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National Department of Health

31 May 2016
Southern Sun Hotel Pretoria
Over the past decade South Africa has experienced an unpredicted growth in patients requiring access to long term therapies. Not only has South Africa introduced universal access to Antiretroviral Therapy (ART) for patients living with HIV and AIDS but there has also been a steady increase in the proportion of our population with Non-communicable Diseases (NCD), requiring chronic therapy.

The changing epidemiological profile of South Africa has led to an over extension of public sector health care facilities. This has placed enormous strain on available resources and has contributed towards medicine shortages and declining quality of care.

Programme to provide alternative access of chronic medicine for public sector patients who are stable.
6.1.4 Contracting private health care providers

“Contracting for pharmaceutical services will also be undertaken to facilitate improved access for patients that have been stabilized. This will be achieved through determining medicine collection points in the community such as schools, churches and community pharmacies.”

6.7 Improving access to pharmaceutical services

Chronic stable patients in the public sector are usually required to travel to a health facility and wait several hours to collect their chronic medication on a monthly basis. Ultimately, this system will be eliminated so that patients will not be required to travel long distances and wait long hours for their medication. There are several alternatives that are more efficient, including the use of chronic medicine pre-dispensing and delivery to a point closest to the patient. These alternatives are already being piloted in some areas.

232. To improve patient access to needed medicines, especially for patients on chronic medication, as well as to assist with decongesting public clinics, the Department implemented the Centralised Chronic Medication Dispensing and Distribution (CCMDD) programme. The programme is comprised of two programme components, Central Chronic Medicine Dispensing and Distribution (CCMDD) and Pick-Up Points (PuPs).

233. To date, the implementation of CCMDD has focused primarily on the provision of ARVs, Fixed-dose Combination (FDC) in particular, to stable HIV patients receiving Antiretroviral Therapy (ARV); however, the programme is eventually intended to encompass all stable patients with chronic conditions whose management consists of bi-annual clinic visits and check-ups. Over 260,000 patients have been registered on the programme and this has helped to improve access to chronic medications.
PROGRAMME COMPONENTS

1. CENTRAL DISPENSING

2. COLLECTION

DISTRIBUTE
PROCESS FLOW

- **Registration**
  - Patient enrollment and consent
  - Dispense 1st issue of repeat
  - Prescription authorization

- **Dispensing**
  - Prescription capture
  - Dispense subsequent months

- **Distribution**
  - Distribute to Pick-up Point
  - Send SMS to patient

- **Collection**
  - Receipt and management of parcels
  - Identify patient and issue
  - Notify facility if uncollected
  - Return uncollected parcels

- **Tracing**
  - Defaulter tracing
  - Provide feedback to facility
DATA MODELS

• FACILITY ENROLMENT
  • DHIS

• PATIENT ENROLMENT
  • DHIS statistics
  • Tier.Net

• MEDICINE AVAILABILITY
  • Central Procurement
  • PMPU (Demand Planning)

• PICK-UP POINTS
  • District identification and verification
  • National registration
  • Central National Database

• MEDICATION ERROR
  • CCMDD service provider

• CALL CENTRE
  • Clinical
  • General tracing

Weekly updates
Monitoring and Evaluation
Service Level Agreements
1. Background
2. Data Models
3. Key Results
4. Conclusions and Recommendations
5. Summary of key points
COVERAGE

470,930
20 May 2016

972
20 May 2016
# PICK-UP POINTS

## Data Sources
- Central National Database
- Supplier databases

## PuP Types

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Pharmacies</th>
<th>GPs</th>
<th>Private Clinics</th>
<th>Logistics</th>
<th>NGOs</th>
<th>OHC</th>
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## Province wise PuP breakdown

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<th>District</th>
<th>Facility</th>
<th>Private</th>
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<td>Dr Ruth Segomotsi Mompati</td>
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<td><strong>Total</strong></td>
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<td><strong>Total PuP</strong></td>
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**Split**
- Public: 77%
- Private: 23%
OUTLINE

1. Background
2. Data Models
3. Key Results
4. Conclusions and Recommendations
5. Summary of key points
BENEFITS

- Patient
  - Fewer clinic visits
  - Medicine availability
  - Delivery closer to home of work
  - Convenient collection times

- Facilities
  - Decreased workload
  - More time for patient care
  - Less stock to manage
1. Background
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5. Summary of key points
• Significant Points

  – Significant Point 1:
    • Improved access to chronic medicines

  – Significant Point 2:
    • Improved medicine availability through demand planning

  – Significant Point 3:
    • Improved patient experience
THANK YOU