SDSI Uganda Dissemination Meeting: Recommendations from stakeholder discussions

August 20, 2014

Kampala

- **ADS Training**-
    - Need to figure out how to reduce the fee for training at an institution. It is quite high for ADS sellers to afford and there were strong concerns that it may be prohibitive.
        - If ADS program is scaled-up to more districts and more institutions are capacitated to offer the training, perhaps the training can happen closer to people's homes and they will not have to use accommodations at the institution.
            - Could also consider reducing the fee to not include accommodations and people can find accommodations themselves (this is the case in Tanzania)
        - Institutions thought that as they get more experience with offering the training they will figure out how to be more efficient and the cost could go down
        - Need to highlight the benefits of the ADS program so that people are motivated to pay for the training. There are a number of benefits that came across in the meeting that may not always be publicized to potential trainees (e.g. opportunity to join association, which has multiple added benefits including representation and pooled procurement)
        - From the Tanzania experience, they found that once shops were required to be accredited in order to continue operating, shop owners/sellers were very motivated to take the course and were willing to pay for it.
    - There is a need to translate materials to local languages so that people understand the materials and can succeed in the exams.
        - Each capacitated institution before the training begins—at the same time as they adapt the curriculum. This way the training institutions can tailor the language to suit their locality. If multiple training institutions have people speaking the same language, the translations could be shared.

    Associations-
    - Should continue to encourage pooled procurement of drugs. This was seen as an important benefit for ADS and would be a significant incentive for ADS to join associations.
    - Lots of enthusiasm for the work of diversifying products sold at ADS, especially those products with health benefits for the community (e.g. nutritional supplements)
        - Encouraged MSH to share this work with nutrition program at the MOH because they would be interested.
    - Associations have real and relevant benefits for their members; need to promote the benefits because they should be enough to convince ADS to join an association
    - While the small ADS groups worked well, need to figure out how to encourage strong leadership in district associations
    - By nature association is voluntary, so if you require membership in association for accreditation it will contradict voluntary nature. Recommend against it being a requirement for accreditation.
- **Peer supervision—**

    - This was seen as something that made sense to stakeholders. They appreciated that peer supervisors may be effective because supervisors are culturally similar to the supervisees and have had similar experiences. They speak the same "language."
    - Also recognition that this improves relations with inspectors because ADS are now ready for inspection.
    - Need to see how this activity fares over the next year to see if it's sustainable/has more of an impact than detected in the evaluation.
- **Consumer advocacy-**
    - General enthusiasm for this approach: involving consumers and educating consumers and leadership about their rights in purchasing and accessing medicines.
    - For scaling up this initiative it was recommended that it could be framed as a rights based approach. Must also engage multiple stakeholders from the national, district, and sub-county level government. This is critical because consumers and scouts need to collaborate with the regulators for effective monitoring.
- **VHT**-**ADS linkage**- Group expressed an appreciation for the benefits of such a linkage to improve access to medicines and improved services at the community level. Agreed that it should be tested, but recommended the following:
    - Before implementing need to detail the referral system and define when VHTs should refer to health facilities v. ADS. Do not want to delay a patient from seeking care at health facility if it is a severe issue that the ADS cannot handle.
    - During implementation need to monitor ADS-VHT linkage to make sure there is no corruption/foul play with VHTs over-referring to ADS and then ADS and VHTs splitting the profit.
- **Referrals**- ADS need better referral forms / referral documentation system to capture referrals between ADS and health facilities, and VHTs-ADS-Health Facilities if such a linkage is put in place.
- **Data reporting from ADS**
    - Repeated concern was how to capture data from services at the community level (private sector, ADS, and VHTs)? Expressed desire to capture this data and make it available for decision making.
        - NDA said they will consider using tablets for inspections to help with that data collection
        - Use of technology for communication and data capturing was suggested in many presentations (HEPS, CIDI, PSU, etc.)
        - Can look at Tanzania's technology system as an example that can be adapted to suit the expressed needs in Uganda. Tanzania's system is open-source and ready to be shared.
- **Ensuring that ADS improve access to medicines**-
    - It was recommended that NDA/district authorities better regulate where new shops are allowed to open so that not all ADS are in the town, but rather distributed in more rural areas
        - Kyenjojo ADS group leadership is already advocating for this
        - GIS mapping can help with the regulation and decision making
    - Also recommended that NDA continue to sensitize unregistered shops on how to upgrade to ADS so that these shops don't just close, but increasingly convert to ADS so that we maintain sufficient access points for medicines in the community.
- **Revised drug schedules and take regulations to NDA board and then to MOH—**

    - NDA to move forward in getting approval over the revised drug schedules
    - NDA board to approve ADS regulations and then take to MOH for approval
- **Stakeholder involvement**
    - Engaging a broad base of stakeholders was expressed as a key factor of success for the activities presented. All contractors expressed their appreciation of stakeholder participation—especially sub-county, district, and even national leadership. For example:
        - HEPS consumer advocacy expressed how regulators willingly collaborated with scouts to better monitor the ADS and drug shops
        - CIDI Associations reported that district/sub-county leadership attended every workshop and gathering to improve relations between ADS owners and the regulators and to show that regulators had good intentions/were willing to work with the ADS
    - Stakeholders emphasized the need to continuing such engagement and collaboration as we move forward in scaling-up the ADS initiative.