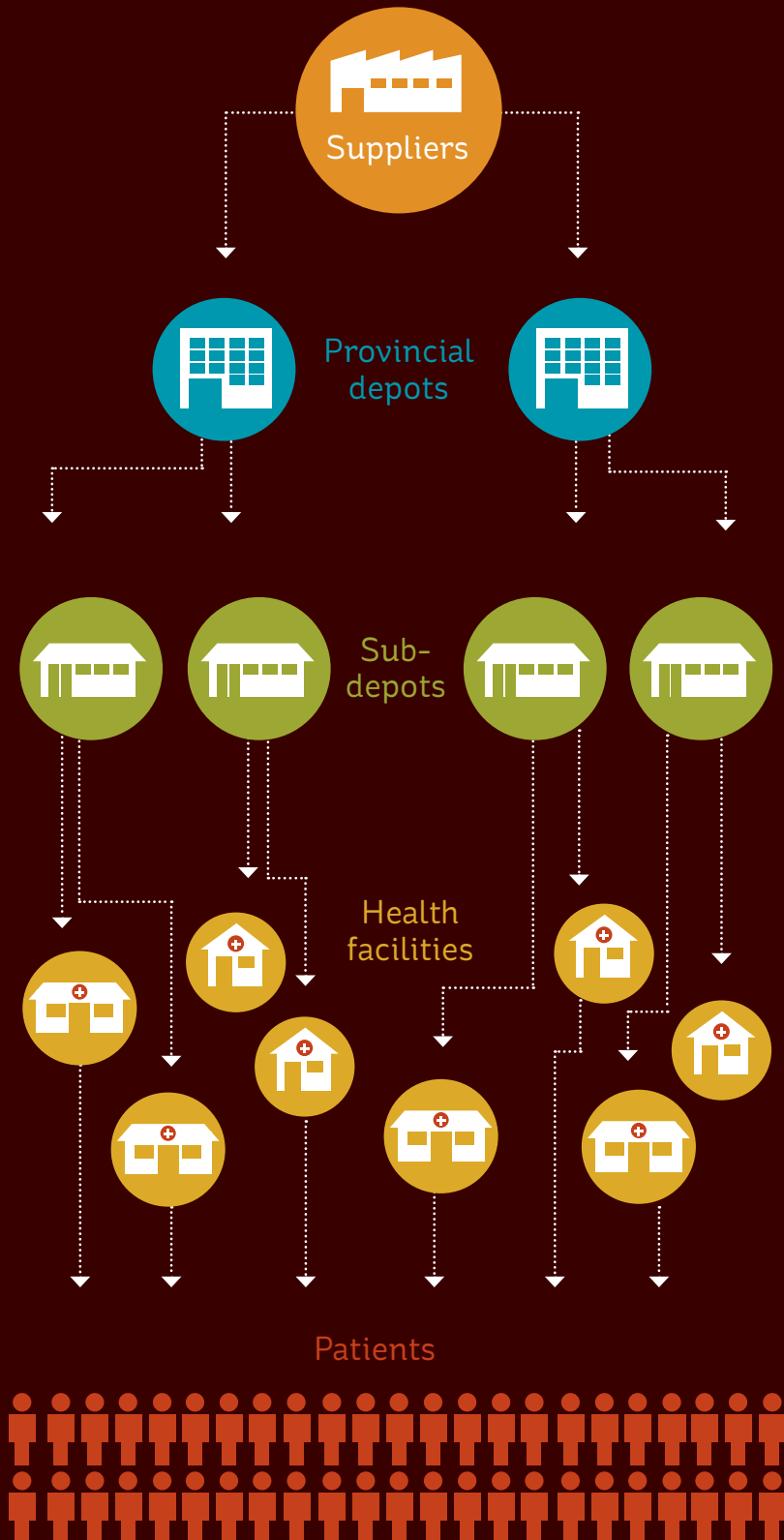


FROM FACTORY TO PATIENT

The distribution supply chain



Suppliers (medicine manufacturers and importers). The state buys ARVs from pharmaceutical companies according to the conditions of a special two-yearly ARV tender. If pharmaceutical companies fail to deliver the required quantities on time this can lead to medicine stock-outs at health facilities. It is essential that the state orders the right quantities of medicines from suppliers. Accurate forecasting of future needs is needed.

Depots receive medicines from suppliers. The drugs are then distributed to sub-depots and, in some cases, directly to health facilities. Good stock management and prompt responses to orders from sub-depots and health facilities are essential if problems are to be prevented down the line.

Sub-depots are the 'middle-man' between the depots and the health facilities. Medicine stock-outs occur if, for example, sub-depots are slow to respond to orders placed by health facilities. Similarly, if the sub-depots don't place their orders on time with the provincial depots, there may be shortages. Some sub-depots struggle because they don't have enough space to store medicines.

Health facilities (clinics and hospitals) place their medicine orders with the depots. If the orders are late or incorrect, stock-outs of essential medicines may happen. In a well-functioning clinic, good planning, good stock management, and correct and timely ordering are essential.

Patients who do not get HIV treatment when they need it can develop drug resistance and get sick. Medicine stock-outs may also lead to patients being given smaller amounts of medicine. This means they have to visit the clinic more regularly. Patients will then have to spend more money on transport and this will impact particularly on the poor.