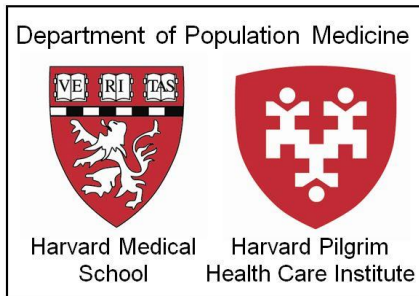


Sustainable Drug Seller Initiatives Partners



Stakeholders' Perceptions on AMR, Medicines Access/Use, Contribution of ADDO Program, and National Health Insurance Schemes

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Objectives

- Understand stakeholders' perception of AMR
- Gather information on existing AMR control activities at the national and council levels
- Understand contribution of the ADDO program and national health insurance schemes (NHIF & CHF) in medicines access/use, health care demand generation, and AMR



Interview participants

Level	Stakeholders	No. of Participants	No. Targeted	Response Rate
Central	PC (1), PSS (1), TFDA (1), NHIF (1), CHF (4)	8	9	89%
Council	Executive Directors (2), Council Chairpersons (1), Council Treasurers (6), DMOs (7), Pharmacists (7), NHIF/CHF Coordinators (6), District Health Secretaries (6)	35	49	71%
Total		43	58	74%

Councils involved: Mbinga, Songea Urban, Mbeya City, Mbarali, Kilombero, Morogoro Urban & Morogoro Rural.



Perceived Magnitude of AMR problem

- Majority of health officials (3/4 central level and 19/20 council level) thought AMR is a major problem in Tanzania
- Perceived drivers commonly mentioned:
 - User behavior: Self-medication, inadequate compliance with treatment and advice, buying of incomplete dosage
 - Healthcare system : Inappropriate prescribing and dispensing practices, poor quality of medicines, inadequate diagnostic services, poor storage of medicines, and weak enforcement of regulations



Public knowledge of AMR

- All health central and council officials interviewed said AMR is not well understood by the majority of the public
- Commonly mentioned indicators :
 - Widespread practice of self-medication
 - Buying incomplete doses
 - Inadequate compliance with treatment and advice
 - Lack of public education programs on AMR
- Majority of health officials (3/4 central level; 16/20 council level) thought most health workers appreciate AMR but do not prioritize it



Antibiotic Prescribing and Dispensing

- All central-level health officials (4/4) and more than half at the council level (13/20) were not satisfied with the quality of antibiotics prescribing and dispensing in the community
- Major concerns:
 - Inadequate adherence to treatment and dispensing guidelines
 - Limited skills of health workers especially at lower levels of care
 - Inadequate diagnostic services
 - Inadequate patient counseling
 - Limited use of coded prescription forms

Polypharmacy is a major problem in both public and private facilities...I recently met a middle-aged woman at Mto Mbozi Dispensary in Morogoro Region with a single prescription containing 7 different medicines (co-trimoxazole, metronidazole, amoxicillin, omeprazole, duocotecxin, Panadol and ORS). The woman had complaints about stomach pain, diarrhea and fever.

Pharmacist in Morogoro Region



Controls related to antibiotics

- Commonly mentioned controls: standard treatment guidelines; coded prescription forms; patient/drug registers; regulations and standards in the Pharmacy Act; NHIF patient management tools (diagnosis and treatment forms)
- All health officials at the central level (4/4) and 12/20 at council level thought existing controls could be adequate if **fully applied**
- Other initiatives:
 - Draft regulations for categorization of medicines (TFDA)
 - Medicines and therapeutics committee guidelines (PSS)
 - Draft strategy for community education on rational medicines use (PSS)
 - Electronic claims management information system (NHIF)
 - Training curriculum and guidelines for a 1-yr medical dispensing course (PC)



What Should be Done?

- Suggestions made by health officials at the central and council levels:
- Educate public on rational use of medicines and AMR (24/24)
 - Provide supportive supervision to service providers at all levels (23/24)
 - Train health care providers on rational use (22/24)
 - Strengthen diagnostic services at all level (16/24)
 - Strengthen monitoring of medicines quality (12/24)
 - Improve counseling of patients on rational use of medicines (11/24)
 - Strengthen enforcement of regulations (10/24)

We need to prioritize public education on rational use of medicines to be able to control and prevent AMR...We need a major national awareness campaign involving all medical professional groups including associations of allied health workers. We need a champion to provide us with the much desired leadership in this endeavor—A senior central level official



AMR control activities

Entity	Role
PC	Train, supervise, inspect, and regulate practice
PSS	<ul style="list-style-type: none">• Establish and train medicines & therapeutics committees (guidelines in place/use)• Rational medicines use subcommittee in NMTC• Integrate rational use in ILS training• Implement draft strategy for community education on rational use
TFDA	<ul style="list-style-type: none">• Monitoring medicines quality, safety, and efficacy• Representation in the WHO Strategic TWG on AMR
NHIF	<ul style="list-style-type: none">• Document patient care• Identify malpractice through claims verification• Educate public on rational use
CHF	Educate public on rational use

Perceptions of ADDOs

- Half of health officials interviewed (2/4 central level; 10/20 council level) described dispensing quality in ADDOs as “quite satisfactory”; two council health officials described the quality as “satisfactory”
- 13/15 council level administrative officials said the quality of medicines dispensed by ADDOs is generally good
- How to improve (suggestions by all stakeholder groups):
 - Strengthen follow-up and supportive supervision to trained dispensers (32/39)
 - Strengthen enforcement of regulations (27/39)
 - Train dispensers on rational use and AMR (24/39)
 - Improve client counseling on correct use of medicine (23/39)



NHIF and linkage with ADDOs

- 27/39 of stakeholders interviewed (4/4 national level; 14/20 council health officials, 9/15 council admin officials) were happy with NHIF functioning
- 32/38 of the respondents thought linking NHIF with ADDOs can increase access to medicines
- Linkage challenges include:
 - Poor documentation by ADDOs
 - Inadequate adherence to regulations
 - Delays in claims payment
 - Small capital base/rotation
 - Unfavorable pricing by NHIF



CHF and linkage with ADDOs

- 30/39 of stakeholders were not satisfied with CHF functioning but appreciated its potential:
 - Guarantees members/beneficiaries access to health care services (20/39)
 - Potential source of funds for improving health care services (27/39)
- On linkage with ADDO: possible (26/38); but not feasible (12/38)

Going by current financial situation of CHF in most councils, I think linking it with ADDOs will make the fund collapse. It is not easy to deal with appetite for money by business people.. The councils will be forced to establish a special unit to just deal with claims, cheating and forgeries. This will increase CHF administrative costs and deny the population funds for service delivery.

Council Treasurer in Mbeya Region



NHIF & CHF effect on health care demand and AMR

- All central level officials (4/4) and 28/35 council officials thought NHIF has significantly increased demand for health care services, especially medicines
- Only 18/39 thought the same of CHF
- Perceived Effect on AMR: Positive and negative (21/32); negative (11/32)
 - NHIF documentation system a good safeguard for irrational drug use
 - CHF only covers public facilities where controls are relatively better
 - Both NHIF and CHF educate the public on rational use of medicines

My major concern with NHIF is the notion of “the more medicine you prescribe/dispense, the more you earn in claims” especially in private facilities. I think it is a major threat to rational use of medicines and a potential driver of AMR.

District Medical Officer in Mbeya Region



Summary

- Almost all officials believe AMR is a major problem in Tanzania
- All health officials at the central level and 60% at council level thought existing controls related to rational medicines use were adequate, but not fully applied
- Almost all mentioned educating the public and health care providers on rational medicines use and providing supportive supervision as the best actions to take
- 84% thought that NHIF and ADDO linkage increases access to medicines; although challenges remain
- Only 32% thought a CHF–ADDO linkage was feasible

