

# SUSTAINABLE DRUG SELLER INITIATIVES

## Uganda



The Bill & Melinda Gates Foundation provided Management Sciences for Health (MSH) a three-year grant to continue its efforts in Africa to involve private drug sellers in enhancing access to essential medicines. The Sustainable Drug Seller Initiatives (SDSI) program builds on MSH's Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiatives (EADSI) programs. Those programs focused on creating and implementing public-private partnerships using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. The new program's goal is to ensure the maintenance and sustainability of these public-private drug seller initiatives in **Tanzania** and **Uganda** and to introduce and roll out the initiative in **Liberia**.

Through our work in the three countries, we expect not only to expand access to medicines and treatment in additional geographical areas, but to solidify the global view that initiatives to strengthen the quality of pharmaceutical products and services provided by private sector drug sellers are feasible, effective, and sustainable in multiple settings.

The project's **objectives** are to—

1. **Enhance accredited drug seller initiatives' long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to changing health needs and health system context (Tanzania and Uganda).**
2. **Facilitate the spread of private-sector drug seller initiatives (Liberia).**
3. **Define and characterize information related to consumer access to and use of medicines and facilitate its use in developing public health policy, regulatory standards, and treatment guidelines (Tanzania).**

In Uganda, EADSI determined what it would take to successfully adapt Tanzania's accredited drug dispensing outlet (ADDO) model and introduce a similar concept in a different country. As anticipated, the Ugandan landscape was substantially different, and yet, the basic ADDO framework proved to be adaptable and workable in this new context. Based on EADSI's recent evaluation, district health officials and shop owners and sellers have embraced the ADS initiative in the demonstration district of Kibaale. However, an exemption that allowed ADS to dispense a limited list of prescription medicines as part of the pilot activity is expiring. The government will need to extend the exemption to a limited number of additional districts to further test and strengthen the ADS model. Ultimately, the government will need to change the laws and regulations if the decision is made to move towards national scale-up.

Under SDSI, we will provide technical support as needed to support the National Drug Authority's efforts to fulfill its public health role in ensuring that ADS facilities, practices, and personnel **meet established standards**; help define and implement a public-private sector coordination body for ADS initiative maintenance; explore opportunities to further enhance access to medicines through collaboration with community initiatives; work with local stakeholders to determine how to **quicken the scale-up process**; and help the government of Uganda incorporate the ADS concept into Ugandan laws and regulation. Accelerating district-level interest in taking up the initiative will require **sensitization of local stakeholders** (owners, sellers, officials, community members).

Kibaale stakeholders have embraced the accredited drug seller concept as playing an important role in the community; SDSI will investigate how this new health care delivery platform can further contribute to community care and public health efforts. In the Ugandan health system, community health workers and village health teams play an important role, which **makes ADS a natural partner in Uganda's community health initiatives** as a provider of medicines and supplies, hub for information, or even a source of mentoring and coordination.

We have designed our Uganda activities to build the critical mass needed to advance ADS beyond Kibaale. Specific Uganda activities under SDSI's **Objective 1** include—

- Promoting the rise of **owner and dispenser associations** at the district and national levels to strengthen private sector participation in the process.
- Incorporating **mobile technology** to collect and report data from ADS and provide access to algorithms to help in dispensing and referral decisions.
- Developing **continuing education** activities, which may include self-study with testing administered through Internet or mobile technology, small group sessions organized by ADS associations, or use of mobile technology for data exchange.
- Strengthening **monitoring and supervision** by using record review by peers through provider associations and mobile technology for follow-up and submission of supervision reports; creating a geographic information system to assist in monitoring, supervision, and follow-up; and assessing quality of care through periodic mystery shopper visits.
- Launching **consumer advocacy** activities such as creating local consumer health advocacy organizations, involving consumers in monitoring ADS, or building advocacy support in existing community institutions.

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