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Abstract Title

Characterising The Downstream Supply Chain Management Challenges In South Africa: Implications On Availability Of Essential Medicines

Abstract text (max 2500 characters incl spaces):

Background:The South African government commissioned a task team between 2011 and 2012 to conduct an audit of health facilities to provide baseline information for the implementation of the National Health Insurance. Medicines availability was among the six priority areas and a 54% failure in compliance to the vital measure dealing with availability of medicines was reported together with a recommendation to give priority attention to Supply Chain Management (SCM). South Africa has also been experiencing repeated stock outs particularly for ART. This is a major threat in the management of chronic diseases and could potentially reverse the gains made in the management of epidemics. This study aims to provide some possible explanations to the high percentage failure in medicine availability in primary level facilities and make recommendations for strengthening SCM. These findings contribute to a multi-country project entitled, "Accessing Medicines in Africa and South Asia". Methods We examined the supply chain through four of WHO's indicators for monitoring supply chain capacity: (1) Availability of medicines (research focussed on HIV, diabetes, depression and maternal health); (2) SCM practices; (3) Workforce and; (4) Infrastructure. 81 in-depth interviews in two provinces at sub-district, district and provincial levels including health workers at 14 rural and urban health centres. Observations were conducted in dispensaries using a pre-defined checklist. Data was analysed based on the pre-defined themes. Results Due to the cross-sectional design and focus on tracer medicines, we did not record any stock outs during data collection. However, there were reports of essential medicines being out of stock at other times particularly at peripheral sites as a result of a lack of dedicated vehicles for transporting medicines or stock outs at the depots. Rural depots face difficulties attracting qualified personnel and therefore tend to be less efficient. The system of borrowing among facilities was common as a strategy to prevent stock outs and was facilitated by positive relationships among health workers. An increasing shortage of warehousing space was noted, resulting in consulting rooms being used as dispensaries yet they do not meet the required standards. Dispensing and SCM is done by personnel with varying range of skills (pharmacists, assistants, general or dispensing nurses, general workers), some of whom lack the necessary skills. Training tends to target pharmacists yet in some cases, it is those of other disciplines performing their tasks. Supervisors lack resources such as transport and time to offer direct support however, indirect support is available telephonically. Also, the overwhelming demand for patient care compromises proper stock management and the influx of patients through down referrals, circular migration and patient preferences make forecasting difficult. Conclusions & Recommendations:Poor performance of supply chain management at the lower levels is being reinforced by inadequate capacity to deal with the increasing demand for chronic medicines. Future considerations should include an emphasis on efficient data systems appropriate for low resource settings and incentives as this data is necessary for forecasting, up-skilling of workers with no pharmacy-related training engaging in SCM and addressing infrastructural challenges especially warehousing and transport.

References

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2. MSF,*Emergency Intervention at Mthatha Depot* 2013
3.WHO,*Monitoring the Building Blocks of Health Systems:A Handbook of Indicators and their Measurement Strategies*;2010

Track Descriptors

504 Track E: HIV and health system strengthening - E3 Procourment and supply management for health care delivery

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