

Co-designing pharmacy business solutions to increase access to quality contraception and self-care products in Kenya

Authors:

- Phelisha Adhiambo, Analyst, inSupply Health
phelisha_adhiambo@insupplyhealth.com
- Genuine Desireh, Associate, inSupply Health
genuine_desireh@insupplyhealth.com

Background:

Approximately 57% of women of reproductive age in Kenya use a modern FP method. However, a considerable number of women (~15%) are continuing to face provider, product, and physical barriers in accessing modern methods.¹ A self-injectable formulation, DMPA-SC², was introduced to address some of these barriers, including accessibility. The retail pharmacy channel is not a widespread source for family planning, despite being the first point of contact for primary health care for most Kenyans. As such, private retail pharmacies offer an opportunity to expand access and provide quality, discreet and convenient advanced FP products and services for Kenyan women.

Objective

Our objective is to ensure greater access to quality FP through the pharmacy channel for women who desire and can afford these services while demonstrating a viable pharmacy business model.

Methodology

The study focuses on 30 pharmacies located in three geographical clusters in Kenya, selected as diverse and growing hubs for middle-class³ populations. Formative research included human-centred design and value chain mapping. The human-centred design was conducted in early 2022 where data were gathered from a total of 73 respondents. Value chain mapping for six self-care product categories and landscape analysis of innovators and potential solutions for pharmacy business models were completed, including 13 key informant interviews for the high-feasibility innovations. Implementation research (IR) using mixed methods is ongoing to determine the effectiveness of business, service and client outcomes of pharmacy models.

Preliminary findings

Initial findings from the study show that pricing at pharmacies is motivated by profit maximization or a desire to help the community. Also, supply chain challenges and pharmacy business strategies may affect pharmacy pricing. Pharmacies need help in forecasting product

¹ KNBS and ICF. 2023. Kenya Demographic and Health Survey 2022. Key Indicators Report. Nairobi, Kenya, and Rockville, Maryland, USA: KNBS and ICF.

² Depot Medroxyprogesterone acetate for subcutaneous injection

³ Households with a monthly expenditure of between Sh46,356 and Sh184,394 in Nairobi are considered to be middle class.

demand and predicting the future even with anecdotal customer demand data because customers have different financial and social status preferences for generic or brand-name drugs. For these and other reasons, historically, pharmacies have avoided stocking and offering advanced FP products and services to women, instead preferring to refer them to public or private health facilities.

Additionally, our formative research showed that women are often aware of contraceptive side effects, prefer methods with few to no side effects, and may blame pharmacies for contraceptive side effects. Also, women prefer being served by pharmacists of various ages and genders. Many women reported preferring to discuss their FP needs with a pharmacist their age.

We used these insights to design integrated business models with multiple solution components. These solutions included training and capacity building on FP, facilitating DMPA-SC availability, collaborating with pharmacies around demand generation activities and fostering customer retention approaches. Training and capacity building included pharmacy staff mentorship programs and comprehensive integrated FP service and counselling training. Pharmacy financial support solutions were proposed to ensure product availability. Demand generation solutions included branding, community engagement through CHVs⁴, identifying influencers and FP ambassadors, using telemedicine to engage clients, and advocating for better referral systems between pharmacies and other healthcare facilities both private and public.

Conclusion

Expanding FP access through the pharmacy channel for women who are willing and able to pay for these services requires an understanding of how to tap into pharmacies as an underleveraged channel.

⁴ Community Health Volunteers