

BRIEFING :

EMPTY SHELVES. COME BACK TOMORROW.
ARV stockouts undermine efforts to fight HIV

EMPTY SHELVES COME BACK TOMORROW

ARV STOCKOUTS UNDERMINE EFFORTS TO FIGHT HIV



© Andre Francois

STOCKOUTS OF ARVS: PATIENTS' HEALTH LEFT AT THE MERCY OF A DYSFUNCTIONAL SUPPLY CHAIN

Despite large investments in supply chain reforms, ARV stockouts negatively constrain patients' ability to consistently adhere to their medication in sub-Saharan Africa. Whilst UNAIDS recommends doubling the number of people on ART within five years, ARV stockouts due to supply chains that do not 'deliver' up to the patient level are major obstacles to reaching the worldwide 90-90-90 goals: it is only when all patients can access the correct medicines where and when they need them that they can be adherent enough to stay virally suppressed.

Problems faced now in the supply chain should be addressed urgently if we want to achieve the targets with quality. Diverse logistical, managerial, legislative and resource challenges limit the ability of several sub-Saharan African country programmes to offer consistent and timely supplies of ARVs to their patients, either because the drugs do not reach the "last mile" or because critical events like poorly planned changes or scale-up of regimens cause nation-wide shortages of specific drugs.

Whatever their cause, stockouts have a negative impact on patients' motivation or ability to stay in care and ultimately compromise not only their health and wellbeing, but also add to the spreading of resistant virus strains. In contexts where health structures are congested, understaffed and unequipped for necessary scale-up, stockouts undermine both patients and health workers trust in the system.

Stockouts can be prevented or solved through regular active monitoring, when a reactive response and security stocks are available. But countries do not have timely visibility on stocks in the facilities, nor the capacity to react swiftly to pending stockouts. Patients and civil society have taken a role to monitor and report stockouts while holding the health system accountable and proving the desired last level visibility.

Urgent action to establish robust and flexible supply chains is essential in order to serve growing patient numbers with quality services. Although supply chains exist for the purpose of serving the patients, currently there are little examples of country chains that are adapted to the patient's reality. Availability of medicines at patient level should contribute to evaluating the success of national ART programs. National and global actors need to prioritise adapting the supply chain to respond to the patients' realities, needs and demands as a condition to provide a qualitative response against the HIV epidemic.

With official targets against HIV moving away from celebrating gross numbers of ART initiations to insisting instead on quality outcomes of ART programs based on rates of viral suppression, supply chain reforms need to be among the first steps to take to enter the 90-90-90 era.

READ the entire report here:
www.msf.org.za/stockouts

KEY RECOMMENDATIONS

NATIONAL GOVERNMENTS

- Actively monitor supply chain performance by measuring patient access and use this information to prioritize areas of supply chain restructuring as a prerequisite to reach national targets to fight HIV
- Initiate or strengthen national forums for data exchange and information sharing between all key stakeholders, including patient representatives. The forum should highlight potential or current ruptures and facilitate efficient replenishment with in country solutions where possible
- Adapt legislation to allow for effective decentralisation of ART supply, including task-shifting of dispensing and distribution to lay cadres and multiple months refill for stable patients.
- Coordinate with neighboring countries on exchange of supply chain experiences, challenges and solutions and allow for swift regional exchange of medicines to avoid national stockouts and overstocks.
- Implement flexibilities of in-country intellectual property legislation to ensure constant availability of multiple sources of key medicines.
- Enable patients, civil society and community-based organisations to actively understand, contribute, develop solutions, and flag issues relating to their access to critical medication. The end-level reporting data should be used to provide end-level visibility or as a parallel source of information to complement internal monitoring mechanisms when these are present.

FUNDING AND IMPLEMENTING PARTNERS

- Develop standard indicators to monitor access to ART at patient level and measure impact on patient outcomes. Patient level access indicators should serve as an objective representation of supply chain efficiency and improvement and as an early warning indicator for ART resistance.
- Assist governments to develop and implement robust data collection systems at patient level to support forecasting and quantification by combining data on ART stock levels with patient access data, and for effective early warning on stock out risks.
- Include supply chain in all funding initiatives for ART, including all related operational costs required for medicines provision. This includes, but is not limited to, last mile delivery costs, national and/or regional buffer stock and emergency distribution mechanism to respond quickly to local and/or national shortages.
- Pilot, evaluate and document supply chain innovations that recognise the real constraints of individual contexts and patient realities. Solutions need to take into account easy access for patients, and recognition of human resource capacity in the affected areas.
- Ensure early warning and response systems at national and peripheral level to identify shortages, to prevent stockouts or solve them rapidly to limit patient impact.
- Provide adequate technical assistance in country to restructure supply chain systems, including training to develop in-country logistics capacity.

WHO AND UNAIDS

- Support or initiate regional forums for neighbouring countries to identify and exchange best practices, common constraints, and facilitate swift cross-border solutions to respond to stockouts and overstock in emergency situations.
- Support coordinated implementation of changes in ART guidelines, both in country and as an international level, through provision of clinical guidance, supply support and necessary emergency stocks and procedures to respond to shortages and stockouts.
- Support implementation and dissemination of experience on patient centered approaches to ART delivery, promoting task-shifting of dispensing and distribution for community ART access and multiple month refills.
- Ensure international coordination to pool information on global demand for medicines and ensure global supply security, including the creation of mechanism for transparent and rapid information sharing between suppliers, country programs and international stake holders.

CIVIL SOCIETY ORGANIZATIONS

- Civil society, community based organizations, communities and PLHIV should mobilize and advocate for availability of medicines by monitoring and reporting challenges, holding the health system accountable and bringing the patient perspective on how medicines should be delivered.



TESTIMONIES

“Stockouts are extremely frustrating. Because of stigma, it’s very difficult to convince people to get on ARVs, and once they’re adherent we have to tell them that there are no medicines available! What will they think of this? It angers me”

Bijou Luboya Mudimba, nurse in charge of pharmacy in Bomoto health center, Kinshasa, DRC

“It’s much better when us patients can group together to access our drugs through community ART groups. I would rather have long refill periods, five months or more, for my ARVs”

Grace Hotti, ART patient, Nsanje, Malawi.

“I was given alternative treatment because Tenofovir tablets were out of stock, and I reacted badly to it, it made me feel very depressed. I phoned the Stop Stockouts Project hotline in February 2015. A week after reporting this incident, I received a call from the clinic to let me know that my treatment was available again”

Patient (46 years old) from South Africa.

“Once I was without my medication for two weeks because of stockouts, and I ended up buying two weeks worth of cotrimoxazole on the market. But a health center should never run out of medicine! Otherwise we may end up having to switch to second line ARVs or get sick because of opportunistic diseases. At that time I kept silent – not because I was afraid to report, but because I didn’t know I had the right to do so. But now I would. In fact people know I’m an activist, so I’m often approached by those who suffer from stockouts”

Bernardo Suarte Raiva, from Changara, Tete province, Mozambique.