

Sustainable Drug Seller Initiatives

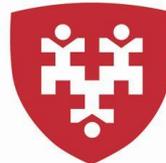
Partners



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Assessment of ADDO owners' and dispensers' knowledge and perceptions of medicine use and AMR *Tanga and Ruvuma*

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Arusha



Objectives

- Explore ADDO dispensers' and owners' perceptions and knowledge regarding
 - Medicine use
 - AMR
 - Treatment guidelines
- Explore dispensers' and owners' decisions and attitudes on dispensing antibiotics and ORS



Qualitative methods

	Owners + dispensers	Owners not dispensers	Dispensers not owners	Total
Mbinga	6	7	8	21
Songea (U)	7	7	7	21
Tanga (U)	7	7	7	21
Muheza	7	7	7	21
Total	27	28	29	84*
*51 women				



Analysis

- Themes grouped as per study objectives
 - Knowledge of treatment guidelines
 - Motivation behind antibiotic dispensing
 - Medicine use and AMR
- Analysis combined ADDO owners and ADDO owners-dispensers



Key findings

Knowledge of treatment guidelines

- Acute respiratory infection (ARI)
 - Severe pneumonia
 - Pneumonia
 - Non-pneumonia coughs/cold
- Diarrhea
 - Non-bloody diarrhea
 - Bloody diarrhea



Severe pneumonia

- All ADDO dispensers in all study regions could correctly explain how to manage severe pneumonia

I don't handle severe pneumonia here, health facility is very close, when I receive such cases I immediately refer a patient to health facility, although I currently don't have referral forms.
(Dispenser-Owner, Urban)



Pneumonia

- Almost all urban dispensers (27/28) knew how to manage pneumonia compared to rural (21/27)

If it is a child, I will give her antibiotic syrup, and if it is an adult, I will provide her with antibiotics in the form of tablets. (Dispenser-owner, Songea urban)



Non-pneumonia colds

- The majority of dispensers could explain correct treatment of non-pneumonia cold/coughs
For a patient who is coughing, it might be viruses, it is normal. If it is a child I will dispense Mucolin or Coflyn (Dispenser-owner, Songea urban)
- 4/14 in rural Muheza reported dispensing amoxicillin or Septrin for non-pneumonia colds
I will give her Septrin or amoxicillin or Pen-V' (Dispenser, Muheza)
I will refer her to the health facility (Dispenser, Muheza)



Diarrhea

- Almost all of dispensers knew the correct management of non-bloody diarrhea; less in rural Muheza (8/14)

Because with diarrhea, one loses a lot of water, so I will provide him with ORS. You cannot provide antibiotics, it will not treat the patient (Dispenser, Mbinga district)

- Almost all explained the correct management of bloody diarrhea

For someone who is having bloody diarrhea, he definitely has bacteria that goes and destroys intestines. I would dispense antibiotics like erythromycin that will treat the patient (Dispenser, Muheza)



What is the motivation for dispensing an antibiotic for non-pneumonia coughs and non-bloody diarrhea?



Customer preference

- Dispensers reported that customers want to purchase antibiotics for coughs 48/56 (86%) and 41/56 (73%) for non-bloody diarrhea

Our clients are used to take antibiotics to treat various illnesses, just because physicians have prescribed them antibiotics before, when they come here, they demand antibiotics (Dispenser, Songea Urban)

- Half of dispensers claimed to educate the clients on the right treatment
- Our findings show that clients demand what they want and dispensers usually adhere to their wishes



“It is just a common practice”

- 79% of dispensers (23/29) admitted that it is just a common practice for them to dispense antibiotics for colds and simple diarrhea vs. dispenser-owners 11/27 (41%)

*“Ni mazoea tu” (Dispenser, Mbinga)
meaning “we are used to”*

I think we are just used to...I can not exactly say why...but it is a bad habit that most dispensers have. Maybe they think if they provide antibiotics, the patient will be healed quickly (Dispenser, Tanga urban)



Dispense according to prescription

- 23/29 (79%) of dispensers and 12/27 (44%) dispenser-owners said they dispensed according to the health facility prescription

You can not go against doctor's prescription. He has the last say, even when we see the prescription is wrong. You just give the client what is written
(Dispenser, Muheza)



Intervening for wrong prescriptions?

- Less than half of dispensers reported sending the clients back to the facility for a new prescription or asking them to try and buy from other ADDOs

There are clients who understand what type of medicine is written in their prescriptions, so when you start arguing with the patient, he asks you, “give me what the doctor has written, are you more professional than him?” so we give them according to doctor’s prescriptions (Dispenser-owner, rural)



Business reasons

- Most dispensers expressed a desire to finish medicine stock or sell more expensive medicines such as antibiotics
- Dispensers blamed the act on dispenser-owners
- 14/56 (25%) of dispensers said they receive pressure from their owners to sell more antibiotics

That is very true, some dispenser-owners wish to sell more antibiotics even when unnecessary. They just aim to finish medicine stock and increase shop income. This is happening, I can not deny.
(Dispenser, urban)



Medicine use and AMR

- More than 90% of study respondents reported that the unnecessary use of antibiotics causes drug resistance

You can be surprised, someone will use and use and use but he will not get treated, because the medicine is already resistant'
(Dispenser, urban)

- To address AMR, dispensers suggested refresher trainings, community education, and frequent visits by district pharmacists (for supervision)



Why dispensers do not refer pneumonia cases (1)

- Business reasons (23/28 in Songea vs. 12/27 in Tanga)
- “Paperwork-laziness”

There are times when dispensers feel lazy to fill referral forms so they just dispense medicines
(Dispenser-owner, urban)

- Affordability

Other customers may come and want to take medicine on loan basis, so if you tell them to go to health facility, they will not go because they do not have money, so you just give them medicine (Dispenser and owner, Urban)



Non-referrals for pneumonia cases (2)

- Lack of referral forms
- Fear of losing community trust (rural settings)

People trust us as professionals, so when you give referral they question your ability, and your status might go down...besides we have all medicines to treat severe pneumonia (Owner-dispenser, rural)



Opinions of ADDO owners-not dispensers

- Reported selling mostly antibiotics followed by anti-malarials and then pain killers
- 17/28 (61%) perceived that antibiotic sales have increased since the ADDO intervention due to better medicine availability
- Almost all owners mentioned that the unnecessary use of antibiotics cause antimicrobial resistance



Summary

- Majority of dispensers know treatment guidelines for ARI and diarrhea
- Patient centered way of thinking—providing treatment on loan basis
- Not much pressure on dispensers from owners
- Aware of the obstacles toward rational antibiotic dispensing
- Dispensers' behavior is often driven by customer demand, common habit (*'mazoed'*), health facility prescriptions, and profit
- Despite some intervention in antibiotic requests, most dispensers adhere to clients' wishes

