

SEAM Tanzania

Accredited Drug Dispensing Outlets: Impact of the Program

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Background

Duka la dawa baridi (DLDB) are authorized by the Tanzania Food and Drugs Authority (TFDA) to provide nonprescription drugs in the private sector. With an estimated 4,600+ stores, DLDB constitute the largest network of licensed retail outlets for basic essential medicines in Tanzania.

Problems with DLDB—

- ❖ Prescription medicines that are prohibited for sale by the TFDA are invariably available.
- ❖ Quality of medicines cannot be assured.
- ❖ Shops lack adequate facilities for storing medicines properly.
- ❖ Dispensing staff lack basic qualifications, training, and business skills.
- ❖ Regulation and supervision are inadequate.

The ADDO Solution

Management Sciences for Health (MSH) collaborated with the Ministry of Health (MOH) and TFDA to develop a pilot program establishing a network of accredited drug dispensing outlets (ADDOs) in the Ruvuma region.

The goal of the ADDO project was to improve access to affordable, quality medicines and pharmaceutical services in retail drug outlets in rural or periurban areas where there are few or no registered pharmacies.

Major program elements include—

- ❖ TFDA accreditation based on MOH/FDA-instituted standards and regulations
- ❖ Business skills development and supervision for ADDO owners
- ❖ Pharmaceutical training, education, and supervision for dispensing staff
- ❖ Commercial incentives for ADDO owners (e.g., access to loans, authorization to sell some prescription medicines)
- ❖ Marketing and public education
- ❖ Regulation and inspection
- ❖ Communication skills training

The first ADDO shops received accreditation by the Minister of Health in August 2003. Since then, more than 150 shops have been accredited across the Ruvuma region.

The ADDO Impact

MSH evaluated the impact of the ADDO program on access to essential medicines in the Ruvuma region, compared to the control region, Singida.

▶ Did we improve the quality of drugs that people in Ruvuma were buying?

- ❖ At the end of the ADDO program, the proportion of unregistered drugs in Ruvuma was reduced from 26 percent to 2 percent (Figure 1).
- ❖ In Singida, the proportion of unregistered drugs was also reduced, showing the effect of the TFDA's broader emphasis on improving registration.

▶ Did we increase the availability of those products throughout the region?

- ❖ At endline, the average availability of prescription drugs in Ruvuma was nearly double the average availability in Singida.
- ❖ The average availability of amoxicillin and procaine penicillin in Ruvuma increased. In Singida, the availability of amoxicillin increased slightly and that of procaine penicillin decreased (Figure 2).

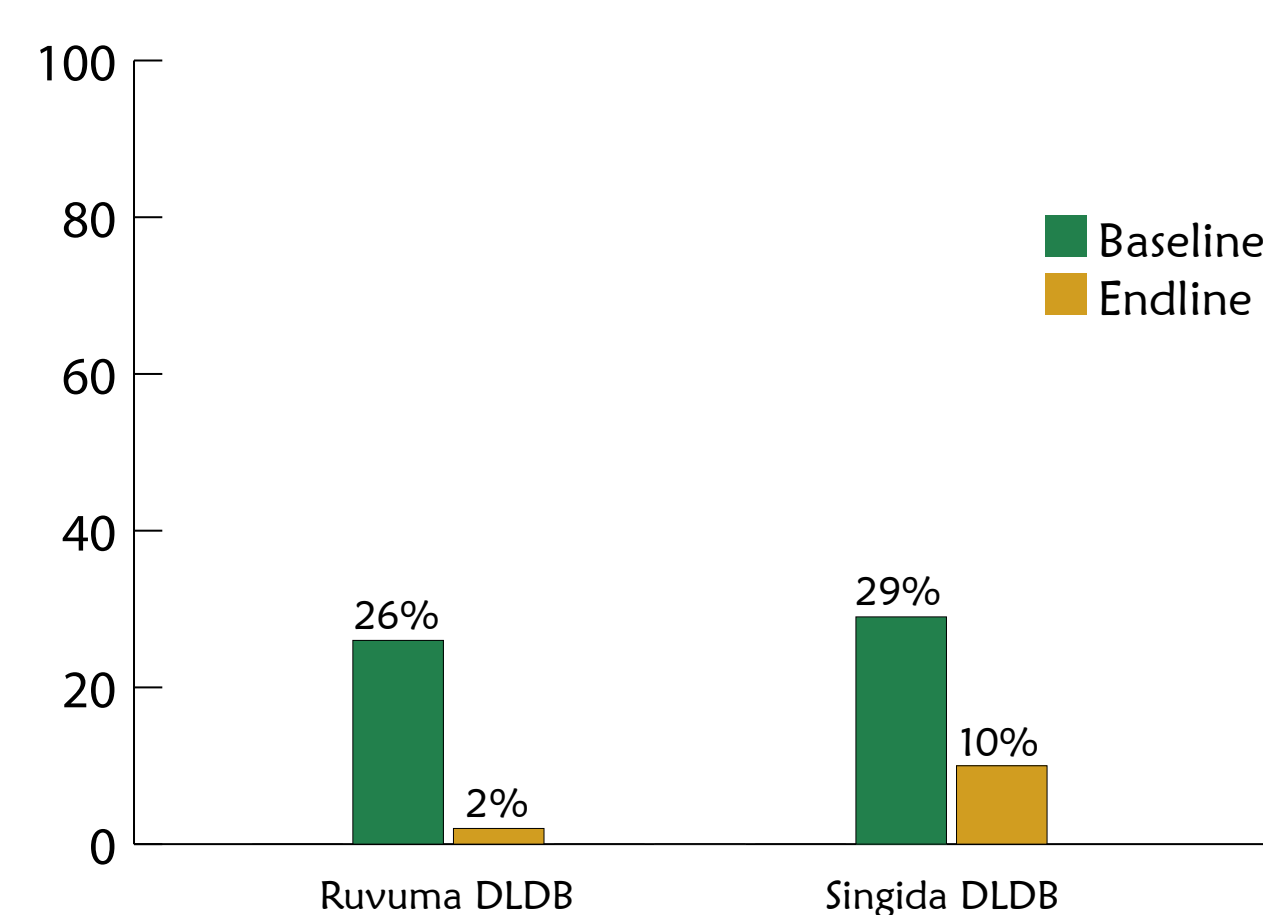


Figure 1. Percentage of unregistered drugs for sale in Ruvuma and Singida at baseline and endline

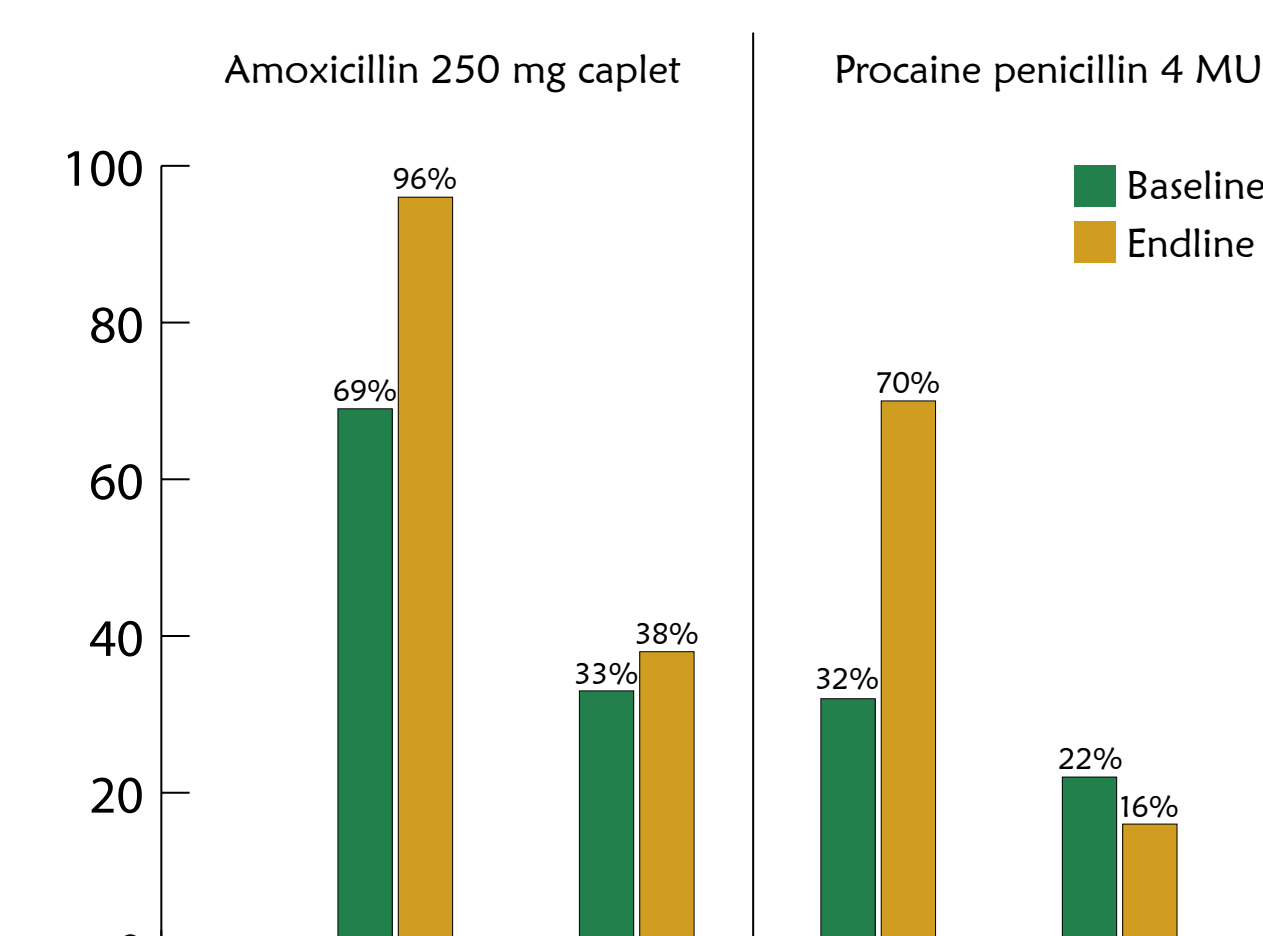


Figure 2. Average availability of amoxicillin and procaine penicillin in Ruvuma and Singida at baseline and endline

▶ Did we improve the quality of dispensing services from both technical and consumer perspectives?

- ❖ Endline data showed that fewer shopkeepers gave antibiotics for upper respiratory tract infection (URTI) in Ruvuma than during the SEAM baseline assessment in 2001 or in Singida during the endline evaluation (Figure 3).
- ❖ ADDOs now have a legal right to sell selected antibiotics and are selling them more responsibly than in 2001.
- ❖ There was a significant increase in the percentage of referrals without antimalarials in Ruvuma, from 32 percent to 52 percent (Figure 4).
- ❖ Medical personnel interpreted this finding as evidence of the efforts of ADDO dispensers to conduct business in an ethical and professional manner.

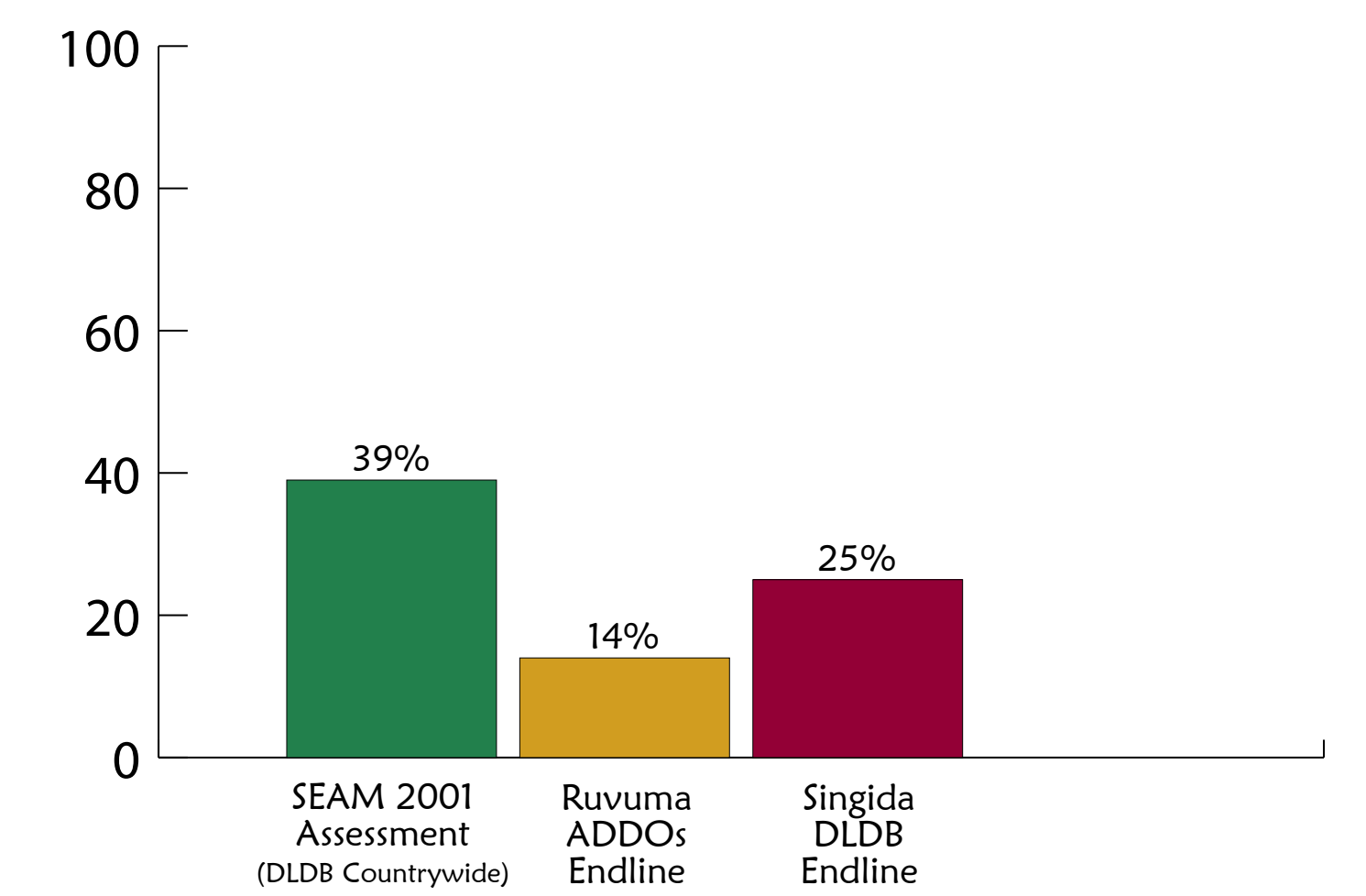


Figure 3. Percentage of simulated URTI clients dispensed or recommended antibiotics during 2001 nationwide DLDB assessment and at endline in Ruvuma and Singida

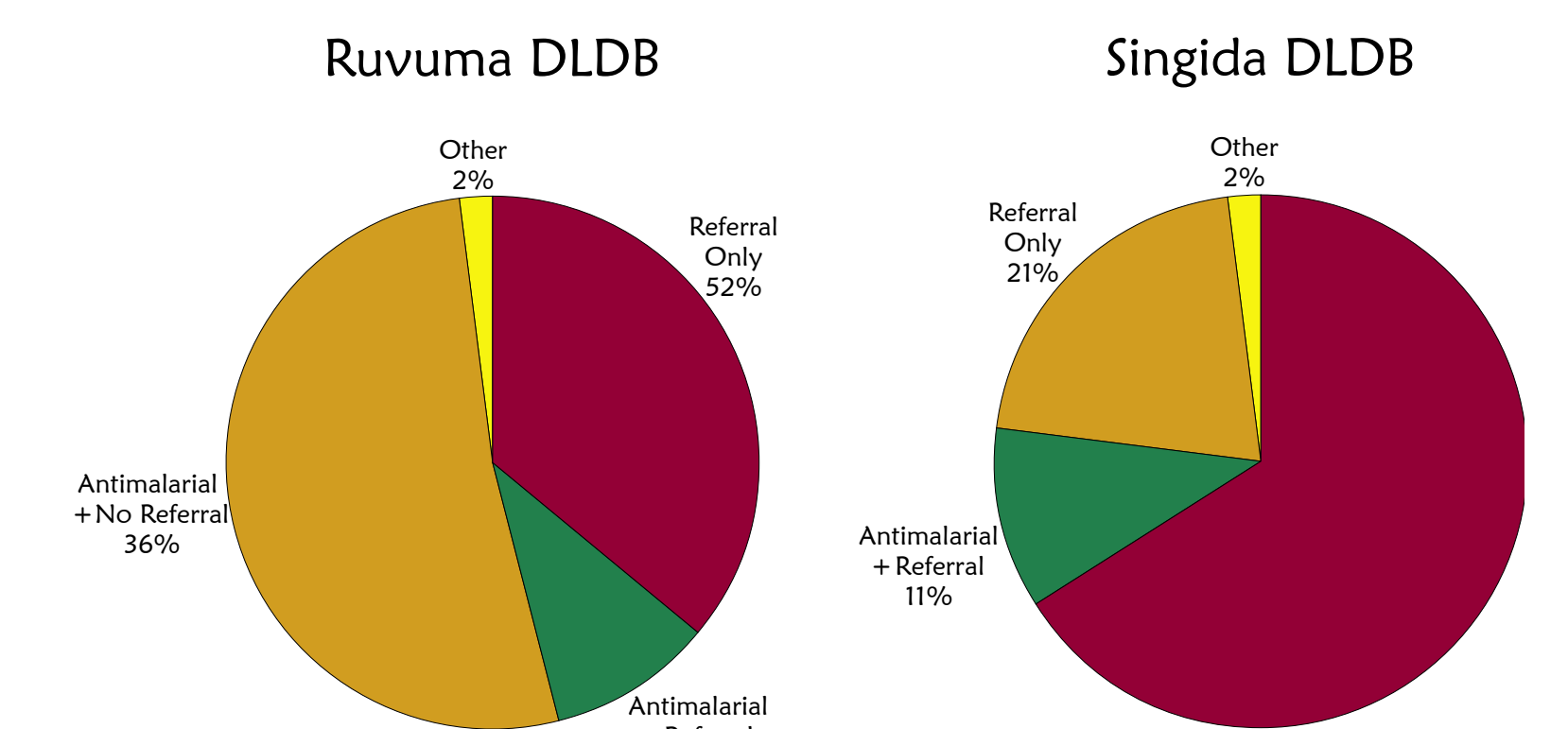


Figure 4. Treatment and referral of simulated cases of malaria in Ruvuma and Singida at endline

Regulation of ADDOs

Close regulation of both ADDOs and DLDB is required to ensure adherence to established standards. The TFDA implemented a system of regulation in which the local government, acting on behalf of the TFDA, is responsible for regulation, including licensing and inspection.

The TFDA reports that—

- ❖ Administrative structures, reporting systems, roles and responsibilities, and financial mechanisms for supporting local government regulations are being finalized.
- ❖ Regional and district drug technical committees have been formed in all Ruvuma districts and are carrying out basic regulatory functions.
- ❖ Recommendations include revising the list of authorized prescription drugs and changing the structure of the district and regional committees to enhance their effectiveness.
- ❖ TFDA plans to establish a special ADDO unit to oversee, coordinate, and support all regulatory activities.

Rolling Out ADDOs

The ADDO project has achieved its goals by addressing the major access problems identified in the 2001 Tanzania SEAM assessment.

The ADDO program provides a multidimensional approach with the following benefits—

- ❖ Improving basic access to essential medicines and pharmacy services in the retail sector
- ❖ Putting the private pharmaceutical sector under stricter regulatory control without jeopardizing essential services
- ❖ Stimulating economic development (old shops improved, new shops opened, income for owners and sellers, wholesaling market and infrastructure)
- ❖ Opening new avenues for public health interventions (artemisinin-based combination therapy [ACT] for malaria, child health, HIV programs)
- ❖ Diminishing scope of criminal activity in pharmaceutical market
- ❖ Supporting rational drug use—expanding legitimate availability of important groups of prescription drugs without exacerbating resistance
- ❖ Building on local government and health sector reform to strengthen local government, build better links between the central and local governments, and empower grass roots institutions

The TFDA, MOH, and local and regional government representatives report that the ADDO program has contributed significantly to improving both access to and rational use of essential medicines in Ruvuma, and they recommend rolling out the ADDO program to all areas of the country.