

# FACT SHEET



www.stopstockouts.org

## STOCK-OUTS OF ESSENTIAL MEDICINES

### What are stock-outs?

When a pharmacy (in a medical store or health facility) temporarily has no medicine on the shelf, it is known as a “**stock-out**”. It may affect one medicine or many medicines, or in the worst case, all medicines. A stock-out can be documented at one point-in-time or over a period of days, weeks or months. When there is good stock management systems in place, the stock-out duration will be minimal or, ideally, never.

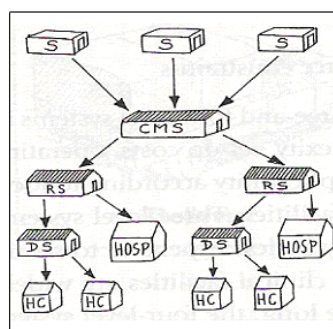
The consequences of stock-outs for patients are grave:

- They have to travel to other health facilities or private sector which may be far away and often many times more expensive... or
- They may go without the medicines they need.
- They may get an alternative, appropriate or not, medicine.
- They lose confidence in the health facility to meet their needs.

### The supply chain in developing countries:

#### Getting medicines to patients

- The government makes a “**forecast**” of how many medicines will be needed to manage and treat the population, based on the major public health challenges in the country.
- **Orders and tenders** are generated;
- Medicines are **purchased and stored** centrally;
- Medicines are **distributed** to regional stores and local health facilities;
  - In a **push** system, health facilities receive “kits” containing a set amount of medicines. The central and regional stores prepare and send these kits on a regular schedule.
  - In a **pull** system, the health facility decides the quantity of medicines needed and then they place orders for the medicines at the district, regional or central store.
- Medicines are dispensed to patients in health facility pharmacies.



**Key**  
S supplier  
CMS central medical store  
RS regional store  
DS district store  
HOSP hospital  
HC health centre

### Campaign partners

**Kenya:**  
CIN Kenya  
Consumer Information Network  
KETAM  
Kenya Access Treatment Movement  
KEHPCA  
Kenya Hospices and Palliative Care  
Association  
EPN  
Ecumenical Pharmaceutical Network

**Malawi:**  
MHEN  
Malawi Health Equity Network

**Madagascar:**  
SISAL  
Sambatra Izay Salama

**Uganda:**  
AGHA  
Action Group for Health Human Rights and  
HIV/AIDS  
HEPS  
Coalition for Health Promotion and Social  
Development  
NAFOPHANU  
National Forum of PLHA Networks in Uganda

**Zambia:**  
NZP+  
Network of Zambian People Living with  
HIV/AIDS

TALC  
Treatment Advocacy and Literacy  
Campaign

**Zimbabwe:**  
CWGH  
Community Working Group for  
Health

#### Regional /International partners:

Oxfam  
HAI Africa - Health Action International Africa

The Stop Stock-outs campaign is funded by support from the **Open Society Institute**

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Website: [www.stopstockouts.org](http://www.stopstockouts.org)

Inefficiencies at any stage of the supply chain cause stock-outs.

- **Inadequate funds for procurement of medicines**
- **Inaccurate and non-participatory forecasting**
- **Inadequate buffer stock of essential medicines at all levels of the supply chain**
- **Inefficient distribution systems at national and regional levels.**
- **Inadequate record-keeping**

### How should medicines be managed at my health facility?

Pharmacists and supplies officers are usually responsible for calculating and ordering medicines for the facility. The amount to be ordered is generally based on records of the current amount in stock, the amount consumed over a specific period of time, plus for example an additional 10% as a buffer stock. The amount should also take into account other considerations such as the seasonality of disease transmission patterns. An even simpler version is to define a minimum level of stock of a medicine at which a standard amount needs to be ordered.

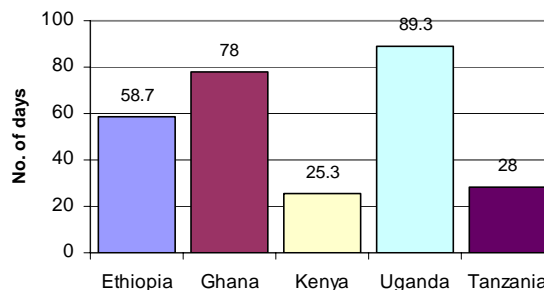
### Is there information on stock-outs in my country?

WHO conducts surveys of countries' pharmaceutical sectors to measure various aspects of the sector's functioning, including the **stock-out duration** of medicines. This is done through retrospective analyses of stock-cards from the pharmacy records.

The graph shows the number of days a list of key essential medicines were out-of-stock in middle-level public health facilities in a year. The stock-out duration ranges from 25 to 89 days.

WHO and HAI monitor the availability (and price) of medicines in many African countries. This provides information on which medicines are, and which are not, on the shelves **on the day of the survey**. This gives useful information about the immediate availability situations, although it does not provide information about the duration which the medicine is off the shelves.

**Average stock-out duration of selected essential medicines in public health facilities in a year**



\* Information derived from WHO baseline surveys conducted in Ethiopia (2003), Ghana (2003), Kenya (2003), Uganda (2002), Tanzania (2002)

### Taking action to eliminate stock-outs

- District health management teams should be participatory to encourage transparency and accountability in the supply chain
- Monitoring of availability of medicines at the health facilities
- Advocacy for 100% availability of essential medicines
- Advocacy for increased funding for essential medicines

#### References:

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3. Using indicators to measure country pharmaceutical situations. Fact book on WHO level I and level II monitoring indicators; available from <http://www.who.int/medicinedocs/index/assoc/s14101e/s14101e.pdf>
4. WHO (2000). Promoting Rational Use of Medicines: Core components
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8. WHO, HAI, MOH (2003). Assessment of the pharmaceutical sector in Ghana
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10. Gray, A (1998). Using stock cards to improve drug management <http://www.hst.org.za/uploads/files/kwiksk13>.

### STOP STOCK-OUTS Campaign partners

**Kenya:**  
CIN  
KETAM  
EPN  
KEHPCA

**Madagascar:**  
SISAL

**Malawi:**  
MHEN

**Uganda:**  
HEPS Uganda  
AGHA  
NAFOPHANU

**Zambia:**  
NZIP+

**Zimbabwe:**  
CWGH

**Regional:**  
HAI Africa  
OXFAM

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