Evaluation and selection of districts for additional data collection on the Ugandan Pharmaceutical sector and implementation of East African Drug Seller Initiative

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About MSH

Management Sciences for Health is a private, nonprofit organization, dedicated to closing the gap between what is known about public health problems and what is done to solve them. Since 1971, MSH has worked with policymakers, health professionals, and health care consumers around the world to improve the quality, availability, and affordability of health-related services.

MSH has helped strengthen public and private health programs in more than 100 countries by providing technical assistance, conducting training, carrying out research, and developing systems for improving program management. MSH's staff of more than 1,000 work in its Cambridge, Massachusetts, headquarters; offices in the Washington, DC, area; and field offices throughout the world.

We provide long- and short-term technical assistance through four technical centers: Country Programs, Health Outcomes, Leadership and Management, and Pharmaceutical Management. Areas of assistance include maternal and child health, HIV/AIDS, tuberculosis, malaria, community-based services, supply chain management, and health reform and financing. Our publications and electronic products augment our assistance in these areas.

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ACRONYMS

ADDO	Accredited Drug Dispensing Outlets
DADI	District Assistant Drug Inspector
EADSI	East African Drug Sellers Initiative
MoH	Ministry Of Health
NDA	National Drug Authority
PHC	primary health care
SEAM	Strategies for Enhancing Access to Medicines
WHO	World Health Organization

BACKGROUND

The Bill & Melinda Gates Foundation has provided Management Sciences for Health (MSH) a three-year, $2.8 million grant to continue its efforts in East Africa to involve private drug sellers in enhancing access to essential medicines. The East African Drug Seller Initiative (EADSI) builds on MSH's Strategies for Enhancing Access to Medicines (SEAM) Program, which, in collaboration with the government of Tanzania, launched the country's successful accredited drug dispensing outlet (ADDO) program.

EADSI's goal is to create a sustainable model to replicate and scale-up private-sector drug seller initiatives in developing countries that will ultimately operate independently of donor support. To meet its goal, EADSI's three main objectives are to—

1. Develop a regional strategy to support the implementation of sustainable private-sector drug seller initiatives

2. Strengthen the ADDO model in use in Tanzania to facilitate scaling up and sustainability

3. Develop a plan to replicate the ADDO model to scale in a second East African country and demonstrate the adapted model in one district

MSH proposes that the Government of Uganda consider collaborating on the implementation of EADSI's third objective. Uganda is a natural choice for replicating an ADDO-like model because the government has committed to involving the private sector to help meet its public health goals, so potential champions for this initiative are already in place. The Ugandan government has also instigated policy changes to strengthen private-sector participation in public health, and political will is strong. In addition, donor-funded organizations have implemented several malaria-related projects involving the private sector that will provide a solid basis for creating a broader program to enhance access to all essential medicines in Uganda.

The SEAM experience showed that it takes a significant amount of data collection and analysis, options mapping, and stakeholder involvement to successfully introduce an ADDO-like initiative. Research on both the country context and the universe of country stakeholders is necessary to promote wide-ranging support and to identify the initiative's principal advocate or lead organization. Such research also reveals barriers to implementation and opportunities for leveraging activities.

To achieve the objective in Uganda, the first activity will be to conduct a situation and options analysis based on existing data on the Ugandan pharmaceutical sector and access to medicines. Then, to fill information gaps, data collectors will conduct interviews with key informants in both the public and private sectors. The results of the data analysis will illustrate the regulatory and organizational landscape of the country's pharmaceutical sector and how it relates to the population's access to medicines. The analysis will also highlight any ongoing activities in the country related to improving access to medicines. Project partners will review the analysis to confirm gaps in access, discuss approaches to address those gaps by involving private sector

drug sellers, and develop potential strategies for collaborating with organizations that have complementary initiatives.

PURPOSE OF THE EVALUATION

The objectives were two-fold—

1. Develop a shortlist of potential districts from where additional data would be collected to complete the pharmaceutical situational analysis
2. Gather data on the short listed districts and use the data to select two districts.

SCOPE OF WORK

- Prepare a shortlist of districts
- Collect data to be used in evaluating the districts
- Evaluate the selected districts using the selection criteria
- Recommend the potential districts for additional data collection to complete the situational analysis and implementation of the EADSI

ACTIVITIES

SHORT LISTING OF DISTRICTS

Five districts were shortlisted for visits to be conducted by MSH and Pharmaceutical Society of Uganda (PSU) staff. The districts chosen for visiting and the collection of further information were:

- Nakasongola
- Sembabule
- Nakaseke
- Mpigi
- Kibale

The initial short listing was discussed with the National Drug Authority Inspectors in the inspectorate department and PSU secretary.

Rationale for shortlist

The shortlisted districts have no on-going projects in the area of access to medicines and are areas that have not been over-studied.

The districts shortlisted have a reasonable base of existing drug shops, with over 30 drug shops registered in the year 2007.

The districts are mainly rural. Mpigi has a small component of an urban setting (8%) but majority of the population is rural.

Reasons for excluding other districts/ regions

Eastern and western region

The MMV study aimed at increasing access to ACTs is to be implemented in the districts located in the Eastern region and Western region of the country. The MMV initiative focuses on the drug shops and as such districts in this region could not qualify to be short listed as potential implementation areas for the EADSI.

Northern region

The northern region is a heavily studied region with a number of on-going projects. Although districts in the northern region of the country are rural with the same problems of access to medicines like in other regions, there are a number of on-going donor and research projects in this region

DATA COLLECTION FROM THE SHORT LISTED DISTRICTS

The districts where visited in the third week of July 2008 by an MSH staff and the secretary of the Pharmaceutical Society of Uganda.
They held interviews with the District Health Officer and the assistant drug inspectors in each of the district.
Additional data on the registered drug shops was obtained from the NDA inspectorate department

Key findings from the districts

a) Mpigi

The district has a functioning district health committee comprising of District Health Officer, Health educator, health inspector, secretary for health and councilors. The committee is responsible for quarterly support supervision of health units, training and planning for the district health activities.
There is a Village health team and it reports to the lower level health units that in turn report to the district on a quarterly basis.

The district leadership is reputed to be "keen to bring changes" and the EADSI could reasonably expect to receive a good level of support from them.

The district had a reasonable base of existing drug shops, with 57 registered in the year 2007. Currently, over 50 drug shops have been licensed and the drug shop owners are in the process of forming an association. The estimated number of unregistered drug shops is over 30.

Though majority of the drug shops are licensed under a nurse, few drug shops are actually manned by this cadre during the day with majority being manned by nursing assistants.

Inspection and support supervision of drug shops is done by the NDA zonal inspector who reports directly to NDA. Inspections are not specific in terms of frequency due to limitation in transportation.

In the public sector, there are 10 medical officers, 96 nurses and midwives, 31 clinical officers, 126 nursing assistants, 1 pharmacy technician, 4 laboratory technicians, 1 laboratory assistant, 6 health inspectors, 2 stores assistant and 19 records assistants.

The district has 1 government hospital, 2 HC IVs, 29 HC IIIs and 29 HC IIs.

There are no donor funded projects in the area of access to medicines.

There is no registered pharmacy in the district and most of the drug shops obtain their medicines from wholesale pharmacies in Kampala.

b) Kibale

The district has a health committee in place but it is not active.
There are Village health teams but are yet to be trained so that they become active.

The district leadership is however keen to improve the health sector and the EADSI could reasonably expect to receive a good level of support from them.

The district had a reasonable base of existing drug shops, with 85 registered in the year 2007. Currently, 137 drug shops have been licensed and the drug shop owners are in the process of forming an association. There is no estimated number of unregistered drug shops as these are located in the deep rural areas.

Though majority of the drug shops are licensed under a nurse, few drug shops are actually manned by this cadre. Less than 50% of the nurses are actually involved in running the drug shops and majority employ nursing assistants.

Inspection and support supervision of drug shops is done by the District Assistant Drug Inspector who reports both to NDA and the district (DHO). Inspections are weekly and the DADI uses a motorcycle with fuel provided by NDA.

There are no donor funded projects in the area of access to medicines.

There are 2 registered pharmacies in the district and are both located in Kagadi town. A few well established large drug shops prefer to obtain their medicines from Kampala but most of the drug shops buy from the pharmacies in the district.

The district has 1 hospital, 3 HC IVs, 15 HC IIIs and 9 HC IIs

c) Nakasongola

The district has a functioning district health committee chaired by a councilor. It is an arm of the district council that advises the council on health issues and advocates for health.

There are Village health teams in 4 out of the 9 sub counties in the district. At the moment, there is no reporting system from the community level but the district is seeking funds for support supervision.

The district leadership is however keen to improve the health sector and the EADSI could reasonably expect to receive a good level of support from them.

The district had 28 drug shops (human medicines) registered in the year 2007. Currently, around 40 drug shops (human and Veterinary) have been licensed. There is no initiative to form a drug shop owners' association in the district.

Nursing assistants run majority of the drug shops.

Inspection and support supervision of drug shops is done by the District Assistant Drug Inspector who reports both to NDA and the district (DHO).

In the public sector, there are 2 medical officers, 42 nurses and midwives, 11 clinical officers, 42 nursing assistants, 1 pharmacy technician, 1 laboratory technicians, 6 laboratory assistants, 2 health inspectors, 9 health assistants, 1 stores assistant and 8 records assistants.

The district has 1 HC IV, 8 HC IIIs and 21 HC IIs.

There are no donor funded projects in the area of access to medicines.

There is no registered pharmacy in the district and most of the drug shops obtain their medicines from wholesale pharmacies in Kampala and Luwero (one).

d) Sembabule

The district has a functioning district health committee that carries out support supervison of health units. It reports to the district council.

Currently there is only one parish with village health teams (VHTs). The VHTs report to the health educator. The reporting system from the community level is through the lower level health units to the higher health units and finally the district.

There is enthusiasm in the district to improve the health sector and the EADSI could reasonably expect to receive a good level of support from them.

The district had 30 drug shops (human medicines) registered in the year 2007. Currently, around 40 drug shops have been licensed. There is a drug shop operators' association in the district and plays a key role in self regulation.

Majority of the cadre in the drug shops are enrolled nurses.

Inspection and support supervision of drug shops is done by the District Assistant Drug Inspector who reports both to NDA and the district (DHO). Health assistants who are at sub county play a key role in reporting any new drug shop they suspect to be unlicensed.

In the public sector, there are 2 medical officers, 49 nurses and midwives, 5 clinical officers, 6 nursing assistants, 1 pharmacy technician, 1 laboratory technician, 1 laboratory assistant, 1 health inspectors, and 6 health assistants.

The district has 2 HC IVs, 4 HC IIIs and 13 HC IIs

There are no donor funded projects in the area of access to medicines.

There is no registered pharmacy in the district and most of the drug shops obtain their medicines from wholesale pharmacies in Masaka and Kampala.

e) Nakaseke

It was difficult to meet the District Health Officer as he was out of office the entire week.
The district had 18 drug shops (human medicines) registered in the year 2007. Currently, around 28 drug shops have been licensed. There is no drug shop operators' association in the district.

80% of the drug shops employ nursing assistants.

Inspection and support supervision of drug shops is done by the District Assistant Drug Inspector who reports both to NDA and the district (DHO).

There are no donor funded projects in the area of access to medicines.

There is no registered pharmacy in the district and most of the drug shops obtain their medicines from a wholesale pharmacy in the neighboring district of Luwero.

EVALUATION OF THE SHORT LISTED DISTRICTS

The following criteria were adopted for evaluation of the short listed districts:

a. Health Sector Reform:
   Formation of District Health committees, village health committees and plans is crucial and an important forum for regulation (inspection, licensing etc.) and advocacy.

b. Local Government Reform:
   Local officials' acceptance for responsibility for health affairs is very important for inspection, regulation and advocacy.

c. No. of class-C D/shops:
   There is need to have a good number of shops to work with. Target is to have 40 to 50 Drug shops.

d. No. of Pharmacies:
   Preferably none or very few pharmacies in areas where the initiative is to be implemented. Recommended areas are predominantly rural and underserved.

e. Donors/Projects:
   Few or no current donor activity/projects better as it will help to assure the EADSI of attention from district leadership.

f. Drug shop Association:
   Local drug shop association is helpful for self regulation, mobilization and advocacy.

g. Labour availability:

The minimum labour requirement is to have nurses or nurse-midwives working in Drug shops.

h. Access to suppliers:
Existence of registered wholesaler within region to ensure that registered drugs are purchased at reasonable prices

i. Security:
It must be a safe area for EADSI and other staff.

j. Communications:
Access to electronic communication (phone, fax, e-mail) is important for communication and reporting from sub-district officials to district officials

k. Training facilities:
Availability of a place to give training in the district.

l. Ease of project mgt.:
General ease of accessibility e.g. good roads, seasonal access problems, etc and reasonable accommodation for visitors.

Table showing the district ratings

District	Health Sector Reform	Local Gov. Reform	No. of Class C D/shops	No. of Pharmacies	Donor absence	D/shop Association	Labour Market
	Critical	**Critical**	**Critical**	**Critical**	**Helpful**	**Helpful**	**Critical**
Mpigi	25	25	25	25	5	5	20
Kibale	25	25	25	15	5	5	20
Nakaseke	15	15	5	25	5	0	20
Nakasongola	25	25	10	25	5	0	20
Sembabule	25	15	10	25	5	5	25

District	access to wholesalers	Security	Communication	Training facility	Ease of Project management	Total Score
	Critical	**Critical**	**Important**	**Important**	**Important**	
Mpigi	15	25	15	15	15	**215**
Kibale	25	25	15	15	5	**205**
Nakaseke	20	25	15	15	10	**170**
Nakasongola	15	25	15	15	10	**190**
Sembabule	15	25	15	15	5	**185**

RECOMMENDATIONS

The report was discussed with the NDA inspectorate team comprising of Ms. Kate Kikule, Mr. Nahamya David and Mr. Denis Mwesigwa on July 29 2008 at the National Drug Authority.

Mpigi and Kibale districts were selected for additional data collection to complete the situational analysis.

The two districts compare well in terms of population with both having mainly cultivators and less than 20% of the population as cattle keepers. From the 2002 census report, the population of Mpigi was 414,757 while that of Kibale was 413,353.

The districts are mainly rural with only 8% of the population in Mpigi and 1% of the population in Kibale living in an urban setting.

Both districts have the same disease burden with Malaria, intestinal worms and respiratory infections being the most common diseases.

NEXT STEPS

IMMEDIATE FOLLOW-UP ACTIVITIES

- Map existing health facilities in the selected districts
- Collect additional data from the select districts to complete the situation analysis
- Analyse the collected data and complete the situation analysis