

Working with the private sector

How local drug store owners can help fight malaria

Ruth Kaahwa is a health worker at the 'Olympia Drug Shop' in Arua, West Nile region in the north-west of Uganda. Ruth has been involved in the private drug practice for nine years and the majority of patients that come to her for medicines show symptoms of malaria.

In this region many people seek initial treatment from the private sector when they fall ill. Drug shops like Ruth's are usually the first choice because of their proximity to people's homes or because people prefer to be responsible for their own treatment. Unfortunately, the quality of care given for malaria patients can be poor, with old, ineffectual drugs frequently sold by drug store owners who may be inadequately trained and profit-driven. This is especially dangerous in the case of malaria, a disease which if not treated quickly and effectively can soon turn deadly.

The Uganda Malaria Communities Partnership (UMCP) project, implemented by Malaria Consortium, Wellshare International and MACIS (Malaria and Childhood Illness NGO Secretariat), aims to reduce malaria-related morbidity and mortality in the West Nile region, north-west Uganda, by using a network of local civil society organisations. It also aims to improve public-private coordination by training private health care providers. Ruth and others like her have been trained through this project on correctly diagnosing and treating cases of malaria using newer, effective drugs known as Artemisinin Combination Therapy (ACT) medicines. The training session targeted workers in all licensed drug



Ruth Kaahwa, dispensing ACT anti-malarial drugs at her store, Arua

**In Uganda
approximately 1 in 7
children die from
malaria before their
fifth birthday**

shops and pharmacies in the seven West Nile districts. Nearly 370 practitioners attended.

“The training as has really helped me manage the transition from prescribing a drug that no longer works, to the new, effective drugs,” said Ruth. “I had thought the ACTs were only for government supported health facilities, but now I am stocking these drugs too.”

Ruth was trained on how to administer ACTs appropriately and understands that patients’ adherence to the medicine regimens will help ensure the drugs remain effective against malaria for longer. She addresses patients’ fears over the using the drugs by providing accurate information about dosages and possible side effects and how these can be minimised.

“Before the training I would ask the patient for only a few symptoms and would usually give them anti-malarials,” explained Ruth. “Now I can diagnose malaria correctly and I understand the importance of taking a full patient history before giving any treatment as not all cases of fever are caused by malaria. When I advise on treatment I know how important it is not to rule out other conditions, such as pneumonia and diarrhoea.”

Ruth added that she now refers to the health facilities all severe malaria cases she cannot manage, as the training has taught her what danger signs to look out for in malaria patients. She also understand the benefits of referral for herself and her business, not just for the patients.

The major challenge now is managing the high cost of buying ACTs from wholesalers, as the average cost for a full adult course of the drug is 5,000 Ugandan shillings (US\$2.5) per pack. In order for her to cover her costs, Ruth needs to pass these prices onto her clients, which many struggle to afford. Ruth therefore strongly advocates that the Ugandan government should support the private drug practitioners by ensuring subsidised ACTs in the private sector, to continue training new private drug practitioners and to further strengthen public awareness about the use of ACTs as first line anti-malarial treatment.



Artemisia annua – the core ingredient of artemisinin-based combination therapies. Photo: Adam Nadal

Artemisinin-based combination therapies (ACTs), currently the most effective drugs for treating malaria and the only way to beat severe malaria, are up to 30 times more expensive than vastly less effective single-drug therapies such as chloroquine.

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