Engaging Private Drug Outlets in TB Case
Finding: Tanzania Experience

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Background

- 65% of health facilities are public and 35% are private
- The private sector providers are comprised of private hospitals, retail pharmacies, ADDOs, private laboratories, CSOs, and NGOs
- Only 10% of private health facilities provide a full range of TB services
- PPM for TB control is a priority and contributes 20% of the total number of annual TB cases notified
- No sales of TB medicines in the retail pharmacies
- Case detection is low: 42-52% among smear positive cases, more cases in the rural than urban areas
- Approximately 752 registered pharmacies and over 9,000 Accredited Drug Dispensing outlets (ADDOs)
  - 80% of ADDOs are in rural and peri-urban areas where there are more TB cases
Key Steps in Implementation

Consultative meetings and stakeholder consensus building

Assessment of knowledge and practice related to TB in 295 drug outlets

Intervention design and development of tools for referral

Trained 595 dispensers, sensitization of HWs and owners, and supervision

Printing of tools, screening and referral of presumptive TB cases to the nearby diagnostic facilities
Proposed Dispenser Roles in Improving TB Case Finding

• Identification of TB presumptive cases by taking thorough history for every client:
  – Requesting cough mixture or
  – Presenting with cough symptoms

• Educating TB presumptive cases on TB symptoms, importance of early diagnosis, and risks associated with not complying with the referral

• Facilitate referrals using developed referral forms

• Keep records of all referrals made
Sample of Referral Tools

Referral Book

TB Diagnostic Centers Directory

TB Training Materials
### Key Results

The percentage of TB confirmed cases among referred clients

<table>
<thead>
<tr>
<th>Selected Indicators</th>
<th>Supervisory Visit 1</th>
<th>Supervisory Visit 2</th>
<th>Supervisory Visit 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients with TB symptoms referred from drug outlets</td>
<td>206</td>
<td>292</td>
<td>89</td>
</tr>
<tr>
<td>Number of referred clients with TB symptoms sent for sputum check</td>
<td>75</td>
<td>81</td>
<td>30</td>
</tr>
<tr>
<td>Number of referred suspects that were confirmed TB cases</td>
<td>22</td>
<td>43</td>
<td>16</td>
</tr>
<tr>
<td>Percent TB confirmed among referred clients</td>
<td>11%</td>
<td>15%</td>
<td>18%</td>
</tr>
</tbody>
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## Cost of Pilot Implementation

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Training of dispensers (3 days)</td>
<td>$ 90</td>
</tr>
<tr>
<td>2</td>
<td>Sensitization of HCWs (1 day)</td>
<td>$ 60</td>
</tr>
<tr>
<td>3</td>
<td>Supervision per outlet (4x per year)</td>
<td>$ 90</td>
</tr>
<tr>
<td>4</td>
<td>Printing of IECs/ tools per outlet</td>
<td>$ 20</td>
</tr>
</tbody>
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### Distribution of Cost of PM Pharmacy Pilot Implementation

- **Trainings**: 31%
- **Sensitization of HCWs**: 15%
- **Printing of materials**: 4%
- **Supportive supervision visits**: 50%

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*Note: The distribution values add up to more than 100% due to rounding.*
Challenges in the Implementation of the Pharmacy and ADDO PPM Interventions

• High dispenser turnover
• Poor attendance at organized dispenser training
• Inadequate record keeping in HFs
  – Not all referrals were recorded in cough registers
• Geographical inaccessibility
  – Inability to visit all drug shops
• Referral completion
  – On average, only 38% of referred clients were found in the records of TB diagnostic centers
Scale Up Strategy (1)

- We had a successful pilot, now our focus is to scale up
- In collaboration with SIAPS, the draft strategy for PPM activities through private drug outlets has been developed and incorporated into National Strategic Plan 2015-2020

Proposed scale up plan:
- Use of phased approach starting with 8 regions with districts that have reported TB prevalence of above 138,000/100,000
- Adopting implementation strategies used during pilot
  - Sensitization of HWs, pharmacy and ADDOs owners
  - Training of dispensers
  - Printing and distribution of referral tools
  - Supervision and monitoring
Scale Up Strategy (2)

• Additional activities are considered to address challenges observed during pilot phase:
  • Integration of TB component into existing dispenser training curriculums
  • Community sensitization and explore use of community health workers for further follow up
  • Explore use of mHealth applications in reporting and tracking referrals
  • Involvement of RHMT, CHMT and community leaders for buy in and resource mobilization
Conclusion

• Retail pharmacies and ADDOs have the potential to contribute to early TB case detection in Tanzania
• The findings indicate there is room to enhance TB referral mechanism, and hence early case detection, through engagement of dispensers from private drugs outlets
• Coordinated efforts are needed to ensure ongoing support to dispensers to help them perform well
Way Forward

• Identify partners and resources for scaling up
  – Funding-Estimated Budget: 3,976,320 USD
    • Global Fund
    • Implementing partners
    • Comprehensive Council Health Plans (CCHP)
  – Coordinating Mechanisms
    • NTLP
    • Council Health Management Team (CHMT)
THANK YOU