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FUND ADDRESSES SHORTAGES OF ARVS IN UGANDA

In January, in response to a shortage of antiretrovirals in Uganda, The Global Fund Secretariat arranged to procure a supply of the drugs. In addition, as a precautionary measure, the Secretariat is providing Uganda with a full year's supply of drugs, the first batch of which is expected to arrive in March. This comes as a relief to the 241,000 Ugandans who are receiving ARVs purchased with money from The Global Fund.

With donor support, Uganda has scaled up antiretroviral treatment: The number of antiretroviral treatment facilities has risen from 475 in 2011 to 1,603 in June 2014. ART coverage increased from 43% in 2013 to 48% in June 2014.

These successes were under threat by the shortage that hit Uganda in the last few months of 2015. According to the Ministry of Health's pharmacy division stock status report of 1 October 2015, some of the key adult first- and second-line ARVs and some paediatric ARVs were out of stock out at the National Medical Stores. The NMS distributes essential medicines and medical supplies to all public health facilities in Uganda.

The report revealed that some ARVs were also out of stock at the facility level. However, the number of HIV-infected people affected by the shortage is not clear.

The shortage is believed to be caused by the depreciation of the Ugandan shilling and an increase in the number of HIV-infected individuals being placed on ART. The Ugandan shilling depreciated by approximately 27% against the dollar in the 2014-2015 fiscal year. As a result, the principal recipient, the Ministry of Finance, Planning and Economic Development (MoFPED), was unable to purchase all of the ARVs it had budgeted for.

Uganda has been scaling up ART services through its test and treat strategy. Under this strategy, treatment is initiated immediately upon diagnosis, regardless of the CD4 count, for pregnant women, key populations, HIV/TB co-infected persons, infected persons with an uninfected partner, and children aged less than 15 years. According to the Fund, Uganda has been adding about 20,500 people to its ARV rolls every year since 2014.

In October 2015, the PR informed the Secretariat about the shortage and requested that planned drug deliveries be speeded up. The decision to send a year's supply was reached after the Global Fund conducted a risk-benefit analysis. The Global Fund will likely end up using more money than was budgeted in the grant for ARVs. This, in turn, could result in the grant running out of funds before it is scheduled to end in 2017. However, the Fund believes that this is a risk worth taking.

“Any other course of action would be worse,” the Fund’s media specialist Marcela Rojo told Aidspace, “The decision was based on weighing possible future treatment disruptions against definite current terminations of treatment.”

Meanwhile, The Global Fund is discussing long-term solutions with the PR. In 2012, the government of Uganda contributed 12% of the total amount of money spent on HIV while development partners contributed 68%. The remaining 20% was from private sources including money paid by individuals for the HIV services.

“We advise the government of Uganda to mobilize more resources from the Ministry of Finance and other partners to fill the gaps and find a long-term solution,” said Ms. Namirimu, Communications Officer at the Uganda Network of AIDS Service Organizations. She believes that operationalizing the HIV and AIDS Trust Fund could be one way of preventing future shortages. The Ugandan parliament set up the trust fund in 2014. The main objective of the fund is to ensure sustainable resources for HIV counselling, testing, and treatment. Sources of money include a 2% share of total taxes levied on soft drinks, beer, water, and other consumables; a share of the revenue from other taxable items; and donations. (See [GFO article](#).)

“If a person living with HIV on line one treatment misses out on drugs, he will become drug resistant to line one drugs and will need line two and this will be more expensive for the country” said Ms. Namirimu.

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