Increasing Access to Medicines through Accredited Drug Dispensing Outlets (ADDOs): An Innovative Public-Private Partnership

American Chemical Society Webinar Seminar Series

April 18, 2012

Edmund Rutta, MD MPH
The World Health Organization considers equitable access to safe and affordable medicines as vital to the attainment of the highest possible standard of health by all.

[Access to medicines-Statement 13 March 2009]
Developing countries continue to face low availability and high costs in relation to essential medicines.
Barriers to Increasing Access

Increasing access to medicines in developing countries, especially for the poor, offers many challenges. These can be crystallized into two main areas:

• How to increase access to affordable existing medicines in resource-poor settings

• How to find new ways to promote the development of new medicines and vaccines to treat diseases of poverty

Drug Sellers and Access to Medicine

- Private drug sellers are important sources of medicines in Africa. Drug sellers are common:
  - Ghana: Approximately 8,000
  - Tanzania: More than 7,000 (duka la dawa baridis [DLDBs])
  - Vast majority of population lives < 10 km from a drug seller

- Drug outlets dot the countryside, especially in rural areas where the number of licensed pharmacies is extremely limited

- Tanzania has more than 400 licensed pharmacies; 60-70% are located in four major cities
Problems of Duka la Dawa Baridi (DLDB)
ADD0 program takes a holistic approach through a “package of interventions”

• Build private sector capacity
  ✓ Business skills of owners
  ✓ Dispensing and communication skills

• Provide incentives
  ✓ Ability to sell expanded range of legally sold medicines
  ✓ Loans

• Enhance availability and quality of products
  ✓ 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
Availability of Recommended Products for Uncomplicated Diarrhea

<table>
<thead>
<tr>
<th>Location</th>
<th>ORS (%)</th>
<th>Zinc tabs 200mg (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mara</td>
<td>68%</td>
<td>31%</td>
</tr>
<tr>
<td>Singida</td>
<td>77%</td>
<td>28%</td>
</tr>
<tr>
<td>Ruvuma</td>
<td>59%</td>
<td>38%</td>
</tr>
</tbody>
</table>

ORS: Oral Rehydration Solutions
Zinc tabs 200mg: Zinc Sulphate Tablets
Availability of Antibiotic-amoxycillin caps 250mg

- Singida: Baseline 41%, Endline 93%
- Mara: Baseline 42%, Endline 48%
Availability of Antimalarials in Tanzania 2002-2010

Artemether Lumefantrine

- 2002: 41%
- 2004: 61%
- 2010: 68%

SP tabs

- 2002: 61%
- 2004: 83%
- 2010: 68%
Availability of Antimalarial Products in Accredited Drug Shops (ADS) Uganda

Outcome measure: dramatic decline of SP and CQ which are not recommended in the STG for uncomplicated malaria

<table>
<thead>
<tr>
<th>Location</th>
<th>ALU Baseline</th>
<th>ALU Endline</th>
<th>Chloroquine Baseline</th>
<th>Chloroquine Endline</th>
<th>SP Baseline</th>
<th>SP Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kibaale</td>
<td>5%</td>
<td>87%</td>
<td>2%</td>
<td>32%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Mpigi</td>
<td>6%</td>
<td>90%</td>
<td>7%</td>
<td>7%</td>
<td>100%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Management Sciences for Health
Percent of Drug Outlets Dispensing Malaria Treatment According to Recommended Guideline

- 2002: 6%
- 2004: 24%
- 2010: 63%
Percentage of Encounters with Appropriate Malaria Treatment in Uganda

<table>
<thead>
<tr>
<th>Location</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kibaale</td>
<td>6%</td>
<td>68%</td>
</tr>
<tr>
<td>Mpigi</td>
<td>5%</td>
<td>47%</td>
</tr>
</tbody>
</table>
Percent of Products in ADDOs that were not Registered with the Drug Regulatory Authority

- Baseline 2001: 26%
- Endline 2004: 2%
- ADDOs 2010: 0%
Opportunities for Rural Women

Women comprise 25-40% of ADDO owners and about 90% of all licensed dispensers.

“By opening a Duka La Dawa Muhimu, I have improved my income, and I can now help my family by paying for my nieces’ and nephews’ school fees.”  
—Frieda Komba, ADDO owner
Tanzania
- July 2011, 49% (3484/7122) of drug shops accredited in 14/21 regions
- 7,226 dispensers trained

Uganda
- ADS pilot completed in Kibaale district
- 73/85 (86%) Class C shops accredited; 246 drug sellers trained
- Approval granted to go to next phase leading to national scale-up
Status of Accredited Drug Seller Implementation (2)

Zambia
- Pilot in 4 districts: Lundazi, Chama, Chinsali and Kasama
- Accreditation program adapted from Tanzania’s ADDO model; antimalarial and rapid diagnostic test price subsidy; community awareness campaigns
- 50 outlets accredited as of July 2011

Liberia
- Planned ADDO model adaptation in Montserrado county, which has 80% of all drug outlets in Liberia. As of January 2012, 635 medicines store have been mapped
Key Take-away Messages

• Improving access to quality medicines and services of unregulated, untrained private drug sellers who are the primary source of medicines is critical if we want to create sustainable health systems.

• Addition information at:
  • http://www.youtube.com/watch?v=Y6TnTjxsVTA
  • http://www.youtube.com/watch?v=57JRzaj0L3U&list=UU5kMCKae_a-2f1f7r11mmmg&index=10&feature=plcp
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.