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Family planning provision in pharmacies and drug shops: an urgent prescription☆,☆☆

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ABSTRACT

Drug shops and pharmacies have long been recognized as the first point of contact for health care in developing countries, including family planning (FP) services. Drug shop operators and pharmacists should not be viewed as mere merchants of short-acting contraceptive methods, as this ignores their capacity for increasing uptake of FP services and methods in a systematic and collaborative way with the public sector, social marketing groups and product distributors. We draw on lessons learned from the rich experience of earlier efforts to promote a variety of public health interventions in pharmacies and drug shops. To integrate this setting that provides convenience, confidentiality, access to user-controlled contraceptive methods (i.e., pills, condoms and potentially Sayana Press®) and a gateway to clinic-based FP services, we propose three promising practices that should be encouraged in future interventions to increase access to quality FP services.

Recent innovations in health care, medicines and medical devices have expanded the reach of family planning (FP) services in the developing world. For example, subcutaneously delivered Depo Provera (DMPA-SC) — sold under the trade name Sayana Press® — is poised to increase access to FP services in clinic and community-health worker settings, and would also be a boon to women who use drug shops and pharmacies (DS&Ps) in the commercial-private sector. Indeed, DS&Ps have long been recognized as the first point of contact for health care in developing countries [1,2]. However, drug shops, which are more prevalent in rural areas [3,4], are usually only allowed to sell prepackaged, nonprescription medicines. The wide array of health services provided by DS&Ps in the developing world includes preventive care such as FP and diagnosis and treatment of diseases, such as malaria and sexually transmitted infections, and ailments, such as pneumonia, diarrhea and respiratory infections. In many countries, social marketing also plays a significant role in the promotion and sale of preventive care products in the retail sector and has contributed greatly to the crucial task of reaching millions of new and existing FP users [5]. Together, these efforts are only part of an "urgent prescription" that proposes that governments, working with donors and social marketing entities, embrace and substantially incorporate DS&Ps into national efforts to meet the FP needs of men and women.

The quality of services in DS&Ps is variable [6–9], but they are first-line providers and a gateway to health care services. These facilities also provide the convenience, anonymity and discretion that women and adolescents desire. Drug shops and pharmacies are well placed to provide condoms, pills and injectables directly and to increase access — via referrals — to FP methods and services that they are unable to provide.

Drug shops and pharmacies can meaningfully contribute to an increase in modern contraceptive prevalence rates and significantly reduce unmet need in urban, periurban and rural areas. Research in Uganda showed that once drug shop operators were trained to safely provide injectable contraception, drug shops shared a similar and substantial proportion of the total market share for FP service provision with community health workers (CHWs) and public-sector clinics [3]. Injectable contraception, the most popular method in sub-Saharan Africa [10], is also poised to revolutionize FP method access with the introduction of DMPA-SC. The single, lower dose of DMPA administered via a compact, prefilled Uniject™ injection system has been characterized as a "game changer" [11,12] by facilitating administration by CHWs or by the user herself. The same could be said of drug shop operators or pharmacists who would directly inject clients or sell the product for self-administration.

The provision of FP commodities and information in DS&Ps is considered a promising high-impact practice [13]. However,

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greater implementation of this proposed practice, as well as more evaluations of these implementation efforts, is needed to move this practice from promising to proven. Program and research communities have experimented with improving and normalizing FP service provision through DS&Ps for many years. Based on this rich, earlier experience, we propose three promising practices that should be encouraged in the future to increase access to quality FP services.

1. Practice 1: support and scale up the sale and provision of injectable contraceptives in pharmacies and drug shops

One step to realize the potential of DS&Ps would be to legalize and implement the provision of injectable contraception as recommended in a technical consultation [2]. Both new and continuing FP users find drug shop provision of DMPA satisfactory [3]. Moreover, with the advent of DMPA-SC, access and availability of injectable contraceptives would improve, given the capacity for convenient provider or self-administration. Studies [14–17] have demonstrated women's satisfaction and preference for the subcutaneous form of DMPA over intramuscular injections. The Uniject™ delivery system of DMPA-SC also simplifies packaging, transport and storage, making it as ideal for DS&Ps as the public sector. The patented Uniject™ system with its non-refillable blister reservoir also makes counterfeiting difficult — a problem experienced by emergency contraceptive pills [18]. Finally, what makes injectables in general and DMPA-SC in particular uniquely suited for DS&Ps is its potential to increase FP uptake: Published studies have demonstrated improved continuation rates among self-injectors [19–21]. Thus, DMPA-SC would provide added value to efforts to increase access to and use of FP.

2. Practice 2: build bridges (and referrals) between drug shops, pharmacies and other sectors

To truly serve the needs of clients and provide greater choice of FP methods, establishing referrals between DS&Ps and other sectors is essential. These bridges should be built between the public sector and DS&Ps and with social marketing groups as well since this would encourage good public health practice while satisfying the need to generate revenue.

Building bridges between DS&Ps and clinic services will be challenging, but it need not be complex. Merely increasing the willingness of drug shop operators and pharmacists to provide appropriate information may be sufficient. Moreover, the relationship can be mutually beneficial, as the referral pipeline can flow both ways — from DS&Ps to the clinic, where complications associated with short-acting methods can be addressed and long-acting options can be offered, and from the clinic to DS&Ps, where training, support and information can be provided to these retailers, who in turn can offer an alternative source for FP commodities. Specific to DMPA-SC, clinic providers could refer clients to DS&P providers (and vice versa) for refresher trainings in self-administration and calculating reinjection dates.

A patent medicine vendor (PMV) training program in Nigeria showed significant improvements in referral practices, PMV knowledge and drug sales for the appropriate treatment of childhood malaria. The paper-based referral mechanism resulted in 80% of clients following up with the referred clinician [22]. The intervention demonstrated the feasibility of a referral system between PMVs and public-sector services while highlighting the benefits of this strategy for public health. Mobile or short messaging system referrals that are faster and more efficient than paper-based referrals should be considered for the future, as they have been shown to be effective in managing information exchange between providers and improving the care received by clients [23].

3. Practice 3: apply our knowledge about effective counseling and the nature of client–provider interactions in drug shops and pharmacies

3.1. What we know about counseling

Like referrals, provision of counseling by pharmacists and drug shop operators is more honored in the breach than in the observance. Studies have shown that both providers often fail to volunteer information to their clients [24–27], ask questions or take client histories before dispensing drugs [28,29]. Profit is a key concern for DS&Ps; therefore, time set aside to counsel clients — especially in a busy establishment — can amount to lost revenue. Nevertheless, providing or obtaining counseling in DS&Ps is neither a waste of time nor an impossible undertaking. We know from clinic-based studies that injectable contraceptive clients are more likely to continue their method if they receive counseling on side effects and management strategies [30,31]. We also know that trained pharmacists and drug shop operators are capable of providing accurate and pertinent information to injectable contraceptive clients [2,32,33]. The challenge is finding the "happy medium" that incentivizes retailers to counsel clients without being burdensome. In resource-constrained contexts, both government and social marketing group involvement might be needed to achieve comprehensive counseling. Moreover, their collaboration would ensure that the focus is not placed squarely on generating profits.

Efforts under way in Nigeria may offer hope and guidance, as the Federal Ministry of Health has initiated implementation research with PMVs trained to provide DMPA-SC. This research is expected to generate evidence that can drive policy to formally engage and train PMVs not only to provide progestin-only contraceptive services but also counsel and refer FP clients for all contraceptive methods [34,35].

A strong coalition of stakeholders, the National Association of Patent and Proprietary Medicine Dealers (NAPPMED), state and the Federal Ministry of Health, the Pharmacy Council of Nigeria and social marketing organizations (Society for Family Health and DKT) was established to support this intervention and work together to identify how the research findings can be translated into policy. With state and federal government involvement, the legality and import of FP provision by PMVs would be recognized, while engagement of NAPPMED, the Pharmacy Council of Nigeria and the social marketing organizations would achieve widespread acceptance and practice of policy guidelines.

3.2. What we know about client–provider interaction

The interactions retail providers have with their clients can be qualitatively different from those of their public-sector counterparts. For example, the fact that client demand and satisfaction carry more weight in profit-driven DS&Ps than in public-sector facilities has been documented in numerous studies [28,29,36–38]. This demand often manifests itself in irrational prescribing. Clients feel free to negotiate and assert themselves with drug shop operators in particular because they are perceived as less qualified or of lower status than clinically trained providers (and licensed pharmacists) [36]. The literature is replete with instances of drug shop operators and pharmacists inappropriately providing antibiotics and antimicrobials for diarrhea, colds, pneumonia and other conditions [6,7,39–43] even after receiving training to prevent such behavior. Routine detailing by social marketers and commodity distributors should be implemented to assist retailers with providing accurate, persuasive information about their products and to negotiate more effectively with clients.

A recent study conducted in Ghana "unpacked" the factors that influenced interactions between caregivers and medicine sellers and how they affected pediatric diarrhea treatment and management [44]. Although the study focused on the persistent problem of antibiotic misuse in a curative context, the findings and recommendations are also applicable to preventive services like family planning. That is, training drug shop operators and pharmacists, enhancing their credibility and

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