**REPORT OF THE LARGER STAKEHOLDERS MEETING ON REPOSITIONING OF THE PATENT AND PROPRIETARY MEDICINES VENDORS OPERATIONS**

**Venue: AES Luxury Apartments Dakibu, Off Airport Road**

**Date: November 17, 2017**

1. **Attendance**

See photographsattached

2.0 **Introduction**

The Pharmacists Council of Nigeria in collaboration with the Management Science for Health is repositioning the operations of the Patent and Proprietary Medicines Vendors (PPMVs) for improved healthcare delivery in Nigeria. This collaboration features a 3-phase project. The next activity in the project is the development of the curricula for the training of the 3 categories of the Patent and Proprietary Medicines Vendors (PPMVs) for the 3-tier accreditation model. To achieve this, key pharmaceutical players from various pharmaceutical sectors were invited for a stakeholders meeting with the view of repositioning the operations of the PPMVs.

3.0 **Commencement**:

The meeting started at about 10: 00 am with the recitation of the second stanza of the National anthem as National prayer.

This was followed by the introduction of dignitaries and then self-introduction by other participants. The Co-ordinator of the event, Prof. Ray Ozolua recognized and appreciated the Chairman of the stakeholders meeting, Pharm. Mohammed Yaro Budah, the Registrar of the PCN, Pharm. N. A. E. Mohammed, immediate past Chairman of PCN Governing Council, Pharm Bruno Nwankwo and the MSH Regional Director Adjo Mfodo, the Deans of the Faculties of Pharmacy present, Directors of Pharmaceutical Services present, representatives of the Implementing Partners and Non-Governmental Organisations, chairmen of Technical groups of Pharmaceutical Society of Nigeria (PSN), executive members of the National Association of Patent and Proprietary Medicine Vendors (NAPPMED) and the Lagos State Medicine Dealers Association (LSMDA) , gentlemen of the press and all invited participants present for honoring the invitation and prayed for fruitful deliberation.

The Chairman of the occasion, Pharm. Mohammed Yaro Budah in his opening remarks thanked all participants for honouring the invitation to attend the stakeholders meeting. He especially thanked the Management Sciences for Health and the Pharmacists Council of Nigeria for hosting such an important meeting geared towards ensuring better healthcare service delivery to the nation. He noted that the caliber of personalities present underscored the importance of the meeting, and submitted that the repositioning of the PPMVs was long overdue.

The Registrar, Pharm. N. A. E. Mohammed gave the welcome address in which, he recognized the enormous support of the MSH towards the success of ensuring that the PPMVs are better positioned to deliver improved healthcare services to the citizens. He reiterated the mandate of the PCN as being a parastatal of the Federal Government which is saddled with the responsibility of ensuring the regulation and control of the pharmacy education, training and practice in all ramifications.

Furthermore, the Registrar stated that evidences have shown that the PPMV shops are usually the first port of call in the community setting especially in the rural areas. He linked the importance of PPMVs to the 1978 almata declaration stressing that the PPMVs play a vital role in providing primary healthcare services to the citizenry. He emphasized that the PCN in collaboration with the MSH is putting up strategies for the repositioning of the PPMVs in Nigeria. It is his hope that this collaboration would improve the quality of health service delivery by the PPMVs. He concluded by thanking all stakeholders present for their support toward ensuring a better healthcare delivery through the repositioning of the PPMVs.

The representative of MSH, Ms Adjo Mfodwo, in her own remarks said the role of the PPMVs in the communities cannot be over emphasized, she noted that there is need for PPMVs to be effectively trained while not down-playing the roles of other key pharmaceutical players. She gave examples of some African countries that have improved their health indices through strengthening the private health sector and remarked that it’s time for Nigeria to adopt such models which has proven to be effective. She concluded by thanking all stakeholders present and prayed for meaningful deliberation.

Pharm. Zainab shariff who represented the Hon. Minister of Health, Dr. Isaac Folorunsho Adewole, FAS was delighted by the enormous support shown by the participants through their presence. She further commended the PCN for taking her mandate seriously, one of which is the repositioning of the operations of the PPMVs to ensure adequate health coverage by improving access to quality safe and efficacious medicines. She added that to effectively achieve this, the PPMVs must be trained, re-trained and enlightened. She categorically stated that the entry point of the PPMVs must go beyond their ability to read and write. She commended the efforts of MSH for supporting the PCN towards this laudable goal. She therefore on behalf of the Honourable Minister of Health, declared the programme open.

The vote of thanks for the opening ceremony was given by Pharm. (Mrs.) E. O. Olalere, who thanked the Almighty God for making the day a reality and a success, also thanking the chairman, the Registrar, representatives of MSH present, former and present PSN presidents in attendance, the representatives of the Minister of Health, representative of the NGOs and technical groups and all distinguished participants who took out time to honour the invitation

Afterwards a group photograph was taken and the meeting went into recess for tea break

**4.0 Technical Session**

**4.1 Speech by Pharm Bruno Nwanko, FPSN**

The immediate past chairman of the PCN, Pharm Bruno Nwankwo in his speech decried the dearth of pharmacists in the country and asked all to join hands so as to improve the pharmaceutical service delivery in the country. He acknowledged the fact that some States in the country have most of their pharmacists domiciled in the State capital, thereby depriving other parts of the States access to pharmaceutical services which is the cornerstone of healthcare care delivery. He, however, stated that the effort of the PCN is consistent with the government policy which seeks to ensure that health care services get to the nooks and crannies of the country. Therefore, he added that the use of the PPMVs which serve as a stop gap in areas where there are very few public and private healthcare services cannot be over emphasized.

He explained the objective of the stakeholders meeting, one of which is to reposition the PPMVs for better service delivery by improving access to quality and safe medicines. He underscored the need to take into consideration their operational limits as set by the guidelines establishing creation of the PPMVs.

He concluded by encouraging all participants to be positive and open minded so as to make meaningful contributions towards the success of the programme.

**4.2 Pharmaceutical Society of Nigeria (PSN) President**

The PSN President Pharm. Ahmed Yakassi, welcomed all the participants and appreciated the PCN-MSH collaboration for identifying a need to reposition the PPMVs. He said because of the importance he attached to the meeting, he considered his presence at the stakeholders meeting as sacrosanct having to shelf other events for this all important meeting.

He said pharmacists have an enormous task in ensuring that everyone in Nigeria (not forgetting those in the hard-to-reach areas) have access to safe and efficacious medicines; in achieving this, the role the PPMVs cannot be undermined. He admonished however, that there is a great need to ensure that PPMVs are properly trained and effectively monitored. He said gone are the days when PPMVs used to be an all-comer affair. He advised the implementing partners and development partners present to join hands with the PCN rather than working in isolation with the PPMVs through their associations. He added that such will ensure that the PPMVs are positioned for proper healthcare service delivery within the regulatory framework established by the Government.

He commended the PCN for staying true to its mandate by reviewing the guidelines for issuance of the patent and proprietary medicines vendors’ license, the continuing education programme manual and expansion of the approved medicines list for the vendors. He cited a NAFDAC report which quoted a survey that 80% of the oxytocin found in the PMS were all denatured due to improper storage. He recalled that at this time in Nigeria oxytocin has not been included in the Approved Medicines List (APML) for PPMVs. Hence, there is need for enforcement of the laws to prevent storage and handling of this product and other similar ones by the vendors. He recommended adequate training for the vendors so that they can have proper orientation of the role they are to play in healthcare service delivery.

He concluded by congratulating the Registrar for being a visionary leader and achieving this milestone.

**4.3 Presentation of Objectives of the Meeting**

Pharm. I. B. Ahmed read out the objectives and expected outcomes of the stakeholders meeting. The presentation was made in bullet points as follows:

4.3.1 Objectives

* To share the vision, goal and updates of PCN collaboration with the Management Sciences for Health (MSH) on improving the spectrum and quality of healthcare service delivery in the Patent Medicines Shops in Nigeria.
* To provide a platform for the stakeholders to enrich and contribute to the strategies for repositioning Patent and Proprietary Medicines Vendors.
* To obtain the sign-off commitment of the stakeholders on the repositioning project.
* To strengthen the regulatory framework for the Patent and Proprietary Medicines Vendors.
* To obtain the broad stakeholders consensus on the basic accreditation models for the Patent and Proprietary Medicines Vendors.

4.3.2 The expected outcomes include:

* The stakeholders would have understood the vision, goal and the value addition of the PCN/MSH collaboration in repositioning the PPMVs.
* The contributions of the stakeholders would have been compiled to enrich the repositioning strategies.
* Evidence of the sign-off commitment by the broad stakeholders would have been obtained.
* A draft regulatory framework for the operation of the PPMVs would have been produced.
* A draft of the PPMVs accreditation models would have been produced.

**4.4 Report of Zonal Sensitization of Stakeholders**

The presentation was expected to be given by Pharm. T. O. Ilupeju but for time constraint. The highlights of the presentation were as follows:

1. To sensitize the various stakeholders on the concept and implementation of the LaunchDSI initiative.
2. To harvest views and garner ideas, on strategic implementation of the LaunchDSI project
3. To serve as an interactive session for the purpose of sharing experiences and ideas on ways to reposition the operations of the PPMVs for improved healthcare services.
4. To Provide avenue for each stakeholder to make valuable commitments towards the implementation of the projects.

Some of the concerns raised during the zonal sensitization fora were also highlighted to include the followings:

1. Fears over expanding the scope of operations of the PPMV.
2. Use of signpost attracts tax.
3. Multiple taxation by all tiers of Government.
4. Non-involvement of NAPPMED during policies and project developments.
5. The need for prior notice before enforcement exercise
6. Expansion of the APML.
7. Proliferation of PMS encouraged by NAPPMED.
8. Misguided NGOs interventions.

Recommendations were made from the stakeholders’ sensitization fora as highlighted below:

* PCN should utilize more avenues of improving access to quality medicines.
* Community pharmacies should be encouraged to operate in hard-to-reach areas.
* Need to improve publicity and public education on the mandates of the PCN.
* Need for stratification of the PPMVs (Tier Accreditation Concept).
* Need for NAPPMED and other splinter groups to come together
* Need for regular stakeholders workshops and interactive sessions.
* Appropriate laws and policies to ensure sustainability, full scale implementation and continuity of novel programmes such as PCN-MSH collaboration were advocated.
* Training and retraining of the PPMVs should be given highest priority.
* Need for code of conduct and dress code for PPMVs.
* Standard entry requirements for Vendors should be defined.
* Increased collaboration of PCN with relevant Associations, Societies, and Development/Implementing Partners advocated.
* Standardization of the Patent Medicines Shops with appropriate branding and signage.

**4.5 Presentation of the Outcome of the Field Survey on PPMVS Operation in Nigeria**

The Registrar PCN, Pharm. N. A. E. Mohammed delivered the presentation. He gave a brief history of the PPMVs which dates back to 1936; the requirement for eligibility being the ability to read and write and the attainment of 21 years of age. However, the field survey activity undertaken by the PCN-MSH collaboration on repositioning PPMVs reveals the following:

1. Finding from the survey shows that 55% of the PPMVs are located in the rural areas while 45% are in the urban areas, most operators acquire their knowledge through apprenticeship. Most PPMVs however, lack the requisite knowledge needed for the identification of disease conditions, storage of drugs and good sources of drug supply.
2. Findings also show that 82% of PPMVs stock medications beyond the APML, thus underscoring the need for adequate monitoring and enforcement and the need for the satellite pharmacy concept.
3. Findings also revealed that only 26% of PPMVs are registered with the PCN, meaning that larger percentages are registered with their associations. The Registrar lamented the fact that most of the PPMVs cannot up until now distinguish the difference between the regulatory body and an association.
4. 45% of PPMVs carried out diagnostic tests such as pregnancy test, blood sugar test, rapid diagnostic kit for malaria testing most of which are beyond their scope of operation, however only 1.1% of PPMVs document their activities most of which are daily sales activities whereas 98% had no record of documented activities.
5. 74% of PPMVs have attended one or two of PCN organised workshop/ training programme.

Pharm. N. A. E Mohammed concluded his presentation by emphasising the need for PPMVs to be duly registered and licensed with the PCN. He stated emphatically that licensure is key to ensuring that PPMVs benefit from all government programs and for working with implementing partners

**4.6 MSH Presentation**

 Ms Adjo Mfowdo made the presentation. She highlighted the goals and visions of the MSH initiative. She stated that MSH-PCN project is funded by Bill and Melinda Gates foundation which focuses on improving health outcomes by increasing knowledge. She also gave highlights on the ADDO-concept which aims at increasing access to essential medicines without compromising on regulatory standards. The concept according to her focuses on improving the knowledge of dispensers, the outlook of the shop and ensuring good communication skills. Furthermore, she stated that MSH has created a private sector platform for delivering key primary healthcare initiatives such as; malaria prevention, testing and treatment, T.B case screening and referral amongst others.

Ms Adjo Mfowdo concluded her presentation by thanking the representative of the Minister of Health, all dignitaries present and all stakeholders for honouring the invitation to the important occasion, also thanking the PCN-LaunchDSI project team and hoped that at the end of the programme the meeting would come up with workable suggestions.

**5.0 Presentation by NGOS/Implementing Partners**

**5.1 Clinton Health Access Initiative**

Thefollowing was highlighted during the presentation:

Findings show that PPMVs are critical to the provision of healthcare in Nigeria and were therefore engaged early in the programme as partners to drive success. It was also noted that there is poor access to primary health care in Nigeria and that 43% of the PPMVs are located in rural areas and therefore are a critical bridge for health care access for rural poor

It is also worthy of note that CHAI has supported the review/update of relevant policies and regulatory frameworks to improve and expand the level of services provided by PPMVs. These included the incorporation of the following into the CEP training manual.

Management of Childhood Illnesses curriculum included the use of RDTs.

* Updated Childhood Vaccines schedule
* Included Appendices to aid understanding of CEP topics
* Amoxicillin DT included into the APML
* LLIN, RDTs included as commodities
* ORS changed to lo-ORS
* Albendazole included for intestinal worms

CHAI also worked closely with NAPPMED, PCN, PSN and other stakeholders to roll out targeted interventions to reach PPMVs in the States, and with that strong improvements were seen in the private sector especially amongst PPMVs which translated into improved stocking practices. Analysis of interventions showed that detailed PPMVs were 70% times more likely to stock ORS and Zinc.

The presentation was concluded by stating the lessons learnt and giving the following recommendations:

* + NAPPMED is an effective platform for mobilizing PPMVs—with strong leadership at national, regional, and local levels.
	+ PPMVs and community pharmacists are crucial for the improvement of access to basic healthcare.
	+ The potential of PPMVs should be better harnessed. The program reached ~ 32,000 PPMVs in the States – approximately 89% more than the number officially registered.
	+ Seek opportunities to formalize and strengthen PPMVs to provide a broader range of quality health services.

**5.2 Population Council**

Population Council gave a presentation on Generating and Using Evidence to Improve Access to Injectable Contraceptives through PPMVs.

The focus of the presentation was to demonstrate feasibility of provision of all injectable contraceptives including DMPA and Sayana® Press by Patent and Proprietary Medicines Vendors (PPMV) and to explore experiences of injectable contraceptive users and the quality of care they receive when accessing injectable services from PPMVs

**5.3 NURHI2**

NURHI2 gave a presentation on the objective of landscaping which was carried out to better understand the supply and demand barriers to family planning commodities and identify key solution levers to accelerate contraceptive use. At the end of the presentation, the following recommendations were made:

* **Recommended Federal Level Interventions**
* Operationalize CHEW policy for provision of injectables, IUDs and implants.
* Address potential funding gaps in FP commodities.
* Reform policies to allow community pharmacists to initiate oral contraceptives and to provide injectables.
* Establish an accreditation system for qualified health workers who are licensed PPMVs so they can initiate pills and administer injectables.

**5.4 Society for Family Health (SFH)**

The presentation focused on increased service delivery for contraceptive mix and primary health care delivery among Community Pharmacist and Patent and Proprietary Medicines Vendors .The goal as stated, was to improve the quality of family planning services provided by CPs & PPMVs in Lagos and Kaduna States, and provide support for the creation of an enabling environment for the sustainable delivery of these services. Expected beneficiaries are vulnerable women and adolescents.

There was also a brief presentation of the expected outcomes of phase 2 of the project with MSH to be funded by BMGF.

**5.5 PSN-PACFAC**

The presentation was given by a representative of the organisation, aside stating the achievements of the organisation, Pharm. Remi Adeseun, FPSN emphasized on the need for collaborations with pharmacists in the community settings as they are in the fore front of offering standard pharmaceutical services. Dr David also a representative of PSN-PACFAC while making his presentation commended the SFH for its focus on family planning and emphasised the need for the inclusion of community pharmacies as well as the PPMVs without overstepping their respective operation limits.

**5.6** **Maternal and Child Survival Program (MCSP)**

It was stated that the goal of MCSP is to increase access to child health service at the community level through PPMVs.

While giving brief background information, the presenter stated that the Maternal and Child Survival Program (MCSP) is a global U.S. Agency for International Development (USAID) cooperative agreement to introduce and support high-impact health interventions in 25 priority countries, including Nigeria, with the ultimate goal of ending preventable maternal and child deaths (EPMCD) within a generation.

The program which commenced its implementation in Nigeria in 2014 will end in December, 2019

The objective is to contribute to reductions in child death in selected states in Nigeria by increasing the coverage and equity of evidence-based preventive and curative health interventions for children under five.

As an approach to achieving its goals, MCSP aims to build on the proof of concept provided from the iCCM pilot using PPMV in Ebonyi State which is that:

* + PPMVs can provide child health services (assess, classify, treat or refer).
	+ Use of PPMV can help in increasing access to child health service at the community level.
	+ MCSP will further iCCM implementation research through PPMV in Kogi and Ebonyi states
	+ Testing ability of PPMVs to deliver the required quality of service
* Capacity building
	+ Six- day none residential (competency based)
	+ 3 day Supervision training
* Supportive Supervision
	+ 2 pronged approach (PHC/PPMV-Peer to Peer & community)
* Supply Chain strengthening
	+ Improve availability of quality, affordable essential medicines by building capacity of PPMVs to:
		- Source for quality medicines as reflected in PCN’s Approved Patent Medicines List
		- Track stock levels
		- Document stock transactions
* Demand Creation
	+ Improve knowledge on Malaria, Pneumonia and Diarrhea
* Promote care seeking

**5.7 National Malaria Elimination Programme (NMEP)**

NMEP gave a presentation on the overview of PPMV/CP monitoring and supportive supervision on use of RDT. The NMEP in collaboration with the PCN embarked on monitoring and supportive supervision of PPMVs and CPs in 24 states supported by the Global Fund.

The Objectives of the Monitoring & Supportive supervision on Use of RDT was to:

* To orientate the members of National Association of Patent and Propriety Medicine Dealers (NAPPMED) and Association of Community Pharmacists of Nigeria (ACPN) on the introduction of the use of RDTs in the community Diagnosis of malaria in Nigeria.
* To carry out focused training for PPMVs and ACPN on malaria diagnosis and treatment.
* To administer checklist and obtain baseline data on the knowledge of PPMVs and Community Pharmacists on malaria management
* To educate and ensure regulatory standards on PPMVs and CPs on the stocking of antimalarial monotherapies
* To collaborate with the Pharmacists Council of Nigeria to censor the registered PPMVs and Community Pharmacists in the GF supported States.
* To sensitize and create awareness on the need to request for parasitological confirmation using RDTs from PPMVs and CPs before purchasing antimalarials.

To achieve this, the following approach was used

**National Level:**

* 2-days Orientation and Planning meeting

**State Level:**

* 1-day State Orientation meeting/Advocacy visit

**LGA Level:**

* 3-day facility supervision and assessment to a total of 15 PPMVs/Community pharmacies per LGA with checklists administered at each of these facilities.
* On-site RDT training will be conducted at every facility visited with 1 pack of RDT and the data reporting tool dropped at the facility

Key findings are as follows:

* About 50% have knowledge of mRDT existence
* Only 20% of those with knowledge of mRDT actually perform the test
* Good KAP of ACT as recommended in the National Guidelines
* ACTs are fairly well stocked in the facilities visited
* However, widespread of monotherapy drugs still stocked

The recommendations were as follows:

* The need to increase awareness of diagnosis using RDT before treatment.
* The need for PPMVs/CPs to adhere strictly to the National guidelines on diagnosis and treatment of malaria i. e stop the use of Chloroquine (CQs) and other monotherapies.
* The need for continuous collaboration between NMEP and PCN on management of malaria amongst PPMVs and CPs.
* Explore ways to ensure uninterrupted supply of malaria commodities.

**5.8 Institute of Human Virology, Nigeria**

IHVN gave their presentation based on the Community Pharmacy Art Model, the problem of overcrowding of the health facilities was one of the reason behind the concept of the community pharmacy Anti-Retroviral Therapy (ART) Model. The activities included in this model are:

* **A Referral System**: Stable patients are referred to community pharmacy selected by the patient. Referral is driven by the patient who must select the community pharmacy to be referred to.
* **ART Services**: This includes prescription refill, patient counseling and monitoring of adherence to ART**.**
* **Pharmacovigilance Services**: This includes the monitoring and reporting of Adverse Drug Reactions (ADRs) to the National Agency for Food and Drug Administration and Control (NAFDAC).

The benefits of the model have been enormous and can be itemized as follows:

**To the Patients:**

* Reduced financial burden and time cost to the patient
* Freedom to choose their community pharmacy
* Customized care based on agreement

**To the Health System:**

* Decongest over-crowded hospitals
* Reduce work load on health workers, with improved clinical outcomes

**To the Government**

* Increase access to treatment (less than 1million out of 3.5 million people with HIV/AIDS are on ART in Nigeria)
* Improved retention in care
* Reduced mortality due to improved clinical outcomes
* Reduced over dependence on the health system

**6.0 Interactive Session**

Following the presentations by the IPs/NGOs was the interactive session. During this session the following points were made:

* The PPMVs should be properly trained on the need for timely referrals.
* NAPPMED leadership should focus on good pharmaceutical service delivery.
* For PPMVs to be able to handle contraceptives there is need for more competences on the part of the PPMVs.
* The issue of prompt delivery of PPMVs licenses should be given priority as this sometimes causes unnecessary misunderstanding and disinterestedness in registration and renewal of annual licence.

While answering to some of the issues raised, Pharm. Bruno Nwankwo reiterated the fact that the PCN recognizes the role of the PPMVs and is willing to equip the PPMVs to take on additional roles in line with the guidelines establishing operation of the PPMVs. He therefore called on all PPMVs to ensure prompt renewal of their licenses and to take full advantage of all the training programs organized by the Council.

Pharm. Bruno Nwankwo also made an appeal to all NGOs/IPs to recognize the law of the country by ensuring they go through the appropriate channel while training the PPMVs. The appropriate channel for such, he reiterated, is the PCN. He expressed regrets that some NGOs are already engaging the PPMVs on the use of injectable contraceptives which is contrary to what the law permits, he said this in effect is contributing to the chaos being experienced in the pharmaceutical sector. He however congratulated the PCN on this bold initiative in the repositioning of the operations of the PPMVs, which in his belief is in the best interest of the public. He also called on the PPMVs to seek avenues in which they can improve their skills to be better positioned to serve the community properly.

While speaking, a representative of the NAPPMED (from Kaduna State) thanked the PCN for taking the initiative to reposition the operations of the PPMVs, he however advised the PCN to completely spell out the roles of the PPMVs and he called out to the NGOs to work with only PCN registered and licensed vendors.

Another NAPPMED member from (Lagos State) pleaded for understanding on both sides of the party as the ‘common enemy’ is the disease which everyone is trying to treat or prevent. He requested the NGOs to get an approval from the PCN before training any PPMV so that the trainings would be in tandem with the modus operandi of the vendors. He further advised that the PCN increases its staff strength so as to improve on enforcement activities.

The Dean of the Faculty of Pharmacy, Obafemi Awolowo University, while speaking also advised the PPMVs to expand their horizon by seeking to acquire more knowledge so as to be able to deliver good pharmaceutical services within the limits of their operations. He also welcomed the idea of a stratification of the PPMV cadre. He spoke on the need for NGOs to be guided in their activities with regards to PPMVs, he concluded by advising NGOs/ IPs to always seek assistance from the various Faculties of Pharmacies with regards to research purposes.

A staff of PCN advised the PPMVs to ensure that they have duly completed all regulatory and licensure procedures before commencing operations.

The ex-president of the NAPPMED expressed his excitement over the repositioning concept and was optimistic that it would be a success. He also advised on the need for an entry point qualification so that PPMVL isn’t an all-comer affair anymore. He concluded by appealing to the PCN to ensure that the PPMV licenses are delivered as at when due.

**7.0 Conclusion**

The Registrar while giving his concluding remarks reiterated the mandate of the PCN and assured all that the PCN is willing to work with stakeholders who are ready to key into the vision and mission of the organization. He assured the PPMVs that the repositioning bid in collaboration with the MSH is not going to be an added financial burden, hence he advised all PPMVs to key into it.

He said the harmonization of the NGO activities would be looked into to ensure compliance with PCN guidelines.

He acknowledged the fact that the pharmacy practice is made up of two components, which is the practice component and the drug component. He noted however that most persons are more concerns with the product component due to the financial gains, and so reiterated the need for proper regulatory activities to ensure sanity in the practice of the profession.

**8.0 Recommendations**

At the end of the programme the following recommendations were made

1. All Participants support the decision of PCN to reposition PPMVs for better services.

2. The PCN should re-strategize for quick issuance of licenses.

3. The repositioning process should be gradual in order to make it all inclusive and successful

4. The Patent Medicines Shops in the urban areas should be encouraged to upgrade to wholesale pharmacies.

5. The leadership of National Association of Patent and Proprietary Medicines Dealers (NAPPMED) should be encouraged to defer to PCN for establishment and siting of Patent Medicines Shops in their respective States.

6. Implementing Partners, NGOs and other agencies should seriously consider using the services of staff of the Faculties of Pharmacy for training of PPMVs and in undertaking researches.

7. All partner agencies should endeavour to operate within the statutory guidelines of FMOH/PCN

8. It is the responsibility of the leadership of NAPPMED to educate its members to know that adventure into pharmacy attracts regulation as enshrined in the laws.

9. It should be noted that competence without authority is an offence. Therefore, it is necessary to secure legislative framework (legal backing) for provision of any healthcare service in spite of the possession of requisite competence

10. The implementation strategies for the repositioning project should be far-fetched, futuristic, water-tight and in full contemplation of the dynamics of the environment.

11. Considering the heterogeneous nature of the PPMVs, there is need for stratification (tiered accreditation) of the various groups operating as PPMVs.

12. The PPMVs and NAPPMED members should begin to see the regulatory activities of the PCN as corrective rather than punitive.

13. There should be proper accreditation of the PPMVs with regards to definition of:

(i) Standards for training and enrolment of the PPMVs

(ii) Stratification (tiered accreditation) of the PPMVs.
(iii) Development of training curriculum.
(iv) Define standards for the Patent Medicines Shops

14. Any Implementing or Development Partners that wishes to work or carry out any project with the PPMVs should first obtain permission and/or authorization from the Pharmacists Council of Nigeria.

15. There is need to harmonize the activities of the Implementing/Development Partners that intends to work with adequate coordination by the Pharmacists Council of Nigeria.

The meeting came to its conclusion at about 6:35 p.m. with the chairman’s closing remarks and the vote of thanks by Pharm. Peter N. Iliya, the Deputy Director and Head of Public Relations Unit, PCN.

Thank you.

 

**Pharm. Ologe, Viona**

*Desk officer, PCN-MSH LaunchDSI project*

26/02/2018