

Sustainable Drug Seller Initiatives Partners



Applying Lessons from SDSI to Ensure Maintenance and Sustainability of the ADS Initiative

Aziz Maija

SDSI Dissemination Meeting Kampala

August 20, 2014



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Meeting Objectives

1. Provide an update on the implementation of the ADS initiative
2. Share experience of strategies implemented to enhance the quality, maintenance, and sustainability of ADS
3. Discuss implementation results and agree on the way forward for ADS implementation and maintenance



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Meeting Organization

- Background and update on ADS implementation
- ADS Maintenance and sustainability
 - Supportive supervision strengthening
 - Training
 - Integrating mHealth and GIS mapping
 - ADS associations
 - Consumer empowerment/advocacy
 - Community linkage to the ADS
 - Increasing ADS profitability
- Next steps on implementation of the ADS initiative

Meeting Summary and Recommendations “Marching orders for NDA”



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Background and update on implementation of the ADS initiative

Lubowa Nasser

SDSI Dissemination Meeting Kampala

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Access to Medicines-Background

- Most people in developing countries get their medicines from retail drug sellers
- In Tanzania, a 2001 SEAM assessment found there were more duka la dawa baridi than all other health facilities (4,627 versus 4,288) where as Ghana had 1,000 pharmacies (mostly in urban areas) and almost 8,000 registered chemical 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)



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Drug Sellers-The problem



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Drug sellers—the strategy for change (1)

Gain broad-based support from all stakeholders

- National and local authorities, professional and commercial associations
- Participatory approach to project design and implementation

Develop requirements and build stewardship and governance capacity

- Create standards
- Inspect and regulate
- Decentralized local strategy for inspections; central control

Build private sector capacity

- Business skills of owners
- Dispensing and communication skills of shop attendants

Provide incentives

- Ability to sell expanded range of legally sold medicines
- Loans



Drug sellers—the strategy for change (2)

Work to ensure availability and quality of products dispensed

- Products in stock approved by national drug authorities
- Local suppliers

Ensure quality of pharmaceutical services

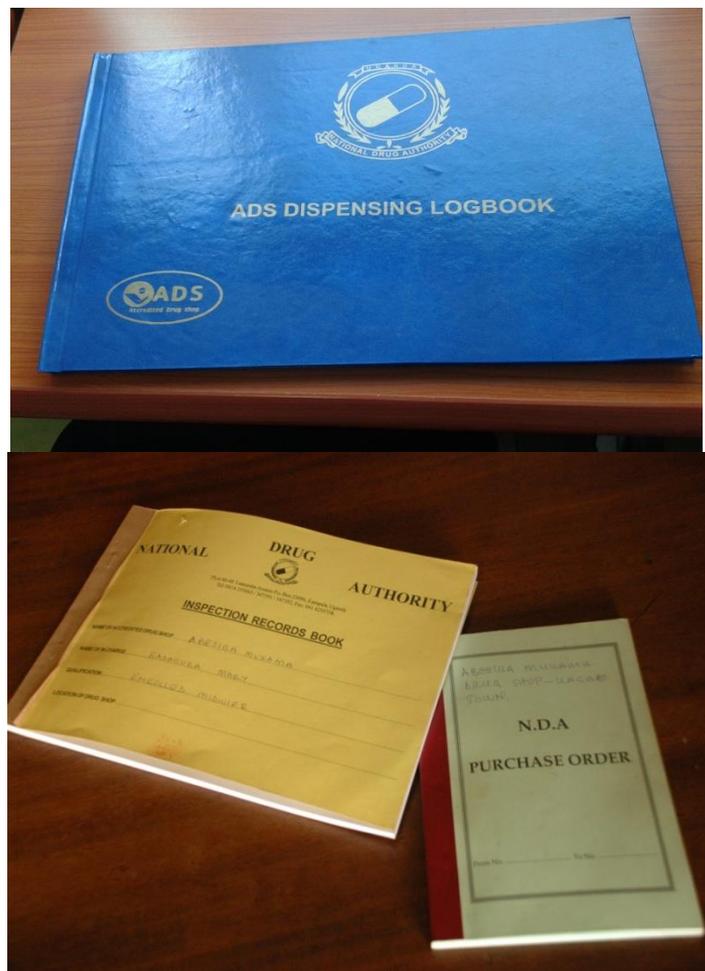
- Record keeping
- Mentoring and supervision

Increase patient and consumer awareness

- Marketing
- Information and education



Strategy for a change-Activities



Specifically:

- Renovate and upgrade premises to meet standards
- Train and accredit new and existing retail drug outlet drug sellers
- Train owners on business management
- Expand the approved sales list that include basic and essential prescription medicines
- Support owners through a business training, and marketing campaign to improve sales and patient awareness
- Facilitate access to microfinance for owners to increase investment capital
- Train local monitors to support NDA's regular inspections

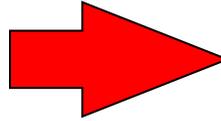


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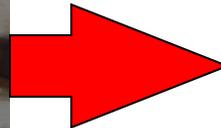


Meeting ADS standards

Before



After



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Sustainable Drug Seller Initiatives



Training of Drug Sellers and Owners

Training is a cornerstone of the program

- Drug sellers are trained to recognize and manage common health conditions and to refer customers to a health facility.
- They are also trained on good dispensing, communication, and record-keeping.
- Owners learn how to run a business such as managing stock and finances and tracking sales and profits.

ADS Drug Seller Curriculum Topics

- Regulations
- Good dispensing practice
- Rational medicines use
- Common medical conditions in the community
- Reproductive health and HIV/AIDS
- Communication skills and counseling
- ICCM
- Family Planning
- Record-keeping



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Sustainable Drug Seller Initiatives



Management Sciences for Health

Status of ADS (June 2014)

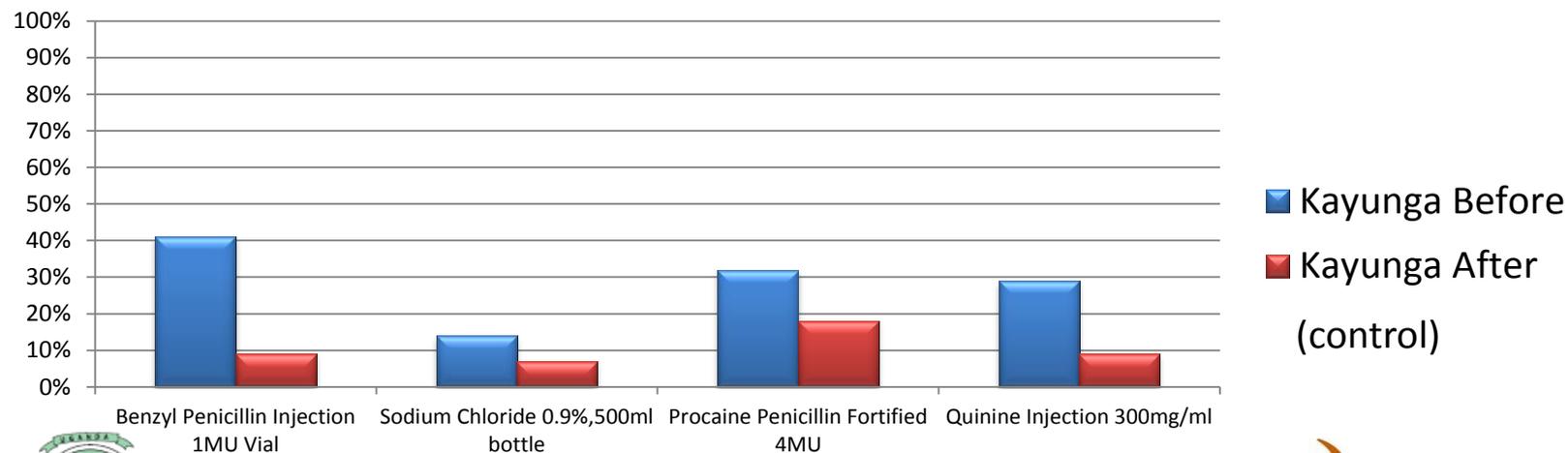
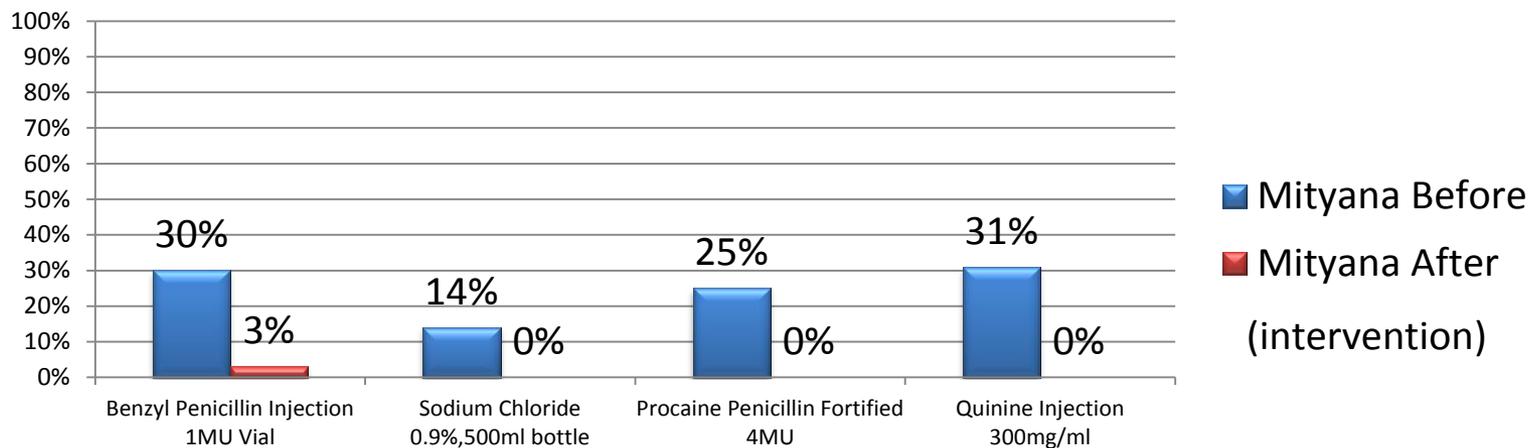
Uganda's Population	35.6 m
Total # Districts	112
Districts with ADS	5
Total # licensed medicine shops in the 5 districts	667
Total # ADS in the 5 districts	538
Kibaale	119 (83%)
Kyenjojo	83 (83%)
Kamwenge	108 (75%)
Mityana	131 (90%)
Kamuli	97 (73%)
Overall % of drug shops accredited in the 5 districts	80.7%
Total # of drug sellers trained	928



Results from ADS Evaluation

Availability of injectables before/after ADS implementation intervention v. control

Source: PSA ADS evaluation, November 2013



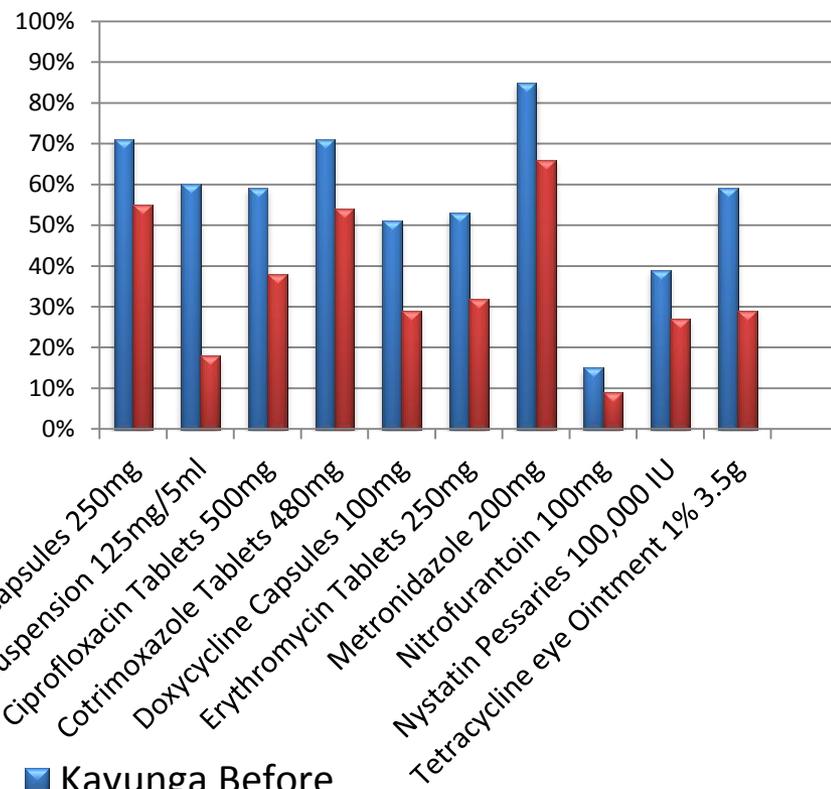
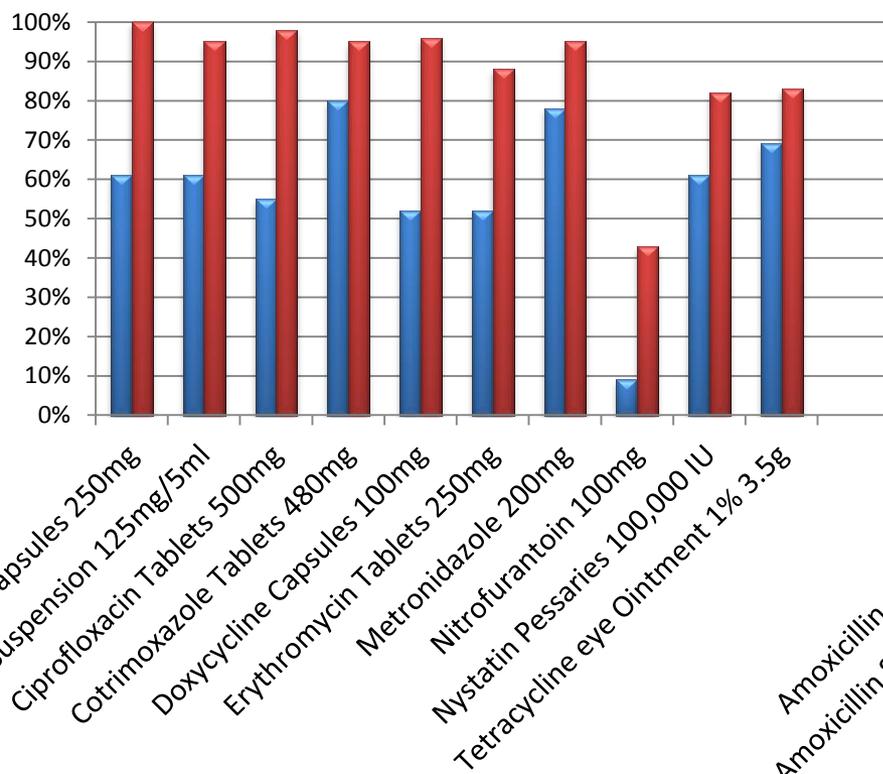
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Results from ADS Evaluation

Availability of anti-infective agents before/after ADS implementation intervention v. control

Source: PSA ADS evaluation, November 2013



■ Mityana Before
■ Mityana After

■ Kayunga Before
■ Kayunga After



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The journey to scale up

**Review
existing
legislation
on access to
medicine**

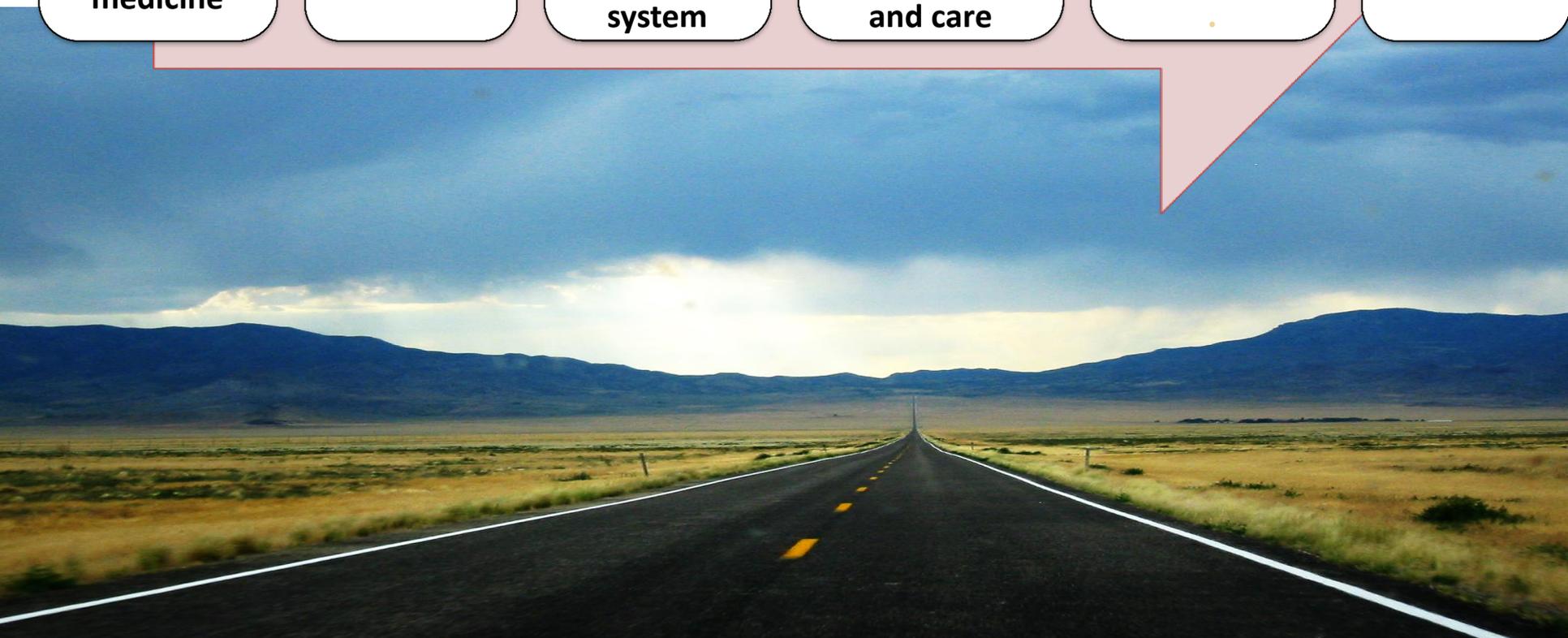
**Develop
ADS
Regulations**

**Strengthen
ADS
regulatory
and
supervision
system**

**Enhance ADS
role in
community
based access
to medicines
and care**

**Refine model
to enhance
maintenance
and
sustainability**

**Seek
support for
scale up**



Overview of SDSI and Summary of Results

Ms. Loi Gwoyita

SDSI Dissemination Meeting Kampala

August 20, 2014



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Sustainable Drug Seller Initiatives (SDSI)

- The SDSI program built on MSH's Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiatives (EADSI) programs
- Both SEAM and EADSI 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
- SDSI's goal was 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**
- The objective for **Uganda** was to enhance ADS long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to changing health needs and health system context sustainability and adapt to changing health needs



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Integrating Public Health into the ADS

Access to ACTs, mRDTs and insecticide-treated nets

Child Health/Integrated Management of Childhood Illness

Counseling mothers on newborn care and nutrition

Family planning; oral contraceptives & condom use

HIV/AIDS information dissemination



The ADS Initiative is an ideal platform to offer a wide range of public health interventions at the community level and strengthen referral linkage between ADS, public health facilities and community health workers



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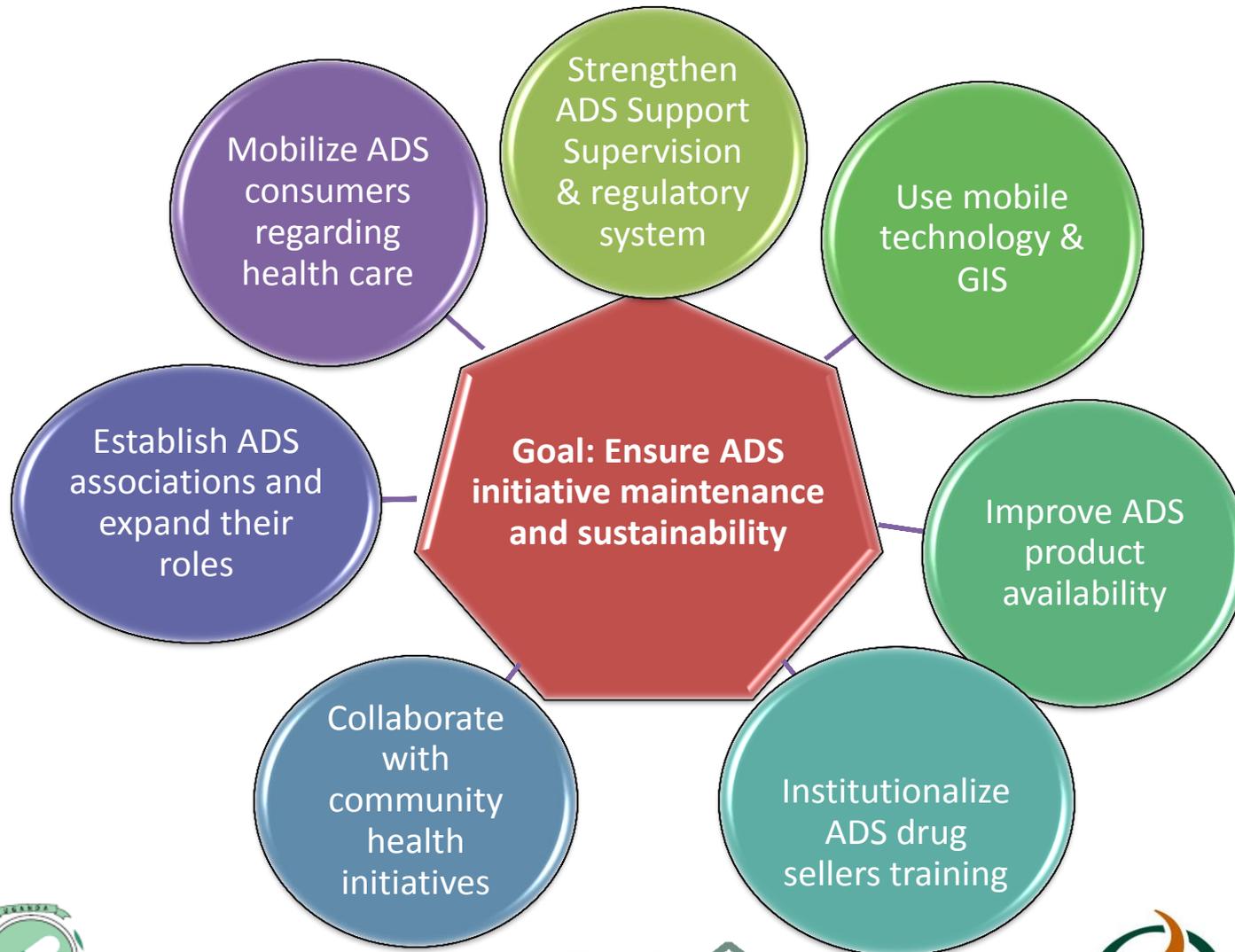


Sustainable Drug Seller Initiatives



Management Sciences for Health

Ensuring ADS Maintenance and Sustainability



MSH SDSI Partners in Uganda

- National Drug Authority
- Makerere University
- Private Sector Foundation of Uganda
- Fort Portal International Nursing School
- International Institute of Health Sciences, Jinja
- Community Integrated Development Initiatives
- Pharmaceutical Association of Uganda
- Coalition for Health Promotion and Social Development (HEPS Uganda)
- Uganda Bureau of Statistics
- IFC-World Bank
- Pharmaceutical Systems Africa



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What SDSI leaves behind:

SDSI achievements (1)

- Sustainable **model to ensure continuous availability of ADS sellers through institutionalized ADS trainings**
 - Two institutions already capacitated to offer the ADS training
 - Model ready for scale-up to more institutions
- **Strengthened ADS associations** in the three ADS districts, which have the potential to provide peer supervision, advocate on behalf of ADS, improve relations between ADS and district leadership, promote SACCOs and savings group, organize pooled procurement, etc.
 - Model for ADS association formation is ready for scale-up to additional districts
- Tested **ADS peer supportive supervision model**, which is being implemented in Mityana through ADS association
 - Ready for adaption and replication in additional districts with ADS associations
- Stakeholder endorsed **strategy for linking ADS and VHTs** to improve access to medicines and health services at the community level
 - Strategy ready for implementation



What SDSI leaves behind:

SDSI achievements (2)

- **Consumer advocacy model** that has been successfully implemented in Kamuli to help community members engage with private drug sellers to improve the quality and appropriateness of services
 - Drug shop monitoring has improved
 - Model is ready for scale-up in additional districts
- **Collaboration between ADS association in Mityana and nutritional-supplements distributor**, which provides ADS with alternative sources of income for ADS while benefiting the community
 - Strategy ready for adaptation and replication in additional districts
- **Regional NDA inspectors who have been trained to collect GIS data and generate maps of drug shops**
 - GIS maps have been created of all ADS and Class C drug shops in Mityana, Kyenjojo, and Kibaale
 - GPS instruments handed over to NDA to continue mapping post-SDSI



THE END

Thank you for listening



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