Access to Medicines – Background

• Most people in developing countries get their medicines from retail drug sellers
• The Strategies for Enhancing Access to Medicines project assessment in 2001 showed that:
  o Tanzania had more duka la dawa baridi than all other health facilities combined (4,627 versus 4,288)
  o Ghana had 1,000 pharmacies (the vast majority in urban areas) and almost 8,000 registered chemical sellers
• In Uganda, 51% of the population gets medicines through the private sector and mainly the retail drug sellers (579 licensed pharmacies compared to over 6,000 drug shops in 2011)
Drug Sellers – The Problem

• Selling of unauthorized medicines
• Dispensing of medicines by unqualified personnel
• Inadequate storage space and conditions for stocking of medicine
• Inadequate record keeping
• Inadequate regulation
Drug Sellers – The Opportunity

- Close proximity—majority of the rural population lives within 5 km of a drug shop
- Perception of being more personal
- Offer flexible payment and credit
- More widely distributed; fewer licensed pharmacies in rural areas
- Public facilities often experience stock outs
Accredited Drug Sellers – The Solution

- Building private sector capacity
  - Business skills of owners
  - Training of dispensers

- Providing incentives
  - Expanded list of medicines to sell
  - Loans

- Ensuring quality services
  - Record keeping; inspections
  - Mentoring and supervision

- Ensuring availability of quality products
  - Only stock products approved by drug authority
  - Use of local suppliers
  - Inspections

- Increasing consumer awareness
  - Marketing; advocacy; information; education
Accredited Drug Dispensing Outlets – Tanzania

Regions in initial stages of ADDO implementation:
- Dar es Salaam
- Dodoma
- Arusha
- Kilimanjaro
- Tanga
- Pwani
- Morogoro
- Lindi
- Mbeya
- Rukwa
- Kigoma
- Kagera
- Mara
- Mwanza
- Shinyanga
- Tabora
- Singida
- Manyara
- Tanganyika
- Singida
- Dodoma
- Morogoro
- Lindi
- Ruvuma
- Mtwar

Regions covered: 14

Functioning ADDOS: 3,484

Potential ADDOs: 5,853

Dispensers trained: 7,126
Zambia
• Piloted in 4 districts: Lundazi, Chama, Chinsali and Kasama
• Accreditation program (adapted from Tanzania ADDO model), ACT price subsidy, RDT price subsidy, and community awareness campaigns
• 50 outlets accredited by July 2011

Liberia
• Implementing adapted ADDO model in Montserrado county
• Planned scale-up nationwide
Accredited Drug Shops – Uganda

- ADDO-adapted model piloted in Kibaale district (2010)
- 73 out of 85 Class C drug shops accredited to operate as ADS at the end of the pilot
- 246 drug sellers and 82 owners trained
- Local monitors trained
- Implementation underway in 4 additional districts (2012)
Public Health Interventions Integrated into Accredited Drug Seller Initiatives

Supporting Integrated Community Case Management of Childhood Illness (Malaria, Diarrhea, Pneumonia)

- Counseling on family planning; initiating oral contraceptive/condom use
- Counseling mothers on newborn care and nutrition
- Providing access to ACTs and insecticide-treated nets
- Linking to community-based HIV/AIDS information/palliative care provision
Potential maternal health services:

- Assessment for danger signs in pregnancy and referral
- Counseling on when and where to access antenatal care and postnatal checks – HC II, III, IV, Hospital
- Monitor medicine use during the antenatal period
- Counseling on the need for Facility Based Deliveries and safe delivery practices
- Distribution of safe delivery kits

The Case for Accredited Drug Sellers in Maternal Health

1. Community-based access
2. Often first point of contact for health care-seeking patients
3. Majority of dispensers are women with a nursing background who live in the community
The Road Ahead in Uganda – Garnering support and partners to expand access

<table>
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<tr>
<th>Review existing legislation on access to medicine</th>
<th>Strengthen ADS regulatory and supervision system</th>
<th>Evaluate and recalibrate</th>
<th>Expand and scale up</th>
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<tr>
<td>Incorporate ADS in existing laws and regulations</td>
<td>Enhance ADS role in community based access to medicines and care</td>
<td>Develop scale-up plan and build donor support</td>
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Key Lessons Learned

• The accredited drug seller model provides a platform for increasing private sector access to medicines while ensuring the quality of services and products provided.

• As shown in Tanzania’s ADDO program, private sector accredited drug seller initiatives are sustainable and scalable—but:
  - They require human and financial resources, high stakeholder participation, and commitment.
  - It takes time to effectively integrate new public health interventions into an established model; planning is required.

  ▪ Intervention focus may not fall under core functions of regulatory bodies.
Saving lives and improving the health of the world’s poorest and most vulnerable people by closing the gap between knowledge and action in public health.