# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 564**

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**(INTERNAL QUESTION PAPER NO. 06)**

**Dr K L Jacobs (ANC) to ask the Minister of Health: [124] [Question submitted for oral reply now placed for written reply because it is in excess of quota (Rule 137(8))]:**

Whether his department has conducted a study to evaluate the effectiveness of the Central Chronic Medicines Dispensing and Distribution programme which brings medication closest to the users and reduces congestion in health facilities; if not, why not; if so, what are the relevant details? **NW626E**

**REPLY:**

An evaluation was conducted and finalised in August 2019, just prior to COVID-19.

The report found that:

“The evaluation findings suggest that the Central Chronic Medicines Dispensing and Distribution (CCMDD) is overwhelmingly believed to be the National Department of Health’s (NDoH’s) most successful intervention implemented during NHI Phase 1. This has been identified as a flagship programme, and for this reason, there are numerous valuable lessons to be learned from its implementation. These lessons will only apply to the continuation of the CCMDD programme but can be useful for the continued implementation of other interventions. Specifically, lessons around the issues of contracting private service providers, which has been communicated by the NDoH to be a key component of NHI Phase 2.”

“On balance, it is evident that CCMDD has indeed achieved its immediate aims of decongesting facilities, which helps improve the availability of Health Care Practitioners’ time and, as a result, improve health outcomes. The success is largely reflected in the successful scale-up of the programme beyond the pilot districts and beyond the expectations of NHI Phase 1 implementation plans.”

“Stakeholders also observed this intervention was well integrated with other interventions, and this integration was evidenced by information sharing between the CCMDD programme and the WBPHCOTs.”

Like any other programme, funding is critical to the success of CCMDD. While the programme had limited donor funding initially it is now funded mostly from a portion of the NHI conditional grant.

During COVID-19 patients were able to collect their chronic medication from CCMDD Pick-up-Points (PUPs) outside of health facilities without undue exposure to the virus. During that time script periods were extended and patients were required to return less frequently to collect their medicines. This lesson has been adopted as current practice to extend the capacity of the CCMDD and to improve access to medicines for patients.

END.