

Project Demand Generation for Amoxicillin-DT and Zinc/ORS Co-pack in Accredited Drug Dispensing Outlets

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EVERY WOMAN
EVERY CHILD



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Project Overview

- Pneumonia and diarrhea are leading killers of the world's youngest children. Accounting for 29% of deaths among children under age 5 worldwide – or more than 2 million lives lost - each year despite the availability of simple treatment solutions. This toll is highly concentrated in the poorest regions and Tanzania is among.
- Tanzania has made considerable progress in the reduction of child mortality although diarrhoea and pneumonia continue to rank among the three leading causes of under five deaths.
- According to the Ministry of Health and Social Welfare (MoHSW), the number of children under five years seeking outpatient care for diarrhoea and pneumonia are 1.3 million and 1.6 million, respectively. (Annual Health Statistical Tables and Figures, MoHSW 2011).
- Since Tanzania is among pathfinder countries of UN Commission on Life-Saving, it has already developed a plan to improve access to the 13 lifesaving commodities, including specific activities related to oral rehydration salts (ORS), zinc, and amoxicillin dispersible tablets (DTs).
- To compliment government and UN efforts in decreasing child mortality rate in Tanzania, PST has received funds from JHU to support its mission to improve community access to new products to treat childhood pneumonia and diarrhea—amoxicillin DTs and ORS/zinc co-packs by advocating private sector (Accredited Drug Outlets- ADDO and Pharmacies) to stock and hence improve access.



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saving lives

Use of I-Kit Resource

Step One: Situational analysis: Many people in resource-limited countries prefer to seek health care from the private sector due to convenience and availability of medicines. A study of sub-Saharan Africa showed that the median use of retail drug outlets during child illnesses was around 50%, and that caretakers used retail shops even when cheaper alternatives existed. Private sector drug shops are particularly important for providing access to essential medicines and health care referrals to the poor. In sub-Saharan Africa, 10.5% of people in the lowest wealth quintile sought primary care from drug shops, compared to just 2.8% of people in the highest wealth quintile.

Step two: vision: ADDOs and Pharmacies stock and dispense Amoxicillin – DT and Zinc/ORS Co – pack for under-five to all under-five children diagnosed with pneumonia and diarrhea.

Step three: Target group: In this intervention, primary audience are ADDOs & Pharmacies Dispensers and Influencing audience are Owners of ADDOs, Pharmacies, Region and Council Health Management Teams (RHMT & CHMTs).

Step four : Key message: Give them a chance to smile and survive use Amoxicillin DT and Zinc/ORS Co-pack for under-five children with pneumonia and diarrhea.

Step five: Activities and Interventions: Conduct training and sensitization meeting to RHMT,CHMT, Owners and dispensers.

Step six: Monitoring and Evaluation: Remote monitoring using online platform and physical validation.

Key Activities

- Baseline survey (situational analysis)
- Training of trainers (ToTs) and sensitization materials developed. Material includes updates on the management of pneumonia and diarrhea for underfive children
- Six (6) ToTs have been oriented
- Advocacy, recording and monitoring tools developed and printed (Drug registers, Posters, Mobile use & platform)- distributed to Mkuranga and Rufiji
- Sensitization to Regional and District Health Teams (Mkuranga and Rufiji)
- Trainings to owners and dispensers of ADDO and Pharmacies (Mkuranga and Rufiji)
- E- monitoring, data collection, aggregation – Not yet done
- Physical supervision for validation – Not yet done



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Project Highlights

- Almost all ADDO dispensers are women who are likely to adhere new treatment policies for children and who are likely to be well-respected by the communities they serve
- Existence of ADDO associations will help promote the new products; in addition, associations that are pooling member procurement requests and working with distributors will help guarantee consistent availability of the target products
- After IMCI training, dispensers learned to identify children with danger signs, including those related to pneumonia and diarrhea, and provide appropriate treatment/referral. Dispensers have shown interest in following the national guidelines
- Inconsistence supply of products from importers to the private outlets
- Because ADDOs and Pharmacy dispense based on prescriptions from health facilities, increased access via this channel depends on prescribers' practices regarding the two products. A different organization is handling orientation to the public sector
- Co-existence of the old and new amoxicillin, ORS, and zinc products (and a higher cost for co-pack) that hinder market penetration of the new products
- Participation of both owners and dispensers in training. Many owners are also employed elsewhere and may not attend scheduled sessions



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Recommendations

- Importers and wholesalers pharmacies should improve and strengthen their marketing strategies especially for these two products
- These products should be included on price lists of all health insurance schemes
- More sensitization should be done to prescribers, owners and dispensers especially in private sector
- Zinc/ORS co-pack not user friendly and cost effective approach, is there any possibility of mixing Zinc in ORS sachets
- Need to facilitate collaboration between district health teams and PST/Pharmacy council/ Ministry of Health and social welfare to provide supportive supervision and validate SMS reporting at ADDOs both in person and via mobile phone
- Need to develop national indicators that ADDOs will report on periodically via mobile phone



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