

Tanzania Research Dissemination Meeting Report

Understanding the drivers of antibiotic misuse in Senegal
and Tanzania and identifying outcomes-based financing
interventions to counteract drivers

1. Preparations

The Ministry of Health organized and convened a Multisectoral Coordinating Committee for AMR on February 24th and 25th, 2025, at the Holiday Inn Hotel. PATH was invited to attend and present AMR research findings to the MCC members. The members of AMR—MCC included the representatives and heads of departments and institutions from Ministry of Health (MoH), Tanzania Medicines and Medical Devices Authority (TMDA), National Public Health Laboratory (NPHL), the Ministry of Livestock and Fisheries, the Head of Veterinary Laboratory, Prime Minister's Office (PMO), Tanzania Bureau of Standards (TBS), World Health Organization (WHO), Muhimbili University of Health and Allied Sciences (MUHAS), Sokoine University (SUA), and Food and Agriculture Organization (FAO). Invited members and implementing partners such as the American Society for Microbiology (ASM) and the African Society for Laboratory Medicine (ASLM).

2. Presentation

PATH presented the summary of the research findings to the attendees. Their feedback was generally positive. They admitted that the research findings (message) were essential for influencing policy and support outlining strategic interventions to counteract the discussed and presented socio-economic AMR drivers. The areas that were discussed included:

- Clinicians
- Pharmacists
- Laboratory Staff
- Patients

They were surprised that most clinicians were ready not to use guidelines when prescribing antibiotics. They advised PATH to dive deep into the subject by conducting FGDs with clinicians to understand the reasoning behind the practices. Regarding the responses from the clinicians who mentioned that patients asked for antibiotics less than 10% of the time, they mentioned regulations and patient education as key to influencing change among patients.

The members of the MCC raised concerns and called for action regarding waiting time while delivering and receiving care when they heard that clinicians perceived it was okay for patients to wait up to three hours to receive health care. In contrast, patients were willing to wait up to 30 minutes.

Members of the committee agreed with the research finding that patients were not aware of the side effects of using antibiotics without being prescribed and described several reasons why they decided to seek medication without following proper pathways. The reasons included cost and waiting time as significant justifications for directly seeking medications at medicine outlets.

Other key findings that were shared with the members of MCC included:

- Patients, pharmacists, laboratory staff, and clinicians mentioned the cost of care as a factor hindering patients from following proper clinical pathways to access or receive prescribed antibiotics.
- 79% of patients said financial concerns were a factor for not attending health facilities sometimes, most of the time, and all the time.
- The patients were willing to pay up to 10,000 TSh for consultation, which was in line with their stated income status.
- Pharmacists in private facilities were more ready to sell and dispense antibiotics without a prescription than those in public facilities.

3. Discussions and recommendations from MCC members

- The second phase of the research should outline and test outcomes-based approaches (OBA) rather than outcomes-based financing (OBF). In the Tanzanian context and for sustainability reasons, the team was advised to consider using the term outcome-based approaches (OBA) instead of outcome-based financing (OBF).
- Members shall write the proposed outcomes-based approaches (OBA) that will likely counteract the AMR drivers in Tanzanian settings. The AMR focal person shall write to MCC members to request their input on the proposed OBAs.
- The project team should provide further analyses using the available data sets and stratify/categorize the findings by the cadre of clinicians (e.g., clinical officer, medical doctor, specialist, etc.) and the level of pharmacists (e.g., dispensers at ADDO with certificates, dispensers with diplomas at pharmacies, pharmacists with degrees, etc.). If possible, conduct FGDs with clinicians to explore the reasons behind their readiness to ignore antibiotic prescription guidelines and aim to understand who among the clinicians' cadre is not following the guidelines.
- The members encouraged the team to explore the motive among the pharmacists to refer patients to testing laboratories instead of referring the patients to clinicians according to standard pathways.
- The Ministry of Agriculture, Livestock, and Fisheries, as members of one health approach, have all shown interest in the research findings.
- The members asked if education/awareness creation for all (i.e., patients/clients, laboratory staff, clinicians, and pharmacists) can be a form of OBA included as one of the interventions to optimize the use of antibiotics? What is the role of law enforcement in the proposed interventions?
- The members asked if OBF/OBA mechanisms can be designed to address services vs. commercialization or creating a supportive environment.
- The members encouraged the team to explore the possibility of securing funds from UKaid, the Fleming Funds, and MOTT MACDONALD and working in partnership with ASM and ASLM to complete the AMR research.

The attendees included:

S/n	Participant Name		Sex	Position/ Title held	Institutional
	First Name	Last Name			
1	Benezath	Malinda	M	DUS- CO-Chair	MLF
2	Hezron	Nonga	M	Member MCC	SUA
3	Mtebe	Majigo	M	Member MCC	MUHAS
4	Godwin	Minga	M	AMR Infarm FO FP	TVLA
5	Joseph	Mazakalinga	M	SQAO	TBS
6	Erick	Komba	M	Director General	TAURI
7	Longinus	Tegulirwa	M	MCC-Member	MLF- NFQCL
8	Robinson	Mdegela	M	MCC-M&E TWG	SUA
9	Gaudensia	Simwanza	F	Manager MCC	TMDA
10	Geoffrey	Omarch	M	MCVL	TVLA

11	Stanford	Ndibalema	M	Asst. Director	MLF
12	Evaman	Ludovick	F	Secretary	MOH
13	Gibonce	Kayuni	M	AD.ZIS	MLF
14	Siana	Mapunjo	F	AMR-CC Secretariat	Consultant
15	Grace	Mwaisela	F	Secretariat	MLF
16	Junior	Shao	M	AMR MCC	Consultant
17	Rueben	Abednego	M	AMR-CC Secretariat	NPHL
18	Nyambura	Moremi	F	Director	NPHL
19	Salum	Manyatta	M	Asst. Director	PMO
20	Said	Aboud	M	Director General	NIMR
21	Daudi	Msasi	M	Pharmacist	MOH
22	Emiliana	Francis	F	National AMR coordinator	MOH