Sustainable Drug Seller Initiatives Partners
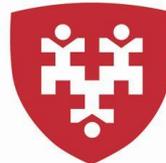
Engaging ADDOs and Pharmacies in TB Case Finding and Referrals

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SDSI Dissemination Meeting

Arusha

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Background

- Public-private mix is a priority in the National TB and Leprosy Program (NTLP) strategic plan IV in line with the New Stop TB Strategy and HSSP III

- Private sector for health is comprised of private hospitals, retail pharmacies, ADDOs, private laboratories, CSOs, and NGOs

- Historically, private sector engagement had been limited to private health facilities, leaving out retail drug outlets

Implementation

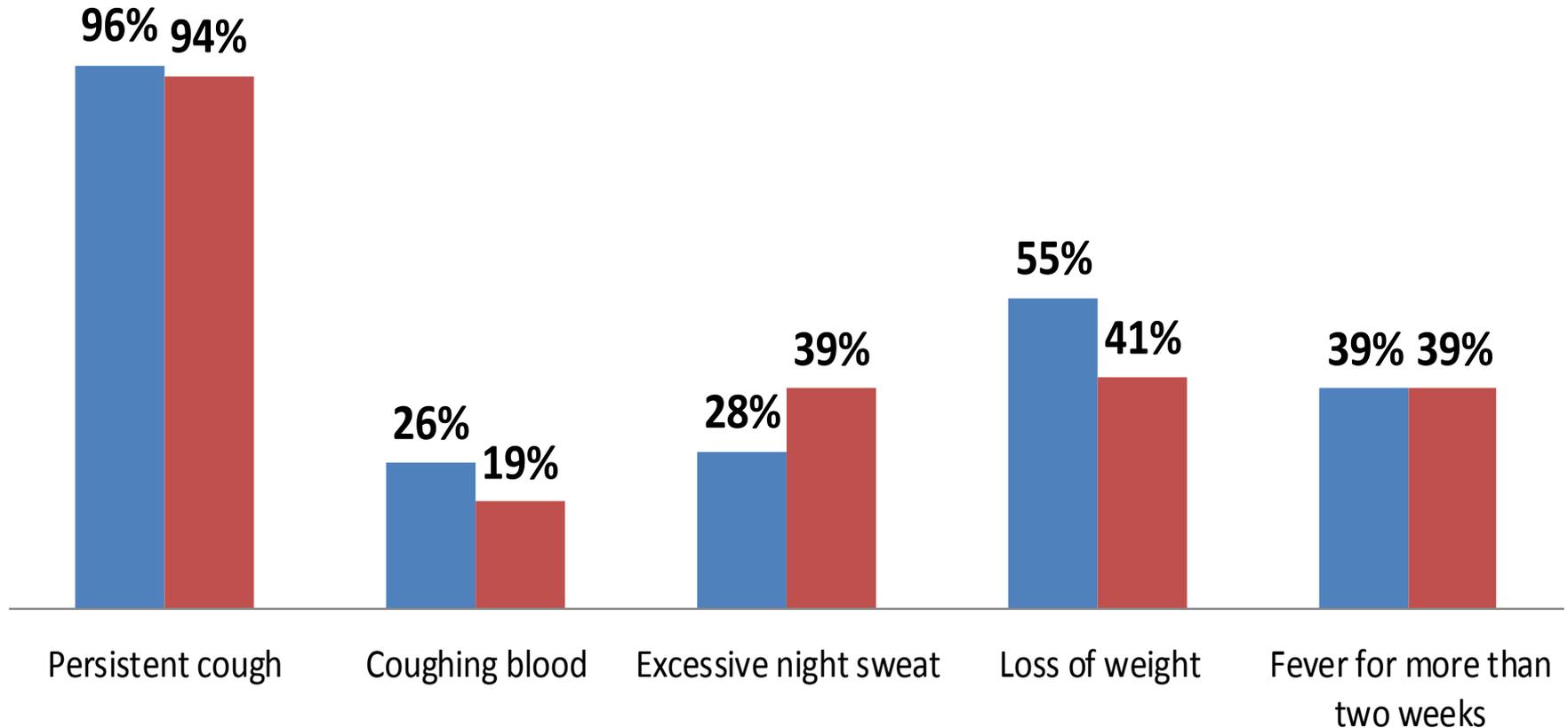**Objective:** Increase early TB case detection at retail private drug outlets

Steps:
- Consultative meetings with the NTLP and other stakeholders
- Involvement of key stakeholders in all stages of implementation
- Assessment of knowledge and practice related to TB from 295 outlets
- Design intervention and tools for referral
- TOT, training of dispensers, sensitization of health care workers
- Monitoring and evaluation

Baseline Assessment: Percent of Respondents Who Correctly Identified TB Symptoms

■ Morogoro (n=173)   ■ Dar es Salaam (n=122)

Symptom	Morogoro	Dar es Salaam
Persistent cough	96%	94%
Coughing blood	26%	19%
Excessive night sweat	28%	39%
Loss of weight	55%	41%
Fever for more than two weeks	39%	39%

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Results (1)

- 16 months of implementation (August 2012-December 2013)

- 587 clients (482 for Morogoro and 105 for Dar es Salaam) with TB-like symptoms were referred to TB diagnostic and treatment center
  - 38% (n= 223/587) of referral forms for all referred clients with TB symptoms were tracked and found at health facilities; of those, 83% (n= 186/223) were sent for sputum investigation
  - Of 186 patients sent for sputum investigation, 43% (n=81/186) were confirmed as having TB; there was district variation, with Kilosa and Morogoro Urban having a higher case notification than other districts
- A total of 81 clients or 13% referred from ADDOs and pharmacies were confirmed as having TB

Results (2)

- On average, 70% of drug outlets received supervisory visits
- 587 clients with TB-like symptoms were referred to TB diagnostic and treatment centers for further evaluation
- 223 were tracked and found at health facilities and 81 were confirmed as having TB
- Major challenges included
  - hesitancy of some clients to accept referral forms
  - only 38% (223/587) of referred clients could be tracked at the TB diagnostic and treatment centers.
- Despite these obstacles, this pilot clearly demonstrates that private pharmaceutical retail sector has the potential to contribute to early TB case detection

Key Challenges

- Hesitancy from some clients on accepting referral forms to TB diagnostic centers. It is possible that some of these clients went on their own, without any referral note, and therefore could not be tracked during supervision visits

- High turnover of dispensers. Some trained dispensers took referral tools with them when leaving their retail outlets; particularly problematic if the new dispenser had not attended the training

- Limited attendance at some trainings, particularly in Dar es Salaam where some reported not having permission from their pharmacy owners to attend

- Referral linkage worked well, but not all referral forms from drug outlets were found at health facilities, and not all referrals were recorded in the cough registers. Thus, it was sometimes difficult to trace client diagnostic results

Lessons Learned

- Overall, ADDOs referred more clients with TB-like symptoms than pharmacies, leading to higher case notification rates in Morogoro than Dar es Salaam

- Most dispensers had good knowledge of TB and could identify and refer clients presenting with TB symptoms

- Dispensers noted that a key motivator for referring clients was the opportunity to participate in the training and enhance their capacity to identify clients presenting with TB symptoms

- Many dispensers noted that additional sensitization of the community through posters, radio spots, and that communication materials were needed