

Pharmacists, the next possible cadre to advancing access to injectable contraceptives

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GENERAL MEMBERSHIP MEETING
of the
REPRODUCTIVE HEALTH
SUPPLIES COALITION

10-14 OCTOBER 2016

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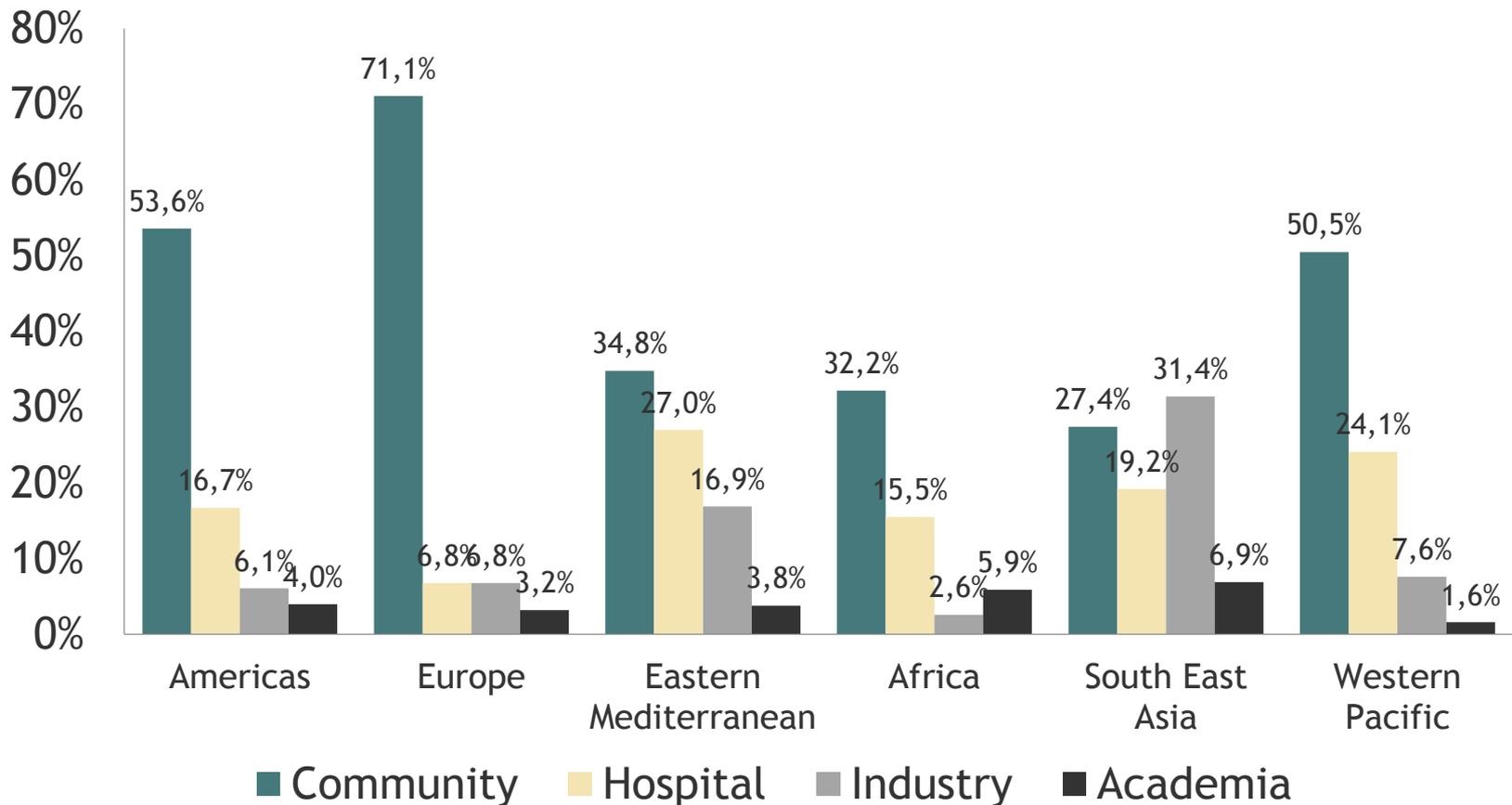


Competency and acceptability of self-injections

- Studies by PATH-(unpublished) and Williams et al. (Indiana University) showed that many women were competent to administer self-injections of DMPA-SC in Uganda and United States (84%)
- Burke et al. found that if given the choice between DMPA-SC or DMPA-IM, users would select DMPA-SC at the 3 month follow-up (84% in Uganda, 80% in Senegal)
- Ugandan women were moderately or very willing to receive DMPA-SC as a home injection (53%) and a self-injection (45%)
- Senegalese women were not as willing as Ugandan women, however 19% were moderately or very willing to receive a home injection and 22% were moderately or very willing to self-inject
- Keith et al found that women in Ethiopia liked the idea of self-injection with DMPA-SC; those with inhibitions about self-injection shifted their opinion favorably after demonstration.
- However, there is still a segment of women that are not comfortable or competent to administer the injection without assistance

Distribution of Pharmacists

Most Pharmacists Work in the Community



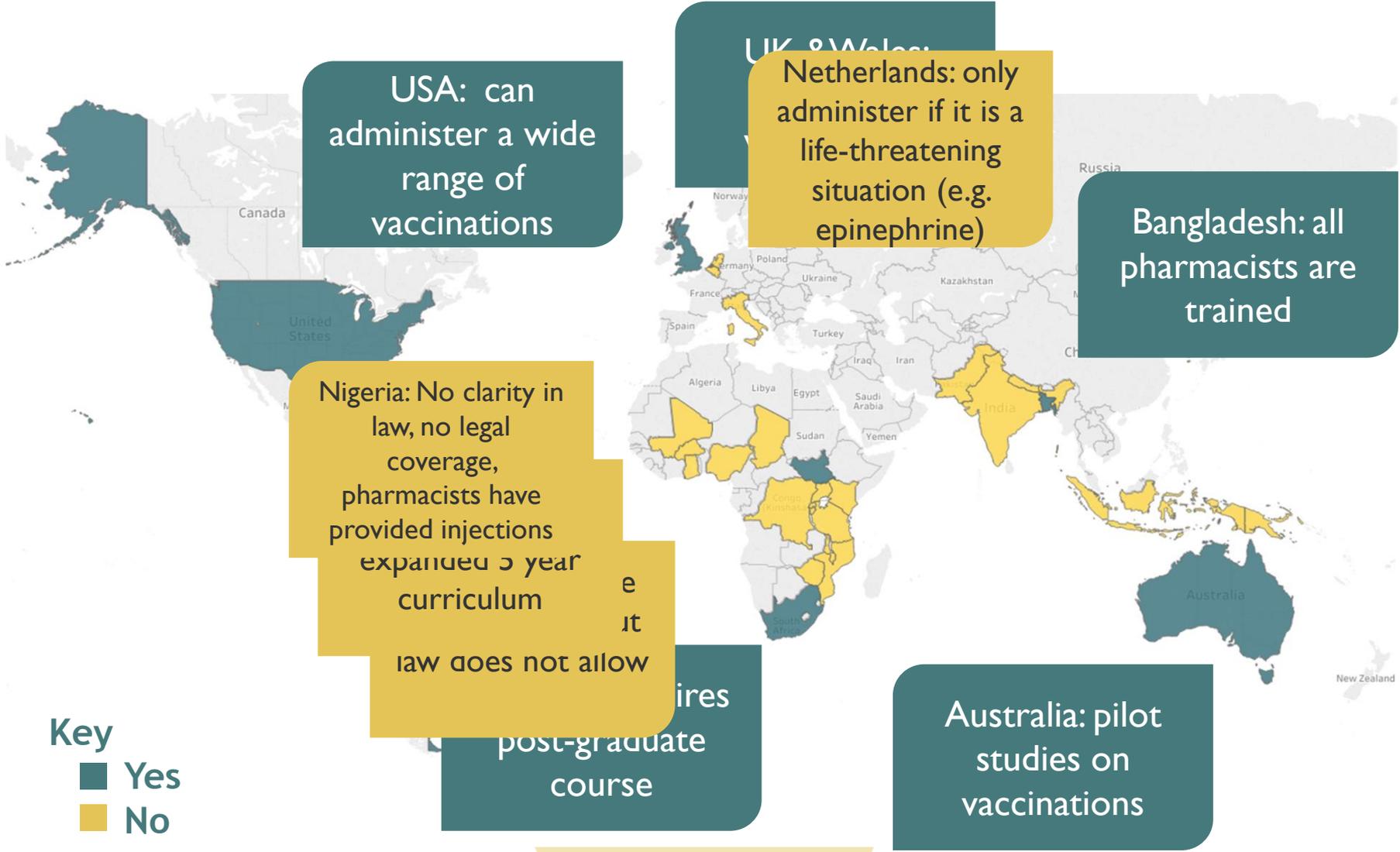
Injectable contraceptives in community pharmacies

- Heller and Cameron (Chalmers) surveyed women attending NHS walk-in sexual and RH clinic in the UK
 - 33% of current non-users would consider using DMPA-SC if available at the pharmacy
 - Advantages: quicker appointments and easier access
- World Health Organization lists and recommends pharmacists as a cadre of health workers who can provide injectable contraceptives.

JSI Survey: Objective and Methodology

- Objective
 - Which countries allow pharmacists to administer injectables
 - Policies and concerns regarding pharmacists administering injectables
 - Training regarding administration and counseling
 - Considered all possibilities of injectables (Vaccines, DMPA, Insulin, others)
- Audience
 - International Pharmaceutical Federation (FIP), E-DRUG listserv, and International Association of Public Health Logisticians (IAPHL)

Pharmacists' administration of injections within scope of work



Key
 Yes
 No

requires
 post-graduate
 course

Policies & Concerns

- Policies
 - Laws only allows doctors, nurses, dentists, and community health workers to inject in most countries
 - Laws restrict pharmacist scope of work
 - must complete additional training
- Concerns by pharmacists
 - Lack of training on administration of injectables
 - Lack of general clinical training
 - Not usually incorporated into pharmacy school curriculum
 - Concerned with liability when law is not clear

Limitations of our survey

- Most countries had one submission
- Some countries had conflicting data
- Survey may not have reached desired audience effectively
- Non-pharmacists with bias may have answered questionnaire

Conclusion

- Donors may be interested in looking to pharmacists to increase access to injectable interventions (contraceptives and vaccines).
- Training for injections has been demonstrated effective for lower tiers of health workers, such as community health workers
- Pharmacists have received ample training in anatomy/physiology, pharmacology, and pathophysiology - administering an injection would flow into current skill set
- Current US training is half-day with self-study modules with case studies and pre-seminar assessment exam, live instructive seminar with final exam, and hands-on demonstration and assessment of intramuscular and subcutaneous injection technique
- Pharmacists would provide an additional access point for DMPA-SC

Recommendations

- Initial step: systematic review of laws and policies to determine what needs to be changed
- Determine population groups whose access can be increase by allowing injections to be administered by pharmacists
- Update curriculum adjustments to address clinical skills
- Social awareness campaign to let the population know of the new access point for injections
- Review and determine how to incentivize pharmacists who may not be able to charge for the service and only be able to charge for the product

Would allowing pharmacists and pharmacy staff increase access to and availability of DMPA-SC in the settings you work in?

What would be required to allow that to happen?