COMMUNITY DISTRIBUTION

DESIGN BRIEF

March 21, 2016: FINAL

In Tanzania, there is a **very broad network of pharmacies and drug shops**. These outlets provide a much broader network of access points to contraception than clinics. Meaning that a teen girl in need of contraception has several more local options to gain access through pharmacies and accredited drug shops than she does by going to a clinic. As of April 2014, there were 800 pharmacies in Tanzania (400 of them in Dar es Salaam) and over 5,000 accredited drug shops.

> "Youth don't want to go to clinics. They prefer ADDOs[·] [accredited drug shops] and get information from the street."
>
> Teen girl (19), Morogoro

A pharmacy is able to provide **any prescription drug**. In terms of contraception, a **pharmacy sells condoms, oral contraception pills, emergency contraception and misoprostol** (which is used to treat post-partum hemorrhage, but can also be used to induce abortion in specific dose) directly to clients. Pharmacies are **also allowed to sell IUDs and injectables**, but they are not able to provide them directly to clients themselves. Typically, pharmacies would sell these products to clinics, where the injection could be done or the IUD inserted. However, in practice, there are pharmacies who do give injections to clients (illegally).

In Tanzania, there are many small informal drug shops that are able to sell over-the-counter goods and medicines, but are not legally able to sell any prescription medicines. In an effort to increase the quality of essential medicines and pharmaceutical services in the rural and peri-urban areas where there are few or no registered pharmacies, the Ministry of Health added a level of certification, called an Accredited Drug Dispensing Outlet (ADDO). For a drug shop to become an ADDO, it must meet specific standards in terms of size and quality, the owner must attend a 5 day owners' training, and the ADDO dispenser must attend a 35 day training. Once accredited, the ADDO is responsible for maintaining quality and qualified staff.

ADDOs are able to sell a subset of prescriptions drugs pharmacies can sell (but that non-accredited drug shops are not legally able to sell). So, an ADDO can sell more medicines than a typical informal drug shop, but fewer medicines than a pharmacy. In terms of contraception, **ADDOs sell condoms, oral contraceptives and emergency contraceptive**. Some ADDOs who have received specific training are allowed to give malaria diagnostic tests (which require the use of sharps for pricking for blood).

[·] An ADDO is an "Accredited Drug Dispensing Outlet." ADDOs aim to increase the quality of essential medicines and pharmaceutical services in the rural and peri urban areas where there are few or no registered pharmacies. More detail on ADDOs below.

In practice at both pharmacies and ADDOs, the trained pharmacist or ADDO provider is very often not the person behind the counter interfacing with clients. Rather, there is generally a layperson or shop keeper who tends the counter and dispenses drugs. While there is a difference between pharmacies and ADDOs, we anticipate most insights will be similar among the two, as **typically the person who is serving clients is a low level medical professional or not trained at all**.

Broadly speaking, **girls have to pass a series of 'gates'** to access contraception. These gates include things like age, if she is married, reason for having sex, how developed her body looks, if the girl is in school, if she's purchasing the contraception for herself, how knowledgeable she already is about contraception and if she has already had a child or an abortion.

> "You're too young. Why are you dealing in this (sex) business? There's too much risk. Why don't you stop?"
>
> Provider, Morogoro

> "I would provide service because she already has a baby. But because she is 15 years old, I would educate on condoms [only]."
>
> Provider, Morogoro

> "When a teen who is under 18yo comes in and asks for contraception I will ask her, 'How old are you?' 'Why do you want it (contraception)?' I tell her, 'If you have contraception, you won't be able to study for exams because you will only want to be with a man.' I will only give it to her after she finishes school, only if her parents agree and only if the man assures me that he is going to marry her. Then it is plausible."
>
> Nurse, Dar es Salaam

However, the gates might be fewer and easier to pass in a pharmacy or drug shop setting (less time, more transactional, more anonymous) than in a clinic. And there's less of a power differential between girls and pharmacy staff.

> "It's all about the money (for pharmacists)."
>
> Pharmacist, Dar es Salaam

Additionally, it might be **easier to change pharmacy/drug shop providers' behaviors** than clinicians. For instance, some ADDO and pharmacy personnel seemed open to supporting adolescent access to contraception if they could **shift responsibility for such a decision to someone else** – like referring a girl in need to a clinic where a doctor or nurse would issue contraception or leaning on the Ministry of Health standards that proclaim adolescents have a right to contraception.

> "I would not sell, but I would refer."
>
> Pharmacist, Dar es Salaam

As mentioned, staff at ADDOs and pharmacies are often untrained or trained at a low level. Despite this, they **want to be seen as "experts."** This brings a sense of pride, prestige and importance, and are usually very keen to be able to indicate that they are especially knowledgeable.

> "They can speak to me more freely than parents. I can advise them better. I can help them have more knowledge."
>
> ADDO, Morogoro

Just like at other sources of contraception, **the governent greatly influences whether adolescent girls gain access**. But, knowledge of the law is highly variable among pharmacy staff.

> "If the law said it's okay, then I would give."
>
> Pharmacy Assistant, Dar es Salaam

> "It's illegal for me to sell contraception to a girl under 18."
>
> Pharmacy Assistant, Morogoro

How might we better leverage pharmacies and drug shops to increase youth access to contraception?

ASSETS + OPPORTUNITIES

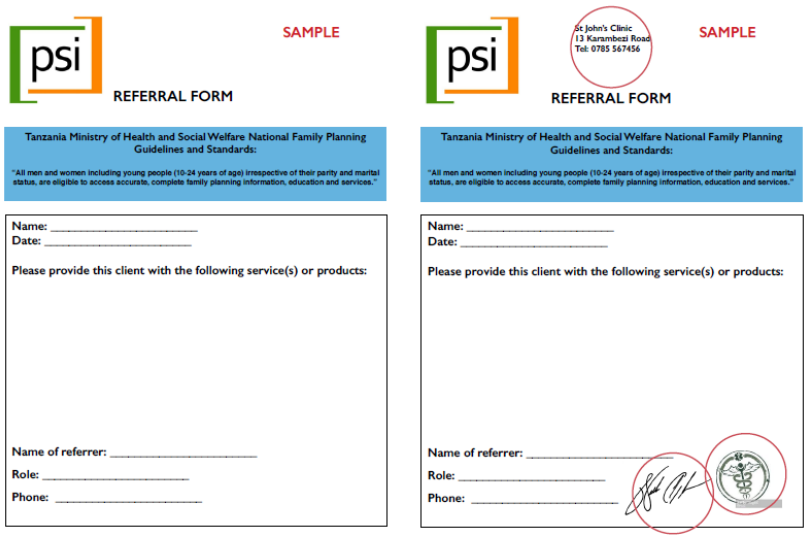
There are three primary ways we can better leverage ADDO and pharmacy staff:

1. Reframe contraception for adolescents as a right and/or a part of a larger moral mission, thereby giving ADDO and pharmacy staff more permission to **distribute more of what they are already able to sell** (condoms, pills and emergency contraception) to adolescents.
2. Incentivize them to shift decision-making by having them **refer adolescent girls to clinics** where they are able to get all methods.
3. Appeal to their desire to be seen as 'experts' by giving them more confidence to **disseminate information to and counsel adolescents** about contraception.

1. DISTRIBUTE MORE OF WHAT THEY ARE ABLE TO SELL

While many of ADDO and pharmacy staff were motivated by money in this circumstance, most providers were also **motivated by a larger mission** to serve those most vulnerable. When given several pitches, developing the future of Tanzania was the biggest motivator. There is an opportunity to reframe the way contraception is presented to this audience of providers by drawing them to a larger mission and motivating them to sell contraception to adolescents.

Additionally, the voice of authority motivated providers to sell contraception. An official looking "prescription" helped them feel more comfortable providing contraceptive products. In fact, they requested even more "official" indicators.



However, we quickly realized this could create yet another gate for girls to get through. Instead, the team suggested testing a **"Rights Pass,"** with the hypothesis that this would allow detractors to shift the responsibility to the Ministry.

Similarly, sharing the National Family Planning Guidelines and Standards made providers **more willing to serve girls under 18 years** and provided a **legal safety net** to providers who thought it was against the law.

> "All individuals have a right to receive services from family planning programs, regardless of their socio-economic situation, religion, political belief, ethnic origin, age, marital status, geographic location or other characteristics which may place individuals in certain groups. This right means a right of access through various healthcare providers as well as service delivery systems."
>
> MOH National Family Planning Procedure Manual, 2011

2. REFER ADOLESCENT GIRLS TO CLINICS

When presented with a "Sell & Refer" program idea, our team found that **providers were largely willing to refer**, and that more providers were willing to refer than to sell. Providers grouped into three main segments:

- Against: Won't Sell, Won't Refer
- Against: Won't Sell, Will Refer
- Pro: Will Sell, Will Refer

In some cases, even if providers were unwilling to give services themselves, they were willing to refer girls to another provider. Interestingly, some providers even suggested referring *any* adolescent girl who comes in (even those not looking for contraception).

> "If she's had her period then you know she's ready for the discussion."
>
> Pharmacy staff, Dar es Salaam

While this "Sell & Refer" model unlocked opportunity among some providers by shifting the responsibility to the clinic provider, some were still unwilling. However, there's opportunity to use the **voice of authority** to reach this group.

One last point about referrals, we know referring a youth to a clinic for **HIV testing** is often considered are more acceptable, rather than referring for contraception. One reason could be that HIV isn't always linked to sexual activity. As a recent article from UNICEF pointed out:

- AIDS is the #1 cause of death among adolescents in Africa.
- Prevalence is highest in sub-Saharan Africa.
- Girls are vastly more affected, accounting for 7 in 10 new infections among 15-19yo's.
- Most adolescents who die of AIDS-related illnesses **acquired HIV as infants**.

Meaning, **HIV testing could be leveraged to drive traffic to clinics for contraception.**

3. APPEAL TO THEIR DESIRE TO BE SEEN AS 'EXPERTS'

Many of the pharmacy staff we spoke with presented themselves as medical professionals, even if they didn't have any formal training. Among those that were trained, some made themselves out to be more qualified than they really were. Many of these **providers were motivated by anything "official-looking,"** which would indicate a higher level of expertise. PSI/Tanzania also has experience through another project that works with ADDOs, that many providers are extremely proud and excited to have **branded lab coats, posters and other items that indicate that they have received additional training** and are 'experts' in a particular area.