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Private Model Community Pharmacy Initiative (Assessment Report)

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Outlines

- Background
- Objective
- Methods
- Result and Discussion
- Conclusion
- Recommendation
- Reference



Background

- The availability of safe, effective, quality and affordable pharmaceuticals accompanied by their rational use is a prerequisite for the delivery of quality health services.
- In Ethiopia, the pharmaceutical sector is guided by a National Drug Policy issued in 1993.
- The objectives of the policy is to meet the country's demand of essential drugs and systematize the supply, distribution and use of safe, effective and quality drugs.



Background.....Cont'd

- Nevertheless, there are still shortages of basic essential medicines and irrational use of medicines in the country.
- Investigation of the availability of 10 commonly used medicines in public health facilities was below 75 %.
- Compared with IRP the prices of generic products in public health facilities pharmacies were quite good than the private pharmacies.



Background.....Cont'd

- The national average for availability of key essential drugs was (PSA, 2010).
 - 70% in public health facilities
 - 91% in private drug retail outlets
- Irrational dispensing practice
 - Dispensing of prescription only drugs at partial doses
 - Poor labelling
 - Lack of patient counseling
 - Poor record-keeping.



Background.....Cont'd

- Based on the experience so far, to avert these problems, the FMoH aims to further improve the supply of quality pharmaceuticals at an affordable price to the community accompanied by up to standard pharmaceutical services through:
 - **Capacitating private drug retail outlets to be Models.**
 - **Enabling all public hospitals to have their own Model community pharmacies.**



Objective

- **General objective**
 - To assess the current situation of model community, hospital and private pharmacies in availing essential medicines and ensuring their rational use.
- **Specific objectives**
 - To assess how model private community and hospital pharmacies are performing in relation to ensuring availability, affordability and rational use of medicines.
 - To identify the challenges that community pharmacies are facing in providing services.
 - To determine quality of the pharmacy service being provided.
 - To document best community pharmacy practices for scale-up.



Methods

- **Study Area and Period**
 - The study was conducted in a total of 25 model community pharmacies from March 1 2016 to March 27, 2016.
- **Study Design**
 - A cross-sectional descriptive study design were conducted employing both qualitative and quantitative methods.



Sampling

- **Study populations**
 - Qualitative questions - Community pharmacy managers and head pharmacist of government owned pharmacies.
 - Quantitative questions – all model community pharmacies
 - Sample patients for patient knowledge on correct dosage.
- **Sampling methods**
 - Purposive sampling method

- **Data collection procedure**

- The quantitative data was collected using a pre-tested structured questionnaire.
- A total of 24 data collectors organized in 8 teams were recruited to assist in the data collection process.
- the data collection process was supervised by the USAID/SIAPS regional Technical Advisers.

- **Data analysis**

- The data was analyzed using simple descriptive statistics including mean, percentage, and range.

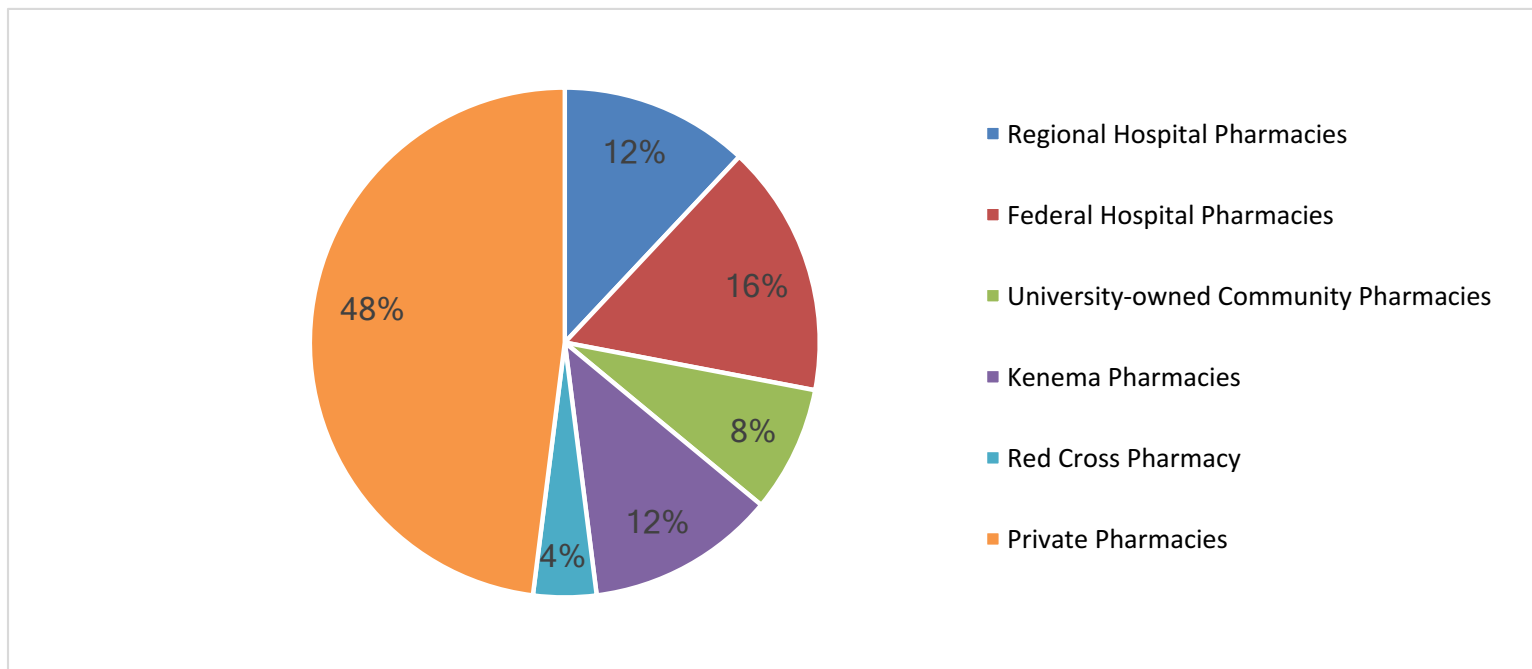
- **Ethical considerations**

- Ethical approval was sought from the Federal Ministry of Health.
- Permission was also granted from the selected pharmacies and
- Informed consent was obtained from each participant.

Result and Discussion

- **Ownership**

- A total of 25 community pharmacies were included in the study.
- 48% were **privately owned** and the rest were government owned.



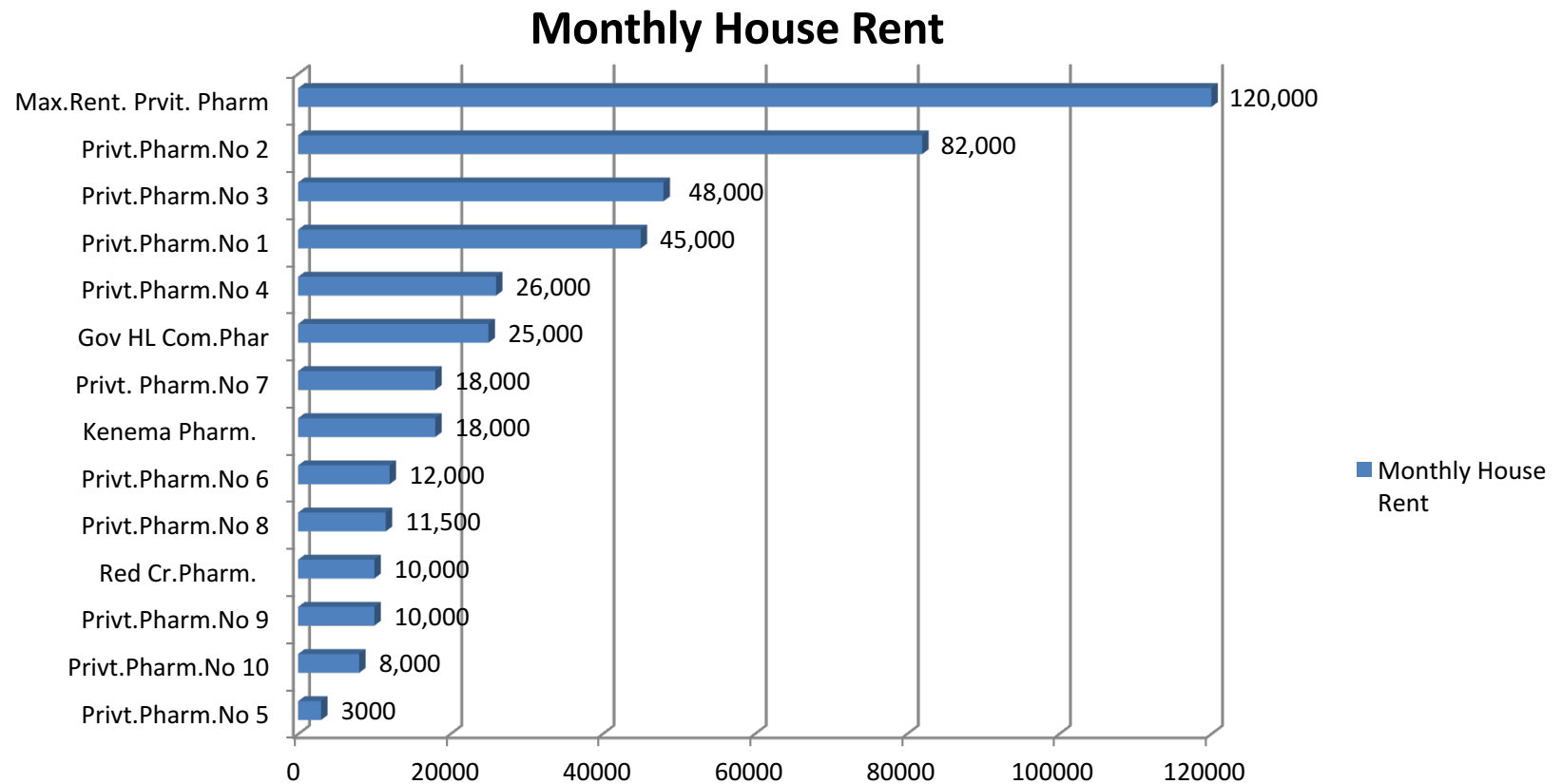


Result and Discussion

- Managers of Kenema, Red Cross and EPA-supported Private Pharmacies reported
 - Never got any support from the government (RHBs and FMOH) in terms of training, supportive supervision and availing reference materials.
- Circulation of illegal medicines and escalating of house rent were challenges raised by all categories of community pharmacies.

Result and Discussion

- The monthly house rent to run community pharmacy ranges from 3,000 to 120,000 ETB (143 USD - 5,714 USD) (Figure 2).



Graph: 2 Monthly house rent for community pharmacies, in ETB, 2016, FMOH. (Note: 1 USD=21ETB)

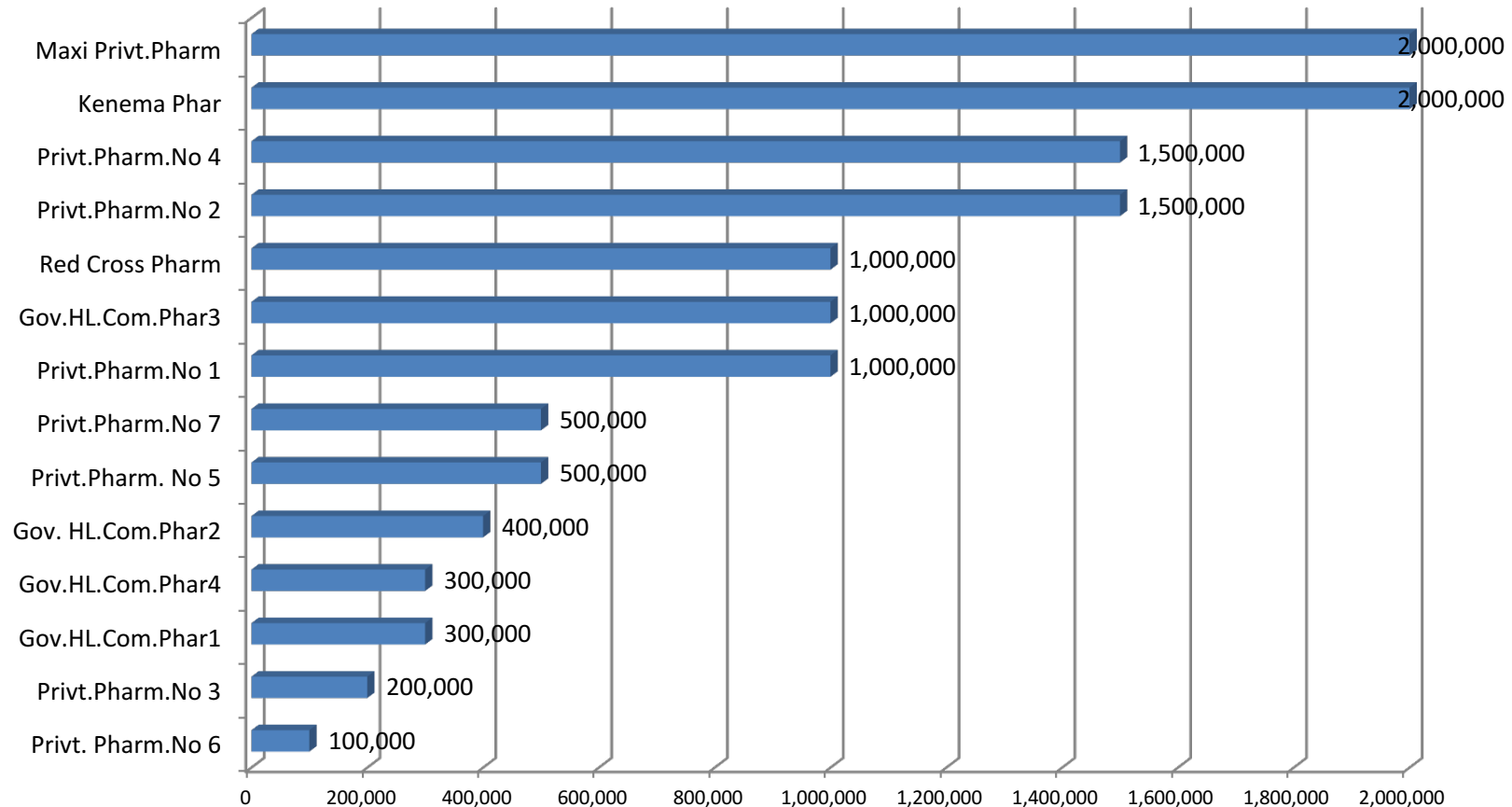


Result and Discussion.....Cont'd

- Despite the escalating house rent, Kenema, Red Cross, and one of the Managers of Private pharmacies reported that their pharmacies are very profitable.
- The average, current fund required to run a pharmacy
 - Ranges from 100,000 to 2,000,000 ETB (4,762 USD – 95,239 USD).
 - Higher in Addis Ababa than other regions.
- 83% of privately owned pharmacies responded that they are willing to open new model pharmacies if they are supported by the government.

Result and Discussion.....Cont'd

Initial Capital Required to Run a Pharmacy



Graph: 3 Initial capital in Birr required for opening of Community Pharmacy Either Private owned or Government owned pharmacies, 2016 FMOH (N=14)



Result and Discussion.....Cont'd

- **Pharmacy workforce**

- The total number of pharmacy professionals(B.Pharm and Druggist, Pharmacy technician) was higher in government owned community pharmacies than the private model community pharmacies.
- But, the number of pharmacists was higher in private pharmacies than government-owned community pharmacies .

- **Best practices from private community pharmacies**
 - 28% of private community pharmacies give health promotion and education for maternal and child health.
 - 17% of these pharmacies reported that they give health education and promotion on HIV.
 - 42.8% of them reported that they are giving health promotion, education, case detection and referral for Hypertension, diabetes and other NCDs patients.



Result and Discussion.....Cont'd

- **Factors affecting the medicines market**
 - House rent.
 - Pharmaceuticals Market Erraticism.
 - Influence of importers and wholesalers.
 - The effect of theft and diversion of medicines.
 - The effect of Monopolistic Pharmacies.
 - The effect of private pharmacies with inconsistent prices.

- **Availability of prescribed medicines, labeling and patient knowledge.**
 - Majority of patients' (N=270) knowledge on correct dosage (the dose, frequency, duration and storage) were higher for patients served in government owned pharmacies than patients served at private pharmacies.
 - Mean availability of prescribed medicines in government owned pharmacies (90%) is higher than in privately owned pharmacies (88%).
 - The same is true that labeling of dispensed medicines is higher in government pharmacies than private owned ones.

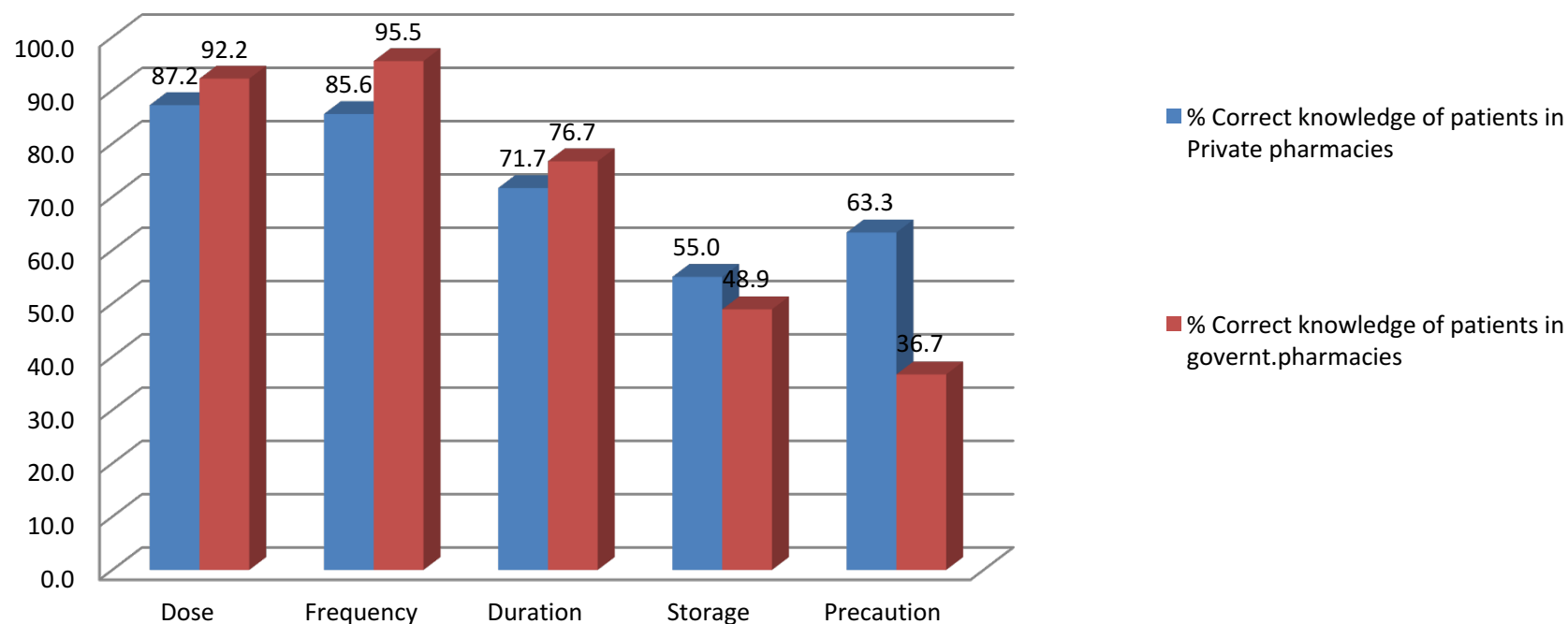
Result and Discussion.....Cont'd

Indicators	Dosage, # Prescribed, # Dispensed and # Labeled	Total Patient interviewed	Patient who Knows correct dosage got Rx medicines and has correct labeling		%
			yes	No	
Patient knowledge on correct dosage	Dose	270	240	30	89
	Frequency	270	240	30	89
	Duration	270	198	72	73
	Storage	270	143	127	53
	Precaution	270	147	123	54
Availability of Prescribed Medicines	# of drugs prescribed	465	465	NA	NA
	# drugs actually dispensed	406	406	59	87
Labeling Information	Drug name	270	215	55	80
	Strength	270	208	62	77
	Dose	270	182	88	67
	Frequency	270	181	89	67
	Duration	270	107	163	40

Table 2 Summary of Patients who know the correct dosage, who got medicines prescribed to them and patients with correct labeling in 18 selected pharmacies sampled from all over Ethiopia and from a total of 270 patients (15 patients from each pharmacy) were interviewed

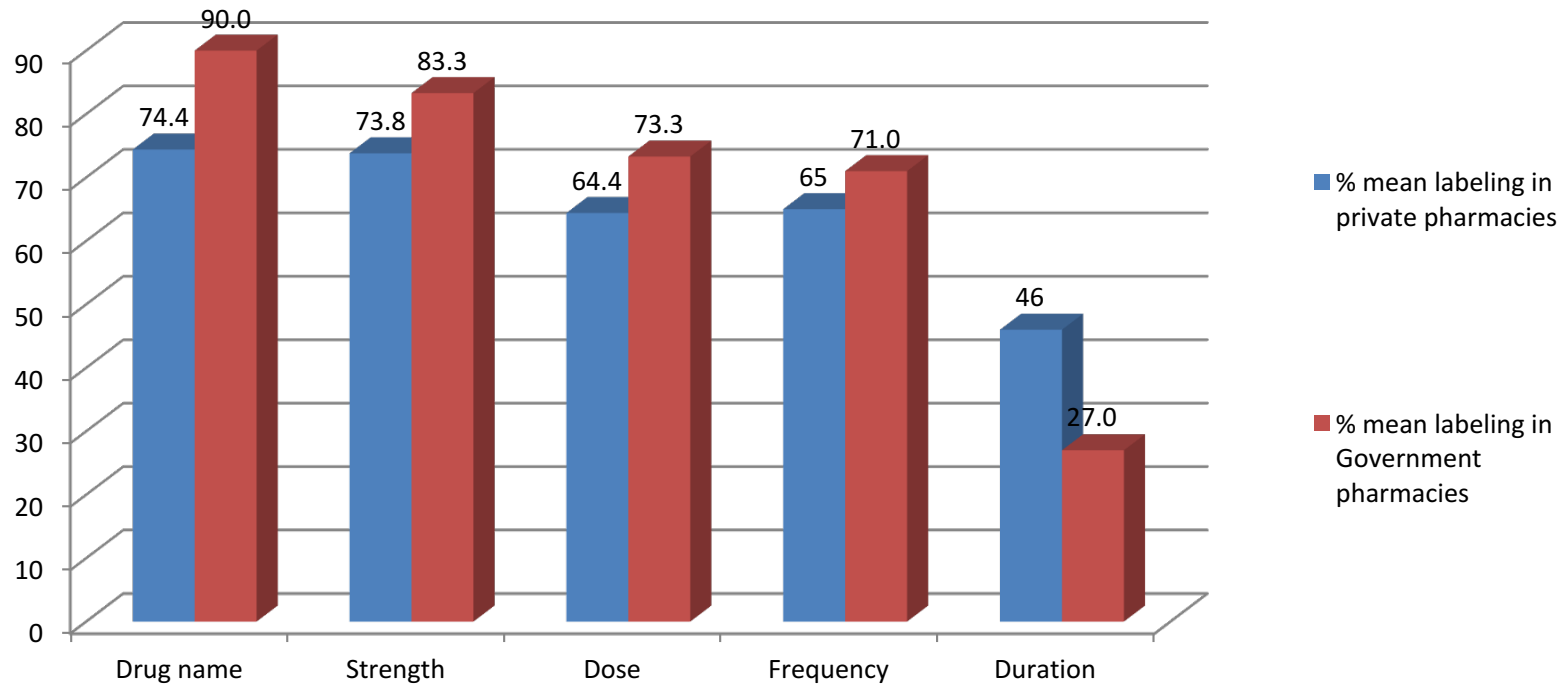
Result and Discussion.....Cont'd

% Knowledge on correct dosage of patients served in private and government owned pharmacies



Graph: 4 Patients knowledge on correct dosage using key WHO indicators

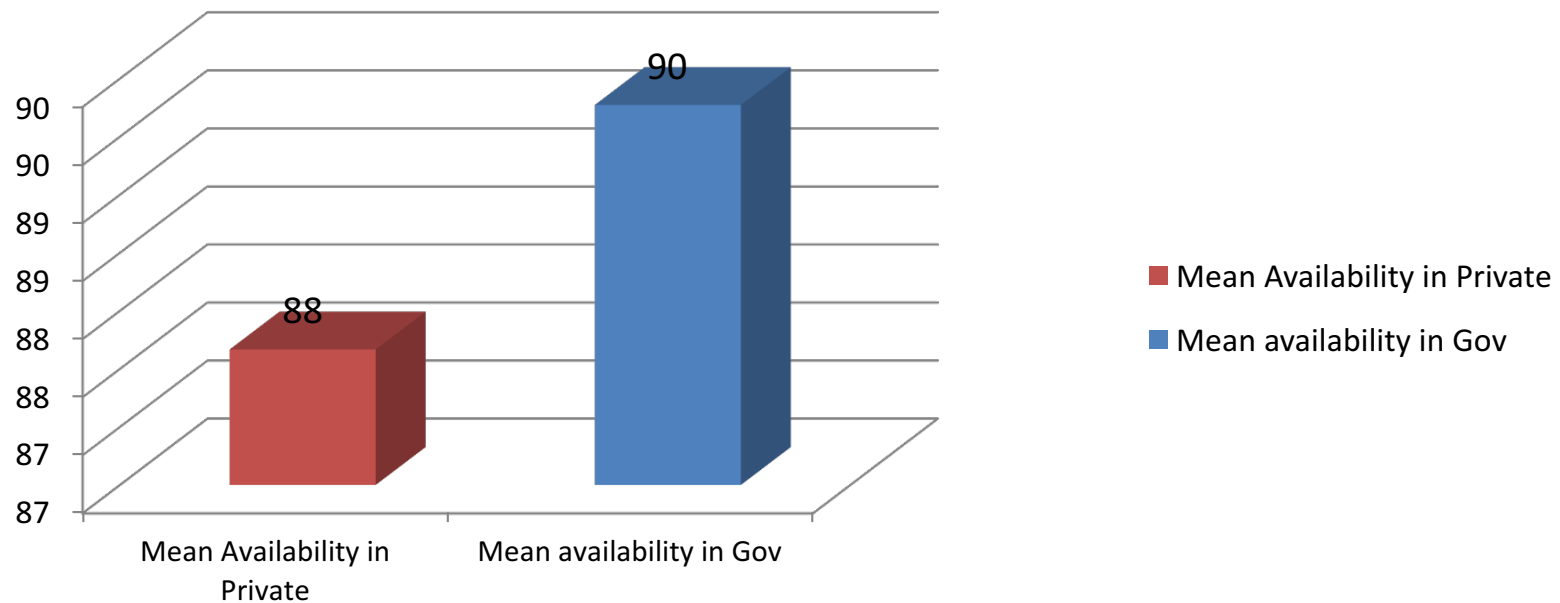
Result and Discussion.....Cont'd



Graph: 5 labeling of prescribed medicines in private and government owned pharmacies using WHO indicators

Result and Discussion.....Cont'd

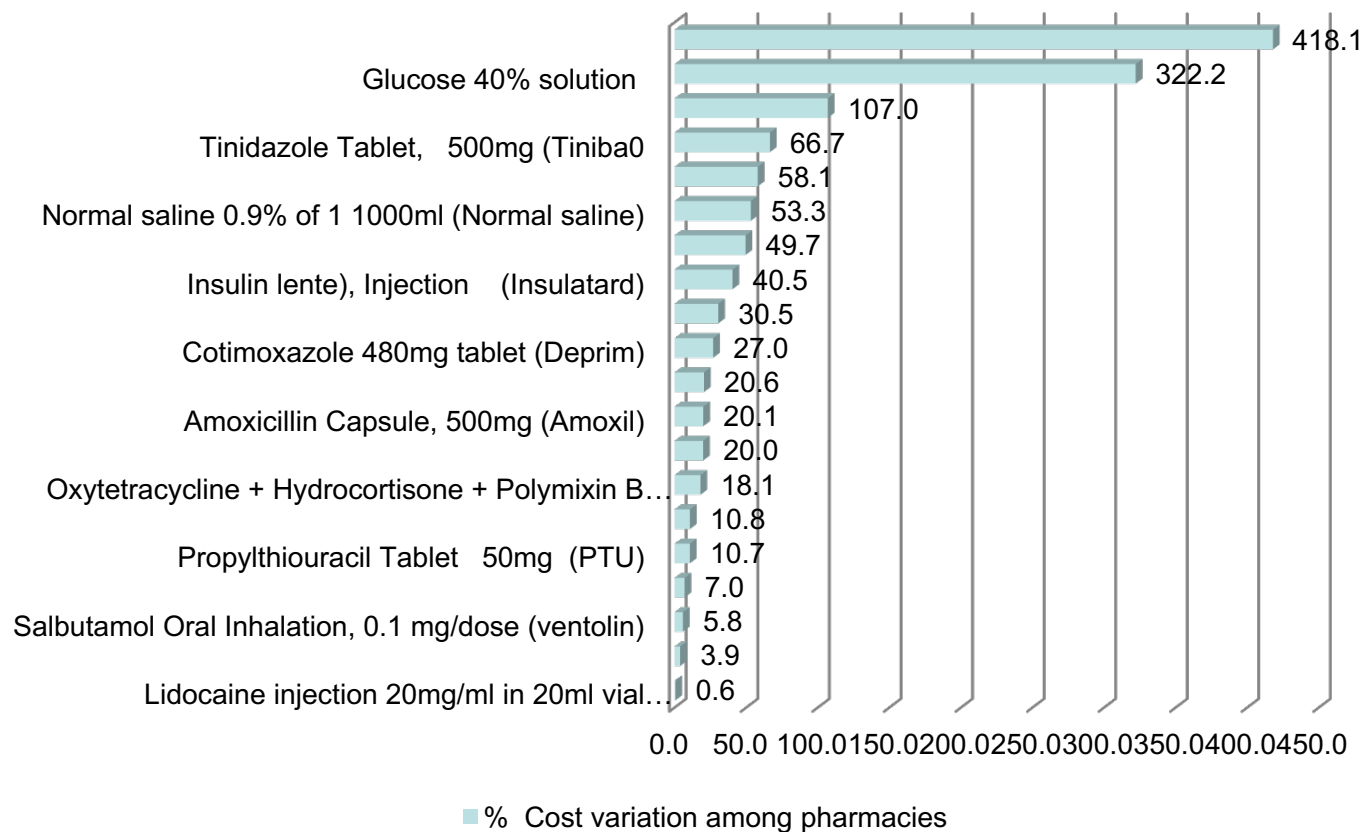
Mean Availability of prescribed medicines



Graph: 6 Availability of dispensed medicines among prescribed ones in private and government owned pharmacies (N=270 patients)

Result and Discussion.....Cont'd

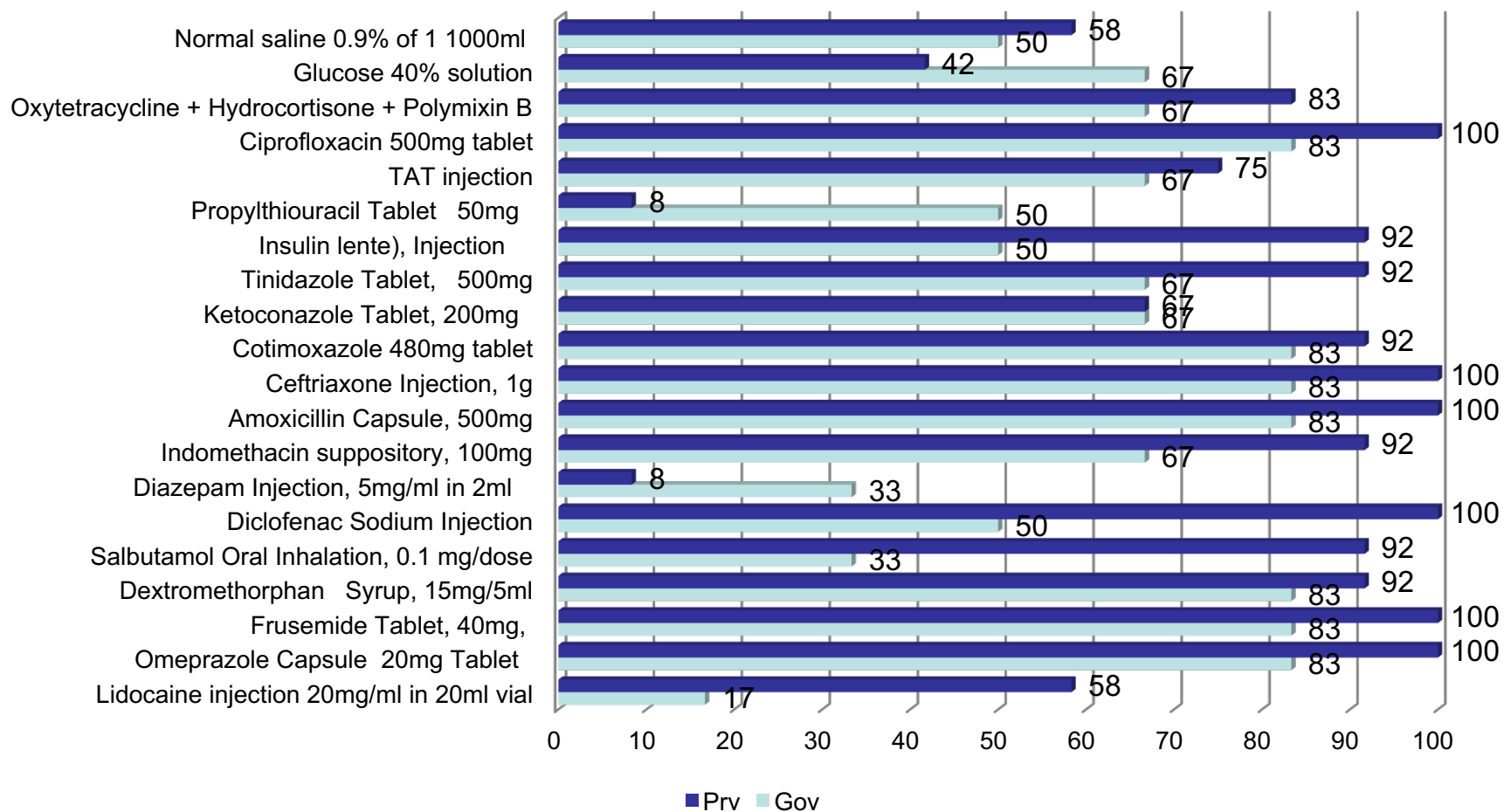
% Cost variation of medicines dispensed at different pharmacies



Graph: 7 percentage of cost variation of medicines with the same brand, dosage form and strength, but dispensed at various pharmacy outlets

Result and Discussion.....Cont'd

Availability of key medicines at the time of survey





Result and Discussion.....Cont'd

- Among 20 key selected medicines, the % availability of 17 medicines is higher in private pharmacies than government owned pharmacies.
- This indicates that private pharmacies are important for health insurance system.



Conclusion

- **Capacitating** and **engaging** the private sector in public health responsibility improves the supply of quality pharmaceuticals and also contributes a lot in improving the quality of health care in the country.

Recommendation

- **Pharmaceuticals Market Shaping**
 - Developing regulation for establishing community pharmacy.
 - Establishing model community pharmacy for positive competition.
 - Strategic partnership with suppliers (price negotiations).
 - Designing a policy for setting the maximum retail price (MRP).
 - Provide necessary support (Training, Workforce, SS) to capacitate the existing private model pharmacies.
 - Involving private MCP in the health insurance system



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