



# Stock Outs in South Africa

## A National Crisis



Photo Credit: Andre Francois



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Photo Credit: Francesco Zizola

## Foreword

# It is our people who suffer

In recent years we have received many reports of clinics and hospitals running out of essential medicines. The impact of this on our people is severe. When we can't take the medicines we need to control HIV or to cure tuberculosis, our health and the well-being of our communities are put at risk because we may develop resistance to those medicines.

When clinics and hospitals run out of medicines it can be very bad for our health. It also burdens us with out of pocket costs we cannot afford. Many of us do not have much money and struggle to pay for transport to the clinic. Because of medicines stock outs we are often told to come back every two weeks instead of every month. This costs time and money only to reach the clinic and be told there are no medicines.

This is unacceptable.

These medicines stock outs at our clinics and hospitals are undermining South Africa's fight against HIV, TB and other serious diseases. We cannot allow it to continue. What use is it to spend billions of Rands on medicines if we cannot get them to patients on time, allow them to expire at depots or to be stolen?

So far, we have had some good cooperation from the National Department of Health in dealing with the crisis of medicines stock outs. Where provincial health systems have failed, the National Department has intervened to provide emergency stocks, but very often, the intervention only happened after we had made them aware of a clinic having a stock out.

Unfortunately, until very recently the leadership in many provinces, particularly the Eastern Cape, were in denial about the stock outs plaguing our health system. They show little understanding of the urgency of the problem and have displayed no political will to take on the corruption, mismanagement and incompetence that contributes to these stock outs. These leaders must be held accountable for their incompetence and indifference.



- Anele Yawa

In this report we provide concrete evidence from a nationwide survey of medicines stock outs. The picture is bleak. Many more people are affected than what we had previously thought. This is a national emergency and must be treated as such. MECs for health can no longer say that they didn't know. The evidence is here. Now they must act.

- Anele Yawa, Chairperson, Treatment Action Campaign



# Executive Summary

With approximately 2.4 million people on antiretroviral therapy (ART) and more than 300,000 people treated for tuberculosis (TB) every year, South Africa has the largest HIV treatment programme in the world and an enormous associated TB treatment programme. Ensuring regular and uninterrupted supply of antiretroviral (ARVs) and TB medicines is critical for its success. Medicine stock outs are the Achilles heel that threatens programme quality and patients' lives.

The Stop Stock Outs Project (SSP) is an independent civil society consortium that monitors and speaks out about medicine stock outs and shortages, with the aim of achieving a stock out free health system. SSP grew following the Mthatha Depot Crisis intervention in the Eastern Cape in late 2012, where 53% of facilities served by the depot reported ARV and/or TB medicine stock outs and 24% of facilities had to send patients home without ARVs.

To quantify the extent of ARV, TB and vaccine stock outs at the provincial and national level, the SSP undertook a national telephonic survey between September and October 2013. More than one in five facilities (459/2,139 - 21%) reported a stock out or shortage of ARV and/or TB medicines in the preceding three months, of which half (242/459 - 52.7%) were still facing shortages at the time of survey. Six out of the nine South African provinces had more than 17% of their facilities reporting shortages, with provincial percentages ranging from 53.9% in the Free State to 4.4% in North West. Facilities reported shortages of ARVs (403; 18.8%) more often than of TB medicines (68; 3.2%), with almost half of ARV stock outs being of lamivudine, efavirenz or stavudine. The median duration of shortages was 30 days, ranging from 1 day to 1 year. In 20% of affected facilities patients were sent home or referred elsewhere without medicines.

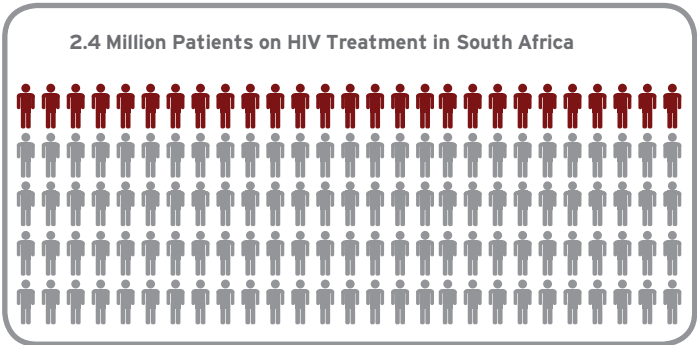
This is the largest survey to date on the extent of stock outs and shortages in the South African antiretroviral treatment programme, with a sample size large enough to give an accurate national picture. In summary, the findings of the survey teach us the following critical lessons:

- The extent of medicine shortages, especially of ARVs, in South Africa is enormous, far beyond previous estimations, and affects most provinces.

- The current passive monitoring system is not working.
- Health staff at facility level acknowledge the problem when contacted and are eager to work to solve it.

Medicine stock outs and shortages lead to patients taking partial doses of their treatment, interrupting it or defaulting treatment altogether. Medical consequences and costs to the health system and patients can be grave, including drug resistance, decreased immunity, increased risk of opportunistic infections and transmission of HIV and TB, ultimately leading to more illness and death.

This is a crisis and needs to be handled as such. Under the Constitution, everyone is entitled to access to health care services (which includes essential medicines) and there is an obligation on the state to ensure access to such services and also to ensure that where services (or medicines) are available, they remain available. The first step is to assess and acknowledge the problem. To protect the health of people who depend on the public health system, the SSP calls upon national and provincial departments of health to urgently develop a plan with clear timelines to improve monitoring, prevention of, and response to stock outs.



# Stock Outs in South Africa: A National Crisis

**“** I am living with HIV and am on ARVs. I also have tuberculosis and am receiving treatment for it. I use my clinic to collect my treatment and for any other medical issues that I may have. I have had difficulty getting my treatment since January 2013. In January, my clinic ran out of 3TC and I had to borrow pills from my neighbor.

In February, my clinic ran out of Kaletra. They told me to come to the clinic each week to check for Kaletra and they began to give me a week's supply at a time. I would check in at the clinic two days prior to when my supply would finish to ensure that they could provide medication for the next week. In March, they told me that I must go to another clinic for my treatment. I refused to go and conducted a sit in at my clinic. This was a way of making a point that I have a right to treatment and do not want to default yet the clinic was not providing what I needed. The nurses eventually offered me Kaletra meant for

children, but I refused to accept it because it is not what I am supposed to take. I sat for almost the whole day until eventually a nurse went to another clinic and brought me the treatment. I then went home.

In April, my clinic was again short of Kaletra and I was only given one bottle instead of the two I am supposed to receive each month. I returned to the clinic and collected a second bottle later in the month. The Kaletra has now run out. I do not have medication for tomorrow but have sent my sister to try to collect Kaletra from the clinic today. If she is not successful, I will not have any. I have not yet defaulted but it is extremely difficult to adhere to my treatment when [the] Clinic is constantly running out of stock. I have faced repeated and on-going barriers to accessing my medication. It is only through great personal effort that I have managed not to default up to this point.”

– Patient, Eastern Cape, May 2013

## ● 1 in 5

Facilities reporting an ARV and/or TB Stock Out or Shortage (459/2139)



## 420,000

Patients on antiretroviral medicine rely on those affected facilities



## 30 Days

Average length of an ART stock out or shortage



Photo Credit: Samantha Reinders

## Stock outs in South Africa A national crisis continued...

**On 10 October 2012, staff at Mthatha depot in the Eastern Cape staged a strike, leaving the depot barely functioning on a skeleton staff. Coupled with chronic supply chain issues, this precipitated widespread regional medicine stock outs, with an estimated 53% of facilities served by the depot experiencing ARV and/or TB medicine stock outs and sending over 6,000 patients home with no ARVS.**

In December 2012 Médecins Sans Frontières /Doctors Without Borders (MSF) & Treatment Action Campaign (TAC) responded to the crisis by supporting staffing, management and medical supplies delivery at the depot. Findings were published in a report that was supported by a wider civil society consortium, the SSP, which also includes The Southern African HIV Clinician's Society, SECTION27, Rural Health Advocacy Project (RHAP), and the Rural Doctors' Association of Southern Africa (RUDASA). The report was designed to stimulate improvements to the medicines supply system in the Eastern Cape.

Returning in May 2013 to evaluate progress, the consortium were both surprised and saddened to find that 40% of all facilities in the area continued to suffer stock outs of ARV and/or TB medicines.

To understand why stock outs were still occurring in Mthatha and beyond, doctors, nurses and experts across the country were contacted. It was clear that stockouts were occurring in every province. This information was echoed by patient and clinician testimonies.

“ My daughters were both coughing and were covered in sores all over their bodies and in their mouths. They were both prescribed Panado, Amoxicillin and other medication, that I do not remember the name of. The other medication that I do not know the name of was out of stock and they therefore wrote me a referral letter to another clinic. However, the other clinic did not have the medication either. I was told to go and buy the medication from a private pharmacy. I could not afford to do this because I did not have any money. I returned to my home. The next day, my four-year-old daughter was worse. I decided to take her to the hospital. However, she died when we were on our way to the hospital. ”

– Patient, Eastern Cape, May 2013

Specific instances of shortages and stock outs were brought to the attention of responsible provincial and national authorities so that they could take action.

Although there had been some concern that nurses would be hesitant to speak, in the overwhelming majority of cases they were frustrated by the inaction and wanted to share their experiences as a means of stimulating change. Patients also appreciated having an outlet for their frustration and expressed fear about the consequences of the lack of availability of ARV and TB medicines on their own health. Because of this we can report now on stock outs in South Africa, a national crisis.

“ I greatly respect what the minister has done, there has been a wonderful turn around in the system in general but stock outs remain a problem.”

– Doctor working with HIV/TB patients, Limpopo

Photo Credit: Andrew Mews



Mthatha Pharmaceutical Depot, January 2013

# Methods: How we investigated the extent of stock outs in South Africa

In order to establish the extent and effects of stock outs in South Africa, a telephone questionnaire survey was conducted during September and October 2013. Survey assistants were trained in the use of the script and standardised information was collected from all facilities contacted.

A list of facilities in South Africa was obtained from the national health information system. Upon calling a facility, the surveyor asked to speak to the head nurse/matron or pharmacist. The motivations and aims of the survey were explained to each respondent and they were asked to respond anonymously to questions on stock outs in their facility. Where a facility was called but unreachable, up to four additional attempts were made.

For the purposes of the survey, a “stock out” is defined as physically having no stock (as identified by the health care worker responding) of a medicine which was required for patient use in that facility. A “stock shortage” was defined as having less stock of a medicine available in the facility than required for patients until the next order was received (as identified by the health care worker responding).

Photo Credit: Gideon Mendel



# Results

## Survey response

The survey team made contact by telephone with 2,342 (61%) of the 3,826 identified facilities. In the remainder of cases a telephone number for that facility was not obtainable, or the number called was unreachable. Of the facilities that were contacted, 91% (2,139/2,342) provided information. In the other 9% (203) of cases the individual answering the phone declined to participate. This suggests health staff in facilities acknowledge the problem of stock outs and are willing to collaborate to solve it.

**Table 1: Facilities that were contactable and provided information on stock outs of ARV and/or TB medicines**

Province	Number of facilities identified	Number (%) of facilities contactable by phone	Number (%) of facilities providing information
Eastern Cape	703	468 (66.6%)	447 (95.5%)
Free State	260	191 (73.5%)	167 (87.4%)
Gauteng	410	316 (77.1%)	284 (89.9%)
KwaZulu Natal	766	393 (51.3%)	332 (84.5%)
Limpopo	374	228 (61.0%)	218 (95.6%)
Mpumalanga	348	234 (67.2%)	224 (95.7%)
Northern Cape	98	65 (66.3%)	62 (95.4%)
North West	342	192 (56.1%)	182 (94.8%)
Western Cape	525	255 (48.6%)	223 (87.5%)
Total	3,826	2,342 (61.2%)	2,139 (91.3%)

## Reported Stock Outs in South Africa

From the thousands of facilities phoned, a picture of widespread and long-lasting stock outs emerged.

The most alarming finding was the magnitude of the problem, affecting at least one in every five health facilities, with 459 (21.4%) facilities reporting a stock out or shortage of ARV and/or TB medicines within the three months prior to being contacted.

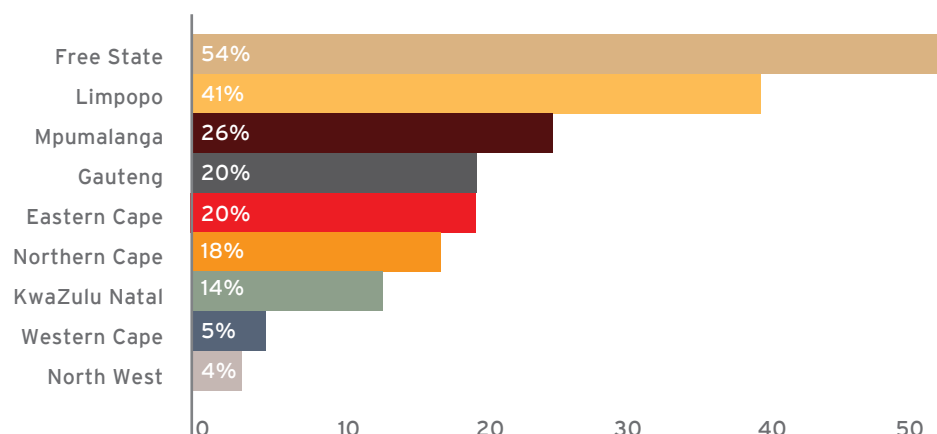
Over 420,000 patients on antiretroviral medicine rely upon those affected facilities for life saving medicine.

Over half of these stock outs had not been resolved: 52.7 % (242/459) were ongoing at the time when respondents answered survey questions, with over 220,000 patients on ART at these facilities.

There was wide variation between provinces. Nationally, six out of nine provinces had stock outs in at least 17% of their facilities. The proportion of facilities reporting stock outs in each province ranged from 4.4% to 53.9%, with the Free State being the most severely affected province (Figure 1).



**Figure 1:  
Percentage of  
facilities reporting  
ARV and/or TB  
stock outs by  
province**



Proportion of facilities that provided information which reported an ARV and/or TB medicine stock out or shortage in the 3 month period prior to being contacted.

Information on the duration of ART and/or TB treatment stock outs was reported from 91.5 % (420 / 459) of responding facilities.

ARV stock outs lasted on average for a month (median 30 days, interquartile range 14-60 days) with the stock outs of the longest duration being found in the Free State and Limpopo. For more information on stock out duration see **Appendix IV**.

Stock outs were widely distributed, with many in urban areas, particularly in the eastern part of the country (**figure 5**).

“ I am on Truvada and EFV. In June for 2 weeks, I went to the clinic for medication and we were sent back without anything. I had to buy drugs from a pharmacy for ZAR495. I am lucky at least I could buy them but I know there are many people who are not as privileged as I am and would not be able to raise money and buy the drugs.”

– Patient, Gauteng, October 2013

“It is very frustrating as a doctor to try and provide care for your patients but you don't have the tools, in this case the medication, to do so. Stock outs play a big role in destroying the trust and relationship between doctors and their patients.”

– Doctor working with HIV/TB patients, Eastern Cape, October 2013



## Results: ARV and TB medicine stock outs

### ARV and TB medicine stock outs

403 (18.8 %) facilities reported a problem with ARV supply and 68 (3.2%) with TB supply. Few facilities, 12 (2.6%) reported facing problems with both ARV and TB medicines. 22 different ARV and TB medicines were reported by health care workers as unavailable.<sup>1</sup>

**403**

facilities had problems with ARV treatment

**68**

facilities had problems with TB treatment

**12**

facilities had problems with both ARV and TB treatment

Of the facilities that reported stock outs, 69 out of 459 (15.1%) reported more than one item, with 4 (0.8%) facilities reporting that they had no medicines for the treatment of HIV at all (for a more detailed breakdown of ARV and TB stock outs by province see appendices II, III & IV).

**“** I am a patient at my clinic and have been on ARVs since 2005. I went to the clinic [earlier] this year and was given only two weeks supply and told to come back when finished. When I went back at the end of two weeks, I was told that the medicines were out of stock and I went for two weeks without treatment. At present, I have found out that my CD4 count has decreased from 1000 to 500. Five people from my support group have died in the past year ... I am scared of developing resistance.”

– Patient, Eastern Cape, October 2013

### What medicines were most commonly out of stock?

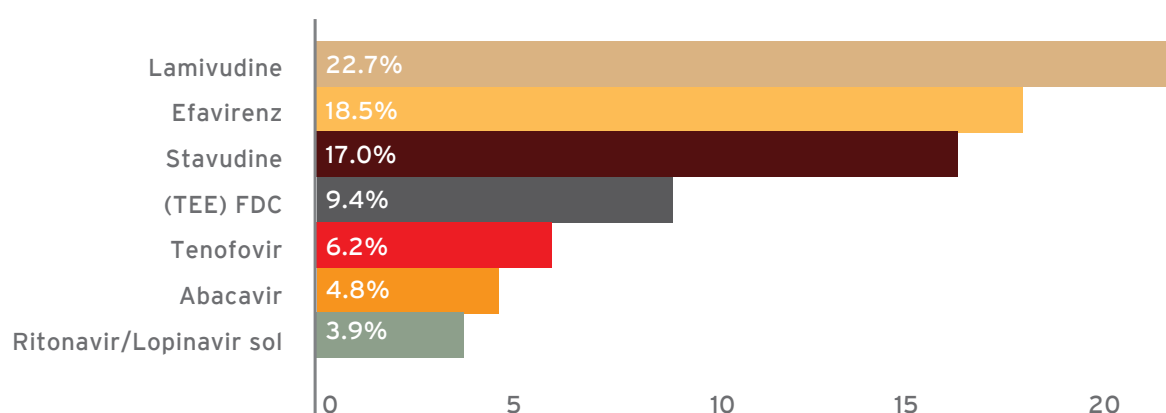
Almost half of all reported stock outs were of lamivudine, efavirenz and stavudine (Figure 2).

These findings back up recent reports from clinicians on the ground of huge challenges in providing lamivudine and efavirenz to patients

**“** We’ve had a lamivudine stock out for five months and counting, also a tenofovir stock out for the last 4 months.”

– Doctor working with HIV/TB Patients, KZN, October, 2013

<sup>1</sup> Tenofovir, Abacavir, Zidovudine, Lamivudine, Efavirenz, Stavudine, Nevirapine, Lopinavir/ritonavir, Ritonavir, Didanosine, Fixed Dose Combination, Tenofovir/emtricitabine, Lamivudine/zidovudine, Pyrazinamide, Isoniazid, Rifampicin, Ethambutol, RHZE, RH, Kanamycin, Steptomycin, Co-Trimoxazole & Vaccines

**Figure 2: Proportion of all reported stock outs / shortages by drug.**

Percentages are number of facilities reporting stock out of a medicine over total number of reported stock outs.

Photo Credit: Samantha Reinders



default treatment as a result. This will also lead to unnecessary expenses, placing an additional burden on low income families.

“ I was stressed because I am unemployed and so I had borrowed money to come to the clinic. The situation was now forcing me to find a way of getting back to the clinic to get more drugs. I struggle to make ends meet and sometimes I take the drugs on an empty stomach because I do not have food. ”

– Patient, Eastern Cape, October 2013

We asked facilities reporting stock outs to report on what happened to affected patients, with 82% (376/459) of respondents providing information.

Most commonly, 36% (136/376), facilities reported borrowing medicines from other facilities to reduce the impact of stock outs. In 15% (57/376) of cases patients were given a shortened medicine supply. Not all patients can afford to come back regularly enough to maintain adherence, and may become ill and/or

In 61 facilities patients were changed to another medicine that was available at the facility. In 47 cases patients were given a different strength of the out of stock medicine, increasing the daily pill burden in order to take the correct dose needed. Taken together this means in 29% (108/376) of cases regimen/dose changes were carried out. It should be noted that not all such switches would be harmful to patients (e.g. stavudine switched to fixed dose combination).

## Results: ARV and TB medicine stock outs

Most alarmingly, in 20% of cases patients were sent home with no medication or referred elsewhere, leaving the facility without medication. These are the patients most at risk of suffering severely from stock outs.

“ I am a patient at my clinic. I have been on ARVs since 2010... Since 9 October I have not been able to get EFV from the clinic so I am only taking the other two drugs. I was told there is nothing wrong with only taking the two medications alone without the EFV. On 14 October I went back to the clinic to check if they now had some and they said they still do not have. I am scared but there is nothing I can do.”

– Patient, Limpopo, October, 2013

### Stavudine

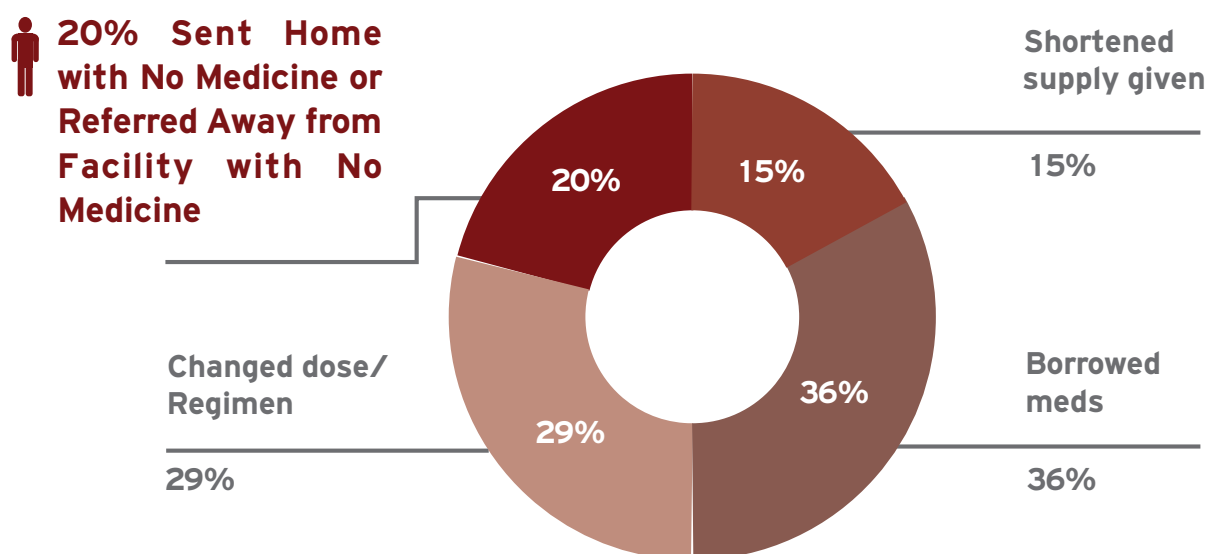
Stavudine stock levels have been significantly scaled down in South Africa. There is still a need for some stock as this ARV is necessary for a small sub-set of patients. Planning and communication to health care workers regarding the scale down of stavudine for the majority of patients has been unclear, resulting in many facilities experiencing and reporting stock outs or shortages. If stavudine is excluded from calculating the national picture, a similar proportion, 17.3% of facilities nationwide experienced a stock out or shortage of ARV and/or TB medicines. If stavudine is included this number increases to 21.4%.

Photo Credit: Samantha Reinders





Figure 3: Reported impact of medicine stock outs upon patients.



Results from facilities that reported stock outs of ARV and/or TB medicines in the 3 months preceding the survey.

Of the 459 facilities reporting medicine stock outs, in 86 cases facilities were unable to or declined to provide information relating to the patient consequences of that stock out. These respondents have been removed from the denominator.

### Vaccines

Although the survey focussed on ARV and TB medicines, there are supply challenges with other essential medical commodities in South Africa. As an indicator for other essential products in outreach to facilities nationwide, we also inquired about availability of vaccines. Reports of stock outs of vaccines were less severe than for ARV and TB medicines, but widespread nonetheless, and could contribute to avoidable disease, particularly in children.

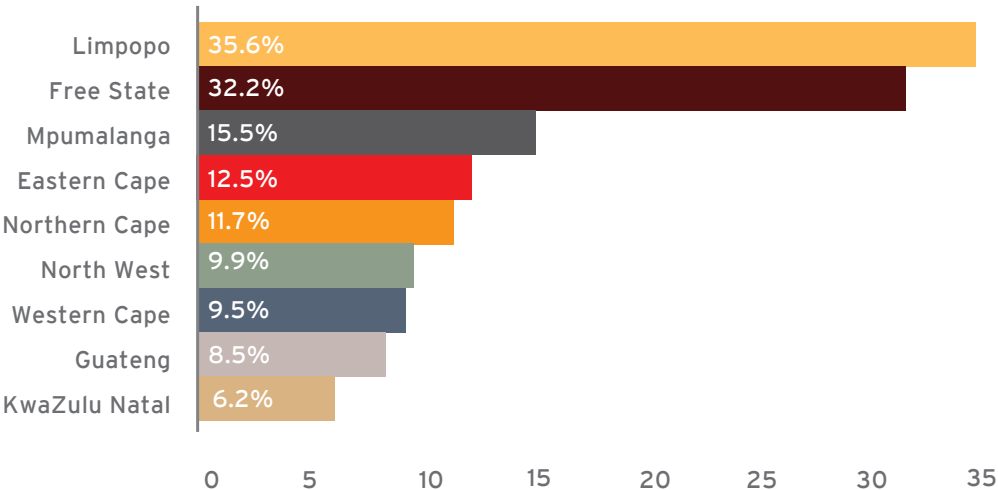
“ I went to the clinic in mid-April to have my two year old child vaccinated against polio. The vaccination was not available and the nurses told me to come back... they told me once again that the immunization was unavailable and once again asked me to return.”

– Patient, Eastern Cape, May 2013

Results: Vaccine stock outs

2047 facilities responded regarding vaccines. Of those responding 14.7% (301) of facilities nationally reported a vaccine stock out or shortage in the previous three months. We found that some provinces were much more severely affected than others, with up to 1 in 3 facilities experiencing recent vaccine stock outs in the worst cases. These results mirrored findings regarding ARV and TB medicines (Figure 4).

Figure 4: Number and proportion of facilities in South Africa that were contactable, and provided information in relation to telephone survey on facility level experience of stock outs of vaccines in the 3 preceding months.



Stock outs and the law: the legal framework.

Under the Constitution, everyone is entitled to access to health care services (which includes essential medicines). There is an obligation on the State to ensure access to such services and also guarantee that where services (or medicines) are available, they remain available. The State is also constitutionally obliged to respect, protect, promote and fulfil the rights to life and to dignity and to ensure efficient use of resources to respond to people’s needs.

The National Health Act 61 of 2003 places obligations on the Minister of Health and MECs and Heads of Department in each province. These role players are required to create policy (the Minister and MECs), implement that policy in the provinces (MECs), and to plan for the provision of services and facilities and the quality of such services and facilities (HoDs).

The Pharmacy Act and Rules govern both facility pharmacies and medicines depots. They place obligations on the Responsible Pharmacist at a pharmacy or depot to ensure that stock levels are adequate to maintain accessibility of medicines and that stock control systems are in place.

These and other sources of law place obligations on the Minister, MECs, Heads of Departments, Depot Responsible Pharmacists, and facility Responsible Pharmacists. These obligations are legally enforceable, meaning that the office holders can be sued in their official capacities if they fail to comply with their obligations. While it is not always clear where the problem in the supply of medicines to patients arises, it is clear that there is an enforceable obligation on the state to ensure the availability of medicines.

# Analysis of Results & Discussion

This survey highlights a crisis in South Africa's antiretroviral programme. Lack of access to medicines has complex underlying causes, ranging from health programme implementation to medicine supply chain systems. These involve facility, municipal, district, provincial and national actors.

It is very difficult to pin point what the exact problem is since there is no trend when it comes to stock outs. One clinic will be out of stock of an item but the other clinics have it? Sometimes the depot is out of stock of an item."

– Doctor working with HIV/TB patients, Eastern Cape, October 2013

**1 in every 5 facilities contacted had a stock out in the three months preceding the survey; over a year this would likely be even higher. Of the hundreds of thousands of patients who need medicine from those facilities in order to live healthily, many tens of thousands are forced, through no fault of their own, to go without.**

I go to the clinic every month. Every month there is a shortage of lamivudine and they say you have to come back next week. Sometimes they have some other medicines and sometimes they don't. It's not their fault. It's the department. [It last happened] in September. It happens every month that if you are at the end of the queue you don't get all your medicine."

– Patient, Mpumalanga, October 2013

Many patients will be at risk of developing and transmitting drug resistance, interrupting and even defaulting treatment, and ultimately at increased risk of illness and death.

While South Africa has made great strides to extend access to ART as well as increase the quality of the services it provides patients, the millions of rand invested are meaningless to the patient who walks away from a clinic without the medicine in his or her hand.

The stock outs are also demoralising to health care workers. Being forced to turn away a patient because no treatment is available goes against the core of a health care worker's job. Deciding who does and who doesn't get treatment, and how much everyone can get, is equally unbearable.

Often patients are given a small supply and asked to come back to the clinic but most patients can't afford to do this or live too far from the clinic to be able to return often. "

– Doctor working with HIV/TB patients, Eastern Cape, October 2013



**Figure 5: Health Facilities Reporting a Stock Out or Shortage of ARV and/or TB Supply in the Past 3 Months.**  
Map Data: Google, AfriGIS (Pty) Ltd, myheatmap.com

Each red dot represents an area where facilities reported a stock out or shortage occurring within the 3 month period prior to being called

#### North West:

Facilities reported the fewest stock outs / shortages of ARV and/or TB medicines, with only 4.4% affected. Nevertheless, 9.9% did report vaccine stock outs. The province has one depot that is supplying all health facilities through the hospital pharmacies. Of note, North West DoH reports having buffer stocks of ARV medicines which may mitigate the impact of supply and demand mismatch.

#### Northern Cape:

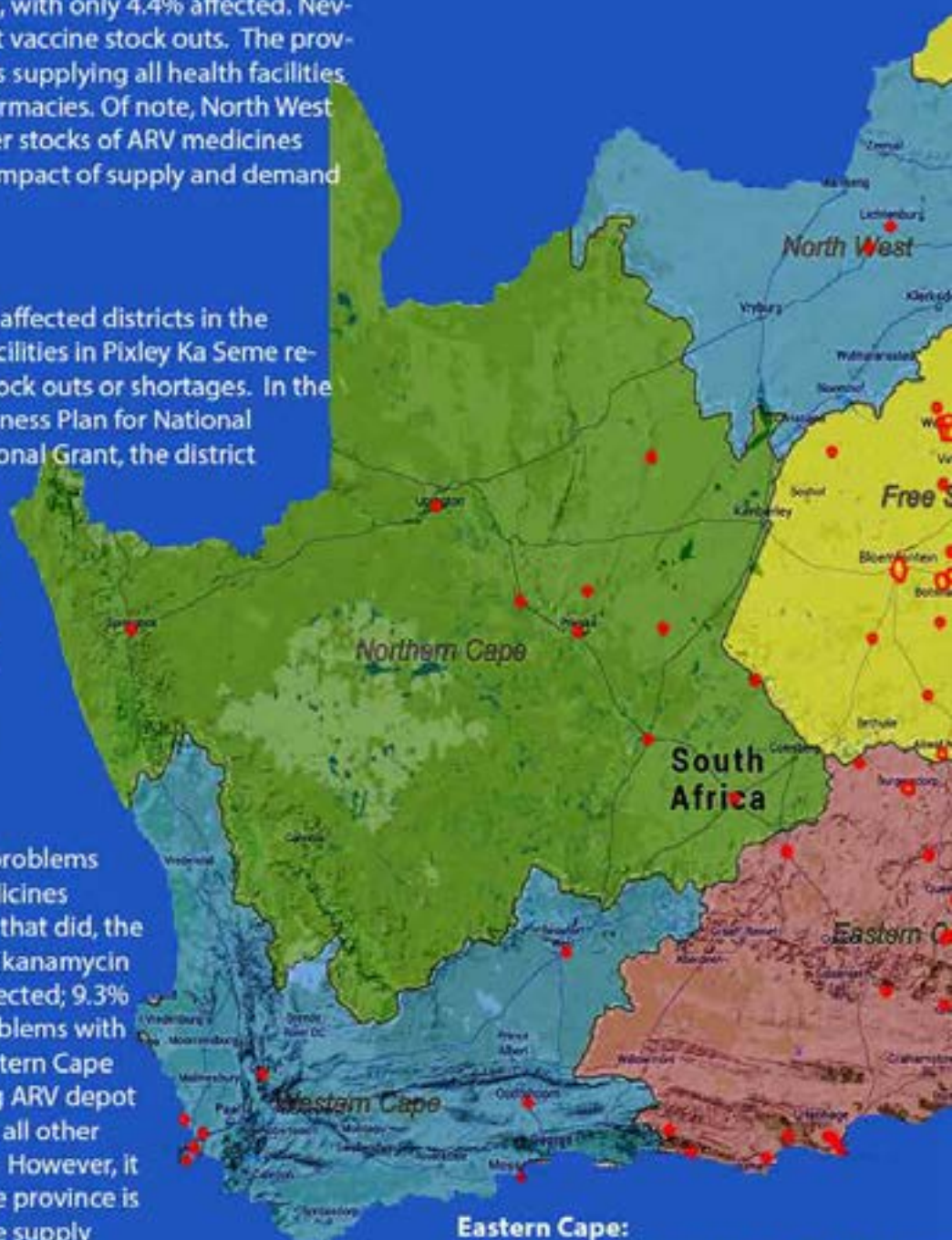
Has one of the five worst affected districts in the country, with 53.3% of facilities in Pixley Ka Seme reporting ARV and/or TB stock outs or shortages. In the Pixley Ka Seme 2012 Business Plan for National Health Insurance Conditional Grant, the district pledged a 'reduction of medicine stock outs in PHC facilities' which has yet to be achieved. The district needs to be held accountable by the province to make progress on this issue.

#### Western Cape:

Few facilities reported problems with ARV and/or TB medicines supply (4.9%). For those that did, the supply of stavudine and kanamycin was most commonly affected; 9.3% of facilities reported problems with vaccination supply. Western Cape has one well functioning ARV depot and one other depot for all other medicines and supplies. However, it should be noted that the province is not immune to medicine supply issues on occasion.

#### Gauteng:

The most densely populated province's supply system is complex with various principal depots. On 2 October 2013, in response to reports of widespread stock outs, the MEC acknowledged the issue implicating transport constraints. We welcome this engagement with the issue and continue to urge the MEC of Health to put in place concrete plans to fully address this problem.



#### Eastern Cape:

Continued supply problems, with facilities common in the following districts; A Nzo ( )





With 40.8% of facilities reporting an ARV and/or TB stock out or shortage this was the second most severely affected province. Additionally, 33.5% of facilities reported vaccine stock outs, the most severe of any province. In December 2011, the Department of Health was placed under national administration and today still faces huge challenges with regards to stock outs. We call upon Limpopo to react decisively to ongoing stock outs and to produce a long term plan to improve future medicine supply.

This is the third worst performing province with 25.9% of facilities reporting problems with ARV and/or TB medicines and 16.0% with vaccine stock outs or shortages. The worst performing district is Ehlanzeni with 28.2% of facilities reporting a problem. Facilities are either supplied by the provincial depot or a hospital. TAC reports that Mpumalanga's health facilities have been deteriorating slowly. They often struggle with a lack of doctors and nurses, essential equipment breaks down that is not repaired, medicine stocks run out and orders are placed too late or not at all.

The most severely affected province in the country, for which TAC receives near daily notification of ARV shortages, and with reports of orders backlogged by months at the main depot. 53.9% of facilities reported a stock out or shortage of ARV and/or TB medicines and 32.2% of vaccines in the previous 3 months. 3 out of 5 of the most severely affected districts in the country are here: Fezile Dabi 66.7%, T Mofutsanyane 61.4% and Mangaung 55.6%.

While some districts here reported very few stock outs, by contrast other districts performed very poorly with Amajuba, one of the five most severely affected districts in the country, having 52.6% of facilities reporting a problem, contrasting Umzinyathi, with only 3.7% of facilities reporting issues. Due to its rurality, stock outs in KZN have a likelihood of high impact on patients turned away, with lamivudine stock outs proving particularly common in the province.

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## Analysis of Results & Discussion continued...

It is necessary to better understand what the underlying causes are. The survey does not identify the causes of the reported stock outs nor is it able to pinpoint shortcomings and failures in the supply chain. Nevertheless, through our work in Mthatha, by speaking to depot managers, clinicians and patients all across the country, some fundamental weaknesses in the system are evident.

Stock out and medication shortages are underreported; passive monitoring, where we wait for staff to report stock outs, is failing. There is a need for an active monitoring system to be set up, one with active, systematic screening for shortages and stock

outs. This needs to communicate to a rapid response team, ready to intervene to prevent and/or resolve stock outs without delay.

Poor visibility of stock outs leads to lack of accountability and delayed responses. There is a lack of systematic follow up of orders and a delayed response to supply side errors. A number of health professionals reported that primary health care staff often lack adequate training to manage medication supply. Staff at facility level also need to be trained on strategies to ensure minimal harm to patients if a stock item is not available.

Photo Credit: Andre Francois





# Strengths & limitations of survey

We succeeded in contacting 2,139 (61%) of all facilities identified in South Africa, of which almost all (91%) agreed to take part. The high response rate among those contacted is important because it reduces bias that may arise from differences in the characteristics of facilities that declined to take part.

**Often in surveys of healthcare staff, individuals wish to create a favourable impression of where they work. If this occurred in our survey it would lead to an underestimation of the true extent of the problem.**

“Nurses are reluctant to report on things that will reflect poorly on them.”

– Doctor working with HIV/TB patients, Eastern Cape, October 2013

Overall, the sample size was large. The high participation from facilities that were contactable means that our results should paint an accurate picture of what is happening nationally. That is to say that the findings should apply not just to the 61% of facilities that we contacted but more broadly to all facilities in South Africa.

A potential constraint of the survey could be the limited knowledge of respondents, who can only report on stock outs they are aware of. However, since in most cases, pharmacists or senior nurses were contacted, it is unlikely that respondents

would be unaware of whether or not a stock out had recently occurred in that facility, what medicine was affected and whether there was still a stock out at the time the call was made. If some of the interviewees were not aware of a stock out, this would lead us to underestimate the overall extent of stock outs in South Africa.

Finally, as individual recall of when the stock out began and when it was resolved are likely to be more prone to error, the estimated duration of stock outs should be seen as indicative rather than exact.

Photo Credit: Samantha Reinders



# Conclusions

While many positive changes to the National HIV/AIDS & TB programme in South Africa have occurred in recent years, with increased access to care, improved leadership and a real desire to address historical inequalities in the health system, obstacles to sustain these achievements have arisen. With over two million people now on treatment and many more still to be initiated, the constraints facing the maintenance of a functioning HIV programme will only increase. Supply management is, and will be, one of the key limitations to any quality HIV/AIDS programme.

**Stories of medical supply shortages have been prevalent and observed throughout facilities nationwide for many years, but this report has been the first attempt to fully quantify and qualify the real scale of the problem. It is hoped that this is just the first step in the journey to monitor, respond and eliminate stock problems across South Africa's healthcare system.**

The fact that around one in five facilities reported a stock out of ARVs or TB medication within the preceding three months is startling and represents a crisis requiring urgent action.

These supply limitations are also occurring in the context of a renewed focus on the improvement of the health system as part of the National Health Insurance policy and of the National Strategic Plan on HIV, TB and STIs, which also includes the target of over three million people on ARV treatment by 2016. If these initiatives are to be successful, ongoing supply problems must be tackled.

It is important to note that medication stock outs and shortages are also a violation of the Constitutional rights of patients and a breach of the obligations of the Department of Health.

Talk of "stock outs" and statistics can be misleading. The actual and true consequence of a collapse of the supply system is human loss, as detailed by the testimonies of patients quoted throughout this document. It cannot

be forgotten that treatment interruptions can lead to unnecessary suffering, costly resistance and, in the worst cases, death.

It is therefore hoped that this report is regarded as the start of a constructive dialogue between civil society, patients and the Department of Health. Recognising and identifying problems in healthcare delivery is the first step to finding solutions and, in turn, improving quality of care. Empowering patients to claim their rights, demand the care they deserve and to hold all levels of the system accountable is also a necessary step in improving service delivery and health results for all South Africans.

Photo Credit: Borrie Lagrange





# Recommendations

**At the national and provincial level: A concrete high level strategy, with clear timelines, is needed to address the issue of stock outs in South Africa.**

**This strategy should be drawn up with provincial input and we ask that civil society and patients are included in its drafting. We believe that this strategy should address, but not be limited to, the following:**

- How permanent active stock out monitoring capacity can be created provincially and nationally
- A clear process for the rapid response to identified stock outs
- How longstanding issues related to stock forecasting, monitoring and distribution can be fixed
- A mechanism to ensure provincial and national accountability for timely resolution
- The inclusion of patients on governance boards throughout all levels of the health service

**Stop Stock Outs Project: Civil society has an important role to play in bringing stock outs to an end**

The project aims to empower the tens of thousands of patients and clinicians affected by stock outs. The Stop Stock Outs Project (SSP) is civil society's response to bring transparency to medicine supply problems

facing patients. The main goal of the SSP is to bring awareness to stock outs as they occur and highlight problem areas in the supply chain that need attention.

## **Follow up of Ongoing Stock Outs:**

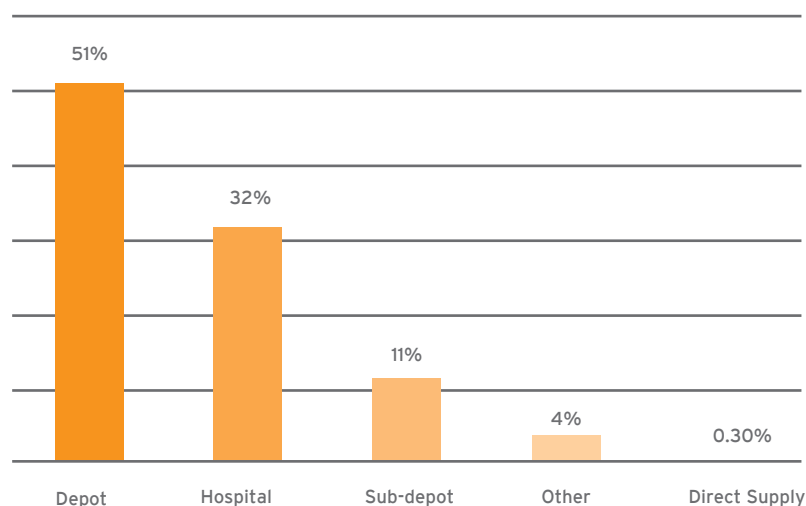
Of the ongoing stock outs facilities reported in this survey, to date, the SSP has:

- Responded to 150 cases of ongoing stock outs
  - o 86 cases of stock outs were resolved by the facility
  - o 64 stock out case files were handed to the SSP
  - o 7 closed (resolved) cases
  - o 57 open (ongoing) cases (FS = 17, LP = 16, KZN = 12, EC = 7, GP = 3, NW = 1, NC = 1) escalated to the National Department of Health for further investigation

**To report a stock out to the SSP, send a SMS or Please Call Me to 084 855 7867 (STOP) or email [report@stockouts.co.za](mailto:report@stockouts.co.za)**

## Appendix I:

**Figure 6: Source of supply for those facilities which reported stock outs of ARV/TB medicines**



Of the 459 facilities that report experiencing stock outs or shortages of ARV and / or TB medicines in the months prior to being contacted, 381 were able to estimate the start and finish data of the stock out. Where a stock out was ongoing the median was calculated using the day of the survey as the finish date so the numbers shown here will underestimate the median duration of stock outs.

## Appendix II:

District level information of stock outs of ARV and / or TB medicines.

**Facilities in the Eastern Cape that reported stock outs or shortages of ART and/or TB treatment by District in the 3 months prior to being phoned**

District	Number of facilities that reported ART and /or TB stock outs in the district(n)	Total number of facilities that were contactable in each district( c)	Total number of facilities in each District that agreed to answer survey questions (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
A Nzo	22	60	57	38.6
Amathole	4	87	87	4.6
Buffalo City	6	56	52	11.5
Chris Hani	21	109	106	19.8
Cacadu	4	29	25	16
Joe Gqabi	9	23	23	39.1
Nelson Mandela Bay	5	39	34	14.7
OR Tambo	18	65	63	28.6
<b>Total</b>	<b>89</b>	<b>468</b>	<b>447</b>	<b>19.9</b>

Out of the 447 facilities that responded to queries in the Eastern Cape, 89 (19.9 %) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey.

**Table showing the number of facilities in the Free State that reported stock outs or shortages of ART and/or TB treatment by District in the preceding 3 months of being phoned**

District	Number of facilities that reported ART and /or TB stock-outs in the district(n)	Total number of clinics that were contactable in each district( c)	Total number of facilities in each District that agreed to answer survey questions (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Fezile Dabi	18	28	27	66.7
Lejweleputswa	14	37	34	41.2
Mangaung	19	39	34	55.9
T Mofutsanyane	35	72	57	61.4
Xhariep	4	15	15	26.7
<b>Total</b>	<b>90</b>	<b>191</b>	<b>167</b>	<b>53.9</b>

Out of the 167 facilities that responded to queries in the Free State, 90 (53.9%) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey.

## Appendix II (continued):

District level information of stock outs of ARV and / or TB medicines

**Facilities in Gauteng Province that reported stock outs or shortages of ART and/or TB treatment by District in the preceding 3 months prior to survey**

District	Number of facilities that reported ART and /or TB stock outs in the district(n)	Total number of facilities that were contactable in each district( c)	Total number of facilities in each District that agreed to answer survey questions (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Ekurhuleni	16	85	64	25
Johannesburg	22	102	96	22.9
Sedibeng	2	32	32	6.25
Tshwane	12	61	57	21.1
West Rand	6	36	35	17.1
<b>Total</b>	<b>58</b>	<b>316</b>	<b>284</b>	<b>20.4</b>

Out of the 284 facilities that responded to queries in Gauteng, 58 (20.4 %) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey.

**Facilities in KwaZulu Natal that reported stock outs or shortages of ART and/or TB treatment by District in the preceding 3 months prior to survey**

District	Number of facilities that reported ART and /or TB stock outs in the district(n)	Total number of facilities that were contactable in each district( c)	Total number of facilities in each District that agreed to answer survey questions (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Amajuba	10	20	19	52.6
Sisonke	1	18	17	5.9
Ugu	5	36	33	15.2
Umkhanyakude	4	26	21	19.1
Umzinyathi	1	34	27	3.7
Uthukela	2	27	21	9.5
Uthungulu	9	51	41	21.9
Zululand	4	44	37	10.8
eThekweni	1	67	60	1.7
iLembe	4	30	28	14.3
uMgungundlovu	4	40	28	14.3
<b>Total</b>	<b>45</b>	<b>393</b>	<b>332</b>	<b>13.6</b>

Out of the 332 facilities that responded to queries in KwaZulu Natal, 45 (13.6 %) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey

## Appendix II (continued):

District level information of stock outs of ARV and / or TB medicines.

**Facilities in Limpopo Province that reported stock outs or shortages of ART and/or TB treatment by District in the preceding 3 months prior to survey**

District	Number of facilities that reported ART and /or TB stock outs in the district(n)	Total number of facilities that were contactable in each district( c)	Total number of facilities in each District that agreed to answer survey questions (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Capricorn	28	69	68	41.2
Gr. Sekhukhune	25	58	55	45.5
Mopani	11	30	28	39.3
Vhembe	16	48	45	35.6
Waterberg	9	23	22	40.9
<b>Total</b>	<b>89</b>	<b>228</b>	<b>218</b>	<b>40.8</b>

Out of the 218 facilities that responded to queries in Limpopo Province, 89 (40.8 %) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey



**Facilities in Mpumalanga that reported stock outs or shortages of ART and/or TB treatment by District in the 3 months prior to survey**

District	Number of facilities that reported ART and /or TB stock outs in the district(n)	Total number of facilities that were contactable in each district( c)	Total number of facilities in each District that agreed to answer survey questions (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Ehlanzeni	29	108	103	28.2
G Sibande	5	34	33	15.2
Nkangala	24	92	88	27.3
<b>Total</b>	<b>58</b>	<b>234</b>	<b>224</b>	<b>25.9</b>

Out of the 224 facilities that responded to queries in Mpumalanga, 58 (25.9 %) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey.

**Facilities in the Northern Cape that reported stock outs or shortages of ART and/or TB treatment by District in the preceding 3 months of being phoned**

District	Number of facilities that reported ART and /or TB stock outs in the district(n)	Total number of facilities that were contactable in each district( c)	Total number of facilities in each District that agreed to answer survey questions (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
J T Gaetsewe	0	2	2	0
Namaqua	1	23	22	4.5
Pixley Ka Seme	8	16	15	53.3
Siyanda	2	24	23	8.7
<b>Total</b>	<b>11</b>	<b>65</b>	<b>62</b>	<b>17.7</b>

Out of the 62 facilities that responded to queries in the Northern Cape, 11 (17.7 %) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey.

### Facilities in the North West that reported stock outs or shortages of ART and/or TB treatment by District in the 3 months prior to survey

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total number of clinics that were contactable in each district( c)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Bojanala Platinum	6	56	49	12.2
Dr K Kaunda	0	30	30	0
Ngaka Modiri	2	73	70	2.9
Ruth Segomotsi	0	33	33	0
<b>Total</b>	<b>8</b>	<b>192</b>	<b>182</b>	<b>4.4</b>

Out of the 182 facilities that responded to queries in the North Western Province, 8 (4.4 %) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey.

### Table showing the number of facilities in the Western Cape that reported stock outs or shortages of ART and/or TB treatment by District in the preceding 3 months of being phoned

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total number of clinics that were contactable in each district( c)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Cape Town	6	81	71	8.5
Cape Winelands	1	56	53	1.9
Central Karoo	1	16	16	6.3
Eden	3	51	41	7.3
Overberg	0	20	17	0
West Coast	0	31	25	0
<b>Total</b>	<b>11</b>	<b>255</b>	<b>223</b>	<b>4.9</b>

Out of the 223 facilities that responded to our queries in the Western Cape, 11 (4.9 %) reported ART and/or TB medicine stock outs or shortages in the 3 months prior to the survey.

## Appendix III:

District level information of stock outs of ARV medicines.

### The proportion of facilities reporting ART stock outs in the previous 3 months in the Eastern Cape

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
A Nzo	21	57	36.8
Amathole	2	87	2.3
Buffalo City	5	52	9.6
Chris Hani	18	106	17
Cacadu	3	25	12
Joe Gqabi	8	23	34.8
Nelson Mandela Bay	4	34	11.8
OR Tambo	13	63	20.6
<b>Total</b>	<b>74</b>	<b>447</b>	<b>16.6</b>

### The proportion of facilities reporting ART stock outs in the previous 3 months in the Free State

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Fezile Dabi	18	27	66.7
Lejweleputswa	13	34	38.2
Mangaung	17	34	50
T Mofutsanyane	33	57	57.9
Xhariep	4	15	26.7
<b>Total</b>	<b>85</b>	<b>167</b>	<b>50.9</b>

### The proportion of facilities reporting ART stock outs in the previous 3 months in Gauteng Province

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Ekurhuleni	13	64	20.3
Johannesburg	21	96	21.9
Sedibeng	2	32	6.25
Tshwane	9	57	15.8
West Rand	5	35	14.3
<b>Total</b>	<b>50</b>	<b>284</b>	<b>17.6</b>

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**The proportion of facilities reporting ART stock outs in the previous 3 months in Gauteng Province**

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total number of clinics that were contactable in each district( c)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Ekurhuleni	13	64	20.3	8.5
Johannesburg	21	96	21.9	1.9
Sedibeng	2	32	6.25	6.3
Tshwane	9	57	15.8	7.3
West Rand	5	35	14.3	0
<b>Total</b>	<b>50</b>	<b>284</b>	<b>17.6</b>	<b>0</b>

### Appendix III (continued):

District level information of stock outs of ARV medicines.

**The proportion of facilities reporting ART stock outs or shortages in the previous 3 months in KwaZulu Natal**

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Amajuba	10	19	52.6
Sisonke	1	17	5.9
Ugu	5	33	15.2
Umkhanyakude	4	21	19.1
Umzinyathi	1	27	3.7
Uthukela	2	21	9.5
Uthungulu	7	41	19.5
Zululand	4	37	13.5
eThekwini	0	60	1.7
iLembe	4	28	14.3
uMgungundlovu	4	28	14.3
<b>Total</b>	<b>42</b>	<b>332</b>	<b>12.7</b>

The table below shows the proportion of facilities reporting ART stock outs in the previous 3 months in Limpopo

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Capricorn	23	67	34.3
Gr. Sekhukhune	22	55	40
Mopani	11	28	39.3
Vhembe	16	45	35.6
Waterberg	8	22	36.4
<b>Total</b>	<b>80</b>	<b>218</b>	<b>36.7</b>

The proportion of facilities reporting ART stock outs in the previous 3 months in Mpumalanga

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Ehlanzeni	28	103	27.2
G Sibande	5	33	15.2
Nkangala	23	88	26.1
<b>Total</b>	<b>56</b>	<b>222</b>	<b>25.2</b>

### Appendix III (continued):

District level information of stock outs of ARV medicines.

The proportion of facilities reporting ART stock outs in the previous 3 months in the Northern Cape

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
J T Gaetsewe	0	2	0
Namaqua	1	22	4.5
Pixley Ka Seme	6	15	40
Siyanda	2	23	8.7
<b>Total</b>	<b>9</b>	<b>62</b>	<b>14.5</b>



The table below shows the proportion of facilities reporting ART stock outs in the previous 3 months in North West

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Bojanala Platinum	5	49	10.2
Dr K Kaunda	0	30	0
Ngaka Modiri	2	70	2.9
Ruth Segomotsi	0	33	0
<b>Total</b>	<b>7</b>	<b>182</b>	<b>3.8</b>

The table below shows the proportion of facilities reporting ART stock outs in the previous 3 months in Western Cape

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage (%) Of facilities that reported ART and/or TB stock outs in each district (n/N*100)
Cape Town	2	73	2.7
Cape Winelands	1	53	1.9
Central Karoo	1	16	6.3
Eden	2	41	7.3
Overberg	0	17	0
West Coast	0	25	0
<b>Total</b>	<b>6</b>	<b>223</b>	<b>2.7</b>

## Appendix IV:

District level information of stock outs of TB medicines.

The proportion of facilities reporting TB stock outs in the preceding 3 months in the Eastern Cape

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
A Nzo	1	57	1.8
Amathole	2	87	2.3
Buffalo City	1	52	1.9
Chris Hani	3	106	2.8
Cacadu	1	25	3.8
Joe Gqabi	2	23	8.7
Nelson Mandela Bay	1	34	2.9

OR Tambo	7	63	11.1
<b>Total</b>	<b>18</b>	<b>447</b>	<b>4.0</b>

**The proportion of facilities reporting TB stock outs in the preceding 3 months in the Free State**

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
Fezile Dabi	0	27	0
Lejweleputswa	2	34	5.9
Mangaung	3	34	8.8
T Mofutsanyane	3	57	7
Xhariep	0	15	0
<b>Total</b>	<b>8</b>	<b>167</b>	<b>4.8</b>

**The table below shows the proportion of facilities reporting TB stock outs in the preceding 3 months in the Gauteng Province**

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
Ekurhuleni	3	65	4.6
Johannesburg	0	96	0
Sedibeng	0	32	0
Tshwane	3	57	5.3
West Rand	0	36	0
<b>Total</b>	<b>6</b>	<b>284</b>	<b>2.1</b>

**Appendix IV continued:**

District level information of stock outs of TB medicines.

**The proportion of facilities reporting TB stock outs in the preceding 3 months in KwaZulu Natal**

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
Amajuba	1	19	5.3
Sisonke	0	17	0
Ugu	0	33	0
Umkhanyakude	1	21	4.8
Umzinyathi	0	27	0
Uthukela	0	21	0
Uthungulu	2	41	17.1
Zululand	0	37	0
eThekwini	1	60	1.7
iLembe	0	28	0
uMgungundlovu	0	28	0
<b>Total</b>	<b>5</b>	<b>332</b>	<b>1.5</b>

**The table below shows the proportion of facilities reporting TB stock outs in the preceding 3 months in Limpopo**

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
Capricorn	7	67	10.4
Gr. Sekhukhune	3	55	5.5
Mopani	0	28	0
Vhembe	0	45	0
Waterberg	1	22	4.5
<b>Total</b>	<b>11</b>	<b>218</b>	<b>5.0</b>

The proportion of facilities reporting TB stock outs in the preceding 3 months in Mpumalanga

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
Ehlanzeni	1	103	0.97
G Sibande	0	33	0
Nkangala	2	88	2.3
<b>Total</b>	<b>3</b>	<b>224</b>	<b>1.3</b>

## Appendix IV continued:

District level information of stock outs of TB medicines.

The proportion of facilities reporting TB stock outs in the preceding 3 months in the Northern Cape

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
J T Gaetsewe	0	2	0
Namaqua	0	22	0
Pixley Ka Seme	2	15	13.3
Siyanda	1	23	4.3
<b>Total</b>	<b>3</b>	<b>62</b>	<b>4.8</b>

The proportion of facilities reporting TB stock outs in the preceding 3 months in North West Province

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
Bojanala Platinum	1	49	2
Dr K Kaunda	0	30	0
Ngaka Modiri	0	70	0
Ruth Segomotsi	0	33	0
<b>Total</b>	<b>1</b>	<b>182</b>	<b>0.5</b>



The proportion of facilities reporting TB stock outs in the preceding 3 months in North West Province

District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
Bojanala Platinum	1	49	2
Dr K Kaunda	0	30	0
Ngaka Modiri	0	70	0
Ruth Segomotsi	0	33	0
<b>Total</b>	<b>1</b>	<b>182</b>	<b>0.5</b>

The table below shows the proportion of facilities reporting TB stock outs in Western Cape

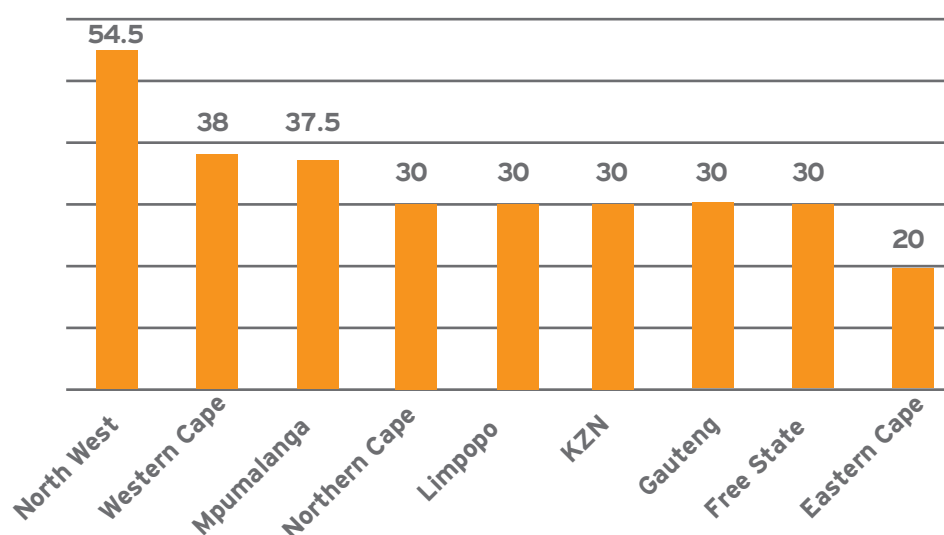
District	Number of facilities that reported ART and/ or TB stock outs in district (n)	Total Number of responding facilities in District (N)	Percentage % of facilities reporting TB drug stock outs per district in the last 3 months (n/N *100)
Cape Town	4	71	5.6
Cape Wine lands	0	53	0
Central Karoo	0	16	0
Eden	1	41	2.4
Overberg	-	17	-
West Coast	-	25	-
<b>Total</b>	<b>5</b>	<b>223</b>	<b>2.2</b>



## Appendix IV:

### Duration of reported stock outs

**Figure 7: Median duration of stock outs in days, by province, for facilities which reported a stock out of an ARV and/or TB medicines in the 3 months prior to being contacted for survey**



**Median duration of reported stock outs in days, for facilities that reported ARV and/or TB medicine stock outs in the 3 months prior to being contacted for survey**

Province	Median duration in Days (inter-quartile-range)	Reporting stock out duration
North West	54.5 (7 - 107)	10
Western Cape	38 (22 - 53)	11
Mpumalanga	37.5 (15 - 60)	42
Northern Cape	30 (14 - 71)	11
Limpopo	30 (14 - 60)	85
KwaZulu Natal	30 (14 - 45.5)	40
Gauteng	30 (30 - 60)	55
Free State	30 (14 - 60)	86
Eastern Cape	20 (14 - 46)	84
National Median	30 (14 - 60)	424

# Did you get all of your medication today?

Uyitholile yonke imithi yatho namhlanje?

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### 1. TELL US!

If you did not receive all your medicine today, let us know.



### 2. ACTION

We will help you and your clinic look into the problem.