



CCMDD a model to promote the sustainability of access to medicines

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PROBLEM STATEMENT



The South African
National HIV Treatment
Guidelines



ARV adherence
should be at least
95%



Optimal effectiveness and to
prevent viral resistance



7.8 million people living
with HIV

91%

of these individuals
are on treatment

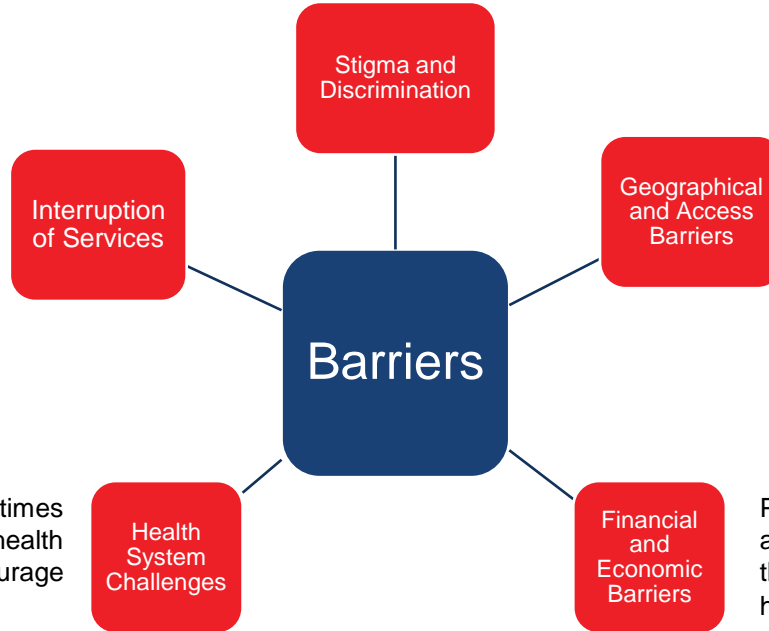
**Around 70-80% of
patients** maintain
consistent adherence to
ARVs



BARRIERS TO ACCESS TO MEDICINES

Despite significant progress in raising HIV awareness, people living with HIV (PLHIV) may still fear being identified as HIV-positive and judged.

Stockouts of ARVs are still a problem in some areas, interrupting patient supply of medication.



South Africa is a large country with poor infrastructure, long distances to healthcare facilities, and inadequate public transport in certain areas.

Overcrowding and long waiting times in clinics, confounded by health worker shortages, can discourage patient visits.

Poverty plays a significant role in non-adherence; individuals may struggle with the cost of transportation to clinics, or other health-related expenses such as food and basic necessities, which impacts their ability to take treatment.



**SUSTAINABLE IMPACT IN
UNDER-RESOURCED
HEALTHCARE SETTINGS**

A SUSTAINABLE PROGRAM FOR MEDICINE ACCESS

CCMDD (Central Chronic Medicine Dispensing and Distribution)

is the National Health Insurance (NHI) Initiative programme that started in 2014.

was established to provide an alternative modality to facilitate access to medicine for stable patients.



CCMDD OVERVIEW

IMPLEMENTED IN 2014

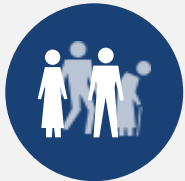
11 NHI PILOT DISTRICTS

EXPANDED - CURRENT

27 PEPFAR PRIORITY DISTRICTS

46 DISTRICTS

GREAT POTENTIAL FOR GROWTH



~7M
PLHIV



~13M
PATIENTS TREATED
FOR CHRONIC
DISEASE



2
CONTRACTED
SERVICE
PROVIDERS

- Pharmacy Direct (GP, KZN, LP, NC & NW)
- Medipost Pharmacy (EC, FS & MP)



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

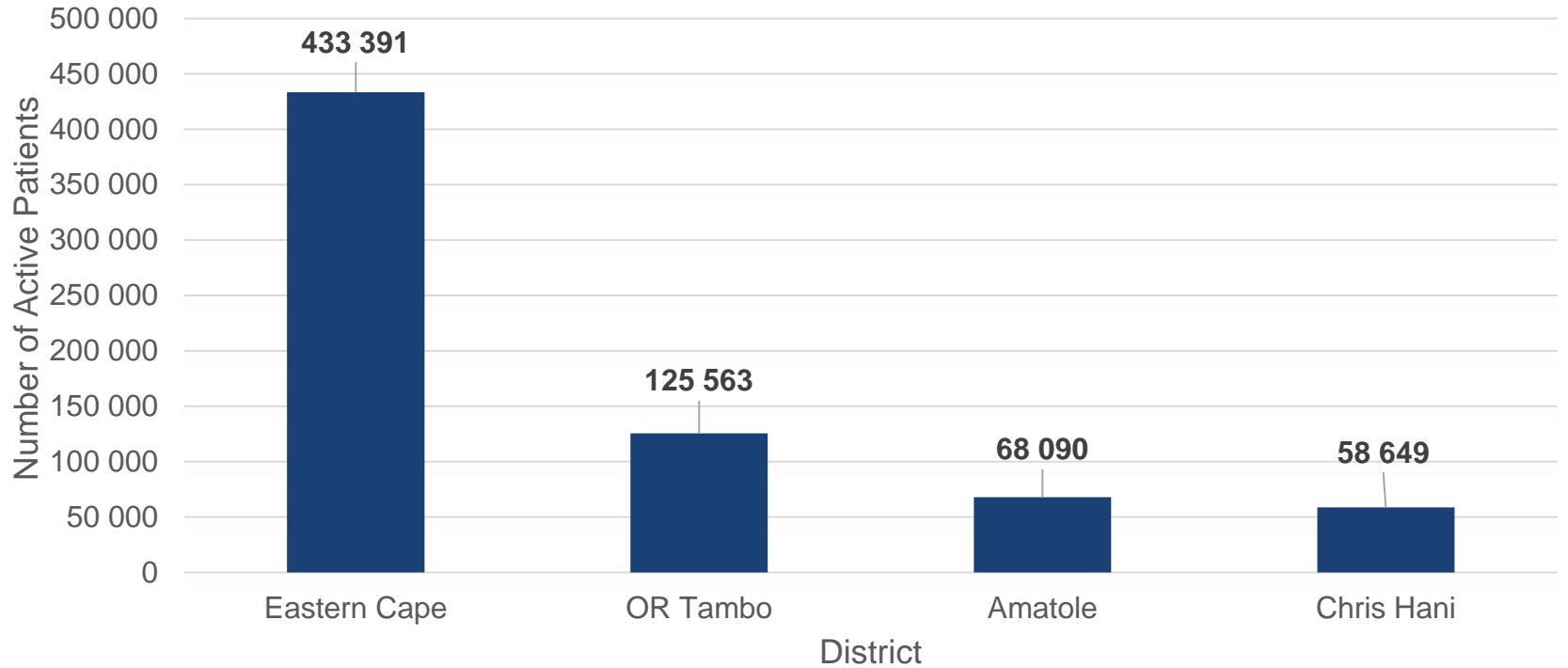
dablapmeds

The shortcut to your
chronic medication



TBHIVCARE

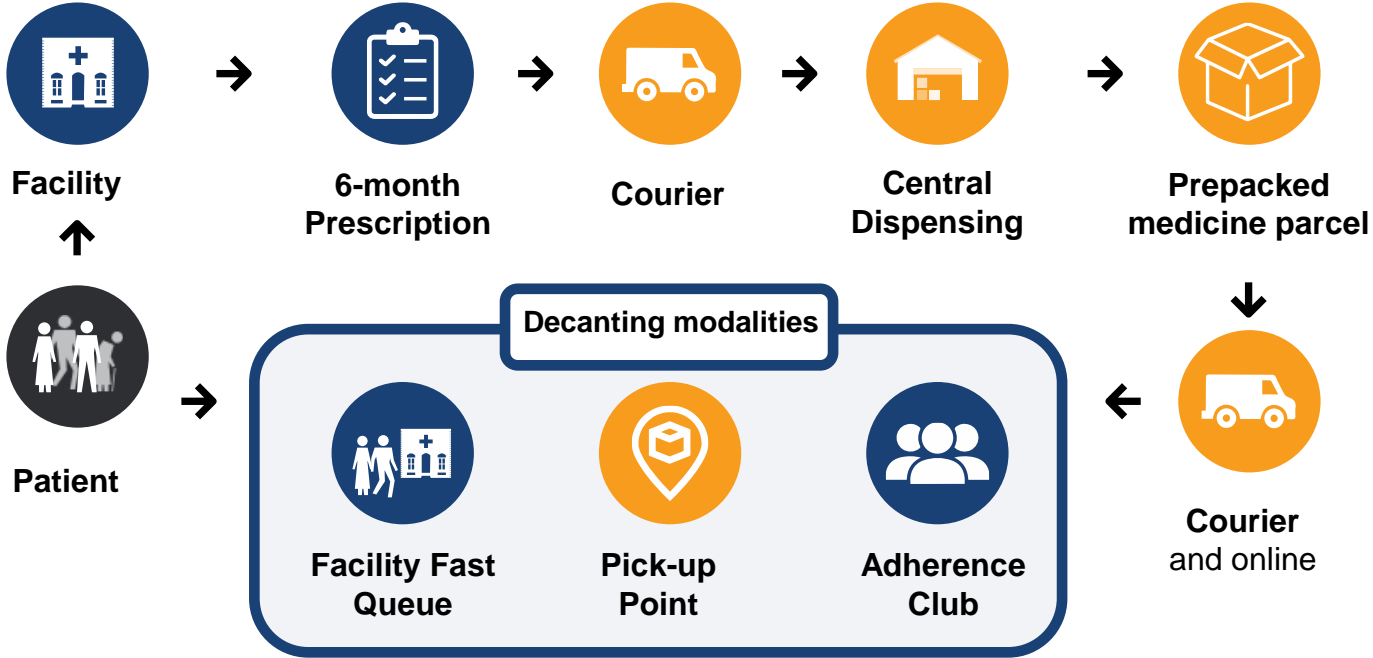
IMPACT OF CCMDD IN THE EASTERN CAPE



Total Active Patients 30 Sept 2024

CCMDD PROCESS FLOW

Key: ● Public ● Private





**CCMDD &
PUBLIC-PRIVATE
PARTNERSHIPS**

PUBLIC-PRIVATE PARTNERSHIPS WITHIN CCMDD

CCMDD chain have been outsourced processes



ePUP ESTABLISHMENTS



The ePUP must be registered on the Central Systems Database

The ePUP service is contracted to



Corporate Pharmacies



Nurses Practices



Community Pharmacies



Faith Based Organisations



Doctor's Practices



Traditional Leaders



Other Businesses

ePUP requirements set by the NDOH



Must have an air conditioner



Must have a computer with internet for SyNCH utilisation



Must be secured, windows and doors to have safety bars fitted



Must have proper shelving

TB HIV CARE INVOLVEMENT IN ePUP & CCMDD SUPPORT

District Support

Identifying where ePUPs are needed and suitable locations.

Assist potential providers with applications.

Donate equipment and assist in getting premises ready for assessments.

Train ePUP personnel on relevant processes.

Assist Dept. of Health to monitor and evaluate ePUP activities, compliance and impact.

Facility Support

Professional Nurses look for patients that qualify to be part of CCMDD.

Write prescriptions for CCMDD patients and also facilitate that prescription renewals are done.

Train all clinical staff on the CCMDD programme and SynCH.

RURAL BASED ePUP ASSISTED BY TB HIV Care

Ergonomics



Ventilation



Client waiting area



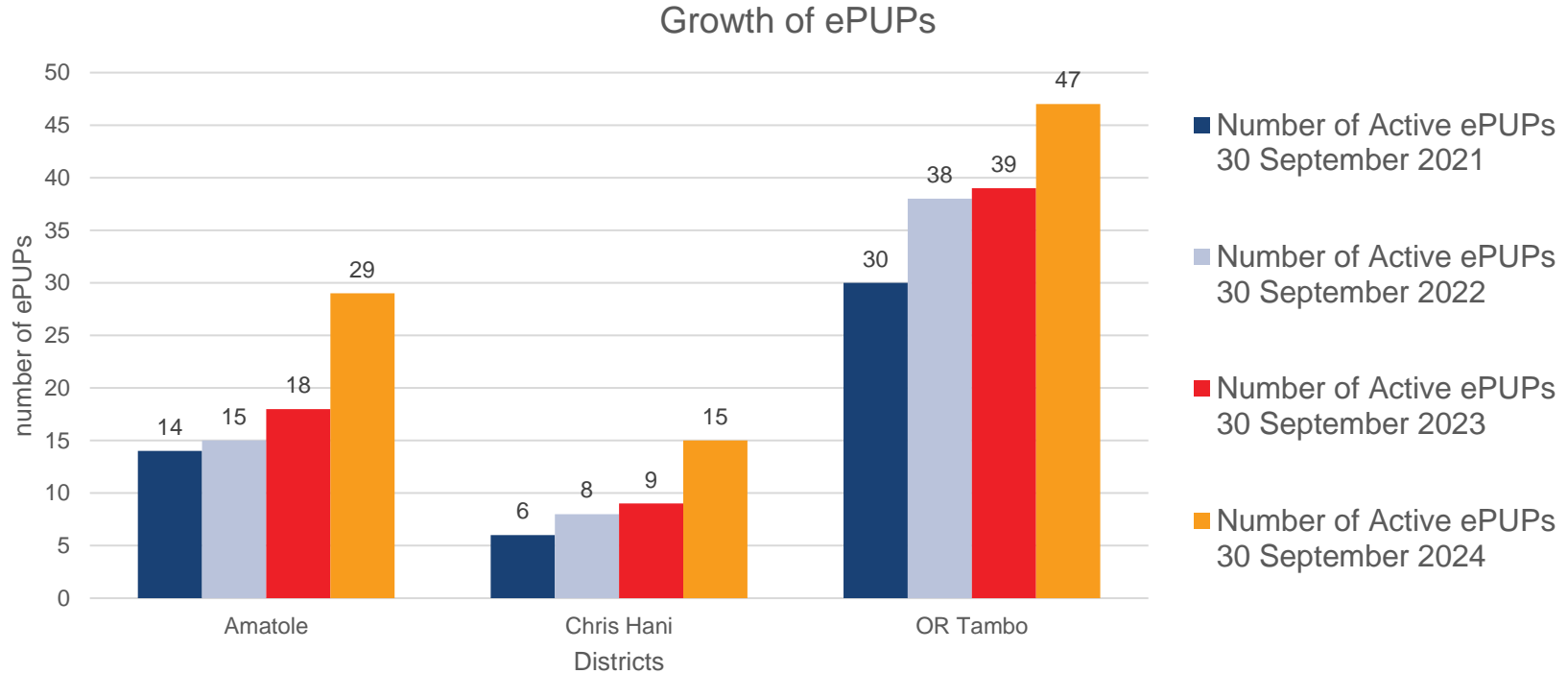
Infrastructure



Security

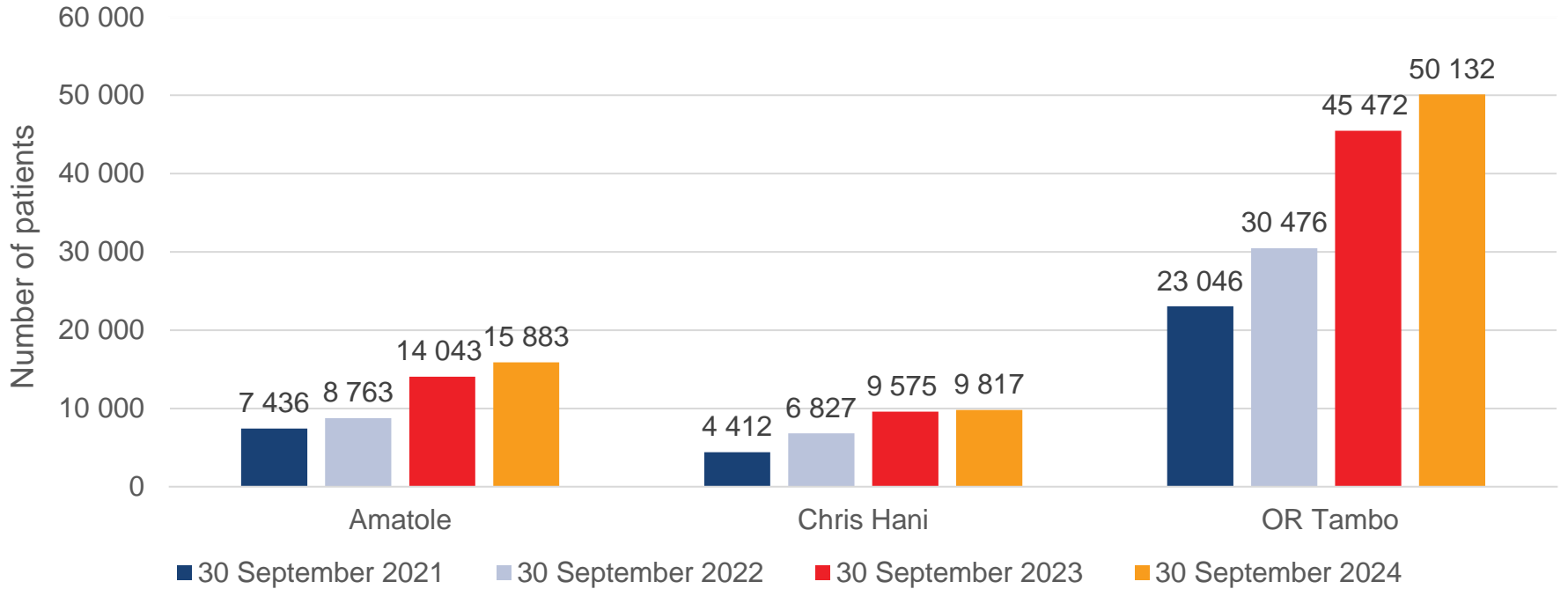


GROWTH OF ePUP



GROWTH OF PATIENTS COLLECTING AT ePUPs

Active patients in ePUPs



SUSTAINABILITY

CCMDD as a programme outcomes:

Reduce patient waiting times

Decongest health facilities

Brought medicines closer to people by using ePUPs

Improved treatment compliance in patients



CCMDD is a free and convenient program that is funded by the NDOH through the use of private public partnerships



Preserve patient confidentiality and eradicate stigma for patients, as it allows patients to collect indistinct medication parcels and at a collection point of choice



Lessen Interruption of services
In CV-19 this decentralized treatment distribution approach-maintained services most effectively and stockouts, centrally managed in this fashion, are far less likely than at individual facility level

Thank you!



Supported by:



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