

Drug redistribution in Uganda

A few years ago, government health facilities in districts throughout Uganda – as diverse as they are – faced a common problem of regular stock outs of malaria drugs. Today, however, many districts are facing the opposite problem of drugs expiring on the shelves.

“Drugs are delivered from the National Medical Stores on a push system,” says Dr Mutyaba Imaan, Kiryadongo District Health Officer. “But these deliveries don’t take into account that the level of consumption and services vary from one health centre to the other, so we end up with a situation where some facilities have too many and others run out of drugs.”

On the losing end of this scale are many village health team members (VHTs), who are increasingly easing the patient load of their local health centres as they are treating children under five directly in the communities.

“The Ministry of Health have guidelines in place that allow for redistribution of drugs from one health facility to another,” Dr Mutyaba explains. “But there isn’t a similar policy for redistributing directly to the VHTs. We would have health workers come to us and say ‘we have too many drugs but our VHTs don’t have any’. In a sense, medicine is money, so everyone was a bit wary handing them out to the VHTs without proper approval from central government. But you have to ask yourself, what is better: that the drugs expire on the shelves or that we get them to the communities that suffer from malaria? Coartem is expensive, is it really rational to allow 15,000 shillings to expire?”

While many would agree that this is not rational, accountability is a big issue in a system plagued by corruption, and, without official approval from the Ministry of Health, putting redistribution in place to the VHTs would be a risk for the Kiryadongo district officials and health workers alike.

This risk, however, is well worth taking, according to Dr Mutyaba. “The reason that VHTs exist is that they address the needs of their communities. A mother wants to be helped; it is an emergency to her when her child is sick. But without medication, the VHTs cease to be important.”

In an effort to make the system as transparent as possible, the DHO put in place a system allowing the drugs to be easily tracked from the health facility through the VHT to the end user. “We formalised a requisition process through our office,” Dr Mutyaba explains, “where the VHT brings a request – stamped by his LC1 – to his health facility, receiving 30 dosages that are then adjusted in the health facility stock card, so that anyone



VHT Bitadwa in Mpumwe village. Photo: Tine Frank



Dr Mutyaba Imaan shows a copy of a requisition voucher

can see exactly where those drugs ended up – right down to the actual patient. By doing this – almost throughout the entire district – we are managing to keep our VHTs functioning and involved whilst avoiding drugs expiring.”

In Masindi sub-county, Amayo Cyril, In-Charge at Kaduku Health Centre II, says he was reluctant to start the process because of the risk. “Our active VHTs kept asking for more drugs, and it makes sense that what we have at the facility should be used to help. So when we decided on the authorisation process in consultation with the DHO we went ahead. We have

done two rounds through a pull system, supplying according to individual VHTs’ needs. We really needed the system to be designed together with the Malaria Focal Person and the DHO, and for us, it is now working well.”

According to the district’s Malaria Focal Person, Walther Sekonde, it is essential to keep the VHTs active and motivated. “We must keep the VHTs running,” he says. “Any health programme in Uganda has a VHT in mind. Right now, we’re talking about the universal net distribution, and the first thing that always comes up is the VHT’s role. When we were rejuvenating our immunisation programme, the first point was the VHT. So yes, we took the risk on the redistribution initiative.”

Dr Mutyaba agrees fully on the importance of the VHTs. “We need to make sure that we keep them doing what they were selected and trained to do. It is so very important. Otherwise, should we just let our children die in the communities again? We treasure them beyond what they are doing. So we will do what it takes to help them survive, and to keep them with medicine so they’re not redundant.”

At the health facility level, the system so far has been working smoothly, according to Odul Nelson, In-Charge at the Mpumwe Health Centre II in Kigumba sub-county. Supervising 12 VHTs, Odul was the one who initially brought this solution to stock outs to the DHO office. “The VHTs were complaining about short supplies but big demand,” says Odul. “We receive drugs every three months so have plenty of stock, and so far the system has been working very well and they VHTs are very happy with the extra supplies.”

One such VHT is Bitadwa R.Y. from Mpumwe village. “When the Coartem is over, I go to the health centre and the In-Charge gives me a voucher,” Bitadwa explains. “I then receive 30 adult doses with special instructions for how to administer to children, and then I sign a receipt. Before, I would run out, I could be without drugs for maybe a month. So then I could just test and refer to health centre. When people realise I have no drugs, they stop coming. As soon as drugs are back they are mobilised.”

The Kiryadongo district officials have been sharing their successes on radio shows and in stakeholders meetings in an attempt to increase interest in the initiative and eventually formalise the policy through the Ministry of Health. “We have shared this on a number of occasions and the reception is always positive,” says Mr Sekonde. “But people are still fearing the accountability issue and want authorisation from the Ministry of Health.”



*Patients waiting outside the Mpumwe health centre II
Photo: Tine Frank*