Community Working Group on Health (CWGH)

Press Statement

21 August 2017

RE: Urgent need to address the ARV stock-outs

The Community Working Group on Heath (CWGH) would like to express deep concern over the current shortage of life-saving anti-retroviral drugs in the country's public health institutions as this has serious health ramifications for people living with HIV/AIDS.

It is disheartening that Zimbabwe - which has made tremendous gains in reducing HIV/AIDS related deaths over the years through multi-sectoral efforts – is now experiencing a serious shortage of Abacavir – a second line ARV drug to the extent that people taking that drug are only being given a week's supply instead of the usual three months' provision.

The shortages will definitely compromise the health of the 35% of the estimated one million people on second line treatment as they will default on taking their medication. Limited availability of ARVs impedes patient initiation, adherence and poses a major barrier to win against the HIV response as a country. It should be emphasised that optimal adherence is essential to ensure individual treatment access and limit viral resistance. Treatment for HIV/AIDS is threatened when ARV drugs are not available, undermining treatment compliance.

The weekly supply of the drugs will force people to commute regularly to their usual collection points thereby incurring heavy out-of-pocket costs, a situation most people will not afford under the current harsh economic situation. Some will fail to collect their drugs leading to defaulting due to prohibitive costs. Even once drugs reach facilities, there are many other barriers to access. Communities face charges for transport and fees to use facilities, face the costs of lost work time. When drugs are not available in facilities community members may be forced to buy them from private suppliers. The cost of medications have increased significantly and medical care costs have been the highest rising element of the Consumer Price Index for some time.

If the current situation is not addressed urgently, the country will end up losing some of the gains recorded over the past years. It is important that the government secures access to ARVs

for the realization of the 90-90-90 objectives; that is to initiate 90% of diagnosed patients and obtain viral suppressing in 90% of those on ART.

What is most disturbing is that the shortages of ARVs comes at a time the World Health Organisation (WHO) has warned of a drug resistant HIV as an emerging threat in developing countries. It must be noted that drug interruption has been cited for increased cases of this new strain. According to the WHO, rational drug use implies that "patients receive medications appropriate to their clinical needs, in doses that meet their own requirements, for an adequate period of time, and at the lowest cost to them and their community".

It is professionally unacceptable that the situation was allowed to deteriorate to these levels when the country has the Ministry of Health and Child Care (MoHCC) and the National AIDS Council (NAC), institutions that jointly superintends over the procurement and distribution of the living-saving drugs. Both institutions must have raised the red flag well before the situation reaches this crisis point if proper monitoring procedures were in place.

The major constraint to procurement in 2017 has also been the availability of foreign currency to procure ARVs. Foreign currency supplies from the Reserve Bank of Zimbabwe can lag behind for as much as 4-5 months. There is need to advocate for more immediate policy attention to be given to significant obstacles in drug access, including foreign currency supplies to Natpharm, timely payment to Natpharm of debts, adequacy of trained pharmacists in government service, improved management of drugs with an information system that provides timely information on drug availability, improved equity in the distribution of available drugs with greater support of drug supplies to primary care level.

There are a number of factors affecting drug availability. It appears that at primary care level the level and quality of staffing, expertise and resources is currently too low to provide for the basic requirements of a drug procurement and management system. Higher levels of the health system are also not adequately supporting quality and supply in this level of care.

Resource constraints and foreign currency shortages have also limited supplies at higher levels. There are also shortages due to losses from supplies that have been obtained. This occurs when drugs expire or are stolen.

Government spending on health had declined in real terms and is currently concentrated in hospitals, particularly at central level. There is disproportionately high expenditure on staff and health infrastructure as compared to other recurrent inputs such as pharmaceuticals and maintenance, resulting in the general shortage of medical consumables. The shortage of foreign currency has undermined efforts to maintain a supply of affordable ARVs.

As an organization whose primary focus is the enjoyment of quality equitable health services, the CWGH would like to urge the government to quickly avail foreign currency for the procurement of ARVs to save thousands of lives that are under threat.

There is evidence that drug access has fallen in recent years, and that drug availability is falling, most sharply at the clinic services that form the frontline of the health care system with the community. This represents an unfair cost burden on poor communities, but also opens the way for the growth of private unregulated drug markets.

The CWGH proposed that foreign currency be prioritized for ARV access (i.e. ARVs be ranked with energy and fuel as a priority claimant on foreign currency) or ARVs would have to be purchased from private sector suppliers at very high prices.

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