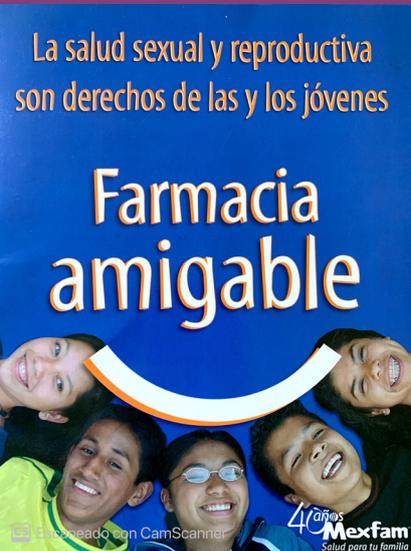


implementation experiences:



Solidarity Pharmacies: Strengthening the capacity of pharmacists to provide adolescents and young people with access to contraception and reproductive health in Mexico



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Background and Context

In Mexico, during the last twelve years, the teenage pregnancy figure has remained at a national average of 70 births per thousand women aged 15-19 (CONAPO, 2016).

At the national level, of the total number of sexually active women, aged 15 to 44, 65.7% obtained contraception in official health institutions; followed by pharmacies (18.3%); and 11.9% in private units (CONAPO, 2016). The weight of the pharmacy as a point of access to contraceptives and emergency contraception varies according to age group: 37.9% in women aged 15 to 19; 32.3% in those aged 20 to 24; 25.9% for those aged 25 to 29. In such a way that women who accessed these supplies in pharmacies do not have adequate guidance for their correct use; leaving them in conditions of greater exposure to side effects, misuse, and method failure (INEGI, 2014).

In urban marginalized areas in Mexico City, four out of ten adolescents (40.4%) go to pharmacies to access contraceptives because they feel more confident than in health centers or private hospitals (Mexfam, 2014).

Although the pharmacy has been the main point of access to contraceptive pills and condoms for eight out of ten young women and men (10-24 years old) in rural and urban areas in Mexico, pharmacists' information on the correct use of contraceptives is insufficient (Mexfam, 1999). These elements laid the foundation for Mexfam's innovative practice called "Friendly Pharmacy." Over time, two additional components were explored in addition to contraception: pharmacists' willingness to promote health center services; and, knowledge of emergency contraception and pregnancy testing. These elements were integrated into the initial practice, then known as "*Farmacias Solidarias*" or "Solidarity Pharmacies" (Mexfam, 2015).

HIGH IMPACT PRACTICE (HIP)

Mexico has a legal and regulatory framework that recognizes the right of every person to decide in a free, responsible, and informed manner the number and spacing of their children and to have free access to contraceptives in health centers. However, adolescents and young people do not know how to access contraceptives, face prejudice from health personnel when trying to receive them, and consider them unreliable.

[Obtaining contraceptives at pharmacies](#) is more accessible because of their extended hours of operation, the transaction involves little time investment, anonymity and confidentiality are preserved, and the location of the pharmacies varies. However, staff working in such facilities are not free from biases, beliefs, and limited knowledge about contraception and adolescent sexuality (PAI, 2013).

The intervention is carried out over the counter and is aimed at personalized work with all employees of small commercial pharmacies, taking advantage of the free time voluntarily assigned by the pharmacist. The ultimate goal is to develop the pharmacist's technical and functional skills for the provision of adolescent and youth-friendly services to facilitate access to a wide range of contraceptive methods, counseling, and linkage to services available in the community.



Implementation History

The implementation requires a large and well-trained team of promoters to provide personalized attention to the pharmacist: on average, a promoter can attend and follow up on four pharmacies per day, considering the distance between each one.

Stages of intervention:

- **Identifying the pharmacies to be intervened in the selected area of influence.** A community sweep and mapping is conducted to locate the number and type of pharmacies (small, chain, or generic) in the area. Based on this, the scope of the intervention per promoter is planned.
- **Visiting identified pharmacies and invite them to participate and receive training.** Visits are made as many times as necessary to achieve the success of the management with the owner, manager, manager or counter employee (pharmacist) to participate. The promoter provides information on the problem of teenage pregnancy in the area, the importance of the pharmacist's role as a promoter of reproductive health, and the social benefits of participating in their services and sales. It is important to leave printed information about the institution responsible for implementation and contact details.
- **Conducting an information needs assessment on Sexual and Reproductive Health (SRH) among pharmacists to verify** their knowledge of each contraceptive; available supplies vs. those in greatest demand; perceptions of each contraceptive vs. the most widely sold supplies; gender stereotypes and sexuality in adolescents; and their willingness to link to community health centers.
- **Facilitating over-the-counter training and updating sessions on identified topics.** The number of sessions varies according to the times designated by the pharmacist. In each session, doubts from the previous session are clarified, the beliefs identified in the interaction, the referral mechanism to health centers and the importance of providing complete, evidence-based, non-judgmental information to adolescents are addressed.



“These trainings are very important because since we are serving the public directly, we can answer when they have questions. If they have any needs, we can locate [refer] them to where they need to go to be attended and how to get them attended [care route]”. “These trainings were useful because you have more knowledge to explain to them and sometimes they become more confident and keep coming back to ask questions.”

Pharmacist 1, Woman

- **Equipment for the solidarity pharmacy**, consisting of a folder with information on contraceptives; sexual and reproductive rights of adolescents, basic concepts of over-the-counter counseling, key information on the situation of teenage pregnancy; updated directory of health units, characteristics of available friendly services and access routes.
- **Follow-up visits to trained pharmacists** to explore learning, clarify or reinforce information and identify new topics. Cases attended and situations that could have been complicated and resolved by the pharmacist are reviewed.

At the end of the training and after the first follow-up visit, in which the learning and changes in the pharmacist's beliefs regarding adolescent care are evaluated, the pharmacy is accredited as a "Solidarity Pharmacy" (FS) in meeting the [SRH needs of adolescents](#): information is provided, free of prejudice, in a space of trust and auditory and visual privacy (PAI, 2015).



"Often, young people are embarrassed to come to the Health Center because they run into their neighbors or they run into their friends and they think they are going to tell their mothers. I tell them: if you don't want to go to the Health Center, the brochures have telephone numbers where you can also get advice on this type of issue"

Pharmacist 4, Man

The technical contents of the toolkit for working with pharmacists were the WHO guidelines to support implementation on [Medical Eligibility Criteria for Contraceptive Use \(WHO, 2016\)](#) and [Respecting Human Rights in Providing Contraceptive Information and Services \(WHO, 2014\)](#), and was composed of: Semi-structured Instrument for Needs Assessment and Intervention Evaluation; Training Contents; and, Pharmacy Accreditation Criteria.

The main **challenges** faced and overcome during implementation were:

1. Working with pharmacists involves an individualized process that requires sufficient time and human and technically strengthened resources. The operational structure must be supported by a technical support team that meets the needs of the implementation team.
2. Ensuring a sufficient supply of pharmacy support materials is challenging, so it is necessary to bring in new partners to invest in the documentation and printing of materials. Digital media is an option, as long as the pharmacist has access to a mobile device.
3. When young promoters visit the pharmacist for the first time, they receive criticisms (judgments) from pharmacists such as: "they are too young to talk about these issues." This impression changes during interactions, when they realize how well the promoter handles the information.

Mexfam has reached close to 1,000 pharmacists in Mexico. Among its qualitative findings (Mexfam, 2017) pharmacists feel grateful to help young people:

"Grateful because they were very patient with me, and besides that girl [teen promoter] was very nice to me. We simply clicked. I feel that I can help someone and they gave me that support... those tools to be able to do it" (Pharmacist, Woman).

They updated their knowledge of contraception, male and female condoms, and the emergency pill, feeling more confident to provide better information on their use.

"We are still old-fashioned, still with some ideas that no longer exist in our times" (Pharmacist, Woman) "There are many things that you think you know, but you actually don't" (Pharmacist, Man).



"We were attentive to the way they were instructing us so that we could give the information when we were asked. They [young people] already know that in the pharmacy they find security and privacy, that you don't say anything... because they come knowing that you only sell to them and that you are not going to disclose any information. [...] I was touched by a girl who had been taken, raped and I gave her the emergency pill. I told her that I could sell it to her because it is for free sale and he asked me if I could give him water and I said yes. Then she lay down on the bench until she felt better [...]"

Pharmacist 2, Woman



In general, pharmacists come to perceive the increase in their sales, as young people approach them more to request supplies or talk to them.

“I have sold more of some things than before, especially pregnancy tests. It’s mostly the guys who come for the male condom and ask me the most questions” (Pharmacist, Female).

Lessons learned and recommendations

01 Pharmacies are service points available for the purchase of condoms, hormonal contraceptives, emergency contraception, and pregnancy tests for adolescents and youth. They represent a great opportunity to connect adolescents with other free reproductive health services; therefore, matching their interests as a business with the promotion of reproductive health and contraception is crucial.

02 Pharmacists are the first point of contact in the reproductive health care journey, which requires broader and more personalized professionalization approaches that question the system of beliefs associated with gender stereotypes and adolescent sexuality.

03 The more promoters know about the reproductive health problem they are seeking to address, the more willing pharmacists will be to participate and connect young people to the services available for accessing contraceptives and other reproductive health care services.

SOME RECOMMENDATIONS TO CONSIDER FOR THE IMPLEMENTATION OF THIS PRACTICE ARE:

- Include the implementation team in the needs assessment to facilitate the intervention.
- The technical team should integrate a methodological guide for support and consultation of the implementation team (promoters) to resolve difficult situations with pharmacists.
- Equip teams of promoters with kits that accredit them as members of the institution or group they represent, for example: photo ID, T-shirt, backpack, primary registration forms or field diary, and educational materials to give to the pharmacist according to the topic reviewed in the session.
- Record (in a field diary or primary format) the scope and details of implementation. This can be used for follow-up.
- The pharmacists’ available times vary, so the implementation team must be aware and patiently wait for the pharmacist to see them or reschedule the visit. Quality and attention of the pharmacists is more important than quantity of pharmacists. The latter occurs over time and with the follow-up of the intervention.
- Turnover of trained pharmacy staff is a latent possibility; therefore, the team must be proactive and assertive in bringing in new agents on a regular basis.



“We benefited regarding having more vision, especially to guide young people. There are customers who come back because you serve them well. There are girls that once they come, they become more confident and ask questions”

Pharmacist 2, Woman

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