The Accredited Drug Dispensing Outlet (ADDO) Model in Tanzania

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Improving Access to Essential Medicines for Mental, Neurological and Substance Use Disorders in Sub-Saharan Africa

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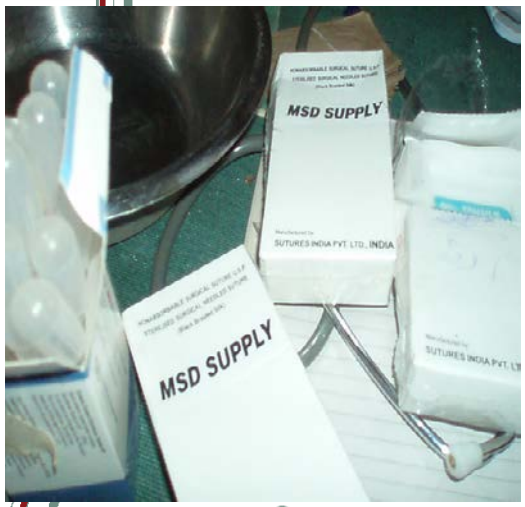
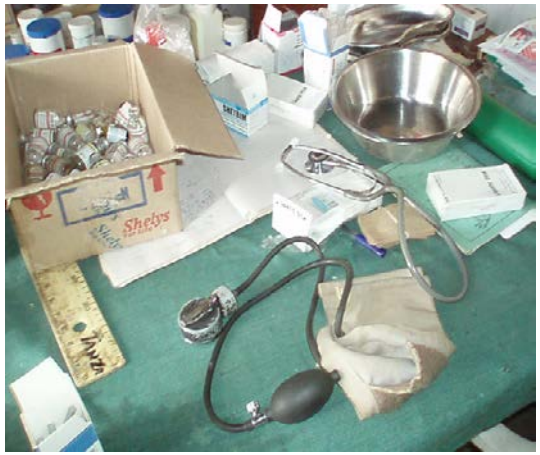
Medicine Access and Drug Sellers—The Problem



- Unqualified, untrained staff
- Sale of unauthorized products
- Poor medicine storage conditions
- Unknown medicine quality
- Unreliable supply of medicines
- High medicine prices
- Inadequate regulatory enforcement mechanisms
- Insufficient variety of legally available medicines



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Drug Sellers—Opportunity for Improved Access

- First choice for 45+% of medicine purchases
- Over 9,000 drug shops compared to nearly 800 registered pharmacies in Tanzania
- Close proximity—95% of population within 5 km of a drug shop
- Perception of being more personal; flexible payment methods
- Public health facilities often farther away; essential medicines often out-of-stock

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Drug Sellers—The Strategy (1)

Gain broad-based support from 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
- Decentralize local strategy for inspections with central oversight
- Continuous program review

Build private sector capacity

- Business skills of owners
- Dispensing, record keeping and communication skills for shop attendants
- Formation of associations to support owners and dispensers

Provide incentives

- Ability to legally sell expanded range of medicines
- Loans

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Drug Sellers—The Strategy (2)

Ensure availability and quality of products dispensed

- Products in stock approved by national drug authorities
- Enhancing availability of local suppliers /wholesalers at regional and district level
- Continuous monitoring of product availability and quality

Ensure quality of pharmaceutical services

- Record keeping
- Mentoring and supervision

Increase patient and consumer awareness

- Marketing
- Information and education

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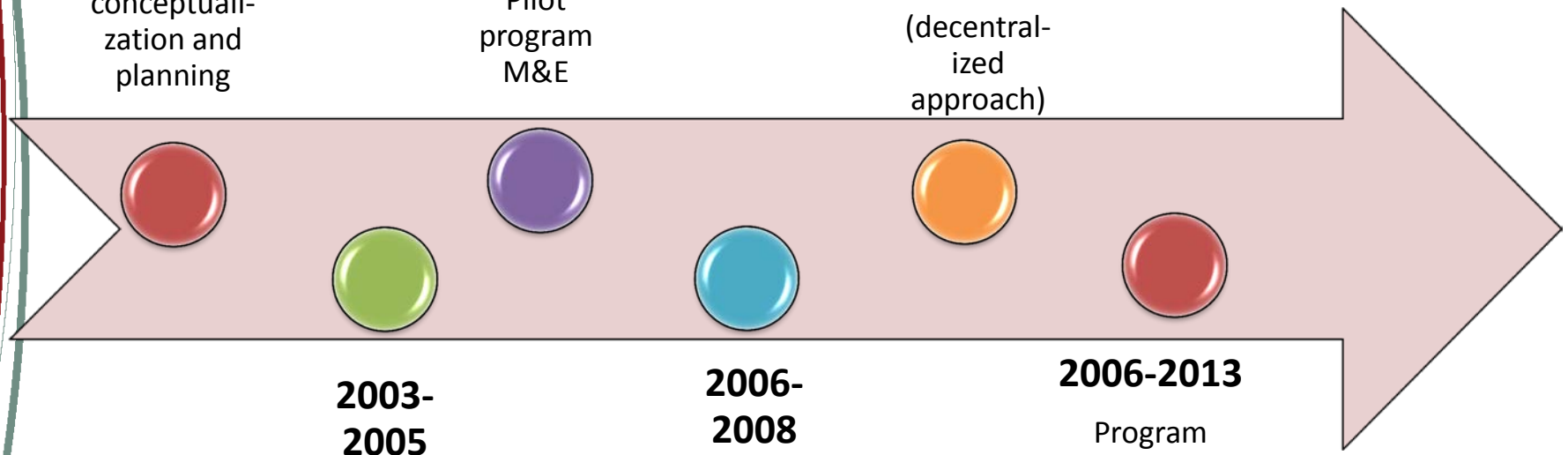
ADDOs from concept to scale-up



2001-2003
Assessment, program design, conceptuali-zation and planning

2003-2005
Pilot program in Ruvuma region

2003-2006
Pilot program M&E

2006-2008
Program scale-up (centralized approach)

2008-2013
program scale-up
(decentral-ized approach)

2006-2013
Program maintenance and sustainability; public health intervention integration into the ADDO program

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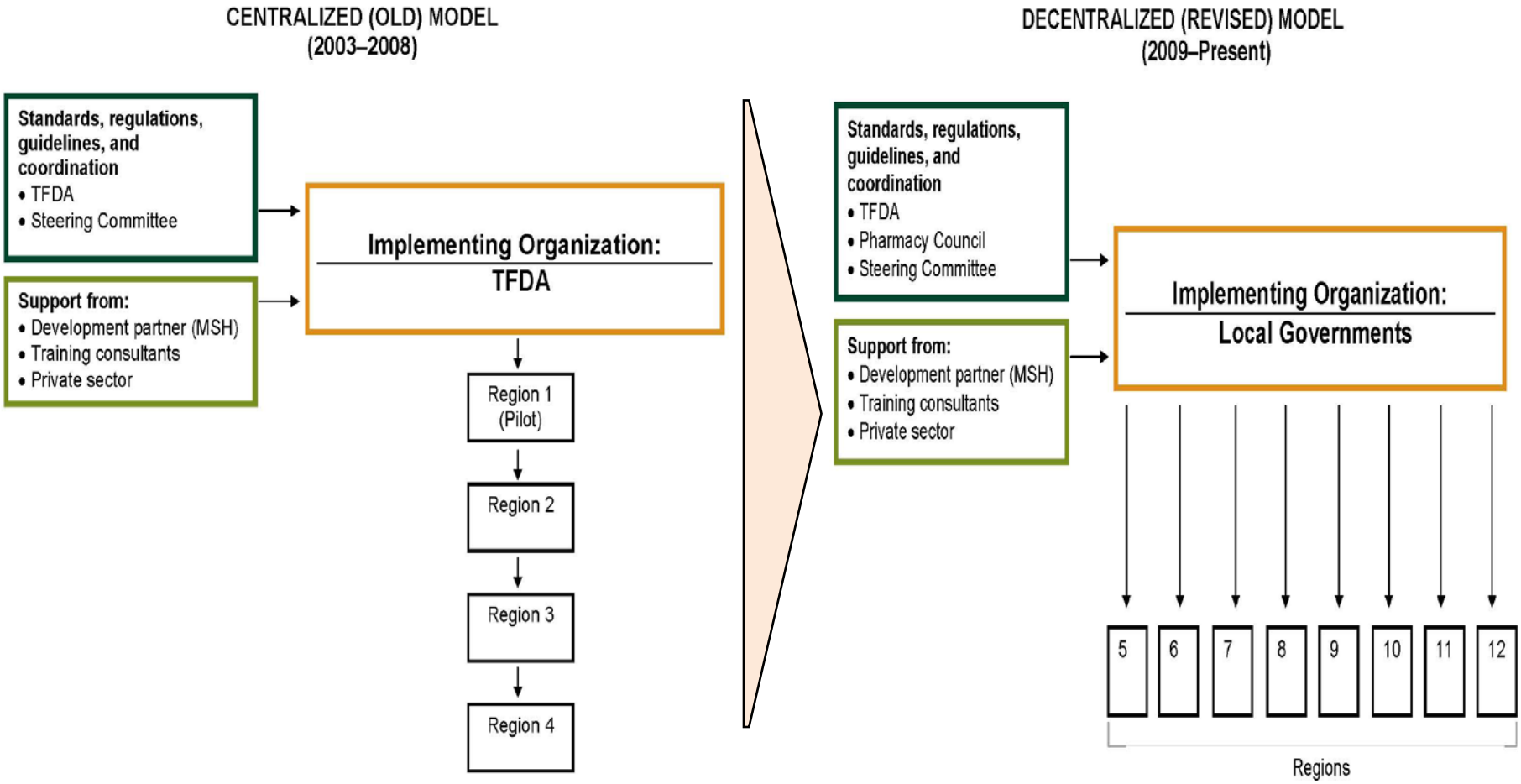
Decentralized Implementation to Support Scale-up



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Partnerships Critical for Success

Government of Tanzania

Duka la Dawa Muhimu

Owners & dispensers

Bill & Melinda Gates foundation

DANIDA

USAID FROM THE AMERICAN PEOPLE

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

The Rockefeller Foundation

Clinton Health Access Initiative

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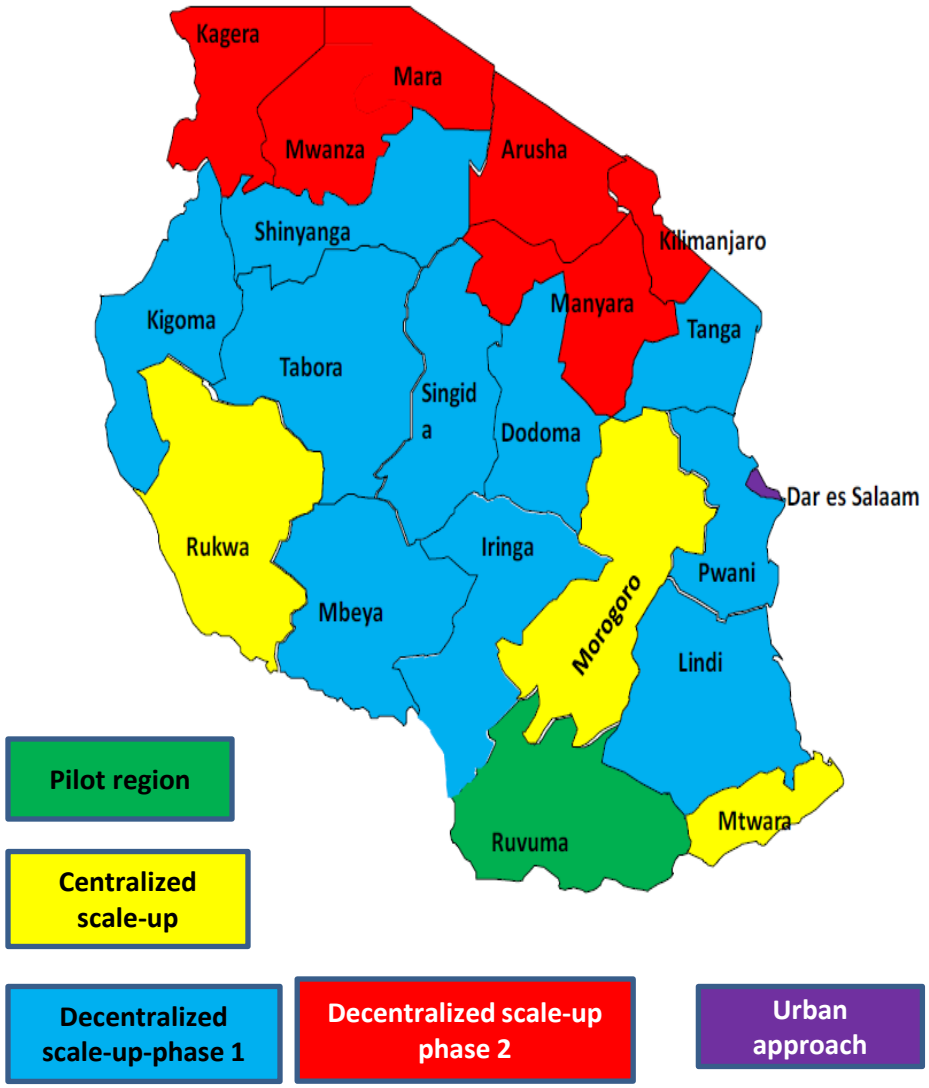
ADDO Program Status



As of December 2013	
Regions scaled up	21
Total no. of drug shops	9,226
Shops accredited (ADDOs)	5,542
Shops in application process	3,684
Trained dispensers	13,625
Trained district inspectors	262
Trained ward inspectors	3,000

Expanding the Scope of the ADDO Initiative

Integrated Management of Childhood Illness
Access to artemisinin-based combination therapy and insecticide-treated nets
Link to community-based HIV/AIDS palliative care and information
Family planning
Accreditation of ADDOs by National Health Insurance Fund

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Chronic Illnesses Reported by Households in Four Regions of Tanzania (2013)

Type of chronic disease experienced	No. with disease (n=921)	Proportion with chronic illness (prevalence)	% currently on treatment
Cardiovascular diseases	70	7.6%	96.3
Arthritis, chronic body pain	45	4.9%	80.0
Asthma, wheezing, chronic difficulty breathing	44	4.8%	86.4
Ulcer, chronic stomach pain	42	4.6%	81.0
HIV infection, AIDS	23	2.5%	87.0
Diabetes, high blood sugar	18	2%	77.8
Epilepsy, seizures, fits	17	1.8%	82.4

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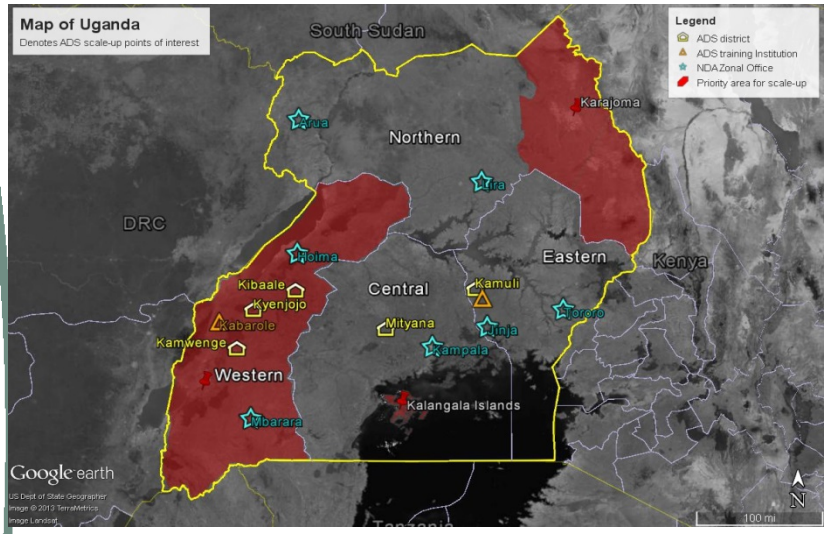
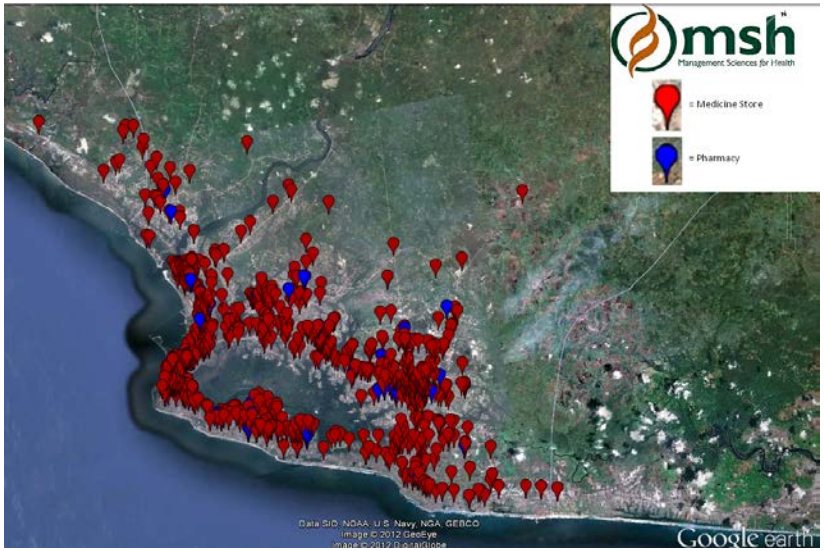
ADDO Model Transfer to Uganda and Liberia





As of August 2013, Uganda had 409 Accredited Drug Shops, 721 ADS Sellers, 93 local drug Monitors, and 435 owners Trained in 4 districts

As of August 2013, Liberia had 280 Accredited Medicine Stores, 358 AMS dispensers, 17 inspectors, and 160 owners trained in 1 county

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Challenges to Program Development and Execution

- Balance between needed government support and public health priorities
- Rather complex processes to revise laws/regulations to accommodate the initiative
- Assuring public health focus, quality care, and fair pricing in a for-profit environment
- Resource mobilization to meet the high costs of full scale-up
- Assuring consistent local regulatory oversight with large number of ADDOs around the country
- Increasing consumer education and advocacy in relation to ADDO services and appropriate use of medicines
- Reaching the “poorest of the poor”
- Maintaining availability of trained personnel to fill openings
- Inadequate budgeting by district councils for routine inspections

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How ADDOs Address the Four Challenge Areas (1)

Demand

- Drug demand often driven by convenience and frequent stock-outs in the public sector
- ADDOs are convenient and can fill gap in case of stock-outs or refill prescriptions for some chronic conditions
- Patients tends to prefer ADDOs' more personalized service and flexibility in payments
- ADDO is still a major source of medicines at household level [2013 household surveys]

Supply Chain

- Expanded list of medicines legally allowed in ADDOs was an incentive for suppliers to extend their distribution in ADDOs' regions
- Regulations provide for establishment of ADDO-restricted wholesale category
- Pooled procurement coordinated through district-based ADDO associations appears to be feasible

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How ADDOs Address the Four Challenge Areas (2)

Selection

- Selection of authorized medicines list was based on primary health services list, storage conditions, qualifications of personnel, and public health priorities
- Focus on acute childhood conditions such as malaria; chronic illness such as hypertension and mental health were also considered
- Regular review and update of the list to address public health needs is an important component

Pricing/Financing

- Availability of closer suppliers reduces ADDOs' costs, hence possible reduction in prices
- Experience with malaria and family planning programs has shown that subsidies of essential commodities through the private sector is feasible
- Linking ADDOs with insurance schemes has reduced out-of-pocket payments
- Micro financing loans to ADDOs can improve availability of medicines

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Lessons from ADDOs to Apply to MNS Efforts (1)

- ADDOs have been used as a platform for community-based public health interventions (e.g., malaria); good place to build MNS community-based program
- Households that need uninterrupted access to MNS medicines are already served by ADDOs
- Introducing MNS medicines would require additional training, supervision, and regular monitoring for existing dispensers, but could be included in the program for ongoing training

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Lessons from ADDOs to Apply to MNS Efforts (2)

- Linking ADDOs with insurance schemes offers mechanism to reduce out-of-pocket payments for MNS patients
- Key to ADDO success relies on key stakeholder buy-in, local ownership, and collaboration among government, private sector, and development partners
- Especially in rural settings, ADDOs' extended list of medicines broadens legal access to quality-assured pharmaceuticals; efforts could be made to include essential MNS medicines on the list

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Asante Sana!

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