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EADSI SENSTIZATION WORKSHOPS FOR DRUG SHOP OPERATORS AND DISTRICT LEADERS, IN KIBALE DISTRICT.

1.0 Introduction

Similar to other developing countries, most people in Uganda buy medicines from retail drug outlets, referred to as Class C drug shops. These drug outlets dot the countryside, and for those who do not live in a city, they may be the only nearby place to buy medicines and get health advice on common illnesses such as malaria, acute respiratory infections, and diarrhoea.

A problem with having retail drug sellers deliver health care is that they are largely untrained, and therefore, they may not provide appropriate counselling or sell customers the proper medicines, dosages, or quantities to effectively treat common ailments, including malaria, acute respiratory infections, and diarrhoea—especially in children.

Furthermore, in spite of the Drug shops providing poor services, the public needs such services for accessing essential drugs. However the list of drugs made available through these outlets is so limited that it does not meet the actual needs of the community.

Class C drug shops are far more accessible to the population than pharmacies. As of 2007, Uganda had 362 pharmacies located almost exclusively in urban areas, compared with almost 4,000 registered Class C drug shops. Thus, using the existing pool of drug sellers to dispense common medicines rationally has the potential to improve quality of products and services provided to people living outside of urban areas.

The East African Drug Seller Initiative (EADSI) aims to increase access to essential medicines and improve the quality of pharmaceutical services through the private sector. EADSI's goal is to create a sustainable model to replicate and scale up private-sector drug seller initiatives in developing countries that will help to meet their health-related goals and ultimately operate independent of donor support. EADSI builds on Management Sciences for Health's Strategies for Enhancing Access to Medicines (SEAM) Program, which, in collaboration with the government of Tanzania, launched that country's successful accredited drug dispensing outlet (ADDO) program. EADSI is funded by the Bill & Melinda Gates Foundation as a three-year grant.

As part of its activities in Uganda, EADSI is working with stakeholders to adapt the Tanzania ADDO model to address Ugandan needs and

circumstances and to demonstrate the adapted model in Kibale district with Mpigi district serving as a control district. The National Drug Authority is the lead implementing partner.

The success of the work in Uganda will depend very much on the awareness of the key players in the process of implementation and what roles they would be required to play in order to make the program succeed.

2.0 Workshop objectives

(a)Broad Objective:

To inform stakeholders in the Kibale district about the EADSI project and in particular the ADDO Program

(b) Specific Objectives:

- To provide the stakeholders with general information on EADSI project
- Inform the stakeholders on the current operations of Class C drug shops and operational problems observed
- Explain the ADDO concept to the stakeholders
- Explain future plans of the ADDO program in Kibale
- Get feed back, reactions and opinions of stakeholders on the program, that would be useful in the design of the program

3.0 Justification.

Accredited Drug Dispensing Outlet (ADDO) is a new idea which needs to be thoroughly explained to the key political and administrative leaders before take off. Ideas obtained at this level will be useful in the in the design of the program.

Also, by involving the major players from the beginning, substantial awareness and ownership of the program would be obtained resulting into remarkable support on whatever the program wants to do.

4.0 Methodology

The workshops were held on 23rd Jan and 2nd to 4th Feb 2009. The following methods were used:

- Presentation of pre-prepared papers
- Tanzania ADDO video
- Questions, answers, explanations and discussions after each presentation
- Recommendations from the stakeholders

5.0 Workshop Participants

a. District Level

- District Health Officer
- Secretary for health
- District Health educator
- Chief administrative officer (CAO)
- Resident District Commissioner (RDC)
- District Health visitor
- DADI
- Municipal/ town council officers in charge of trade license
- Local Council 3 chairmen from 20 sub counties

b. Community Level

- Drug shop owners and sellers from Buyaga, Buyanja and Bugangaizi county

6.0 Major observations from each group

6.1 Drug shop operators from Buyaga county

- They requested for all the drug shops to be turned into ADDOs
- Payment of both the trading license and the NDA fees was perceived as double taxation. They recommended to pay only one type of fee under the ADDO program
- Other participants requested for a reduction of the trading licence fees to 20,000/- instead of 50,000.- which is charged on all drug shops irrespective of the size of the business
- The minimum cadre to be trained to run an ADDO should be a nurse assistant. However, to qualify for the training the nurse assistants should first sit for a competency paper to help select the competent cadre
- The training schedule proposed varied from one month to atleast a year
- The group proposed using the hospitals and Health sub districts (HC4 s) for practical training
- On the applications for renewal, they requested for a change in the forms being used since the information was deemed repetitive every year
- The group did not support the involvement of local leadership in inspection due to their differences in political inclinations
- Incentives that were suggested
    - Business training
    - Access to low interest loans
    - Registers/ record keeping books for stocks and supplies
    - Simplified drug formulary
    - Reduction of licenses fees paid to the local government

6.2 Drug shop operators from Buyanja county

- Nurse assistants were proposed as the minimum cadre to be trained to run the ADDO shops. Minimum working experience of 1 year was suggested and the applicants would have to be interviewed
- The training of schedule suggested was at least 3 months
- Health sub districts were suggested for the practical training
- They proposed an increase in the frequency of inspections to atleast quarterly
- The Local council 1 level was considered illiterate with differences in political affiliation making them unsuitable for involvement in inspection
- The group suggested the use of health assistants at sub-county level and county health inspectors for inspection. They suggested that these personnel should have a medical background and that they should be trained and monitored to ensure that they perform their duties.
- The charges for trading licenses were not streamlined and as such the drug shop operators were overcharged. They requested for proper guidelines to be put in place
- The current system that involves LC 3 chairmen endorsing applications should be removed due to the delays and corrupt tendencies (bribery) from the office of the LC 3
- Incentives that were suggested
    - The program to pay for the training costs
    - Payment of only the NDA fees under ADDO without trading licences
    - Business training
    - Community sensitisation on the dangers of over-dosing.
    - Establishment of wholesalers near the ADDO shops so that to reduce on the transport costs

6.3 **Drug shop operators from Bugangaizi county**

- Regarding the Human resource, the group suggested that for ownership, the minimum qualification should be an enrolled nurse while for the drug seller it should be a nurse assistant with O'level qualification and trained from a recognised institution. They emphasized the need for a nurse assistant to be under the supervision of the nurse. In parishes or villages where there is no trained nurse, the group recommended having a nurse allowed to open more than one ADDO.
- The group suggested the nurse assistants to run the ADDOs should be trained for a much longer period compared to the nurses and that there should be an interview of the nurse assistants who are to undergo training under ADDO.
- The group suggested a month's training with breaks of two weeks.
- There should contract/ employment terms in place for the owner/ drug seller
- The group suggested the use of hospitals and health sub-districts for practical training

- The involvement of LC 3 in the application procedures was considered irrelevant since it delays the application process, LC3s ask for bribes and that they don't know their roles in endorsing the applications, and they are politicised.
- The group suggested non-involvement of the local leaders in inspection or supervision since they are political
- The current system of licensing was inconveniencing and time consuming e.g. accessing the DADI to get the application form is not easy since the DADI is far.
- The impounding of drugs was degrading especially for the drug sellers who the community hold in high esteem
- With regard to inspection, the group suggested that the ADDO program trains local inspectors at county level to work hand in hand with the DADI for regular inspections and the annual inspection
- For supervision, the group recommended using a team comprising of a trained health assistant (at sub-county level), in-charge of Health Centre 3 and a representative of the drug shop association.
- Incentives that were suggested
    - Access to micro finance loans but with small interest
    - Sign posts for the ADDO shops
    - Prescription and other record books
    - Treatment guidelines (simplified formulary)
    - Uniforms for the ADDO drug sellers
    - Certificates for the trained drug sellers
    - Payment of only one license
    - ADDO should start up wholesalers who should be nearer to the ADDO shops since currently the operators get medicines from as far as Hoima, Kagadi and Kampala
    - A school to train drug sellers
    - Reduction of fees paid to NDA
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6.4 District leaders

- The ADDO program was considered a good initiative to help out the drug shops rather than discouraging them since they were offering a service to the community.
- The group recommended for a need to establish more wholesalers in the district for the ADDO shops as well as public facilities
- Licensing by NDA to be done concurrently with that of the trading licensing so as to avoid having unlicensed drug sellers in the district
- The group highlighted the need to sensitise the community since the communities believe in the current system of unlicensed shops
- There was a suggestion for the ADDO program to help the veterinary section as well
- Regarding inspections, the group suggested that the ADDO program makes use of health committees at sub-county level whose role would be to sieve the applications. The group requested for standard inspection checklists to be availed.

- The group also suggested using the sub-county health committees for support supervision with facilitation from the local government
- The DHO informed the meeting that the district has structures for a District Medicines and therapeutic committee as well as Health sub district therapeutic committee except that they have not been operationalised due to lack of funding. It was suggested whether the ADDO program would facilitate functionality of these committees as they would play a role in inspection and supervision of ADDOs.

7.0 **Conclusions and way forward**

- The ADDO program was highly welcome in the district. The district leadership viewed it as a way to improve the operations of the drug shops since they played a critical role in the district health service delivery system
- The drug shop operators proposed involvement of the association in the implementation activities of the ADDO program such as support supervision.
- The final design of the model should take into consideration the proposals from the different stakeholders