



Improving Uncomplicated Malaria Case Management by Drug Shops through Accreditation and Regulation

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Drug Seller Situation in Uganda

- ❖ Wide distribution of drug shops (over 5000) compared to pharmacies (less than 500)
- ❖ Sale of unauthorized medicines by drug shops
- ❖ Dispensing of drugs by unqualified personnel
- ❖ Inadequate storage space and conditions
- ❖ Poor record keeping



Accredited Drug Shop (ADS) Project



- ❖ Transformed existing Class C drug shops into well-regulated and profitable Accredited Drug Shops
- ❖ 73 Class C drug shops (out of 85 at baseline) have been accredited
- ❖ 246 drug sellers and 82 owners trained in proper dispensing and business skills
- ❖ Health assistants trained as local monitors to supplement NDA's regular inspections

ADS as a Platform to Improve Malaria Case Management

Objective

- ❖ To improve dispensing practices and management of uncomplicated malaria

Intervention

- ❖ Training
- ❖ Regular supportive supervision and on-site mentoring
- ❖ Record keeping



Methodology (1)

Study Design

- ❖ A quantitative pre- and post-intervention design
- ❖ Baseline (2008) and endline (2010) study in the pilot (Kibaale) and control (Mpigi) districts measured quality of malaria case management using a mystery shopper scenario (uncomplicated malaria in a 5-year-old child)

Setting and Study Population

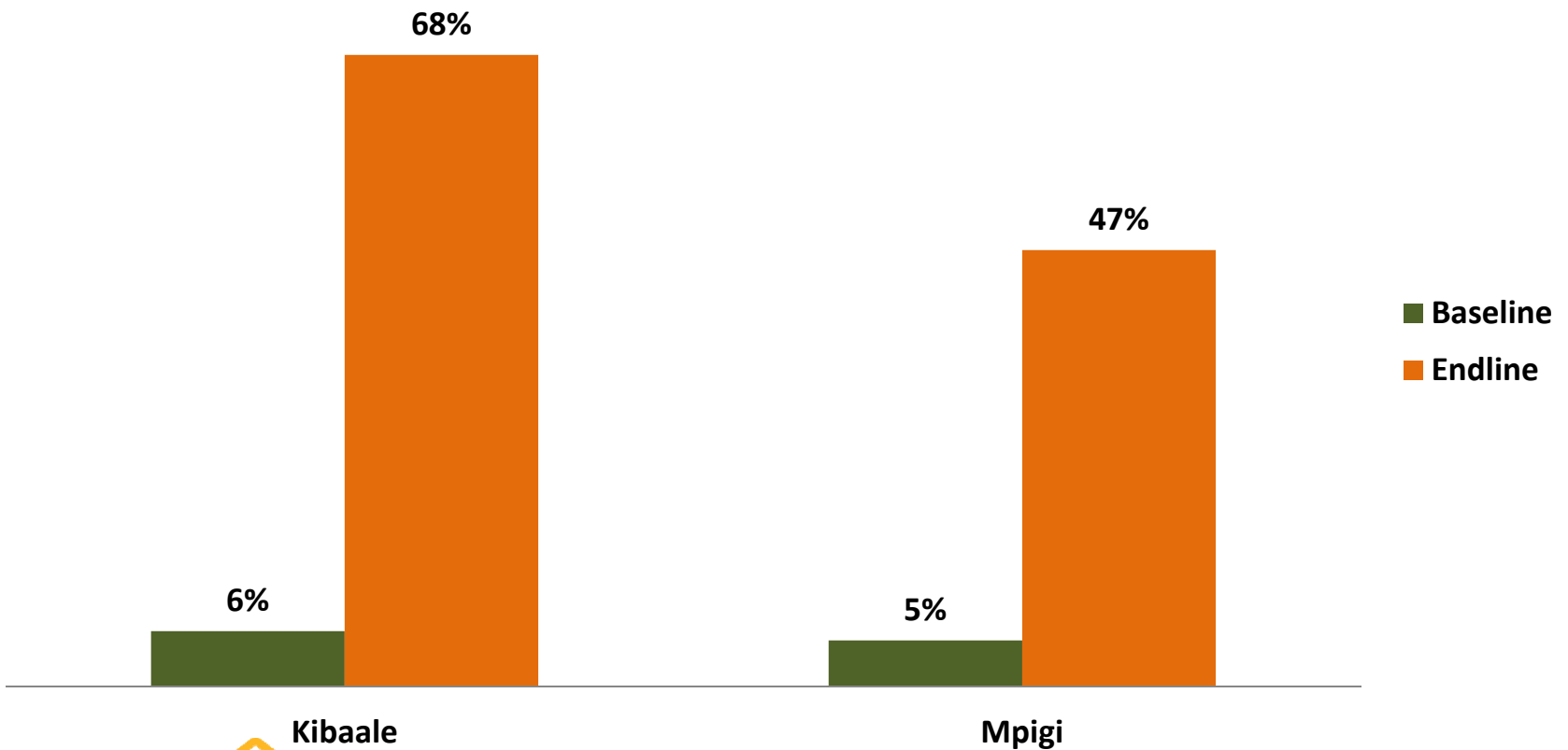
- ❖ 45 Class C drug shops in Kibaale and 43 in Mpigi district

Methodology (2)

Quality of uncomplicated malaria case management as measured by—

- ❖ % of malaria encounters with appropriate malaria treatment (correct choice of medicine, dosage, and duration)
- ❖ % of drug sellers stocking recommended first-line antimalarials
- ❖ % of drug sellers asking about symptoms of the child
- ❖ % of drug sellers asking about child's prior medication
- ❖ % of drug sellers giving instructions for taking medicines

Results: Percentage of encounters with appropriate malaria treatment



Results: Change in availability of antimalarials

Medicine	Kibaale difference in percentage points (before and after)	Mpigi difference in percentage points (before and after)	P-Value
Artemether-lumefantrine	+82	+84	P=0.291
Chloroquine	-78	-41	P<0.05
Sulfadoxine-pyrimethamine	-93	-15	P<0.05

Results: Dispensing services for malaria

Indicator	Kibaale difference in percentage points (before and after)	Mpigi difference in percentage points (before and after)	Between group difference	P-Value
Provider asked about child symptoms	+8	-32	22%	P=0.136
Provider asked if the child was taking any other medicines	+33	+3	21%	P=0.136
Provider gave instructions on how to take the medications	-7	-18	16%	P=0.243

Conclusions

Key lessons learned

- ❖ Given support, drug sellers can complement efforts to improve access to medicines and pharmaceutical care
- ❖ Additional efforts (training and supervision) are still needed to improve drug sellers' skills

Policy implications

- ❖ Revision of existing regulations to accommodate the accreditation and regulation model is necessary

Future research

- ❖ Use of rapid diagnostic tests for malaria by the drug sellers
- ❖ Use of algorithms to improve malaria case management