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## ENGAGING PRIVATE-SECTOR DRUG DISPENSERS TO IMPROVE TUBERCULOSIS CONTROL



### CHALLENGE Reaching the undiagnosed

Tanzania is one of several countries with a high burden of tuberculosis (TB). With a bacteriologically-confirmed TB prevalence rate of 295 per 100,000 adults, TB case finding in Tanzania relies heavily on passive detection which contributes to relatively low case detection rates. Reaching missed TB cases has been identified by the World Health Organization (WHO) as a key priority in global TB control efforts, given that roughly 3 million people who developed TB

in 2012 were missed by national TB notification systems. Additionally, treatment delays among new TB patients can be partly attributed to the lack of referral system from a wide variety of health providers.

Although free TB testing and treatment is available through the Tanzania National Tuberculosis and Leprosy Program (NTLP), many people seek care in the private sector first for routine health problems such as fever and cough, both of which could indicate possible TB infection. Given this underlying practice, engaging with and training Tanzania's retail drug dispensers in the private sector has the potential to decrease time to diagnosis and, ultimately, reduce TB-related morbidity and mortality.

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### SIAPS ACTIVITIES Maximizing the potential of the private sector for better case detection

To assess the readiness and willingness of retail drug dispensers in the private sector to participate in TB case detection, SIAPS conducted a baseline survey among pharmacies and accredited drug dispensing outlets (ADDOs) in the regions of Morogoro and Dar es Salaam. Drug dispensers in 122 pharmacies and 173 ADDOs were surveyed to assess TB knowledge and practices, and to inform the development of appropriate interventions to address gaps.

The findings revealed that private-sector drug dispensers have limited knowledge of TB symptoms, treatment, and transmission. It also indicated that formal referral mechanisms from pharmaceutical outlets to TB diagnostic facilities are nonexistent and that TB information, education, and communication (IEC) materials are not available in drug outlets. While 95% of drug dispensers correctly identified persistent cough as a symptom of TB, only 1% had received TB-related training in the previous three years.

Ninety-five percent of drug dispensers who had reported seeing clients with TB-like symptoms reported that they had referred clients to nearby health facilities. The study also revealed that although the sale of first-line anti-tuberculosis medicines at retail outlets is prohibited by law, 8% of outlets had first-line anti-tuberculosis medicines in stock. Additionally, the study, which also surveyed pharmacy clients, found that many clients expect private pharmacies to supply and dispense anti-TB medicines.

The results from the baseline survey indicated that there is significant opportunity to improve early diagnosis and treatment of TB patients by building the capacity of private-sector drug dispensers for better case detection and referrals.

As the primary mechanism to foster local ownership and prepare for scale-up, SIAPS prioritized stakeholder engagement with private-sector drug dispensers by sharing information,

disseminating survey findings, and seeking input on planned activities. SIAPS then conducted a training of trainers for 32 District TB and Leprosy coordinators, district and community pharmacists, and clinicians from six out of seven districts in Morogoro and all three districts of Dar es Salaam. SIAPS also provided trainings for over 730 pharmacy and ADDOs dispensers on how to detect, handle, and refer possible cases of TB, and also trained 466 health care workers from 98 diagnostic and treatment centers on how best to receive and evaluate referrals from pharmacy and ADDO dispensers.

SIAPS followed up these trainings by conducting three supportive supervision visits with seven trained pharmacists at drug outlets and TB diagnostic centers in Morogoro, and two in Dar es Salaam, to monitor activity progress, collect data on referred clients, and carry out continuous quality improvement measures.

## RESULTS Making strides toward better case detection

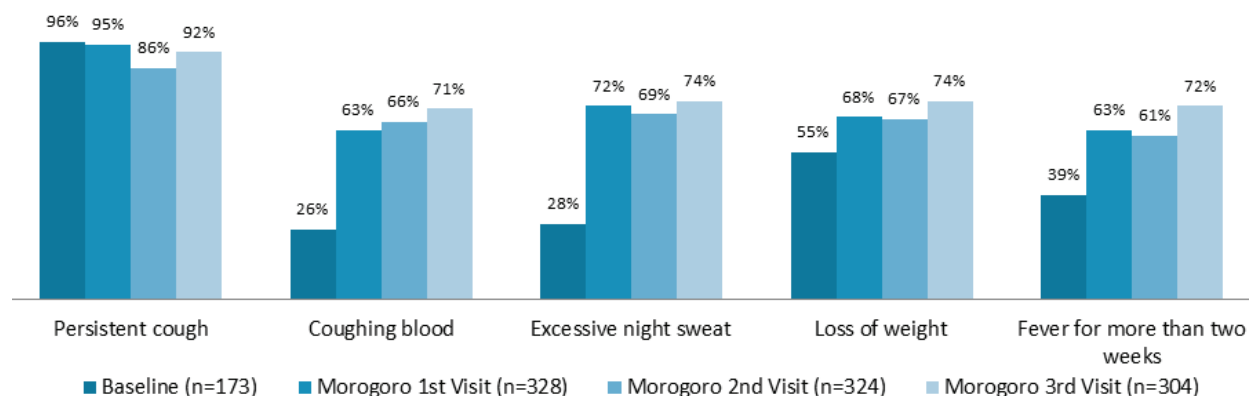
Overall, dispensers' knowledge of the five cardinal TB symptoms improved and was well maintained above baseline levels (Figure 1). At the end of the 16-month pilot, 587 clients with TB-like symptoms were referred to TB diagnostic and treatment centers for further evaluation. Of these, 223 were confirmed as seeking follow-up at a health facility and 81 ended up being diagnosed with TB.

The reluctance of some clients to accept referral forms to TB diagnostic centers and the low percentage (38%) of referred patients who ultimately sought follow up at TB diagnostic

and treatment centers were clear challenges in this initiative. Despite these hurdles, this pilot intervention demonstrates that retail drug dispensers in the private sector have the potential to contribute to early TB case detection. The NTLP engaged the private sector in TB diagnosis and care and, with support from SIAPS, adopted a systems strengthening approach to achieve these ends:

- To ensure **good governance**, a pharmacy steering committee was established comprised of a mix of private and public stakeholders, to provide technical oversight and leadership in the design and implementation of activities.

Figure 1. Trend in ADDOs dispenser's TB symptoms knowledge in Morogoro



- To strengthen **human resources**, SIAPS supported NTLP in conducting training and supervision to enhance the capacity of drug dispensers at pharmacies and ADDOs to recognize TB symptoms and refer patients appropriately. Further, the program sensitized health care workers from TB treatment and diagnostic centers.
- To strengthen **service delivery**, a formal referral linkage was set up between private retail pharmaceutical outlets and TB diagnostic and treatment centers.
- To improve the use of **information**, reporting tools were developed to facilitate analysis of results, and formulate recommendations for scale up. Monitoring and evaluation was conducted to assess implementation and determine the contribution of private retail outlets to TB case detection.

## NEXT STEPS Scaling up the role of the private sector in TB control

There are plans to scale up this intervention in rural regions of Tanzania by leveraging the extensive expansion of the ADDO shops in these areas. In urban settings, adequate resources will be dedicated to fully engage private pharmacies. Given recommendations made by WHO and the US Government to engage retailers and pharmacists in TB care, a similar program has been initiated in Pakistan where the initiative has gained considerable traction from national stakeholders and is slated for scale-up.



Key stakeholders in Pakistan discuss pharmacist involvement in TB case detection and referral at a high-level meeting in 2013. Photo credit: Ayyaz Kiani of DEV-NET

**ABOUT SIAPS** | The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program works to assure access to quality pharmaceutical products and effective pharmaceutical services through systems-strengthening approaches to achieve positive and lasting health outcomes. SIAPS is funded by the US Agency for International Development (USAID) and is implemented by Management Sciences for Health. For more information, visit [www.SIAPSprogram.org](http://www.SIAPSprogram.org).



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