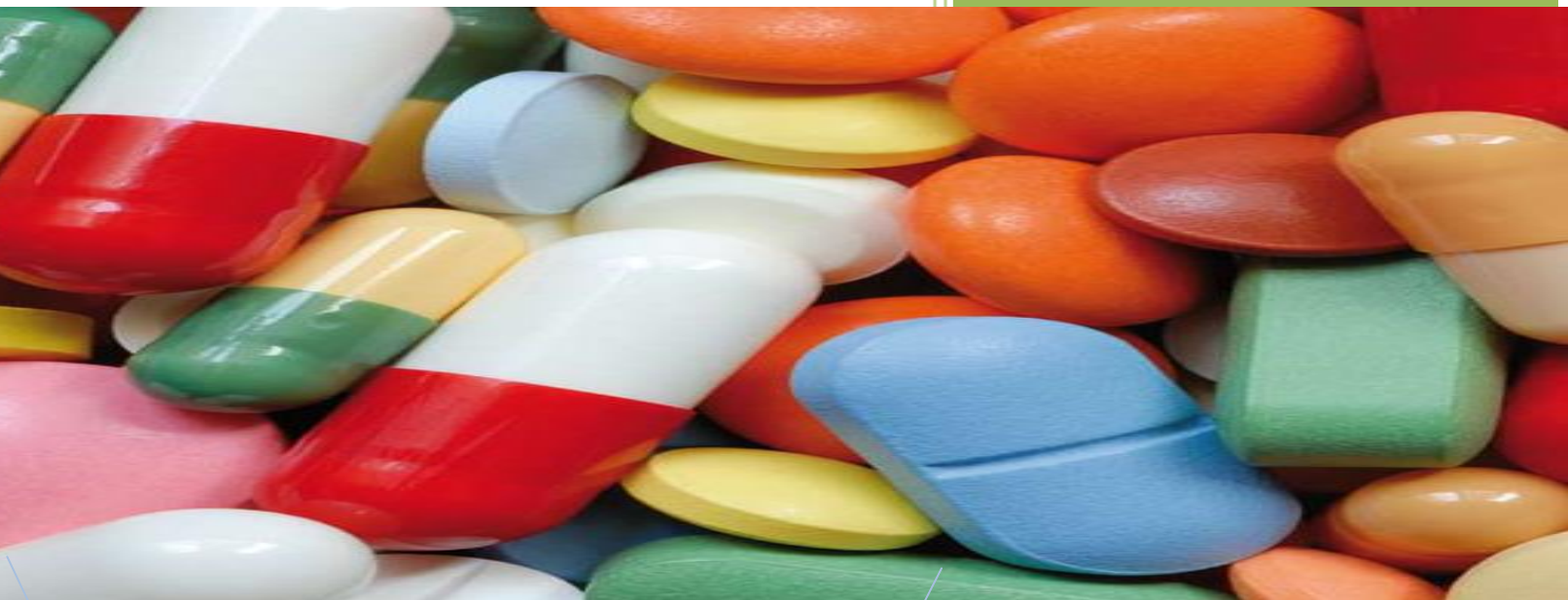




2012

# SUSTAINABLE DRUG SELLER INITIATIVES



**Report on stakeholders' consensus workshop**

**With recommendations for next step in**

**Relation to piloting of specific**

**Approach to build advocacy**

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Management Sciences for Health  
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**CONSULTANT:**

TANZANIA CONSUMER ADVOCAY SOCIETY



# 1.0 The purpose of the Report

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This report is prepared to fulfil what was agreed in the SoW between TCAS and MSH; the report is for deliverable number three as per given SoW to TCAS. The assignment amongst others requires the contractor (TCAS) to facilitate stakeholders workshop to develop consensus on consumer advocacy strategy and explore for stakeholders' recommendations for next step in relation to piloting of specific approach to build advocacy.

## 1.1 The Workshop

The workshop was held for three days from 17-20.September, 2012 at Tanga Beach Resort. The meeting was fully facilitated and coordinated by MoHSW, TFDA, MSH and PC.

## 1.2 The stakeholders

Stakeholders included, consumers, pharmacists, MP, ADDOs dispensers and owners from different parts of Tanzania, staff from civil societies, PC, MoHSW, CHF, MSH, TFDA and contractors.

## 1.3 Presentations Made

During the three days several presentations were made including:-

- 1) Apotheker Consultancy (T) Ltd. - The ADDO regulatory system
- 2) Pharmaceutical Systems Africa (PSA) - Ensuring continuous availability of ADDO dispensers by institutionalization of ADDO training
- 3) ITIDO - Use of mobile phone technologies to improve ADDO services and operations
- 4) GeoNetwork - Integrating GIS technology into the ADDO program
- 5) Tanscott\_Associates - Case Study: Tracking ACT in Drug Outlets
- 6) TCAS- Consumers mobilization and advocacy in the ADDO program

- 7) MediaNet (T) Ltd - The role of ADDO associations
- 8) M-Health – Case study: Wazazi Nipendeni Program
- 9) C&V Marketing & Communications - Community initiatives linkage with ADDO program
- 10) MEDAL Investments Ltd - Ensuring continuous availability of products in ADDOs (the ADDO supply chain)
- 11) VICOBA and ADDOs by MP Devota Likokola

## 2.0 The Bases for this report

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The consensus during the workshop drawn from the following (amongst others)

1. New issues rose by other contractors and observed to interlink with TCAS's assignment.
2. Some similarities observed between TCAS and other contractors
3. Discussions held during TCAS's presentation
4. Consensus obtained during group five discussions
5. Consensus obtained during group five plenary discussion

### 2.1 New issues raised by other contractors' presentations

**2.1.1 Apotheker Consultancy Ltd;** recommended that; there should be routine review on approved list of prescription medicines that are sold at ADDOs. This will reduce the problem by consumers on asking for un-allowed medicines as there might be new introduced medicines in the cause of time.

**2.1.2 MediaNet Ltd,** while TCAS is recommending on empowering consumer to be the watch-dogs to ADDOs operations; MediaNet Ltd is also recommending on empowering ADDOs associations to be watchdogs to ADDOs' operational conducts.

**2.1.3 ITIDO** is suggesting for ADDOs to organize for bulk purchase and joint logistics to lower individual ADDO overhead costs and enjoy the discount obtained due to

bulk purchase hence lower consumer's price; as there are complaints by consumers on high medicines prices.

**2.1.4 Medal Investment Ltd** recommends for ADDOs to be given financial support so that they can expand their business including increasing the amount of medicines in stock, so to avoid unnecessary medicines un-availability to consumers due to lack of capital.

## **2.2 Some similarities observed between TCAS and other contractors**

To show some kind of interrelationship with other contractors' line of arguments we noted the following similarities with TCAS's report when compared with other contractors' presentations:-

**2.2.1** There is similarity on the suggestion that establishment of toll free centre between TCAS and ITIDO. ITIDO recommended for establishment of toll free help line between ADDOs, consumers and regulator.

**2.2.2** While Medal Investment Ltd is recommending on improve public awareness of public perception toward ADDOs' products and services while TCAS is insisting on consumers to be told on the limitation and scope of ADDOs in terms of the services and products they that can be provided legally.

**2.2.3** While the importance of consumer education and awareness creation for ADDO's consumer was insisted by Apotheker Consultancy Ltd, ITIDO, C&V marketing Communication solution and MediaNet Ltd

## **2.3 TCAS's Presentation and held Discussions**

TCAS facilitated a presentation during day one of the workshop; on 17<sup>th</sup>.Sept.2012; the presentation was on "*Consumers mobilization and advocacy in the ADDO program*". The presentation took about 45minute and it was well understood by the workshop participants; the presentation attached for your disposal.

During the presentation one opinion and question were given including

***a. One of the workshop participants had the perception that there is missing point that wasn't noted in the report especially on fair competition Act, 2003 which has the guideline for consumers to complain.***

**Reply to question One;**

TCAS replied to a given opinion that, the Fair Competition Act, 2003 established to promote and protect effective competition in trade and commerce, to protect consumers from unfair and misleading market conduct and to provide for other related matters.

However what we insisted in our report is something different to that like there is no consumer protection policy in health sector most especially from professional misconduct hence there is no consumer/patient charter that shows patients' rights and responsibilities, no consumer complaint procedures in pharmaceutical sector unlike other countries such as South Africa and Ghana just to mention some few.

***b. The question was on what could be the causes of overdosing and under dosing by consumers; who contributes to the problem? is it service providers or consumers themselves***

**Reply to the question:**

The problem has the two faces – consumers themselves and sometimes it is contributed by professional misconducts i.e. wrong prescription by service providers.

**2.4 Consensus from Group discussions**

About seventy participants attended during the workshop, were divided into five groups as follows:-

Group 1: Dealt with Regulatory system strengthening,

Group 2: dealt with Institutionalization of ADDO dispensers' training,

Group 3: dealt with Integrating mobile and GIS technology into the ADDO program,

Group 4: Improving ADDO financing, supplies and the role of ADDO associations and

Group 5: Consumer advocacy and community linkage in the ADDO program

Group five was formed with fifteen participants; the group work gave consensus on the presented report by TCAS and the following recommendations were given

The organizing team (MSH, TFDA and PC) gave the group the guiding questions of which the group must go through them.

#### **2.4.1 General group 5 discussions and agreed issues**

- Some consumers can also be a problem to ADDOs i.e. giving false information for material gain, then the watchdog role by consumers should also be taken with precautions
- It has to be noted that PC is doing oversight of other activities apart from ADDO such as pharmacy operations, therefore come up with initiatives that is targeting ADDOs consumers only; will be like side lining the other group of pharmacy consumers; therefore the comment was given when designed consumers' education there should be kind neutral message that accommodate both ADDO and pharmacy consumers.
- It has to be noted that ADDOs are on transition to become pharmacy in 10-20years time despite the fact ADDOs established to narrow down the medicines shortage in rural, peri-urban areas.
- The discussants agreed that the prioritized activities have to be implemented within two to three years therefore as the SDSI funding ends May.2014.
- Let us try to link the available local community's resources and initiatives like focusing on using local available radios instead of national radio also consider on using community health workers at village level when giving education on rational use of medicines (RuM) and awareness of ADDOs services and products.

- The message should focus on specific age and gender group as each has got specific challenges need to addressed
- All education campaign materials should be approved by ministry of MoHSW as per required procedures.
- See on inter linkage of ADDOs with Community Health Fund (CHF) initiatives despite the challenges like delays on submission of the matching funds to the respective communities and use of funds for non-medical related costs like payment of per diem and salaries.

#### **2.4.2 Given contractor's recommendations as per guiding tool for group discussion**

Whereas the group had been given the following explanations;-

Develop a comprehensive ADDO consumer advocacy strategy to address the following priority components of consumer education

- Empower consumers with necessary information and education to serve as natural watch dog for ADDOs
- Engage various media [particularly local radio, to promote consumer education, right and protection
- Establish consumer toll-free hotline or free SMS text number for consumers to issues complaints about ADDO service, report medicine use
- Explore opportunities for consumer education using various community platform that already exist in the community such as school based programs

### 2.4.3 Group 5; Agreed recommendations on the above

In the form	Effort	Impact	Reason
Empower consumers to become watch dog to ADDO	High	High	<p>High Impact: Can be sustainable for life time for consumers self-protection and ADDO's operation monitoring</p> <p>High effort: Training of consumer on rights, responsibilities and understanding of ADDO's operations</p>
Engage various media [particularly local radio, to promote consumer education, right and protection	Low	High	<p>High Impact: - Coverage of the means of communication will be effective with assumption that acquired knowledge will facilitate the intended objective.</p> <p>Low Effort: use of few media utilizes low effort compared to the expected output.</p>
Establish consumer toll-free hotlines or free SMS text number for consumers to issue complaints about ADDO services and to report irrational medicine use.	Low	Low	<p>Low Impact- few targeted group possess mobile phones, and issue of technical knowhow using the device.</p> <p>Low effort- cost effective to</p>



			consumer
Explore the opportunity for consumer education using various community platforms that are already exist in the community such as school based programs	Low	High	High Impact:- Coverage and sustainability of the acquired knowledge and skill from youth hood to old age  Low Effort: using existing platforms
Explore opportunity for CHBI ( <i>CBOs, CHW</i> ) to collaborate /Link with ADDO in disease surveillance in the community, enhance health information and refer patient to either ADDO or health facility could be piloted.			High Impact- High coverage of CBO members at local level  Low effort- use of the existing CBOs
Link ADDOs with saving and leading activities such as Village Community Banks (VICOBA). VICOBA is grassroots leading scheme	Low	High	High Impact- Financial sustainability of the ADDO's operations.  Low effort- use of the existing VICOBA and ADDO associations, there is win-win situation
How can ADDOs are linked to (CHF) to improve access to medicines by accepting CHF members to get free medicines from ADDOs and claim the amount of money the CHF owes them.	High	Low	Low Impact- Low coverage of CHF members in the country (almost 9 percent)  High effort-Finances to train all ADDO associations in the country on negotiation skills.

**Q1-** Other recommendations seem valid and they are missing in the contractor's report

There are minor recommendations which are missing in the report kindly refer new issues raised by other contractors' presentations in Para 2.1 above

**Q2-What is the most effective channel for educating the consumer on rational use medicine is through**

There is no single method for public education, always there should be a combination of channels to ensure majority of people including the marginalised groups aren't left behind; however radio is most effective channel compared to others as majority of the households in the rural areas do possess radios, while TV are owned by few due to costs and lack of electricity in most of rural areas.

**Q3- Would it be effective to use SMS messages to educate customers about RUM**

The Use of text message is good for those who have the mobile phone and are knowledgeable on sending and receiving SMS messages.

**Q4- What should be the best approach to integrate consumer RUM into school health programs**

- a) Use of schools extra curriculum activities such as inter-schools activities such as debates and essay competition
- b) Train the trainer program; teachers need to be trained in order to train students
- c) Develop teachers' training kit on RUM
- d) Use of schools club – make it funny and simple for youth quick catch-up

**Q5- What role could ADDO associations have in contributing to the consumer awareness and education campaign?**

- a) ADDO association should collaborate with Pharmacy Council on members' compliance of rules and regulations, educate consumers on the same.
- b) ADDO associations (both Dispensers and owners) can be engaged in consumer awareness and campaigns through self-initiatives or in collaboration with CFDC or other stakeholders but not to market the products.
- c) The associations should save part of their profit to invest for consumer awareness and education campaign

**Q6- With ADDO roll out complete, should all the message be targeted national or does there continue to be a need for regional or local messaging**

The group agreed that there should be different messages for different group of people and roll out should go in accordance of the project phases to even national level.

### **3.0 Conclusion**

This report conclude the work given Indefinite Quantity Contract (IQC) under contract Number SDSI-2012-09 between TCAS and MSH

