



JAM

***Juntos pelo Acesso aos Medicamentos
(Together for the Access to Medicines)***

Project that support patients, community and health facilities by improving the access to medicines in Tete Province, Mozambique.

INTRODUCTION

Access to medicines is a patient's right and it contributes to the strengthening of health systems in different ways. Together with other factors it contributes to important goals like improving maternal and child health, and reducing mortality and ill-health due to HIV/AIDS, tuberculosis and malaria.

People living with HIV/AIDS need lifelong daily treatment to control the HIV virus. The Ministério de Saúde de Moçambique (MISAU) is dedicated to accelerate the HIV response by treating all HIV positive patients, but despite all efforts in the medicines supply chain, patients still go out of the health facilities without the drugs prescribed by their clinician.

When patients don't have access to their treatment, there are not many solutions available and they spend additional time and money to find the medicines elsewhere. For patients on TARV it means a higher risk of getting sick, transmitting the virus to others, resistance to the treatment and need to change to more expensive treatment options.

Also for health care workers not having the medicines leads to frustration and additional workload to ensure emergency supplies.

Difficulties in the access to medicines can have different causes, ranging from constrains in transport for distribution to shortages at the national drug warehouses. It is usually not reported and the outcome is often patients sent home empty handed.

This problem is faced in many countries in sub-Saharan Africa and WHO admits that 'the global burden of under treatment and failure to treat' due to stockouts is 'unknown'. In South Africa, from 2012, the civil society formed a coalition that seeks to ensure that all people have access to the medicines they require and to which they have a right: The Stop Stock Outs Project. Six organizations who were already dealing with drug stock outs joined forces to tackle the issue: Section27, Médecins Sans Frontières (MSF), Southern African HIV Clinicians Society, Rural Doctors Association of South Africa (RUDASA), Rural Health Advocacy Project (RHAP) and Treatment Action Campaign (TAC). They monitor and communicate

about shortages and stock outs of medicines, and ensure that transparency and accountability exists along the supply chain.

MSF is committed to improve the access to essential medicines and believes that civil society can play an important role. Based in the experience of the Stop Stock Out Project and the need to strengthen and empower civil society in Mozambique, since early 2015, MSF is supporting CMAM and working with DPS to improve the access to medicines through JAM project in Tete province. JAM – Juntos pelo Acesso aos Medicamentos (Together for the Access to Medicines) aims to work with the health system to identify cases of lack of access to treatment and stockouts in order to take timely action to ensure that patients remain in treatment.

JAM PROJECT

Access to medicines involves different factors beginning with the availability of the drugs in the country, a functional supply chain to distribute them to the provinces, districts and health centers and systems to monitor all the efforts and guarantee that patients have access to the treatment when needed. Composed of a multi-sectorial approach, JAM aims to provide and strengthens information given to the patients while also supporting the supply chain through four components:

- 1) **Empower patients** and communities on their rights and to report lack of access to medicines and health professionals to report shortages.
- 2) Provide **toll-free lines** to receive the cases and communicate with all levels to solve them. JAM negotiated an escalation protocol with the CMAM that prescribes how the process after confirming a stockout report on the toll-free line should proceed.
- 3) Improve **last mile delivery** by supporting the NGO Village Reach in the Transport Service Solution (TSS) for the distribution of vaccines and ARVs and to advocate for the inclusion of anti-tuberculosis drugs and other commodities.
- 4) Support pharmacies in the health centers and **stock management** by on-the-job training according to individual needs and by supporting stock management tools implemented by partners in Changara and Marara districts.

Initially focusing mainly on training CAG¹ members of six health centres in Tete City, Changara, Marara and Moatize districts, JAM provided lectures about medicines, lack of access to treatment, responsibilities and rights of the patients, access to free care, etc. and implemented toll-free lines to which they could call and report whenever they face any difficulty getting their treatment. The follow up

¹ CAG – Community ART groups: program of community based ART delivery and adherence piloted by MSF in 2008 that became part of the national HIV care strategy and was implemented as a national program in 2014.

of each case has been done by the JAM team according to the escalation protocol, who interacts directly with the health centres' pharmacists and both districts and province warehouses representatives until a solution is found and the patient is informed on the action to take: return to the pharmacy to get the treatment or to the clinician for a substitutive treatment. When there is shortage or the drug is not available in the province JAM escalate the case to the national level where the communication is done directly with CMAM (see Annex 1).

During 2016 and 2017 JAM expanded the activities to all health facilities in 9 districts of Tete Province: Tete Cidade, Moatize, Cahora Bassa, Changara, Marara, Angonia, Tsangano, Doa and Mutarara and now involves GAC members, individual patients, general community, health professionals, community leaders and civil society associations through different activities:

- **Health Talks:** quick lecture on JAM messages in the waiting room or balcony of the health center for patients waiting for consultation. It took place in the first hours before the consultations start and lasted between 15 and 20 minutes. This activity occurred in different sectors as screening, pharmacy, external consultations, among others.

- **Trainings:** empowerment lectures addressing the importance of medicines and adherence, access to treatment, patient rights and duties, state duties, impact of stockouts, what is JAM and how JAM toll-free line works. It lasted 2 to 3 hours and the approach was adapted according to the group. It took place in the health facilities or communities.

- **Road shows:** activity with music and interaction with the community taking place in large crowded places such as markets, fairs, bus stops and others. The objective was to disseminate JAM messages through songs, theater sessions, quizzes, dance contests and direct interactions with the population.

- **Radio program:** debates, interviews and promotion addressing JAM messages to improve empowerment of the population on their rights and the perception of JAM activities, clarify some doubts, share the toll-free line and explain how JAM works.

- **Door to Door campaign:** conversation with the community in their neighborhood that aimed at getting closer to the community for better perception of JAM, with personal dialogue and addressing individual questions and doubts.

- **Meeting with staff from the MoH in the Health Centers:** In this forum JAM team aimed at making health staff understand better how JAM works, bringing to the debate some problems that health staff and patients face in the HC and finding solutions to improve access to medicines as well as improving the relationship between JAM team/HC and patients.

- **Meetings with the general population in the community:** meeting to promote JAM messages interacting directly with the population. The team addressed patients' rights, impact of stockouts, importance of reporting the stockouts and disseminated JAM toll-free line.

The discussions about access to treatment explain that patients and communities can engage and find solutions when medicines are not available. Many possibilities were presented, as reporting and discussing the situation with the health staff in the health centers and involving health committees, but it was also presented another possibility when a solution could not be found, JAM toll-free line.

All patients, health care workers and other community members can call JAM toll-free line or report via SMS all situations faced when they or their peers are confronted with lack of access to any medicines at health centers.

To assure the gratuity to all the community, JAM has a hotline system implemented covering all operators: Vodacom (843425), Mcel (823425) and Movitel (1433).

The cases reported are followed from Monday to Friday during working hours. Reports (calls or messages) received out of this period are soon replied on the next working day. Only calls reporting lack of access to treatment were recorded in JAM database and the analysis of those calls are showed above.

MAIN OUTCOMES

After 3 years in Tete, JAM has some interesting results that shows that community can be engaged and help to improve the access to drugs.

Figure 1 shows the evolution of the number of reports received from the start of the project until the first quarter of 2018

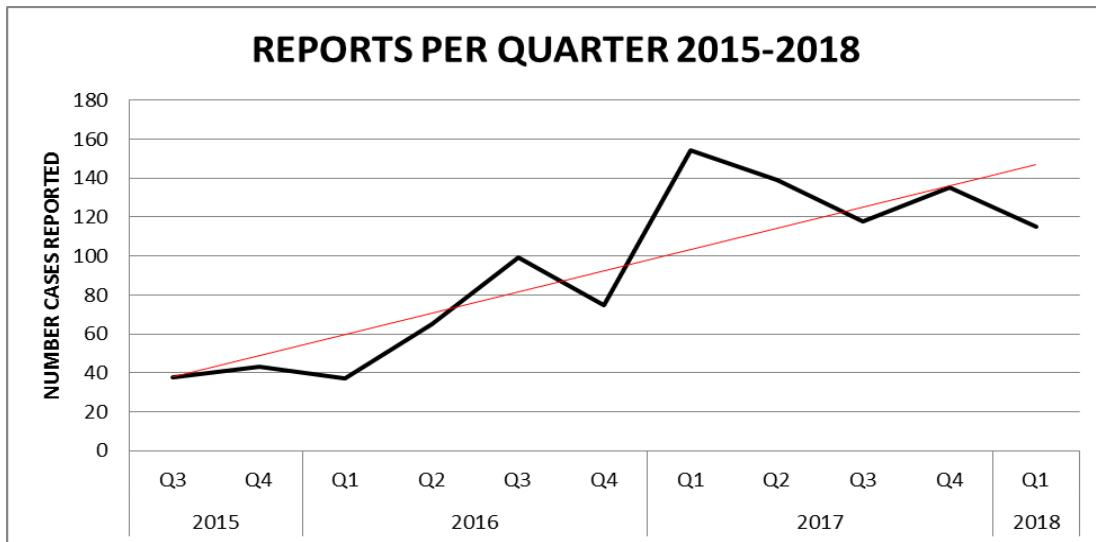


Fig. 1: Increase of reports received through the JAM free line from 2015 to 2018

With the diversification of activities and target audience JAM has been receiving many calls. People call to know about the program, to confirm the operation of the free line, with questions related to their health and to report many different cases of lack of access to care and treatment. To exemplify, in the first quarter of 2018, JAM free lines received 2139 calls, from those, 115 were related to lack of access to medicines. JAM answers the questions and guides the patient according to the case to where he can get the information needed.

JAM empowerment activities started with CAG members and focal points, but over time JAM health promoters started to include general population, individual patients and community leaders in their activities. The impact of this strategy can be verified in the number of reports done by patients over the course of the program in Figure 2 and Figure 3. Trainings for community leaders and health talks for patients started in the end of Q4 2016 and they were part of the daily activities in Q1 2017. The increase in calls from patients is visible from those quarters in Figure 1.

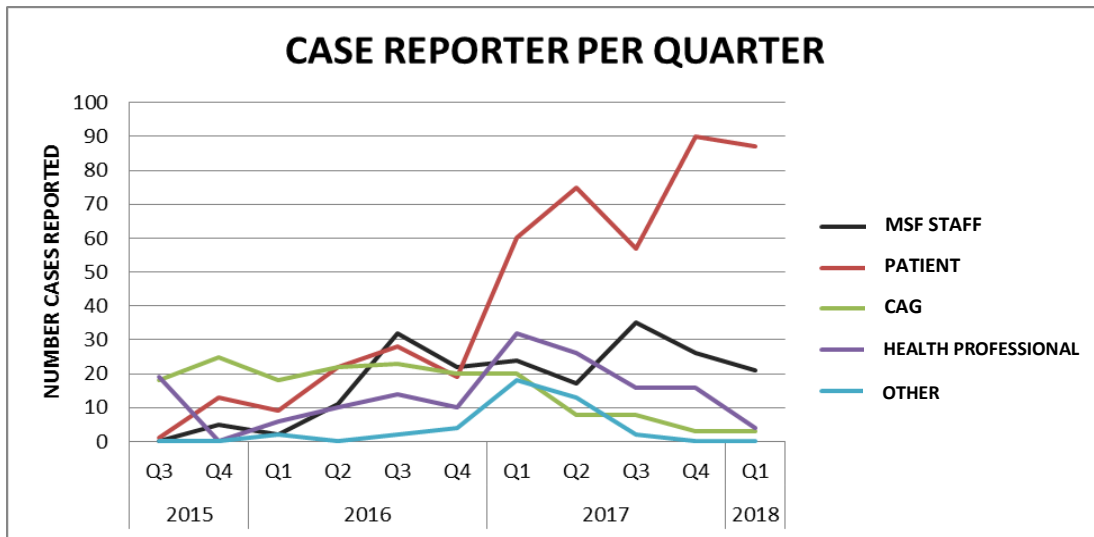


Fig. 2: Who reported the cases from 2015 to 2018.

JAM started with 3% of reports being made by patients and that percentage increased significantly ($P < 0.001$) from second quarter 2016 (34%) to first quarter 2018 (76%).

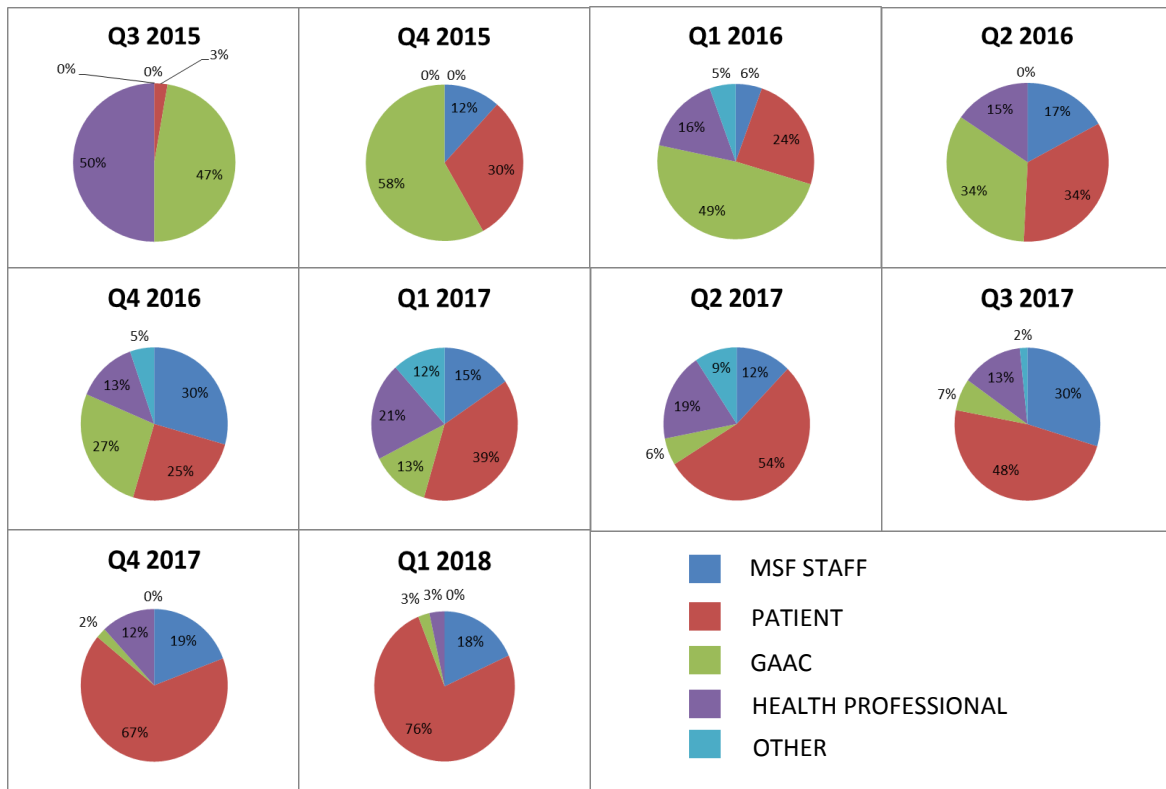


Fig. 3: Increase in reports from patients with the activities with general population and patients.

Figure 4 shows the significant impact that training had on getting patients to report. This chart shows how patients had access to JAM phone numbers before reporting. Although JAM free line is publicized in different ways, the trainings are the activity most effective and most of reports comes from patients that participate in JAM trainings and health talks.

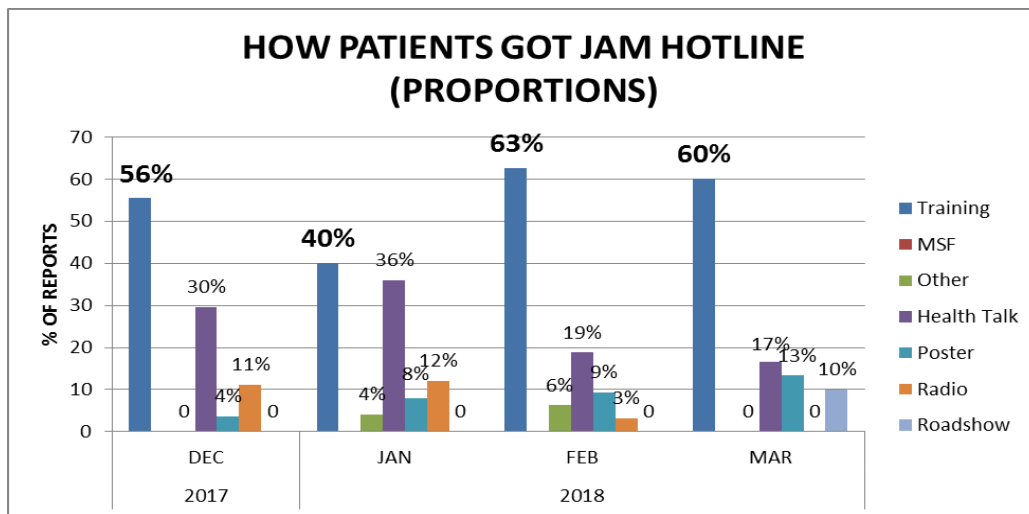


Fig. 4: How patients got JAM hotline.

Figure 5 shows that the most reported drugs are antibiotics, ARVs and others, including analgesics, anti-inflammatory and antimalarial.

JAM empowerment activities bring the importance of having access to all the medicines and next chart shows what are the drugs most reported:

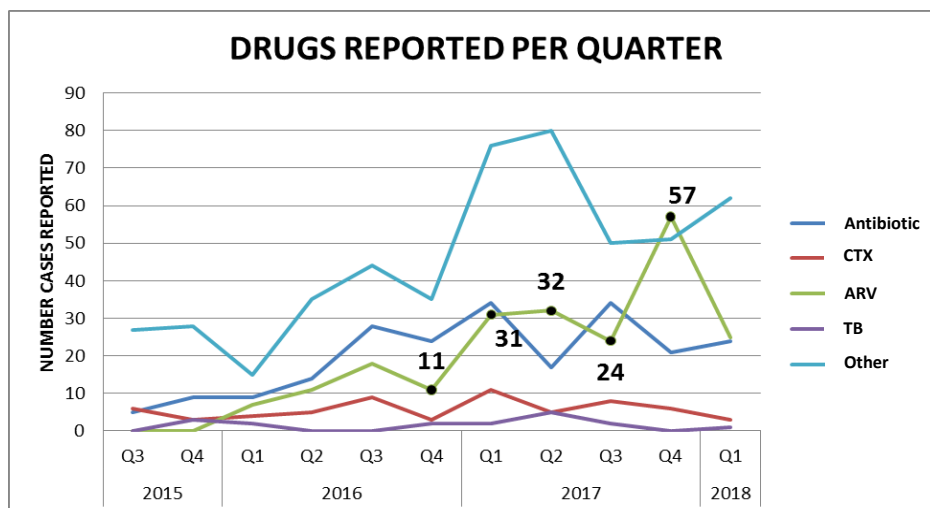


Fig. 5: Drugs reported by quarter.

RELEVANCE AND SUSTENTABILITY

Access to treatment is a key element for improvement and quality of life. Many parties are involved in the medicines supply chain and JAM proposes that the patient, the end of this chain, is also involved and helps to monitor and reports the lack of access so, together, is possible to improve the access to medicines.

The civil society recognizes the role of the patient and the community and identifies the need of work together for the access to medicines. Thus, since 2016, a Consortium of CBO are discussing JAM activities and its implementation throughout Tete province. From the beginning of 2018, Kupulumussana followed closely JAM activities and in May they started to take over the project.

Kupulumussana is an association of people living with HIV founded in 2003. Currently the organization has 302 members in the Province of Tete and develops its activities in 38 ART centers in 10 of the 15 districts of the province: Angonia, Chifunde, Chiuta, Macanga, Maravia, Moatize, Mutarara, Doa, Tsangano and Zumbo. Kupulumussana programs are based on home care, counseling, advocacy and activism. It is currently coordinating a project focused on strengthening of adolescents and young people in their HIV care and another focused on community mobilization.

Two of JAM components are now being performed by Kupulumussana: Patient Empowerment activities (from June 2018) and the toll-free line with the reporting and case follow up (from August 2018).

Although JAM has a team composed by a manager and a social worker to receive and follow the reports, Kupulumussana case managers and activists in the field also participates in the patient empowerment activities and talks about JAM in all their interaction with the patients. JAM started working in Moatize, expanded to Mutarara and Doa and should expand to Angonia and Tsangano by the end of 2018. For 2019 JAM activities will occur in all 10 districts where Kupulumussana already has its activities. JAM is performing trainings in Moatize and door-to-door campaigns and health talks in Mutarara and Doa.

Figure 6 shows the evolution of cases reported in the Q3 2018, first quarter after JAM hand-over.

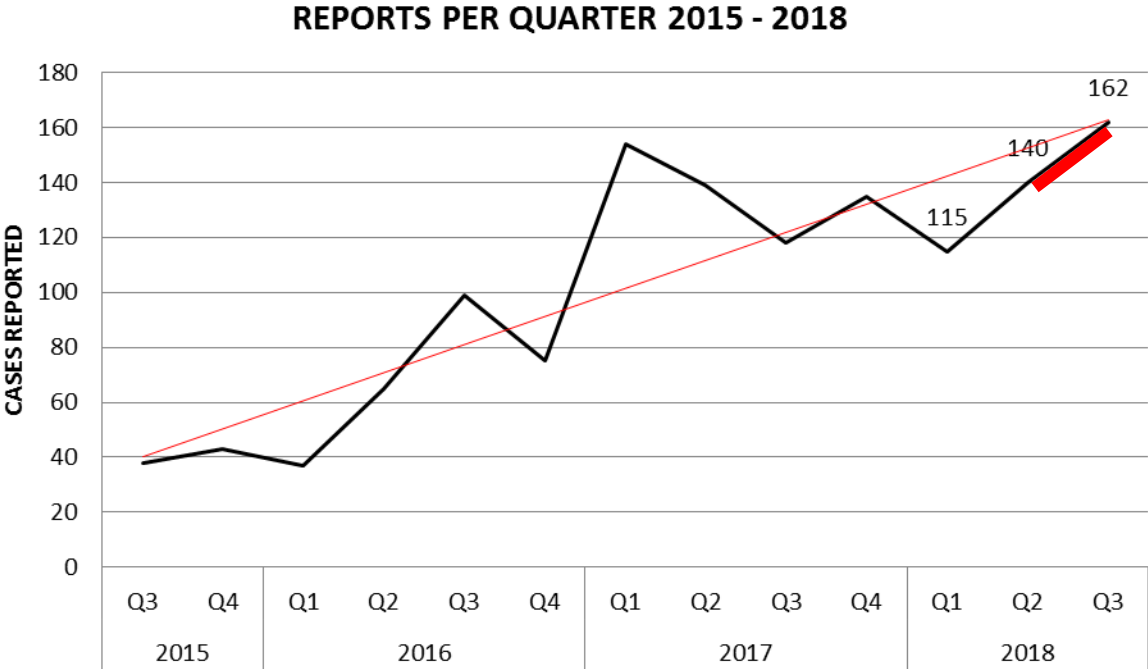


Fig. 6: Reports registered in JAM toll-free line with MSF and Kupulumussana.

Although JAM is present with patient empowerment activities only in 3 districts, now the dissemination of JAM messages is more intricate, covering more patients as Kupulumussana team works to improve the adherence and retention to care in its own activities.

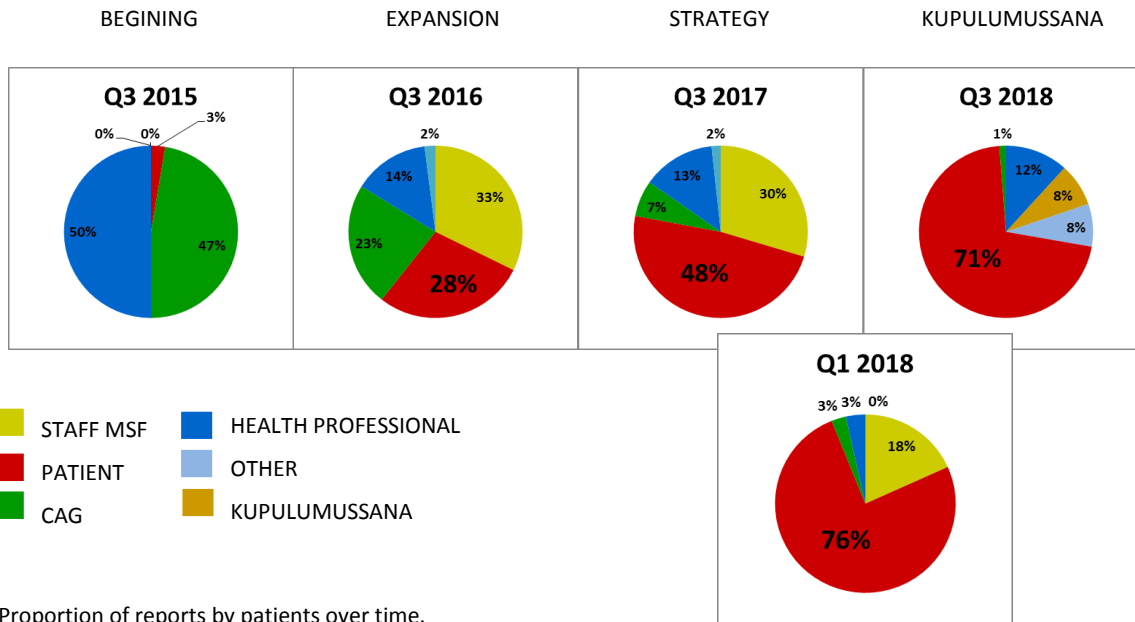


Fig. 7: Proportion of reports by patients over time.

Figure 7 shows the proportion of reports made by patients in Q3 of each year from the beginning of JAM activities. Q1 2018 was the last quarter of JAM activities only with MSF and Q3 2018 represents the activities only in Kupulumussana.

The increase in the reports doesn't necessarily mean that more stock-outs are happening. To determine the actual prevalence of stockouts, an analysis of the stock-outs reports from official sources would have to be done. What we can assume from this data is that more patients are calling as more patients know about JAM and the toll-free line.

Kupulumussana is also monitoring how patients got JAM toll-free line. During JAM trainings and health talks, the team distributes cards with the numbers and JAM also has posters with the numbers near the pharmacies in the health centers.

HOW PATIENTS GOT JAM LINE (2018)

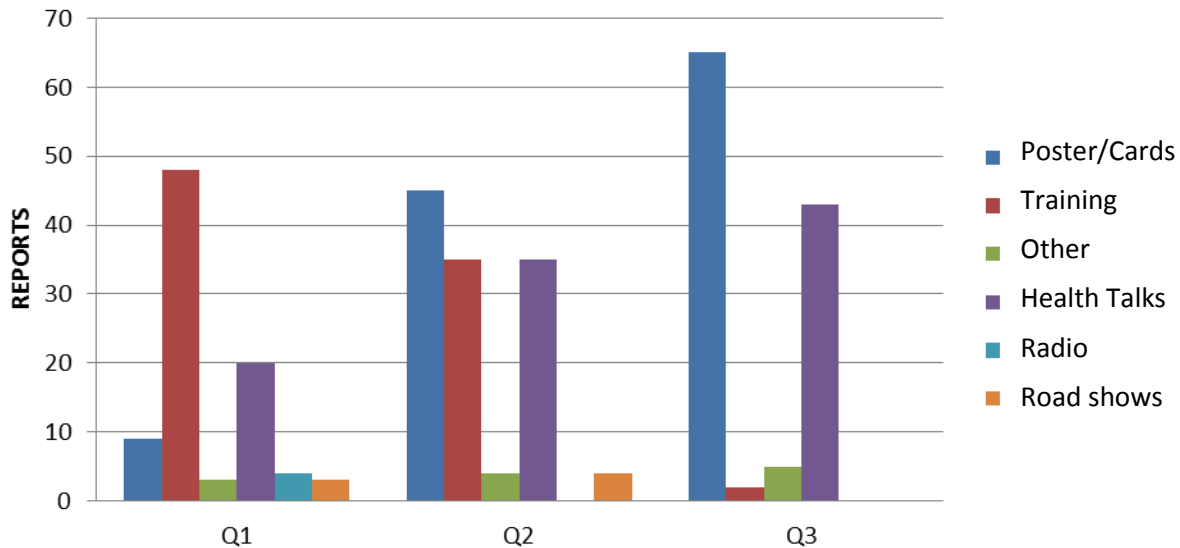


Fig. 8: How patients got JAM hotline.

It is possible to see a change in the way patients report to have access to JAM numbers. In Q1, as well as when the activities were held by JAM health promoters with MSF, they used to inform the activity where they got contact with JAM, but in Q2 and Q3, as the activities started with Kupulumussana, they relate JAM and the numbers with the cards and posters.

JAM activities just started in Kupulumussana and an analysis of the data during the next quarters will show the differences and effectiveness of the activities being performed by the civil society.

CONCLUSIONS

The experience of the last four years shows that the closer we are to the patients, communities and health professionals the more empowered and more successful they will be. The more exposed they are to JAM, the greater the chance of getting in touch with the JAM toll-free line in the case of difficulties in access to medicines for the patient himself or other people.

There are still many challenges and ways to go. Collaboration with authorities and collaborative work among JAM, health professionals and community groups is essential to respond to cases and also to have a unique voice in the campaign to improve access to medicines.

JAM activities are linked to all efforts in adherence and retention, which cannot happen if the medicine is not available. MSF hands this project to the civil society with the believe that all CBOs can empower patients and communities and that only when we all work together we can improve the access to medicines.

Annex 1 – Escalation Process after a report

