

## 4. Example: helping pharmacists dispense good drugs in Tanzania

### Context

Duka la dawa baridi (DLDB) are retail outlets authorized by the Tanzania Food and Drugs Authority (TFDA) to provide non-prescription medicines in the private sector. With an estimated 4600 stores, DLDB is the largest network of licensed retail outlets for medicines in Tanzania. However, dispensing staff at these stores often lack basic qualifications and training, and the quality of medicines varies.

### Technical support

Management Sciences for Health's (MSH) Strategies for Enhancing Access to Medicines Program has helped to address this problem. It provided technical support to the Ministry of Health in Tanzania to develop an accredited drug dispensing outlet (ADDO) program to improve access to affordable, quality pharmaceuticals and services at retail outlets in rural or periurban areas, where few registered pharmacies exist. The programme aimed to combine training, supervision, and monitoring of ADDO owners and dispensers, as well as financial incentives to ensure adherence to national standards.

The TS provided by MSH has included:

- › Developing food and drug accreditation based on government-instituted standards and regulations.
- › Training and supervising dispensing staff.
- › Measures to raise consumer awareness of drug-quality and the importance of treatment compliance.
- › Improving legal access to a limited list of basic, high-quality essential medicines.
- › Improving local regulatory capacity.



## Results

The first shops received accreditation by the TFDA in August 2003 and within three years, 279 shops had been accredited across the pilot region of Ruvuma. Results of an evaluation comparing ADDOs with a control group of DLDBs in the Singida region showed significant improvements:

The proportion of unregistered medicines in Ruvuma was reduced by a factor of 13, from 26 percent to 2 percent. As a result of this improvement, people in Ruvuma now have a 1 in 50 chance of buying an unapproved medicine, compared to a 1 in 10 chance for the people of Singida. Just 14% of ADDO attendants in Ruvuma recommended antibiotics for upper respiratory tract infections, compared to 39% of DLDB attendants nationwide in 2001 (antibiotics are not the recommended treatment for upper respiratory track infections). ADDOs in Ruvuma now have a legal right to sell selected antibiotics and are selling them more responsibly than in 2001, while DLDBs are still forbidden from selling prescription medicines. The Tanzania Food and Drug Administration implemented regulations in which the local government, acting on behalf of the TFDA, is responsible for regulating (licensing and inspecting) ADDOs.





The lesson learnt is that pharmaceutical services in developing countries can be substantially improved through technical support: i.e. training, accreditation, and regulation of private-sector drug sellers. Even prescription medicines can be rationally dispensed through local outlets, but monitoring is necessary to support improvements in rational use.