

Stronger health systems. Greater health impact.



The Accredited Drug Dispensing Outlet (ADDO) Model in Tanzania: Taking a Health System Perspective

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Boston, 22-23 October 2013

The problem

CPM (Center for Pharmaceutical Management). 2003. *Access to Essential Medicines: Tanzania, 2001*. Prepared for the Strategies for Enhancing Access to Medicines Program. Arlington, VA: Management Sciences for Health



Drug sellers—the opportunity for improved access to medicines



- First choice for 40-60 % of encounters; over 9, 000 drug shops in Tanzania
- Close proximity—95% of population within 5 km of a drug shop more accessible when needed
- Perception of being more personal; flexible payment
- Public health facilities often farther away; essential medicines often out-of-stock

Drug sellers—the strategy (1)

Gain broad-based support from all stakeholders

- National and local authorities, professional and commercial associations
- Participatory approach to project design and implementation

Develop requirements and build stewardship and governance capacity

- Create standards
- Inspect and regulate
- Decentralized local strategy for inspections; central control

Build private sector capacity

- Business skills of owners
- Dispensing and communication skills of shop attendants

Provide incentives

- Ability to sell expanded range of legally sold medicines
- Loans

Drug sellers—the strategy (2)

Work to ensure availability and quality of products dispensed

- Products in stock approved by national drug authorities
- Local suppliers

Ensure quality of pharmaceutical services

- Record keeping
- Mentoring and supervision

Increase patient and consumer awareness

- Marketing
- Information and education

Financing the ADDO program scale-up



Government of Tanzania

BILL & MELINDA
GATES foundation



USAID
FROM THE AMERICAN PEOPLE



Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

THE
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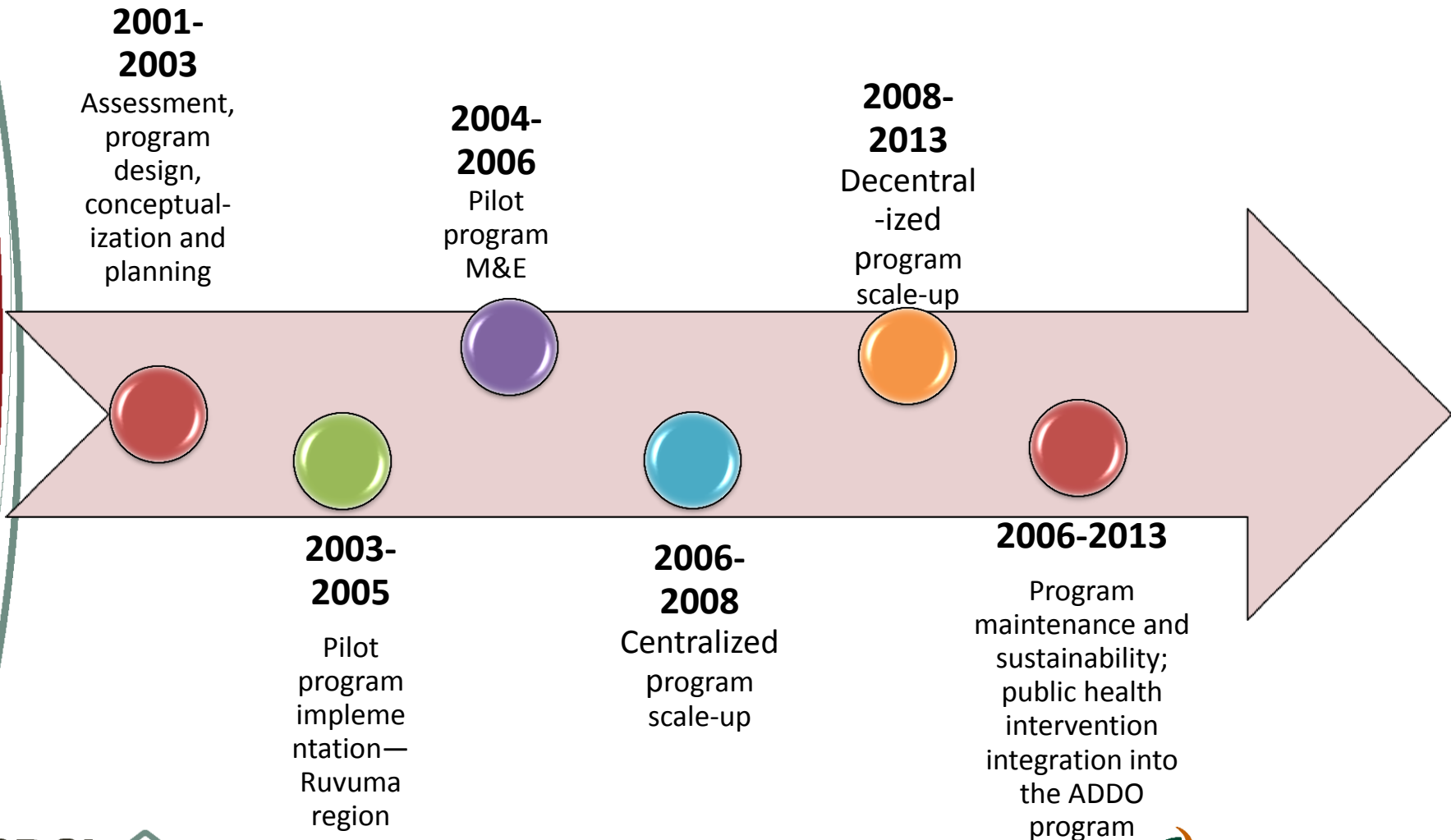


SDSI
Sustainable Drug Seller Initiatives



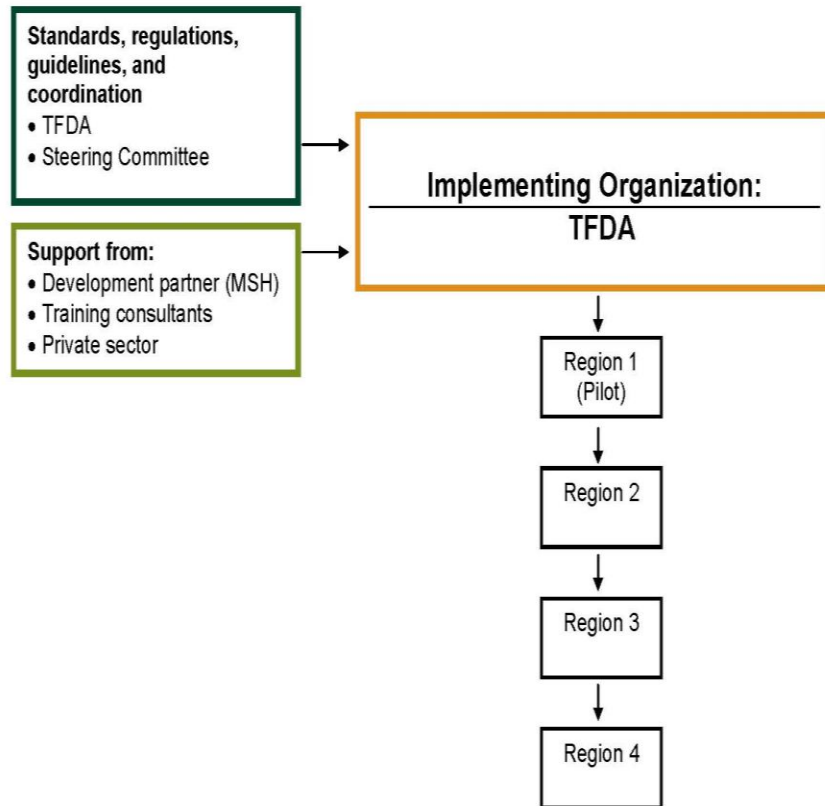
msh
Management Sciences for Health

ADDOs: from concept to scale-up

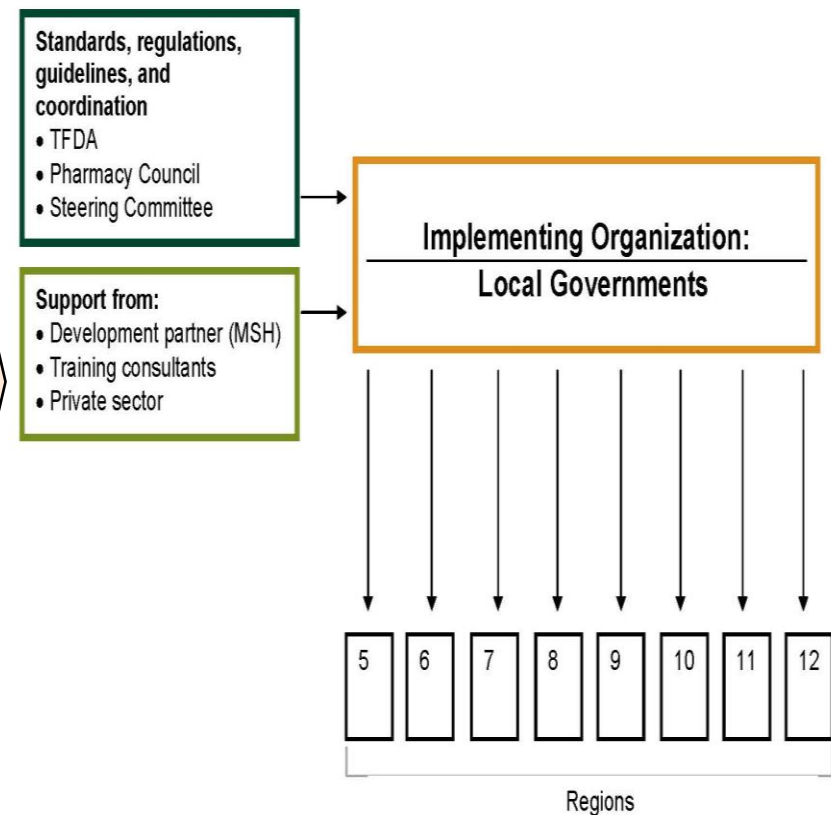


Reviewing the Tanzania ADDO model for scalability and sustainability

CENTRALIZED (OLD) MODEL
(2003–2008)

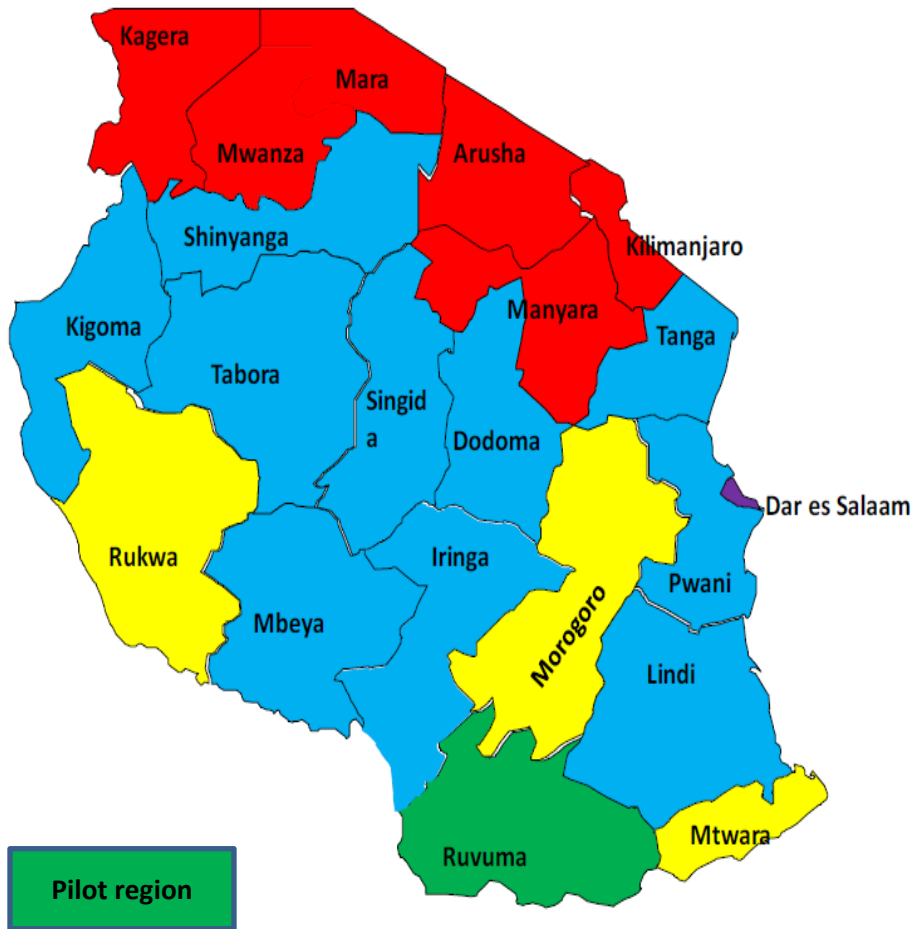


DECENTRALIZED (REVISED) MODEL
(2009–Present)



ADDO program status

ADDO Program Implementation in Tanzania: 2003-2013



As of August 2013

Regions scaled up	21
Total no. of drug shops	9,226
Shops accredited (ADDOs)	5,467
Shops in application process	3,759
Trained dispensers	13,302
Trained district inspectors	262
Trained ward inspectors	3,000

Pilot region

Centralized
scale up

Decentralized
scale up-phase 1

Decentralized scale up-
phase 2

Private sector role in health

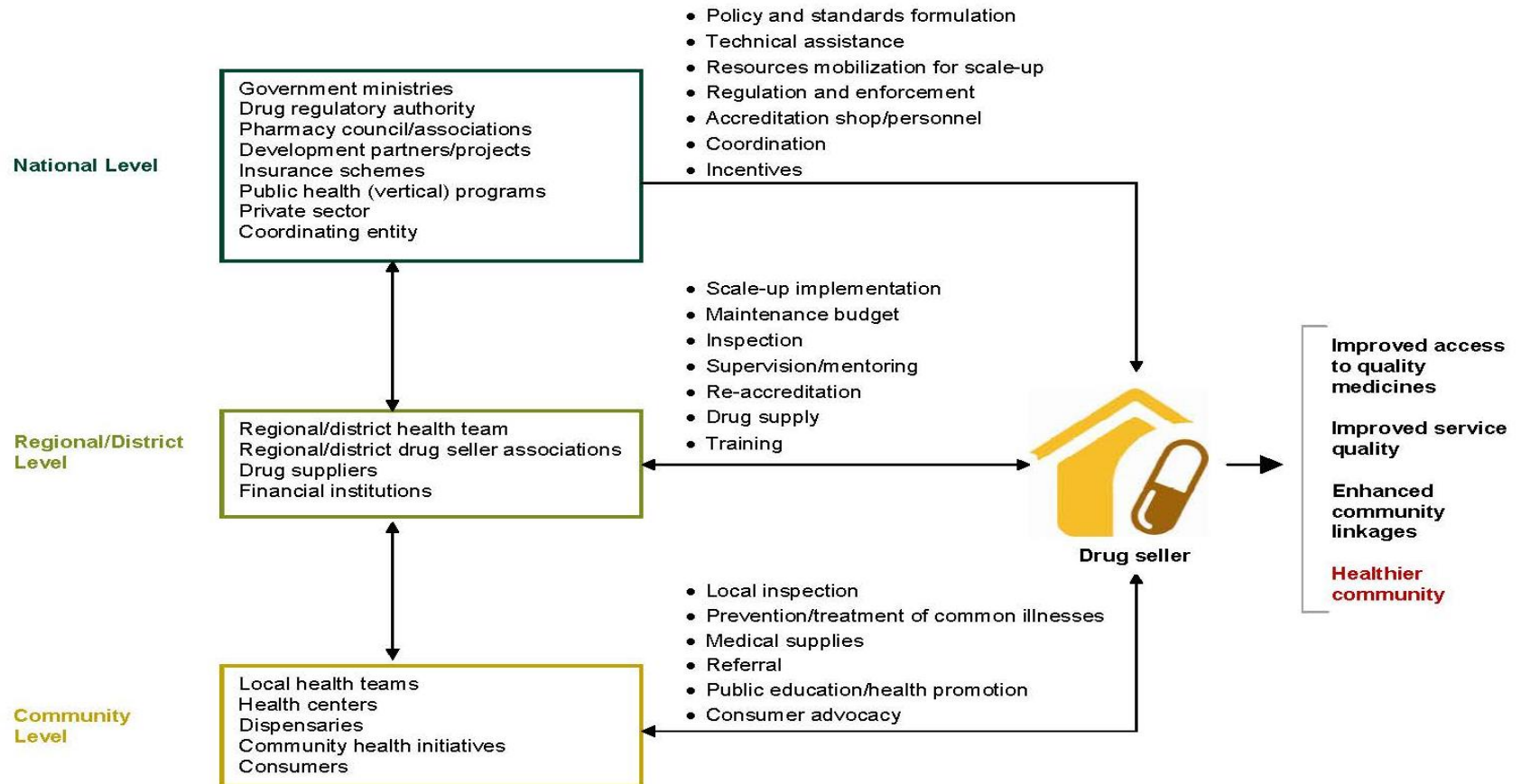
"One thing is certain, informal providers represent a growing and undeniable force within the health community, and despite the refusal of some governments and others to acknowledge/engage with them, it is in all our interests—particularly the patients—to begin working more effectively with these elusive actors."

—Tom Feeny, HANSHEP

The Private Sector in Health Symposium. Harnessing the informal providers for health systems improvement: Lessons from India. <http://www.pshealth.org/site/privatesectorhealth/2013-symposium/webinar-series/130205-harnessing-informal-providers>

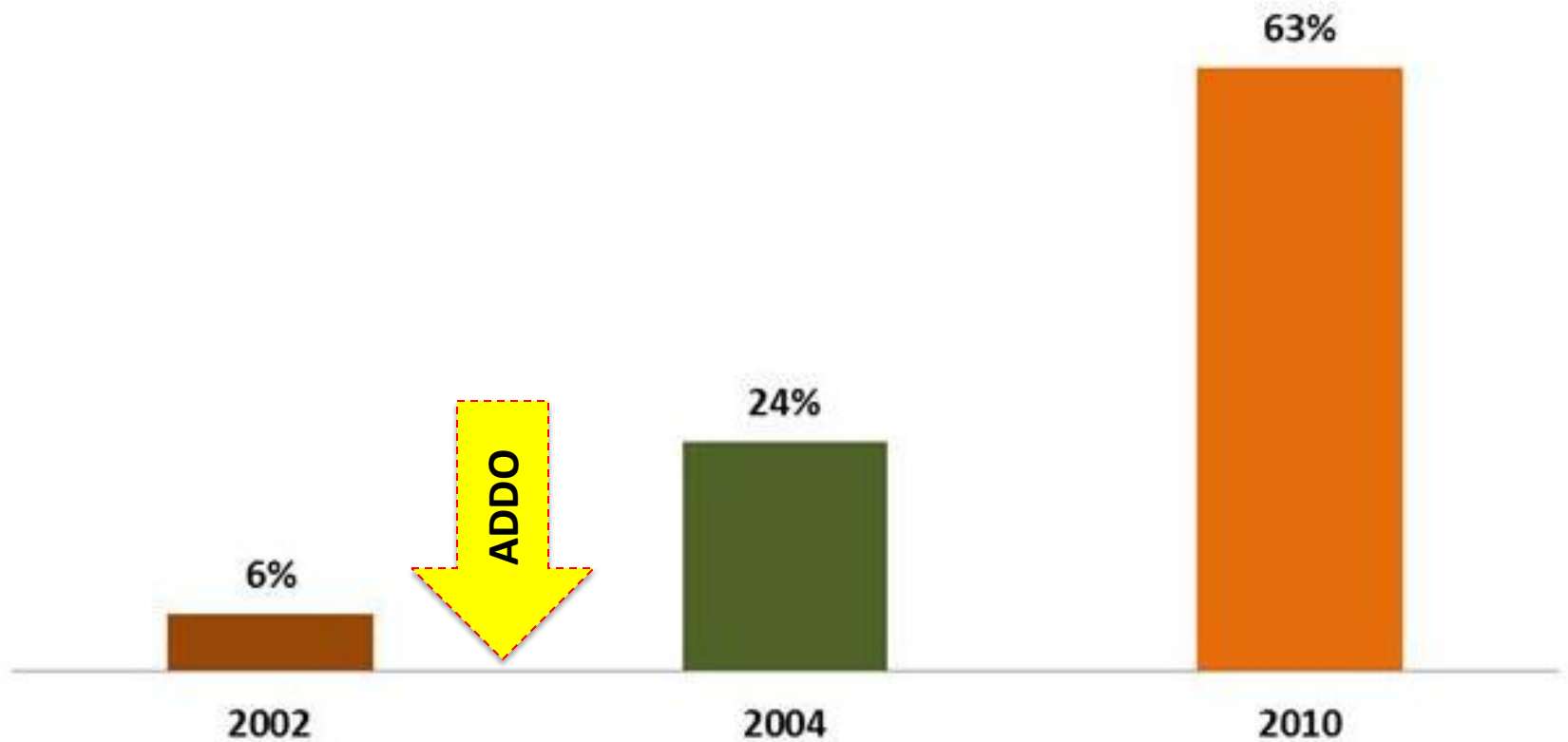
ADDOs as part of the health system

Drug Seller Initiative Conceptual Framework¹



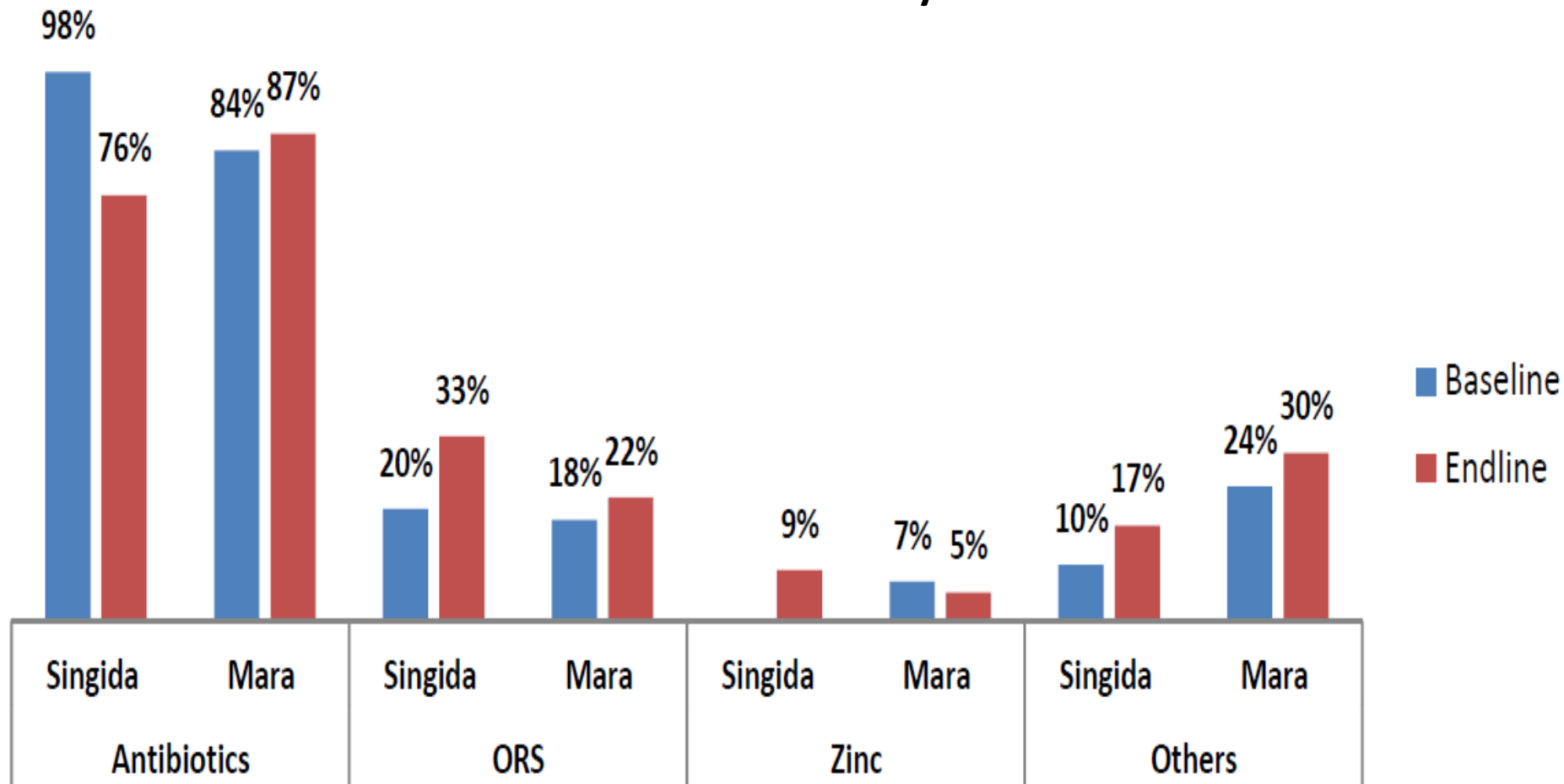
Building block: service quality (1)

Encounters receiving appropriate malaria treatment in Ruvuma region



Building block: service quality (2)

Treatment received in non-bloody diarrhea encounters



Building block: health workforce

ADDO Dispenser Curriculum Topics

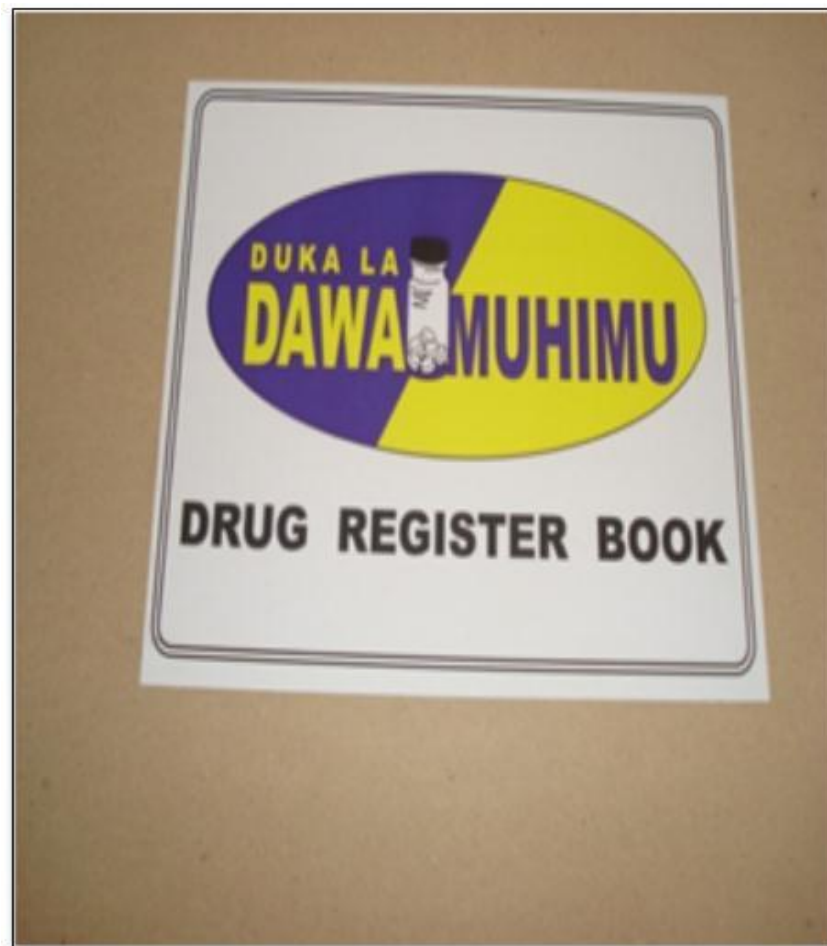
- Laws, regulations, and dispensers ethics
- Good dispensing practices and rational medicines use
- Common medical conditions in the community
- Reproductive health and HIV/AIDS
- Communication skills and counseling
- Child health
- Record-keeping



- Provides secure job opportunities for rural women
- Women comprise 30-40% of ADDO owners
- Over 90% of the 13,302 licensed dispensers are women

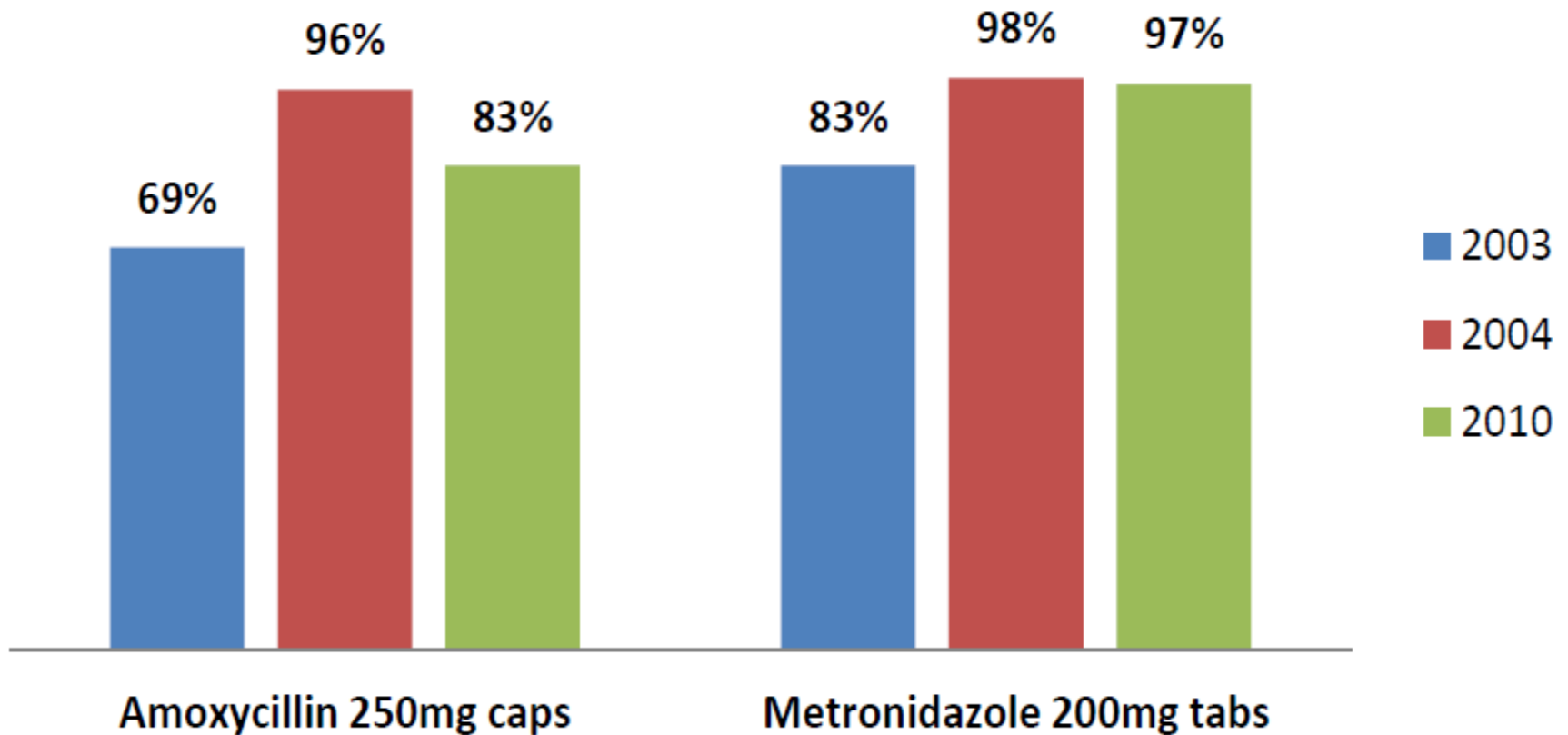
Building block: health information systems

- To comply with regulations, ADDO owners and dispensers are trained in keeping records of various types related to business and sales.
- Dispensers track who buys medicines (including select demographic information) and what conditions the medicines were purchased for.
- They also keep a log of adverse drug events as reported by their customers.



Building block: access to medicines (1)

Average availability of select antibiotics in Ruvuma: 2003-2010



Trends in availability and prices of subsidized ACT over the first year of the AMFm: evidence from remote regions of Tanzania

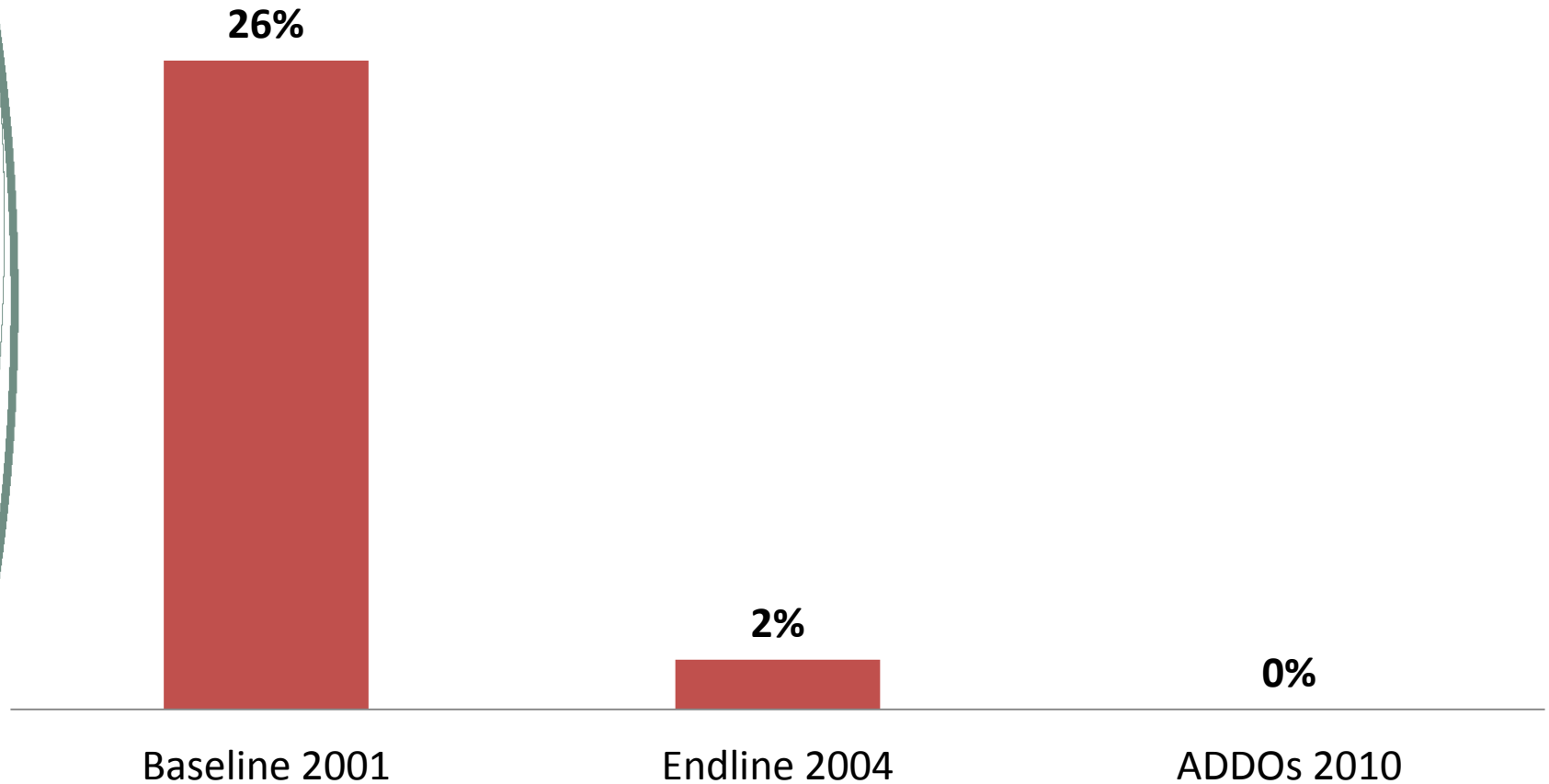
Prashant Yadav^{1,2,3}, Jessica L Cohen^{4*}, Sarah Alphs¹, Jean Arkedis⁵, Peter S Larson³, Julius Massaga⁶ and Oliver Sabot⁷

Table 1 Percentage of shops stocking AMFm-subsidized ACT by region and survey round with tests for differences in proportions

	Overall		Mtwara		Rukwa		T Test for difference between Mtwara and Rukwa
	N	Percent	N	Percent	N	Percent	P
R1: mid Feb 2011	255	12.55%	110	24.55%	145	3.45%	<.0001
R2: Apr 2011	253	26.09%	109	50.46%	144	7.64%	<.0001
R3: May 2011	237	37.55%	102	61.76%	135	19.26%	<.0001
R4: Aug 2011	234	66.67%	97	87.63%	137	51.82%	<.0001
R5: Jan 2012	243	73.25%	102	88.24%	141	62.41%	<.0001

Building block: access to medicines (2)

Percentage of registered medicines as a proxy for quality



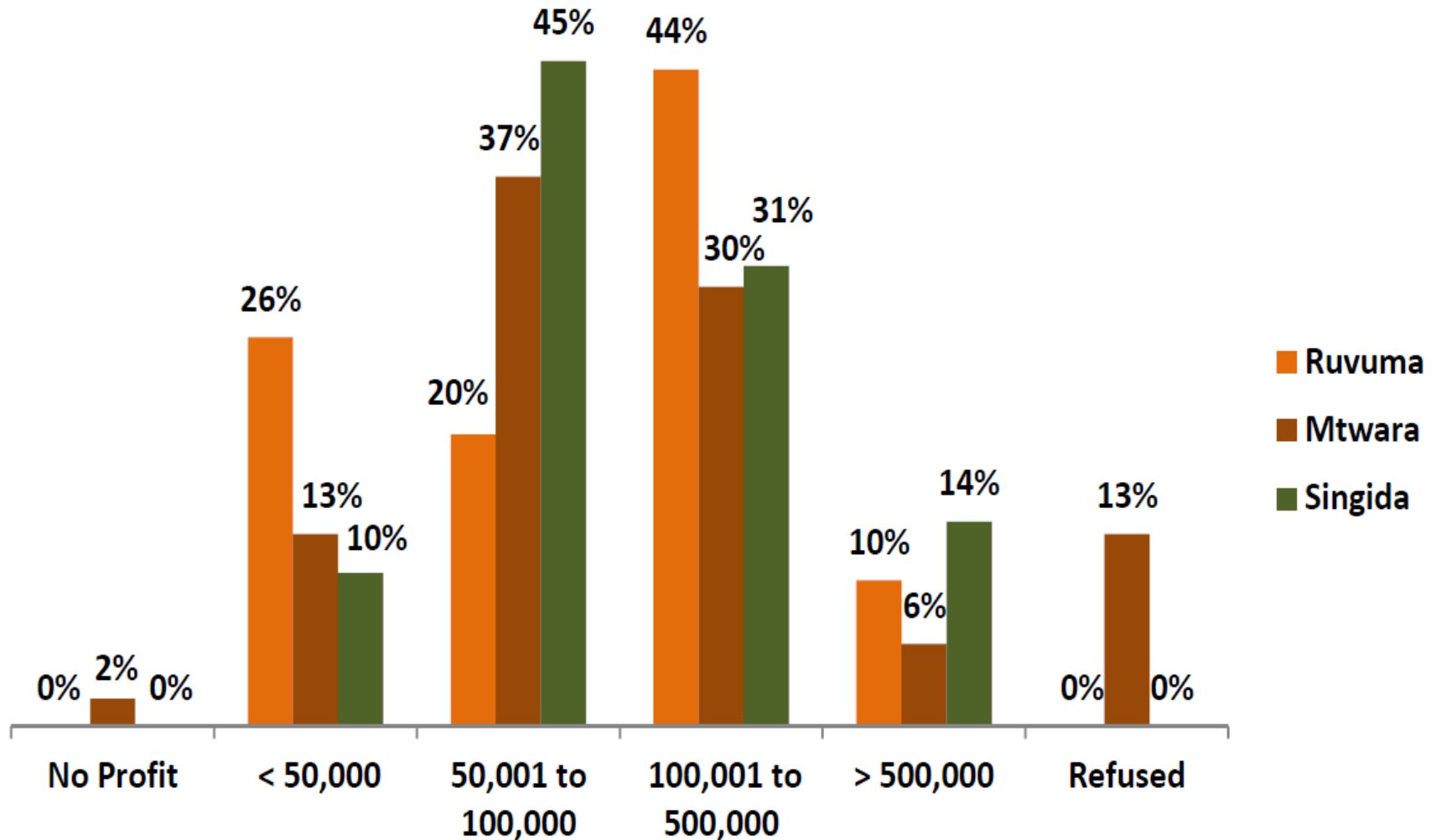
Building block: financing (1)

- Now that the program is established, shops take more responsibility for financing.
- Government mandates local governments to include ADDO program in their budgets.
- Since 2007, the National Health Insurance Fund has incorporated ADDOs, which allows members to access drugs at no cost and ADDOs to receive reimbursement
- Larger market potential for pharmaceutical wholesalers, training institutions, and marketing companies.

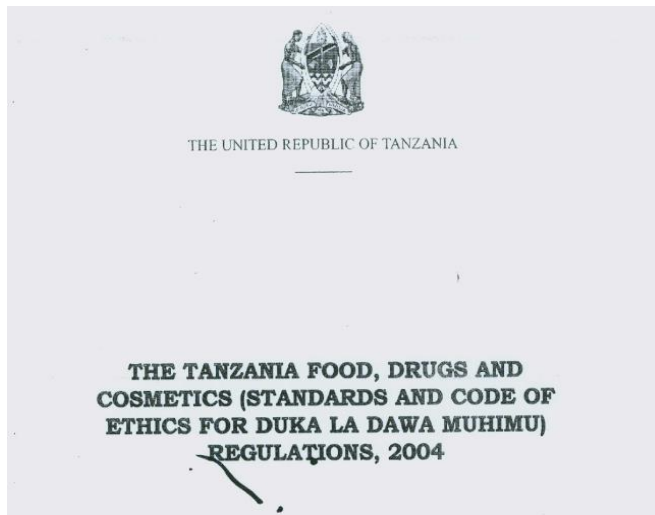


Building block: financing (2)

Average Net Profit per Month Reported by ADDO Owners in 2010 (TZS)



Building block: leadership and governance (1)



Developing the accreditation standards—

- The Tanzania Food, Drug and Cosmetics Act 2004 (standard and code of ethics for Duka la Dawa Muhimu).
- The Tanzania Food, Drug and Cosmetics Act Amendments 2009 (standard and code of ethics for Duka la Dawa Muhimu).

Building block: leadership and governance (2)

ADDO standards comprise—

- Accreditation application process
- Incentives for owners
- Premises infrastructure
- Staff qualification
- Training
- Drug quality and availability
- Record keeping
- Regulation, inspection, and sanctions



Stakeholder engagement: The linchpin of success and sustainability



**PICHA YA PAMOJA YA WADAU WA MAENDELEO YA UTEKELEZAJI WA TATHIMINI
YA MPANGO WA MADUKA YA DAWA MUHIMU (ADDO) MGENI RASMI DR HUSSEIN HAJI
MPONDA WAZIRI WA AFYA NA USTAWI WA JAMII.**

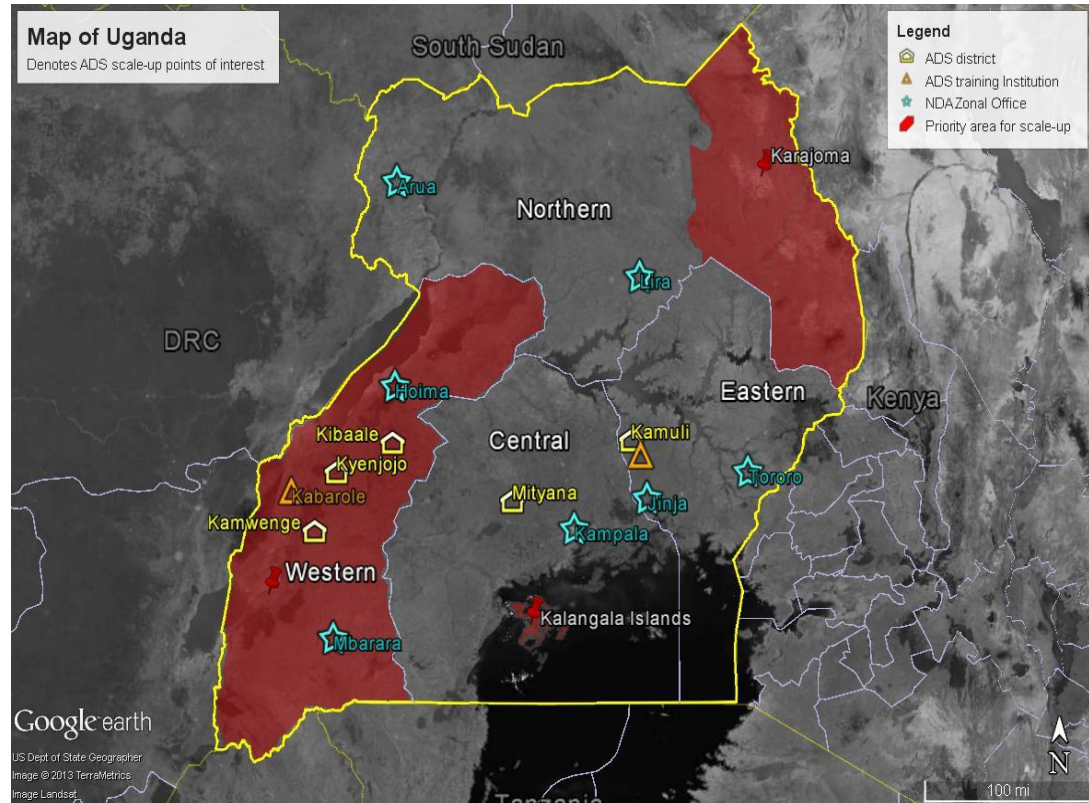
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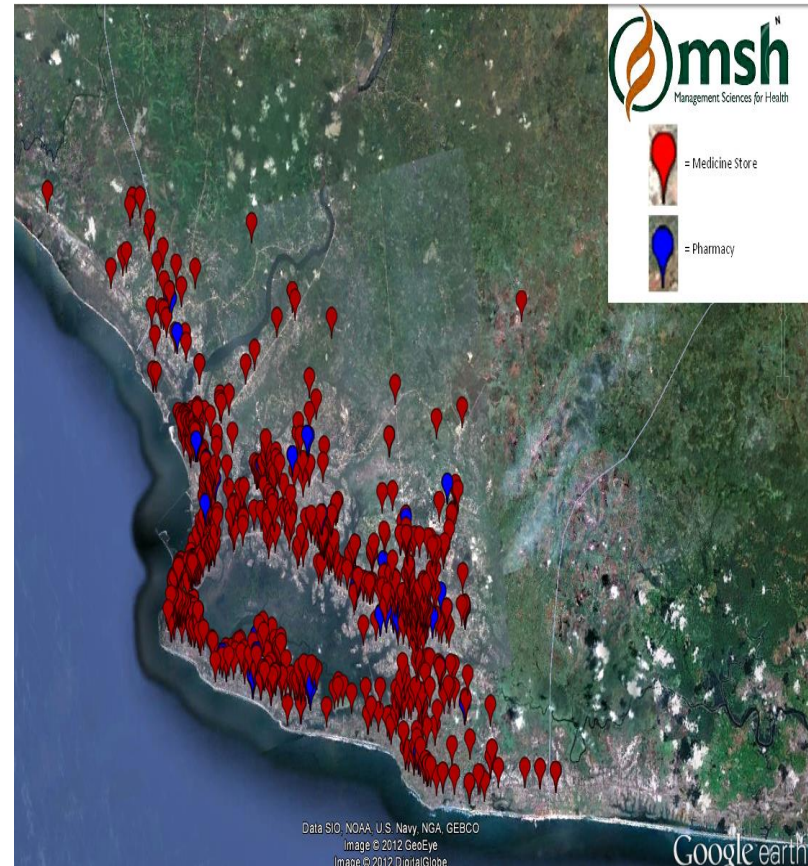
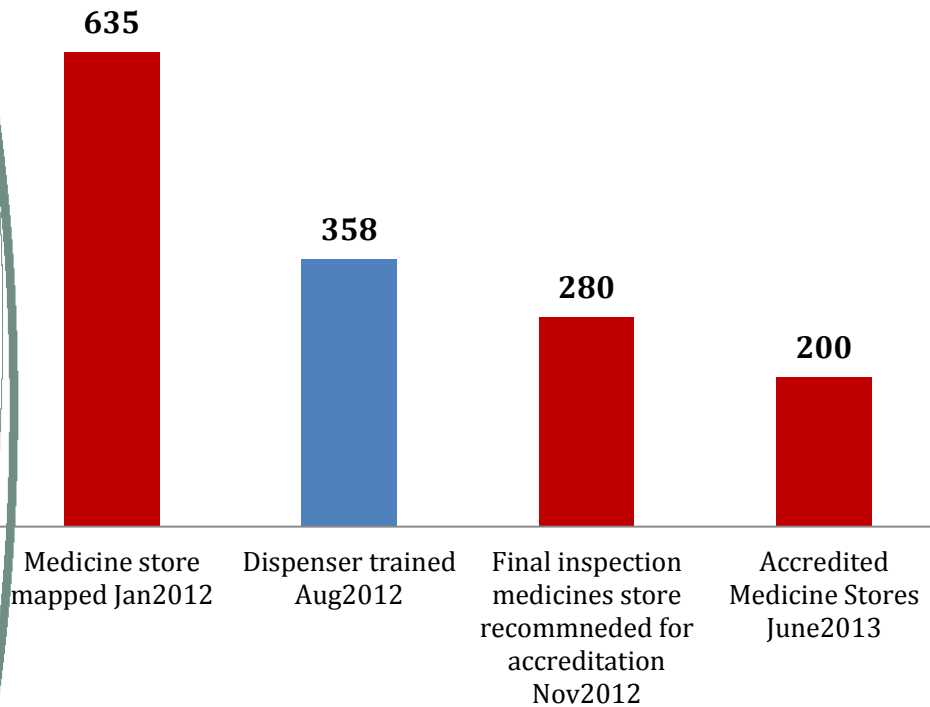
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ADDO model transfer to other countries— Uganda's Accredited Drug Shops

- As of August 2013, 409 ADS accredited in Kibaale, Kamwenge, Kyenjojo, Mityana, and Kamuli districts
- 721 ADS sellers trained
- 93 local drug monitors trained
- 435 owners trained in business



ADDO model transfer to other countries— Liberia's Accredited Medicine Stores



Conclusion

- ADDO model has improved access to essential medicines and dispensing services by comprehensively addressing drug seller operations [regulation, policy, business incentives, capacity building, product and services quality and consumer awareness and education]
- The impact of a nationwide ADDO approach on the pharmaceutical sector—and consequently on society as a whole—provides a model framework for private-sector pharmaceutical delivery.
- MSH is working in Uganda and Liberia to establish accredited drug seller programs and hopes to solidify the global view that private sector drug sellers initiatives to strengthen the quality of products and services are feasible, effective, and sustainable in multiple settings.

Asante Sana!

