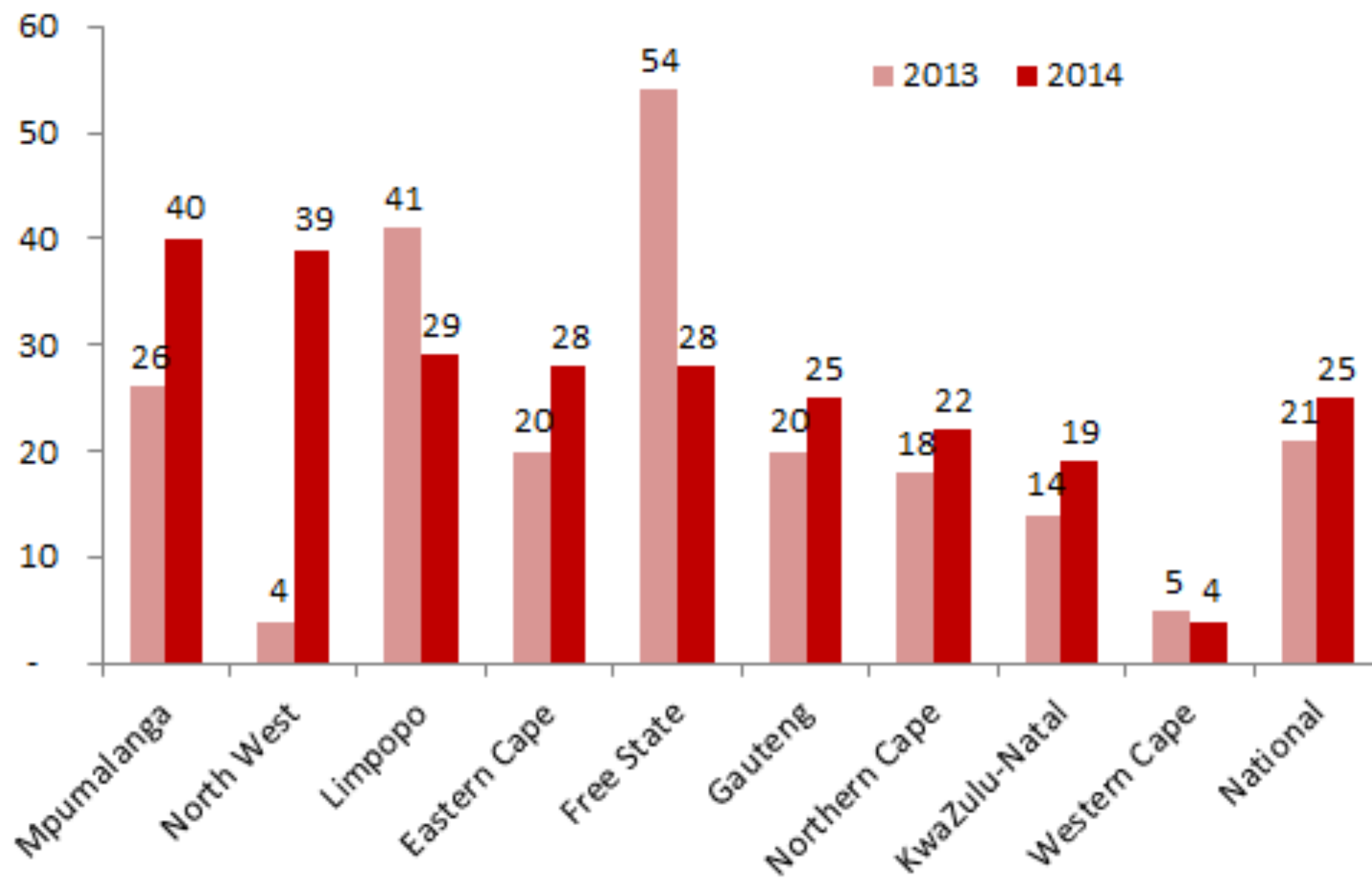
■ 2014 Results

○ 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)



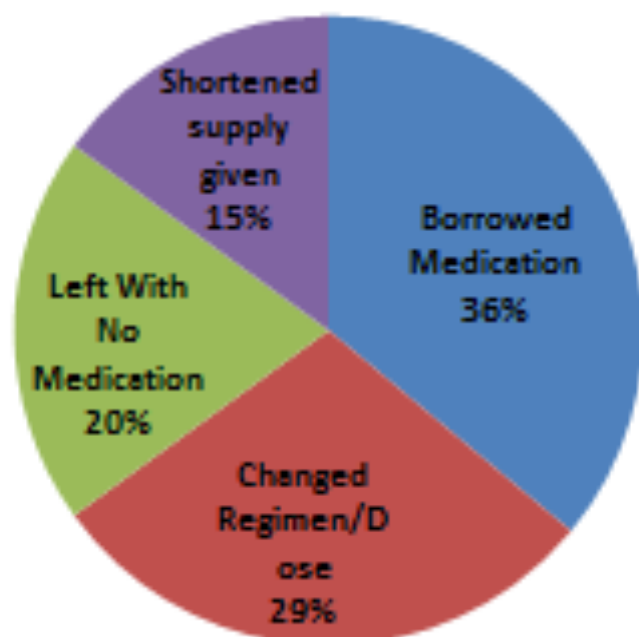
% Facilities reporting at least 1 ARV/TB stock out
in the preceding 3 months



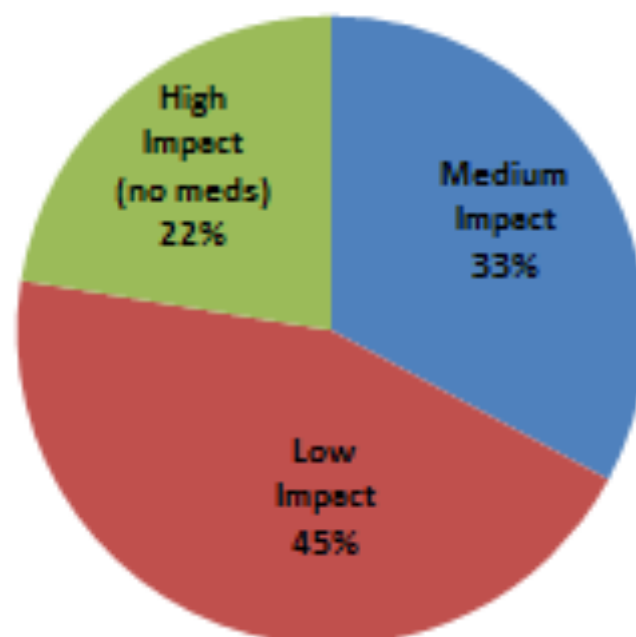
2014: Patient Consequences - Definitions

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

2013



2014



SSP South Africa – Community Engagement

Community Engagement Activities:

1. Monitor patient stock outs in parallel with system stock outs
2. Unroll SSP into mainstream community (4 target districts)

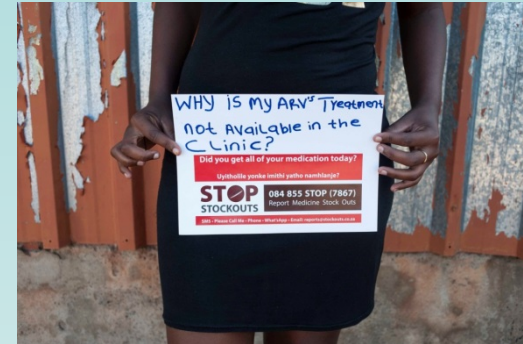
Methodology:

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)



Mozambique – More complicated...

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



JAM – Patient Empowerment

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

JAM – Patient Empowerment

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,

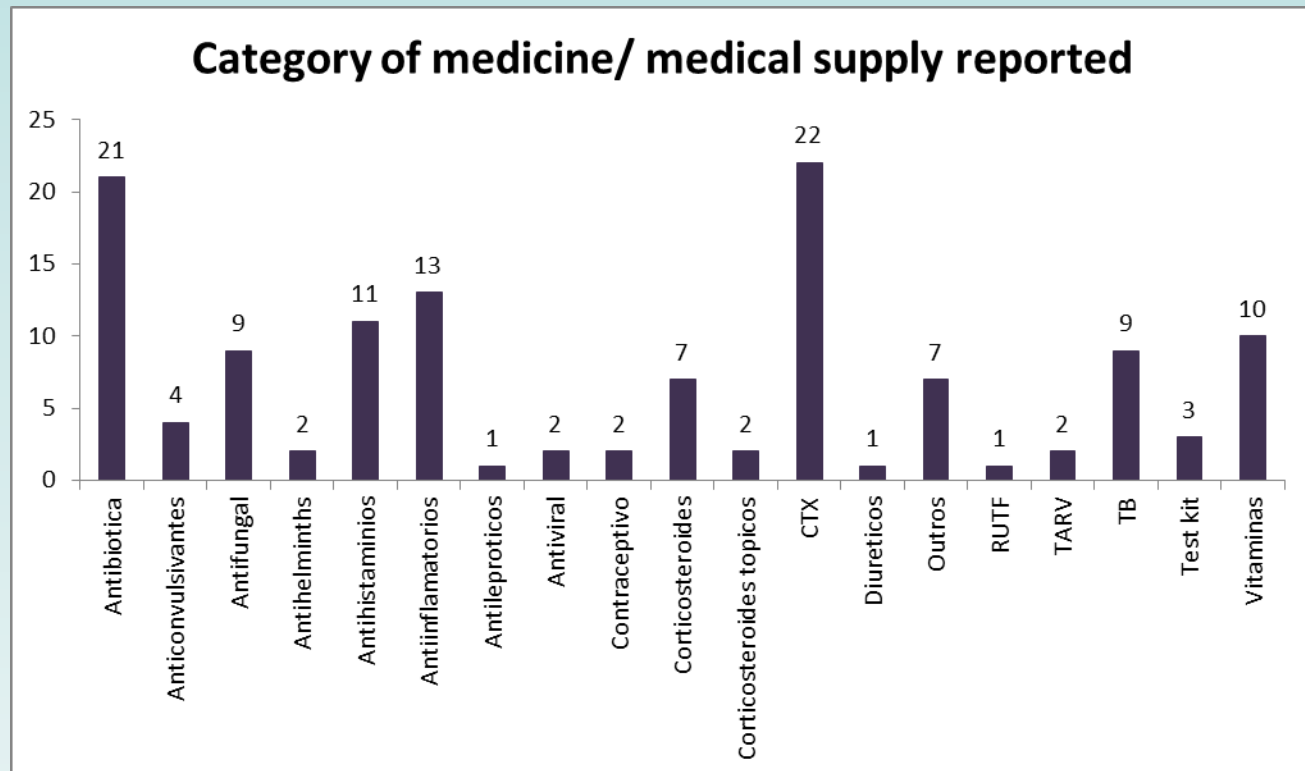
Follow up Activities

- 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.

JAM – Patient Empowerment

Results:

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



JAM – Stock Management Mentorship

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*



JAM – Stock Management Mentorship

Results are shown here - Worst performing health centres in red, the best in green and the mediocre in yellow.

<u>Facility</u>	<u>Stock condition</u>	<u>Stock recording</u>	<u>Management</u>	<u>Dispensing Practice</u>	<u>HR</u>	<u>Extra</u>	<u>Comments</u>	<u>Assessment Dashboard color</u>
Matambo	weak stock mng and organization	absent	weak MMIA	acceptable	low capacity and inability to prevent gaps		Shelves to be given	41
Marara	very good	very good	very good	very good	motivated			95
Kachembe	terrible, dirty and disorganized	almost absent	good MMIA but not FEFO	acceptable	low capacity		Window to be fixed	32
Mazoe	dirty and lack of ventilation	almost absent	good	acceptable	low capacity			65
Chipembere	weak stock mng and organization	good	MMIA and FEFO well performed but low control on stock level	acceptable	good			71
Dzunga	very good	good	very good	very good	very good		chair to be given	86
Changara	good	very good	very good	good	good	Night clinic didnot receive anything and we sent all STI drugs to the gap		82
Missawa	dirty and untidy	absent	good MMIA but not stock card updated	acceptable	not motivated			42
Ntemangau	terrible, dirty and disorganized	absent	absent MMIA and Inventory, low control on stock level	acceptable	low capacity		shelves and pallets to be given	25
Tete HC n.2	good	good	very good	good	good			72
Tete HC n.3	good	good	good MMIA, inventory well performed but expired drugs not separated	good	good	Night clinic have low stock of Azitromicin	construction of larger rooms	54
Tete HC n.4	good	good	very good	good	good			78
Moitize	good	good	good	really good	good	Night clinic orders are lacking STI and there is an abuse of consumption of Azythromicine		86

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?