

Drug Shops and Pharmacies: Sources for family planning commodities and information

July 12, 2017



John Stanback, FHI 360, Facilitator

John Stanback, PhD, is an internationally recognized leader in research and testing of innovative FP practices. He brings 30 years of research and policy experience to his current role as Senior Scientist in the Health Services Research division of FHI 360. He has worked on the issue of drug shops for more than a decade, mostly recently through USAID's Advancing Partners and Communities (APC) project. Stanback earned his doctorate in health policy and administration from the University of North Carolina where he is an adjunct professor in the Department of Maternal and Child Health..



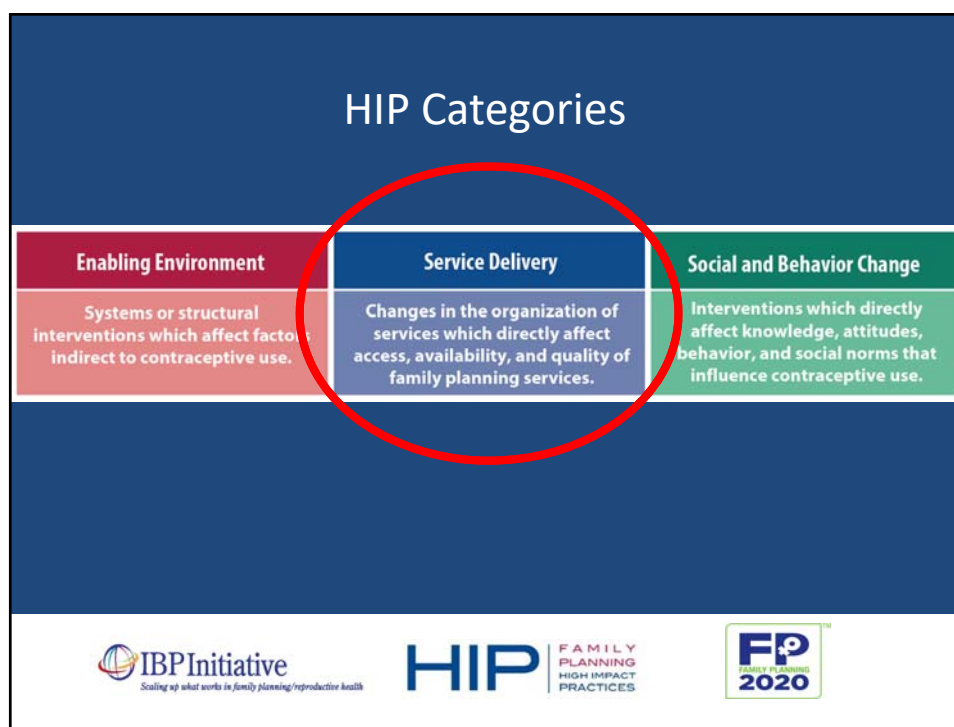
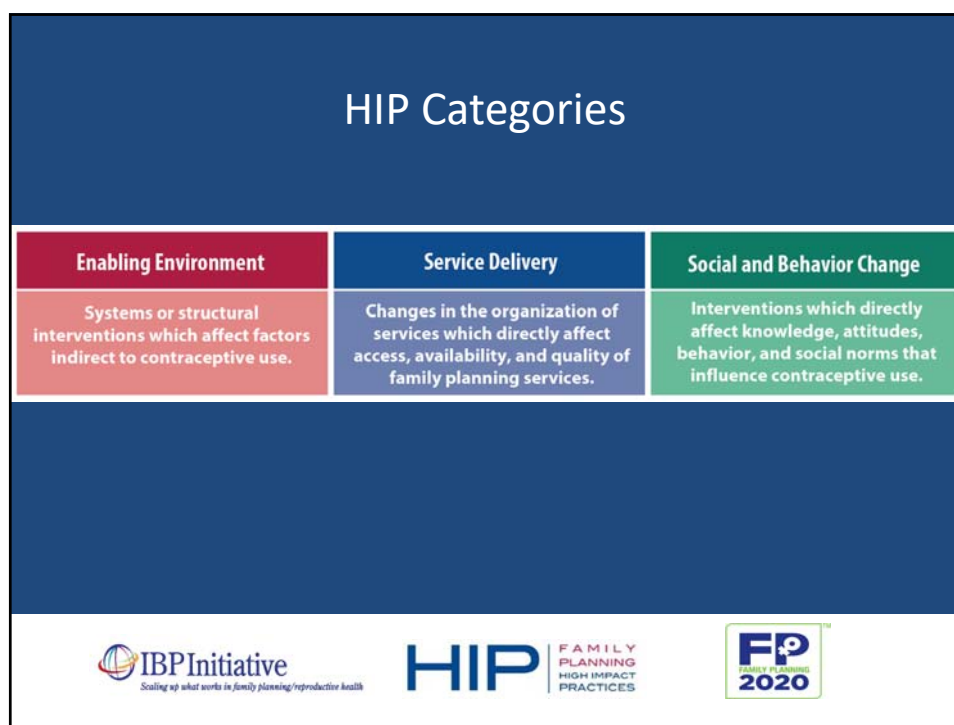
- Welcome and Introduction
- Presentations
- Q & A
- Closing






Drug Shops and Pharmacies HIP Brief

What is the proven high-impact practice?
 Train and support drug-shop and pharmacy staff to provide a wider variety of family planning methods and information.





Service Delivery and Social and Behavior Change HIPs are further categorized according to the strength of the evidence base for each practice – proven, promising, and emerging. The darker the color used in the HIP brief, the stronger the evidence base for the practice.	
Proven	Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality, and cost.
Promising	Good evidence exists that these interventions can lead to impact; more research is needed to fully document implementation experience and impact. These interventions should be implemented widely, provided they are carried out in a research context and evaluated for both impact and process.
Emerging	Limited evidence exists to assess impact; these interventions should be implemented within the context of research or an impact evaluation.
  	

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HIP | FAMILY PLANNING HIGH IMPACT PRACTICES **Drug Shops and Pharmacies:** Sources for family planning commodities and information

- Background
- Why is this practice important?
- What is the impact?
- How to do it: Tips from implementation experience
- Priority research questions
- References



**To join the Drug Shops & Pharmacies
Working Group:**

<https://knowledge-gateway.org/drugshopsandpharmacies>



Today's Panelists



**Mario Philip Festin,
WHO**



**Tracy Orr,
FHI 360**



**Frederick Mubiru,
FHI 360 Uganda**



**Pamely Riley,
Abt Associates**



Mario Philip Festin, WHO

Dr. Mario P.R. Festin is a Medical Officer at the Human Reproduction team at the Department of Reproductive Health and Research at WHO Headquarters. He is an obstetrician gynaecologist, with graduate degrees in health professions education and clinical epidemiology. His main area of work is on research and guidelines on family planning /contraception.



Drug Shops and
Pharmacies
Webinar 2017

Drug Shops and Pharmacies for Increasing Access to Contraception – WHO perspective

Mario Philip R. Festin MD

Department of Reproductive Health and Research



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FP2020 Goals

- ❑ Need to add **120 million new users** of modern contraceptives by 2020 to address the unmet need.
- ❑ Many factors to ensure meeting this goal: providing **commodities**, providing **quality of care services**, within a **gender and rights perspective** by adequately **trained health providers**
- ❑ **Access to contraceptive** commodities remains difficult, esp. in hard to reach areas.
- ❑ **Drug shops and pharmacies** are important sources of contraceptives.
- ❑ Along with task sharing programmes, they can **create a more rational distribution of commodities and services**



Definitions

Drug shops – small private outlets offering over-the-counter medicines and supplies for common illnesses, particularly in rural and hard-to-reach areas.

- ❑ In sub-Saharan Africa, drug shops are often the **most widely used source** for health services, information, and products (*Wafula and Goodman, 2010*).
- ❑ Drug shops and pharmacies have been recognized for their **potential to improve health** across a wide area of diseases and health issues (*Brieger et al., 2004; Smith, 2009*)
- ❑ Drug shops are managed by usually trained **community or lay health workers**, or **by other health providers**



❑ Ideal Method Mix for Drug Shops and Pharmacies

- **Sell and administer:** condoms, cycle beads, pills (COCs, POPs, EC), and injectables
- **Sell and Refer for administration:** implants and IUDs

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Characteristics of drug shops

- ❑ Drug shops (or chemist shops or patent medicine vendors) vs. pharmacies:
 - Usually **more numerous**, first stop for care
 - Found in **hard to reach and low income sectors**
 - Do **not typically employ a trained pharmacist**
 - Legally allowed to sell only **nonprescription drugs and prepackaged medicines**.
- ❑ Drug shops typically have **storefronts, product displays, and a counter**.
 - Many have a small room (separated by a door or curtain) for examinations and treatment.
- ❑ Like pharmacies, many drug shops also sell **over-the-counter family planning methods** (condoms and OCPs, maybe DMPA SC)



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Characteristics of drug shops

- ❑ **Education and training** of drug-shop staff vary by and within countries
- ❑ Some have **clinical training**, including injection.
- ❑ The **owners of these shops are typically literate** and **may or may not have some type of retail license, family planning training, or health accreditation** such as training as a nurse, nursing assistant, pharmacy assistant, or traditional medicine practitioner.



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Drug Shops vs Pharmacies

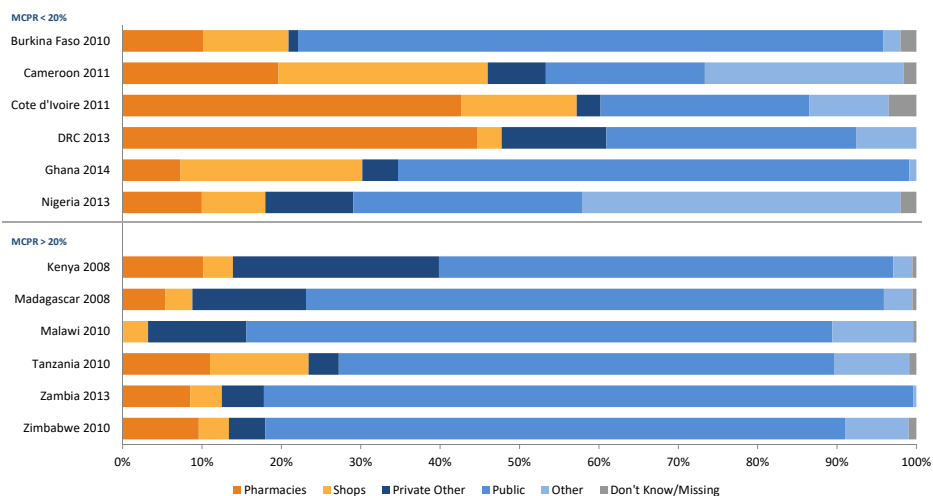
Sources for family planning commodities and information

Pharmacy	Drug Shop
Prescription medicines and OTC products	Nonprescription drugs and medicines
Supervised by registered pharmacist	Managed by drug shop operator (DHO)
Accredited and privately owned.	Mostly accredited (but sometimes unregistered) and privately owned
Specifically educated and trained health professional	Education level and training of DSO varies (nurse, nursing assist., pharmacy assist., or traditional practitioner)
Primarily in urban areas.	Numerous and found in rural areas

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Drug shop & pharmacies are an important source for FP



Source: Demographic and Health Survey, 2008-2013. Pandit-Rajani T, Dougherty L, Stammer E, et al. Private Shops & Pharmacies as Providers of Family Planning

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Experience with drug shops for other services

- ❑ In 2010, Uganda had **6 636 registered drug shops** and many more unregistered ones in **rural and hard to reach areas**.
- ❑ The WHO TDR project selected and provided drug shop owners with *integrated community case management for malaria (iCCM) training* (including practicum), appropriate **diagnostics equipment** (e.g. respiratory timers and malaria rapid diagnostic tests), and subsidized **medication supplies**.
 - **Accredited district health officials** provided all training, and at regular intervals a **supervisor and the district drug inspector** would conduct visits to the shops to assess treatment provision.
 - **Referral systems** were put in place to facilitate drug shop owners referring children with severe conditions to the local public health facility.

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When to use Drug Shops and Pharmacies

Integrate FP methods into drug shops and pharmacies when:

- ❑ Use of drug shops is already high in the community;
- ❑ Health system is weak, overburdened, and unevenly distributed;
- ❑ Frequent stock-outs at the government-sponsored facilities; and
- ❑ Important to reach men, boys, and youth.



Caption: Client visit to a drug shop...

Credit: Akintunde Akinleye/NURHI, Courtesy of Photoshare

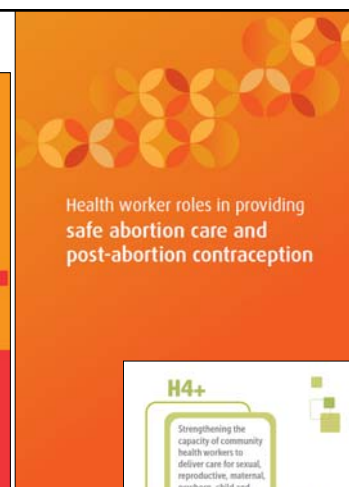
Unmet Need

Access to Services

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WHO GUIDELINES AND DOCUMENTS



Task sharing – usual providers retain task but involve or expand to other cadres,
Task shifting – delegate the task to other cadres, especially if there are not usually found there.
 Either with confidentiality and privacy

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FP Methods and Services Typically offered by Cadre of Service Provider

National policies and service delivery guidelines dictate which cadres of providers can offer specific FP services. The chart below shows the FP methods that are typically offered by these cadres of providers based on recommendations from WHO.

Type of Service	Lay Health Workers (e.g. CHWs)	Pharmacy Workers	Pharmacist	Auxiliary Nurse	Auxiliary Nurse Midwife	Nurse	Midwives	Nurse Midwife	Advanced Level Associate Clinicians	Non-specialist Doctor
<ul style="list-style-type: none"> Informed choice counselling Combined oral contraceptives (COCs) Progestin-only oral contraceptives (POPs) Emergency contraceptive pills (ECPs) Standard Days Method and TwoDay Method Lactational amenorrhoea method (LAM) Condoms (male and female) 	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Progestin-only injection (DMPA or NET-EN)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implant insertion and removal	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓
Intrauterine device (IUD)	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓
Vasectomy (male sterilization)	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓
Bilateral tubal ligation (female sterilization)	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓
LEGEND	<p>✗ Considered outside of the typical scope of practice; evidence not assessed.</p> <p>✗ Recommended against</p> <p>✓ Recommended in the context of rigorous research</p> <p>✓ Recommended in specific circumstances</p> <p>✓ Recommended</p> <p>✓ Considered within typical scope of practice; evidence not assessed.</p>									

All of the recommendations above assume that the assigned health workers will receive task specific training prior to implementation. The implementation of these recommendations also requires functioning mechanisms for monitoring, supervision, and referral.

The recommendations are applicable in both high- and low-resource settings. They provide a range of types of health workers who can perform the task safely and effectively. The cadres are intended to be inclusive, and do not imply either a preference for or an exclusion of any particular type of provider. The choice of specific health worker for a specific task will depend upon the needs and conditions of the local context.

23 Adapted from the WHO Safe abortion Task sharing guidelines

Task shifting to improve access to contraceptive methods



The WHO OptimizingMNH guidance contains evidence-based recommendations for the safe provision of key maternal and newborn health interventions by different cadres of health workers. This document summarizes the WHO recommendations on the cadres ranging from lay health workers to mid-level providers that may be trained and supported to provide the following contraceptive methods safely: tubal ligation, vasectomy, intrauterine device (IUD), implants, injectables, as well as promotional activities. The process of enabling additional cadres to provide a specific health intervention is referred to here as 'task shifting' but is also widely known as 'task sharing'.

Summary information

Problem: Poor access to family planning services due to inadequate numbers of health workers or their uneven distribution.

Option: Enabling additional cadres of health workers to provide family planning services through competency-based training.

Comparison: Method delivered by other 'higher' clinical cadres or no method delivered.

Setting: Community/primary health care settings.

Key message: The WHO recommends the use of different non-physician health worker cadres to provide the following family planning services:

- Tubal ligation
- Vasectomy
- Intrauterine device (IUD)
- Contraceptive implants
- Injectable contraceptives
- Education and counselling

Who is this summary for?

Ministries of health and other decision makers working to improve access to family planning services.

This summary includes:

- All recommendations from the World Health Organization OptimizingMNH guidance that relate to family planning.

Not included:

- The OptimizingMNH recommendations also cover other maternal and newborn health care services. Recommendations relating to these services are not described in this summary but are covered in other summary documents.

Please visit www.optimizingmnh.org for further information on:

- Recommendations for task sharing other types of maternal and newborn health care.
- The evidence supporting these recommendations.
- Glossary of terms used in this report.

Background references on this topic are listed on page 4.

Being updated...

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From Evidence to Policy: Expanding Access to Family Planning

Optimizing the health workforce for effective family planning services

Family planning services can be most effective if staff are well trained and supported as part of a well-equipped and well-functioning health system.

Key policy and programme actions:

- Implement sound international and national strategies to increase the number of skilled health workers trained and allowed to provide family planning services, with specific focus on underserved areas and populations.
- Adapt WHO guidelines in developing and implementing locally appropriate task shifting policies for family planning counselling and services.
- Undertake a systematic approach to development, competency-based training that enables health workers to provide quality family planning services, with adequate supervision and monitoring, and clear protocols for referrals.
- Emphasize quality of care through counselling by all cadres of health providers. All family planning and counselling services should be strongly centered in a rights-based approach that respects individual needs and preferences.
- Carry out social science and implementation research to understand, and strengthen, the dynamics and organization of health systems and contraceptive service delivery.

Background

Family planning is an essential investment in maternal and newborn health, as well as in poverty reduction and national development. Unintended pregnancy contributes a serious threat to the lives of women and their families. However, despite the known health benefits and cost-effectiveness of family planning, large disparities exist in accessing modern contraceptives. Worldwide, an estimated 222 million couples have an unmet need for contraception (2). This need is the highest in areas where maternal mortality is greatest.

There is a global shortage of at least 3.5 million health-care workers, including doctors, nurses, midwives and community health workers. The severe shortage of skilled health-care workers trained in family planning and contraceptive provision is a key constraint to improving access to family planning services for many women, men, girls and their families. The current network of health-care providers fails to reach some of the most vulnerable groups: the poorest, the young, the pregnant and rural women.

Increasing access to contraception, family planning and counselling services will require additional numbers of skilled and supported health workers, in both the public and private sectors of national health systems. Scaling up training and redeployment of existing health providers, including community-based and mid-level health workers, is of critical importance. These cadres have the potential, when appropriately trained and supported, to improve access to essential family planning, maternal, newborn and child health services, while containing costs. Expansion of cadres with adequate skills will be critical to increasing access to certain contraceptive methods as well as reducing maternal mortality, as they will be instrumental in providing education, advising on reproductive health, and distributing services to those most in need.

General considerations for implementation of task sharing programme

- ❑ Implementation will be shaped by **specific sociocultural and political factors** in specific contexts
- ❑ National dialogue is required to determine whether:
 - Health worker availability contributes to **accessibility/utilization of key interventions**
 - There is a willingness to consider task sharing
 - Health care workers need to be **supported by other interrelated health systems components**
 - The individual recommendations should be considered as ‘packages’, in terms of health worker categories and the condition being addressed. New tasks should be considered in the context of overall health care delivery, rather than being implemented as standalone measures.

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Drug Shops and Pharmacy Programs Challenges and Considerations

- ❑ Be aware of the **legal, regulatory, and policy environment** and support **training, accreditations, and regulation** for drug shop operators, including clinical skills.
- ❑ Promote **quality assurance and oversight**, including counseling skills
- ❑ Set up would need systems for **supervision and referrals**
- ❑ Utilize drug shops and pharmacies to provide accurate **product information and promote FP uptake and use.**
- ❑ Explore **policy efforts** to permit OTC sales and provision of FP commodities by drug shops and pharmacies
- ❑ Adding other FP commodities such as DMPA SC (and implants) in drug shops and pharmacy efforts may either catalyze policy action in favor of DMPA provision in drug shops or naturally results in home/self injection.



Subcutaneous formulation of DMPA presented in the all-in-one Uniject device.

Consider drug shops and pharmacies as an integral part of the larger health system

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Why drug shops and pharmacies? Why now?

- ❑ Offering contraception through a wide range of providers and facilities enables **access and availability, safely and effectively**.
- ❑ Access to contraception is part of a **comprehensive SRHR package for men and women**
- ❑ Need to improve policies to allow **effective use of skills and competencies of the health workforce**
- ❑ With appropriate training and support, pharmacy and drug-shop operators can facilitate the use of modern contraception, especially **in urban slums and rural areas where the unmet need is high, access is poor**, and health-worker **shortages and other barriers** prevent men, women, and youth from accessing family planning services.

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“Family planning is one of the best buys that exist for global development”



Dr. Tedros Adhanom Ghebreyesus
Director General, WHO
June 23rd 2017, RHR PCC Meeting

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Pamela Riley, Abt Associates

Pamela Riley, JD, MS, has more than 20 years of experience in international public policy and strategy in information technology and health fields. In her role as Senior Digital Advisor at Abt Associates, Ms. Riley leads Abt's efforts to leverage mobile phone technology to improve development outcomes. Prior to joining Abt, Ms. Riley worked for more than 14 years as senior legal strategist with Vodafone, the world's then largest mobile operator. She holds a law degree from George Washington University, a Masters in Family Studies from the University of Maryland, and Bachelors in Science from Syracuse University.



Regulation of Drug Shops and Pharmacies: A Global Review

Pamela Riley, Abt Associates/SHOPS Plus

July 12, 2017
IBP Drug Shops and Pharmacies Webinar





Background

- May 2016 Drug Shops Working Group meeting
 - Gap: Overview of regulations governing retail outlets
- SHOPS Plus conducted scan in 32 developing countries
 - To guide FP programmatic response
- Methodology
 - Desk review, key informant interviews, consultative meetings to validate findings



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Definitions



- **Pharmacies:** Retail facilities, overseen by licensed pharmacists, that sell registered prescription-based medicines
- **Drug shops:** Lower-tier retail outlets, with no pharmacist on staff, that sell over-the-counter drugs, chemical products, and household remedies.

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Scope

- Rules governing **retail** establishments
 - Pharmacies and/or drug shops
 - Particular focus on factors that impact FP products and services
- Excludes
 - Rules related to supply chain (drug import, registration, distribution, drug safety)
 - Clinic-based pharmacy services
 - Adequacy of enforcement

Organizing Framework

- Tiers
- Premises
- Personnel
- Marketing
- Enforcement
- Services
- Products

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Sample comparison table

Table 5. Summary of country regulations relevant to family planning commodities

Country	OCPs available from this outlet?	EC available from this outlet?	Rules about counterfeit drugs?	Are drug prices regulated?	Option to procure from public sector supply?
Group 1: Countries with donor-funded pharmacy and drug shop initiatives					
Bangladesh					
Pharmacy	Yes	Yes	Yes	Yes	Yes
Ghana					
Pharmacy	Yes, with screening	Yes	None found	No	Yes
Drug shops	Yes, with screening	Yes	None found	No	Yes
India					
Pharmacy	Yes	Yes	None found	Yes	No
Drug shops	Yes	Yes	None found	Yes	None found
Kenya					
Pharmacy	Yes	Yes	Yes	None found	Yes
Liberia					
Pharmacy	Yes, with prescription	None found	Yes	None found	None found
Drug shops	Yes, with prescription	None found	Yes	None found	None found
Nigeria					
Pharmacy	Yes	Yes	Yes	None found	Unclear
Drug shops	Yes, limited to refills	Yes	Yes	None found	Unclear
Senegal					
Pharmacy	Yes, with screening	Yes, with aux. nurse	Yes	Yes	No
Drug shops	Yes, with screening	Yes, with aux. nurse	Yes	Yes	No
Tanzania					
Pharmacy	Yes, with screening	Yes, with prescription	Yes	No	No
Drug shops	Yes, with checklist	Yes, with prescription	Yes	None found	No
Uganda					
Pharmacy	Yes, with screening	Yes, with prescription	Yes	None found	No

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Findings



Regulatory frameworks are not standardized

- Wide variation in topics, level of detail
- Difficult to rank along a continuum
 - Internal inconsistencies
 - Lots of missing documents, incomplete view
 - No regional patterns, or patterns based on year of adoption





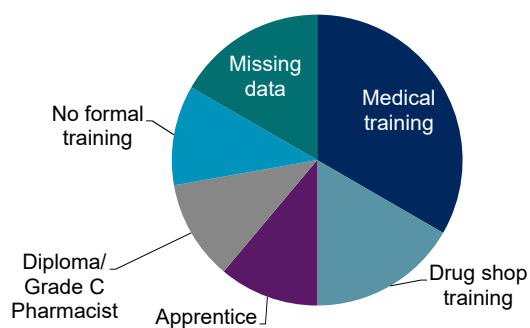
Trend authorizing second tier drug shops

- Regulations authorizing drug shops in 17 of 32 focus countries
 - Response to unregulated market growth
- Four countries permit drug shops to sell some prescription medicines
 - For selected list of common illnesses and conditions
 - Tanzania, Uganda, Liberia, Philippines

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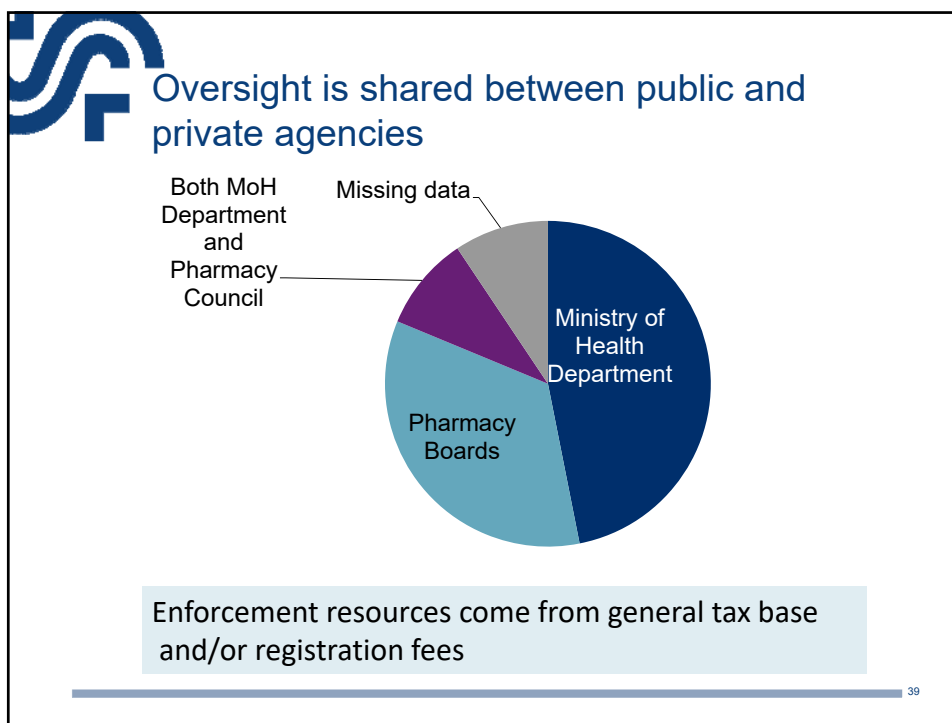



Prerequisites for drug shop personnel are highly varied




Compare: Pharmacist credentials standardized,
university degree in pharmacy

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 Services: Assess, counsel, refer



- Majority do not address
- Three countries require pharmacists to encourage doctor consultations “whenever necessary”
- Seven countries require counseling when selling contraceptives
- No countries permit medicine dispensers to provide injections
 - Except under rules waivers

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Products: Essential Medicine Lists

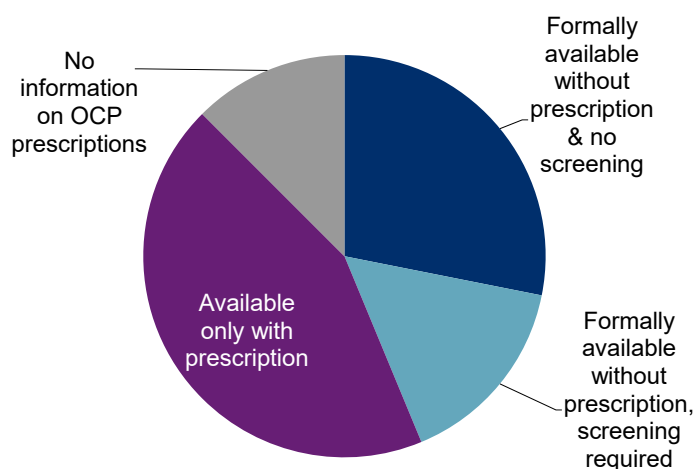
- EMLs promote availability of medicines deemed most critical for basic health needs
- OCPs included in every country reviewed
- Inclusion of other methods is widespread

Method	Number countries
OCPs	32
Implants	19
IUDs	26
DMPA	26
Male condoms	26
Female condoms	16

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Prescription requirements Oral Contraceptive Pills



Source: Oral Contraceptives Over-the-Counter Working Group 2016

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Discussion/Implications

Evidence needed to support policy change

- Obtain regulatory waivers for pilots
 - Assess extent of existing practices happening outside of regulatory framework (e.g. FP Market Watch)
 - Gather data on positive practices, approaches for risk mitigation (e.g. education on self-screening)
 - Controlled studies

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Strengthening oversight mechanisms

- Need for model guidelines on supervision and enforcement
- Role for self-regulation
 - Fee-bearing private associations providing member benefits
 - Engagement of local stakeholders to monitor quality, community voice
 - Consensus-based ethical standards
 - Dialogue with regulatory bodies

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Utilizing market incentives



- Recognize economic factors that impact quality of products and services
 - Induce self-regulation through training in business skills, stock management, record-keeping
 - Expand access to credit, inclusion in insurance, voucher programs

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Training of drug shop personnel

- Advocacy needed to link licensing and minimum prerequisites
 - With programmatic interventions to offer skill-building, job aids, peer support
- Potential collaboration with CHW training programs
 - Look to what similar cadres are doing to capture synergies in training and supervision requirements



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Pamela Riley

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Tracy Orr, FHI 360

Tracy Orr, MPH, is a Senior Technical Officer for Research Utilization at FHI 360 where she is responsible for ensuring the effective use of evidence for policy and program decision-making. She has 10 years of experience working in international development and focuses on advocating for FP provision through drug shops, pharmacies and community health workers in sub-Saharan Africa. Currently supported by USAID's Advancing Partners and Communities (APC) project, Tracy has a Master's in Public Health from the University of Michigan

**Frederick Mubiru, FHI 360 Uganda**

Frederick Mubiru, MSC, is the Project Manager for APC. He is a research and evaluation specialist with 10+ years' experience in project management, action research and M&E in nationwide development and emergency response organizations. Fred works on projects addressing reproductive health/family planning, gender, HIV and AIDs, and he holds an MSC in Population and Reproductive Health Studies from Makerere University, Kampala, as well as a Post Graduate Diploma in Development Evaluation Studies of Uganda Christian University, Mukono.



Advocacy for the Provision of Injectable Contraception by Drug Shop Operators in Uganda

Tracy Orr and Frederick Mubiru
FHI 360/Advancing Partners and Communities Project

July 12, 2017



Why injectables in drug shops?

- mCPR is low at 35% of current married women, unmet need is high at 28%
- Injectables are a highly used and preferred method
- Task sharing to VHTs already endorsed and they provide injectables in Uganda
- There are 9,724 registered drug shops in Uganda



What are the local research conclusions?

- Drug shops are for suitable sales and injection
- Drug Shop operators are trainable
- Drug shops operators are significant contributors to CYP

Stanback et.al, 2011 and Chin-Quee et.al, 2010



Source: John Stanback, Uganda

What is the current family planning political environment?

- London Family Planning Summit 2012
- Family planning conference July 2015
- Uganda Costed Implementation Plan 2015-2020
- DMPA SubQ scale up plan approved 2017



What have been the key advocacy milestones?

- High level policy dialogue held to review evidence
- Task force formed by MOH with FHI 360/APC as secretariat
- Justification Paper presented to MCH Cluster and recommended for presentation to MOH Senior Management
- Justification Paper presented approved by MOH Senior Management
- MOH FP Focal person presented to NDA Senior Management
- Presented scale up implementation plan to Committee of NDA Board



What are the anticipated challenges and proposed solutions?

- Some drug shops are not licensed
 - Strengthen existing accreditation processes, business practices and compliance measures
- Operators are profit oriented
 - Use social marketing approaches – Create point-of-sale information and promotional materials for clients and job aids for DSO and clients
- Drug shops do not currently submit data to HMIS
 - Support a multi-sectoral monitoring and quality-control mechanism



...Continued challenges and solutions

- Untrained personnel might administer the injectables
 - Permit only NDA-accredited drug shop operators to inject.
- Most operators lack FP provision training
 - MOH training curriculum emphasizing counseling and injection skills
 - Incorporate drug shops task sharing into national strategic plans
- Potential for unsafe injection and poor infection control practices
 - Train DSOs on safe provision of FP and injection safety
 - Establish supportive supervision guidelines
 - Set up referral networks



Lessons learned

- Stakeholder consensus is important
- Open consultation makes for a richer case
- Time and timing are important
- Planning is critical
- Building upon past achievements helps
- Linking to global rationales enhances relevance



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Q & A

July 12, 2017



Recording and presentation available at:

<https://channel.webinar.com/channel/965084607443925509>



For more information, please visit:

www.fphighimpactpractices.org

Drug Shops & Pharmacies Working Group:

<https://knowledge-gateway.org/drugshopsandpharmacies>

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU

