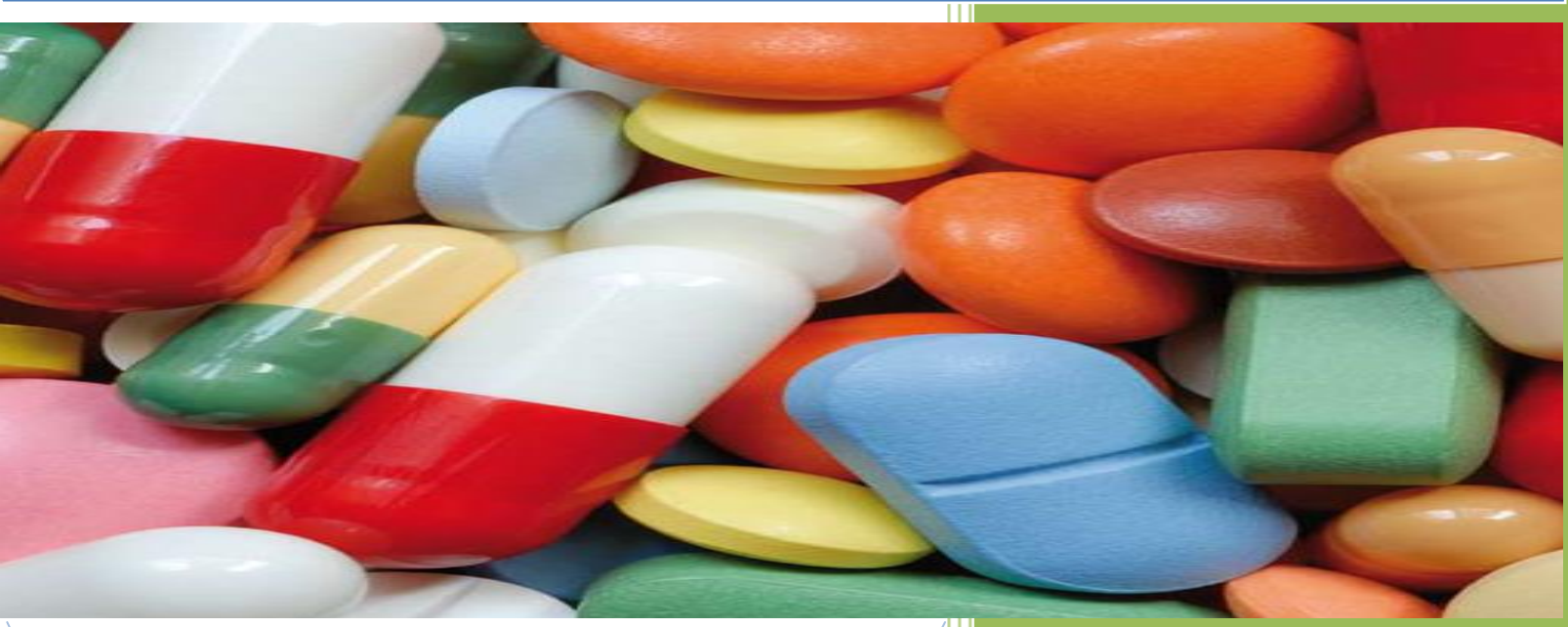
SUSTAINABLE DRUG SELLER INITIATIVES

2012

ADDO CONSUMER ADVOCACY STRATEGY YEAR 2012-2016



ELININATION OF INAPPROPRITE CONSUMER'S BEHAVIOURS WHEN USING MEDICINES

CONSUMERS TO SERVE AS NATURAL WATCH DOGS TO ADDOs

PARTNERS:

Ministry of Health and Social welfare

Management Sciences for Health

Pharmacy Council

Tanzania Foods and Drugs Authority

CONSULTANT:

TANZANIA CONSUMER ADVOCAY SOCIETY

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Acknowledgment

This document developed with contributions from several individuals who contributed their time and expertise to develop this strategy, these include the following: the registrar of pharmacy council (PC), Ms Mildred P. **Kinyawa;** Mr. Bulula Ngwegwe from PC[1]; TCAS's team members;-Mr. Stuart Heddi, M/s. Jehovaness Zacharia, Mr. Seif Hamis Simba; M.s Happiness Mhina; Dr. Merida Makia and Sr. Leonarda Ludovick.

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Disclaimer

This Strategy is produced for Sustainable Drugs Seller Initiatives (SDSI) under Ministry of Health and Social Welfare (MoHSW), Pharmacy Council (PC), Tanzania Food and Drugs Authority (TFDA) and Management Sciences for Health (MSH).

The management of Tanzania Consumer Advocacy Society being the core consultant to this assignment is hereby expressing herein that the opinions in this report are those of the authors/consultant and can therefore in no way be taken to reflect the official opinion of SDSI, MoHSW, PC, TFDA or Management Sciences for Health.

Therefore any errors in this report are the sole responsibility of the consultant (authors) and comments and questions can be addressed to info@tcas-tz.org.

List of Abbreviations

ACT	Artemisinin-based Combination Therapy-Dawa Mseto za Malaria
ADR	Adverse Drug Reaction
ADDO	Accredited Drug Dispensing Outlet
AIDS	Acquired Immune Deficiency Syndrome
CHF	Community Health Fund
CBO	Community Based Organization
CPPP	Consumer Private Public Partnership
DC	District Commissioner
DD	Daily Dose
DMO	District Medical Office
DP	District Pharmacist
EDL	Essential Drugs List
F2FI	Face to Face Interview
FGD	Focus Group Discussion
FBG	Faith Based Group
FBI	Faith Based Institutions
HC	Health Center
IEC	Information, Education and Communication Materials
ICT	Information and Communication Technology
KI	Key Informant
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health

MoHSW	Ministry of Health and Social Welfare
NGOs	Non-Governmental Organizations
PB	Pharmacy Board
PC	Pharmacy Council
PHFs	Primary Health Facilities
PTC	Pharmacy and Therapeutics Committees
SP	Sulphadoxine 500mg/Pyrimethamine 25mg
SEAM	Strategies for Enhancing Access to Medicines
SDSI	Sustainable Drug Seller Initiatives
STIs	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
STGs	Standard Treatment Guidelines
SoW	Scope of work
TCAS	Tanzania Consumer Advocacy Society
TFDA	Tanzania Food and Drug Authority
RUMs	Rational use of Medicines
VEO	Village Executive Officer
WEO	Ward Executive Officer
WHO	World Health Organization

Part One: Introduction

1.1 The Summary on the Background of the Assignment

The Bill & Melinda Gates Foundation provided Management Sciences for Health (MSH) with a three-year grant to continue its efforts in Africa to involve private drug sellers in enhancing access to essential medicines till May.2014. The new program's goal is to ensure the maintenance and sustainability of these public-private drug seller initiatives in Tanzania and Uganda and to introduce and roll out the initiative in Liberia.

The initiative not only expect to expand access to medicines and treatment in three countries, but to solidify the global view that initiatives to strengthen the quality of pharmaceutical products and services provided by private sector drug sellers are feasible, effective, and sustainable in multiple settings.

One of the SDSI objectives in Tanzania is to enhance the accredited drug seller initiatives' long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to changing health needs and health system context.

Although the ADDO pilot project in Ruvuma region featured a component of creating consumer interest and "brand" awareness, it lacked activities to stimulate and ensure consumer participation in monitoring the quality, appropriateness, or affordability of the products and services provided by ADDOs.

Therefore this consumer advocacy strategy is designed to effectively engage consumers to play an important role in monitoring the quality of ADDOs services and products. Given consumers' close proximity to the outlets and their regular utilization of ADDO services, consumers have a unique knowledge and understanding of ADDO operations.

The strategy intends to equip ADDOs' consumers with the necessary skills, information, knowledge, and resources, so they can serve as natural watch dogs to notify the regulators about misconduct at ADDOs and also better manage their own health. In doing so, encourage the appropriate use of dispensed medicines thereby minimise the risks of drugs resistance at the community level

SCOPE OF WORK FOR DELIVERABLE # 2

Timeframe: 1st July - 31st July.2012

Identify proposed strategies (options analysis) for consumer advocacy and education.

- Come up with a communication and advocacy strategy to involve consumers in monitoring accredited drug shops, or building advocacy support in existing community institutions (e.g., churches, mosques, schools, public health facilities).
- Define strategy to eliminate inappropriate consumer use of medicines thereby reducing drug resistance.

1.2 Executive Summary

The strategy (options analysis) is designed to come-up with a communication and advocacy strategy focusing to involve consumers as watch dog to ADDOs; and also the strategy sets to eliminate inappropriate consumer use of medicines thereby reducing drug resistance and drug complications .

The strategy needs to scale up behaviour change efforts proportionally to encourage uptake of these interventions by the communities. Changing behaviour is difficult to do and a gradual process, but ultimately, it is this strategy objective that will sustain the impact we desire to see. This Communications and Advocacy Strategy has been designed to unite and to guide all partners aiming to promote RUMs in Tanzania. It is important that consistent messages are disseminated to the general public with regards to RUMs and consumer activism. The communications campaign designed in this strategy has been developed with the following objectives

(i) To inform, educate, and mobilize ADDOs consumers on RUMs
(ii) To create a sense of consumer responsibility for his/her personal healthcare as well as generate national consumer activism as watch dog to ADDOs' operations.
(iii) The overall objective of this strategy is to mobilize ADDO consumers (patients, caregivers and communities) to take a more active role in their health and health care.

The strategy designed through a series of consultative sessions of FGDs, F2FIs and teleconference with key stakeholders and ADDOs consumers in Kilosa, Songea Urban and Namtumbo districts. The team conducted studies to determine the knowledge, attitude and beliefs on ADDOs products and services, level of understanding on rational use of medicines and the level of consumer activism.

The study provided baseline information for developing this strategy. With all of this input, this document ought to provide a comprehensive guide to ADDOs efforts to advocate for elimination irrational use of medicines, as well as to mobilize all consumers to play a role towards the goal of being the watch dog to ADDOs and their personal healthcare.

The strategy prepares an awareness and education strategy to draw up the type of activities, targeted stakeholders and communication strategy to be used in raising awareness and increase level of understanding of the ADDOs objectives and consumers' roles and obligations. The strategy on the other hand will strengthen a sense of ownership among the key stakeholders and finally ensure sustainability of ADDOs.

It is good to note that formative research findings feed on what need to be accommodated in consumers' advocacy and education strategy for Tanzania. The main focus of this document is to present the strategy which best fits the needs, capacities and interests of the various stakeholders in pharmaceutical sector most especially ADDOs. It briefly describes the methodology and options to be used to reduce inappropriate use of medicines.

1.3 Legal backing and origin of ADDOs

World Health Organization's (WHO's) Essential Medicines Programme has much to offer to ADDO program. WHO's program focuses on sustainable, universal access to essential medicines through the development of national medicines policies always to be in line with human rights principles of non-discrimination and care for the poor and disadvantaged.

Despite the fact that TFDA Act, 2003 - Sec 47.-41; says ''*No person other than a pharmacist either alone or in association with other persons shall, on or after the coming into effect of this Act carry on the business of a pharmacist''.*

But ADDOs came into existence in Tanzania using TFDA Act, 2003, Section; 26.-(l) says *notwithstanding any of the provisions of this Act, relating to sell, supply or dispensing of drugs and if it is in the public interest so to do, the Minister may, on advise of the Authority and by order published in the Gazette, allow any person or group of persons to be licensed by the Authority to sell, supply or dispense such drugs as may be specified and under such conditions as may be prescribed in the regulations.*

Therefore taking into account of public interests (the marginalised poor), the former health minister, Prof David Homela Mwakyusa published in a government gazette on 24th.Sept.2004 highlighting the intention of establishing ADDOs. The main goal of establishing ADDOs set was to improve access to affordable, quality medicines and pharmaceutical services in retail outlets in rural or peri-urban areas, where there are few or no registered pharmacies. The ADDOs program has even-since increased access to both non-prescription and selected prescription medicines in fifteen regions of Tanzania while the rollout to other regions is on-going.

Since 2004 ADDO program lacked activities to stimulate and ensure consumer participation in monitoring the quality, appropriateness, or affordability of the products and services provided by ADDOs, also encourage consumers on the appropriate use of dispensed medicines.

1.4 Selected targets for the strategy

Since the project's success relies much on the participation of ADDOs' consumers (establish the #) in their local communities in rural, peri-urban and urban ereas of fifteen regions of Ruvuma, Iringa, Mbeya, Morogoro, Coastal Region, Dodoma, Singida, Rukwa, Manyara, Kigoma, Mara, Mtwara, Lindi, Tanga, and Tabora where ADDOs are in full operational

Also consumers in the regions of Kilimanjaro, Arusha, Kagera, Tabora and Dar es Salaam will be involved during ADDO roll-out plans between years 2012 - 2014.

Local communities can further be disaggregated into the following two specific groups:

- Consumers for ADDOs' services and products
- Marginalised groups such as women, school children and youth;

Others are:

- Pharmacy council has the direct role of monitoring an supervision of professional conducts and quality of service of ADDOs and the whole pharmaceutical sector
- District pharmacists and the inspection team
- TFDA has the role amongst others of monitoring the quality of products at ADDOs and the pharmaceutical market
- ADDOs dispensers and medical practitioners. Have the direct role amongst others to advise consumers to take their medicines timely and as per dosage directives

  - Members of Parliament
  - Government Ministers
  - Faith-based organizations, such as; Churches and Mosques
  - Civil society organizations
  - Local and international manufacturers, producers, distributors and service providers
  - Media personnel.
  - Law enforcers – police, lawyers and magistrate
  - Village leadership including village health liaison committees

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1.5 Stakeholders' consultation during strategy preparation

The following consultations were undertaken to ensure sound representation of consumers in their respective families, ADDOs' dispensers, and local leaders at their respective villages, wards in districts of Kilosa, Songea Urban and Namtumbo.

The formative research was undertaken and the actual consumers' needs, their current behaviours and challenges were explored. The study also explored the current status of ADDOs' operations and consumers' satisfactions and dissatisfactions on ADDOs' products and services. A very wide variety of methods were used to gather information like conducting face to face interview (F2FI); focus group discussions (FGDs); Teleconference interviews, Field observations and Literature reviews.

The study which led to accrue baseline data engaged 228 respondents for F2FIs, 298 discussants for FGDs, where 23 FGDs held, 23 Local leaders and 63 ADDOs' dispensers interviewed. The study was carried out in twenty three wards of Kilosa district (12), Songea Urban (6) and Namtumbo district (5).

The team focused on developing consumer advocacy strategy therefore the interview and discussions aimed on assessing KIs knowledge about existing ADDO services and products within their localities. Understand the current consumers' needs and expectations[2] also identified potential challenges that address consumers' needs and expectations. In so going team got actual data and information to be used in the designing of this strategy.

[2] *''Consumer Expectation'' referred to as their needs and interests on goods and services*

Table 1: Number of Study Participants

District	# of Wards	# FGDs		# F2FI Consumers		# F2FI Dispensers		F2FI Leaders	
		M	F	M	F	M	F	M	F
Kilosa	12	69	74	45	63	8	22	10	02
Songea Urban	06	29	41	24	36	5	17	03	03
Namtumbo	05	45	40	21	39	03	08	04	01
Sub-Totals	**23**	**143**	**155**	**90**	**138**	**16**	**47**	**17**	**06**
Grand	**23**	**298**		**228**		**63**		**23**	

1.6 Limitations of the Strategy Design

The main challenge facing the strategy is lack of a credible consumer movement at health sector and the need to strengthen health networks; therefore the idea of mainstreaming consumer protection in pharmaceutical sector and health care development is a new thing in Tanzania; hence the calls for introducing consumer issues at ADDOs might need more lobbying that lead to protect consumers from health related risks and threats which are beyond the control of individuals. Perhaps it is not surprising that most consumers, including very senior Government don't understand or have heard of the consumer protection initiative in healthcare.

Secondly; the five years time frame proposed for this strategy may be challenged with the fact that May.2014 is the end of SDSI project while this strategy covers five years time period from June.2012 to May.2017; therefore there almost two years to go to ensure that the designed strategy is executed within the support of SDSI while the rest of activities beyond SDSI project is still not certain.

Thirdly; the team explored much on consumers, local leadership and ADDOs' dispensers opinions; the team noted from the community the acceptance of consumers advocacy program can be channelled through community

institutions such as churches, mosques, schools and public health facilities however no sheikh, clergyman, teacher or head of PHF been interviewed on their acceptance to this initiative.

Fourth; the formulation of consumer strategy proved challenging as there is limited information available on consumers in Tanzania in the context of consumer advocacy focused research or survey on rational medicine use.

Lastly; one might argue that this strategy isn't sustainable, but it is the information (knowledge and skills imparted to consumer) its absorption and application are those required to be sustainable and ensuring its arrival to the target group tend to be a crucial part of the strategy.

1.7 Areas needing further researches

As for consumers they find it difficult to identify fake and substandard medicines in the market however some consumers acknowledged to buy and use fake and substandard medicines and they hypothesize that one of the reasons for diseases resistance might be fake and substandard medicines; the team suggests that further research in consumer safety is required as it requires scientific analysis like laboratory tests to prove medicine efficacy.

Lack of research capacity in patient safety information is one of the problems facing development of institutional competency and mainstreaming research programmes within existing health systems and ADDOs. The strategy is suggesting issues around three key areas: funding research activities, training leaders in patient safety research and developing a global network for research on patient safety.

1.8 Definition of Terms and Terminologies

1.8.1 What is a Consumer?

In (ISO 26000) Consumer is defined as an individual member of the general public, purchasing or using products or services for personal purposes; while the general understanding of the word ''consumer'' is referred to as *the end user of goods and services (in this case at ADDO we refer pharmaceutical products and services)*.

In this report, consumer is also referred *to sick person/patient who dwells in the general public or PHF whom in the end uses ADDO's products and services for him/herself, by him/herself or through caregivers at the household level or/and PHFs' personnel.* Therefore in this report one will see *''***consumer***'' is* called *''***patient***''* also **consumer** be called **person/customer** interchangeably.

1.8.2 What is Consumers Advocacy

''**Consumer advocacy"** can simply be defined as the act of advocating on behalf of consumers/patients who buy products and services in the society in this case medicines and health services.

Sometimes consumer advocacy can take the form of awareness creation on rights and responsibilities, consumer organizations or any other may inform consumer about problems with services or products. Consumer advocacy focuses on various aspects of supply of services and products and weaknesses of demand by creating awareness on rational medicines use, tips on rights, and tips on obligations, tips on avoiding abuses or defective items.

1.8.3 An Understanding of Advocacy Cycle

Advocacy campaigns follow a general cycle of activities that corresponds to six components listed below.

(i) Problem Identification

(ii) Research

(iii)Planning

(iv)Building Alliances

(v) Act

(vi)Monitoring and Evaluating

Table 2: Consumer Advocacy activities are right based

- Helping consumers to rationally use products and services
- Assisting consumers to ensure that their rights are respected.
- Helping consumers to resolve complaints on products or services.
- Creating awareness on where and how to file complaints
- Encouraging consumers to air their voice including their satisfactions and dissatisfaction
- Seeking for market fairness
- Lobbying for policy change for more consumers' welfare
- Providing up-to-date information and clarification on quality and safety of goods and services,
- Giving practical advice, where consumers can go for help.

1.8.4 What is Consumer Education?

There have been several definitions advanced to try and define consumer education. The US Department of Education for example defines consumer education as the process by which consumers:

i. Develop skills to make decisions in the purchase of goods and services in the light of personal values, maximum utilization of resources, available alternatives, pharmacological considerations and changing economic conditions;
ii. Become knowledgeable about law, business guidance, consumers rights and methods of recourse, in order to participate effectively and self-

confidently in the market place and take appropriate actions to seek consumer redress;

iii. Develop an understanding of the consumer's role in the economic, social and government systems and how to influence those systems to make them responsive to consumers' needs.

Rather than limiting oneself to a rigid definition, understanding of consumer education can also begin from the standpoint that consumers should become well-informed and critical consumers of products, commercial services, public service etc. The "process of becoming" entails not so much the provision of consumer information regarding products, services and other considerations but rather the continuous development of living skills which would include cognitive skills such as critical and conceptual thinking, knowledge and understanding [particularly the impact of individual, business government decisions on consumers] and literacy skills such as the ability to use their medications.

1.8.5 Aspects of Consumer Education

Consumer education is about living and sharing. It involves knowledge, skills, values and social responsibility. There are four aspects of consumer education.

(i) Informed Choice

Consumer education must be functional to give necessary information on ADDOs' goods and services, so be able to discriminate between different sources of information, services and products, understand the psychology of selling and advertising, learn to shop wisely, understand the alternatives of irrational and rational use of products, ethical use of medicines rather than buying and consuming.

(ii) Value Systems

This Consumer education will work toward developing a value system that contributes to the business value chain that provide broad consumers' welfare

like enabling consumers to consider seriously and carefully use of medicines and individual healthcare.

(iii) Catalyst for Action

Recipients of consumer's education must become aware of the available avenues for consumer complaint, redress and learn to use them for their benefit. Most important, consumer education should help develop the intellectual process of inquiry and problem solving, motivate participation and social concern in promotion not only of value for money but also care without negligence harm.

(iv) Recognition of responsibility and rights

Consumer advocacy and education will help consumers to understand double distinctive roles they are suppose to play daily such as being workers and consumers. Sometimes such roles can overlap and may be in conflict with one another. As consumers they want to buy goods and services that are safe, durable and at reasonable prices. As workers, they may be contributing to the production of shoddy goods and poor services which are unsafe and unacceptable from an informed consumers' perspective.

These conflicting situations make it difficult for consumers to understand where they should stand as consumers. It is therefore important to articulate and understand both responsibilities and rights as consumers in different situations.

1.9 An Understanding of consumers' Rights and Responsibilities.

As consumer advocacy is purely a right based focus, therefore in here it is good to also understand the details of consumers' rights and responsibilities.

1.9.1 Consumers' Rights

Consumer advocacy strategy will be successful if consumers are aware of their rights and responsibilities while using goods and services at ADDOs. The following are hereby various consumers' rights and responsibilities.

(i) **Right to safety:** Consumers have a right to be protected against marketing of goods which are injurious to health and life. As a consumer if you are conscious of this right, you can take precautions to prevent harm or injuries if injury is caused in spite of precaution, you have a right to complain against the dealer and even claim compensation.

(ii) **Right to be informed:** Consumers also have the right to be informed about the quantity, quality, purity, standard or grade and price of the goods available so that they can make proper choice before buying any product or service. Also, where necessary, the consumer must be informed about the safety precautions to be taken while using the product i.e. medicines to avoid loss or injury and the supplier must also inform the user on the proper dosage timing, precautions needed to be taken before and after using the medicine, with clear elaboration of the possible side effects and risks of under or over dosage.

(iii) **Right to choose:** Every consumer has the right to choose the goods needed from a wide variety of similar goods and services. Very often dealers and traders try to use pressure tactics to sell goods of poor quality. Sometimes, consumers are also carried away by advertisements on the TV. These possibilities can be avoided if consumers are conscious of this right.

(iv) **Right to be heard:** This right has three interpretations. Broadly speaking, this right means that consumers have a right to be consulted by MoHSW and public bodies such as TFDA and Pharmacy Council when decisions and policies are made affecting consumer interests. Also, consumers have a

right to be heard by manufactures, dealers and retailers about their opinion on production and marketing decisions. Thirdly, consumers have the right to be heard in legal proceedings in law courts dealing with consumer complaints.

(v) Right to seek redress: If and when any consumer has a complaint or grievance due to unfair trade practices like negligence caused adverse effects, charging higher price, selling of poor quality or unsafe products, lack of regularity in supply of services etc. or if he has suffered loss or injury due to defective or adulterated products, he has the right to seek remedies. Consumer has a right to get the money refunded by the seller or dealer if they have suffered a loss or are put to inconvenience due to the fault of the supplier or manufacturer

(vi) **Right to consumer education:** To prevent market malpractices and exploitation of consumers, consumer awareness and education are essentially required. For this purpose, consumer associations, Health educational institutions and Government policy makers are expected to enable consumers to be informed and educated about;-

- The relevant laws which are aimed at preventing unfair trade practice;
- The ways in which dishonest traders and producers may try to manipulate market practices to deceive consumers;
- How consumers can protect their own interest;
- The procedure to be adopted by consumers while making complaints.

1.9.2 Responsibilities of Consumers

There is a well known saying that 'there cannot be rights without responsibilities'. Having examined the consumer rights and the purpose served

by them, it is necessary to consider whether consumers should also be responsible enough to be entitled to exercise their rights.

To be able to exercise their right to be heard, consumers should avail of the opportunities to know and keep informed about consumer problems. To exercise their right to seek redress of complaints, consumers must take all precautions to choose the right goods at the right price and learn how to use the products to prevent injury or loss.

Specifically, the responsibilities of consumers may include the followings:

(i) **Responsibility of self-help** It is always desirable that a consumer should rationally use his/her dose and follow instructions given by medical personnel, however consumers are expected to act in a responsible manner to protect themselves from being misled, by receiving incorrect dosage of medicines . An informed consumer can always take care of his/her interest more than anyone else. Also, it is always better to be Pre Informed (forewarned and forearmed) rather than getting remedies after suffering a loss or injury.

(ii) **Proof of Transactions and claim:** The second responsibility of every consumer is that the proof of purchase and documents relating to purchase of durable goods should be invariable obtained and preserved. For example, it is important to get a cash memo on purchase of goods as a proof of evidence in future if you need to make any claim.

(iii)**Proper claim:** Another responsibility is that consumers should be aware that while making complaints and claiming compensation for loss or injury, they should not make forge by reporting unreasonably large claims. On few occasions consumers have to exercise their right to seek redress in the court law in Tanzania. Experience from other countries shows that consumers

claimed an amplified huge compensation not in line with their actual claim. This is regarded as an irresponsible act which should be avoided.

(iv)**Stick to agreement:** Consumers should stick to the agreement made with manufacturers, traders and service providers. They should make timely payment in case of credit purchases and should remember that they can exercise their rights only when they are willing to fulfill their responsibilities.

Part Two: Major assumptions for the strategy

2.1 There should be continued financial support

The assumption that without financial support to execute proposed strategy activities for all three proposed phases it may be difficult to sustain, coordinate and monitor most of the activities suggested in this strategy for ADDOs at the national scale, however most of consumer's educative activities involve little cost after initial support/engagement as they could be undertaken by enthusiastic consumers activists at grass root level.

2.2 Building responsive safety culture

The assumption is taken that policy makers and executives will ensure that consumer/patient safety is the cornerstone of all relevant health policies, and develop a coherent patient safety policy framework promoting responsive safety culture at all levels of care.

2.3 Time period for the strategy

While SDSI funding with Bill and Melinda Gates covers the period up to May.2014, therefore the actual implementation period for this strategy within SDSI project's duration is two years. This is considered being inadequate period to achieve significant behavioural and attitudinal changes taking into consideration the magnitude of the tasks involved including the possibility of mobilization of key stakeholders, designing of the working tools and other uses.

Taking into consideration of strategy activities, we are proposing the strategy to cover five years (2012 -2017) period divided into three phases:- phase one covers period between (Oct.2012 – Sept.2013); phase two covers period between (Oct.2013 – May.2014) and phase three covers period between June 2014 – Oct.2017).

2.3.1 Phase One:

Phase one covers (Six months preparatory phase) (one year preparatory phase) (Oct.2012 – March.2013) (Oct-2012 –Sept.2013) which will include preparation of the ground works, mobilization and mapping of key stakeholders (comedians, identify medicines ambassadors, media houses, partners organizations, civil societies, faith based institutions (FBIs), public institutions – primary and secondary schools, primary health facilities) hold stakeholders' inception workshop, designing of IEC materials, audio visual[3] and development of key advocacy themes and messages[4], testing of different approaches to be used, mapping of areas to be covered from the fifteen regions via various media outreach, road shows, field visits - door to door campaigns at the community level. While gathering information to measure the impact of advocacy campaign is a continued process

2.3.2. Phase Two:

Phase two will involve review of the tools used during a trial period of six months, there will be review of stakeholders to be involved, and consumer advocacy campaigns to accommodate more regions.

The phase needs to increase the number of stakeholders like media channels TV and Radio with national coverage, expanding the number of implementing partners. During this phase the strategy need to emphasize implementation of activities that reach rural populations; lobbying for policy change on consumer's protection[5], developed a network of rural engagement teams (FBI, NGO and CBO partners) based in selected districts and regions.

At this stage we have to ensure that the teams are equipped with mobile video units, for community sensitization, community theatre performances, and road

[3] *Develop videos showing rational use of medicines, impacts of irrational use of medicines*

[4] *Key messages which will work toward consumers behavioural changes hence eliminate inappropriate consumer use of medicines thereby reducing drug resistance*

[5] *Protect citizens from risks and threats which are beyond the control of individual consumers*

shows which focus on empowering consumers in monitoring ADDOs at the same time encouraging change in their behaviours of inappropriate use of medicines thereafter reducing drug resistance. While gathering information to measure the impact of advocacy campaign will be an active continuous process.

2.3.3 Phase Three

During this phase there is a need to contract a consultant to conduct an intensive lobbying for formulation of consumer protection policy and adoption of patient charter for Tanzania; updating and review dissemination tools on developed knowledge and skills in consumer safety at ADDOs and pharmaceutical industry at large

Periodically during the advocacy campaign one need to analyze the information gathered during M&E process. M&E helps in critical thinking about strength and weaknesses of the approach and methods used and what could be the performance using indicators from advocacy campaign action plan. The contracted consultant is the one who can assess what has been accomplished and how well the resources have been used.

Monitoring data can also indicate changes in power structures, allies and opponents or even the problem itself so we must be prepared to adjust the advocacy campaign action plan, even while the campaign is underway, to reflect the result of the evaluation as proposed in *Table 7; Strategic Action Proposed and the Detailed Strategy Matrix*.

2.4 Have rights mix strategies

2.4.1 Human rights

Having consumer advocacy the assumption is undertaken that human rights movement components will have a fundamental part of the debate including stimulating the debate on patients' rights in health care, human rights may come under pressure because the patient is in a vulnerable position based on the fact that medical practice has become more hazardous and complicated.

Reinforcing the rights of the person through patients' rights may contribute to a more balanced relationship between health care providers and patients rights.

2.4.2 The concept of consumerism

The world economy is now shifting to ''*Service Revolution''*, now in Tanzania we need to start assuming about the combination of right mix strategies to consolidate our position in this new world economy. In the so called *Service Revolution*, the trick part of it is to make sure that consumers are getting their goods and services at their maximum satisfaction and been protected with great product liability[6].

Like other in service revolution, countries are investing heavily on the quality of labour who can give excellent customer service, consumers' education, give clear consumer redress mechanism; service providers are trained to be keen to the concept of consumerism. Therefore there must be a mindset transformation of the way business treats customers while the role of consumer has to be changed from one of human cash dispenser into essential element for the sustainability of business companies in this case ADDOs.

Deliberate effort must be in place to have self regulating market where the interests of consumers and suppliers are respected with mutual benefits for businesses and consumers.

[6] *For product liability in the **EC directive,** the distinction between the strict liability and negligence regime is of critical importance. The Directive did not preempt product liability law in the Member States, but instead, sought to supplement existing……The producer shall not be liable as a result of this Directive if he proves (e) that the state of scientific and technical knowledge at the time when he put the product into circulation was not such as to enable the existence of the defect to be discovered.*

2.5 Case Study – Consumer Activism

You don't need arms and legs to change the world

Never give-up no matter how long it will take!

An Australian woman (Lynette Rowe left on a picture) born without arms and legs after her mother Wendy took thalidomide during pregnancy fifty years ago. On 18th July 2012 she won a landmark multi-million dollar settlement in her class action against drug firms after her long legal battle despite numerous attempts to derail the case.

Lynette with her lawyers capitalized their case on the legal point that her mother took the sedative thalidomide, made by German chemical firm Grunenthal during pregnancy hence her been born without arms and legs.

The Lawyers told the Supreme Court in Victoria State that Rowe had reached a confidential settlement in her case with Diageo (Diageo took over from German chemical firm Grunenthal on 1997) on Wednesday, 18th. July.2012; describing that it as a "multi-million dollar amount"."It will be sufficient to provide a very good level of care for the rest of her life," said Rowe's counsel, Peter Gordon.

Diageo had also agreed to negotiate with other claimants in the case, in which Gordon's firm said it had been contacted by "over 100 consumer" including two claims that were now "well advanced"

Source: http://www.indianexpress.com/news/australian-woman-born-without-arms-and-legs-wins-key-thalidomide-settlement/976124/2

Part 3: Defined strategy to eliminate inappropriate consumer use of medicines hereby reducing drug resistance

3.1 The base for eliminating inappropriate use of medicines

The formative research has been a useful report on identifying situation affecting ADDOs' consumers with regards to medicines usage. A defined strategy for eliminating inappropriate consumers use of medicines can easily be accommodate in consumer advocacy and education strategy based on the report findings; however critical analysis of problems identified need to be done on irrational use of medicines hence set a strategy to eliminate the problems using the knowledge gaps identified.

The process of problems identification as per **Table 3** below looked at the **CAUSES**, **CONSEQUENCES** and possible **SOLUTIONS** to many identified problems. This helps in identifying messages for outreach. For instance identification of the problem of irrational medicine use viewed on several angles of medicines, prescribing, dispensing and patient usage in line with:

- ✓ **The types** of irrational use, so that strategies can be targeted towards changing specific problems i.e. over use of pain killers and over use of antibiotics;
- ✓ **The amount** of irrational use, so that the size of the problem is known and the impact of the strategies can be monitored;
- ✓ **The reasons** why ADDOs' services and products are wrongly interpreted and why medicines are irrationally used, so that appropriate, effective and feasible strategies can be chosen.

Consumers often have rational reasons for using medicines irrationally as report on formative research submitted. Causes of irrational use include lack of knowledge, skills or independent information, unrestricted availability of medicines, overwork of health personnel, inappropriate promotion of medicines and profit motives from selling medicines.

Diagnostic uncertainty, lack of prescribing knowledge, unavailability of independent information such as clinical guidelines, and lack of opportunity for patient follow-up, or fear of possible litigation, leads to improper prescription and dispensing of medicines.

Table 3: Identification of consumers' problem that needs to be addressed in the strategy

	Causes	Consequences	Solutions
1. Consumers' low awareness on ADDOs products and services	1.1. Consumers don't know what are the allowed ADDOs' services and products	1.1.1 Consumers can't differentiate between ADDO and pharmacy.	Develop consumers advocacy strategy with components of what is available at ADDOs in terms of products and services
		1.1.2 Consumers don't know the list of medicines acquired OTC and those requiring prescriptions	
		1.1.3 Consumers urge for extra services like injections, wound dressing and diseases diagnosis	To ensure that consumers have the right confidence with ADDOs products and services
	1.2 Low interest by media to take ADDO issues on body	1.2.1 Little is known about ADDOs' products and services by the general public	Increase media interest on consumer's rights' promotion and protection.
	1.3 Consumers' perception that ADDOs' dispensers being nurses and clinical offices, are skilled enough to treat them with minor diseases	1.3.1 Some consumers are treated at ADDOs hence some ADDOs are turned to dispensaries.	Consumer should be told ADDOs aren't allowed to give clinical services such as injections, diagnosis and the like
	1.4 Public PHFs are very far to most of the consumers in rural areas	1.4.1 Consumers are depending to get most of their health care services at ADDOs	ADDOs to continue providing essential medicines and counselling on rational medicine use
	1.5 Public PHFs don't have enough medicines	1.5.1 Many consumers don't go to the PHFs instead they buy medicines at ADDOs	Support ADDOs' owners with enough capital that will ensure reliable supply of medicines at ADDOs to narrow the gaps by public PHFs

	1.6 Poverty and high prices of medicines.	1.6.1 The marginalised poor are not getting essential medicines	Ensure that government subsidies for old, pregnant women and the under fives and patients with long term diseases e.g. Tuberculosis, anti retroviral drugs and Insulin for diabetics. to get free services.
	1.7 Low coverage of health insurance and low availability of medicines	1.7.1 Consumers don't get an intended services after joining CHF or NHIF such as medicines at their closest ADDOs	Ensure a smooth linkage of ADDOs with health insurance initiatives
	1.8 Low awareness on how health insurance and Community health fund	1.8.1 If one with CHF or health insurance card doesn't fall sick, is regarding himself on the losing end of the contribution	- More education on the philosophy of health insurance need to be done to the general public. - More ADDOs need to be contracted to serve health insurance beneficiaries
	1.9 Red-tape and bureaucratic procedures at PHFs.	1.9.1 Consumers' preference for ADDOs quick services like OTC medicines and extra services	- Consumers should be told that quick services and self medication is very risk for their health
	1.10 Easy availability of medicines at ADDOs	1.10.1 Inappropriate self-medication i.e. 60% of viral upper respiratory tract infections receives antibiotics inappropriately.	- Consumers need to be told on the risks of self medication including making diseases chronic and long hospital stay
	2.1. Consumers' perception that if symptom/s submerges one is cured.	2.1.1 About 48% of consumers aren't finishing their doses.	Consumers' counselling on rational use of medicines should be regarded as mandatory. Importance of finishing the dose need to be emphasized
	2.2. Consumers' low understanding on the timing of their daily dosage within	Over congestion of medicines by consumers during daytime result like;	Insist on right timing of dosage by

2. Irrational use of medicines	twelve hours	feeling dizziness, headache, vomiting, tiredness and the like	ADDOs' dispensers
	2.3. Some dispensers do advice consumers to use their medicines during daytime		Ensure medicines prescription is done in accordance with clinical guidelines
	2.4. ADDOs dispensers don't give ''patient's reaction alert cards'' if having any form of allergy.	2.4.1 Frequent adversely effects occur as it is difficult to identify them	- Consumers with allergy need to be given reaction alert card
	2.5 Use of too many medicines poly-pharmacy	2.5.1 Adverse events or death	- Prescription guidelines need to be in place with special precaution on drug interactions. - Consumers' counselling on rational use of medicines should be mandatory
	2.6 Failure to prescribe in accordance with clinical guidelines	2.6.1 Over use of antibiotics and injections	- Frequent training to medical personnel including ADDOs dispensers on new medicines and prescribing procedures. En-lighting them on the unwanted side effect of long use of antibiotics and poly-prescription of antibiotics
	2.7. Patients are changing or stopping to take their medicines without going back to see the medical practitioners	2.7.1 Making diseases chronic hence difficult to cure	- Consumers to ensure that they provide necessary feedback to medical practitioners if any complication raised
	2.8 Consumers' assumption that when one is feeling discomfort might be due to work-fatigue	2.8.1 Consumers over use of pain killers	- Consumers need to be told effects of pain killers i.e. heart diseases, developing peptic ulcer disease and anaemia.

	2.9 Consumers' want to be healed the soonest possible by using antibiotics	2.9.1 Easy availability of antibiotics	- Expected and actual time of healing period should be shared to patients so to reduce consumers' healing over expectations
	2.10 Consumers habit of not sharing information on medicines previously used	2.10.1 Over dosing	- Consumers should be sensitized to share all necessary information regarding the actual history of the disease and medicines used.
	2.11 Consumers are pushing to get their medicines without doctors' prescriptions	2.11.1 Overdosing and under dosing	- Print more information leaflets and IEC materials for consumers' education on the importance of getting medical consultations
		2.11.2 Over-use of antibiotics and pain killers is leading to increased antimicrobial resistance and other health complications such as ulcers,	
	2.12 Few IEC materials in common language directing consumers on rational use of medicines	2.12.1 Uninformed communities	- Pictorial, Swahili and other form of IEC materials need to be designed and distributed on rational use of medicines
	2.13 Some consumers who are buying ¼ or ½ doses don't return to buy the remaining part of the dose	2.13.1 The problem of under dosing is also contributed by poverty.	- Ensure CHF and health insurance initiatives also support the marginalized poor
	2.14.1 Inappropriate self-medication.	2.14.1. Over use of pain killers and antibiotics	- Conduct several media Outreach and road show focusing on change of consumers' behaviours
		2.14.2 Prolonged illnesses and hospital stays	- Conduct campaigns on eliminating inappropriate consumer use of

			medicines with an intention of hereby reducing drug resistance.
3. Lack of Consumer Activism in communities	3.1 Poor consumers' involvement in policy making	3.1.1 Consumers' feeling of powerlessness increases	Increase grass root involvement in decision making process that lead to a broader consumer welfare
	3.2 Consumers don't know where to go in case they have a complaint about medicines	3.2.1 Unreported harmful or seriously unpleasant effects by doses intended for therapeutic	- Introduce Consumer complain desk at district, regional and at the Pharmacy Council head quarter.
	3.3 Lack of consumer protection policy	3.3.1 Increased injustice in Tanzania market.	- To lobby for change and development focusing on streamlining consumerism
	3.4 Consumers don't know the redress procedures under ADDO's system.	3.4.1 Consumers are exploited using caveat-emptor principle.	- Establish consumer complaining procedures to be channelled through consumer complaining desk to be established at PC. - Build grass root-communities with good consumerism spirit
	3.5 Judicial procedures take so long while most of consumers' claims are of little values	3.5.1 Few consumers had been compensated for malpractice and negligence claims in the court of law	- Ensure that there is market justice which provide win-win-outcome for both suppliers and consumers. - Form a strong Consumer-Private-Public-Partnership for consumers' rights awareness creation in Tanzania

	3.6 Consumers don't know who is liable to pay compensation in-case of adverse event i.e. severe body injury, disability or death	3.6.1 Unscrupulous traders are making super profit out of consumers' silence	- Consumer redresses mechanism need to be put in place by PC and TFDA in consultation with consumers and consumers' organizations.
4. ADDOs Low compliance to regulations	4.1 Business quest of ripping more profit out of consumers.	4.1.1 Circulation of unregulated medical products by peddlers and traditional healers.	- TFDA to see the possibility of monitoring the quality of new products such as herbals and services
			- Address on the quality of traditional herbal products sold
	4.2. Lack of proper checks and balances at grass root level	4.2.1 Consumers are less informed and less involves on ADDOs operations.	- Empower consumers with necessary information and education so to serve as natural watch dogs for ADDOs.
			Insist on grass root supervision and inspections by CFDC at Village and ward levels.
	4.3. Weaknesses on adherence of ADDOs dispensers and owners to ADDOS establishment guidelines	4.3.1 Consumers are buying all the medicines at ADDOs without prescriptions	Empower consumer to know ADDOs allowed services and products.
	4.4 There are conflict of interest as some ADDOs owners are also PHFs' personnel	4.4.1 Weak supervision of ADDOs at grass root level	Ensure that there is active grass root supervisions and inspections by those at the grass root level
		4.4.2 Conditions of some ADDOs are deteriorating since accreditation	Frequent supervision and inspection by all levels need to be done and proper support and feedback be given

	4.5 Some ADDOs dispensers are responding to consumers' extra demands for injection	4.5.1 There are kind of violation of ADDOs' regulations and guidelines i.e. some ADDOs are providing clinical services.	Insist on Transparency and commitment to ethical and responsive business
	4.6 Overworked ADDOs dispensers and health personnel	4.6.1 Poor services and treatment i.e. consumers aren't recorded in ADDO drugs register	Insist on the guideline that all names of consumers and types of medicines purchased must be recorded in drug register book
	4.7 There are few IEC tips on dos and don'ts on RUMs for consumers at ADDOs	4.7.1 Prescribers have a short consultation time with each patient	Produce more IEC materials some in pictorial styles be posted at ADDOs showing the dos and don'ts guiding consumers on RUMs

3.2 Proposed communication strategy to eliminate inappropriate use of medicines by consumers?

The process of eliminating inappropriate use of medicines has something to do with measures to support rational use of medicines most specifically for consumer to change their attitude and behavior when using medications. The core part of changing consumers' behaviours is based on the messages, facts and figures going to be shared to consumers.

The core messages to eliminate inappropriate use of medicines through enhanced consumer behavior, communication activities including;- promoting consumer activism to become watch dog to ADDOs' encourage the appropriate use of dispensed medicines thereby minimize the risks of drugs resistance at community level. The designed messages will address concerns relating to irresponsive use of medicines problem identification corresponding ethical, appropriate medicine usage and certain components of consumers' behavior change.

Consumer education is about narrowing the knowledge and skills gaps on using medicines rationally with sufficient knowledge about the risks and benefits of using various medicines. Consumer education highlight tips on when and how to use medicines to ensure that consumer often gets the expected clinical outcomes and avoid adverse effects. This is for prescribed medicines, as well as medicines used without the advice of health professionals. This will require that:

The campaign need to ensure that over-the-counter medicines are sold with adequate labeling and instructions which are accurate, legible, and easily understood by lay persons. The information should include the medicine name, indications, contra-indications, dosages, drug interactions, and warnings concerning unsafe use or storage.

3.3 Message types for consumers behavioural change

A. Key message that:

- Rational use of procured medicines is my responsibility

A.1 Support messages

-I am at high risk when using medicines irrationally

-I'm responsible to take steps to ensure that I follow directives to be free from risks[7]

-I should do my part to help eliminate irrational use of medicines

-I will ensure that I seek medical consultation and proper diagnosis of my health problems before using any medicine

-I will prevent my family members from irrational use of medicines·

B. Key messages:

-Medicines are made to cure, they are safe[8] and not intended to harm

-Everything used too much with a wrong dosage is harmful

-I know how to use my medication appropriately

B. Supporting messages:

- Avoid delays on having perception like been bewitched; seek medical attention for someone who is sick!
- Seek medical consultation and/or get diagnosed at your local health facility first before starting any treatment or buying any medicine at ADDO
- Treatment must be taken in full, even if you feel better after beginning treatment.
- If the treatment is not completed, the health problem/disease may become severe and difficult to cure.
- It is important to seek prompt treatment and feedback for your health problems, to avoid severity of diseases or death.
- If you have a problem of forgetting to take your medication seek for partner support, set alarm for right timing of your medication,
- Be prepared in case of an emergency like sharing all necessary information with medical personnel.

[7] Pregnant mothers need to take more precaution to protect their unborn babies

[8] SP is safe for pregnant women and for unborn babies

C. Key Message:

- Avoid over use of pain killers and antibiotics, or any other type of medicine by understanding the side effects and health hazards which may result after consuming.

C.1 Support messages

- Beware that overuse of pain killers can cause renal hyper tension, peptic ulcer disease and suppression of bone marrow eventually causing anaemia and other disease symptoms.
- Over use of antibiotics can cause Body toxicities that damage body tissues i.e. liver and kidney[9], destroying of the normal bacterial flora hence the body is more exposed to more fungal infections of mouth, digestive system , vagina and other health problems just to mention a few
- Understanding of first line and second line of treatments i.e. Malaria
- Insist on more prudent use of antibiotics in human by medical professional

D. Key message:

- I Know ADDO products and services
- I don't know ADDOs products and services

D.1 Support messages:

- There is difference between pharmacy and ADDO
- ADDO is not a dispensary
- OTC can easily be obtained at ADDOs but when using them need proper precautions
- No injection, wound dressing, abortion and diagnosis allowed at ADDOs
- You can sometime get prescribed medicines without prescription but do you know the risks of doing so?
- ADDOs owners, dispensers might be medical personnel (nurses, clinical officer, MD, surgeon and the like) but aren't licensed to do clinical services at ADDO

[9] i.e. over use of sulphonamides are causing formation of kidney stones, trimethoprims are causing blood disorder, tetracyclines are predisposing one to be sensitive to sun

E. Key message:

- As a customer to ADDO I can monitor ADDO's operations – watch-dog role

E.1 Support Messages

- Taking the efforts to understand ADDOs establishment guidelines
- Having a close proximity with ADDOs report any discrepancy at ADDO
- Lodge complaints on adverse events to relevant agencies PC and TFDA
- Work closely with local leadership on monitoring ADDO
- Educate others on ADDO's operations
- Understand the toll line

F. Key message:

- I must report all adverse events on medicines to avoid future occurrences to me or any other member of the family of community

E.1 Support Messages

- If you've experienced problems with your medication acquired at ADDO and has had an impact on your health, you could report it as an incident immediately.
- Help get the message through healthcare professional or direct to PC complaint desk
- If you missed a dose for any reason you don't have to wait until the situation is getting out of hand; ask for a professional support on how your medication can be re-prescribed.

3.4 Why should consumer motivated to complain?

Many consumer don't feel comfortable complaining about the care they receive or problem they have experienced with their medication; however if you don't complain how could ADDO staff realize the way in which medication is managed and experience faced so to improve those weakness.

Also if one remains quiet, someone else may experience similar problem in future and it may include close member of your family or community. Therefore taking an active role to protect yourself and community at large is of utmost importance

3.5 How should the messages be communicated?

Messages should be communicated through various channels as per **Table 4**, below. At the beginning, MSH should mobilize stakeholders through meetings and workshops with a view to promoting the strategy. Further reinforcements would be through the media and other channels as the strategy proceeds.

Stakeholders are also expected to be part of the communication process, passing on positive messages to share the idea of consumers' protection, rational use of medicines, reduce impacts of irrational use of medicines through the preservation of personal healthcare.

This communication strategy assumes that SDSI will make available resources that will enable certain stakeholders to raise the level of knowledge and awareness of key messages for the strategy.

Table 4: Proposed communication channels

CHANNEL	STRENGTHS	LIMITATIONS
TV	- High impact (visual and audio) - Reasonable reach, but urban bias; - Good interaction with audience	- Costly production and airtime - Limited 'depth' of content - Costly M&E - Limited rural reach
Radio	- Broadest reach - Multiple stations allows for targeting - Reasonable production costs - Personalized interaction through talk shows and sms	- High airtime costs compared to face to face meeting - Limited 'depth' of content
Printing	- Low-cost editorial - Reasonable depth	- Limited reach and limited interaction - Poor functional literacy
Billboards	- High frequency and notice: create awareness	- Limited depth - Costly
Health sector	- Improves consumers'	- (Perceived) neutrality of

CHANNEL	STRENGTHS	LIMITATIONS
	knowledge - Gives detailed technical knowledge	message? - Own market interests/competitive space - Limited footprint in rural areas - Negative perceptions of some suppliers
Mobile phones	- Wide reach - Cost effective - Ability to target - High frequency possible	Limited depth of message
Entrepreneurship Programmes	Fragmented market with several medium and small players	Limited reach
NGOs, CBOs, churches, mosques and village leaders	- Trust Close contact and daily interaction - Understand consumer	- Own knowledge may be inadequate - Dispersed: challenge to organize/reach
Employee-based programmes	- Easy reach and organisation - In-depth training - Cost-sharing by employers	- Limited frequency - Costly approach requires physical visits
Educational system through schools	- Captive audience - Trained educators - Wide reach - Early intervention	- Cluttered curricula - Other priorities - Technical knowledge/ own skills may be inadequate - Weak delivery capacity - Limited resources

Part 4 and Part 5

Communication and Advocacy Strategy to Involve Consumers as Watch-Dog to ADDOS or Building Support in Existing Community Institutions (Church, Mosque, Schools, PHFS)

Introduction Part 4 and Part 5

This section provides for two optional approaches to be considered when developing a communication strategy; one is going to be covered in Part 4 this part will involve consumers as watch dogs and Part 5 will cover a strategy on building support in existing community institutions such as church, mosque, school and PHF. The overall objective of this component of SDSI is to mobilize ADDO consumers (patients, caregivers and communities) to take a more active role in their health and health care. Despite the fact the approach to assignment is optional; we have decided to deal with the two separately as shown in Part 4 and Part 5 as follows;-

Part 4: Communication and advocacy strategy to involve consumers as watch dogs to ADDOs

4.1 Consumer being watch-dog to ADDO

A watchdog is an individual or group (generally non-profit) that keeps an eye on a particular entity or a particular element of community concern, and warns members of the community when potential or actual problems arise. A Watchdog role may be concerned with anything from product, services, and actions of a single individual, business entity, to policy of national interest.

4.2 Watch dog roles and measures to support rational use of medicines

The reason they're called watchdogs – is protection role, watchdog individuals are like sentries. They keep an eye on powerful forces and operations of – particular government bodies and agencies, corporations, organizations, private institutions such as ADDOs; to make sure that their operations and actions don't cause harm or conflict with the public and consumer's interest.

When consumers find out there is any conflict of interest, they may act as whistle-blowers, exposing illegal or other negative actions or practices to public view and expecting that that exposure will bring about the appropriate measures as a result of a public outcry.

4.3 ADDOs to become more customer-focused

ADDOs are required to build more satisfying services line by better understanding their core customers and care them without harm, most especially avoidable poor services and products. To begin the process of transforming a customer into positive changes; ADDOS should know who their target customers are, what they want, what they expect and what drives consumers' advocacy.

Therefore this advocacy strategy works toward

- Improving consumers' confidence so that they can help themselves. This includes the provision of products' safety information to consumers, their rights, responsibilities and means of redress.

- Ensure consumers are given the information they need to better manage costs and their timely consumption of medicines, with clear directives and accurate given medication.

- Let consumers play their role by making it easier for them to report any discrepancy, switch suppliers and to resolve disputes with ADDOs. Protect consumers, in particular the most vulnerable ones.

- Support a wide strategy to help consumers to make the right sustainable choices, positive incentives and, where relevant, voluntary action to bring real change.

- Make sure through frequent inspection more sustainable products are available on the market: there is a need to impose strict and ambitious product standards on industry. Products need to be made more sustainable,

notably by making sure that all impacts of products on the medicine efficacy are taken into account during the whole life-cycle of the product.

Increase the ability of consumers to take better decisions about their health, rational medicine uses and consumer interests; this is supported by seven operational objectives:

- To ensure that consumers are sufficiently well-informed to benefit from and stimulate effective competition;
- To ensure that goods and services are safe and fit for the purposes for which they were sold;
- To prevent practices that are unfair;
- To meet the needs of those consumers who are most vulnerable or are at the greatest disadvantage;
- To provide accessible and timely redress where consumer detriment has occurred.
- To promote proportionate, risk-based enforcement.
- Ensure that all ADDOs maintain the necessary stocking and dispensing standards

4.4 Proposed Communication and Advocacy Strategies

4.4.1 Conduct mass media campaign and lobbying

The strategy suggests for communication channels that will capitalize on the big coverage of project beneficiaries and their need for interaction This involves the writing of articles, letters to the editor and stories on specific issues that need political and societal attention. Media can be strong allies on strategy implementation therefore giving continuous training to media is important. Get the support of celebrities. The media are good advocates for consumer advocacy and consumer education.

4.4.2 National level communication advocacy approach:

The strategy need to design media campaigns with radio/TV spots and talk-show programs; newspaper supplements with media houses having national coverage, “consumer tips” linked to designed messages· National awareness

with promotions of RUMs· Advocacy for politicians, policy makers· Mass media: billboards, radio, posters and pamphlets.

4.4.3 Advocacy seminars, meetings and conferences

Involve schools, colleges and youth associations/clubs to seminars on various aspects of consumer activism, personal health care and rational use of medication. Talks are especially ineffective with the out-of-school youth who are not used to sit quietly for long periods.

4.4.4 Identifying a channel and methods for communicating messages and language to be used

Various communication and media channels need to be integrated to get the message across. It has to be noted that more than 80% of consumers are conversant with Swahili only while few are conversant with English[10]. Therefore appropriate language such as Swahili should be used to send the messages.

To educate consumers, IEC material's messages must be appropriately designed and respect the cultural and religious diversity of the consumer. In society like Tanzania, information leaflets have to be written in the appropriate language for example Swahili.

4.4.5 Conduct of researches and dissemination of findings

One of the most effective advocacy efforts is the publication of research findings, which has forced decision makers to face the bare facts. If advocacy is to be effective, accurate data must be made available.

4.4.6 Use of Exhibitions

The strategy also suggests on using exhibitions which focus on creating awareness to consumers, the exhibitions will be accompanied by other

[10] *On average the respondents in F2FI with consumers 16% of (228) don't know how to read and write; 47% have primary school education, 24% have secondary school education, while 13% have college education and above.*

communication programmes designed to attract attention of consumers to get safety information, RUMs and consumers activism.

In Tanzania we often celebrate events like the ''*World Consumer Right Day* every 15th.March', "*World Health Day"* every April each year and *''Pharmacy Week" every June each year* these exhibitions go with several activities such as drama, songs and workshop that impart knowledge to consumers. All such exhibitions are accompanied by the distribution of pamphlets, leaflets or other information sheets.

4.4.7 Establish consumer complaints point and toll-free hotlines

Improving monitoring and assessment of ADDOs products and services, the strategy suggest reinforcing the scope and operation of ADDOs alert system, taking into account development of market surveillance information exchange systems like introducing alert notifications mechanism, consumer complaint collection and assessment point.

This strategy suggests on establishing special hotlines under PC that provide to consumers with medicines' safety information, counseling as well as information on various subjects related to RUMs. These hotlines need to be designed in such as way that the general public able to air their grievances and complaints[11].The hotlines will complement the new role of consumers become watch dog to ADDOs' operations.

4.5 Guidelines for advocacy programmes

- Go for strategies that capitalize on the big coverage of project beneficiaries and their need for interaction.
- Train the trainers well to handle the subject of consumers' advocacy and consumer education.

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[11] Upon receipt of a consumer's complaint, PC will generally attempt mediation by sharing the type of the complaint to ADDOs in an attempt to reach a resolution of the lodged complaint.

- Train service providers in special skills to communicate effectively with consumers.
- Involve beneficiaries in the production of IEC materials.
- Strategies and approaches designed together with consumers have a better chance of succeeding.
- Design IEC materials to meet the needs of specific groups.
- Develop more friendly IEC materials. These include videos contextualized to meet consumers' needs.
- The development of IEC materials that will promote dialogue and discourse among policy makers on healthcare consumer protection including patient's charter.
- Engaging media through training to increase their level of awareness on RUMs and reporting on consumer advocacy and education issues on rational use of medicines,
- Developing the capacity of civil society to enable it to better coordinate and research consumer protection, rational use of medicines, and to integrate such issues into their plans.
- Development partners to be mobilized even to channel resources into projects of this nature more often than not.

Part 5: Building advocacy support in existing institutions (Church, mosque, school and PHFs)

5.1 Building strong consumer activism at grass root level

Most of the local institutions at grass root level know exactly the challenges consumer do face on availability and affordability of medicines from ADDOs, grassroots institutions and organizations such as community based organizations (CBO) and faith-based organizations, such as: primary and secondary schools, churches and mosques are knowledgeable about challenges facing health care systems at grass root level *and can easily be* connected to national wide advocacy groups, they can play an important role in broader health advocacy efforts. For example, these grassroots organizations and institutions can:

- Build a base of popular support for reform among consumer whose consumers' rights are violated or affected by policy decisions at grass root level;
- Help on putting consumers' activism on rights and responsibility to improve community health care, health access, quality of services and demonstrating popular support for change;
- Influence consumer-patient and public involvement on key decision in local and regional settings
- Ensure that health advocacy addresses the needs of consumer who use the health care system such as PHFs, ADDOs, pharmacy, traditional healers and the like.
- Organize and know the issues that are most important to change in terms of how they impact their lives.\

5.2 Engaging stakeholders to build support for strategy implementation

The strategy implementation is about engagement of existing institutions such as church, mosque, school, public health facilities and civil society to work through series of time-based interventions using a variety of mediums or

channels. Each targeted stakeholder will have its own peculiar concerns, fears and interests for opposing engagement on the process, but the ways and approach all will focus on lobbying to the government to protect consumers from risks and threats which are beyond the control of individuals, encourage the appropriate use of dispensed medicines thereby minimise the risks of drugs resistance at the community level.

Stimulate an interactive group process among consumers at village level to review and apply information about appropriate use of medicines. Group process has long been a fundamental strategy for encouraging behaviour change employed by social scientists. Group development of treatment norms, in which small numbers of prescribers meet to review a clinical problem and develop strategies for practice improvement, has also shown remarkable potential in several settings.

5.3 Consumers are sensitized and mobilized into their faith based groups (FBGs) and schools.

Despite the fact that sheikhs, clergymen and teachers are supportive on most social activities and their openness to new ideas and methods is an opportunity that can be tapped. However schools and faith based groups must be approached to draw their agreement to take part in this strategy.

Participatory needs assessment should also be undertaken on what kind of support and facilities for the implementation of consumer education throughout the schools extra curriculum. For instance bringing top-level consumer education to youth through their schools most especially on consumer activism and RUMs will build a society of well informed consumers for ADDOs and pharmaceutical sector for generations to come.

Sensitization campaigns for consumers might be able to benefit from links to FBG. This thrust intends to mobilize ADDOs' consumers into their faith groups and use them as the project entry point to introduce measures to support rational use of medicines.

The leaders at faith based groups need to be mobilized and trained so that they carry the messages to their followers by building consumer activism, rational medicine uses, identify effects of irrational use of medicines and facilitate their formation where none exist.

This process will involve carrying out a number of meetings with community and government leaders before actual sensitization of the mobilized groups is done. The process should be carefully done to allow a wilful formation of the groups.

5.4 Community level approach

Community mobilization activities, faith base activities, school events, essay competitions, and training for teachers· Incorporation of RUMs in life skills school extra curricula· Peer to peer advocacy via community/group meetings, including drama, video, other promotions health worker training and materials including info sheets materials for community lifestyle ambassadors/volunteers, including product and behaviour related information · Training on RUM

5.5 Building advocacy support at PHFs

The strategy suggests on mobilization of communities to establish representative pharmacy and therapeutics committees with defined responsibilities for monitoring and promoting quality use of medicines. The beneficial effect of hospital Pharmacy and Therapeutics Committees (PTCs) in monitoring and promoting quality use of medicines and containing costs in hospital and other institutional settings has been generally accepted in developed countries.

Unfortunately, there has been little critical evaluation of the clinical or economic impacts of this approach in developing countries. Despite the lack of evidence, we nevertheless recommend that PTCs should be established in each referral hospital, and probably in all general hospitals. This action will require both policy direction and institutional support.

Two essential tasks of a PTC are to develop and revise institutional STGs (usually adapted from national guidelines), and to maintain an institutional Essential Drugs List (EDL) or formulary. The PTC can also perform drug utilization reviews, using drug consumption data or simple prescription surveys, and establish systems for audit of patient records, peer-review and continuing education. Antibiotic utilization and infection control are two cross-cutting topics that can serve as a focus for PTC activities.

Table 5: Summarized Strategy Matrix – Issues, Outputs and Activities

Issues to be addressed	Output/Result Area	Activity/Action Required
1	Increased awareness on the nature of ADDOs products and services	
Consumers' Low awareness on the nature of ADDOs products and services	Activity/Action Required	1.1 Ensure that consumers have the right confidence with ADDOs products and services
		1.2 Ensure that ADDOs maintain good quality products and services
		1.3 Discourage consumers for urging for extra services, quick services without medical consultation
		1.4 Identify journalists and arrange for their training in sourcing ADDOs services and products information
		1.5 Ensure that communication strategy works to introduce the checks and balance that will improve ADDOs' products and services
		1.6 Establish free-toll centre for consumers
		1.7
2	Improved on appropriate use of medicines thereby minimizing the risk of drug resistance at the community level	
Irrational use of medicines	Activity/ Action Required	2.1 Consumers are sensitized to use their medications timely as per prescribed duration and at the right dosage
		2.2 Minimized risks of over and under dosing are shared to consumers more frequently
		2.3 Work on changing consumers behaviour on over using pain killers, antibiotics and injections
		2.4 Printing and share with consumer IEC materials on RUMs
		2.5 Elimination of financial incentives that lead to improper prescribing, such as prescribers selling medicines for profit to supplement their income.
		2.6 Improved consumers' skills and knowledge on RUMs

		2.7
3	Increased community mobilization and empowerment	
Lack of consumer activism in the community	**Activity/ Action Required**	3.1 Ensure that youth are mobilized and empowered in their schools.
		3.2 Ensure that consumers are sensitized and mobilized into their faith based groups
		3.3 Ensure that communities are mobilized in their community to take active role in their health and monitor ADDOs' operations.
		3.4 To introduce and ensure the operational of consumer complaint desk at PC
		3.5 To ensure pharmaceutical market operate on win-win-conducts
		3.6 Ensure that there are proper lobbying for adoption of consumer protection in Tanzania
		3.7 Plan and Prepare and undertake a special training courses on RUMS and other communication methods for sub-village leaders, village volunteers, health committees, clubs, CBOs, drama groups, school teachers, ward and district staff and others to be identified.
		3.8 Internal communication and civil participation in villages and sub-villages improved
		3.9
4	**Ensure consumers are becoming ADDOs' watch-dog**	
Low compliance to regulations	**Activity / Action Required**	4.1 Ensure that consumers understand ADDOs' allowed products and services – OTC and prescribing medicines
		4.2 Ensure that there is active grass root consumers participation on monitoring ADDOs' operations
		4.3 Consumers' counseling on RUMs should be mandatory
		4.4 Ensure that grass root ADDOs' supervisory and inspection body seek for consumers

		opinions
		4.5 Ensure that any conflict of interest at ADDO operation and management is well dealt and avoided
		4.6 Ensure that compliance and enforcement regimes deal with traders that do not comply with the law
		4.7
		4.8
5	**Improved access to safety information and RUMs at all levels**	
Few IEC materials to communicate about RUMs and consumers' activism	**Activity/ Action Required**	5.1 Prepare brief Swahili language leaflets on promoting consumers activism, RUMs and other technical issues for household distribution
		5.2 Strengthen existing and create new information distribution systems
		5.3 Preparation of TV and radio programmes including contracting Radio clouds, radio free or on Radio Tanzania.
		5.4 Prepare briefs about local and international events such as World Consumer Rights Day, World health Day, pharmacy week Integrated into planning calendars and budgets of the District and Region.
		5.5
		5.6

Table 6: Mapping of consumers' advocacy activities

S#	Activity	Target Audience	Methods
1	Public Meetings	- Local communities;	- Exchange of ideas (participatory) - Supported by audio-visual aids – posters, leaflets, etc;
2.	Seminars	- All stakeholders	-Supported by training aids;
3.	Exhibitions	- All stakeholders	Facsimile, models and visual aids
4.	Theatre & Arts	- Children and youth; - Local communities;	Organise and train local groups, invite famous theatre groups to perform in special events, organise competitions
5.	Competitions,	- School children and youth; - Local communities	Sports, theatre arts, drawing, essay writing,
6.	Newsletters	- All literate;	Produce quarterly, gather articles from various stakeholders and partners
7.	Radio Programmes	- All stakeholders	Press release, announcements, news, interviews, poems, drama, technical reports,
8.	TV Programmes	- Tour operators, investors, tourists and public;	Documentaries and interviews
9.	Cinema/Video shows;	- All stakeholders	Documentaries (produce locally and acquire from other places and/or adapt) and interviews
10.	Notice/Public Boards	- Local communities, tourists & general public	Placing posters, announcements and photos
11.	T-Shirts, etc	- All stakeholders	Produce and distribute to stakeholders t-shirts with relevant messages
12.	Feature articles in Newspapers	- All stakeholders	Invite professionals/ journalists to produce feature articles
13.	Outreach and road shows	- Local communities, children, youth, tourists, media personnel and law	Plan and organise visits and tours to relevant sites

S#	Activity	Target Audience	Methods
		enforcers.	
14.	Special Events	- All stakeholders	Collaborate with partners to organise rallies, meetings, debates, performances and use mass media to publicise events

IMPLEMENTATION MATRICES

Table 7: Strategic Action Proposed: The Detailed Strategy Matrix

Issues to address	Output / Result Area	Activity/ Action Required	Sub-activities	Timing																				Who will do activities
				Year 1				Year 2				Year 3				Year 4				Year 5				
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Consumers' Low awareness on the nature of ADDOs products and services			Mapping of key stakeholders and activities																					MSH
			Identification of approaches and budgets																					MSH
			Production of dissemination tools																					MSH
			Information dissemination on ADDOs products and services																					MSH

			Monitoring awareness creation activities																					MSH
Irrational use of medicines			Workshops and training																					??
			Procurement of PAS and audio visual tools																					??
			Outreach and road shows																					??
			Media engagement – TV and Radio talk shows on RUMs																					
Lack of consumer activism in the community			Community mobilization to take part in consumer activism																					??
			Lobbying for policy change – consumer protection and patient charter																					??

			Draft for consumer complaint procedures for ADDOs																					??
			Introduction of toll centre and consumer protection desk at PC and promote its operations																					??
			Empower consumers to become watch-dog to ADDO's operations																					??
ADDOs Low compliance to regulation and guidelines			Ensure that here is frequent inspection for ADDOs at grass root level																					??

			The inspectors at grass root level should seek consumers' opinions about ADDOs																					??
			Mobilize ADDOs consumers to raise any concern about conflict of interests at their community																					??
			Discourage consumers to ask for extra services at ADDOs																					??
			Independent team to evaluate ADDOs compliance on guidelines, consumer safety and protection																					??

Few IEC materials to communicate about RUMs and consumers' activism			Organize special events i.e. WCRD, WHD and PW																						??
			Assist on designing consumer advocacy messages																						??
			Assist on designing video series on RUMs, stories on impacts of over dosing and under dosing																						??
			Distribute video series to TV, schools and faith based institutions.																						??
			Monitoring and evaluation on the methods used																						??

Part 6: Monitoring and Evaluation of the Strategy

6.1 Introduction

Ideally this strategy should be viewed as a working document to improve and update as experiences yield lessons about the appropriateness of a particular response to irresponsible behaviour by consumers when using medicines, which were identified in the formative research conducted in Kilosa, Songea Urban and Namtumbo district. A monitoring and evaluation section is provided in order to provide a guide for future analysis and review of the processes for other future interventions.

The monitoring and evaluation systems are proposed to assist on monitoring implementation of proposed activities in comparison with appropriateness and required duration of the various Outputs/Result areas of this strategy.

6.2 Conduct a Participatory Evaluation

Participatory evaluation provides for active involvement in the evaluation process of those with a stake in the program: providers, partners, customers (beneficiaries), and any other interested parties. Participation typically takes place throughout all phases of the evaluation: planning and design; gathering and analyzing the data; identifying the evaluation findings, conclusions, and recommendations; disseminating results; and preparing an action plan to improve program performance

6.3 Activity Monitoring

Activity monitoring involves setting targets for the quantity and the timing of the activities that are agreed to be carried out. (E.g. number of regions, district, wards and villages to be involved in phase one (Oct.2012 – Sept.2013), phase two (Oct.2013 – May.2014) and phase three June 2014 – Oct.2017).

Decisions need to be made about how and who will check that the activities have been done. Provision should be made for recording the reasons for carrying out the activity earlier or later than expected and for adjustment to the action plan according to the lessons learnt from the implementation

experience. Activities which were not initially planned may have been implemented and need to be recorded.

6.4 Impact Monitoring

Impact monitoring is much more difficult to decide targets for and to perform than activity monitoring. Immediate impacts are often intangible changes, for instance percentage changes of irrational use of medicines.

The fact that consumer are talking more about medicines and health care may not mean much in terms of this strategy's impact on their attitudes to personal health management. It is only when consumers start to change their actions in relation to self protection and on rational use of medicine then we are more easily able to count changes. For example, counting the number of consumers who have stopped to use their medication is a means of measuring the impact of the strategy. However, matters are usually more complicated and this kind of strategy isn't usually run as a standalone programme because, once a person has become more aware, means to offer that person the capacity to change their behaviour toward rational use of medicines.

Therefore having baseline data i.e. 48% of consumers are not finishing their dose hence to measure the impact of this strategy will be through making comparison with post baseline data. Therefore choice of indicators become more obvious as a programme is implemented; therefore the indicators given in this document (Table 8 below) are just suggestions to provide ideas for what might be appropriate at Output/Result Area level.

6.5 Monitoring of the strategy

Means of Verification (MOVs) of the indicators proposed are given in Table 8 below. Some of the MOVs should be normal tasks for national, regional district, ward and village level implementing partners to this strategy including measures to support rational use of medicines. The support is needed to raise M+ E capacity of implementing partners. The support can be obtained from

consultants but also perhaps from consultants, academic institutions, PHFs and government institutions e.g. Education Unit under Pharmacy Council and TFDA.

Table 8: Indicators and Means of Verification for Each of the Output/Result Areas

Issue to be addressed/Output/Result Area	Targets (All to a five year timing)	Impact Indicators	MOV's
1. Inadequate access to educative messages and IEC on RUMs at all levels			
Improved access to published IEC materials on RUMs at all levels	X Number of households have received Y leaflets	Knowledge level of consumers has increased	Post baseline Survey of sample of participants
2. Inadequate Supply of information about RUMs to relevant stakeholders			
Increased supply of information about the RUMs to relevant stakeholders	X number of stakeholders at household, sub-village, village, ward, and district levels are receiving information in Y formats Z times per year.	Physical presence of the information materials at the stakeholder community.	Site checks to see materials. Check acknowledgement slips and evaluation comments records.
3. Weaknesses in skills and methods to communicate about RUMs and consumer activism			
Skills to communicate, about Consumer activism and RUMs issues to youth and adult audiences, improved	X number of stakeholders from Y number ward/ types of organisations has acquired and is using Communications skills of Z different types.	Use of IEC, posters, dramas, songs, poetry, visual aids, quizzes, Word searches etc. On Celebratory occasions, in training events, in-school timetable	Project training records, survey of trainees. Reports of trainees usage of the skills at public events, school etc.
4. Introduction of consumer complaint desk and toll centre at Pharmacy Council			
Internal communication and consumer participation in wards, villages and sub-villages improved in monitoring ADDOs operations	X % Increased numbers Consumers participate in reporting discrepancy at ADDOs. Y % increased	More quantitative Participation in ADDO management at grass root level. More transparent operations at	Check on reports at toll centres, records of support and actions taken

Issue to be addressed/Output/Result Area	Targets (All to a five year timing)	Impact Indicators	MOV's
	numbers of consumer know about the ADDO operations principles, Qualitative changes to leadership	ADDOs	
5. Opportunities to increase Village, Ward, District, Regionally and Nationally Awareness on RUM and consumer activism			
Knowledge and awareness of RUMs and consumers activism increased at village, ward, district, region and national.	X number of consumers and others are engaged at village, ward, district, region, and national.	Increased consideration of the needs of using RUMs at village, ward, district, region, and national level.	Collect and analyze references to RUMs in a number of media houses.
6. Limited capacity for awareness raising and implementing an education programme			
Increased number of implementing partners and been supported to undertake the strategy.	X number of persons listen to messages Y, Z, W, and are applying their new skills when using their medications and their daily consumerism	Improvements of technical content and methods of sharing information.	Project training, equipment procured, staff feedback on outreach reports, records of use of the skills in workshops, students essay competition etc.

Part 7: Budgets

It is advisable to set aside a budget to support activities under this strategy for instance to pay for printing of IEC materials, media awareness campaigns, conduct seminars and trainings, establishment of consumer complaints desk, toll free centre, purchase of mobile video units for road-shows and outreaches, support staff allowances and their travel to the required villages, wards, districts and regions.

7.1 Resource Requirements for the strategy

Activity	Resources
Conduct mass media campaigns	• Fee for media airtime and media spot (TV and radio) •
Conduct advocacy meetings, workshop and seminars	• Logistics for seminars/workshop; • School consumers' Clubs 2 • Local leadership • Religious leaders • Teachers • fee for trainers
Conducting research and dissemination of findings	• Consultancy fee for researchers • Dissemination workshop
Conduct exhibitions	• Commemoration of WCRD, PW, and WHD
Establish consumer complaining desk and toll centre at PC	• Centre establishment costs • Toll free centre • Centre overhead costs
Outreaches and road shows	• Funds for procurement of mobile video units • Travel costs
Drafting of working tools	• Consultancy fee • Printing of IEC materials
Media engagement	• Fee for airtime/media spots
Production of RUMs videos	• Professional fees, production and distribution costs
Monitoring and evaluation	• Administrative costs • Travel costs • Consultancy costs

Part 7: Overall Conclusions and Recommendations

The following is a list of observations, options, recommendations and conclusions which have been thought of during strategy design process. The proposed strategy took into consideration a comprehensive understanding of situation in which the strategy will be implemented; these recommendations are provided as guidance to identified strategy implementing partners.

7.1 From the formative research it is Observed that;-

- Communities at all levels are accepting ADDOs products and services
- There is low awareness on rational use of medicines.
- There are high risks of medicines resistance at the community due to irrational use
- Many prescribers have short consultation time with each patient, hence it is strongly advised to have written IEC materials at grass-root level on RUMs and consumer activism to narrow down the knowledge gaps
- Behavioral change initiatives cannot be fulfilled overnight it is a gradual process and needs time for instance five years

7.2 Recommendations

Recommendation One

Key stakeholders such as TFDA, Pharmacy Council and MoHSW are expected to play a catalytic role among health-care professionals, consumers/patients and the public at large in strengthening patient safety at ADDOs.

The strategy implementation should cover a series of measures[12] by PC, TFDA, and MoHSW, either individually or collectively to improve patient safety, starting with addressing systemic and organizational failures at ADDOs. This is composed of two parts; part one is covering general consumer/patient safety

[12] *Support the development of national patient safety policies and programmes - : defining patient charter, patient safety as a priority in national health policies, the development of safe systems, processes and tools, regular updates of safety standards and best practices, and active involvement of consumers, civil societies, health professional organizations in the process of developing policies.*

issues and part two is covering the consumer protection issues such as redress mechanism.

Recommendation 2

The strategy suggests on working toward building strong consumer's safety culture by empowering consumers to be watch dog to ADDOs and pharmaceutical sector in general. The empowerment should go with availability of general information related to medicines usage in common language (Swahili) information about ADDO's operations, RUMs and general consumers' healthcare.

Recommendation 3

Empower and inform ADDOs' consumers and patients about procedures, standards, safety measures, complaints procedures and develop core competences on safety.

Recommendation 4

Strengthen reporting on ADR and disseminate systems to report on adverse events: provide information about adverse events and encourage health-care workers to report, provide opportunity for patients and families to report their experiences, and complement other safety reporting systems.

Recommendation 5

Share knowledge, experience and best practice: establish efficient and transparent consumer safety programmes, structures and policies, ensure effectiveness and transferability of patient safety interventions and solutions, and major patient safety alerts at ADDOs.

Recommendation 6

Develop and promote research on consumer safety at ADDO and promotion of RUMs this will help on set up reliable patient safety indicators for ADDOs, to identify safety problems, evaluate the effectiveness of interventions, facilitate international comparison; Cooperate internationally to build a platform for the mutual exchange of experience and knowledge of all aspects of consumer protection at ADDOs and RUMs

Recommendation 7

Support on establishment of ombudsman which is an independent agency dealing with small consumers claims.

Recommendation 8

Establishing effective independent consumer complaint centre/toll free centre providing and receiving unbiased medicine information to/from the general public and to improve medicine use by consumers

Recommendation 9

Several activities have proved very useful and effective in promoting rational drug use from consumer and service provider perceptive however service providers perceptive include adherence to standard treatment guidelines; share with consumers on essential drug lists i.e. line one and line two of medicines; problem-based basic training in pharmacotherapy needs to be undertaken. However, when these activities are being implemented, care is necessary to ensure success.

Recommendation 10

Consumer preferences dictate that pharmacies and drug shops are the major source of pharmaceutical advice and treatment to the public. Therefore upgrade the skills of ADDOs dispensers including their prescribing and dispensing practices should be part of the strategy.

7.3 Conclusion

One should note that the overall objective of having this strategy is to mobilize ADDO consumers (patients, caregivers and communities) to take a more active role in their health and health care.

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