



Maternal, Neonatal & Child Health – HIV/AIDS Symposium

Evaluation Report

**A collaborative event between the
Commonwealth Pharmacists Association
and the
Pharmaceutical Society of Uganda**

THEME:

**HIV/ AIDS Maternal and Child Health
Pharmacy Awareness Week Workshop, Exhibition and AGM**

6 – 7 October 2009

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Introduction

The Symposium was held on October 6th and 7th as an integral part of the annual CPD and Pharmacy Awareness Week of the Pharmaceutical Society of Uganda the Annual General Meeting of which was held on 8th October 2009. The symposium was a collaborative event between Commonwealth Pharmacists Association (CPA) and the Pharmaceutical Society of Uganda (PSU) and was supported by the Commonwealth Foundation.

The programme for each day was divided into sessions the morning sessions consisting of a series of presentations with discussion: the afternoon sessions included two linked interactive workshops composed of plenary sessions and discussion groups. On the first day the morning presentations began with the international context and the national view of the HIV/AIDS pandemic including the National Treatment Guidelines for women and for children. This was followed by a presentation outlining current policies and their impact from the Prevention of Mother to Child Transmission (PMTCT). Programme. Mr James Tamale, President PSU, and Mr Raymond Anderson, Vice President CPA, provided keynote addresses on behalf of PSU and CPA respectively. The keynote address on behalf of the Minister of Health, representing President Museveni was delivered by The Assistant Commissioner (Pharmaceutical and Medical Supplies) in the unavoidable absence of the Minister. The afternoon session included presentations on emerging challenges, social challenges for children and the challenges and way forward for Civil Society. The presentations on the second day were on the theme of improving the provision and access to quality pharmaceutical care, the provision of drugs and laboratory supplies, challenges and opportunities for local pharmaceutical industry and the impact of migration of health workers. A copy of the programme is attached as [Appendix 1](#)

The workshop sessions commenced with an introduction explaining the overall goal to produce "The Uganda Statement on the Role of the Pharmacist in the Prevention and Management of HIV/AIDS – Maternal and Child Health in Uganda", the procedure for group work and arrangements for feedback. The discussions on the first day focussed on identifying the challenges through review of current practice enabling participants to identify difficulties and gaps in knowledge and training, in the workplace, in policy and funding. The second day followed a similar format with an introduction which outlined the challenges identified on the first day. The groups then considered the opportunities to meet the challenges and identified actions needed to enable them to be met. Each group consisted of approximately 30 participants with a chairman, facilitator and rapporteur appointed by PSU a briefing meeting for this group was held on the evening before the Symposium and further briefings were given immediately before each session. In the plenary session at the end of each day the rapporteurs summarised the groups' findings. Each participant received an evaluation form for completion. The results of the workshop will be used to produce the Uganda Statement which PSU will present to the Minister/Permanent Secretary MoH following the Workshop.

Evaluation

The total number of participants registered for the Symposium over two days was 149. Evaluation forms were issued and completed at the end of the second day: 49 respondents completed and returned forms and 8 of the completed forms had some data missing. Of the 47 practitioners who responded 29 were male and 15 female. The respondents included two students one male one female. Practitioners were mainly from the community sector (25) with a significant proportion from the hospital sector (9). There were also representatives from administration, academia, and industry with the remainder coming from a variety of practice environments. The majority, 29, were employed in the private sector, with 9 in the public sector, 7 in NGO's and 2 in other sectors. There was good representation from those working in Kampala and elsewhere in Uganda including Northern Uganda, Lira District, West Nile, Jinja, Masaka and Gulu. [See Appendix 2 Tables 1, 2, 3 and 4.](#)

On questions relating to symposium procedure the majority of respondents felt comfortable to contribute freely to discussion and believed the symposium format allowed all relevant issues to be raised. The respondents were divided on the question of time for discussion with two thirds indicating there was not enough time. The respondents' assessment of the interactive sessions was very positive with most (44) finding the sessions professionally rewarding or very rewarding. The respondent's assessment of the outcomes was also very positive with the vast majority (38) believing the issues reported back to the plenary session reflected the views and opinions of the majority of pharmacists and health professionals in Uganda, that as individuals they could take a more proactive role in the prevention and/or management of HIV/AIDS – Maternal and Child Health in Uganda (40) and that there are opportunities for professional associations to take a more proactive role in the prevention and/or management of HIV/AIDS in Uganda(41). The responses from students have been separated and are shown in shaded boxes for comparison See Appendix 2 Tables 5,6 & 7 The response on recommendations for implementing the Uganda Statement were also very positive with a number of respondents including specific recommendations or comments on the symposium. See Appendix 2 Table 8.

Discussion

The PSU had invited a wide range of practitioners and also students. There was good attendance by pharmacists representing a wide range of practice environments and they were distributed between both public and private sector employers with some from other sectors. There was also good representation not only from Kampala but also from other locations. This ensured a broad range of experience and expertise was available for the interactive sessions. Pharmacists and students participated equally in discussion and in the interactive sessions. PSU is to be congratulated for including students at this important meeting, they participated enthusiastically and their inclusion demonstrates intent to develop them as health care professionals at an early stage. There was some feeling, expressed in discussion sessions that pharmacy staffs lack incentives and concern about the career structures and remuneration especially in the public sector with many hospital posts reported vacant. These factors are important to address if numbers of pharmacists are to increase as they should.

In their response to the symposium procedure the majority felt comfortable to contribute to discussion and felt relevant issues could be raised. The group discussion sessions were well received. A significant proportion of respondents did however feel discussion time was not adequate. The organisers had tried to strike a balance in the presentation of the policy framework including some complex information and discussion. It is encouraging that the audience was so willing to participate in discussion and their response can be taken into account for future programmes. Almost all participants found the sessions rewarding or very rewarding. There were a small number (2) who found it of little benefit but most were very positive.

The responses on symposium outcomes were also very positive for all groups. Their enthusiasm for taking a more pro-active role and their recognition of opportunities for professional associations to exercise leadership was notable. Respondents strongly advocated the role for PSU in implementing the Uganda Statement and in its advocacy

Conclusion

The symposium was very successful in attracting a high number of participants over the two days. The attendance was representative of a cross section of the profession and working environments. Individual contributions indicated a desire for leadership on the part of PSU and need for demonstration of recognition by government of the role which both pharmacists and technicians can play. There was clear commitment to the outcome of the symposium and the value of the Uganda Statement as a planning tool for the future. PSU can build on this in its on-going discussions with government when the Uganda statement is presented.

Appendices

Appendix 1

Programme

Appendix 2

Survey results

- Table 1 Respondent gender and status, practitioners and students
- Table 2 Respondent gender, age and qualifications
- Table 3 Respondent gender, area of practice and employment section (students excluded)
- Table 4 Respondent work locations (students excluded)
- Table 5 Respondent assessment to symposium procedure
- Table 6 Respondent assessment of symposium interactive sessions
- Table 7 Respondent assessment of symposium outcomes
- Table 8 Respondent recommendations for implementing the “Uganda” Statement

Appendix 3 Evaluation Form

Appendix 4 Challenges identified in first session

Appendix 5 Opportunities identified in the Second session



PHARMACY AWARENESS WEEK 2009

CPD WORKSHOP, EXHIBITION AND AGM

PHARMACEUTICAL SOCIETY OF UGANDA (PSU) / COMMONWEALTH
PHARMACISTS ASSOCIATION (CPA)
COLLABORATIVE EVENT ON HIV/AIDS – MATERNAL AND CHILD HEALTH

VENUE: IMPERIAL ROYALE HOTEL - KAMPALA

DATE: TUESDAY OCTOBER 6, - THURSDAY OCTOBER 8, 2009

Day One October 6, 2009

0830-0900HRS Arrival and Registration

Session One Chairperson: Mr. Tony Badebye

0900-0925HRS HIV/AIDS -maternal and child health; the situation in Uganda today.
Presenter: Dr. Zainab Akol- AIDS Control programme – Ministry of Health.

0925-0950HRS Early infant diagnosis (EID) and early infant treatment (EIT) for
HIV/AIDS- current policies and impact (highlights from the PMTCT
programme)
Presenter: Dr. Adeodata Kekitiinwa, ED, Baylor-Uganda.

0950-1045HRS Question and Answer Session

1045-1115HRS Coffee / Tea Break

1115-1230HRS **Key note Address and Opening Ceremony**

- ✓ Welcome remarks by the Secretary, Pharmaceutical Society of Uganda.
- ✓ Comments by the **President Pharmaceutical Society of Uganda**, Introduction and invitation of the CPA Representative
- ✓ Key note Address by **CPA Representative**
- ✓ Comments by the **Asst. Commissioner (Pharmaceuticals and Medical Supplies) – Ministry of Health, Introduction & Invitation of Guest of Honour.**

- ✓ Speech by the Guest of Honour, **H.E, The President of the Republic of Uganda; H.E President Yoweri Kaguta Museveni represented by the Minister of Health- Hon. Dr. Stephen Malinga**
- ✓ Vote of Thanks by the **Immediate Past President, Pharmaceutical Society of Uganda, Mr. Tony Badebye**
- ✓ Official opening of the Pharmacy Awareness Week 2009, Workshop and Exhibition by the Guest of Honour

1230-1400HRS Lunch Break

Session Two Chairperson: Ms. Carol N. Kiyiika

1400-1425HRS The Emerging challenges in the management of HIV/AIDS amongst vulnerable communities in Uganda.
Presenter: Prof. Peter Mugenyi – Joint Clinical Research Center

1425-1450HRS Social challenges for children living with HIV/AIDS. Experiences from Baylor-Uganda.
Presenter: Mr. James Yesiga – Baylor Uganda

1450-1510HRS The Challenges and way forward for Civil Society to end AIDS in Uganda
Presenter: Joseph Sali, Pan Commonwealth HIV/AIDS Network (Reach Out Initiative, Uganda)

1510 – 1600HRS Question and Answer Session

1600 -1615HRS Coffee / Tea Break

1615-1700HRS Interactive Session

Day Two October 7, 2009

0800-0900HRS Arrival and Registration

Session Three Chairperson: Mr. Idd Iwumbwe

0900-0925HRS Special consideration for effective communication in the management of HIV/AIDS in Children
Presenter: Mr. Morris Okumu – MJAP

0925-0950HRS Challenges and opportunities for the local pharmaceutical manufacturing industry in production of affordable and sustainable supply of ARVs in Uganda
Presenter: Mr. Emmanuel Katongole - MD Quality Chemicals Ltd

0950-1045HRS Question and Answer Session

1045-1115HRS Coffee / Tea Break and a Visit to Exhibition Stalls

Session Four	Chairperson: Mr. Martin Oteba
1115-1140HRS	The impact of the current HIV/AIDS policies on the provision of HIV/AIDS commodities including Drugs and Laboratory supplies. Presenter: Mr. Sowedi Muyingo, General Manager, Medical Access Uganda
1140-1205HRS	Uganda's progress in the Pharmaceutical sector in the achievement of the Millennium Development Goals (MDGs) Presenter: Dr. Samuel Zaramba, Director General Health Services – MoH
1205-1225HRS	The Impact of the Migration of Health workers on HIV/AIDS services Presenter: Baba Jemmeh-Pan Commonwealth HIV/AIDS Network-Africa
1225 – 1300HRS	Question and Answer Session
1300-1400HRS	Lunch Break
Session Five	Group Discussions
Chairperson:	Mr. Eric Freddy Kitutu
1400 – 1530HRS	Group and Interactive Discussions
1530-1600HRS	Coffee / Tea Break
1600-1630HRS	An Overview of the Recommendations Presenter: Mr. Robert B. D Otto
1630-1645HRS	Closing Remarks Mr. Mukiibi Swaibu, Secretary - PSU
1645HRS	Closure



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Survey Results

Table 1: Respondent gender and status, practitioners and students (n = 49)

Gender	Practitioners				Students	
	Pharmacy degree		No Gender	Other not specified	Pharmacy Degree student	Total
Male	29			2	1	33
Female	15				1	15
No Gender			1			1
Totals	44		1	2	2	49

Table 2: Respondent gender, age and qualifications (n = 49)

Gender	Age				Qualification		
	<30 yrs		30 – 50 yrs	>50 yrs	Total	Pharmacy Degree	Total
Male	12 (1)		17	2	31 (1)	31	31
Female	6 (1)		9	-	15(1)	15	15
No Gender	1		-	-	1	1	1
Totals	19 (2)		26	2	49	47	47

() = student

Table 3: Respondent gender, area of practice and employment section (students excluded)

Gender	Practice Area							Employment Sector				
	Hosp	Com	Ad	AC	Ind	Other	Total	Public	Private	NGO	Not specified	Total
Male	6	16	2	3	2	2	31	7	20	2	1	30
Female	3	8	2	-	2	-	15	2	9	4	-	15
No Gender		1					1			1	1	1
Totals	9	25	4	3	4	2	47	9	29	7	2	47

Legend: Hosp=hospital; Com=Community; Ac=Academic; Ad=Administration Ind=Industry; PH=public health; Public=public sector; Private=private sector; NGO=non-governmental organisation;

Table 4: Respondent work locations (students excluded)

Gender	Work Location			Total
	Kampala	O/s Kampala	O/s Uganda	
Male	17	13	1	31
Female	11	4		15
Non Gender	1			1
Missing				
Totals	29	17	1	47

Work location outside Kampala those specified included: Northern Uganda, Lira District, West Nile, Jinja, Masaka, Gulu

Table 5: Respondent assessment to symposium procedure (n = 49)

Responses from students separately shown in shaded boxes for comparison

Question	Yes	No	Missing	Students n = 2 Yes - No 2 Yes 2 No Yes - No 2
Did your group have enough time to discuss the issues raised	32	15	-	
Did you feel comfortable to contribute freely to discussions	44	3	-	
Do you believe the symposium format allowed all relevant issues to be raised	37	10	-	

Table 6: Respondent assessment of symposium interactive sessions (n = 49)
 Responses from Technicians and students separately shown in shaded boxes for comparison

Response Option	All	Students n = 2
No professional benefit	-	
Little professional benefit	2	
No particular response one way or the other	1	
Professionally rewarding	31	1
Very professionally rewarding	13	1
No response	-	
Unclear data		
Total	47	2

Table 7: Respondent assessment of symposium outcomes (n=49)
 Responses from students separately shown in shaded boxes for comparison

Outcome	Yes	No	Missing Data	Students n=2
Do you believe the issues reported back to the plenary session reflect the views and opinions of the majority of the pharmacists/health professionals in Uganda	38	4	5	Yes 2 No
As an individual pharmacist/health professional, do you believe you can take a more proactive role in the role of the pharmacist in prevention of mother to child transmission of HIV/AIDS in Uganda	40	-	7	Yes 2 No
Do you believe there are opportunities for professional associations to take a more proactive role in the prevention of mother to child transmission of HIV/AIDS in Uganda	41	-	6	Yes 2

Table 8: Respondent recommendations for implementing the “Uganda” Statement (Participants could tick one or more options)

Responses from students separately shown in shaded boxes for comparison

Recommendation	All	Students n=2
PSU advocacy with its members	33	2
PSU advocacy with government, AIDS agencies and other NGOs	41	2
With other East African Associations of Pharmacists	22	2
With consumers and wider community	26	2
Strategic planning	27	2
Benchmark document for monitoring and evaluating professional activities	22	2

Respondents’ specific recommendations:

- Create more interaction between pharmacists and doctors in passing information to affected patients
- Involvement of the population at large – nationally and internationally
- Understanding the practice at ground level and focusing the Statement with due regard for the practice.
- Regional (referral hospitals) pharmacists and district pharmacist offices should be strengthened and supported to offer better supervision
- Symposiums with other organisations, WHO, ACPA, etc
- Advocacy for stronger suitable legal backing for practice and supplies of HIV/AIDS pharmaceutical commodities such as ARV’s

Please answer the following questions about outcomes from the Workshop

Please tick Yes (Y) or NO (N) to answer the following questions:

12. Do you believe the issues reported back to the plenary session reflect the views and opinions of the majority of the pharmacists/health professionals in Uganda **Y/N**
13. As an individual pharmacist/health professional, do you believe you can take a more proactive role in the prevention and/or management of HIV/AIDS – Maternal and Child Health in Uganda. **Y/N**
14. Do you believe there are opportunities for professional associations to take a more proactive role in the prevention and/or management of HIV/AIDS in Uganda. **Y/N**
15. Please tick one or more of the following options which you believe offer opportunities for implementing “The Uganda Statement” on the Role of the Pharmacist in the Management of Mother to Child Transmission of HIV/AIDS.

Advocacy by the Pharmaceutical Society of Uganda with:

- Its members
- With government, MOH, AIDS agencies, other NGOs (e.g. the Pan Commonwealth Network for HIV/AIDS – Africa)
- With other East African Associations of Pharmacists
- With consumers and wider community
- Strategic planning
- Benchmark document for monitoring and evaluating professional activities

Other please specify:

Please make sure you have completed all the questions

Thank you for completing this evaluation form, which will be collected immediately. Please pass to the end of the row where you are seated for collection

The Challenges identified on Day 1

Summary of Workshop Groups

For Pharmacists:

- Lack of resources – time/staff
- Inadequate skills and knowledge – counselling, communication, advocacy and use of HIV diagnostic equipment,
- Need for further study opportunities, specialisation, and mentorship
- Lack of expertise of testing and interpreting results
- Low salaries for pharmacists in public sector
- Lack of recognition of role
- Lack of assertion/confidence
- Emotional drain
- Language barrier

The Work Place

- Low ratio of pharmacists to patients
- Lack of team work
- Lack of patient contact (collection by carers)
- Lack of confidential areas/privacy
- Unnecessary bureaucracy, unreliable donor funds
- Poor design of pharmacies / lack of space / storage facilities
- Intermittent power supply
- Inadequate dispensing equipment (extemporaneous), lack quantification tools
- Lack of internet provision – need easy access to information
- Lack of networks – between pharmacies/pharmacists
- Poor information flow
- Workload levels

Governmental Involvement:

- Lack of pharmacists' involvement at central and higher levels
- Rapid policy changes no information or involvement
- Lack of planning for manpower and no career development plan
- Lack of planning for pharmacy distribution-inequity, poor access
- Need to strengthen public-private collaboration
- ARV's not available from community pharmacies
- HIV/AIDS testing not available from pharmacies
- Research findings not easily available
- Lack of funding for operational research by pharmacists
- Lack of strategies to address literacy and poverty
- Lack of funding for rural areas

The Opportunities identified on Day 2

Summary of Workshop Groups

Pharmacists

Have an important role in HIV/AIDS in Maternal and Child Health

Community pharmacists should have a role in supply of ART to increase access and capacity

Pharmacists will take service delivery as a priority specifically:-

- Changing ways of working
- Re-engineering the dispensing process
- Increase time at dispensary window to enhance relationship with the patient
- Improve contact and interaction with clients, especially mothers and children – monitor progress
- Strive to be relevant in healthcare teams and promote team working
- Take responsibility for services provided under their care

Pharmacists will strive for innovation and inventiveness

- PSU to work with members to develop proposals

Pharmacists will acquire more knowledge and skills

- Commit to personal reading and keeping up to date
- Learn local languages in area of operation
- Improve communication in practice
 - Follow up from undergraduate programme
- Undertake post-registration courses eg HIV/AIDS management

Identify/develop exemplary role models

Pharmaceutical Society of Uganda

Workforce & workforce planning

- Review and recommend appropriate structure, roles and responsibilities in the workplace including hospitals, community and industry
- Seek review of hospital pharmacy manpower (posts currently vacant)
 - Advocate proper allocation
 - Develop scheme of funded 2 year post-registration hospital placements
- Seek powers to establish model job descriptions and development roles in various locations
- Promote pharmacist posts at higher levels
- Develop incentive scheme for pharmacists to work in up country rural areas
- Develop proposals to government for planned distribution of pharmacies
 - Collect evidence on distribution
 - Consider licensing of pharmacies on population based density
- Strengthen public/private sector collaboration
- Support pharmacists to open their own pharmacies
- Lobby for pay review for pharmacists in higher office
 - PSU to develop evidence based arguments for enhanced pay structure

Standards and safety

- PSU to work with NDA to define standards in the workplace
- PSU to advocate for safe working practices and procedures through development and implementation of standards
 - establishing Good Pharmacy Practice Guide
- Consider transfer of responsibility for monitoring standards to PSU

- Redesign pharmacies to provide consultation areas for client privacy, It and access to information and the internet
- Investigate alternative power supplies

Education, training and research

- Undergraduate in conjunction with universities
PSU to use accreditation powers to influence curriculum content and design
Enhance practical content and relevance to workplace
- Post-graduate – in conjunction with universities and colleges and others
- Collaborate with government and employers to enhance skills and knowledge
- Develop opportunities for education & training in hospitals
- Develop specialist education and training for higher posts
- Develop training programmes for technicians and support staff and other carers for task-shifted duties
- Increase access by pharmacists to National Health Programmes

Research

- Encourage and run operational research in local areas
- Lobby government to:
 - allocate research funds to pharmacy to establish an evidence based
 - programme for service development eg Pharmaceutical Care
 - support the establishment of a resource centre for research

Communications and Strategic Alliances

- PSU will encourage pharmacists to exert their professional presence
- Develop a communications programme through the media
 - pharmacy awareness campaign - re-branding
 - comment on public health concerns
 - publish health related statements
- Strengthen collaboration with government, NGO's and other agencies

Government

- Pharmacists should be included in policy making at various levels strategic and operational
- Pharmacy division to advocate policies for better use of pharmacist's expertise
 - manpower planning and remuneration structures in public sector
 - enhanced standards in practice and premises
- Government should establish resource centres for research
- NDA should continue to have a pharmacist as Executive Secretary
- NDA should develop a regular monitoring scheme to audit places of work.
- Health sector funding should be improved
- Consideration should be given to a Health Insurance Scheme

PSU recognises significant opportunities

1. Advocacy and Influence
 - Pharmacists in key positions – MP, Executive Secretary of National Drug Authority, Assistant Commissioner (Pharmaceuticals and medical Supplies)
2. School of Pharmacy, Makerere University to expand to new premises
3. PSU has powers to influence curricular content

