

Accredited Drug Dispensing Outlets: Improving Access to Quality Drugs and Services in Rural and Periurban Areas with Few or No Pharmacies

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Background

After an assessment of the Tanzanian pharmaceutical sector, carried out April–May 2001 and co-sponsored by the Ministry of Health and Management Sciences for Health (MSH), a pilot program was created to establish a network of accredited drug dispensing outlets (ADDOs) that would provide selected essential medicines (nonprescription and prescription) and other health supplies to four districts in the Ruvuma region.

Where Do People Buy Their Medicines?

Much of the Tanzanian population purchases pharmaceutical products from small drug shops called *duka la dawa baridi* (DLDB), which are licensed to sell only over-the-counter drugs but frequently also sell prescription medicines.

- Tanzania is served by approximately 339 pharmacies registered with the Tanzania Food and Drugs Authority (TFDA) and more than 4,600 DLDB, or nonpharmacy drug outlets.
- Seventy-six percent of all pharmacies are concentrated in three urban centers—Dar es Salaam, Arusha, and Mwanza—yet the majority of Tanzania's population live in rural areas.
- Approximately 17 percent of the population has access to a registered private pharmacy.

Why Do People Use DLDB Instead of Public Health Facilities?

- Close proximity
- No consultation fees
- Flexible payment methods (e.g., credit, daily dose/daily payment, barter)
- Perception of greater privacy and confidentiality
- Perception that expertise and quality of care are adequate
- High stock-out rates at primary health care facilities



What Are the Problems with DLDB?

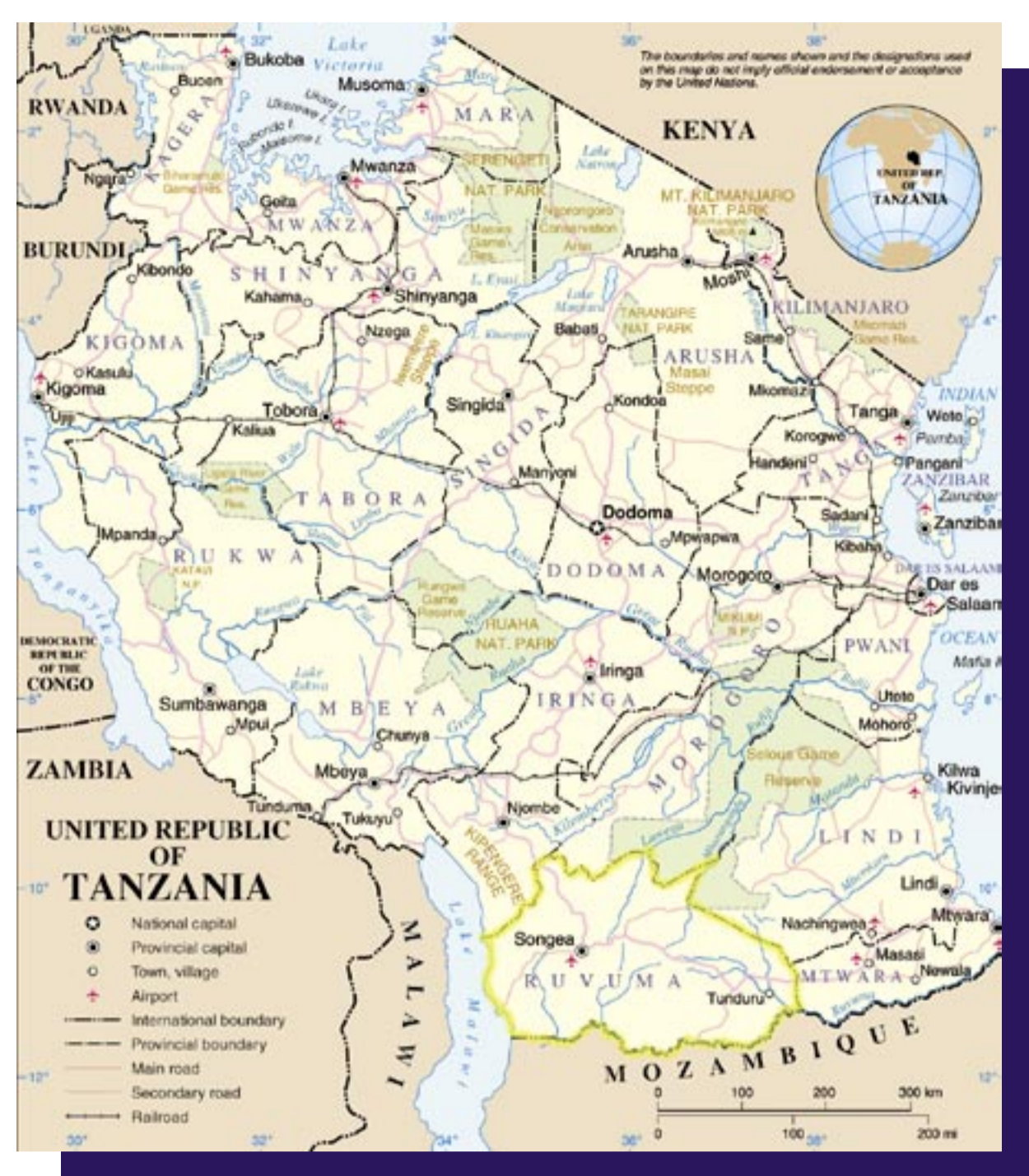
- Insufficient number of qualified staff
- Lack of drug quality assurance
- High drug prices
- Prescription drugs often sold illegally to meet consumer needs
- Inadequate enforcement of regulations
- Source of drugs is unreliable

Program Objective

Using a combination of training, marketing, commercial incentives, inspection, and support strategies, the program seeks to transform DLDB into a regulated system of profitable ADDOs, providing a range of quality drugs and professional services to underserved populations.

Intervention Overview

- In-depth advocacy activities with government and nongovernment stakeholders
- New regulations and standards for nonpharmacy drug outlets—including authorization to sell a limited number of prescription drugs
- Decentralization of regulation and inspection
- Implementation of TFDA-approved dispenser, owner, and local inspector training programs
- Simplification of tax code for ADDOs
- Marketing program focused on changing consumer demand/expectation of quality products and services

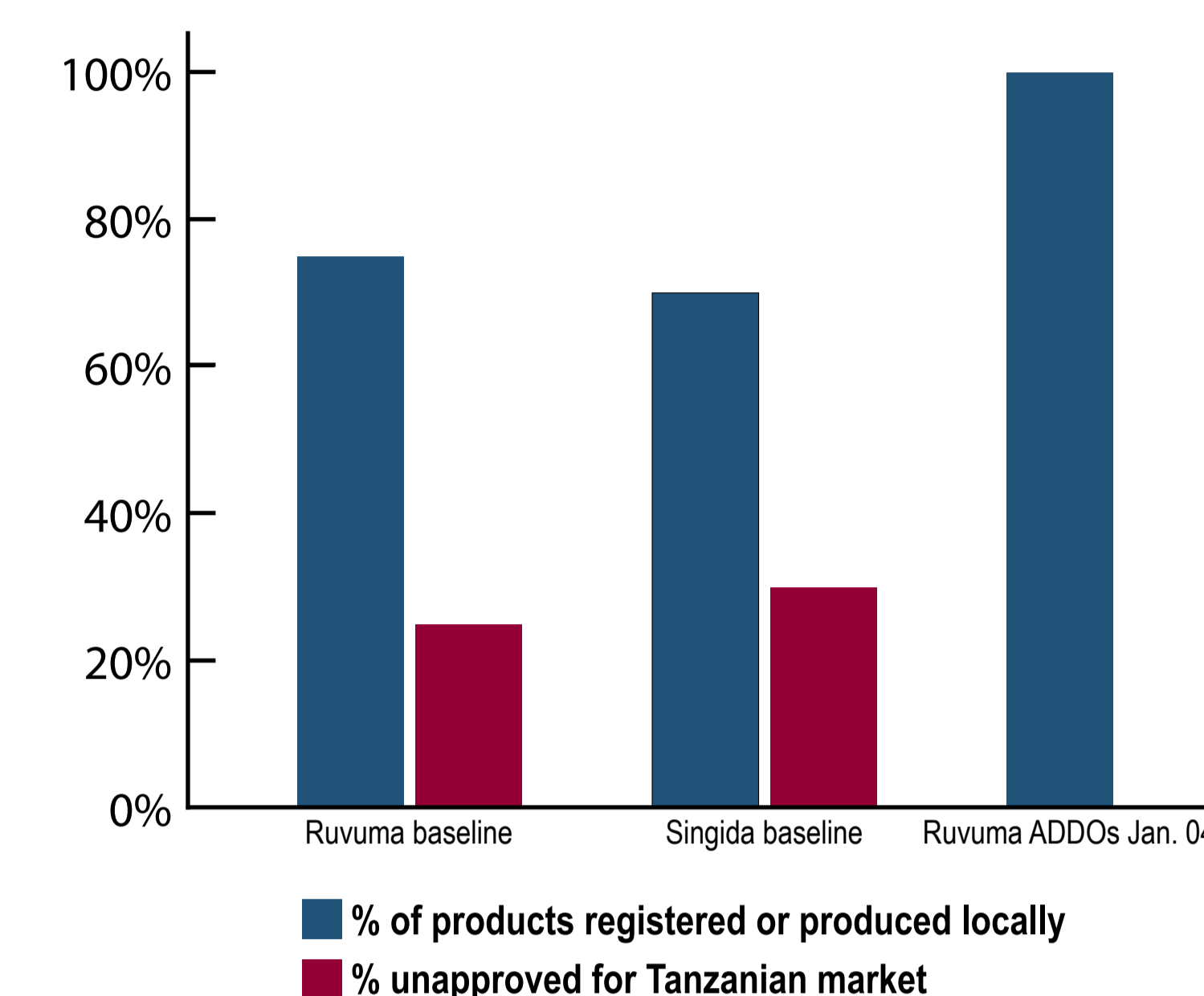


Interim Results

A survey conducted in January 2004 in 22 ADDOs in the Ruvuma region showed improvements in several dimensions of access.

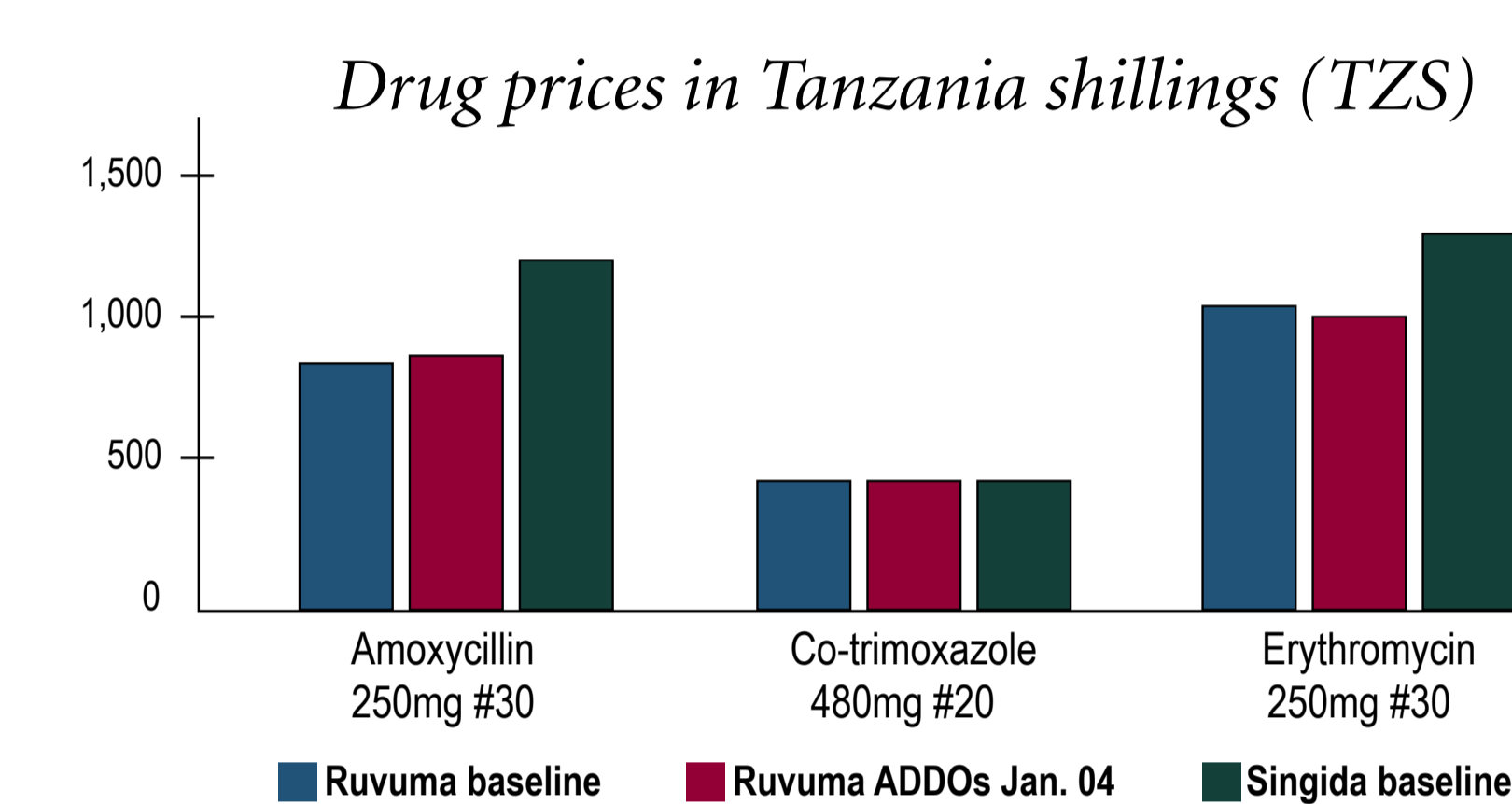
Quality

One hundred percent of drugs in the January 2004 survey were TFDA-registered/approved, an indication of improved drug quality. However, comparison to baseline is not clear, as the drug lists differed.



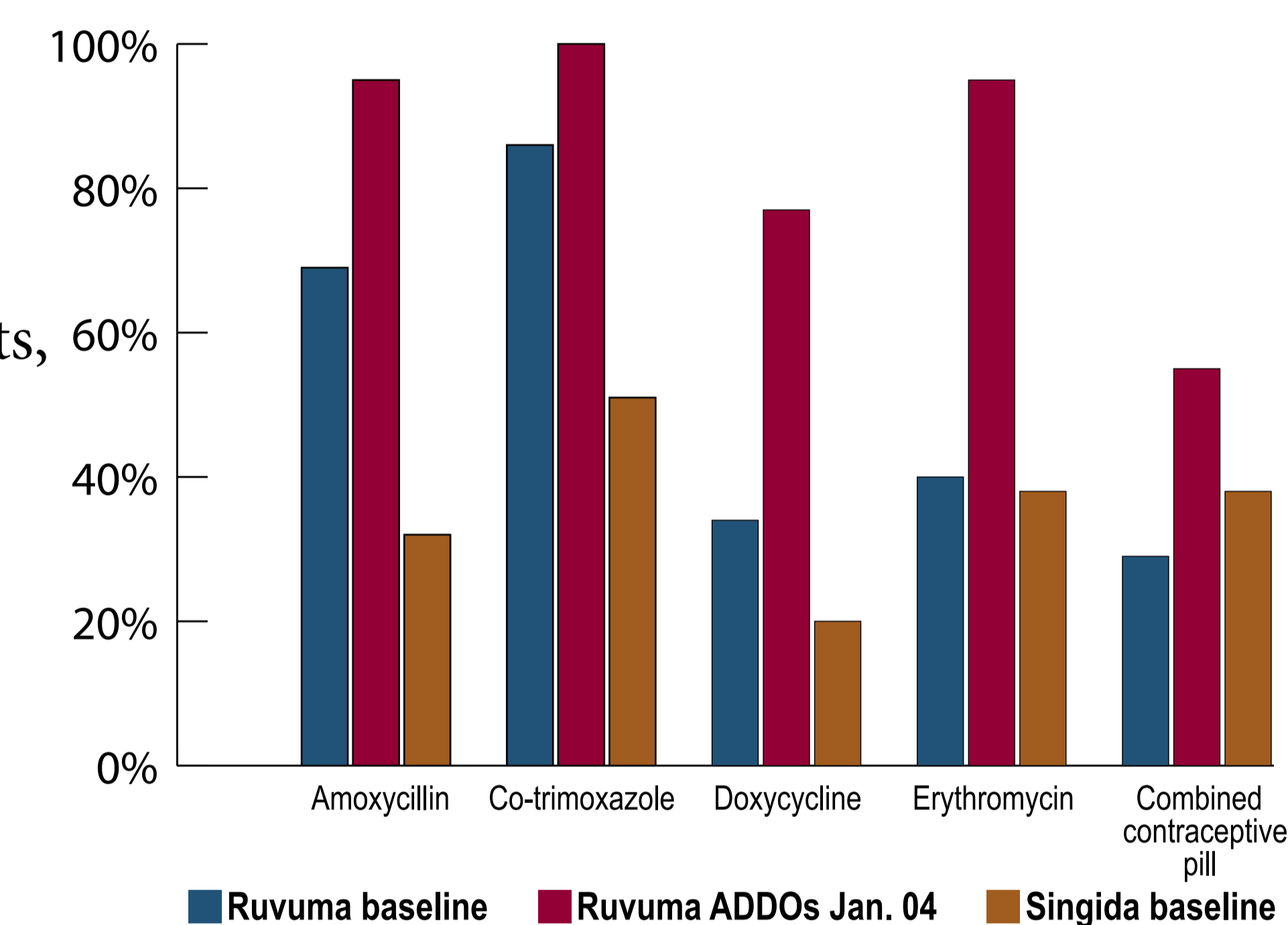
Affordability

In comparison with baseline results, the average cost of therapy for a course of essential drugs has remained stable despite increased owner expense (e.g., premises improvements, expanded inventory) to meet new regulatory standards.



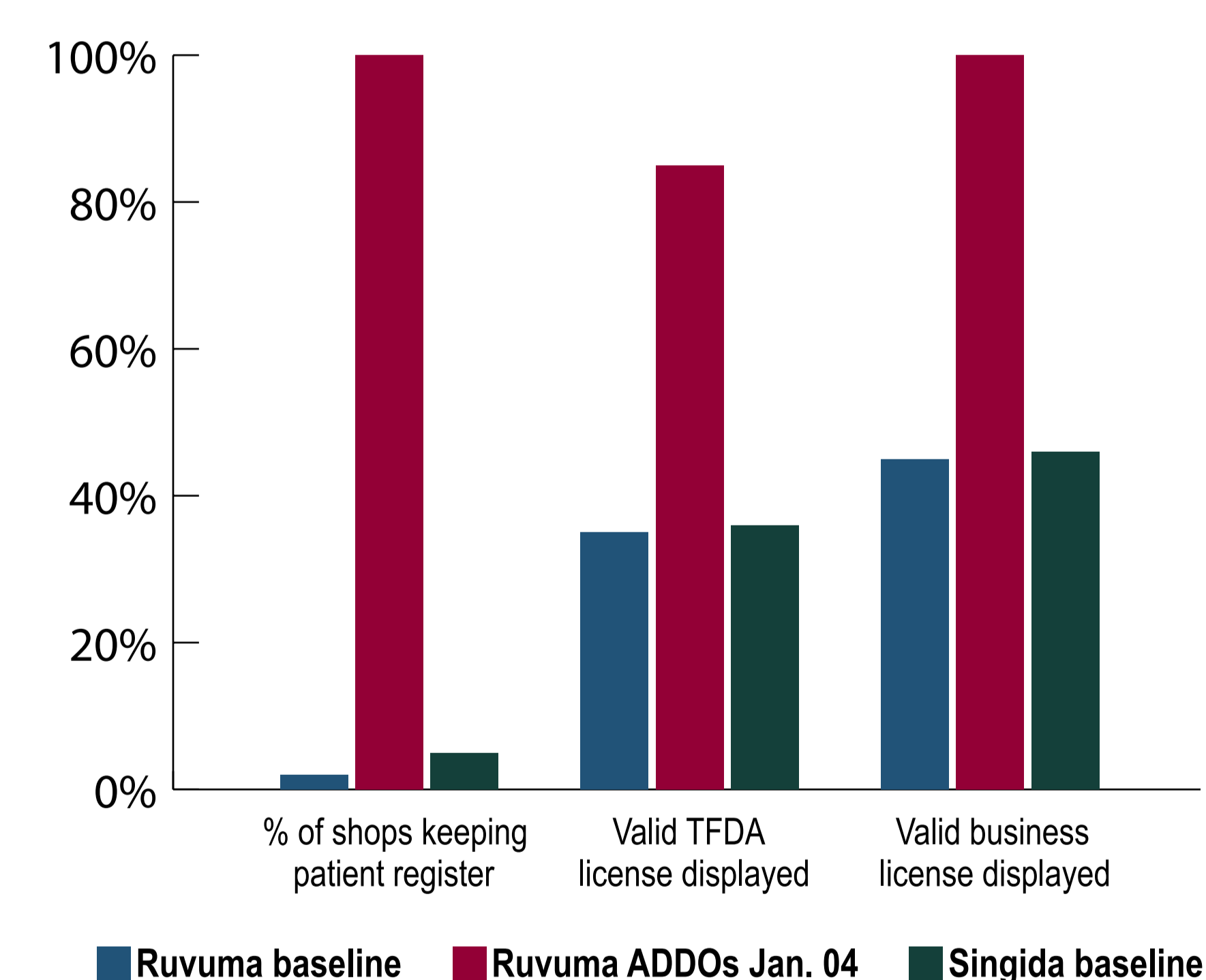
Availability

In comparison with baseline results, essential drugs are more widely available. A likely contributing factor is the establishment of the first full-service TFDA-registered wholesaler in the Ruvuma region.



Regulatory Adherence

A local inspection authority has been established; comparison of two baseline regulatory markers—availability of patient/drug register and display of valid TFDA and business license—reveals significant improvement.



Conclusion

Drug management issues typically seen in rural drug outlets are being addressed by an accreditation program designed with extensive input from both public and private sector stakeholders. Growing acceptance of the accreditation program is evidenced in part by an increased customer base and sales volume at ADDO shops, as well as by a growing number of substandard shops converting their businesses to become ADDOs. While the interim results are promising, the full impact and sustainability of the program will not be established until the final evaluation, which will take place in November/December 2004.

ADDO Totals

