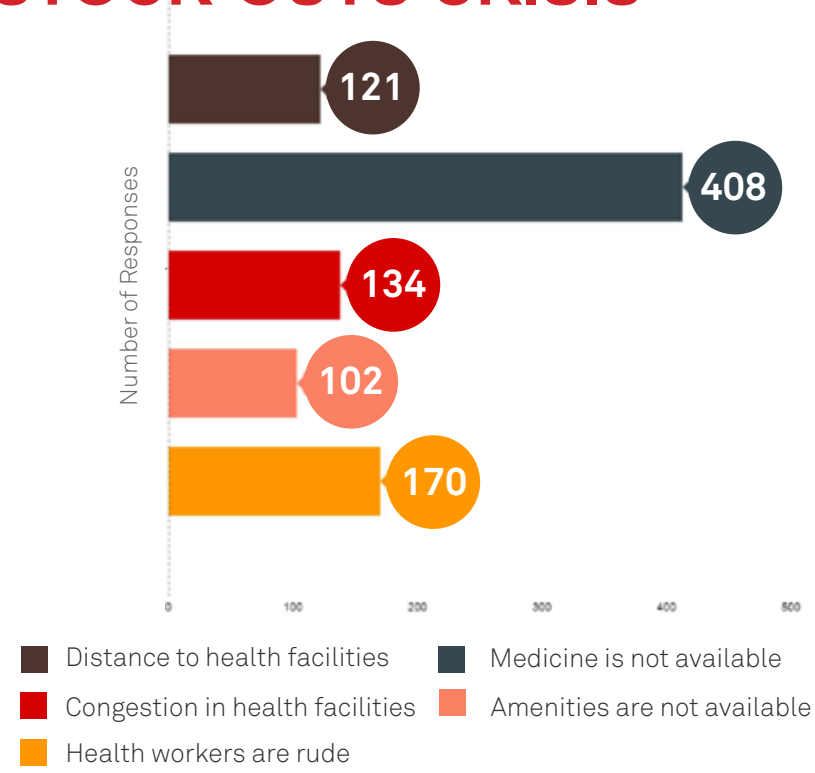
IMPLICATIONS OF THE CURRENT MEDICINES STOCK-OUTS CRISIS

Poll Question One

What is the major challenge you face when seeking health services in public facilities?

1,024 Total Number of Responses

Radio Stations Radio Simba, Radio WA



Introduction

Essential medicines and health supplies (EMHS) form one of the six building blocks of the health system and determine its functionality. They improve health and save lives when they are available, affordable, of assured quality and properly used. In Uganda's case, they are one of the first considerations in seeking healthcare, are the biggest item in household out-of-pocket health expenditures, and account for the second largest expense in the public health budget, after human resources.[1]Yet, lack of access to essential medicines remains one of the most serious global public health problems.[2]

In recent months, Uganda has experienced a rising shortage of EMHS. And as the stock situation deteriorates, Ministry of Health has instructing service providers' to ration HIV medicines, almost a year after the country adopted a test-and-treat policy for HIV, and formally endorsed 3-6 month medicine refills for HIV treatment clients. There are reports that some clients have resorted to prophylaxis therapy, have been reduced to a seven-day refill cycle, are sharing medicines, or are no longer able to manage opportunistic infections. The country is also experiencing shortages of antimalarials, reproductive health commodities, laboratory reagents, and others. Health facilities are reporting that they have not received response to emergency EMHS requests.[3]

This paper relies on results from a review of Ministry of Health bi-monthly EMHS stock-status reports as well as those from regular rapid assessments of the availability of UN 13 lifesaving commodities for reproductive, maternal, newborn and child health to highlight the EMHS stock-out problem and its implications. The rapid assessments of lifesaving commodities are conducted by HEPS-Uganda, Accountability and Performance Program (GAPP) grantees, institutional members of the Uganda Coalition on Essential Medicines (UCEAM) and those of Northern Uganda Coalition for Health Advocacy (NUCHA) with financial support from Governance, Accountability and Performance Program (GAPP).

Medicine situation: A stock-out crisis

EMHS shortages have gradually worsened from around the start of the year, at both national and service point levels.In February 2017,Ministry of Health highlighted low stocks of anti-malarial medicines Artemether/lumefantrine (ACTs) of all three pack sizes (12, 18 and 24 tablets) at National Medical Stores (NMS). The Ministry further reported the national stocks of Artesunate injection, Tenofovir DF/Lamivudine 300/300mg (NMS), approximately 76% of all ARV formulations (at Joint Medical Store/JMS) and all formulations of fluconazole and Cotrimoxazole to be "below minimum levels". BCG and polio vaccines and most reproductive health commodities were completely stocked out at NMS.

1 Ministry of Health 2015. National Medicines Policy

2 WHO 2004. Equitable access to essential medicines: a framework for collective action. *WHO Policy Perspectives on Medicines*. http://apps.who.int/medicinedocs/pdf/s4962e/s4962e.pdf

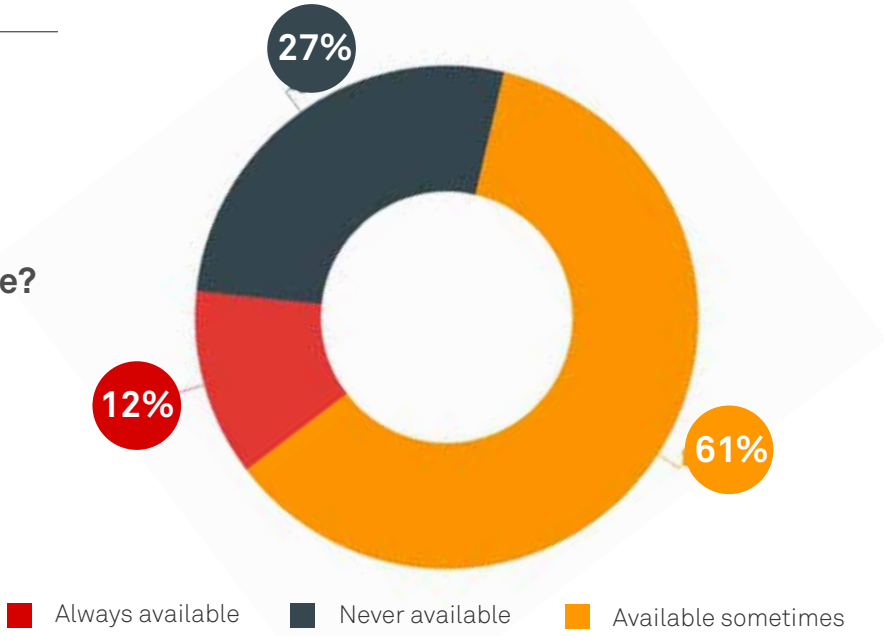
3 Padibe HC IV in Lamwo district has been reported in:

Poll Question Tow

Have you tried to acquire essential medicine from a health facility in the last 3 months, was it unavailable?

2,308 Total Number of Responses

Radio Stations Radio Simba, Radio WA



In June 2017, Ministry of Health reported that NMS had low stocks of ARVs (except for three items), not enough to last the country two months, yet orders expected for the public sector had been delayed. Stocks of ACTs were so low that the Ministry warned of a likely stock out by August. NMS was stocked out of all medicines for opportunistic infections, save for Cotrimoxazole, for which the stock was only enough for 2.5 months. And there being no order in the pipeline, Cotrimoxazole too, was projected to be stocked out for the rest of the year. Stock outs of reproductive health commodities had worsened, with only Depo Provera available.

In August, amidst a public outcry, Ministry of Health reported "massive" stock-outs of many commodities, including ARVs, antimalarial, laboratory reagents for TB, and reproductive health commodities. Shipments were expected in Government of Uganda and Global Fund procurements starting August.

However, the Ministry October update report shows that NMS has low stock levels (less than 3 months) for most of the ARV commodities and ACTs, and there is risk of stock out of HIV test kits. Commodities reported to be out of stock include Cotrimoxazole for opportunistic infections; reproductive health products Depo-provera, Implanon NXT, IUD, male condoms, misoprostol and emergency contraceptives; TB medicines Isoniazid, RH, Levofloxacin, moxifloxacin and Bedaquiline. Some of the stocked out commodities are not expected until February 2018.

Shortages and stock-outs at national warehouses have translated into shortages and stock-outs at facility level. The Ministry of Health bi-monthly report on the facility stock status of the 41 tracer items for August-September 2017 shows that overall percentage availability stood at 78% (47 out of 60 days). Stocked out commodities were mainly medicines for non-communicable diseases cardiac aspirin(stocked out in 70% of health facilities), Glibenclamide (45%) and Metformin (44%), Insulin (45%); ARVs Nevirapine 500MG (65%); TB commodities (43%), RHZE (59%); and CD4 reagents (67%).Over stocked commodities were mainly Depo-Provera (55%), ACTs(46%) and SP (fansidar, 48%).

These Ministry of Health results are consistent with results from the civil society rapid assessment of facility-level availability of life-saving commodities. Up to 61 government health facilities in 16 districts were assessed. Facilities reached in ten of the 16 districts did not have any stock of the first line HIV treatment (TDF/3TC/EFV). These included Kalangala (HCIV), Mbarara (HCIIIs), Mbale (hospital), Mityana (HCIVs and Hospital), Mukono (HCIIIs), and Jinja (HCIVs). Several of these facilities also had stock outs of HIV test kits.

The civil society findings show that all the districts were affected by stock-outs, with the worst affected being Kiboga, where up to 40 items out of 41 assessed, were out of stock. Also badly affected were Lira (27 items) and Ibanda (23 items).

EMERGING ISSUES

Whereas the funding sources for ARVs for the next two years had been guaranteed by Government, PEPFAR and Global Fund, ARVs stock-outs have persisted without clear explanation. However the following have been identified as some of the challenges exacerbating the stock-outs.

- **Under-funding of medicines and high dependency on international aid:** Uganda's health sector is generally under-funded, and depends too heavily on foreign funding. The 2017/18 health sector budget declined by 37.5% over the 2016/17, and the proportion of the budget for health has steadily declined from 9.6% in 2009/10 to 8.7% in 2013/14 and further to 7% in 2017/18. In 2012, GOU pledged to increase the budget for family planning supplies from US$3.3 million to US$5 million, but to date NMS receives only Ushs8 billion (about US$2.2million) per year. GOU contributes a paltry 7% to the national HIV response, with the rest coming from PEPFAR (62%), Global Fund (28%) and other sources (3%). GOU financing for EMHS stood at UGX 219 billion in 2013/14, translating into a public per capita medicine expenditure of about US$2.4, far below the donor contribution of US$6 per capita.[4]

- Some new HIV positive clients have not been enrolled on treatment in Kiboga and Lira districts contrary to the test and treat policy

- Despite the system in place to harmonize the medicines kits to ensure they meet the community needs through regional meetings with NMS. There are reports from the districts that these recommendations are never taken into account in subsequent medicine deliveries hence the continued push of unwanted medicines.

- **Influx of refugees**: There have been reports of foreigners that have added to the already over-stretched health system. Lamwo district leaders have blamed the shortage of HIV medicines in the district on the influx of South Sudanese refugees.[5]Currently about 43,000 South Sudanese refugees are settled in the three camps of PalabekOgili, PalabekKal and Palabek Gem, all in Lamwo. The in-charge of PalabekOgiliHC III was reported by Daily Monitor to have confirmed that the facility has since March 2017 enrolled a number of South Sudanese refugees on ART.

- **Misuse of medicines**: The National Malaria Control Policy recommends that every suspected malaria case should be tested using microscopy or rapid diagnostic test (mRDT), and every confirmed case should be treated using ACTs.[6] However, surveys have shown that health providers in Uganda prescribe ACTs to patients who have not been tested for malaria parasites, or whose malaria diagnostic test result is negative. There is a tendency for Ugandans to link every fever to malaria, but also high prices of diagnosis, shortage of laboratories, equipment and human resources, and stock outs of test kits and reagents have undermined the test and treat policy for malaria. In 2016, one survey found that only 69% of the treated malaria cases received a diagnostic test.[7]

4 Ministry of Health, 2015. National Medicines Policy

5 Julius Ocungi,: HIV patients share ARVs as shortage hits Lamwo.*Daily Monitor*, Wednesday 22, 2017

6 Kokwaro G (2009). "Ongoing challenges in the management of malaria". Malaria Journal. 8 (Suppl 1): S2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2760237/

7 Findings from anend-use verification (EUV) survey conducted in April 2016 by the US President's Malaria Initiative (PMI)

IMPLICATIONS OF THE EMHS STOCK-OUT CRISIS

The most serious implication of stock-outs is that Ugandans who need medicines and are unable to afford them in the private sector are going through the painful natural healing process or are dying. ART clients are reporting[8] an upsurge in opportunistic infections and a deterioration in the quality of life. The one-two week refill cycles are big burden in terms of transport, time and energy. Patient groups have warned that if the ARV stock-outs persist, ART clients will start to lose lives.

Short period refills (as short as one week) due to low stocks at health facilities. This has become very expensive for the clients affecting adherence. This is contrary to the guidelines endorsed by the country in 2016 on refills for 3-6 months to reduce costs incurred by clients. The changes are not communicated to clients.

The number of children getting infected by HIV from their mothers each year, has dramatically reduced from a peak of 26,000 to less than 9,000 in recent years due to the adoption of the elimination of mother-to-child transmission (eMTCT) program. The dependency of the program on ART for all expectant mothers means that current shortages of ARVs is likely to result into a resurgence of child infections.

Recurrent stock-outs of medicines are leading to drug resistance, poor health seeking behavior and diminished

8 Julius Ocungi,: HIV patients share ARVs as shortage hits Lamwo.*Daily Monitor*, Wednesday 22, 2017

health provider morale. The case in point has been the costly shift from chloroquine to ACTs as the first line medicine for management of malaria, which has increased the cost of a dose from less than Ushs1,000 to an initial Ushs20,000, before subsidies from donor agencies saw the price come down to Ushs3,500-5,000. Due to the high prices of medicines in the private sector, under-dosing is a common practice among Ugandans, posing a risk of resistance to existing medications and the attendant need for even more expensive medicines. Patient detentions by private health providers over unaffordable medical bills have been widely reported, and impoverishment of households to catastrophic expenses on health care have been documented. Out of pocket expenditure on health in Uganda remains disproportionately high with the bulk of this expenditure going to medicines.[9]

Conclusion

The current EMHS crisis has gone on for too long, and has gradually gone from bad to worse, with grave and fatal consequences. They are a violation of the right of Ugandans to the highest standard of health and as well as to life. Ministry of Health, Ministry of Finance, NMS and development partners need to find a solution urgently, in the short term, while also considering long term solutions to underfunding, procurement and distribution inefficiencies, medicine misuse, and logistics management capacity gaps, if the country is to meet its health goals.

9 Ministry of Health, 2015. National Medicines Policy

Recommendations

1) GOU should put in place emergency mitigation measures to minimize medicine stock outs in Uganda, including expediting the proposed import of some medicines from Kenya;

2) GOU should substantially improve the national budget for health generally, and for EMHS in particular, to reduce the vulnerability that comes with high dependency on international assistance;

3) NMS should streamline the procurement and distribution system;

4) Fast track health financing mechanisms, including the AIDS Trust Fund and the National Health Insurance Schemes

5) Ministry of Health should build the capacity of facility managers in logistics management;

6) Ministry of Health and NMS should put in place a functional, integrated, computerized EMHS logistics management information that links the national level warehouses to the service point at the community level.

7) The Health Committee of Parliament demands NMS to annually present an EMHS stock status report.

An empty shelf of essential medicines and supplies is everyone's problem

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