

The place of the "pharmacy" and "drug sellers" in LMICs: a scoping review

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Background

- Difficulties to access formal HS in Low- and Middle-Income Countries (LMICs)
- Alternative options to formal health providers
- Among 1st recourses = pharmacies & drug sellers



Playing *de facto* a key role in the health system functioning Progressive recognition as a partner for primary care service delivery



Objective of the scoping review

To better understand the place and role of pharmacies and drug sellers in the broader context of changing health systems



- By identifying existing knowledge
- By clarifying key concepts related to the "pharmacy" and its connected professional groups



Key questions

What is the place of the pharmacy and drug sellers in the health system in LMICS?

Sub-questions

- Which different types of professional groups of "medicines sellers" have been identified and analysed in LMICs?
- How are those groups organised/articulated to the HS in LMICs?
- What are the relationships between those "medicines sellers" and other health care providers in LMICs?



Analysis at the crossroads of PH & social sciences (medical anthropology / sociology of professional groups)



Search strategy

Databases (February 2019)

- Medline via PubMed
- Sociological Abstracts et Psychinfo via Proquest
- Scopus

Types of sources

- Primary sources, with a priority given to peer-reviewed articles
- Secondary sources, mainly through the bibliographies of the identified articles
- Other sources: mainly grey literature (NGOs & 10) & "French speaking" databases

Publication years

Covering a period of 20 years: from 1999 to 2019



Search equation – example from PubMed

Thesaurus	OR	Common speech	AND	Location
Pharmacy		Pharmacy		LMIC(s)
OR Pharmaceutical		OR		OR
Services		pharmacies OR		low and middle income
OR		"drug vendor(s)"		country
Community Pharmacy		OR		OR
Services		"drug seller(s)"		
		OR		low and middle income
[Mesh]		"medicine		countries OR
		vendor(s)" OR "medicine		OK
		seller(s)"		+ all countries by name
		ETC.		
				[Title/abstract]
		[Title/abstract]		



Inclusion Criteria Public - Concept - Context (PCC)

1) Public

- Every person or setting that *sells* medicines, exclusively or not (broad definition)

2) Concepts

- HSS & health delivery
- Professional groups & issues
- Medical and pharmaceutical anthropology



Inclusion Criteria Public – Concept – Context (PCC)

3) Context

- LMICs
 - Based on the World Bank list of economies (June 2018)
 - Low & lower income countries included
 - Upper middle income countries excluded

- Rural, peri-urban & urban



Refining inclusion / exclusion criteria

- Very broad and inclusive search equations
- Difficulty to define precise inclusion criteria ex ante
- Iterative process
- Empirico-inductive approach



Refining inclusion / exclusion criteria

EXCLUSION CRITERIA	INCLUSION CRITERIA
Academic pharmacists, hospital pharmacist, hospital setting as main study group	Studies on the place/role/function of the community pharmacist/ drug seller /patent drug dealers within the health system
Pharmacy students as a study group	Studies on service delivery & knowledge of the community pharmacist and drug vendors
Pharmacy curriculum & formal education	Studies on pharmacovigilance or adverse drug reactions reporting from the community pharmacist or drug seller
Conducted in a developed country or upper middle-income country	Studies on availability, cost and affordability of medicines, only if direct link with the community pharmacy or drug seller
Studies with main topic related to pharmacoeconomics, pharmacy industry, cost-effectiveness, subsidized medicines	Studies relating to community pharmacists or drug vendors as a professional group, including issues of - Professional identity - Motivation, including that of students - Relationships with other professionals - Professional development or training
Comparative countries between countries where one or more is a developed country	Medical or pharmaceutical anthropology (interactions, subjective perceptions, etc.)
Treatment practices & health seeking behaviour of population not relating significantly to pharmacy	Studies relating pharmacy to public health
Others	Studies on health seeking behaviours that involve interactions with pharmacists or drug sellers, relating to why people go to pharmacy



IDENTIFICATION

Records identified through database searching

N = 9612

Proquest = 1549

PubMed = 2471

Scopus = 5592

Duplicates excluded

N = 2258

Records identified after exclusion of

duplicates

N = 7354

Records excluded

N= 6654

Multiple reasons for exclusion

Records after double-blind screening

based on titles & abstracts

N = 700

Records excluded

N = 318

Exclusion criteria: not SSA

SELECTION

Decision to focus only on SSA

N = 382

Records identified through other sources

N = 62

Full-text articles assessed for eligibility

N = 444

Full-text excluded

N = 156

Full text unavailable = 80

Other = 31

Treatment practices or HSB not related directly to "pharmacy" = 15

Conducted in a developed or upper-middle income country / comparative studies = 12 Main topic related to pharmacoeconomics,

pharmacy industry, subsidized medicines, cost-effectiveness = 8

Pharmacy curriculum = 5

Academic pharmacists, Hospital

pharmacist, hospital setting as main study

group = 4 Students as main study group = 1

screening N = 288

Studies included after double-blind

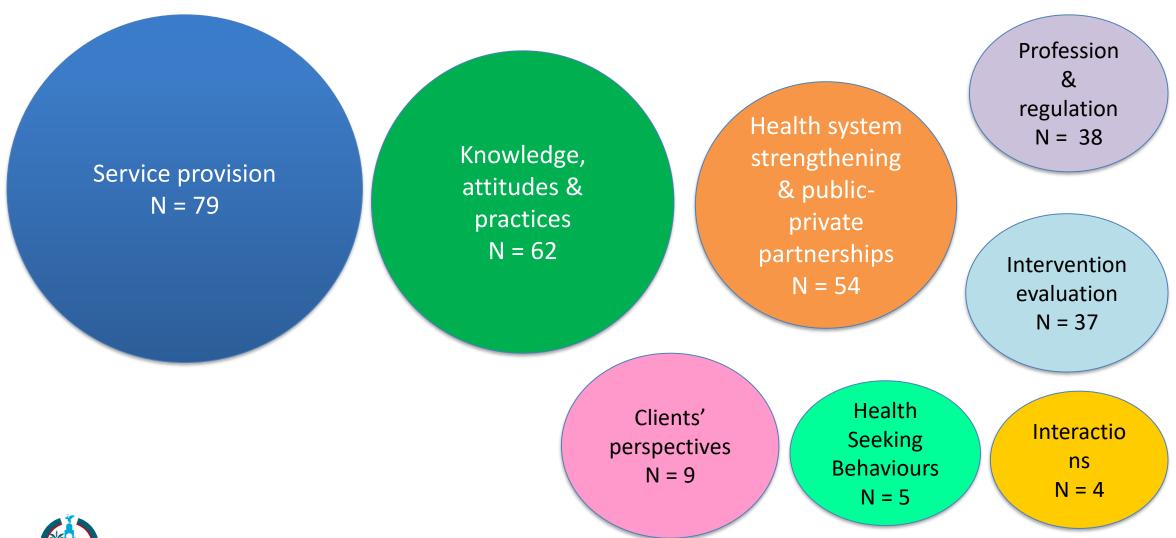
ELIGIBILITY

INCLUSION

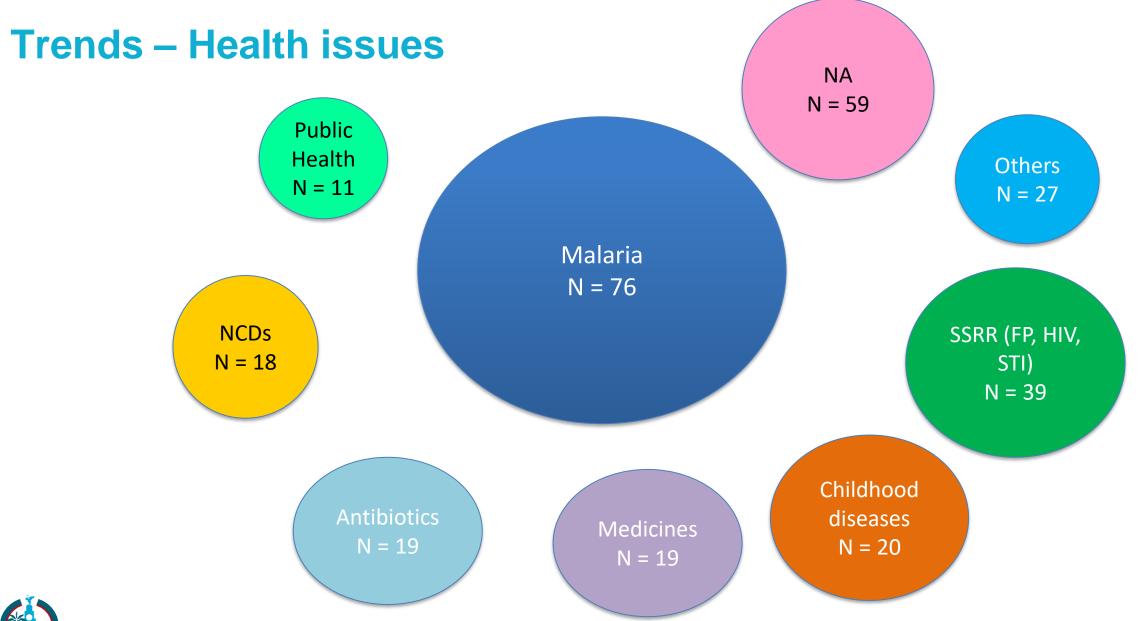


PRISMA chart

Trends – Main concepts

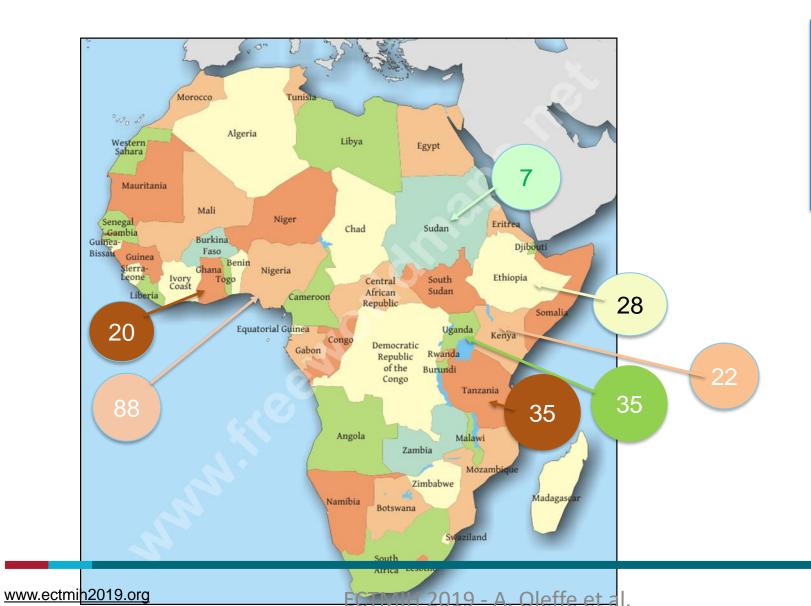








Trends - countries

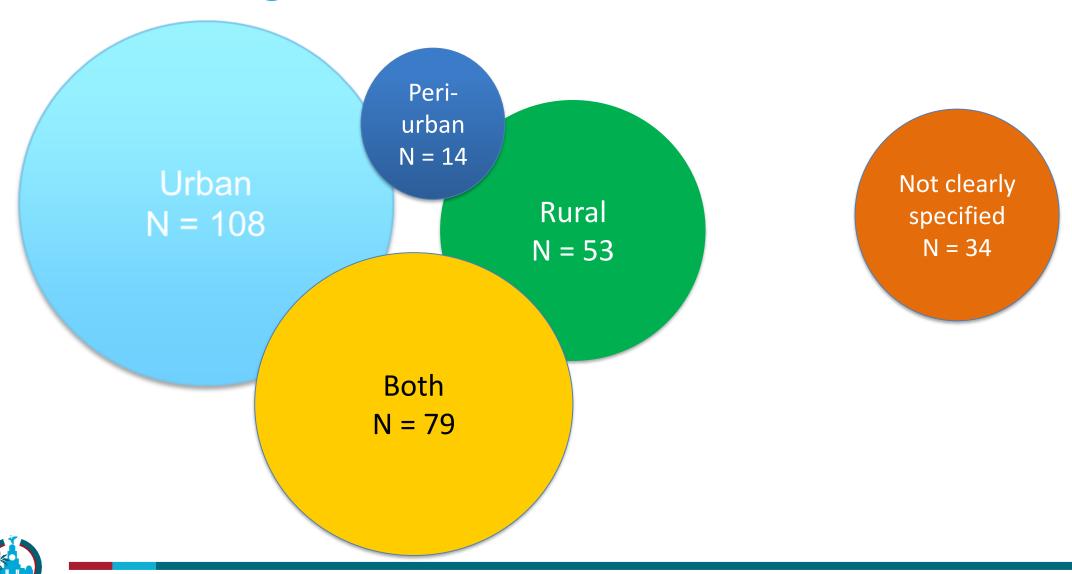




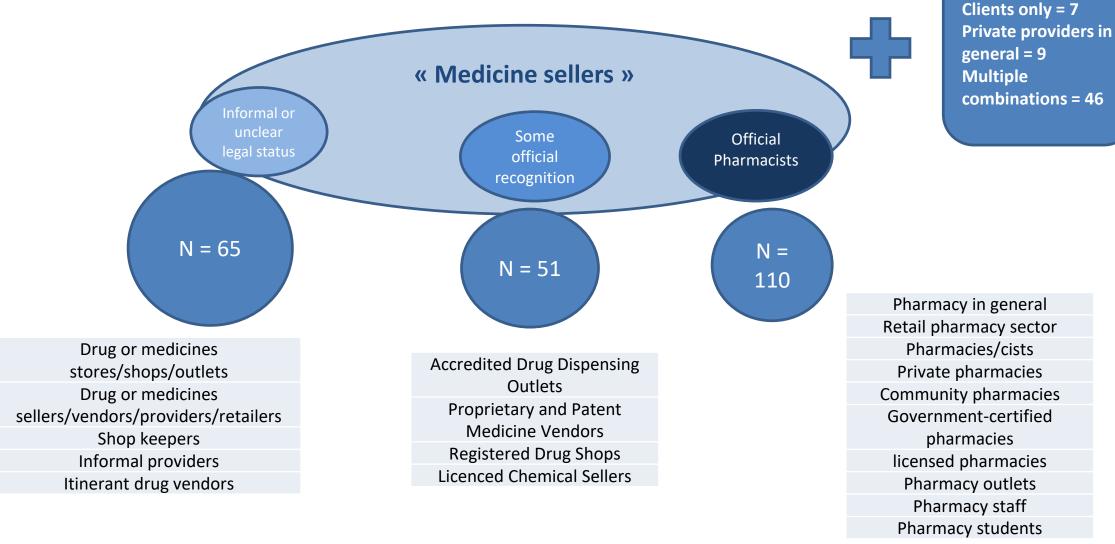
- LMICs = 9
- Multiple = 8
- Others = 36



Trends – setting / location

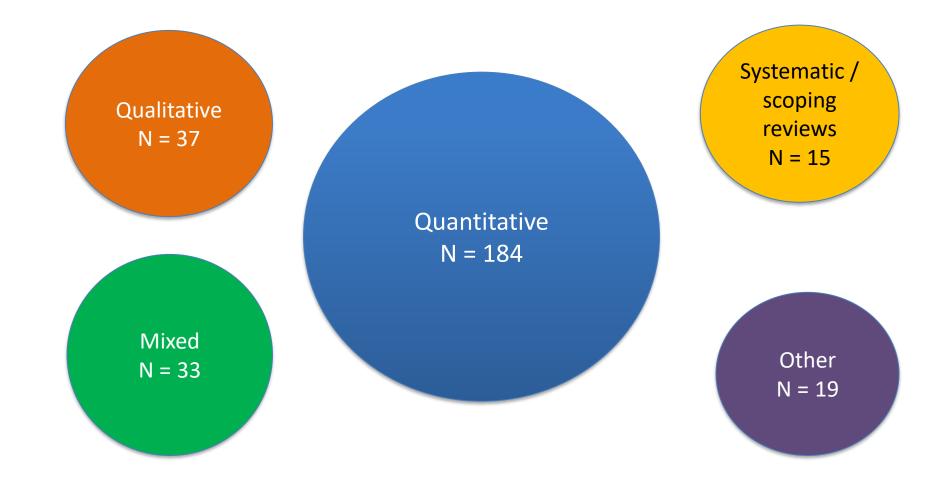


Trends – type of professional groups





Trends - Methods





For any question / query

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