

**Press Statement: July 27<sup>th</sup> 2022**

## **CSOs Call for an End to the Persistent Stockouts of Life-saving HIV medicines in Uganda**

### **Summary: Stop the Stockouts Crisis**

Uninterrupted and adequate supplies of life-saving antiretroviral treatment are essential to achieving Uganda's goal of defeating HIV and achieving the 95-95-95 targets of 95% of people with HIV knowing their HIV status, 95% of those being on treatment, and 95% of those having durably suppressed viral load. Government has committed through the National Strategic Plan of the Uganda AIDS Commission to improving access to second- and third-line treatment regimens as a fundamental strategy to achieving reduction in new HIV infections and AIDS-related deaths by 2025..

Over the last 6-9 months, monitoring of the quality and accessibility of the HIV response carried out by people living with HIV and other directly impacted communities has exposed chronic shortages of HIV treatment at facilities across the country, particularly third-line medicines such as raltegravir and darunavir for people who are "treatment experienced," meaning first- and second-line treatments are not effective for them. Treatment experienced HIV positive people are more likely to be immunocompromised and are at great risk of HIV progression.

Unfortunately, the government of Uganda, PEPFAR and the Global Fund have not resolved this stock out crisis. These findings were confirmed by the Ministry of Health's most recent quarterly stock status report, which states "Low stock levels of Raltegravir 400mg (0.3 MoS) and Raltegravir 100mg (2.0 MoS) and Darunavir 75mg (0.0 MoS). Pipeline of Darunavir 75mg (11.6 MoS) is expected in June 2022. Available stock of Ritonavir 100mg and Darunavir 600mg is short-dated."

### **Today civil society organizations sought immediate resolution to the life-threatening crisis of HIV antiretroviral treatment stock outs in the country.**

Treatment shortages of third-line medicines are deadly especially when it is known that beyond this there are no options available for the affected clients. To live long, healthy lives and halt onward transmission of HIV, all babies, children and adults living with HIV need access to antiretroviral treatment that suppresses their viral load and keeps them healthy. But universal access to treatment is becoming a mirage for people living with HIV

The persistence in the problem with no solution a few weeks ending June and beginning July was so appalling that affected PLHIV revealed that they were at a phase where Clients were being given ART refills for as little as one week. Civil society organizations speaking to clients and health facility managers around Kampala and Wakiso note that there is fear, panic and worry is out there over potential risks of having disease progression and drug resistance that the current

HIV response at the moment may not handle because there are no options beyond 3rd Line-placing the lives of close to 2,500 clients served by the National response in jeopardy.

While some medicines were recently delivered to JMS, this has not resolved the crisis rather as communities we anticipate further persistence of the stockouts because the supplies made a week ago are inadequate and incomplete-sub-optimal regimen is offered (only ritonavir), clients who have spent over a period of 5 months are re-initiated to care without any viral load testing done

In response attempt to seek answers and redress mechanism, CSO Coalition are seeking the AIDS Control Program for answers as to why there were stock outs in the first place, dialogue on the potential strategies or solutions for ensuring that the affected clients get the needed support.

But also People living with HIV want to use the opportunity and platform to call for urgent responses to these reported cases of persistent stock outs of Raltegravir, Darunavir, and Ritonavir from the Government of Uganda, PEPFAR, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

### **Third-line treatment stockouts and the devastating impact on people living with HIV on 3<sup>rd</sup> Line and CSOs Call to Action**

Stock outs and shortages of HIV commodities at the health facilities increase the risk of treatment interruption, antiretroviral resistance, treatment failure, sickness and death. Unsuppressed viral load can also result in onward transmission of HIV through sex or during pregnancy. Many people on third-line treatment are young people who already face extraordinary challenges living with HIV stigma and discrimination.

#### **Therefore, civil society we stand to recommend that:**

- a) Government of Uganda:  
Implement the 15% Abuja declaration as a signatory and ensure that each health sector including HIV has clear cut expenses for all areas of intervention including commodities  
Government of Uganda in situations of such crisis speak out and inform the affected population with clear guidance on how the clients will be managed by service providers over the period of such crisis
- b) NMS:  
Deliver medicines with longer shelf life which will reduce on volume of expiries.  
Strengthening inventory management practices and Optimizing supply chain management of medical and pharmaceutical products for commodity security with minimal stock outs of essential products.  
Timely delivery of supplies by NMS to mitigate the risk of drug stock outs
- c) Global Fund: The Global Fund must step up with an emergency procurement of medicines for third line treatment, doubling current investments in order to ensure all people with HIV on third line of continuous access to highly active therapy.

