

The Accredited Drug Dispensing Outlet (ADDO) Model in Tanzania

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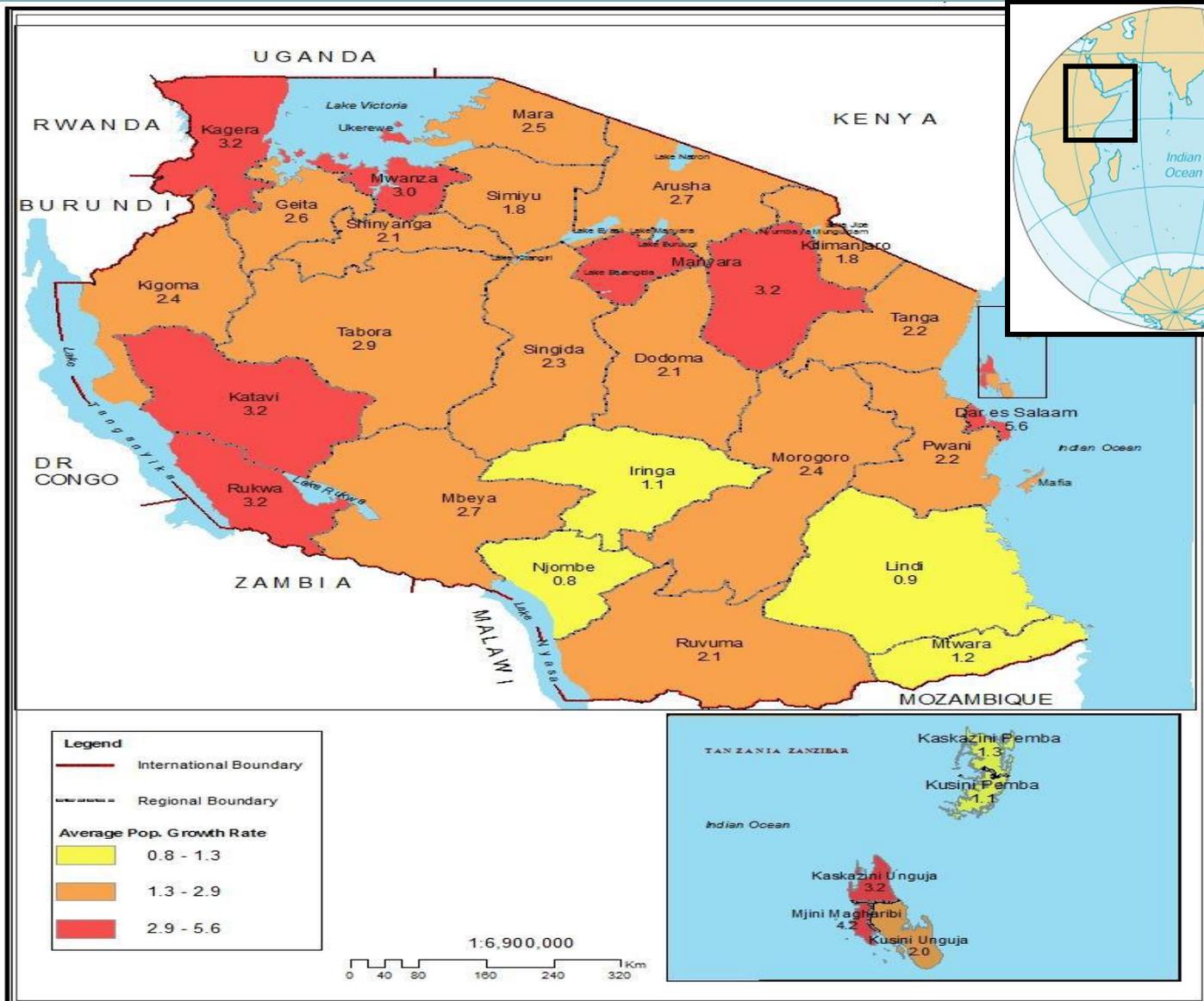
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Stakeholders' Consultation on
Informal Healthcare Providers
Chennai, India

Organized by **CRenIEO**



Tanzania



Medicine Access and Drug Sellers— The Problem

- Unqualified, untrained staff
- Sale of unauthorized products
- Poor medicine storage conditions
- Unknown medicine quality
- Unreliable supply of medicines
- High medicine prices
- Inadequate regulatory enforcement mechanisms
- Insufficient variety of legally available medicines



Drug Sellers—Opportunity for Improved Access



- 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

Drug Sellers—The Strategy (1)

Gain broad-based support from stakeholders

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

Develop requirements and build stewardship and governance capacity

- Create standards
- Strengthen regulatory capacity
- Develop local strategy for inspections with central oversight
- Continuous program review

Build private sector capacity

- Business skills of owners
- Dispensing, record keeping and communication skills for shop attendants
- Formation of associations to support owners and dispensers

Provide incentives and support

- Ability to legally sell expanded range of medicines
- Loans
- Use of mobile technology to facilitate business

Drug Sellers—The Strategy (2)

Ensure availability and quality of products dispensed

- Products in stock approved by national drug authorities
- Enhancing availability of local suppliers/wholesalers at regional and district level
- Continually monitor product availability and quality

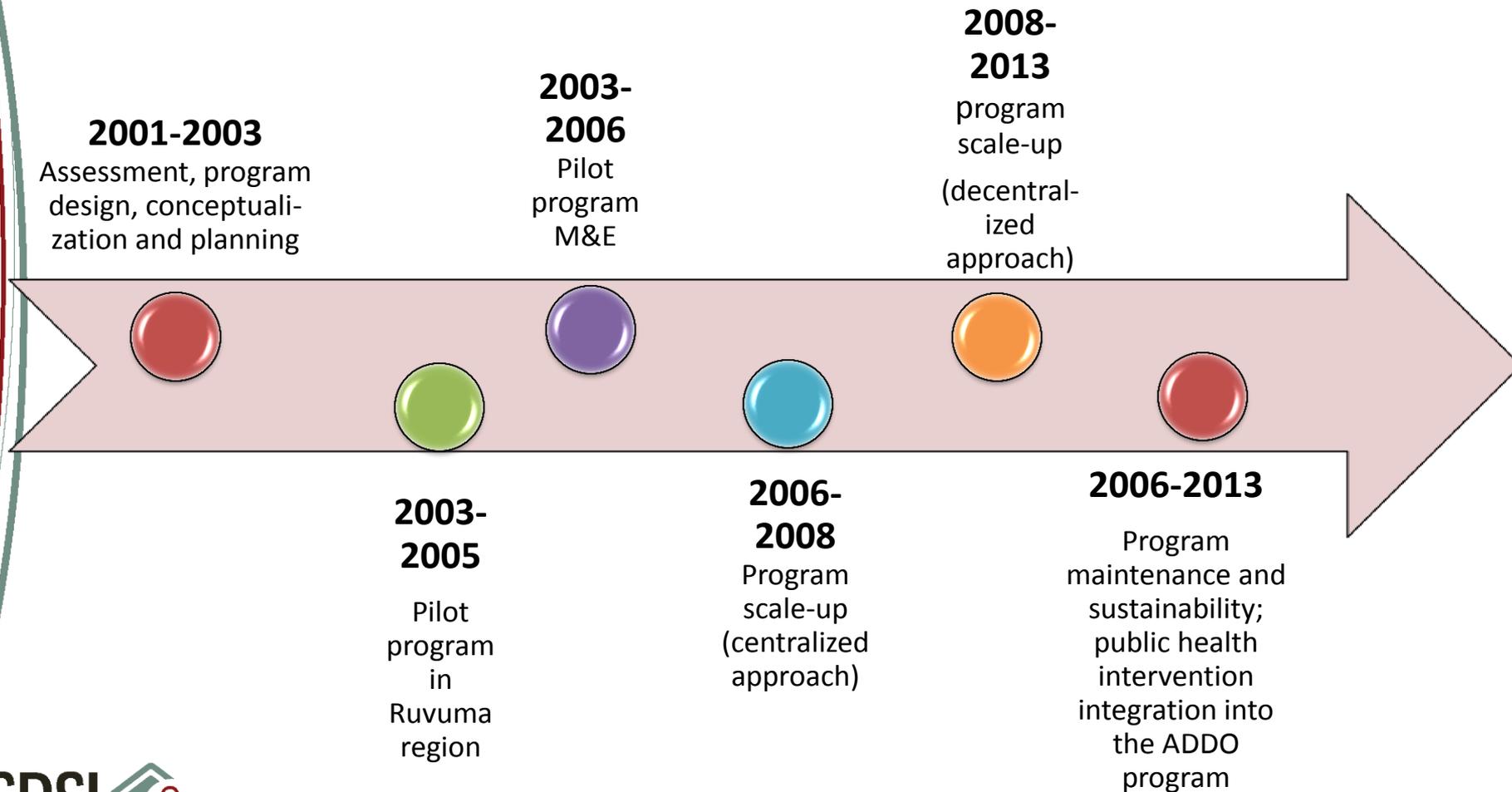
Ensure quality of pharmaceutical services

- Record keeping
- Mentoring and supervision

Increase patient and consumer awareness and empowerment

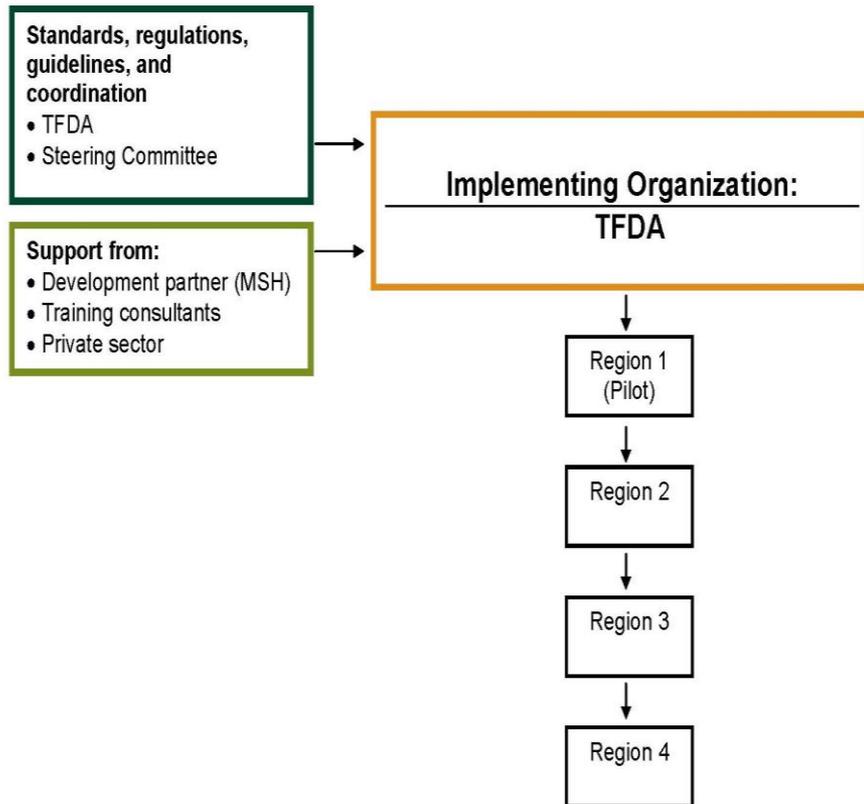
- Marketing
- Information and education
- Empower consumers to seek quality health services
- Consumer /client charter

ADDOs from concept to scale-up

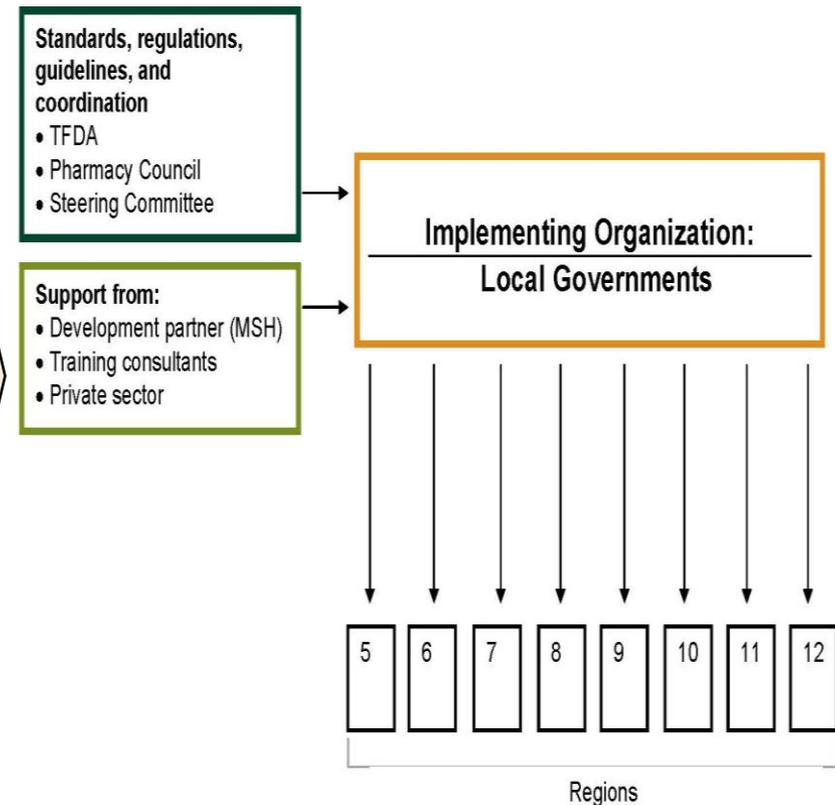


Decentralized Implementation to Support Scale-up

CENTRALIZED (OLD) MODEL
(2003–2008)



DECENTRALIZED (REVISED) MODEL
(2009–Present)



Stakeholder Engagement: The Linchpin of Success and Sustainability



PICHA YA PAMOJA YA WADAU WA MAENDELEO YA UTEKELEZAJI WA TATHIMINI
YA MPANGO WA MADUKA YA DAWA MUHIMU (ADDO) MGENI RASMI DR HUSSEIN HAJI
MPONDA WAZIRI WA AFYA NA USTAWI WA JAMII.

09/07/2011 10:51

Strengthen ADDO Regulatory System

- The Tanzania Food, Drug and Cosmetics Act (standards and code of ethics for Duka la Dawa Muhimu Regulation 2004
- The Tanzania Food, Drug and Cosmetics Act (standard sand code of ethics for Duka la Dawa Muhimu (Amendments) Regulation 2009
- Pharmacy Act (ADDO Regulation) Regulations 2013–Draft
- ADDO implementation guidelines
- ADDO training manuals: dispensers, owners, inspectors
- Database and website to increase transparency
- Public/Private Medicine Access Steering committee

Basis for ADDO Accreditation

- Accreditation application
- Premises infrastructure
- Staff qualification
- Training
- Drug quality and availability
- Record keeping
- Regulation, inspection, and sanctions



ADDO Dispenser Training

Curriculum Modules

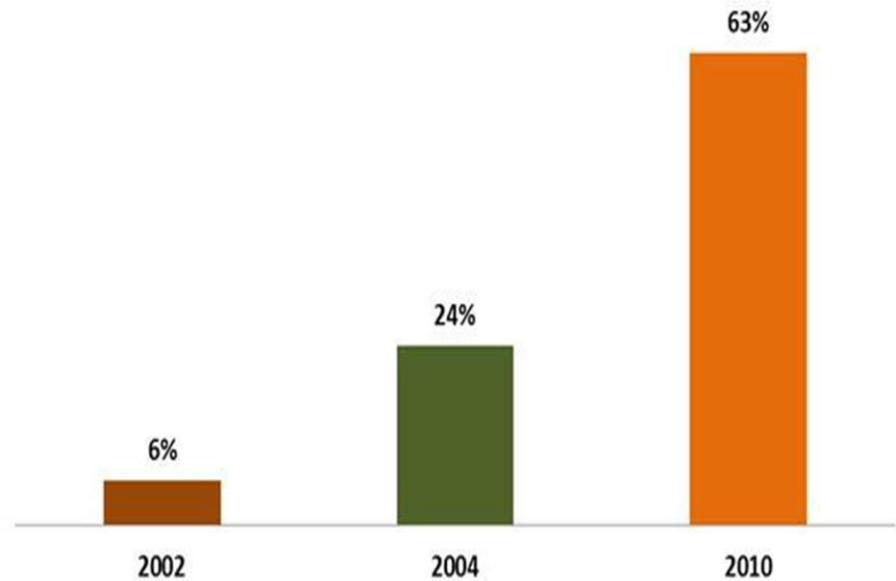
- Laws, regulations, and dispensers' code of ethics
- Good dispensing practices and rational medicines use
- Common medical conditions in the community
- Reproductive health and HIV/AIDS
- Communication skills and counseling
- Child health



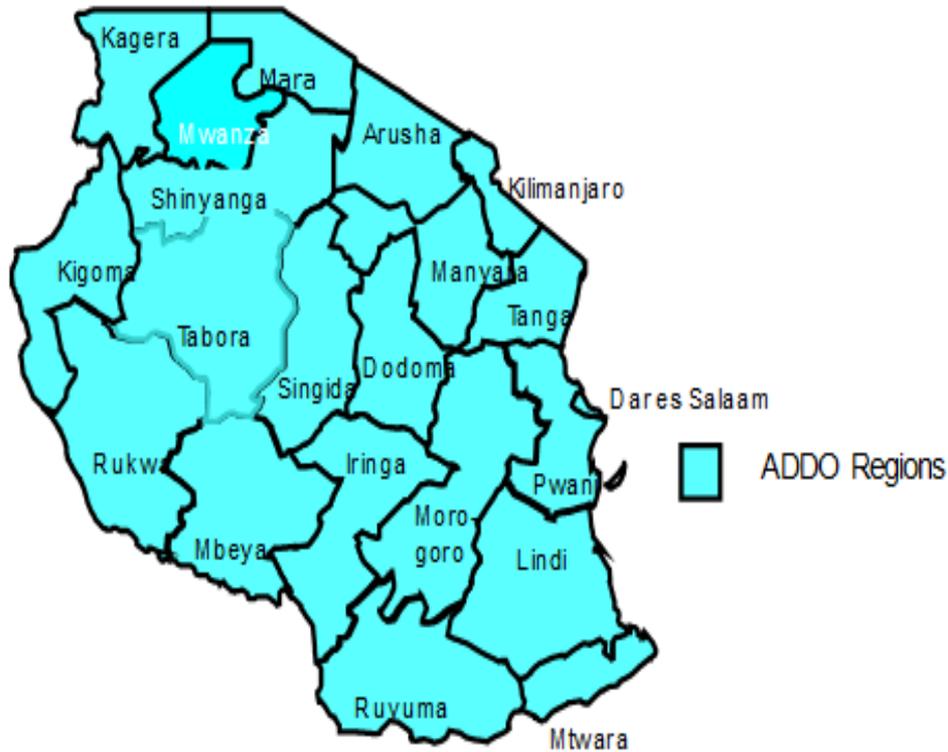
Inspections & Supervision to Assure Quality



**% Encounters receiving appropriate malaria treatment in Ruvuma region:
2002-2010**



ADDO Program Status



As of February 2014

Regions scaled up	21
Shops accredited (ADDOs)	5,767
Shops in application process	3,684
Trained dispensers	13,905
Trained district inspectors	262
Trained ward inspectors	3,000

Expanding the Scope of the ADDO Initiative

Integrated Management of Childhood Illness

Access to artemisinin-based combination therapy and insecticide-treated nets

Link to community-based HIV/AIDS palliative care and information

Family planning

Accreditation of ADDOs by National Health Insurance Fund



Collaborating Partners and Leveraging Resources to Support Scale-Up



Government of
Tanzania



Owners &
dispensers

BILL & MELINDA
GATES foundation



USAID
FROM THE AMERICAN PEOPLE



Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria



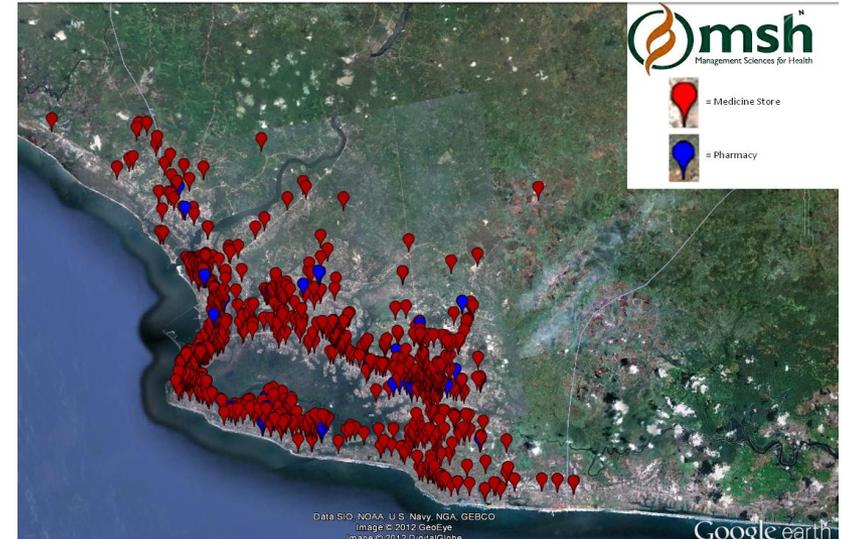
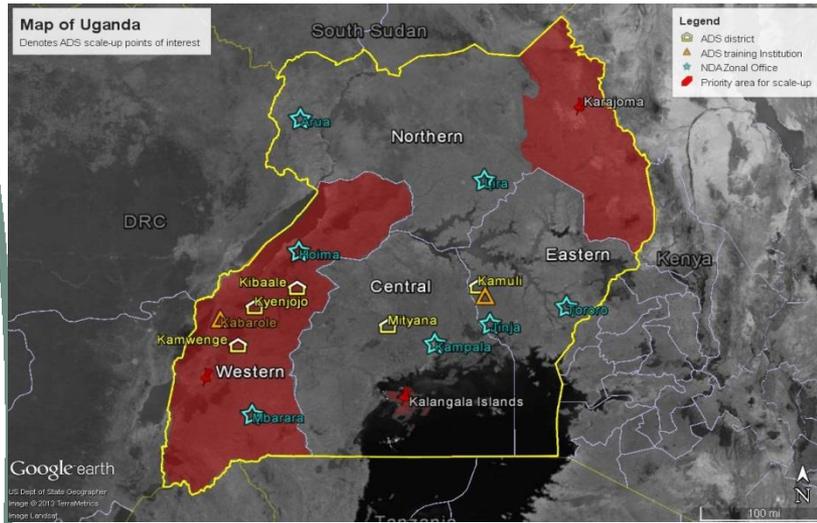
Sustainable Drug Seller Initiatives



Program Maintenance and Sustainability Beyond Scale-Up

- Introduce mobile technology to improve ADDO regulatory system and services
 - Fees collection
 - Data collection and reporting
 - Information exchange
- Form ADDO provider associations to improve
 - Communication
 - Coordination
 - Product price and availability
 - Quality of service through peer supervision
- Institutionalize ADDO training through health training institutions

Transfer ADDO Model to Uganda and Liberia



As of August 2013, Uganda had 409 Accredited Drug Shops, 721 ADS sellers, 93 local drug monitors, and 435 owners trained in 5 districts

As of August 2013, Liberia had 280 Accredited Medicine Stores, 358 AMS dispensers, 17 inspectors, and 160 owners trained in 1 county

Challenges to Program Development and Implementation

- Consistent local regulatory oversight with large number of ADDOs
- Complex processes to revise laws/regulations to accommodate the initiative
- Assurance of public health focus, quality care, and fair pricing in a for-profit environment
- Resource mobilization to meet the high costs of scale-up
- Increasing consumer education and advocacy in relation to ADDO services and appropriate use of medicines
- Reaching the “poorest of the poor”
- Availability of trained personnel to fill openings
- Inadequate budgeting by central and local government health authorities for routine inspections and supervision

Lessons Learned

- ADDO model increases private sector access to quality medicines and services and complements public sector services
- ADDO model requires human and financial resources, high stakeholder participation, and support
- The program gives opportunity to rural women for employment (>90% of trained dispensers are women)
- The national ADDO scale-up has created an avenue to incorporate public health interventions
- Other African countries have visited Tanzania to learn about the initiative (Ethiopia, South Sudan, Zambia) and others are testing the initiative (Uganda and Liberia)

Awards and Recognition



Asante Sana!

