

SEAM Tanzania

Accredited Drug Dispensing Outlets: A Novel Public-Private Partnership

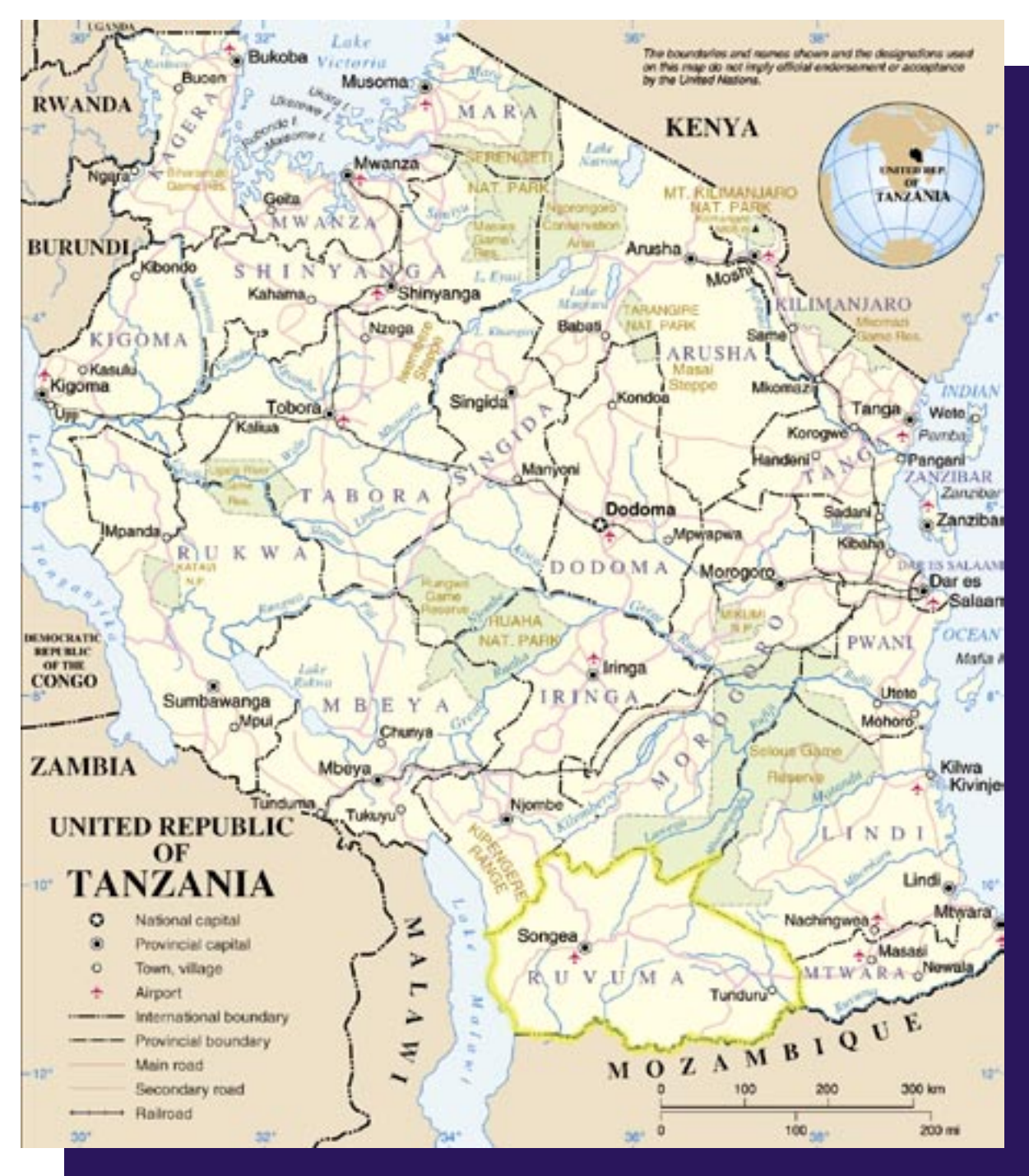
An approach to improving access to affordable, high-quality drugs and services in underserved areas

M. Ndomondo-Sigonda,¹ O. Kowero,¹ E. Alphonse,¹ Y. Hebron,¹ C. Kihinga,² R. Mbwasi,³ R. Shirima,³ M. Taylor,³ N. Heltzer,³ and M. Clark³

¹Tanzania Food and Drugs Authority ²Healthscope ³Management Sciences for Health

Background

After an assessment of the Tanzanian pharmaceutical sector, carried out April–May 2001 and co-sponsored by the Ministry of Health and Management Sciences for Health (MSH), a pilot program was created to establish a network of accredited drug dispensing outlets (ADDOs) that would provide selected essential medicines (nonprescription and prescription) and other health supplies to four districts in the Ruvuma region.



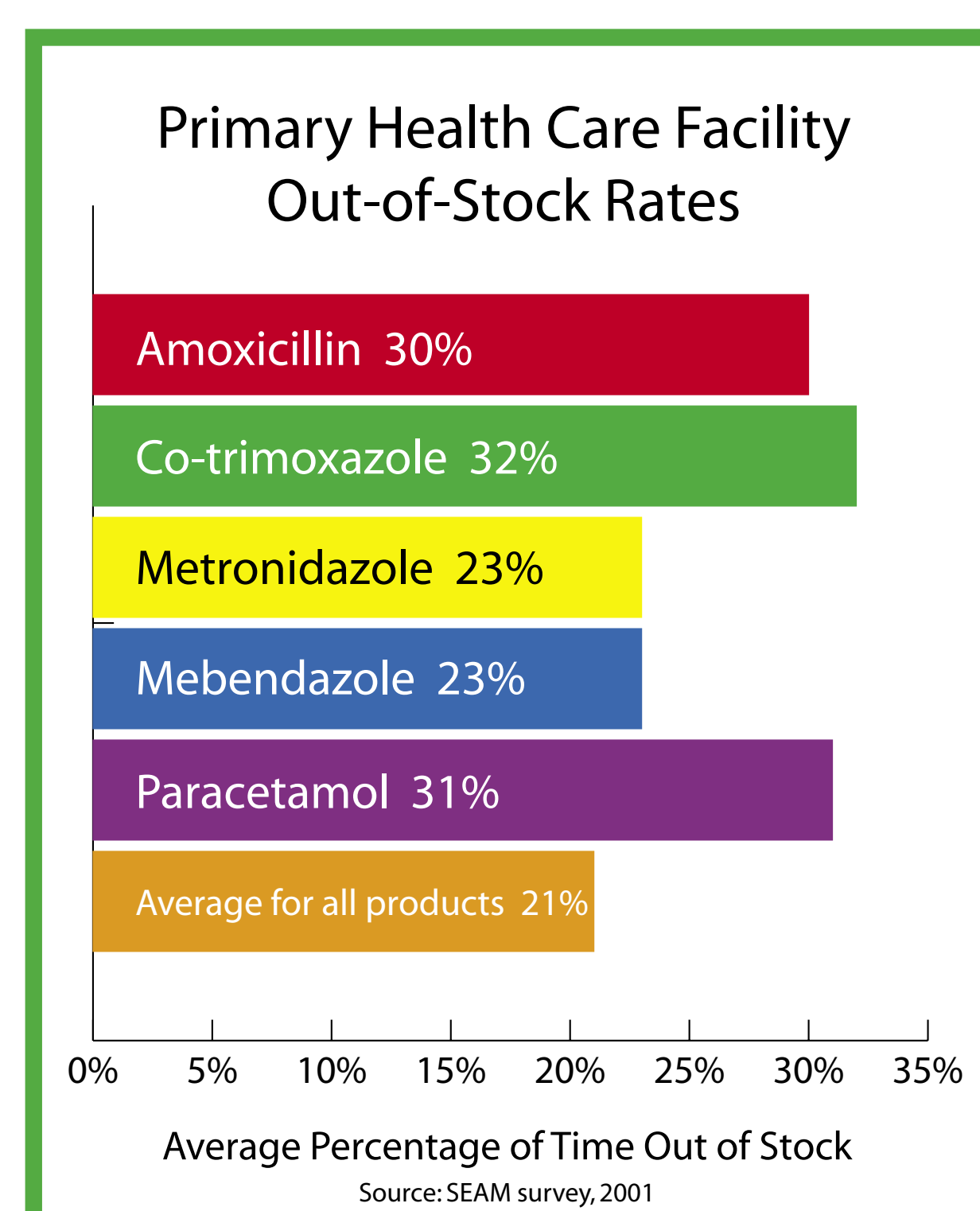
Where Do People Buy Their Medicines?

Much of the Tanzanian population purchases pharmaceutical products from small drug shops called *duka la dawa baridi* (DLDB), which are licensed to sell only over-the-counter drugs but frequently also sell prescription medicines.

- Tanzania is served by approximately 339 pharmacies registered with the Tanzania Food and Drugs Authority (TFDA) and more than 4,600 DLDB, or nonpharmacy drug outlets.
- Seventy-six percent of all pharmacies are concentrated in three urban centers—Dar es Salaam, Arusha, and Mwanza—yet the majority of Tanzania's population live in rural areas.
- Approximately 17 percent of the population has access to a registered private pharmacy.

Why Do People Use DLDB Instead of Public Health Facilities?

- Close proximity
- No consultation fees
- Flexible payment methods (e.g., credit, daily dose/daily payment, barter)
- Perception of greater privacy and confidentiality
- Perception that expertise and quality of care are adequate
- High stock-out rates at primary health care facilities



What Are the Problems with DLDB?

- Insufficient number of qualified staff
- Lack of drug quality assurance
- High drug prices
- Prescription drugs often sold illegally to meet consumer needs
- Inadequate enforcement of regulations
- Source of drugs is unreliable



Program Objective

Using a combination of training, marketing, commercial incentives, inspection, and support strategies, the program seeks to transform DLDB into a regulated system of profitable ADDOs, providing a range of quality drugs and professional services to underserved populations.

Building Blocks for an ADDO System

- Advocacy
- Selection of pilot districts
- Gathering information and formative research
- Regulatory activities
- Training program for dispensers and shop owners
- Commercial incentives to strengthen and improve profitability

Implementation

- The ADDO pilot project will be established in four districts of the Ruvuma region: Songea Urban, Songea Rural, Namtumbo, and Mbinga.
- Eventually, 50–80 ADDOs will be established across the four districts.
- Implementation will take place in three broad phases: preparatory, phase 1 (opening ADDOs in the four districts), and phase 2 (possible expansion into other areas).
- The first 23 ADDOs opened August 11, 2003, in Songea.



Minister of Health and certified dispenser at the opening of the first ADDO shop