

Toolkit: Expanding Access to Injectable Contraceptives through Pharmacies



Frequently Asked Questions



What do country policies say about the administration of injectable contraceptives through pharmacies?

Broadly speaking, the provision of medical services by pharmacists—which would include providing injections—is prohibited in many country policies.



What is task sharing and why is it important to pharmacists?

According to guidance issued by the WHO in 2017, task sharing involves expanding the levels of health workers who can appropriately deliver services. The term emphasizes the performance of the entire clinical task, or key components of it, by various cadres of health workers. Tasks are not taken away from one cadre and given to another; rather, additional cadres are given the capacity to take on identified tasks. Under the WHO task sharing guidance, administration of injectable contraceptives is within the typical scope of practice of pharmacists, and would require minimal additional training. Given the opportunity, pharmacists could help expand access to injectable contraceptives and meet an important need of women and their families.



Why is it important to expand the administration of injectable contraceptives through pharmacies?

Many countries made commitments to FP2020, the overall goal of which is to reach 120 million additional women globally with family planning services by 2020. Across the 69 FP2020 focus countries, 22 percent of married women of reproductive age have an unmet need for modern methods of contraception. The most common method in 28 of the 69 FP2020 countries is injectables (FP2020 2016), suggesting that injectables are often a common choice for women who have access to them.

Public sector facilities are often a less desirable source for contraceptives due to distance, long wait times, stock outs, and other factors. More than 106 million women obtain contraceptive services from the private sector in 2016 (Weinberger and Callahan 2017). Private pharmacies and drug shops play an important role to family planning users—40 percent of modern contraceptive users obtained their method from these outlets (Weinberger and Callahan 2017). Pharmacy associations are well positioned to advocate for policy changes to allow for the administration of injectables in pharmacies.



What does the evidence say about the administration of injectable contraceptives through pharmacies?

While there is evidence from pilot programs in **drug shops** (Bangladesh, Nigeria, Uganda), there is little evidence on the administration of injectable contraceptives through **pharmacies** in lower- and middle-income countries.¹ Given the lack of pharmacy-specific evidence, pharmacists can advocate for this type of task sharing by citing experiences from other cadres.

Task sharing has enabled community health workers to administer injectable contraceptives in many countries. This practice has been rigorously evaluated and has been endorsed by many stakeholders, including the WHO, World Bank, UNFPA, and USAID, among others. Provision of injectables by community health workers in Kenya through a pilot program was so successful that the country adopted a policy in 2012 to allow trained community health workers in hard-to-reach areas to provide injectable contraceptives (Advancing Partners and Communities 2014). Pharmacists often have more training than community health workers and drug sellers, and are often better equipped to administer injectables. (See the toolkit **Evidence and Resource Guide** for more information.)

¹ Pharmacies are retail facilities, overseen by licensed pharmacists that sell registered prescription-based medicines. Drug shops are lower-tier retail outlets, with no pharmacist on staff that sell over-the-counter drugs, chemical products, and household remedies.

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How does task sharing affect other clinical providers?

Many countries have health worker shortages. This type of task sharing is meant to reduce the strain on current health workers, while expanding the service delivery points for injectable contraceptives. It is not meant to take business away from clinical providers, but rather to increase access to a popular contraceptive method by making it available at a place that is already easily accessible and commonly frequented. Pharmacy associations can take steps to engage clinical service delivery providers—such as doctors, nurses, midwives, etc.—early in advocacy efforts to mitigate any potential resistance from these providers.



Why should we advocate for expanding our scope to administer injectable contraceptives, and not other intra-muscular injections?

There is a specific need for this particular service, and WHO guidelines specifically support the administration of injectable contraceptives by pharmacists. Offering injectable contraceptives through additional safe sites expands access and availability. Analysis shows that if private pharmacies provided injectable contraceptives at the same market share as condoms and oral contraceptive pills, an additional 9 million women could be served through the private sector (Weinberger and Callahan 2017).



Would administering injectable contraceptives require a prescription from a provider?

It depends on the country context. When drug shop operators were trained in administration of injectable contraceptives in Uganda, their training included counseling and patient screening to be able to provide injectables without a prescription from a clinical service delivery provider. Depending on the country, various scenarios are possible: prescriptions could be obtained from a clinical service delivery provider and then administered at a pharmacy, or pharmacists could be trained to counsel, screen, and administer as was done in Uganda. When working with ministries of health and regulators it will be important to discuss whether or not prescriptions for injectable contraceptives through pharmacies are necessary.



What would a training involve and how long would it take?

Pharmacy associations could help co-design a short training (no more than a few days) that is client-centered, comprehensive, and scheduled to accommodate pharmacists' busy workdays. Training would cover topics such as rights-based counseling, client eligibility, safe injection, sharps disposal, among others.



How do we assure policy makers and other stakeholders that pharmacists won't abuse the expansion in the scope of practice?

Pharmacy associations can work with regulatory agencies and other stakeholders to develop a plan that includes mechanisms for self-reporting, supportive supervision, and client feedback. They can also assist in implementing self-regulation interventions to ensure strict adherence to the policy.



How would pharmacies promote injectable contraceptives services to customers?

Pharmacy associations can work with the regulatory agencies to develop guidelines on provider promotion of the service. They can also work with the appropriate regulatory agencies to develop signage to inform consumers of the availability of the service. A branding and promotion plan could help pharmacies identify themselves to clients as trained in the administration of injections.

References:

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