

# Engaging Private Sector Drug Dispensers to Improve Antimicrobial Use in the Community:

*Experience from the Piloted ADDO AMR Initiative in Tanzania*

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# Presentation outline:

1. Background of Tanzania
2. Background and objectives of the Accredited Drug Dispensing Outlet (ADDO) Program
3. Approach to improve access to medicines in Tanzania
4. The AMR Concept and ADDO AMR Initiative
5. Achievements of ADDO AMR Initiative
6. Stakeholders Recommendations
7. Way forward

# Background Information



## Tanzania

- Located in Eastern Africa
- Population of 40 millions (>80% rural)
- Area of approximately 1mil sq km
- Over 40% of rural population in Tanzania use drug shops as first point of contact when seeking health care
- Over 7,000 drug outlets (accredited & unaccredited) and only about 700 Private Pharmacies (80% in big cities)

# ADDO Program - Background (1)

- ❑ In 2001 the Strategies for Enhancing Access to Medicines (SEAM) Program conducted an assessment in Tanzania to characterize the country's public and private pharmaceutical sectors and determine the population's access to essential medicines

## Results of the SEAM program assessment:

- Access gaps in drug availability existed primarily in the public sector
- Issues related to quality and affordability of products and services existed, especially in the private retail sector (*Duka la Dawa Baridi*)
- Uneven distribution of pharmaceutical services limited access to essential medicines for most of Tanzanians



# ADDO Program - Background (2)

The 2001 SEAM program assessment also identified the following as the main problems in DLDBs:

- Limited list of legally approved medicines for sale
- Dispensers lacked basic skills and qualifications
- Medicine quality not assured
- Lack of enforcement of drug regulations and inspections at grassroots level

# Approaches to improve access to quality medicines

- Transform loosely regulated DLDBs into profitable and government accredited drug dispensing outlets (ADDOs)
- Institute accreditation based on MOHSW/TFDA standards and regulations
- Allow expanded list of legally authorized medicines for sale to include essential prescription-only medicines
- Improve quality of products and services
  - ✓ Use local strategy for regulation and inspection
  - ✓ Use licensed wholesalers; stock only TFDA-approved products
- Change behavior of dispensing staff through training, education, and supervision
- Build business skills in drug shop owners
- Increase public awareness of need for quality and treatment adherence through community mobilization and public education

# The Accredited Drug Dispensing Outlet (ADDO) Program

Began in 2002 by MOHSW / TFDA with funding from Bill & Melinda Gates Foundation and technical support from MSH to respond to problems encountered in DLDBs operations.

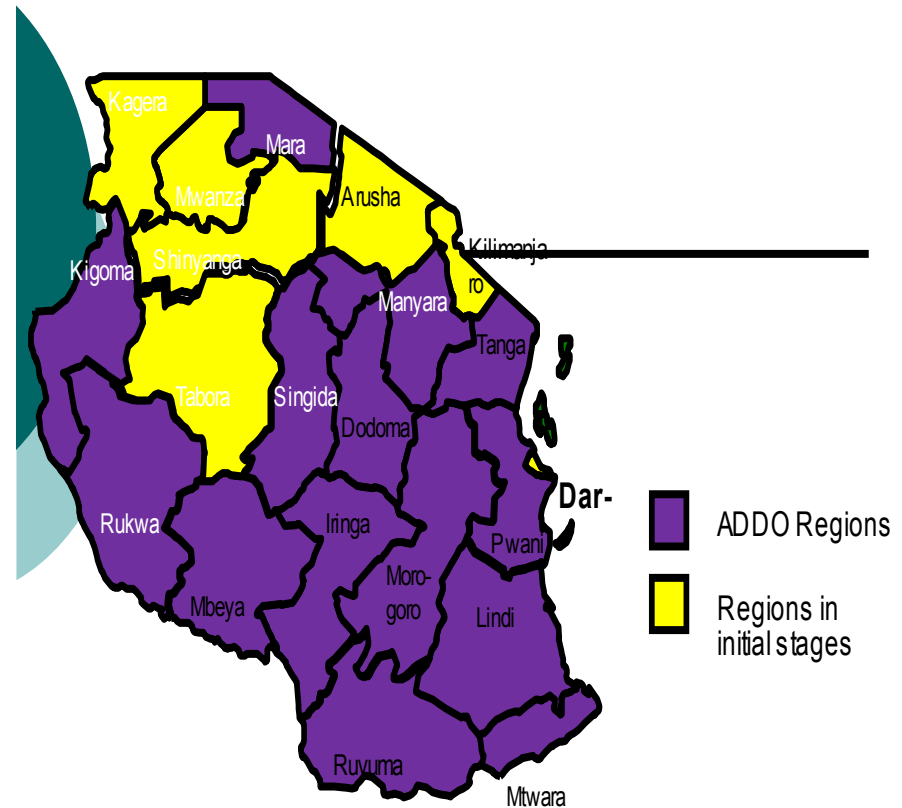
## Objective of the ADDO Program

To improve access to affordable, quality medicines and pharmaceutical services in retail drug outlets in underserved areas where there are few or no registered pharmacies.

**NB.**

The ADDO approach combines training, marketing, commercial incentives, regulation and local Inspection, and support strategies to improve access to quality drugs.

## Current Status of ADDO Program Roll Out



# The AMR Concept (Why is AMR a Global Concern?)

- ✓ AMR kills
- ✓ AMR challenges control of infectious diseases
- ✓ AMR threatens a return to the pre-antibiotic era
- ✓ AMR increases the costs of health care
- ✓ AMR jeopardizes health-care gains to society
- ✓ AMR compromises health security and damages trade and economies



# Why is AMR concept in ADDOs?

The baseline assessment conducted in ADDOs in 2008 revealed the following;

- i. Inadequate knowledge and awareness of ADDO dispensers on factors that contributes to development of AMR despite training that they received
- ii. Existence of self medication behavior among ADDO clients
- iii. ADDOs lacked job aids to assist dispensers counseling properly their clients
- iv. ADDOs lacked IEC/BCC materials promoting appropriate medicines use to give to customers
- v. Irrational prescribing behavior existed among health facility prescribers



# The ADDO AMR Initiative

Implemented by MSH/SPS in collaboration with the Tanzania Food and Drugs Authority (TFDA) and Kilosa district authority using ADDOs in the Kilosa district of Morogoro region in Tanzania

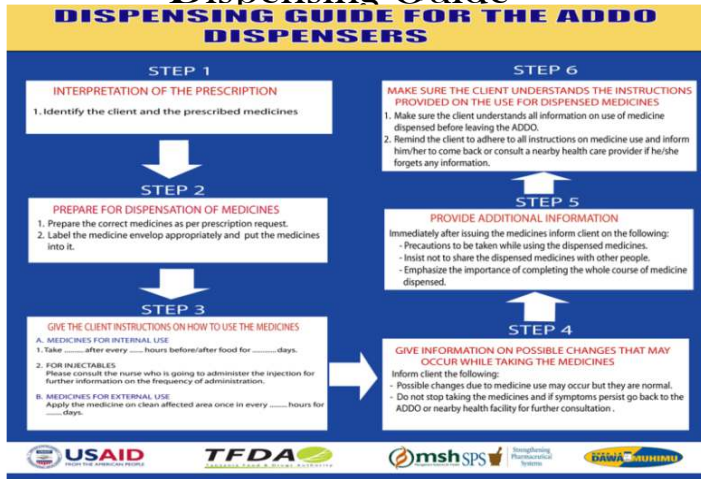
## ADDO AMR Initiative Objective

To improve community use of antimicrobials by strengthening dispensing and counseling practices of private sector ADDO dispensers through use of job aids, educational materials, training, and supervision visits



# Materials Developed for ADDO AMR Initiative

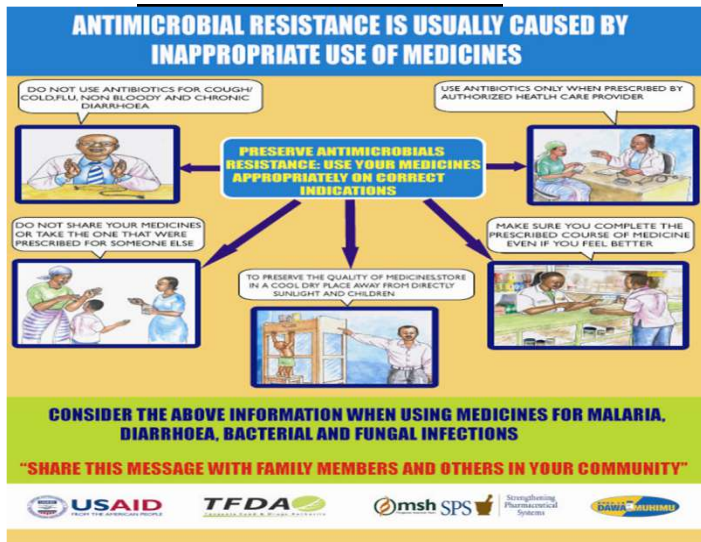
## Dispensing Guide



## Medicine labeling stamp



## AMR Client Poster



## Table Tent Card



# How ADDOs Were Engaged In Addressing AMR

Players of AMR at the Community Level

Prescribers



Drug Dispensers



Community



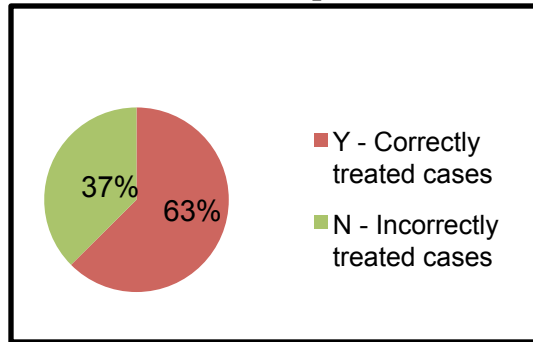
# Achievements of ADDO AMR Initiative

- i. Trained 126 dispensers and oriented 90 representatives of prescribers from health facilities, CHMT, and CFDC members on the use of the materials
- ii. Distributed 2000 copies of AMR client poster, 300 table tent cards, 300 dispensing guides, and over 100 rubber stamps
- iii. Conducted quarterly supervision/follow up visits to 120 dispensers from 120 ADDOs in the district
- iv. Conducted exit interviews with 80, 92, and 58 ADDO clients at 3, 6, and 10 months post intervention and 89 household interviews with key informants at the end line evaluation
- v. Improved availability of job aids in the ADDOs from 18% before the intervention to 86% in October (10 months post-intervention), while the availability of educational materials with AMR messages improved from 3% to 98%

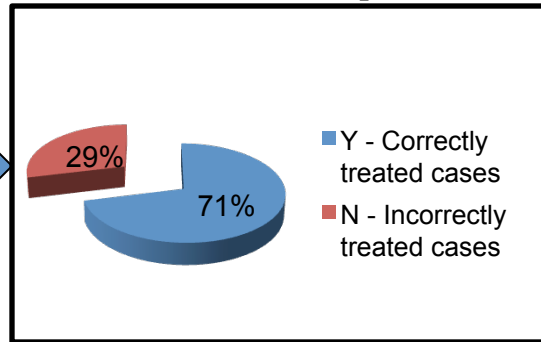
# Behavior Change of ADDO Dispensers (1)

## i. Trend on Appropriate Management of Simple Diarrhea

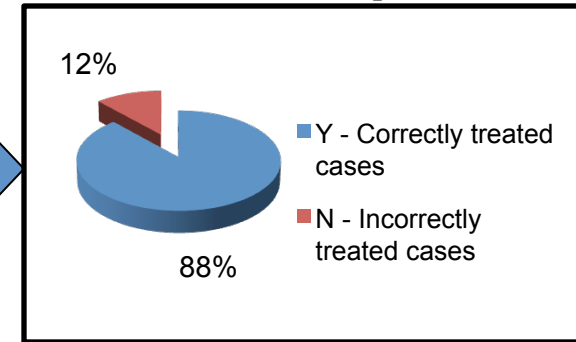
*First follow up visit*



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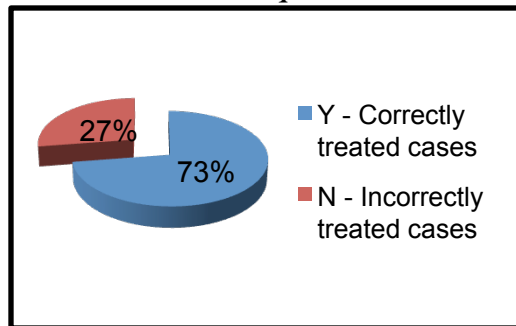


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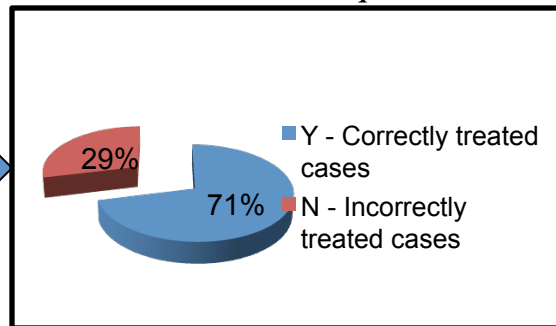


## ii. Trend on Adherence to Management of Cold/Cough

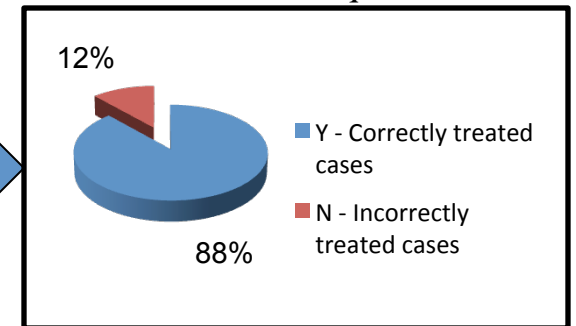
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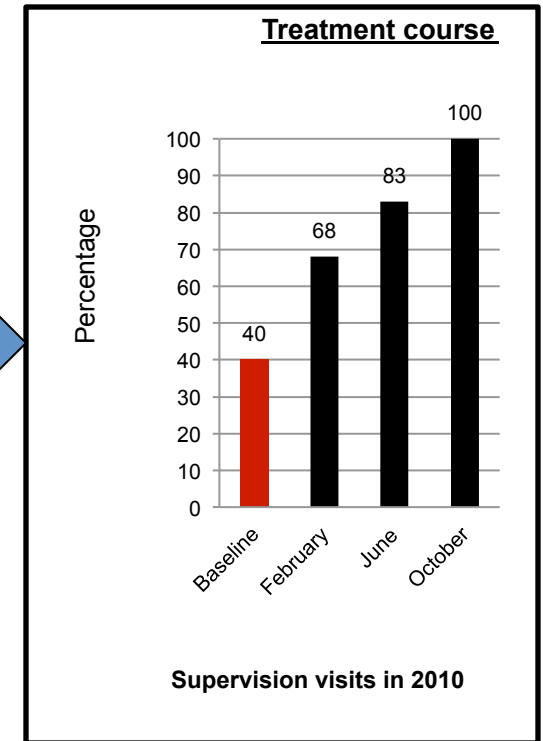
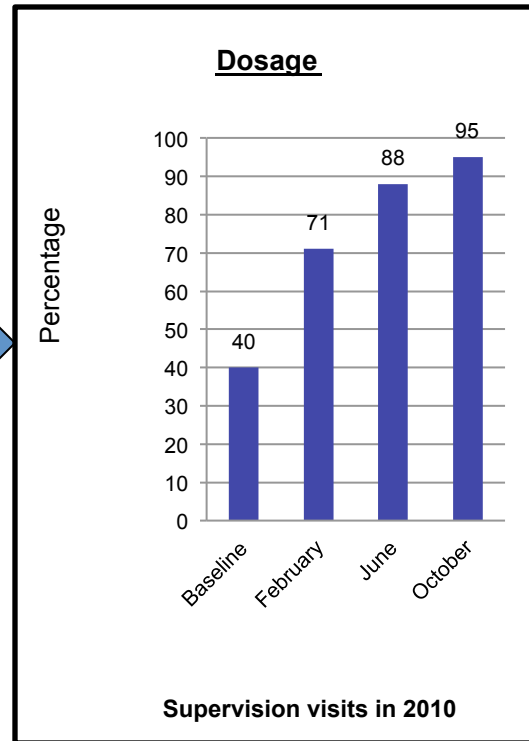
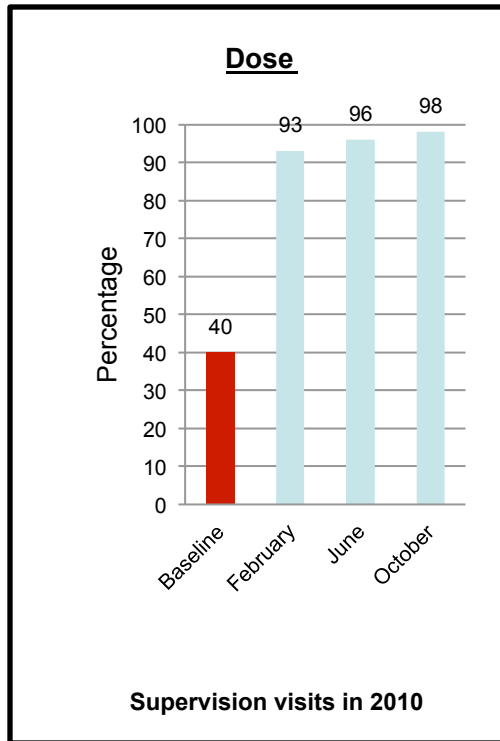


*Third follow up visit*



# Behavior Change of ADDO Clients (2)

## Trends on clients' knowledge on how to take their dispensed medicine



# Conclusions

The ADDO AMR pilot in Kilosa district has shown some significant improvement in:

- Availability of IEC/BCC materials and job aids
- Dispensers' awareness of the dangers of AMR and the possible causes
- Dispensing practices, patient counseling, and overall management of patients
- Clients have also shown that outreach materials have permeated the community in general and have created awareness



# Stakeholder Recommendations on ADDO AMR

- ✓ Make developed job aids for counseling and labeling compulsory supportive tools for ADDOs nationwide
- ✓ Incorporate the AMR concept into the ongoing ADDO training curriculum or continuing education
- ✓ Consider scale up of Kilosa experience to other areas
- ✓ Engage more partners and different stakeholders at all levels to leverage resources for consumer awareness and education activities
- ✓ Extend the good work done with the ADDOs to include more advocacy on appropriate medicine use at the community level



# Way Forward(1)

## Sustainable Drug Seller Initiatives (SDSI) Program

Three-year grant from the Bill & Melinda Gates Foundation to MSH to continue involve private drug sellers in enhancing access to and appropriate use of essential medicines

## Objectives of SDSI

1. Enhance accredited drug seller initiatives' long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to changing health needs and health system context
2. Facilitate the spread of private-sector drug seller initiatives
3. Define and characterize information related to consumer access to and use of medicines and facilitate its use in developing public health policy, regulatory standards, and treatment guidelines



# Way Forward(2)

**SDSI strategies to improve access to quality drugs and slowing down resistance:**

- i. Facilitate linkage of ADDO services with Community Health Fund (CHF)
- ii. Facilitate formation of drug seller associations
- iii. Work with MOHSW/Health Education Department, Tanzania Consumer Advocacy Society and other stakeholders to develop community appropriate drug use messages for national and local AMR advocacy campaigns
- iv. Work with Institute of Curricular Development to develop and integrate school appropriate medicines use curricula



# Thank you for Listening



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