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.
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proven</strong></td>
</tr>
<tr>
<td><strong>Promising</strong></td>
</tr>
<tr>
<td><strong>Emerging</strong></td>
</tr>
</tbody>
</table>
• 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.
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

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).
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.**

### Drug Shops vs Pharmacies

**Sources for family planning commodities and information**

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Drug Shop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription medicines and OTC products</td>
<td>Nonprescription drugs and medicines</td>
</tr>
<tr>
<td>Supervised by registered pharmacist</td>
<td>Managed by drug shop operator (DHO)</td>
</tr>
<tr>
<td>Accredited and privately owned.</td>
<td>Mostly accredited (but sometimes unregistered) and privately owned</td>
</tr>
<tr>
<td>Specifically educated and trained health professional</td>
<td>Education level and training of DSO varies (nurse, nursing assist., pharmacy assist., or traditional practitioner)</td>
</tr>
<tr>
<td>Primarily in urban areas.</td>
<td>Numerous and found in rural areas</td>
</tr>
</tbody>
</table>
Drug shop & pharmacies are an important source for FP

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.
  - Accreditied 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.
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.

Unmet Need

Access to Services

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
### FP Methods and Services: Typically offered by Cadre of Service Provider

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

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Leg Health Workers (LHW, OMR)</th>
<th>Pharmacy/Dispensers</th>
<th>PHAEMRON</th>
<th>Auxiliary Nurse</th>
<th>Midwife</th>
<th>Nurse Midwife</th>
<th>Nurse</th>
<th>Medical Officers</th>
<th>Medical Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information advice counseling</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Combined oral contraceptives (COM)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency contraceptive pills (ECP)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Standard Dilation and Evacuation Method</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lactational amenorrhoea (LAM)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Contraceptive patch</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

- Progesterone implant (DMPA and IUD)
- Implant insertion and removal
- Intrauterine device (IUD)
- Vasectomy (for male sterilization)
- Female sterilization (hysterectomy)

All other recommendations close under that the assigned health worker will recommend specific training prior to implementation. The implementation of these recommendations may require training mechanisms for monitoring, supervision, and referral.

The recommendation is valid in both high and low-resource settings. They provide a range of options for health workers who can perform the task safely and effectively. The cadre is trained and has access to an instrument of a particular type of provider. The choice of specific health worker for a specific task will depend on the needs and conditions of the local context.

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### Task shifting to improve access to contraceptive methods

The WHO recommends guidance on task shifting for improving access to FP services in low-resource settings. The guidance includes recommendations on how different cadre of health workers can be trained and supported to provide FP services. The chart below provides a summary of the recommendations.

#### Summary

- **Recommendations:**
  - Information advice counseling
  - Combined oral contraceptives (COM)
  - Emergency contraceptive pills (ECP)
  - Standard Dilation and Evacuation Method
  - Lactational amenorrhoea (LAM)
  - Contraceptive patch

- **Key messages:**
  - For WHO recommendations, see different cadre of health worker to provide the following family planning services:
    - Information services
      - Distribution
      - Counseling
      - Distribution
    - Counseling
      - Distribution
      - Counseling
      - Education and counseling

#### Being updated...
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.

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.
Why drug shops and pharmacies? Why now?

- Offering contraception through a wide range of providers and facilities enables **access and availability, safety and effectiveness**.
- 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.

“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
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

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.
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

Sample comparison table

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

<table>
<thead>
<tr>
<th>Country</th>
<th>OCHs available (from this sector)</th>
<th>EP available (from this sector)</th>
<th>Rules about contraceptive drugs?</th>
<th>Are drug prices regulated?</th>
<th>Option to procure from public sector supply?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Pharmacy: Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>China</td>
<td>Pharmacy: Yes, with screening</td>
<td>Yes</td>
<td>None found</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>India</td>
<td>Pharmacy: Yes</td>
<td>Yes</td>
<td>None found</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Turkey</td>
<td>Pharmacy: Yes</td>
<td>Yes</td>
<td>None found</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Kenya</td>
<td>Pharmacy: Yes, with prescription</td>
<td>None found</td>
<td>Yes</td>
<td>None found</td>
<td>None found</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Pharmacy: Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>None found</td>
<td>None found</td>
</tr>
<tr>
<td>Lebanon</td>
<td>Pharmacy: Yes, with prescription</td>
<td>None found</td>
<td>Yes</td>
<td>None found</td>
<td>None found</td>
</tr>
<tr>
<td>Drug shops: Yes</td>
<td>Yes, limited to refills (Yes)</td>
<td>Yes</td>
<td>None found</td>
<td>None found</td>
<td>None found</td>
</tr>
<tr>
<td>Singapore</td>
<td>Pharmacy: Yes, with screening</td>
<td>Yes, with sex. nurse</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Drug shops: Yes</td>
<td>Yes, with screening</td>
<td>Yes, with sex. nurse</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Pharmacy: Yes, with screening</td>
<td>Yes, with prescription</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Drug shops: Yes</td>
<td>Yes, with prescription</td>
<td>Yes, with prescription</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Liberia</td>
<td>Pharmacy: Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>None found</td>
<td>None found</td>
</tr>
</tbody>
</table>
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

Prerequisites for drug shop personnel are highly varied

Compare: Pharmacist credentials standardized, university degree in pharmacy
Oversight is shared between public and private agencies

- Both MoH Department and Pharmacy Council
- Ministry of Health Department
- Pharmacy Boards
- Missing data

Enforcement resources come from general tax base and/or registration fees

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
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

<table>
<thead>
<tr>
<th>Method</th>
<th>Number of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCPs</td>
<td>32</td>
</tr>
<tr>
<td>Implants</td>
<td>19</td>
</tr>
<tr>
<td>IUDs</td>
<td>26</td>
</tr>
<tr>
<td>DMPA</td>
<td>26</td>
</tr>
<tr>
<td>Male condoms</td>
<td>26</td>
</tr>
<tr>
<td>Female condoms</td>
<td>16</td>
</tr>
</tbody>
</table>

Prescription requirements Oral Contraceptive Pills

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

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
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

Pamela Riley
Pamela_Riley@abtassoc.com
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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Sources for family planning commodities and information

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

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