

Sustainable Drug Seller Initiative Partner Presentations

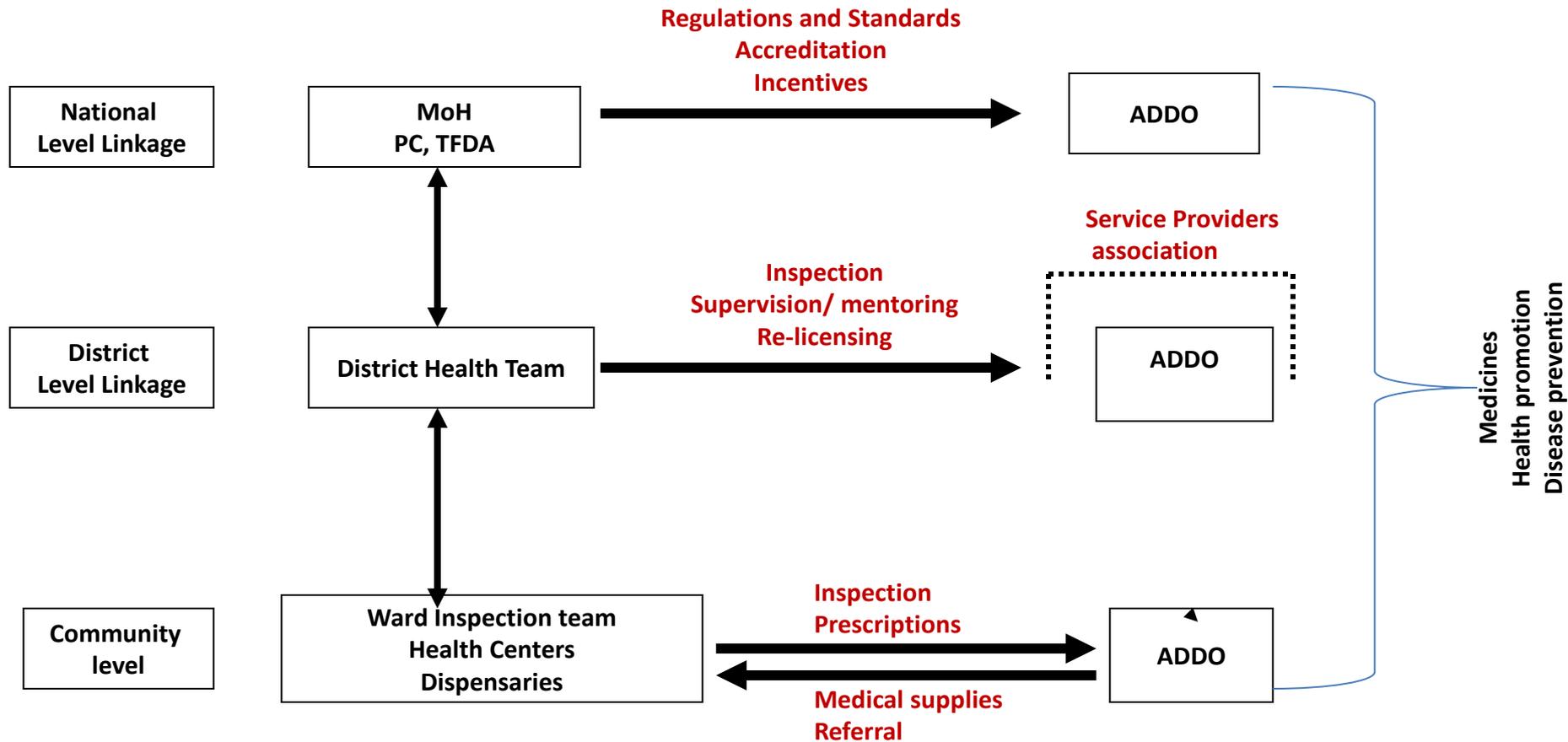


ADDO Program Implementation Progress Report

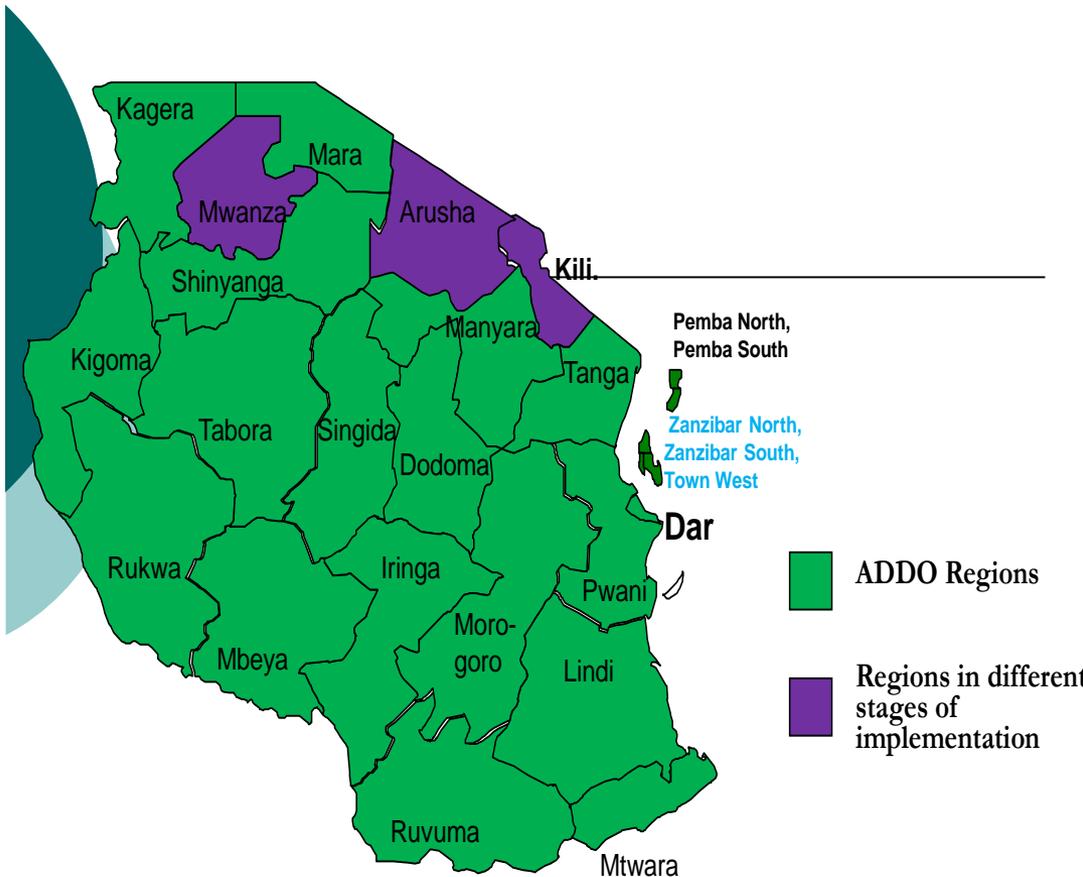
Tanzania Food and Drug Authority
Stakeholders' Meeting, Tanga
17-19 September 2012



Public Private Partnership and Linkages-ADDO Program



Status of Implementation of ADDO Program in Tanzania (September 2012)



Regions covered out of 21	18
Regions at different stages of implementation	3
Functioning ADDOs	4041
Potential ADDOs (mapped premises)	5853
Dispensers trained to date	13,023

Distribution of ADDOs by region (1)

No.	Region	No. of ADDOs
1.	Morogoro	551
2.	Ruvuma	239
3.	Lindi	99
4.	Mbeya	562
5.	Pwani	231
6.	Rukwa	248
7.	Singida	139
8.	Mtwara	146
9.	Manyara	215



Distribution of ADDOs by region (2)

10.	Mara	154
11.	Dodoma	136
12.	Tanga	274
13.	Kigoma	141
14.	Iringa	349
15.	Tabora	135
16.	Kagera	155
17.	Shinyanga	110
18.	Dar es Salaam	232
	Total	4041

Program Financial Support

MoHSW

Districts

Owners & Dispensers

Bill & Melinda Gates Foundation

USAID

DANIDA

Global Fund R 7

Rockefeller Foundation



ADDO Program As A Platform for Public Health Interventions

- *Child Health/Integrated Management of Childhood Illness (IMCI)*
- *Access to artemisinin-based combination therapy and insecticide-treated nets*
 - *HIV/AIDS information dissemination*
 - *Source of Family planning products*
- *Provision of services to beneficiaries of National Health Insurance Fund*



ADDO Program Achievements (1)

ADDO program contributions to the following MDGs:

- **MDG1: Poverty Reduction** (employment of rural people)
- **MDG2 : Universal Education** (Owners have managed to take their children into school through profits obtained from the business)
- **MDG3: Gender Equity** : Empowered women financially and through knowledge gain
- **MDG4: Reduction of <5 mortality rate** by providing essential medicines for childhood illnesses (ACT) malaria, (Antibiotics)ARI and (ORS/Zinc) diarrhea diseases



ADDO Program Achievements (2)

MDG5 : Improving Maternal Health through availability of family planning pills, condoms (both male and female)

MDG6 : Control of communicable diseases such as, TB, Malaria through health promotion and education and make available related medicines and its health commodities

MDG8: Partnership (Public Private) Put into really practice the PPP concept as different levels of both central and local governments work with the private sector drug outlets to improve the quality of health service provision to the community.



ADDO Program Achievements (3)

- Improved access to quality essential medicines in underserved communities.
- Introduce a new cadre of dispensers in the medical field to help reduce the shortage of human resource which still exists.



Challenges

- Insufficient financial resources to support scale up ADDO in Mwanza region
- Quarterly CFDC meetings are not conducted regularly
- Difficulties in implementation of ADDO in major cities and towns
- Lack of regular inspection and supervision.
- Failure of councils to include ADDO in the CCHP.



Opportunities

- Political, government and donor support in program implementation
- Existence of regulations and guidelines to control the ADDO business
- Wide coverage of ADDO as a result access of medicines is realized
- Presence of resource people countrywide (ADDO trainers, District and ward inspectors)
- Willingness of ADDO owners and dispensers to participate in the program



Thank you for your attention

