



## The Impact of the Accredited Drug Dispensing Outlet Program

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### Background

*Duka la dawa baridi* (DLDB) were given authority by the Tanzania Food and Drugs Authority (TFDA) to provide nonprescription drugs in the private sector, as opposed to pharmacies, which provide both prescription and nonprescription drugs. DLDB constitute the largest network of licensed retail outlets for basic essential medicines in Tanzania. It is estimated that there are more than 4,600 DLDB scattered across all districts in the country, or 50% more than the number of all public health facilities.

Although DLDB provide an essential service, evidence has indicated that they are not operating as was intended and that regulation and supervision are inadequate. The shops sell prohibited prescription medicines; the quality of pharmaceutical products cannot be assured; shops lack adequate facilities to properly store medicines; and the majority of dispensing staff lack basic qualifications, training, and business skills. These conclusions were confirmed by a 2001 assessment of the Tanzanian pharmaceutical sector, co-sponsored by the Ministry of Health (MOH) and the Strategies for Enhancing Access to Medicines (SEAM) Program of Management Sciences for Health (MSH), which concluded that pharmacy services in rural areas were not adequately meeting the legitimate pharmaceutical needs of the local population.

### The ADDO Solution

In response to these problems, the TFDA and MOH decided to consider a new approach aimed at improving pharmacy services in rural and periurban areas. MSH collaborated with the 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 drugs 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/TFDA-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 and communication skills training
- Regulation and inspection



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. Select results include—

- After the ADDO program, the proportion of unregistered drugs in Ruvuma was reduced from 26% to 2%.
- At endline, the average availability of prescription drugs in Ruvuma was nearly double the average availability in Singida.
- Endline data showed that there were fewer shopkeepers giving antibiotics for upper respiratory tract infections in Ruvuma than during the SEAM baseline assessment in 2001 or in Singida during the endline evaluation.
- All ADDOs were able to gauge profitability, and most earned a profit each month.

### **Rolling Out ADDOs**

The ADDO project has achieved its goals by addressing the major access problems identified in the 2001 Tanzania assessment. Close regulation of both ADDOs and DLDB is required to ensure continued adherence to established standards. The TFDA has implemented a system of regulation where local government, acting on behalf of the TFDA, is responsible for regulation, including licensing and inspection.

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

- Improving 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 ones opened, income for owners and sellers, wholesaling market and infrastructure)
- Opening new avenues for public health interventions (artemisinin-based combination therapy for malaria, child health, HIV programs)
- Diminishing scope for criminal activity in pharmaceutical market
- Supporting rational drug use by expanding legitimate availability of important groups of prescription drugs without exacerbating drug resistance
- Building on local government and health sector reform to strengthen local government, build better links between central and local government, and empower grassroots 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.