

Stronger health systems. Greater health impact.



The Accredited Drug Dispensing Outlets in Tanzania

Community Providers of Medicines for Child Health

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ADDO Initiative Background

- MSH and MOHSW-Tanzania carried out a pharmaceutical sector assessment in 2001 with funding from the Gates Foundation
- Major access gaps identified—
 - ✓ Quality of drugs and services
 - ✓ Registered pharmacies only in major urban areas
 - ✓ High stock-outs rates for essential medicines at primary health facilities
 - ✓ Essential prescription medicines illegally sold by *duka la dawa baridi*
- Solution = accredited drug dispensing outlet program (ADDO)



ADDO Program Objectives

- Increase the availability of essential medicines to the rural communities where majority of the people live
- Improve the quality of medicines that people buy from drug sellers
- Improve the quality of dispensing services from both technical and consumer perspectives
- Make essential medicines and pharmaceutical services available and affordable* to people in the rural and peri-urban areas.

*Assuring that the accreditation process did not dramatically increase drug prices in shops.

ADDO Strategy for Change



Gain broad-based support from all stakeholders

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

Develop requirements and build stewardship and governance capacity

- Create accreditation standards
- Decentralized inspection strategy; central oversight
- Products in stock registered by TFDA; local suppliers

Build private sector capacity

- Business skills of owners
- Case management and communication skills of dispensers
- Mentoring and supervision
- Record keeping

Provide incentives

- Ability to sell expanded range of medicines legally
- Loans
- Mobile technology applications (e.g., mobile money)



Types of Medicines ADDOs Sell

- Antibiotics (including pediatric formulations of amoxicillin for pneumonia)
- ORS/zinc
- Antimalarials
- Antifungals
- Anti-inflammatory/analgesics
- Oxytocic
- Anti-asthma
- Antihistamines
- Laxative
- Cardiovascular
- Diuretic
- Fluids/ electrolytes
- Local anesthetic
- Oral contraceptives
- Minerals/vitamins
- Anti-epileptics
- Antispasmodics

ADDO Program Status



As of November 2015

Regions scaled up	25 (100%)
Shops accredited (ADDOS)	>8,000
Shops in accreditation process	<2,000
Trained dispensers	>19,000
Trained district inspectors	>500

Community Source of Medicines



- First choice for 45+% of medicine purchases
Over 9,000 drug shops compared to nearly 800 registered pharmacies in Tanzania
Close proximity—95% of population within 5 km of a drug shop
Perception of being more personal; flexible payment methods
- Public health facilities often farther away; essential medicines often out-of-stock

ADDOns as an Integrated Platform for Community-Based Public Health Interventions

Access to ACTs and insecticide-treated nets

Child health/IMCI/ improve access to amoxicillin & zinc/ORS co-pack

Source of family planning products

Early TB case detection and referral

Services to members of National Health Insurance Fund

HIV/AIDS information dissemination



Assuring Quality Products and Services (I)



- ADDOs must stock products registered by Tanzania Food and Drugs Authority
- ADDOs buy products from approved local wholesalers
- Drug quality assurance testing on 243 samples ADDOs (203) and pharmacies (40) in four regions showed—
 - 227/243 samples met quality standards (93.4%)
- Pharmacy Council of Tanzania oversees ADDO operations—
 - Official accreditation—inspection to assure that shops meet standards
 - Qualifications of dispensers
 - Premises meet quality standards
 - Re-accreditation system (mechanism not yet functional)

Assuring Quality Products and Services (2)



- ADDO training covers supply chain management components
 - Dispensing environment (e.g., staff hygiene, clean storage space)
 - Stock arrangement on shelves with proper labeling
 - Stock rotation (FIFO and expiry monitoring)
 - Storage conditions (e.g., security, temperature, moisture, light, pests)
 - Maintaining stock cards and sales ledgers to track inventory
- ADDO inspections performed quarterly by local inspectors; 3,262 district and ward inspectors have been trained
- Promising work with ADDO associations providing peer-peer supervision
- New mobile technology to report on service indicators, including product availability

UNICEF Pilot Project in Three Regions



- UNICEF requested MSH to help improve community access to amoxicillin DTs and ORS/zinc co-packs for childhood pneumonia and diarrhea through ADDOs in three pilot regions
- Amoxicillin DT and ORS/zinc co-packs had previously not been available in the private sector
- Activities include—
 - Orientation of district health office, ADDO, and supplier personnel on how to supply/dispense new formulations
 - Supervision of ADDO dispensers and owners in related practices
 - Monitoring and reporting on availability of new products using mobile technology

CHW-ADDO-Health Facility Linkage



- Tanzania's community health workers (CHWs) are **not** allowed to dispense any medicines at all; they can only refer to a health facility
- ADDOs refer severely sick patients to health facilities and refer patients who require medicines not available at ADDOs
- A formal link between ADDOs and CHWs does not exist
- MSH project in Kibaha linked ADDOs with CHWs and health facilities to improve community-based access to medicines



Strengthen Linkage at Community Level



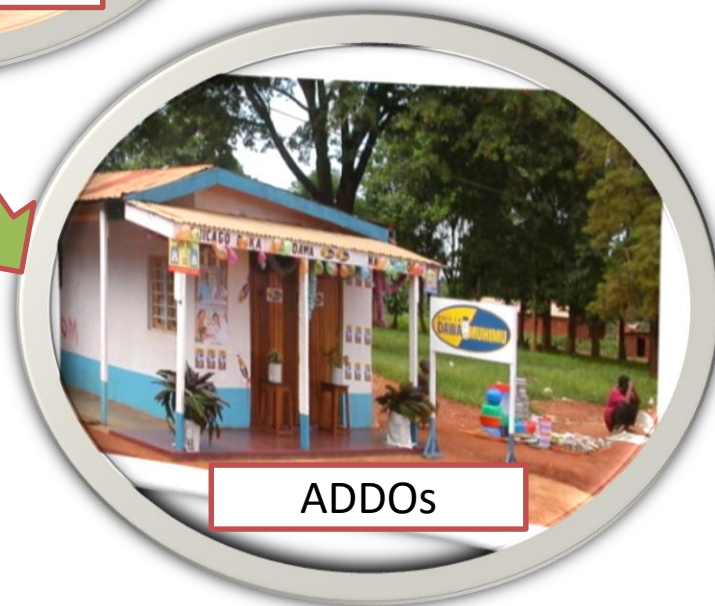
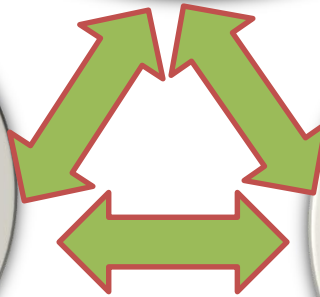
Malaria
Family Planning
Pneumonia
Referrals



Community
Health Workers



Health Facilities



ADDOs



Expected Outcomes of Linkage

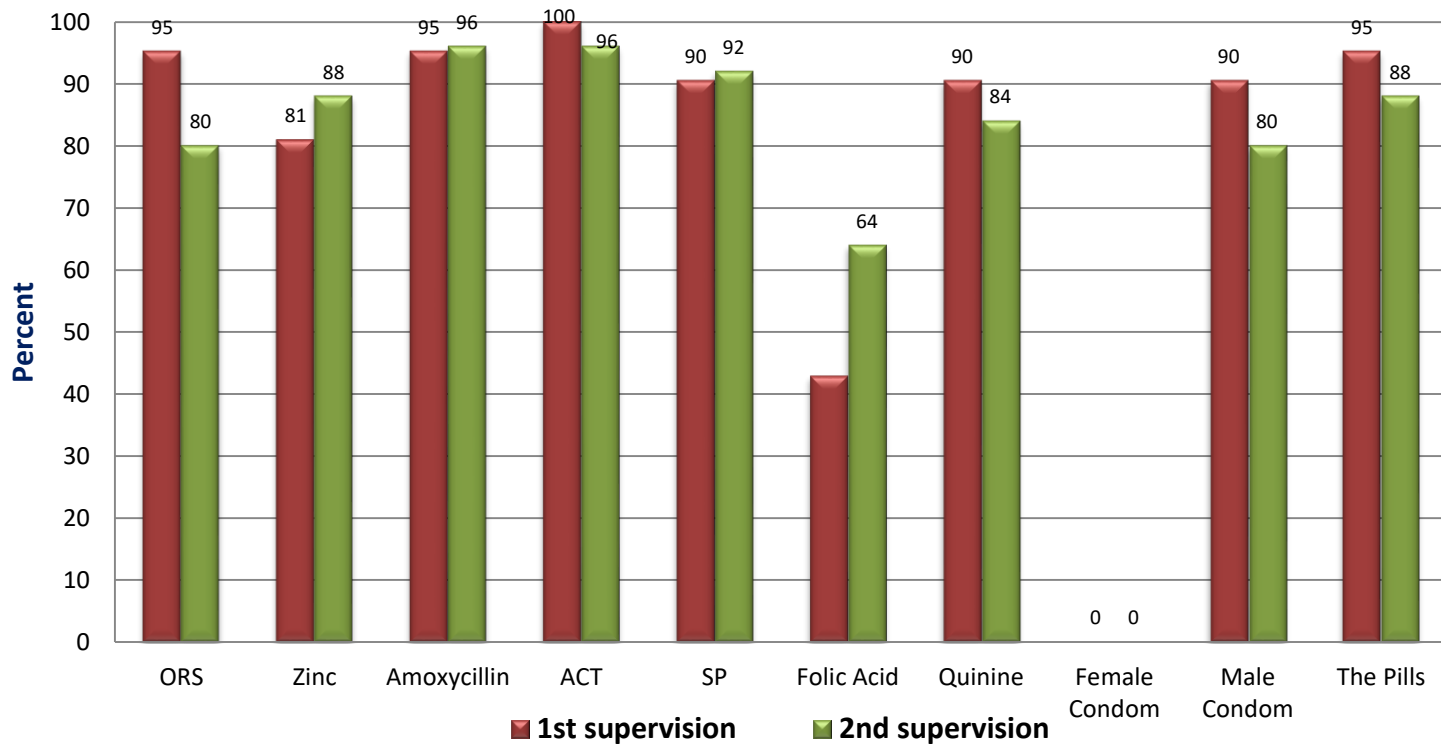
- Show CHW/ADD0/health facility willingness to collaborate
- Increase efficiencies and access; for example, CHWs refer pneumonia cases to ADDO for treatment rather than distant health facility
- Enhance CHW, ADDO, and health facility workers' knowledge in reproductive, maternal, newborn, and child health
- Improve stock of essential RMNCH commodities and medicines



RMNCH commodity availability: ADDOs



Proportion of ADDOs with essential commodities: June and July 2015 (n = 24)





- ADDOs are an important provider of appropriate treatment for common childhood illnesses at community level
- Assuring the availability and quality of medicines is crucial and is covered in ADDO training/supervision; availability of RMNCH commodities in ADDOs is good; 2013 data showed excellent product quality from ADDO samples
- Further exploration of how CHW-ADDO-health facility linkages can strengthen referrals and increase timely appropriate treatment

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of the world's poorest and most vulnerable people
by closing the gap between knowledge and action in public health.*