

ADDO-Tanzania

(Accredited Drug Dispensing Outlet)

ADD0 seeks to...

“Improve access to affordable, quality medicines and pharmaceutical services in retail drug outlets in areas where few or no registered pharmacies exist”

Goal

Actions

Measure

Next
Steps

ADDO brings training to sellers and lower prices to typically underserved populations

Goal

Actions

Measure

Next Steps

Target Population

- Rural populations
- Peri-urban populations
- High user satisfaction

Needs Addressed

- Access to high quality and affordable medicines
- Lack of training of medicine sellers

Pricing

- Subsidized price of \$8*
 - Patient pays \$1
 - NGOs pay remaining \$7

ADDO offers a clear value proposition to a targeted population mainly in diagnosis and treatment links of the value chain

* Rutta et al. 2011 *Health Research Policy and Systems* 9:22

ADDO's value proposition focuses on diagnosis and access to therapy

- Goal
- Actions**
- Measure
- Next Steps

Monitoring & Preventing	<ul style="list-style-type: none"> • Prevention counseling on risk factors 	<ul style="list-style-type: none"> • Prevention products such as ITNs 		
Diagnosing	<ul style="list-style-type: none"> • Explanation of the disease and its progression 	<ul style="list-style-type: none"> • Diagnose basic diseases through process algorithms 	<ul style="list-style-type: none"> • Identify complications and refer to health facilities 	
Preparing	<ul style="list-style-type: none"> • Access to treatment for comorbidities 	<ul style="list-style-type: none"> • Stress importance of compliance to prevent resistance 		
Therapy	<ul style="list-style-type: none"> • Explanations on treatment and side effects 	<ul style="list-style-type: none"> • Affordable and standard quality care 	<ul style="list-style-type: none"> • Dispense prescription and OTC drugs 	<ul style="list-style-type: none"> • Dispense ADDO specific drugs
Recovering & Rehab				

ADDO has had an impact, measured through its four clearly defined metrics

Affordability

Malaria treatment prices at ADDO facilities dropped 44% compared to a 9% drop in the control DLDB

Availability

Average availability of all tracer items in pilot was 80%, as compared to control-53%

Clinical Quality

“Early signs showed that antimalarial monotherapies not recommended by NMCP are being ‘crowded out’ of the market.”*

User Satisfaction

94% of Ruvuma (pilot) clients answered “good” or “excellent” compared to 83% of Singida clients (control)

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SWOT Analysis

STRENGTHS

- Subsidized price increases population that can acquire meds
- Innovation: using existing distribution channels to improve diagnosis and accuracy of treatment

OPPORTUNITIES

- Proved to be a successful private-public collaboration
- Expansion into new regions

WEAKNESSES

- Lack of quality control might deteriorate ADDO's brand image
- High dispenser drop-out rates
- Apparent inability to scale up

THREATS

- Reliance on outside funding

Goal

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Next
Steps

ADDO must address certain sustainability challenges to continue delivering quality

Challenge

- Currently ADDO uses significant external funding
- After 2015 there is no secured funding



Proposed Action Plan

- Find additional funding from new partners
- Diversify revenue (One-stop-and-shop)
- Implement mandatory membership to regional owner/dispenser associations to improve less profitable shops

- Need for increased oversight and quality control



- Separate training from supervision authority (shift training to PC)
- Make subsidies conditional to quality standards

- Relatively low retention rate of licensed dispensers



- Require owners to get dispenser training
- Provide monetary/ownership incentives to dispensers
- Provide ADDO career development opportunities for dispenser

BACKUP

Large quantity of prescription drugs are sold illegally in Tanzania

Conditions in Tanzania

- 75% of the population lives in rural areas
- Low population density
- Major healthcare providers: public and mission hospitals
- Few patients afford medication (\$609 GDP per capita)

Map of population densities in Tanzania in 2012 removed due to copyright restrictions.



Healthcare Delivery and Access

- Dubious quality products and compliance
- Stock-outs of free medicines result in patients paying out-of-pocket
- Private retail shops (DLDBs) dispense essential prescription medications illegally
- Lack of qualified and trained pharmacist

ADDO, a private-public sector collaboration, trains medicine vendors that operate illegally

ADDO

- Collaboration of MSH (U.S.-based NGO) and Tanzanian FDA
- Funded by nonprofit organizations
- Collections of independent drug sellers that get accredited and are responsible for their shops

Delivers treatment
(Malaria, Pneumonia,
other WHO's essentials)

Trains DLDB employees
on best practices
(supplies and services)

Develops regulatory
policies for accredited
shops to follow

GOAL

“Improve access
to affordable,
quality
medicines and
pharmaceutical
services in retail
drug outlets in
areas where few
or no registered
pharmacies
exist”

Malaria Patient Value Chain: focus on diagnosis & therapy



Monitoring & Preventing	Diagnosing	Preparing	Therapy	Recovering & Rehab	Monitoring & Managing
<ul style="list-style-type: none"> • Prevention counseling on risk factors 	<ul style="list-style-type: none"> • Explaining the disease and its progression 	<ul style="list-style-type: none"> • Provide access to medicines that treat comorbidities 	<ul style="list-style-type: none"> • Explain treatment and side effects 	<ul style="list-style-type: none"> • Teaching patients how to track their own disease progress 	<ul style="list-style-type: none"> • Explaining the importance of therapy compliance
<ul style="list-style-type: none"> • Tracking infections and prevention techniques 	<ul style="list-style-type: none"> • Disease severity staging and comorbidity tracking 	<ul style="list-style-type: none"> • Evaluation of risk factors for severe disease 	<ul style="list-style-type: none"> • Access to affordable and standard quality care 	<ul style="list-style-type: none"> • Tracking improvement of symptoms, comorbidities 	<ul style="list-style-type: none"> • Disease staging, preparing for severity jump
<ul style="list-style-type: none"> • Community healthcare workers • Clinics 	<ul style="list-style-type: none"> • Access for primary wellness 	<ul style="list-style-type: none"> • Primary care center access • Access to support services 	<ul style="list-style-type: none"> • Access to affordable and standard quality care 	<ul style="list-style-type: none"> • In-home visits when clinic access is not feasible 	<ul style="list-style-type: none"> • Access to rapid help if severe complications develop

Direct impact
 No impact

Informing

Measuring

Accessing

ADDO's processes have increased access to approved antimalarials

Health outcomes

Monitoring & Preventing	Diagnosing	Preparing	Therapy	Recovering & Rehab	Monitoring & Managing
<ul style="list-style-type: none"> • Dispense prevention products such as insecticide treated nets (ITNs) 	<ul style="list-style-type: none"> • Follow process algorithm to diagnose basic diseases • Identify symptoms of complications and refer to health facilities 	<ul style="list-style-type: none"> • Provide access to medicines that treat comorbidities • Inform patients about side effects of medications • Stress importance of compliance 	<ul style="list-style-type: none"> • Dispense prescription and OTC drugs • Dispense ADDO specific drugs with clear treatment instructions 	<ul style="list-style-type: none"> • Managing symptoms • Managing comorbidities • Managing side effects • Providing support services 	<ul style="list-style-type: none"> • Identify and track risk factors for progression to severe disease

• **Relation to Healthcare:** partnered with National Malaria Control Program (NMCP) to dispense anti-malarial drugs approved by NMCP

• *“Early signs showed that antimalarial monotherapies not recommended by NMCP are being ‘crowded out’ of the market.”**

- Direct impact
- Indirect impact
- No impact

* Rutta et al. 2011 *Health Research Policy and Systems* 9:22

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