

Technical Assistance to the Public– Private Mix for TB Case Management in Tanzania: Workshop Report

May 2012



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This report is made possible by the generous support of the American people through the US Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-11-00021. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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Kakanda, K. and S. Mwatawala. 2012. *Technical Assistance to the Public–Private Mix for TB Case Management in Tanzania: Workshop Report*. Submitted to the US Agency for International Development by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. Arlington, VA: Management Sciences for Health.

Key Words

TB, public-private mix (PPM), private pharmaceutical retail sector

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ACRONYMS AND ABBREVIATIONS

ADDO	accredited drug dispensing outlet
APHFTA	Association of Private Hospital Facilities in Tanzania
DOT	Directly Observed Therapy
DOTS	WHO recommended TB control strategy
DTLC	district TB/leprosy coordinator
DR TB	drug-resistant TB
IEC	information, education, and communication
MSH	Management Sciences for Health
MoHSW	Ministry of Health and Social Welfare
NTP	National TB/Leprosy Program
PATH	Program for Appropriate Technology for Health
PPM	public-private mix
PST	Pharmaceutical Society of Tanzania
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SPS	Strengthening Pharmaceutical Services
TB	tuberculosis
TFDA	Tanzania Food and Drug Administration
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND

The Tanzania National TB/Leprosy Program (NTLP) asked the US Agency for International Development (USAID)-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program to provide technical and financial support to a pilot program to help increase tuberculosis (TB) case detection through the private sector (pharmacies in Dar es Salaam and accredited drug dispensing outlets [ADDOs]) in Morogoro.

The proposed activities build on work already started under the Strengthening Pharmaceutical Systems (SPS) program, the precursor to SIAPS. SPS achievements in support of private–public mix (PPM) activities for prevention and control of drug-resistant TB (DR-TB) in Tanzania included—

- Successful in-country consultation visits with key stakeholders
- Formation of a champion group for the PPM approach to tackle DR-TB in Tanzania; the group was composed of NTLP, SPS, the Association of Private Hospital Facilities in Tanzania, the Pharmaceutical Society of Tanzania (PST), the Tanzania Food and Drug Authority (TFDA), the Pharmacy Council, PATH, and selected pharmacies
- Baseline situation analysis of retail pharmacies and ADDOs in Morogoro and Dar es Salaam, with data analysis and final report produced
- Consensus on priority activities and interventions, which, going forward, will focus on engaging the retail pharmaceutical sector in intensified TB case finding

Goal of SIAPS Technical Support

The SIAPS team will conduct a workshop to disseminate the findings of the baseline assessment on the knowledge and practice of TB management in pharmacies and ADDOs. The workshop will also review training materials and adapted tools aimed at enhancing private sector engagement in early TB case detection in Tanzania.

DISSEMINATION WORKSHOP

Background

A situation analysis aimed at understanding the private retail pharmaceutical sector knowledge and practice in TB case management in Tanzania was conducted in August 2011 at pharmacies and ADDOs in Morogoro and Dar es Salaam.

The rationale for selecting the two regions for the study and pilot of the interventions is that Dar es Salaam has both the highest number of retail pharmacies in the country and a high TB burden, it contributes 22 percent of all notified TB cases nationwide, and it represents an urban population. The Morogoro region ranks seventh in national TB case notification; it has had ADDOs in operation for years and represents peri-urban and rural populations.

Thirty percent of all pharmacies and ADDOs were included in data collection in each region. The final sample included respondents from 122 private pharmacies and 173 ADDOs. This was a cross-sectional descriptive study that involved a questionnaire designed to determine—

- The level of TB knowledge among drug dispensers from private pharmacies and ADDOs
- Practices related to TB suspects' identification and referral and assess the availability of educational materials and training
- The availability of first- and second-line TB treatments

The findings from this study will enable MoHSW/NTLP and partners to develop strategic interventions for engaging the retail pharmaceutical sector in TB case detection and other areas of TB control.

Dissemination Workshop

On May 23, 2012, the SIAPS team held the dissemination workshop for 46 participants. They included representatives from MoHSW/NTLP, PATH, TFDA, WHO, the Pharmacy Council, ADDOs (in the districts where the association exists), regional and district TB coordinators, and district and regional pharmacists from the two participating regions (annex B).

After welcoming the various participants, the NTLP private–public partnership coordinator gave an overview of the national TB program. He emphasized the commitment of the program to engage public and private TB care providers to reduce the morbidity and mortality of tuberculosis in Tanzania by 2015.

The SIAPS team then outlined the survey results for the group.

- Retail pharmaceutical outlets can potentially play a larger role in TB case detection. They are widely used, they operate longer hours than health facilities, they are staffed largely by medical professionals, and most already see clients presenting with TB-like symptoms.
- Retail staff members have limited knowledge on TB symptoms, treatment, and spread.
- Referral rates from pharmaceutical outlets to TB diagnostic facilities are low, indicating the need for a coordinated effort to engage the retail pharmaceutical sector in TB case finding and strengthen their connection to TB diagnostic centers.

The NTLP noted that the study findings showed that gaps exist and the need to address them is obvious. They acknowledged that current efforts focused more on the public sector with limited involvement of the private sector, so this intervention represents a good opportunity to implement the public–private partnership strategy.

The SIAPS project and its planned support for TB activities in the private sector were presented to the group. The presentation included—

- Introduction of the SIAPS Program to the NTLP, partners, and other stakeholders
- Presentation of SIAPS’s strategic vision for the PPM for TB control and prevention in Kenya, Pakistan, and Tanzania
- The linkages between SIAPS’ planned PPM activities, national TB programs in the three countries, and the WHO/Stop TB partnership recommendation to engage all partners in private and public sectors for TB case management (presentation in annex D)

Discussion Group Session

The presentation of study findings was followed by a brainstorming session for recommendations on the best ways to build capacity of private drug outlets to support TB case-finding. The participants were divided into three focus groups, each with a set of questions to address.

Group 1. Training of ADDO and pharmacy dispensers

- What topics should be covered in the trainings and what level of information should be provided in each topic?

Group 2. Establishment of a referral system for TB-case suspects from private drug outlets

- Discuss how the current referral system works and how could it be adapted to improve TB case findings

- Explain how referral slips are handled at health facility level. Where are they received and kept?
- How do facilities track referred patients using existing tools?
- How is the feedback given to referring facility?
- What information does the counter referral form capture, if there is a form?
- Based on the current system, propose a flow chart to facilitate referrals from drug outlets (from registration to exit point)

Group 3. Documentation and supervision

- What mechanisms should be put in place to ensure the health workers are effectively engaged in this intervention, including effective documentation?
- How will district pharmacists and district TB and leprosy coordinators contribute to the implementation process?
- Are there any barriers to effective supporting of interventions?

Table 1. Summaries from Discussion Groups

Topics to be covered during training of pharmacy and ADDO dispensers	Information to be captured on referral form	Tools to put in place to facilitate referral process:
<ul style="list-style-type: none"> ● Basic facts on TB (definition, symptoms, modes of transmission) ● Risk factors related to TB transmission ● Prevention and case management ● Confidentiality for receptionists, nurses at triage and DOT centers, clinicians, pharmacy and ADDO dispensers ● Roles, responsibilities, and limitations 	<ul style="list-style-type: none"> ● Patient identification; reasons for referral; name, address, and phone number of drug store ● Services including medication provided at the drug store ● Health facility referral 	<ul style="list-style-type: none"> ● Standard operating procedures ● Leaflets ● Posters ● TB screening tools/checklist (especially for children)

Preparation of Training Materials

The SIAPS team also contributed to the review and adaptation of training materials aimed at improving the knowledge and skills of pharmacies and ADDOs attendants to increase TB case detection in Tanzania (annex E).

Approach for Material Review

The SIAPS in-country team held discussions with the NTLT team prior to arrival of SIAPS headquarters staff. They agreed that training materials for ADDO and pharmacy dispensers should be adapted from the curriculum already developed by the NTLT for training providers at community level, such as community health workers and former TB patients who are currently involved in DOT and other TB control services. The existing package is already available in Swahili, the local language.

On May 24 and 25, the SIAPS team facilitated working sessions to review and adapt the existing training curriculum (annex E). Participants for this two-day workshop included delegates from the NTLT national and district levels, the Pharmacy Council and Pharmaceutical Society of Tanzania, SIAPS, ADDOs, and PATH and pharmacy representatives, the Morogoro regional TB and leprosy coordinator, selected district TB/leprosy coordinators (DTLCs), and district and regional pharmacists. The meeting started with the selection of a meeting leader from among the participants to play a leadership and moderator role during the workshop. The Morogoro regional pharmacist, who is also an ADDO trainer, was designated the moderator.

The participants were divided into five working groups of four or five people according to their expertise and the chapter topic to be revised. The groups presented their revised chapter to all the participants on the last day of the working sessions. At the end of the sessions, participants developed a draft for the training and information, education, and communications (IEC) materials; and necessary tools for the public private partnership for TB case management in Tanzania.

Key Achievements from the Workshop

- Draft training materials were reviewed and improved
- Consensus was reached on appropriate IEC materials to use for the engagement of private retailers
- Drafts of various tools including TB symptoms checklist, recording tools (cough register), and reporting and referral forms were produced

Follow-Up Actions

- Finalize the training materials
- Present materials to the PPM steering committee on June 14
- Hold training of trainers in mid-June

ANNEX A. SCHEDULE OF STAKEHOLDERS DISSEMINATION MEETING

Time	Activity	Responsible person(s)
8:30 - 9:00 AM	Arrival of the participants and registration	ALL
9:00 – 9:10 AM	Welcome and introductory remarks, workshop objectives	NTLP
9:10 – 9:30 AM	Introduction of the participants	
9:30 –10:00 AM	Opening remarks	NTLP/PC
10:00 – 10:30 AM	Tea break	All
10:30 - 10:45 AM	Overview of NTLP Program	NTLP
10:45 –11:00 AM	Overview of private pharmaceutical sector	TFDA/PC
11:15 -11:30 AM	Presentation of assessment findings	MSH
11:30 -12:00 AM	Plenary discussions	Secretariat
12:00 – 12:30 AM	Groups discussion	Secretariat
12:30 – 1:30 PM	Groups presentations	Secretariat
1:30 – 2:30 PM	Lunch break	All
2:30 – 3:30 PM	SIAPS support for TB in private sector	MSH
3:30 – 4:00 PM	Recommendations and way forward	NTLP/MSH
4:00 - 4:30 PM	Closing remarks	NTLP

ANNEX B. WORKSHOP PARTICIPANTS LIST

Participant	Organization	Title
Jerome Ngowi Dr. Allan Tarimo Diane Kasembe Paul Shenda	NLTP	NLTP Pharmacist NLTP PPM Coordinator NLTP Training Officer Leprosy Coordinator
Richard Silumbe	Pharmaceutical Society of Tanzania	Consultant
Rosemary Xaron Anita Biregeko	TFDA	Pharmacists
Dr. Kimatta Suleiman Salama Mwatawala Jafary Liana Richard Valimba Dr. Irnei Myemba Kanjinga Kakanda	SIAPS and MSH Country SIAPS HQ	MSH Country Representative Senior Program Associate Senior Program Associate Program Associate Senior TB technical Officer Technical Associate
Eliyuko Mumbaga	ADDOs Association - Kilosa	Chairman – ADDO Association.
Dr. Vishnu Mayamba Dr. Yusufu Bunu	PATH	Deputy Director – TB/HIV project TB Liaison Officer
Sabas Luca	SABATO PHARMACY	Community Pharmacist
Rashid Kiirua	Pharmacy Council	
Martha Kikwale Willa Matika	Municipal Morogoro Morogoro District Council	Municipal Pharmacist District Pharmacist
Jason Makanzo	Dar City Council	Regional Pharmacist
Tulifikri Mbagu Timothy kayumi Said Muhombolage Angelina Malewo Zablon Shoo Godfrey Ndauka Elias Mtungiwa Joseph Ngwessa Salapion Mutagwaba Simeon Sebe	Kigamboni Health Kilosa District Council Temeke Tambuka Reli Kilosa District Council Kilombero District Council Morogoro Municipal Morogoro District Council Ilala 1 Mvomero District Council	DTLCs
Anita Malya Emmanuel Tenga Anita Mallya	Kinondoni Morogoro-Regional Administrative secretary (RAS) office	RTLCS
Mohamed Mzee	ADDO	ADDO Representative
Amiry Bajah	Ilala Municipal	
Neema Simkoleo		
Joseph Sendi		District Pharmacist
Allen Malisa	RAS Morogoro	Regional Pharmacist
Raphael Mayaka	MMOH - TEMEKE	Acting Municipal Pharmacist
Willa Matika	Morogoro District – DP	District Pharmacist
Dr Mathias Lyaruu	Temeke Municipal Council	DTLC
Margreth Masaki	Ilala I	DTLC
Sunzy M. Chambiri	Kinondoni Municipal Council	Acting DTLC
Charles Ndunguru	Mvomiro Municipal Council	District Pharmacist
Martha Kikwale	Municipal Morogoro	District Pharmacist

ANNEX C. PHOTO GALLERY

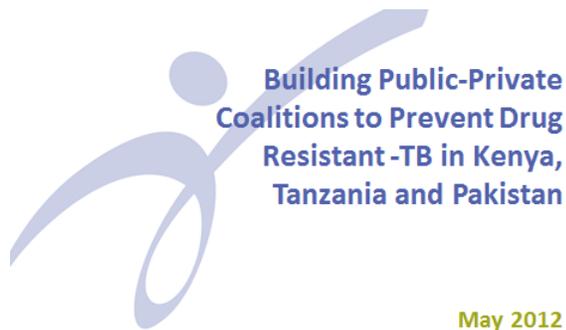


Dissemination workshop held May 23, 2012



Training materials review held May 24-25, 2012

ANNEX D. PRESENTATION



May 2012
Kanjinga Kakanda



Background

- The USAID-supported **Systems for Improved Access to Pharmaceuticals and Services (SIAPS)** and its predecessors **Strengthening Pharmaceutical Systems (SPS)** program, and **RPM Plus**, successfully worked with country and regional partners to build such stakeholder partnership both at country and regional levels for **AMR advocacy and containment**. Building on these experiences gained from cross-cutting AMR advocacy and containment work and adapting the approach used earlier, a *framework* is presented for building local partnerships of all key stakeholders, including the private sector and civil society groups, to advocate for the prevention of DR-TB.



Overall Objective

- The overall objective is to help **establish a strong and sustainable partnership of stakeholders** from both the public and private sectors that catalyzes country-level advocacy and interventions to prevent and control drug resistant-TB, thereby contributing to the aims of the 2009 World Health Assembly Resolution on Prevention and Control of DR-TB (WHA62.15).

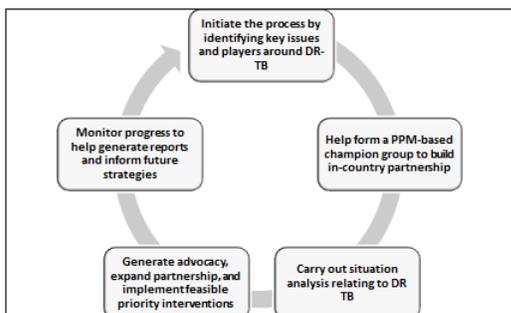


Background (2)

- WHO and The Stop TB Partnership** strongly recommend public-private mix (PPM) to support DOTS implementation. Several countries have shown that PPM increases TB case notifications and treatment success rates.



Framework of the Approach



Situation analysis considerations (in all countries)

- To be able to characterize TB situation (including MDR) in the private sector additional data may be collected through a rapid survey. Some of the known gaps in the information include:
 - ✓ What is the overall TB case notification from the private sector?
 - ✓ What are the practices in TB case management in the private sector that potentially contributes to MDR-TB?
 - ✓ How is the flow of pharmaceutical and other supplies for TB management working?
 - ✓ What are the opportunities for TB case screening/identification at the community-level private sector?
 - ✓ What is the knowledge on MDR-TB of the providers in the private sector?



Priority Activities-2011-2012 Work Plan

Kenya: Quality improvement for TB/DR TB management in private sector

- Support MDR policy and strategic plan development
- Design private sector supervision model
- Technical support in systematic approach to CPDs/CMEs as part of private sector providers capacity building
- KAPTLD case study documentation

Tanzania: Engage retail pharmaceutical sector in intensified TB case detection

- Establish system for TB case management in the pharmacies and ADDOs
- Develop and operationalize referral system from pharmacies and ADDOs to TB diagnostic and treatment centers
- Monitoring and evaluation



Kenya - How does the proposed coalition support DLTLD strategic Plan? (1)



Source: Ministry of Health-Division of Leprosy, Tuberculosis and Lung Disease (DLTLD) Kenya: Strategic Plan (2011 – 2015)

- **Strategic Objective: PPM:** To engage and network all health care providers and stakeholders to provide quality lung and leprosy treatment and prevention.
- ✓ To establish systems for engaging and networking all health care providers and stakeholders



Kenya: Proposed Activities /SIAPS



1. Form and maintain a PPM TWG
2. Develop print and distribute PPM policies
3. Develop print and distribute workplace policies.
4. Carryout training of health care providers in private sector



Proposed core group members



- Division of Leprosy TB and Lung disease (DLTLD)
- Kenya Association for the Prevention of TB and Lung Diseases (KAPTLD)
- Management Sciences for Health/Strengthening Pharmaceutical System (MSH/SPS)
- Nairobi Hospital



How Does the Proposed Coalition for Prevention and control of MDR TB Fit into the NTL Strategic Plan? (1)



The United Republic of Tanzania. Ministry of Health and Social Welfare. National TB & Leprosy Program (NTLP) Strategic Plan 2009/2010 - 2015/2016. Final Draft

- Objective 4 of the NTL Strategic Plan 2009/2010 - 2015/2016 focus on how to engage all care providers in TB, leprosy and TB/HIV control in both public and private sectors by 2015. Specifically the following strategies are proposed:
 - Scale up prevention and control of drug resistant TB in the country
 - Expand public-private partnership in TB, TB/HIV and leprosy control in both public and private sectors by 2015



Tanzania: Proposed Activities/SIAPS

- Engage retail pharmaceutical sector in intensified TB case finding-pharmacies in urban setting and ADDO in rural setting
- Strategies:
 - Conduct situation analysis of retail pharmaceutical sector-pharmacies and ADDOs in selected regions
 - Select pilots sites-Dar es Salaam and Morogoro
 - Enhance providers 'capacity for TB management through training and supervision
 - Develop referral linkage between private retail pharmaceutical sector and TB diagnostic and treatment centers
 - Monitoring and Evaluation
 - Results dissemination and policy recommendations



Proposed core group members

- NTLP
- MSH
- Association of Private Hospital Facilities in Tanzania (APHFTA)
- Pharmaceutical Society of Tanzania (PST)
- PATH
- Pharmacy [selected]

PPM Consultation-Pakistan



- Direct communication with NTLP Manager
- Priority for PPM-MDR TB management in the private sector focusing on the Chemists/Pharmacies and General Practitioners Clinics.
- Consultant hired to conduct a baseline assessment: *Drug-Resistant Tuberculosis (DR TB) in Pakistan: Situation Analysis and Opportunities for Enhanced Public-Private Mix*



How would Proposed Work Plan fits into 1st African Regional Conference on TB Recommendations?

Group 2. Recommendation for Public-Private Partnership (PPP) Engagement in TB/DR TB Care and Control (1)

- NTPs should enhance private sector consultation through continuous dialogue and communication with professional associations, key opinion leaders, medical councils, pharmacist societies, private physician association, informal provider associations, and any other entities to develop trusting stakeholders' relationships.
- **NTPs should develop clear policies, a strategic plan, regulatory frameworks, and guidelines for PPP activities that define how the private sector can collaborate with NTPs and enforce already existing regulations and laws.**
- NTPs should define the scope for each level and type of provider (informal, faith-based, workplaces, retail pharmaceutical sector, clinics, GPs, and hospitals) to implement TB/DR TB care and control. NTPs should also provide technical assistance to ensure quality and standards.
- NTPs should involve all key private sector stakeholders in the NTP strategic planning process to improve their understanding of TB control and address their misconceptions about NTP activities and TB control and care in the country.
- **NTPs should link with professional associations through their continuing professional development (CPD) programs to update competencies of all health professionals, address professional resistance, and highlight the magnitude of TB and MDR TB in the country.**



Group 2. Recommendation for Public-Private Partnership (PPP) Engagement in TB/DR TB Care and Control (2)

- **NTPs should build and maintain competencies and capacities of private providers (in line with public sector) through training, supervision, inspection, and CPD programs.**
- NTPs should develop a certification or accreditation scheme for private providers who meet criteria for provision of TB/DR TB care and control. Accredited providers should be trained and monitored to promote standards and quality services.
- NTPs should explore how to link PPP activities with national insurance schemes, non-financial incentives (business training), and minimal fees reimbursement for services provided.
- NTPs should identify opportunities to partner with private corporations (mining sector, oil companies) for workplace PPP and to support communities around the area of operation.
- **NTP and partners should conduct operational research and case studies to document TB/DR TB magnitude, outcomes, and impact of PPP in TB/DR TB care and control.**

Thank you!



ANNEX E. PARTICIPANTS LIST – TRAINING MATERIAL REVIEW

Participant	Organization	Title
Jerome Ngowi Diane Kasembe Paul Shenda	NTLP	NTLP Pharmacist NTLP training officer Leprosy coordinator
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Salama Mwatawala Richard Valimba Dr Irnei Myemba Kanjinga Kakanda	MSH Country MSH HQ	Senior program Associate Program Associate Senior TB Technical Officer Technical Associate
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