Stakeholders' Meeting to Discuss Situation Analysis on the Uganda Pharmaceutical Sector

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MSH
MANAGEMENT SCIENCES for HEALTH
a nonprofit organization strengthening health programs worldwide

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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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CONTENTS

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 Workshop

The meeting objectives were three-fold—

1. Review the draft situational analysis report for accuracy and completeness

2. Identify information gaps for which data will need to be collected

3. Recommend key stakeholders (organizations and individuals) who should be involved in developing the Ugandan approach to a private sector drug sellers initiative

Scope of Work

- Present a video of the ADDO initiative in Tanzania under the SEAM Project
- Provide background to the EADSI
- Present an overview of the draft situation analysis report
- Discuss draft situational analysis report and identify information and access gaps
- Identify and discuss the project's key partners.
- Identify next steps and way forward

ACTIVITIES

Presentations and Discussions

The workshop was opened with welcome remarks from Saul Kidde. A video of the ADDO model in Tanzania was followed by the first session on the EADSI background. The video provided an in-depth look at the ADDO program in Tanzania and illustrated how much work the program required.

Key Points

- Participants requested to see the evaluation data/report from Tanzania for information on issues such as the use of antibiotics in the Tanzanian ADDOs.

- Participants emphasized that there was the need to have primary health care (PHC) medicines in the proposed ADDO shops to increase access to PHC medicines.

- Participants raised concerns about responsible dispensing by ADDO dispensers and training for complicated medical cases. In Tanzania, there was an increase in the number of referrals by the ADDO dispensers for suspected malaria cases—this increase may have been higher than ideal and referral for complicated cases was a key issue in ADDO dispensers training.

- A participant inquired whether the incentives given to ADDOs could be given to high-level facilities to encourage them to expand to underserved areas. While many agreed that it would be ideal to have full service pharmacies in all districts, some pointed out that the number of pharmacists available in the country and the relatively poor commercial value of markets in more remote areas almost certainly meant that it would be very difficult to attract pharmacies to operate in underserved areas. For example, the labor market in Tanzania is structured in such a way that rural settings mainly have nursing assistants who run the Duka la Dawa Muhimu and apply for nursing positions in the public sector. Therefore, these nursing assistants are the predominant group offering services in the rural areas and should probably be approached concerning staffing in the ADDOs. In the case of Uganda, participants appreciated the fact that MSH needed to do a labor availability analysis in the districts where data were being collected.

- Participants raised questions about the duration of training and entry requirements for ADDOs. In Tanzania, the training was for six to eight weeks and the minimum education requirement was that of a nursing assistant.

- Workshop participants highlighted sustainability of training and re- as a key issue that could affect sustainability of the program. There were suggestions of incorporating a component of pharmaceutical training in the nurse's curriculum.

Overview of the Draft Situation Analysis Report and Access and Information Gaps

MSH staff presented the draft situational analysis report and it yielded a fruitful discussion from the participants on gaps in access and information.

Key points from the Situational Analysis

- Participants raised a number of questions about the information gaps. MSH staff noted that holding additional key informant interviews and accessing available scientific grey literature would go a long way to filling some of the information gaps highlighted. One of the participants (Dr. Jessica Nsungwa) offered to help identify sources of the grey literature.

- Participants suggested that some of the gaps could not be filled without going to the field and gathering raw data from drug shops.

- The National Drug Authority (NDA) said this was a welcome initiative. NDA also highlighted the policy on equitable distribution that has led to phasing out of drug shops in some areas. The thinking of NDA was for the need to work within this existing policy frame work.

- The position of the District Assistant Drug Inspectors (DADIs) is no longer in the MoH structure. However, zonal inspectors are being put in place to replace the DADIs and so far three have been recruited in Kampala; an additional seven are planned for the country. However, the number of zonal inspectors would be insufficient to fully replace the DADIs.

- Although clinics can be more important sources of essential medicines in rural areas; in the very remote areas, the drug shops serves as clinics and have examination beds and injection rooms. Managing the program to avoid clashes between ADDOs and clinics and pharmacies would be vital.

- Involving a wide range of interested stakeholders is crucial—ownership would be significant to the success of the program. Participants also noted that this could also help NDA in strengthening supervision, control, and monitoring.

- The importance of building on what exists, e.g., Class C drug shops, was stressed, as was recognizing and building on the country's existing staffing/skills base.

- The same point was made in relation to engaging with grass roots initiatives and health staff, such as the home-based management of fevers and village health volunteers; the combination of the two could greatly contribute to developing and implementing the program. In addition, local councils should be involved.

- Uganda is a highly decentralized country, therefore, local ownership and support would therefore be paramount to success.

- Understanding the business interests and problems of drug shop owners was important; their involvement in self-regulation should be investigated.

- It was important that the program operated within the law; this could potentially be achieved by the Minister approving a statutory instrument or through Ministerial authority to pilot the program to inform discussions on legal changes. Under current law, the NDA is responsible for regulation of drug shops, not the Pharmacy Council.

- The strengthening of local drug shop associations and medical practitioners' associations was considered crucial to further strengthen the regulation process among the practitioners.

- The need to identify which aspects of the law needed to be amended when scale up occurred.

- Other gaps and what was needed to address them were also highlighted—

    - Collect information on the clinics and what they dispense

    - Collect more information on affordability of medicines in Class C drug shops

    - Collect information on the distribution of qualified health personnel and the reason for the trends (rural versus urban)

    - Map the different facilities

    - Collect more information on the regulatory framework

    - Collect information on the draft NDA bill with a focus on the rescheduling of medicines for Drug Shops

    - Collect more data on the harmonization of regulations in East African Community from Arusha office

    - Explore decentralization policy of the country and use of district and local leadership in regulation and support supervision, especially on how this could work in collaborative approach with NDA

    - Gather more information on pharmacy council (key informant interview) and its activities

    - Explore curriculum and human resource capacity for training

Identification of Key Stakeholders

The key stakeholders were presented by MSH staff and other key stakeholders were added. The importance of involving private suppliers and manufacturers was especially stressed. Additional stakeholders to be considered included—

- Social services committee (proposed since change in regulatory framework is under its mandate)
- Health service commission
- Drug shop operators association
- Uganda private midwives association
- Uganda private allied health association
- Pharmaceutical manufacturers association
- Private pharmaceutical importers and wholesaler's association
- Health consumer organizations

Possible Implementing Organizations

- It was noted that some of the key stakeholders will be among the implementing organizations.
- It was also agreed that the key implementing organizations will evolve in the process of completing the situational analysis and drawing up the Ugandan model.
- NDA had no knowledge about the work of Living Goods organization in Uganda in the area of medicine distribution.

Agreement or Understandings with Stakeholders

- Meeting participants reached a consensus that there was a need for the ADDO program in Uganda.
- Significant gaps were identified in relation to a range of areas, including inspection, licensing, and supervision.

NEXT STEPS

Immediate Follow-up Activities

- Situation analysis gaps should be filled through a process of further documentation review including grey literature, key informant interviews, and data collection in the field.

- Districts should be identified and selected for data collection. The selected districts would also serve as pilot and/or control districts should the MoH eventually give approval for the program to go ahead.

- MSH will draw up criteria for selecting those districts with agreement from key stakeholders. The stakeholders to be consulted would include the Ministry of Health, National Drug Authority, and representatives from the private sector.

- Existing drug shops need to mapped and have data collected about them.

- What medicines the accredited outlets should sell need to be discussed.

ANNEX 1. LIST OF PARTICIPANTS

	Name	Organization	Designation	Tel. contact
1	Ms. Kate Kikule	National Drug Authority, NDA	Acting Head, Inspectorate department	0772-484351
2	Mr. Mukiibi Swaibu	Pharmaceutical Society of Uganda, PSU	Pharmacist/Secretary	0752-864666
3	Mr. Tony Badebye	Pharmaceutical Society of Uganda, PSU	Pharmacist/Chairperson	0772-491371
4	Martin Oteba	MoH	Pharmacy division	0772-619895
5	Mr. Fred Sebisubi Musoke	MoH	Acting Principal Pharmacist	0712-740967
6	Ms. Jessica Nsungwa	MoH	PMO IMCI department	0772-509063
7	Dr.Harold Bisase	Private Practitioners' association (UPMPA)	Vice President	0782-855105
8	Mr. Higenyi Emmanuel	Joint Medical Stores (JMS)/Faith based	Pharmacist	0772-873877
9	Mr. Paul Kutyabami	MUK Pharmacy school	Collaborations coordinator	0772-404970
10	Mr.David Nahamya	National Drug Authority	Pharmacist	
11	Mr. Saul Kidde	MSH	Senior Technical Advisor	
12	Mr. Aziz Maija	MSH	Senior Program Associate	
13	Ms. Sarah Nakandi	MSH	Administrative Coordinator	
14	Mr. Malcolm Clark	MSH	PPA	
15.	Ms. Loi Gwoyita	MSH	Senior Program Associate	

Absent with Apologies

1. Dr. Nathan Kenya-mugisha, MoH
2. Dr. Ambrose Talisuna, Medicine for Malaria Venture
3. Mwoga Joseph, WHO

ANNEX 2. WORKSHOP PROGRAM

Date: **June 17, 2008**
Venue: **Imperial Royale Hotel**

Time	Activity	Discussant/Session Chairperson
09:00–09:20	Welcome remarks	Saul Kidde
09:10–09:30	Official opening	Dr.Kenya-Mugisha
09:30–10:30	Background to EADSI	Saul Kidde
10:30–10:45	**Tea break**	
10:45–11:45	Overview of the draft situation analysis report	Aziz Maija
11:45–13:00	Discussion of draft situational analysis report and information and access gaps in the report	Tony Badebye
13:00–14:00	**Lunch**	
14:00–15:00	Identification and discussion of key stakeholders	Dr. Harold Bisase
15:00–15:15	**Closing remarks, next steps, and adjournment**	Saul Kidde