

Stronger health systems. Greater health impact.



Management Sciences for Health

Drug Sellers and Community Access to Quality Medicines and Care



MSH Work with Drug Sellers in Uganda

- **East African Drug Seller Initiative (EADSI)**
 - 2007-2011
 - Replicating a drug seller initiative in Uganda (ADS)
- **Sustainable Drug Seller Initiatives (SDSI)**
 - 2011-2014
 - Facilitating scale-up and sustainability of ADS in Uganda

Access to Medicines-Background



- Most people in developing countries get their medicines from retail drug sellers
- In Uganda, 51% of the population gets medicines through the private sector and mainly the retail drug sellers (579 licensed pharmacies compared to over 6,000 drug shops in 2011)

Drug Shops—The Problem



- Selling of unauthorized medicines
- Dispensing of medicines by unqualified personnel
- Inadequate storage space and conditions for stocking of medicine
- Inadequate record keeping
- Inadequate regulation





Drug Sellers – The Opportunity



- ① Close proximity—majority of the rural population stays within 5 km of a drug shop
- ① Perception of being more personal
- ① Offer flexible payment and credit
- ① More widely distributed; fewer licensed pharmacies in rural areas
- ① Public facilities often experience stock outs

Developing the Strategy to Address Drug Seller Problems- Accredited Drug Seller Model



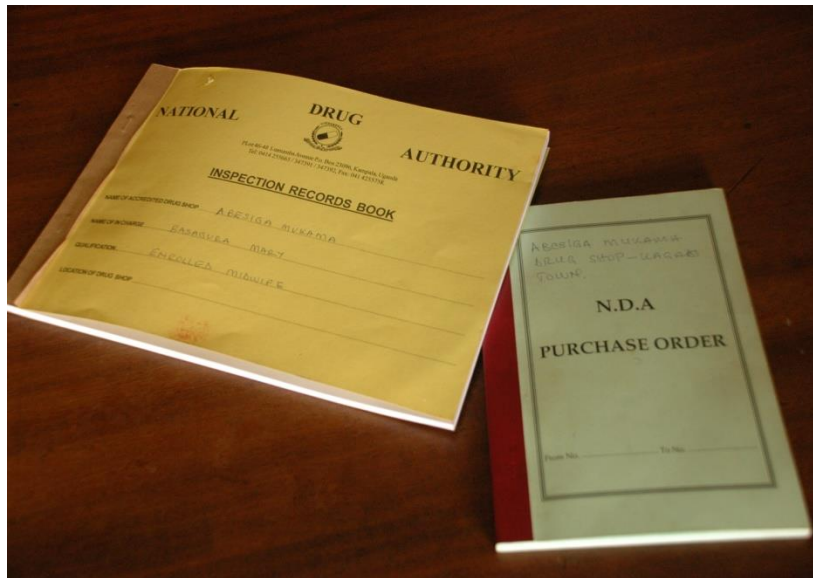
- Build private sector capacity
 - Business skills of owners
 - Dispensing and communication skills
- Provide incentives
 - Ability to sell expanded range of legally sold medicines
 - Loans
- Enhance availability and quality of products
 - Products in stock approved by national drug authorities
 - Local suppliers
- Ensure quality of pharmaceutical services
 - Record keeping
 - Mentoring and supervision
- Increase patient and consumer awareness
 - Marketing
 - Information and education



What's Happened in Uganda? (1)



Accredited Drug Shops district are now open for business



What's Happened in Uganda? (2)



Population	35.6 m
Districts with ADS	5
Total # medicine shops in the 5 districts	667
Total # ADS in the 5 districts (June 2014)	538
% Accreditation	80.7%

- Model was piloted in Kibaale under EADSI
- ADS rolled out to 4 additional districts
- Training revised to enhance knowledge of family planning and ICCM

56 ADS served 2,623 FP clients over 6 months period; 52% received oral contraceptives while 13% were referred to public health facilities for other methods

Public health interventions integrated into the drug seller program-STRIDES COLLABORATION



- *Integrated Community Case Management of Childhood Illness (Malaria, Diarrhoea, Pneumonia)*
- Counseling on family planning; initiating oral contraceptive and condom use
- Counseling mothers on newborn care and nutrition
- *Access to ACTs and insecticide-treated nets*
- *Implementation districts: KAMULI, MITYANA, KYENJOJO AND KAMWENGE*





Strengthening ADS under SDSI

- Sustainable Drug Seller Initiative (SDSI) funded by Gates (2011-2014) for Liberia, Tanzania, and Uganda
- Uganda objective is to enhance ADS sustainability and adapt to changing health needs
- Collaboration with MSH's STRIDES project funded by USAID
- Training revised to enhance knowledge of family planning



Summary of SDSI Commitments

- Work with IFC-World Bank to support NDA's finalization of regulations
- Institutionalize ADS training; capacity built for 2 institutions
- ADS association development strategy and tool kit developed
- Peer supervision strategy using ADS associations has been piloted and evaluation is on-going
- ADS supply chain for nutritional products and other non-pharmaceutical products has been developed
- Consumer advocacy strategy using community leaders to help consumers ensure quality, of local health services was developed, piloted and evaluated
- Supported GIS training of NDA staff and GIS mapping part of inspection process



ADS Roll-out

- NDA to Incorporate accreditation requirements into 2014 guidelines for renewal of licenses
- Decentralize and phase in scale-up to regional and zonal levels
- ADS owners and sellers will pay costs of renovating facilities and training required for accreditation and licensure
- Funding for NDA-related components of the work will come from annual budgeting. NDA committed to 4 districts in this FY
- ADS scale-up will fit into existing NDA and district work flow, so budget impact will be less than if scale-up was treated as a separate activity
- Donors will be identified and asked to fund certain activities as opportunities arise



Key Lesson Learned

- Accredited Drug Sellers model is a platform for increasing private sector access to medicines while ensuring quality of services and products.
- The potential to use ADS as a platform for Public health interventions, such as increasing access to maternal and child health, in rural areas is enormous
 - Majority of drug sellers are women with nursing background
 - Referral linkages exist
 - Quality of service assurance mechanisms exist; inspection, supervision, peer support by the association
- The Accreditation Drug Seller model requires human and financial resources, high stakeholder participation, and time.

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Saving lives and improving the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health.