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WATCHDOG UNCOVERS REASONS FOR ARV STOCK-OUTS IN TANZANIA

Tanzanian NGO Sikika has [uncovered the cause of shortages and stockouts](#) of ARVs over 2014, which led to some patients receiving fewer supplies and others having their treatment regimens and medicine brands changed, prompting some patients to experience new side effects. Among the reasons stock management was so poor was a failure to properly implement the Global Fund's pooled procurement mechanism and failure to adhere to government requirements and procedures.

The report also uncovers contradictory perceptions by country level actors; development partners blame weak government systems, and the government blames the Fund's PPM.

Tanzania has been a member of the PPM since 2013. It enrolled voluntarily to purchase commodities across all three disease components and to benefit from reduced product and agency costs, overall savings, shorter lead times, and fewer requirements. However, increased challenges within the procurement system, inadequate procurement management and poor communication and coordination between responsible procuring implementers and government agencies have meant that the country is now mandated to participate in the PPM.

Sikika found that the usual effectiveness of the mechanism was hindered by delays in product delivery from the manufacturer level. Also delayed were the re-registration of expired licenses for the required ARVs by the Tanzania Food and Drugs Authority (TFDA). Another contributing factor was a global shortage in the market during the same time.

"The GF had high expectations of early deliveries but several procedures from different institutions had to be followed before final deliveries were made," the Ministry of Health and Social Welfare (MoHSW) said in

the report.

Some stakeholders attributed the stockouts to what they consider to be Tanzania's reliance on donor money. Members of parliament have urged a greater government commitment to HIV to cover such emergencies. Between the Global Fund and PEPFAR, 86% of the total budget for HIV/AIDS in Tanzania is covered, with the Fund primarily responsible for purchase of ARVs.

Using data obtained from routine monitoring of health facilities, the researchers examined the availability of medicines in seven regions in Tanzania, including Dar es Salaam: the country's largest city.

Stockouts meant that facilities were unable to give patients their routine supplies, for example reducing someone's drug supply from two months to two weeks. Others had their treatment regimens and medicine brands change. The risk of these kinds of modifications is reduced adherence and new side effects. Sikika confirmed from patients that these changes are widespread and are forcing patients to use regimens they had discontinued due to side effects. As a result, some are experiencing new side effects such as dizziness, high blood pressure and a drop in CD4 count.

The organization will use the report's findings to advocate for increased and more constant availability and accessibility of medicines and medical supplies in the country's health facilities.

The PPM was introduced in 2007 and now controls procurement of commodities worth \$1.2 billion annually. Direct control of procurement is predominantly limited to high-risk countries. Although largely voluntary, PPM is made a requirement for countries with weak procurement systems.

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