

# Sustainable Drug Seller Initiatives

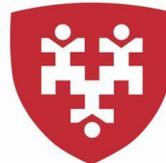
## Partners



Department of Population Medicine



Harvard Medical School



Harvard Pilgrim Health Care Institute



# Strengthening ADDO Regulatory System

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Stakeholder's Dissemination Meeting Arusha  
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# Objectives

- Strengthen the Pharmacy Council's ADDO program oversight
- Strengthen the ward inspection approach



# Challenges

- Limited or no oversight structure for ADDO program at PC following a transition process
- Review and update existing ADDO regulations and operational documents to reflect new PC mandate
- Inadequate information on premises and personnel because of a lack of a functional database
- Fewer number of personnel and inspectors to oversee daily ADDO operations



# Process: Situation & Option Analysis

- Asses PC need for staff and equipment for the newly established ADDO central unit
- Conducting assessment of the ADDO regulatory system to identify operation gaps and develop an option analysis and strategy for addressing the gaps
- Seek stakeholders consensus on priority areas to strengthen ADDO regulatory system through PC
  - Tanga ADDO stakeholders meeting



# Process: Establishment of ADDO Unit

## Support to PC to establish a functional unit to manage ADDO activities

- Hiring of technical and administrative staff
- Purchase of equipment and working tools ( office furniture, computers, printers, projector)
- Establish ADDO transition team formed of members from TFDA, PC and MSH



# Process: Program Oversight and Coordination

- Support PC to establish a public private medicines access committee (PPMAC)
  - Develop terms of reference
  - Identify membership – ensure private sector representation
- Develop client charter and consumer advocacy strategy



# Process: Review of ADDO Regulations

- Review ADDO regulations to reflect the transition of regulatory mandates from TFDA to PC
- Conduct a workshop to review the TFDA 2004 ADDO regulations and its amendment of 2009 to develop Pharmacy Council ADDO Regulations
- Reflect regulatory mandate changes at ward and district level



# Process: Strengthen Ward Inspection and Reaccreditation of ADDOs

- Review ADDO ward inspection system with focus on number of inspectors and reporting
- Develop ADDO inspection and reaccreditation strategy
- Review inspection tools and reporting
- Conduct training of regional and district trainers for Pwani and Mtwara to support training of ward inspectors and reaccreditation
- Conduct training of ward inspectors and implement the revised inspection strategy in the two learning regions



# Process: Strengthen Program Operations, Monitoring and Evaluation

- Revise ADDO training manuals, training facilitation guides, implementation guide, application and inspection forms
- Revise ADDO monitoring and evaluation framework to reflect post roll out M&E needs
- Develop a web based geo compatible database to manage ADDO premises, dispensers and their operations
- Develop electronic ADDO inspection and other data collections tools to be used on tablets and smart phones
- Conduct inventory of ADDO premises including geomapping



# Results: Functional ADDO Unit in Place and Operation Tools and Documents Revised

## ADDO Unit

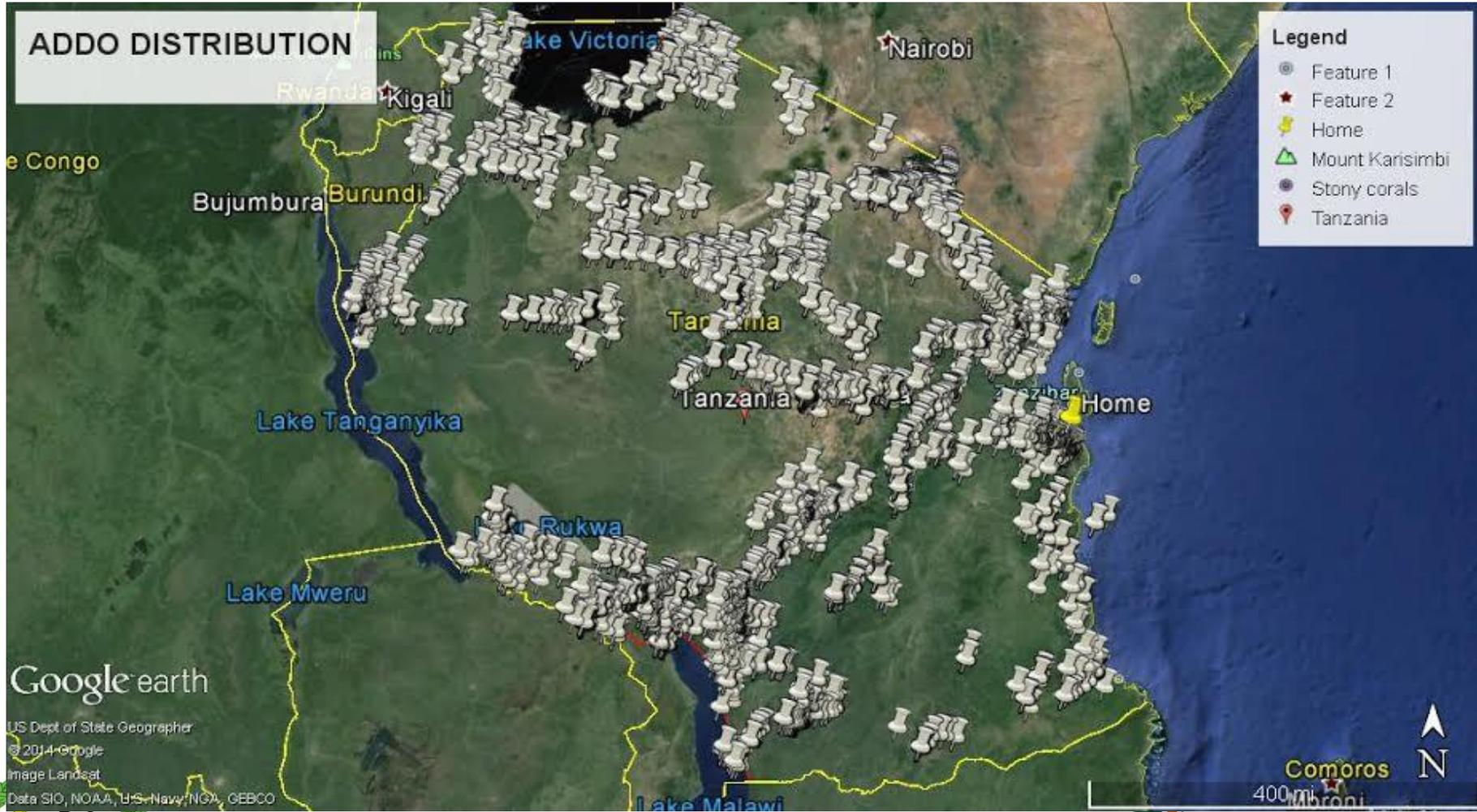
- Three technical staff, one administrative staff all supported by other PC staff

## Operation Documents

- ADDO Regulations
- ADDO inspection and reaccreditation strategy
- ADDO application and inspection forms/tools
- ADDO dispensers training manual
- ADDO dispensers training facilitation guide
- ADDO owners training manual
- ADDO inspectors training manual
- ADDO implementation guide
- ADDO Monitoring & evaluation framework
- Preliminary/final premise electronic inspection forms
- Routine ADDO electronic inspection form



# Results: Countrywide Geomapped ADDOs



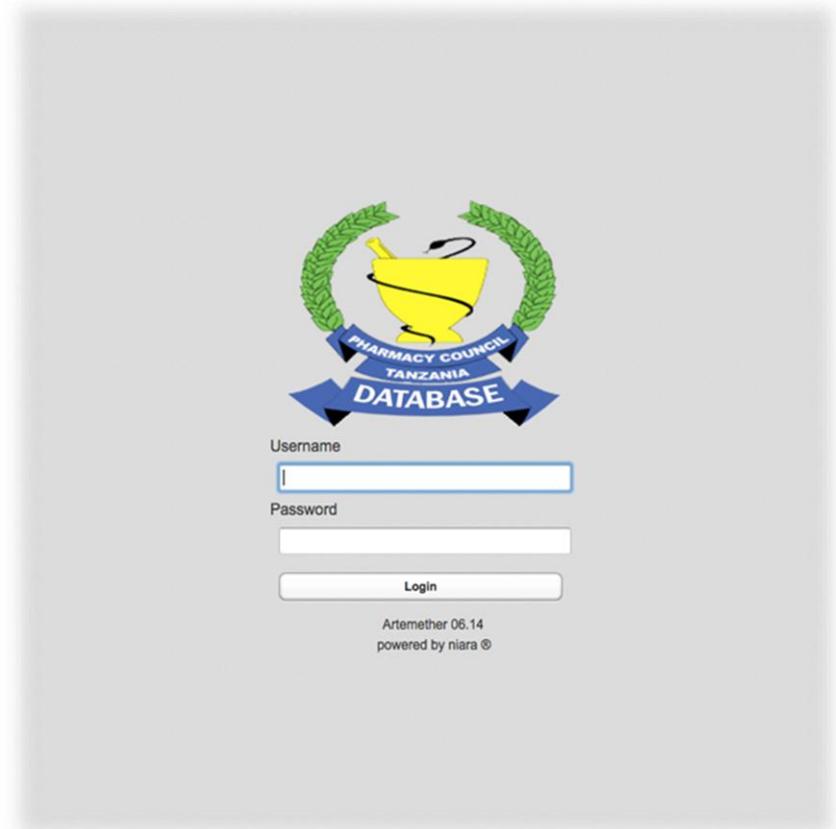
# Results: Inspections and Reaccreditation

- **28** regional and districts inspector's trainers trained Pwani
- **278** ward inspectors trained from **14** districts of Pwani and Mtwara
- **242** ADDOs inspected and re accredited in 14 districts of Pwani and Mtwara and **68** in 4 districts of Morogoro Municipal and Dodoma Municipal
- **310** new ADDO premises were inspected for accreditation
- **18** CFDC meeting supported to accredit new ADDOs in above districts



# Results: Monitoring & Evaluation

- M&E framework finalized with support from CHAI
- Web-based database and mobile application platform developed to support M&E functions



# What does SDSI leave behind? (1)

- ADDO regulations, ADDO Operation documents and tools
- A functional web-based database situated at the PC office
- Modern electron inspection forms and instruments (tablets) to enable PC to efficiently conduct inspections, collect and use information from drug outlets



# What gaps/challenges remains? (1)

- Need to continue strengthening the ADDO Unit to effectively coordinate and oversee ADDO operations
- ADDO regulations to be finalized and signed
- Mobilize resources to continue supporting districts to capacitate ward inspectors
- Scale up the web based database, mobile reporting and continue geomapping of remaining and new ADDOs
- Finalize client service charter and consumer advocacy strategy



# Lesson learned from implementation

- ADDO implementation over the past ten years has resulted in significant shift in practice and standards
  - Premise standards have significantly improved resulting to existing and new premises adhere to standards
  - Accredited outlets and those pending accreditation are all manned by either an ADDO dispensers or a medical attendant awaiting to attend ADDO dispensing course. Unqualified persons (maids and relatives) are no longer dispensing medicines



# Lesson learned from implementation

- Strengthening ward inspection system is labor intense, however, the resulted improvement in regulatory adherence is immediate and cornerstone of decentralized inspection system
- Conflict of interests still exists where some of the inspectors are also ADDO owners
- The integration of database, mobile reporting and electronic inspection tools will reduce PC workload and transform PC regulatory processes and ultimately improve services

