

How the Accredited Drug Dispensing Outlet Program Has Influenced Medicine Access Policies in Tanzania

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Problem Statement: The successful pilot of the accredited drug dispensing outlets (ADDO) program in Tanzania's Ruvuma region provided the proof of concept that innovative regulatory and accreditation interventions can improve access, availability and quality of pharmaceutical products and services. The challenge to the government was how to scale up Ruvuma's pilot experience into a sustainable national program.

Objective: To document how the policy changes related to the ADDO program contributed to a new approach to public-private partnership in health.

Design: Qualitative data collection through interviews and document review.

Setting: Tanzania

Policy: The launch of the ADDO program in 2003 in Ruvuma required changes in the law, which led to the Tanzania Food Drugs and Cosmetics Act of 2003, a regulatory framework that governed the ADDO pilot. The Act included standards and regulations governing the establishment of ADDOs and dispensers, inclusion of a limited list of prescription-only medicines that ADDOs could sell legally, and creation of a cadre of local inspectors to monitor regulatory compliance. These major policy milestones led to the creation of a new cadre of accredited health service providers. In 2005, the government decided to roll out the program country wide.

Outcome measures: The number of new national policies that were created to support scale up and sustainability after the ADDO pilot.

Results: In 2009, the Ministry of Health and Social Welfare (MOHSW) issued a notice to phase out all unaccredited drug shops by 2011. To ensure coordination, the Medicine Access Steering Committee was formed under MOHSW stewardship. In 2006, Tanzania's National Malaria Control Programme adopted the ADDO platform as part of its national strategy to increase access to malaria treatment in the private sector, paving the way for distribution of subsidized artemisinin-based combination therapy through ADDOs and a Global Fund grant (2007) to scale up the program in eight additional regions. Other significant new policies include the incorporation of child health services (2006); the National Health Insurance Fund decision to allow members to fill prescriptions at ADDOs (2007); revision of the model to decentralized implementation at the district level (2008); a mandate requiring local government incorporation of ADDO implementation and maintenance in planning and budgeting (2008); and the development of a strategy for ADDOs in urban areas (2009).

Conclusions: The ADDO pilot, which required changes to pharmaceutical sector policies, has acted as a catalyst and resulted in completely new policies related to improving access to medicines in the private sector. These new policies, which relate to public-private partnership in the pharmaceutical sector, place Tanzania in a stronger position to meet the health needs of both rural and urban communities.

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