

Policy advocacy lessons learned: Drug shops' provision of injectable contraception in Uganda

By Tracy Orr, Fredrick Mubiru, Angela Akol and John Stanback

Policy reform is an evolving, iterative, multistage process that requires patience, mutual respect, and enduring commitment. (USAID 2007)

In Uganda, drug shops are distinct from pharmacies in several ways. Legally, drug shops can sell only nonprescription drugs, and must be registered with the Ugandan National Drug Authority (NDA) and be owned by medically qualified persons with at least nursing or midwife training; nonowner operators must have received training at least at the level of nursing aide. In Uganda contraceptive use is low. Only 35% of all women use a modern method, but unmet need for these women is 28% (UDHS 2016). Uganda also has one of the fastest rates of population growth at 3.2% per year and a high fertility rate of 5.4 children per woman (PMA2020 2016; UDHS 2016). Among the reasons for low use of contraception are barriers to access, stock out of family planning supplies, and shortage of trained health staff. These problems are more acute in rural areas where health facilities tend to be few and far between. Not surprisingly, women in rural areas have almost twice as many children as women in urban areas.

In July 2017, the NDA approved a plan that will allow licensed and accredited [private drug shops to stock and administer injectable contraception](#) beginning in 20 districts. This policy change makes Uganda the first country in Africa to support drug shops' provision of the most popular family planning method on the continent. This success did not come overnight but was the result of years of policy advocacy which began with stakeholder engagement and building the evidence base to support this practice. This brief captures the key lessons learned in the successful advocacy process to open this service delivery channel.

Generate evidence by beginning with the end in mind

In 2007 FHI 360 and Save the Children surveyed drug shop operators who sold injectables to learn more about the unregulated practice. In 2009 the same organizations conducted a pilot study to assess the suitability of drug shops as sales outlets for the socially marketed injectable, "Injectaplan" (Stanback et al., 2011). Conducting research to understand how to best support and involve drug shops as safe and reliable family planning providers in collaboration with the Ministry of Health (MOH) and National Drug Authority (NDA) was essential for future successful policy advocacy.

Collect more evidence to understand the problem

Following the initial assessment in 2007 and pilot study in 2009, stakeholders wanted additional information so in 2011 FHI 360 reviewed service delivery data to assess drug shops' contribution to family planning service provision in four districts (Chin-Quee, 2010).

Build upon past achievements

The advocacy process built upon a previous successful [policy advocacy change that FHI 360 lead to allow community health workers \(CHWs\) to provide injectable contraception in 2011](#) which has since been scaled up throughout the country. Leading a related policy advocacy process demystified the policy change process and allowed the advocates to establish strong relationships with key influencers at the Ministry of Health who would support the Taskforce.

Repackage and disseminate the evidence

In 2015 the MOH and FHI 360 held a high-level policy dialogue with government, NGO, academic and civil society leaders to present the evidence generated and to obtain their consensus on the prospects of changing Uganda's policy for the provision of injectable contraception by drug shops. The participants at the meeting recommended the formation of a Taskforce Committee that would consult with other relevant stakeholders, review the research and programmatic evidence, and write a formal justification paper in support of a policy amendment.

Strategically approach the advocacy process The MOH organized a Taskforce Committee of government agencies, civil society, health provider regulatory institutions, the private sector and NGOs in 2015 to develop the case for policy change. The Advancing Partners and Communities (APC) Project, led by JSI and implemented by FHI 360 in Uganda, served as secretariat for the Taskforce Committee. The advocacy process was executed according to a carefully crafted strategy which included the advocacy goal, political context, policy making process, decision-makers, their influencers and means of communication. Together the Taskforce devised tactics, created messages, conducted stakeholder mapping exercises and regularly discussed progress, setbacks and needed revisions.

Meaningfully involve stakeholders

Policy change was approached as a continuing process. The Taskforce did not rush the process and allowed time for stakeholders to truly participate in the policy dialogue and evaluate options, so that they become fully invested in the process. Having a diverse group of stakeholders with a range of interests helped to make the advocacy process more inclusive, participatory and most importantly - effective. A highly consultative process ensured wide stakeholder ownership and contributed to MOH and NDA approval of the practice.

Have open debate to make for a richer case

Open and candid discussion and debate of controversial issues with this service delivery channel allowed for the inclusion of challenges and mitigating factors in the Justification Paper presented to the MOH and NDA. The consultative meetings collected information on potential benefits, drawbacks and necessary conditions for a policy change. These thoughts were compiled into a Justification Paper for the Provision of Injectable Contraception by Drug Shop Operators in Uganda. In August 2016, the MOH Senior Management Committee gave the Taskforce Committee their approval and support for presenting this justification and seeking consensus from the NDA as a last step before policy change.

Link to global rationales to enhance relevance.

The country level work was linked to the global conversation by supporting Taskforce members to attend international meetings on drug shops' engagement, which helped to increase their appreciation of drug shops as a channel of increasing access to health services broadly.



Pfizer, 2013

The way forward

Drug shops will now help meet the growing demand for family planning, specifically injectable contraceptives, in rural and hard-to-reach areas by improving the availability of high quality and reliable services. Close monitoring and evaluation of scale up in the first 20 districts will ensure that this practice will be implemented across different settings with the necessary operational support to successfully enable

drug shops to meet the population's family planning needs. The scale up of drug shops' legal provision of injectable contraception will have implications beyond Uganda's borders. Successful implementation of this task sharing practice will demonstrate to other African countries that when trained and supported, private sector workers such as drug shop staff, can safely and effectively provide quality family planning services including injectable contraceptives (WHO, USAID, and FHI 2010; Stanback et al. 2011; Akol et al., 2014).

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