**SUSTAINABLE DRUG SELLER INITIATIVES**

The Bill & Melinda Gates Foundation provided Management Sciences for Health (MSH) a three-year grant to continue its efforts in Africa to involve private drug sellers in enhancing access to essential medicines. The **Sustainable Drug Seller Initiatives** (SDSI) program builds on MSH’s Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiatives (EADSI) programs. Those programs focused on creating and implementing public-private partnerships using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. 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**.

Through our work in the three countries, we expect not only to expand access to medicines and treatment in additional geographical areas, 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.

The project’s objectives are to—

1. Enhance 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.

2. Facilitate the spread of private-sector drug seller initiatives.

3. Define and characterize information related to consumer access to and use of medicines and facilitate its use in developing public health policy, regulatory standards, and treatment guidelines.

**Objective 1. Enhance 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**

EADSI’s goal in **Tanzania** was to revise the accredited drug dispensing outlet (ADDO) model to allow for greater efficiencies in implementation and to provide a scalable model for nationwide rollout and adaptation by other countries. The challenge now is to facilitate long-term maintenance while ensuring the quality of ADDOs’ products and services and to enhance the ADDOs’ ability to adapt to changing needs, such as adding new roles and responsibilities, accommodating new community health care initiatives, and applying better decision-making protocols. In addition, MSH needs to assure that our role as facilitator and provider of technical assistance will be taken up by local players as the model and its implementation matures and becomes part of the country’s health care delivery system.

In **Uganda**, EADSI determined what it would take to successfully introduce a similar scheme in a different country. The Ugandan landscape was substantially different from that in Tanzania, and yet the basic ADDO framework proved to be adaptable and workable in this new context. Under SDSI, MSH will provide technical support the National Drug Authority’s efforts to fulfill its public health role in ensuring that ADS facilities, practices, and personnel meet established standards; help define and implement a public-private sector coordination body to maintain the ADS initiative; explore opportunities for further enhancing access to medicines through collaboration with community initiatives; work with local stakeholders to determine how to accelerate the scale-up process beyond the demonstration phase; and help the government of Uganda incorporate the ADS concept into Ugandan laws and regulation. We have designed our Uganda activities to strengthen the ADS model and to build the critical mass needed to advance ADS beyond the pilot district of Kibaale through the creation of links with community-based initiatives and strengthen private sector engagement through provider associations.

At the end of the SDSI program, ADDOs and ADS will be deeply embedded in their respective health systems, with links to community health initiatives in place and a central public-private sector coordinating body with clear lines of responsibility drawn for critical maintenance activities, such as continuing education and re-accreditation. The innovative use of technology will facilitate the flow of information for monitoring and supervision. In addition, an organized network of owners and sellers’ associations will provide a more unified voice, and consumers will have more opportunities to be involved in health and health care delivery, especially as related to medicines and their access.

**Objective 2. Facilitate the spread of private sector drug seller initiatives.**

**Liberia** offers a unique opportunity for building a sustainable drug seller initiative in an emerging state context. Conceptualizing and launching an accredited drug seller initiative will lead to improved access to essential medicines and basic health care referrals and services in the more remote areas of the country and increase pharmaceutical services for much of the population in more populated areas.

The SDSI objective is not to retest the basic model in Liberia, but to launch a nationwide rollout strategy by first phasing in two counties and then completing the advocacy and sensitization, mapping, and preliminary inspections in the other 13 counties in preparation for full rollout. SDSI will use the experience in the two counties to adapt the model as needed before the rest of the country is rolled out. We believe that the political commitment in Liberia makes the situation suitable for immediate implementation and accelerated institutionalization.

**Objective 3. Define and characterize information related to consumer access to and use of medicines and facilitate its use in developing public health policy, regulatory standards, and treatment guidelines.**

Many studies have looked at individual components of medicine use, such as care-seeking or appropriate prescribing, but SDSI will take a holistic view of one community’s relationship with medicines and sources of those medicines that combines health provider prescribing practices, private sector drug outlet dispensing practices, and consumer care-seeking and medicine use. The in-depth characterization in Tanzania will be based on household interviews, exit interviews of patients leaving public and private health facilities and retail drug outlets, and analysis of prescription records. Mystery shoppers will help assess the quality of drug shop dispensing and the quality of the products dispensed.

As part of SDSI’s objective to characterize both care-seeking behavior and the quality of ADDO services, we will follow-up on referrals to determine health outcomes and possible barriers to seeking further care. In addition, the study will use a mystery shopper scenario that warrants referral. The combination will show how well drug dispensers are recognizing and referring serious cases, and the outcome of those referrals in terms of caretaker follow-through and health facility treatment.