

CALL TO ACTION DURING THE STRENGTHENING PHARMACY PROVISION OF CONTRACEPTIVES IN KENYA (Market Test) PROJECT LEARNING AND EXIT SUMMIT, HELD ON THE 3RD OF SEPTEMBER 2026, IN NAIROBI, KENYA, AT THE FAIRVIEW HOTEL

THEME

Beyond Contraceptive Access: The Future of Pharmacies as Platforms for Family Planning Self-Care and Primary Health Care

OBJECTIVES

Objective 1: Showcase Evidence and Lessons from the Market Test Project

Share the evidence, achievements, and lessons from five years of implementation, including what pharmacies need to successfully provide quality contraceptive services.

Objective 2: Explore the Future of Pharmacies in Reproductive Health and Self-Care

Explore the evolving role of pharmacies as trusted and accessible platforms for family planning, reproductive health, self-care, and appropriate primary health care services.

Objective 3: Identify Priority Gaps, Opportunities and Enablers for Scale

Identify the policy, regulatory, financing, quality, capacity, commodity, data and market-system priorities that must be addressed to move from a tested model to sustainable scale.

Objective 4: Catalyse Partnerships and Collective Action

Build shared commitment among government, regulators, counties, professional associations, pharmacies, funders, private-sector actors, research and technical partners to sustain and scale the gains made through the Market Test.

CONTEXT

Five years of the Market Test have given us important evidence: community pharmacies can be trusted, capable, and viable platforms for expanding access to quality family planning and contraceptive services in Kenya. More than 700 providers have been trained, nearly 500 accredited, and tens of thousands of clients reached. The project has expanded method choice, including injectable contraception and DMPA-SC for self-injection, while demonstrating what it takes for pharmacies to successfully provide these services. The Market Test has also generated important lessons on the enabling

environment required for sustainable pharmacy-based services including policy and regulation, provider capacity, quality assurance, commodity availability, reporting, financing, business viability, referral and linkages, and client-centred care.

But the evidence has also made one thing clear:

- Proof of concept is not the same as sustainable scale.

The Market Test ends today. The opportunity to act begins now.

We therefore call on all stakeholders to move from learning to action and from a tested model to sustainable scale.

OUR CALL TO ACTION

1. GOVERNMENT & REGULATORS – MAKE PHARMACIES PART OF THE SYSTEM

We call on the national government and regulators to:

- Institutionalise the appropriate role of pharmacies within Kenya's primary health care architecture and Primary Care Networks.
- Strengthen policies, regulations, standards and quality-assurance mechanisms that enable pharmacies to provide an appropriate basket of family planning, reproductive health, self-care and primary health care services.
- Establish clear pathways for pharmacy accreditation, supervision, referral and accountability.
- Accelerate policy and regulatory pathways that expand contraceptive choice, including self-injection where appropriate.
- Ensure that pharmacy-generated data can contribute meaningfully to national health information and decision-making.
- Provide clear guidance on the provision of youth-friendly services through community pharmacies, including appropriate documentation, referral and service-delivery requirements.
- Ensure appropriate empanelment of pharmacies to provide eligible family planning services under the Social Health Authority (SHA).
- Align pharmacy-based implementation with the Primary Health Care Network framework.
- Ensure that family planning and reproductive health priorities are reflected in relevant financing and implementation frameworks.

The ask:

Move from recognising pharmacies as a channel to deliberately integrating them as partners in the health system.

2. COUNTY GOVERNMENTS & CHMTs – INTEGRATE AND SUPPORT

We call on counties to:

- Include trained and accredited pharmacies in county family planning and primary health care strategies and plans.
- Establish practical mechanisms for supportive supervision, referral and linkages between pharmacies, Primary Care Networks and public facilities.
- Work with pharmacy stakeholders to identify and address local barriers to commodity availability, service quality, and client access.
- Use pharmacy data to understand and respond to local demand and gaps in access.
- Include pharmacies in appropriate county-level coordination and implementation mechanisms.

The ask:

Make pharmacies part of county-level implementation—not parallel to it.

3. PROFESSIONAL ASSOCIATIONS & TRAINING INSTITUTIONS – SUSTAIN CAPACITY

We call on professional bodies and training institutions to:

- Embedded the Market Test’s hybrid training curriculum and competencies within pre-service education and continuing professional development.
- Sustain accreditation and quality standards for pharmacy-based family planning services.
- Support providers to strengthen counselling, informed choice, self-care and referral competencies.
- Champion pharmacy providers as an integral part of the evolving primary health care workforce.
- Support providers to understand and shape viable community pharmacy business models that can sustain service delivery beyond externally funded programmes.
- Convene pharmacy stakeholders and partners to strengthen collaboration, learning and shared accountability.

The ask:

Make the capacity built through the Market Test sustainable beyond the project.

4. PHARMACY OWNERS, PROVIDERS & PRIVATE SECTOR – MAKE QUALITY AND AVAILABILITY SUSTAINABLE

We call on pharmacy owners, providers, manufacturers and distributors to:

- Maintain high standards of quality, confidentiality, client-centred care and informed choice.
- Strengthen reliable and affordable contraceptive supply and reduce stock-outs.
- Develop viable business models that make family planning services sustainable for pharmacies.
- Invest in demand creation, client information and service quality.
- Use digital tools and reporting systems that generate value for both pharmacies and the health system.
- Strengthen routine reporting and use pharmacy data to improve service delivery and business operations
- Collaborate with partners to layer new services onto existing pharmacy programmes and platforms, reducing duplication and facilitating implementation.
- Support the provision of youth-friendly services within existing policy and regulatory frameworks.

The ask:

Build a pharmacy channel that is both commercially viable and trusted for quality care.

5. FUNDERS, DEVELOPMENT PARTNERS, INSURERS & INVESTORS – FINANCE THE NEXT PHASE

We call on funders, insurers and investors to:

- Shift from financing time-bound projects toward de-risking sustainable systems and markets.
- Invest in the scale-up of the pharmacy model across priority counties.
- Support digital reporting, training, quality assurance, demand generation and commodity availability.
- Support sustainable financing mechanisms that increase domestic financing for family planning, including mechanisms such as SCAP.
- Encourage and support the government to ring-fence budgets for family planning, including through matching or complementary financing mechanisms such as the UNFPA Compact Fund.
- Support efforts to ensure that family planning and reproductive health are appropriately included within the SHA package.
- Advocate for and support full financing of the SHA package to ensure that commitments translate into affordable services for Kenyans.
- Explore sustainable financing mechanisms through SHA and private insurance for appropriate pharmacy-based family planning and primary health care services.
- Fund the evidence and learning required to guide responsible scale.

The ask:

Invest in the ecosystem, not only the intervention.

6. RESEARCH, IMPLEMENTATION & TECHNICAL PARTNERS – KEEP SOLVING THE HARD PROBLEMS

We call on research and technical partners to:

- Continue generating evidence on what works—and what is required for sustainable scale.
- Prioritise solutions to persistent challenges, particularly reporting, commodity availability, provider capacity, financing and advanced contraceptive counselling.
- Put clients and providers at the centre of problem-solving and service design.
- Share evidence openly and translate findings into practical recommendations for policy and implementation.
- Work collaboratively with pharmacy associations and providers to shape implementation models that reflect the realities of community pharmacy practice.
- Build on existing programmes and platforms, particularly where partners have already unlocked the pharmacy channel, to ease uptake and implementation of additional services.
- Support coordination among partners working through the community pharmacy channel to reduce duplication and strengthen collective impact.

The ask:

Keep evidence at the centre of the scale-up journey.

OUR SHARED PRIORITIES

Across these stakeholder groups, we call for collective action on five immediate priorities:

- **Connect pharmacies to the Health system:** Build practical linkages with Primary Care Networks, public facilities, referral systems and health information platforms, ensuring that pharmacy-based services are aligned with the broader primary health care architecture.
- **Connect women, girls and young people to quality choices:** Expand access to quality contraceptive methods, information and self-care options that respond to client preferences and needs, while ensuring that youth-friendly services are appropriately integrated within existing policy frameworks.
- **Connect data to decision-making:** Make pharmacy reporting simple, digital, interoperable and useful so that providers can report without unnecessary

burden, while government and partners can access the data required for planning and decision-making. Reporting systems should, where feasible, integrate with existing pharmacy Point-of-Sale systems and Ministry of Health tools to minimise duplication. Data should also generate value for providers by supporting service improvement and business operations.

- **Connect investment to sustainability:** Create financing, commodity and business models that enable pharmacy-based services to thrive beyond donor-supported projects. This includes aligning policy commitments, SHA benefits and available financing so that services included in the package are adequately funded.
- **Connect evidence to policy and scale:** Use the lessons of the Market Test to inform policy, regulation, investment and implementation across Kenya, including relevant national strategies such as the Total Market Approach (TMA) Strategy.

THE MOMENT IS NOW

Five years ago, we asked: Can pharmacies provide quality contraception while remaining viable businesses?

We now know they can.

The question before us is no longer: “Can pharmacies do this?”

It is: “What will each of us do to ensure they can do it sustainably, at the scale Kenya needs?”

Partners and Organizations present

1. Division of Reproductive, Maternal and Child Health (MOH)
2. Pharmaceutical and Poisons Board (PPB) (MOH)
3. Kenya Medical Research Institute (KEMRI)
4. United Nations Populations Fund (UNFPA)
5. World Health Organization (WHO)
6. Maisha Meds
7. Pharmaceutical society of Kenya (PSK)
8. Phillip Therapeutics Limited (PTL)
9. Sai Pharmaceuticals
10. Kenya Health Care Federation (KHF)
11. Reproductive Health Network of Kenya (RHNK)
12. DKT
13. inSupply Health
14. Media