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Title: *Improving Access to Family Planning Services through the Pharmacists Council of Nigeria's 3 Tier - Accreditation System of PPMVs – A case study of the IntegratE Project in Lagos and Kaduna states.*

ABSTRACT

BACKGROUND

In Nigeria, only 20% of 30,000 Primary Health Care (PHC) centres are functional. The failure of the PHC system has created an overburden on the private health sector and made more prominent the informal healthcare providers. Drug shops, referred to as Patent and Proprietary Medicine Vendors (PPMVs), are the first point of primary health care for most Nigerians. Recognizing that a significant proportion of PPMVs have health qualifications, the Pharmacists Council of Nigeria (PCN), a government agency regulating PPMV operations, is piloting a tier classification of PPMVs based on qualification. Tier 1 PPMVs are those who possess the basic qualification of secondary education and are only permitted to sell over the counter medicines, Tier 2 PPMV must possess PCN recognized qualification in health-related discipline and can administer injectable and implant, Tier 3 PPMV must possess certificate as Pharmacy technician and shares similar scope with Tier 2. With support from Bill & Melinda Gates Foundation and MSD for mothers, the IntegratE project implemented by Society for family Health and other partners is working with PCN and FMOH to broaden its task-shifting and task-sharing (TSTS) policy by piloting a 3- Tier accreditation system of PPMVs to improve access to FP services.

PROGRAM INTERVENTION

At inception in 2018, the project conducted a GIS mapping of Community Pharmacists (CPs) and PPMVs in Lagos and Kaduna States to understand the size, distribution and characteristics of the providers and to enable PCN categorize the PPMVs into tiers for training and service delivery. The project obtained approval/waiver from PCN and the State Ministries of Health (SMOH) to enable Tiers 2 and 3 PPMVs administer Injectables and Implants. The PPMVs were taken through a six- day training on FP counseling & referrals, provision of condoms, cycle beads and oral contraceptive refills, injectable/implant administration as well data reporting and documentation.

METHODOLOGY

The pilot intervention took place in Lagos and Kaduna from 1st November 2017 through 30th September 2021. A total of 667 PPMVs were enrolled and trained based on the tier system. This number consist of 345 Tier – 1, 332 Tier -2 and Tier -3. The FP counseling, referral and FP reporting sessions were classroom-based. Tier 2 and Tier 3 PPMVs were required to competently complete 12 implant insertions and 3 removals as part of their clinical training in nearby public health facilities. The IntegratE project and state teams (Pharmacists Council of Nigeria, National Association of Patent and Proprietary Medicine Dealers, State Ministry of Health and State Primary Health Care Development Agency) provided supportive supervision approximately 3 months after the training. The project target includes women of reproductive age and men. A mobile DHIS2 was developed to aggregate FP data reported on the daily registers by the trained providers and all CPs and PPMVs were trained on data reporting and documentation using the national tools.

RESULT/KEY FINDING

Based on data collected over a 21-month period from October 2019 – June 2021, the 345 Tier 2 PPMVs enrolled and trained on the pilot project administered 31,622 doses of injectables (11,093 Depo-Provera, 12,853 Noristerat, 7,676 DMPA-SC) and inserted 7,359 implants (5,164 Implanon and 2,195 Jadelle) to women of reproductive age in Lagos and Kaduna which translates to **28,089** Couple - Years of Protection and **8,089** unintended pregnancies averted. This would not have been possible without the tier accreditation pilot. Prior to conception of the tier accreditation system in 2018, all PPMVs were bundled into one single band and were only allowed to provide condoms and refill oral pills.

IMPLICATION/LESSONS

- Results from the pilot studies in Lagos and Kaduna states reveal that PPMVs can be trained to safely provide expanded family planning services like injectable and implant when properly supervised and supported.
- A revised task-sharing and task-shifting (TSTS) policy inclusive of health trained PPMVs has the potential to dramatically improve access to primary healthcare access for Nigerians, especially underserved populations, expanding services and supplies through these retail channels in a way that ensures quality and sustainability.
- PPMVs have the capacity to be trained to routinely provide service delivery data which can be integrated into the National Health Management Information system. This will provide the country with a robust data for decision making and planning.
- Health trained PPMVs present an opportunity to rapidly and safely scale up DMPA-SC and self-injection in line with the country's accelerated plan.

