

Case Study: Stop Stock-outs Campaign
A CSO initiative to increase access to medicines



Title: Stop Stock-outs Campaign	Date: June 2010
Personnel involved: CSO Alliance	Location: Uganda

Country context: (200 words)

Uganda is a low income country, with a GDP of US\$430 per capita¹. About 31% of the population lives in poverty under a dollar a day (UBOS 2005/06). Out of the over 2000 government health facilities, 90% are lower level (Health Centre II and III) serving parish and sub-county level. The overwhelming majority of Ugandans (about 85%) live in rural areas². From 2001 the government has had a “free medicine” policy for the public health facilities.

Access to health care and other social services remains a challenge, partly as a result of under-funding, challenges in the procurement and distribution of medicines including human resource capacity and skills, pilferage to mention.

Problem identification: (250 words)

A ‘stock-out’ is when a pharmacy temporarily has no medicine/s on the shelf. In 2008, only 45.7% of public health facilities had a basket of 28 essential medicines available. The duration of stock-outs in 2008 in public health facilities averaged 72.9 days per year³. The prices of these medicines in the private sector were 3-5 times their International Reference Prices (MSH).

Other surveys by MoH/WHO/HAI (HEPS) on medicine availability and price of a basket of 40 essential medicines also show a similar trend of poor availability across all sectors (public, mission and private) and high prices (in private sector) of medicines.

The campaign to combat stock-outs is in five African countries –Kenya, Malawi, Uganda, Zambia and Zimbabwe is a civil society initiative to get essential medicines on the shelves of public health facilities.

¹ UBOS, Statistical Abstract 2008

² Uganda Bureau of Statistics (UBOS), Statistical Abstract 2008

³ Pharmaceutical Situation Assessment-Level II-Health Facility Survey Report 2008, Ministry of Health Uganda

MeTA's intervention (300 words max)

MeTA' contribution to the campaign:

- *MeTA CSO Capacity building:* The CSO capacity building workshop held in early 2009 trained 40 participants from over 25 organizations and was a benchmark in creating understanding among CSOs and media of medicine related issues and monitoring.
- *Material for campaign:* Monitoring Medicines availability and price survey reports by MoH/WHO/HAI (HEPS) were used to create material and evidence for the campaign
- *MeTA Council input:* All material used for the campaign was debated by the MeTA council. This platform was used to make an input into the material and seek stakeholder support for the campaign. This support helped build success for the campaign.

Outputs: (300 words max)

The campaign aroused wide public and media interest. In the last one year, a day has hardly passed without reporting on the state medicines in the country. There have been reports in the news dailies (print media), discussions over radio and television.

The sustained reports in the media generated public debate on medicine stock-outs, their causes and possible solutions. There have been frequent independent stories of medicine stock-outs in public health facilities, arrests of unscrupulous health workers caught stealing drugs.

Impact and significance: (300 words max)

The National Medical Stores (NMS) came out strongly to respond to media reports on stock outs through statements and Op-ed articles.

The sustained media reporting and concern prompted members of the Social Services Committee of Parliament to make unannounced visit to National Medical Stores to ascertain the stock levels and causes of stock-outs and from their recommendation, in July 2009, NMS was given autonomy and more responsibility in procurement and distribution of medicines, while the responsibility of the district local governments was reduced.

On 31st August 2009, Parliament passed the 2009/10 national budget, approving a separate vote for NMS for the first time ever. This means the money for medicines will no longer go through the Ministry of Health where in the previous year part of it had been diverted to other budgets. It is thought that the decision may lead to less bureaucracy and increase resources for medicine procurement on a timely basis.

The President has come out on several occasions, including in his 2009 Independence Day speech to highlight the issue of access to medicines, reasons for stock-out and solutions.

In October, the President's Office announced the establishment of a Drug Monitoring Unit (Health Service Delivery Monitoring Unit) with a mandate to investigate and curb theft of medicines in government hospitals.

Stop Stock-outs campaign has raised more awareness about the right to health and to access essential medicine in Uganda than ever before. The public are becoming more active in debating the issues, reporting stock-outs and holding institutions to account. The Government has shown some indications of responding to the campaign in a positive way and changes are taking place at policy and implementation level.

What lessons can be drawn from this experience?(200 words max)

The Stop Stock outs Campaign is an example of how different sectors, with different interests can contribute to a common goal.

Links to useful publications/websites/contact details of key people involved etc.

<http://stopstockouts.org/>

www.heps.or.ug