

# EADSI



East African Drug Seller Initiative







# Background of the ADDO Program

## Orientation of the Program to Regional and District Authorities

**August 2009**

# Specific Objectives

At the end of the discussion, it is expected that participants will be able to understand the program's objectives—

- ❖ Problems of *duka la dawa baridi* (DLDB)
- ❖ Program implementation components
- ❖ Program implementation strategy

# Introduction

- ❖ Government collaborating with private sector, particularly Part II drug outlets (DLDB), to improve provision of pharmaceutical services in underserved areas
- ❖ By law, DLDB to sell only over-the-counter (OTC) medications under supervision of personnel having medical background
- ❖ DLDB only alternative source of medicines to rural and peri-urban communities, especially during medicine shortages in public primary health facilities.
- ❖ Surveys and inspections reveal significant violation of laws and guidelines in daily DLDB operations



# Problems of DLDB (1)

Typical DLDB-related problems found during surveys and Tanzania Food and Drugs Authority (TFDA) inspections—

- ❖ Sale of expired drugs
- ❖ Drug sellers lack basic skills and knowledge on drugs and dispensing
- ❖ Establishment of DLDBs in urban areas parallel with pharmacies

## Problems of DLDB (2)

- ❖ Sale of non-registered medicines
- ❖ Establishment and provision of DLDB services without TFDA permit and business licenses.
- ❖ Purchase of medicines from unauthorized distributors
- ❖ Provision of clinical services within DLDBs

# Program to Improve DLDB Operations

To address DLDBs' problems, Tanzania Government, in collaboration with MSH under SEAM, piloted accredited drug dispensing outlet (ADDO) project in Ruvuma in 2001-2005

ADDO pilot goal and strategy—To improve availability of essential drugs and other pharmaceutical services to rural and peri-urban communities

# Piloted ADDO Project Implementation Steps (1)

Main implementation components piloted—

- ❖ Mobilization and sensitization on ADDOs
- ❖ Mapping and preliminary inspection of DLDBs and new premises
- ❖ Training ADDO owners, dispensers, inspectors, and supervisors
- ❖ Final pre-accreditation inspection



# Piloted ADDO Project Implementation Steps (2)

- ❖ Accreditation of DLDBs meet requirements ADDOs.
- ❖ Supervision and inspection of already established ADDOs.
- ❖ Monitoring and evaluation of the program

# Success of ADDO Project In Ruvuma Region (1)

Evaluation conducted at the end of ADDO project in 2005 revealed success

- ❖ Problem of selling unregistered medicines decreased from 20% to 2%
- ❖ Availability of essential medicines improved
- ❖ Delegation of power and establishment of regulatory and supervisory bodies up to lower levels, i.e., ward level

# Success Of ADDO Project In Ruvuma Region (2)

- ❖ ADDOs now staffed by trained dispensers having good knowledge on drugs and dispensing
- ❖ Improved record keeping and documentation
- ❖ Improved structure of premises



# ADDO Program Mplementation in Conjunction with Pmoralg (1)

- ❖ Success of the ADDO project piloted in Ruvuma region led government to approve its implementation nationwide
- ❖ Currently, ADDO program has already been implemented in four regions—Ruvuma, Morogoro, Mtwara, and Rukwa.
- ❖ Yet, limited financial resources and inadequate speed of implementation pose challenges to the government toward ADDO implementation

## ADDO Program Mplementation in Conjunction with Pmoralg (2)

- ❖ In financial year 2008-09, the government has received funds from DANIDA and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 7;
- ❖ Government also allocated significant monies for the rollout of ADDO program in Mbeya, Singida, Kigoma, Pwani, Lindi, and Tanga
- ❖ To make the program sustainable and speed up its rollout, the Ministry of Health and Social Welfare has agreed with PMORALG to use councils to implement this program

# Conclusion

Successful rollout of ADDO program  
countrywide to meet government goal of 2010  
requires commitment and participation of both  
regional and council authorities



THANK YOU SO MUCH