

DMPA-SC ACCESS COLLABORATIVE

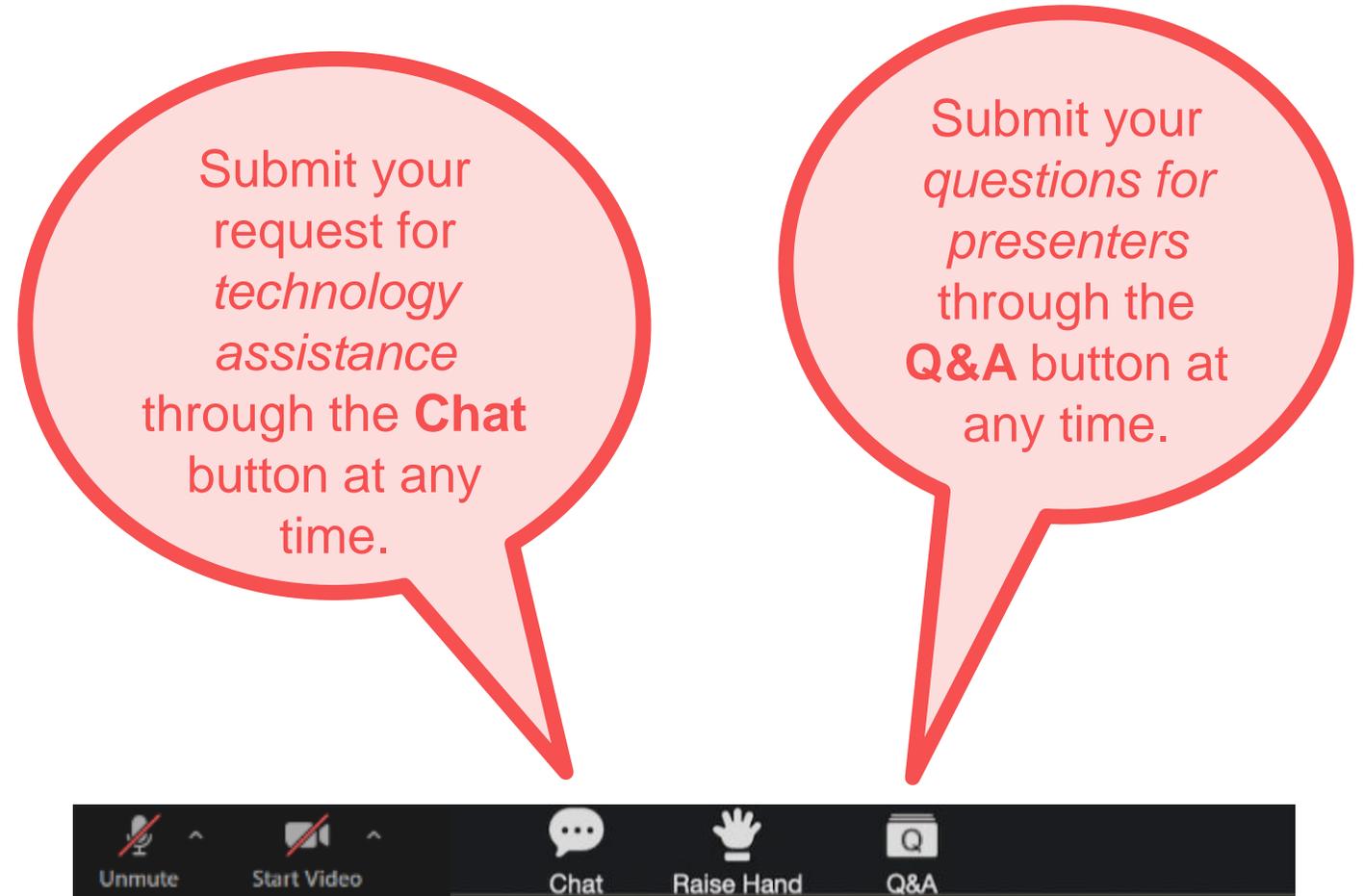
Unlocking DMPA-SC data-sharing between private pharmacies and ministries of health

Webinar | July 21, 2021



Webinar logistics

- All participants will remain muted during the webinar.
- We have designated some time to answer questions after all the presentations are finished.
 - Please submit your questions through the Q&A feature, identifying who the question is for.
- If you have any technology issues during the webinar, please send a **chat** message to “All panelists” via the chat feature.



Johnson Anyona

Supply Chain Advisor, inSupply
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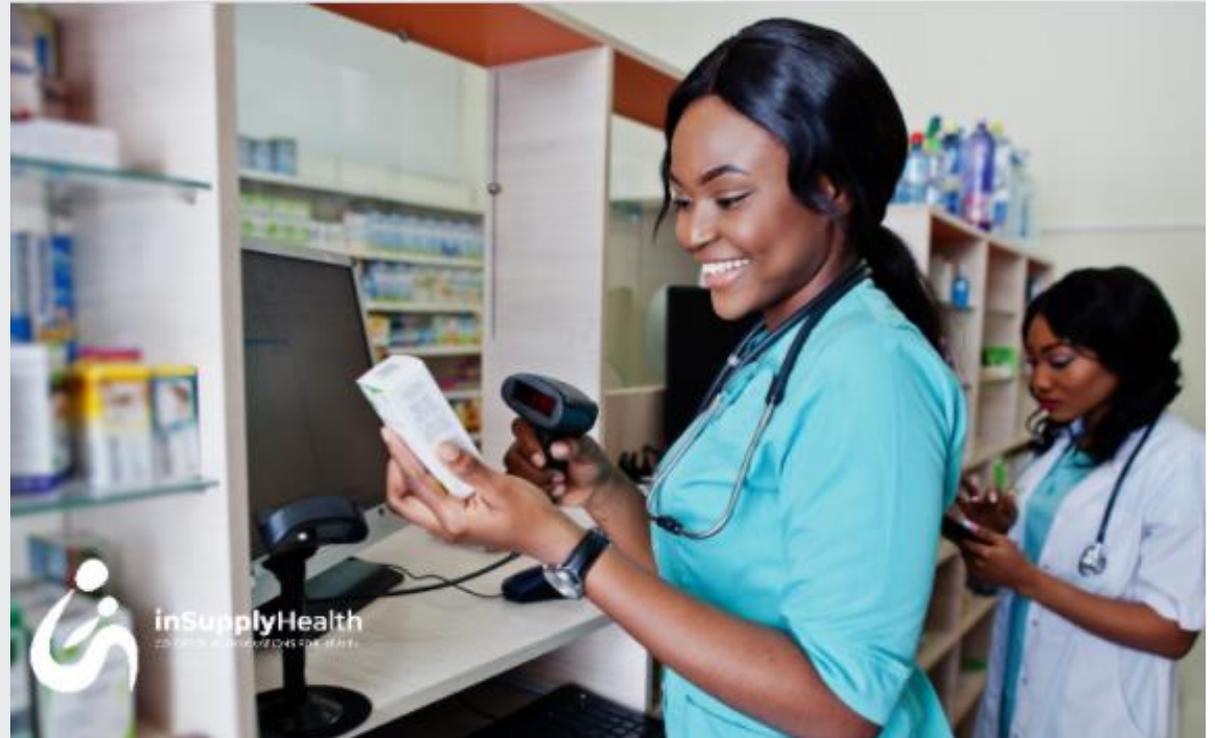


Agenda

1. Overview
2. Dr. Daniella Munene, CEO
Pharmaceutical Society of
Kenya.
3. Mr. Kennedy Saini,
President, Pharmaceutical
Society of Zambia
4. Audience Q&A

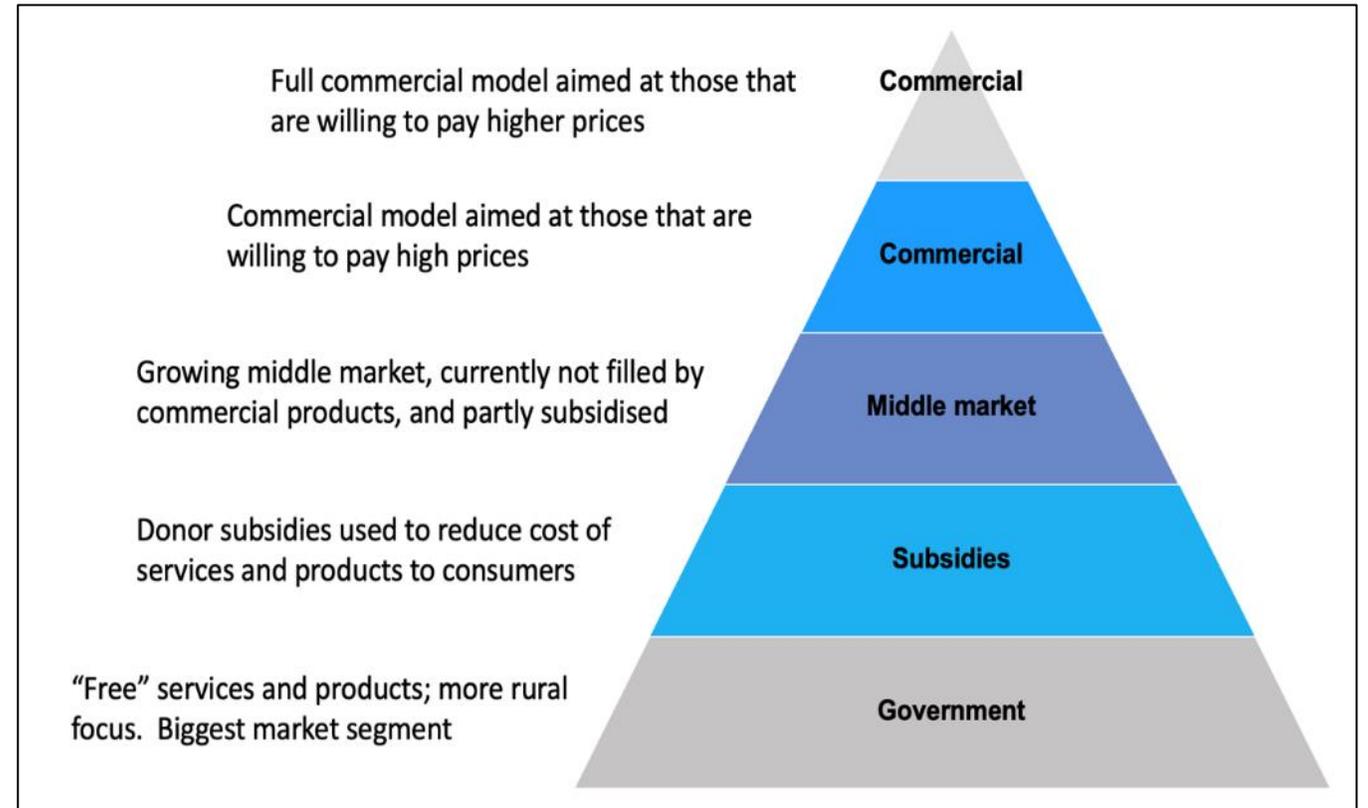
The pharmacy channel holds potential to reduce unmet need for FP. What's holding it back?

- More than half of private sector clients obtain their contraceptive method from pharmacies or shops.¹
- However, sub-Saharan Africa has the highest fertility rate in the world, with the highest unmet need for family planning (FP).²
- WHO recommends task sharing and increasing the use of pharmacists in SRH service provision.³
- MOHs (e.g., Kenya, Zambia) are adopting TMA approach to meet unmet demand and reduce pressure on government to provide contraceptives for all.



What is the total market approach?

Leveraging the comparative advantages of all sectors (public, non-profit and for profit) to achieve **equity, efficiency and sustainability** in health programming.⁴



Unlocking the full potential of the pharmacy channel through this TMA requires better understanding of existing barriers and challenges that need to be overcome

Dr. Daniella Munene

Pharmacist, Chief Executive Officer of the Pharmaceutical Society of Kenya.

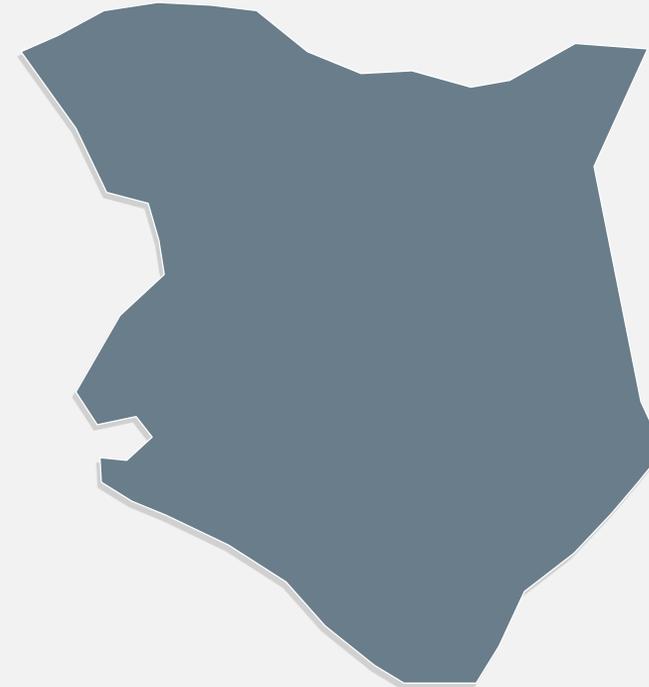


Channels actively offering self-injection:



Public Health facilities

18% of public health facilities actively offering DMPA-SC



Kenya

Why is there a need for pharmacies to report to national HIS?

- 5,500 registered private pharmacies
- Over 50million client visits in pharmacies annually
- No visibility by National or County levels of government of products and services offered through Pharmacy channel
- For national planning, it is important to include pharmacy channel data
- Currently 90% of EC pills in the country are provided through private pharmacies

Kenya Case Study

FP as entry point for reporting

- All private pharmacies now entered as users on HIS
- Relevant FP reporting tool visible to 5,500 pharmacies
- Pharmacists being trained on how to report. This is part of a wider curriculum for pharmacists and pharm techs on provision of family planning services

Kenya Case Study

Challenges

- Keen interest to provide expanded set of FP services but reporting is low
- High cost and slow reach of in-person training
 - So far only 1 cohort of 25 community pharmacists and pharm techs trained

Way Forward

- Engage with partners to secure support for both training of pharmacists as well as supplies of FP commodities
 - PSK is currently convening two key committees
 - **FP for pharmacists training coordination committee** – includes Jhpiego, MOH, PPB, KPA
 - **Private sector DMPA SC supplies coordination team** –includes donor and implementation partners. We often consult with the manufacturer of the approved DMPA SC product.
- Drive the message of self regulation to members to encourage higher reporting rates.

Way Forward

- Include pharmacies in national DMPA SC implementation research
- Encourage digitized record keeping in pharmacies
- Enforce regulation – all healthcare providers must report to National HIS
- Once pharmacy data starts to come in
 - Analyse the trends to inform national planning and decision making
 - Include more services in the reporting e.g. vaccination.

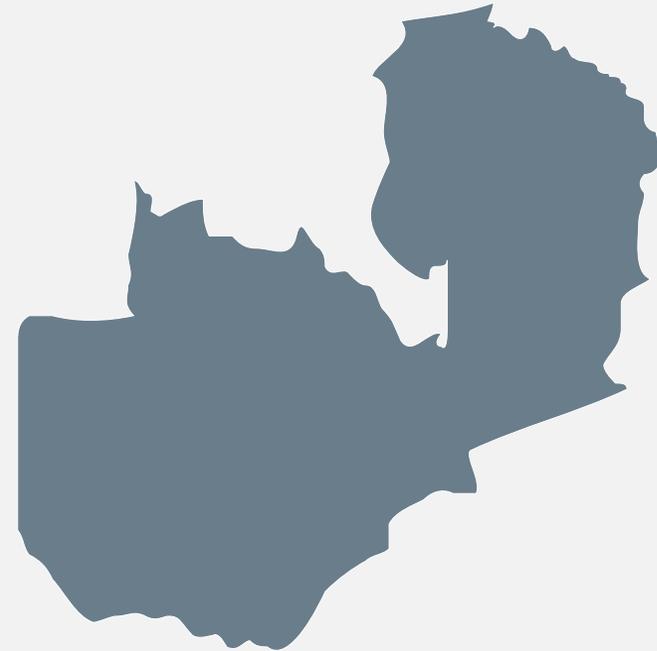
Mr. Kennedy Saini

Pharmacist, President of the Pharmaceutical Society of Zambia



Channels actively offering self-injection:  Health facilities  Pharmacies

100% of service delivery points actively offering DMPA-SC



Zambia

PRESENTATION OVERVIEW

- i. Introduction.
- ii. Reproductive Health & Universal Health Coverage in Zambia.
- iii. Task Shifting Implementation of FP and TMA in Zambia.
- iv. RH Private Pharmacy Data Sharing Plan and Motivation.
- v. Summary & Conclusion.

RH AND UHC IN ZAMBIA

- ❖ Universal health coverage is defined as a situation where all individuals & communities receive the health services they need without undue financial hardship.
- ❖ FP products & services are a priority service within the Zambian essential health packages and part of benefit package in NHI.
- ❖ NHI funds ring fenced from main national pool/basket to prevent reimbursement challenges that may lead to termination of services.
- ❖ NHI is a game changer as clients are now free to seek and enjoy RH services & products from the comfortable/convenient PPs, with all the benefits without paying out of pocket for the service.

JAN 2017 – ZAMBIA TMA LANDSCAPE ASSESSMENT

- ❖ Erratic **procurement** patterns for condoms, pills & injectables
- ❖ Periodic **stock outs**/shortages of FP commodities
- ❖ Growing **demand** and **use** of FP services and products
- ❖ High **increase** in injectable use (2001-18.3% to 2018-52.3%)
- ❖ Potential **funding gap** to keep pace with growing demand
- ❖ Concerns about **donor reliance** and sustainability
- ❖ **High interest**/support for TMA and PS engagement

DIRECT BENEFITS OF TMA INVOLVING PPs

The following are among the direct benefits of an effective TMA;

- ❖ Ensures equity & increased access & uptake of RH products & services.
- ❖ Sustainability of the RH programs as PPs can use own HR & capital.
- ❖ Avoids duplication & frustration of efforts across the entire supply chain & ensures service efficiency & continuous product availability.
- ❖ Uniformity of quality of RH products on the market (PS & PPs).
- ❖ Reduces burden of patient care for public sector HCWs.
- ❖ Ensures uniformity of care across the mixed HS model.

RH TASK SHIFTING IN ZAMBIA

- Use of CBDs for certain health services including contraceptives provision was identified, however national guidelines typically precluded non-medically trained persons from providing clinical contraceptives such as injectables, implants & IUDs.
- FP partners & MoH in 2016-17 tested the feasibility & acceptability of allowing CBDs to provide injectable DMPA at community level with successful results.
- This success created opportunities for new task shifting initiatives, which now include other well trained cadre of HCWs e.g. Com. Pharmacists.
- This channel will help provide Injectable DMPA & teach women in their community to Self-Inject DMPA SC thereby enhancing self-care.

DATA SHARING

Data sharing between PPs and MoH is important as it ensures accurate data is captured, published and disseminated. This ultimately leads to better programme planning, sharing of experiences, good practices and lessons across the country, the region and beyond.

ZAMBIAN HMIS REVIEW

- ❑ Currently no provision for HMIS to capture PP FP data.
- ❑ There's need to integrate PP FP data into the mainstream national HMIS.
- ❑ Zambian HMIS will undergo review, sometime next year (2022).
- ❑ Data capturing tool to be further improved to disaggregate for instance provider administered Vs SI DMPA. This is crucial in order to monitor self-care indicators & improve RH outcomes.

DATA REPORTING DURING PS PILOT

MoH with partners piloted DMPA-SC SI in private facilities

- ✓ **Bwafwano Integrated Services Organization**, an NGO health clinic serving working and lower income women
- ✓ **University of Zambia**, primarily serving university students/staff, and surrounding community
- ✓ **Victoria Hospital**, a private hospital largely catering to professionals with health insurance or high ability to pay for health services

PP DATA REPORTING PLAN

Linkage to Public Sector Health Facilities; PP in a community to be linked to the HIMS reporting centre of the nearest facility.

Reporting Period, monthly reports to be sent to the public sector health facility.

PROPOSED PP DATA COLLECTION TOOL

Integrated FP register; same tool that is currently in use in PS with mixed modern FP methods.

- Client and service point information**
- Examination/Screening and removals**
- Referrals and final remarks**

MOTIVATION FOR PPs TO SHARE DATA

PPs are purely commercial entities & RH services (e.g DMPA-SC) require time and effort hence re-imburement/returns should be commensurate with service provision.

- ❖ Charging a reasonable fee that ensures affordability and uptake of DMPA & other RH products through PPs.
- ❖ Supply chain barrier eradication to ensure continuous supply.
- ❖ Reducing potential competition with PS free products and services.
- ❖ Differentiating public and private sector offerings.
- ❖ Product branding and differentiation.

PP RH PARTICIPATION, WHERE ARE WE NOW?

- ❑ **Policy** shift to allow PP administration of Injectable DMPA now in place. Window for broader RH commodity access and uptake.
- ❑ **Training** of Pharmacists and Pharmacy Personnel underway. Integration of this training in undergraduate curricula in initial stages
- ❑ **Supply chain** issues (DMPA availability in PPs); Facilitation of commercial sale of DMPA & other FP products in PPs will lead to increased independence and autonomy for patients. *How best can this be done? Various options on the table....*

An expanded direct market for FP products/services involving the PPs will greatly supplement PS efforts & help decongest the govt. FP units & due to privacy, encourage increased youth service & product uptake

SUMMARY & CONCLUSION

PPs in Zambia identified as a great partner in improving; access (number of access points & quality of access – Over 600 Com. Pharmacies) & uptake of FP services & products ultimately leading to the following outcomes;

- ❖ Reduced waiting times (some operate 24/7).
- ❖ Improved client satisfaction and convenience.
- ❖ Promoting wider choice of service for clients willing to pay for the service.
- ❖ Youth/adolescent friendly environment (reduce adolescent pregnancies).
- ❖ Ease of access to Pharmacist for comprehensive pharmaceutical care including health promotion and disease prevention.
- ❖ Public sector HCWs will be free attend to other equally important issues.
- ❖ Reduced public sector healthcare costs (reduced uptake of RH products)

SUMMARY & CONCLUSION CONT'

Why is PP RH data sharing with MoH so crucial?????

- ❑ Ensures accurate RH data is captured & reported in national HMISs leading to better national programme management.
- ❑ Ensures ease documentation, publication & dissemination of accurate information & experiences.
- ❑ Helps enhance good practices.
- ❑ Informs future policies and guidelines.
- ❑ Contributes to regional & global networks & data.



Audience Q&A

← Back to search results

Access Collaborative technical assistance resources

The [DMPA-SC Access Collaborative](#) provides data-driven technical assistance, resources, and tools that countries need for designing, implementing, and monitoring the introduction and scale up of DMPA-SC self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming.

In addition to general information and evidence on DMPA-SC, partners can access the support outlined in the menu by submitting a request through the technical assistance request form linked below. Your request can be submitted by emailing the completed form to FPoptions@path.org.

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CATEGORIES

[Introduction and scale-up -> Planning](#)

[Introduction and scale-up -> Tools](#)

[Self-injection -> Planning](#)

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TAGS

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Thank you for joining us!

For more information or support, please
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