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| BANGLADESH PHARMACY MODEL INITIATIVE (BPMI) |
| Brief Report on Key Informant Interviews and Focus Group Discussions |
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# Abbreviations and Acronyms

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| ADDO  ADS  BAPI  BBS | Accredited Drug Dispensing Outlet  Accredited Drug Shop  Bangladesh Association of Pharmaceutical Industries  Bangladesh Bureau of Statistics |
| BCDS  BPGA  BPMI | Bangladesh Chemist and Druggist *Samity* (Association)  Bangladesh Pharmacy Graduates Association  Bangladesh Pharmacy Model Initiative |
| BPS | Bangladesh Pharmaceutical Society |
| BDT | Bangladeshi Taka |
| CAB | Consumer Association Bangladesh |
| DGDA | Directorate General of Drug Administration |
| DGHS | Directorate General of Health Services |
| FGD | Focus Group Discussion |
| IEC | Information, Education and Communication |
| KII | Key Informant Interviews |
| LMAF  MBBS  MNC  MOHFW | Local Medical Assistant and Family Welfare  Bachelor of Medicine and Bachelor of Surgery  Multinational Corporation  Ministry of Health and Family Welfare |
| MSH | Management Sciences for Health |
| NGO | Nongovernment Organization |
| ORS | Oral Rehydration Salts |
| OTC | Over The Counter |
| PCB  PHC  SSC  VAT | Pharmacy Council of Bangladesh  Primary Health Care  Secondary School Certificate  Value Added Tax |

# Brief Report on Key Informant Interviews and Focus Group Discussions

# 1.0 Introduction

This field study report on BPMI incentive strategy is a retail drug shop-based cross-sectional study carried out to explore the perceptions of different stakeholders regarding the feasibility of providing certain incentives to the private drug shop and pharmacy owners to get their drug shops accredited to the Bangladesh Pharmacy Model Initiative (BPMI) program based on the MSH’s accreditation experiences in Tanzania, Uganda and Liberia.

# 2.0 Methodology

The study population of this paper includes (1) owners and dispensers of retail drug shops located in Dhaka city and its adjoining peri-urban and rural areas; (2) samples of community members who usually purchase medicines from these shops [focus group discussions (FGDS)]; and (3) key informant interviews (KII) with drug licensing officers, regulators, members of professional associations and academics.

Ten drug shops were randomly selected from the rural and peri-urban areas, and ten were from Dhaka city area. The salespersons/dispensers, drug shop owners, and owner-cum-dispensers of each of the drug shops who were present at the time of the survey was included as the respondents for this study. Only owners of the shops, if found present among others, were interviewed for the study.

In addition, a sample of community members who generally purchase medicines from such drug shops was interviewed for this study. Focus group discussions (FGDs) were conducted to elicit the participants’ perceptions of services received and their expectations from these retail drug shops. Key informant interviews (KII) were also conducted with relevant stakeholders including key personnel from DGDA, PCB, BCDS, SME Foundation, Dhaka University, and MOHFW. While conducting the study, structured observations of the drug shop owners/dispensers, customers, and community members were carried out simultaneously.

# 3.0 Key Findings

## 3.1 Findings from drug shop owners and dispensers

All the sampled drug shops visited both in the urban and rural areas had been in operation for more than 10 years. Floor space of the rural drug shops was found larger in size than those in the urban and peri-urban areas. All the shops surveyed had business licenses issued by respective local union councils for rural areas and city corporations for the urban areas. But only 80% of the shop owners could show their drug licenses issued by DGDA. Most of them were not renewed, which was a violation of the mandatory provision for renewal within two years from the dates of issue/renewal. When asked, most of the drug shop owners/dispensers could not show their pharmacist registration certificates. Some said that they had LMF degree certificates obtained from somewhere in Gazipur or Jamalpur district. But they managed to obtain drug license from DGDA without submitting mandatory pharmacist registration certificates. When Secretary, PCB was contacted, he said that only LMF degree certificate could not entitle a person to get drug license. Any person applying for C-grade drug license must submit his/her pharmacist registration certificate to DGDA office for license. So, it became clear that majority of the drug shop owners/dispensers in the rural and peri-urban areas refrained from applying to obtain drug licenses because they did not possess pharmacist registration certificates required for application.

Around 40% of the respondents in the rural areas when asked said that they received dispensing training from pharmaceutical companies. Some reported that they learned dispensing working with MBBS doctors as apprentices. When asked how they could face the awkward situations when DGDA’s inspectors came to visit their drug shops and asked for showing relevant documents especially drug license – new or renewed, pharmacist registration certificate – new or renewed, etc. they made oblique comments saying that somehow or other they could manage such embarrassing situations. But when asked why they did not obtain drug licenses required for drug shop business, majority of the respondents mentioned that the licensing process was too complicated, lengthy and costly. Some respondents perceived the process of getting a drug license to be too lengthy, spanning from a few weeks to a few months. Though official licensing fee (new) is fixed at BDT 2,500 for urban areas and BDT 1,500 for rural areas throughout the country, majority of respondents (60%) perceived that the cost of license fee might be BDT 20,000 to BDT 30,000. They also believed that license renewal fee might be more than BDT 10,000. But official license renewal fee is fixed at BDT 1,800 for urban areas and BDT 700 for rural areas across the country. Getting drug licenses renewed was also a lengthy, cumbersome and difficult process requiring at least one week’s efforts for lobbying in DGDA offices.

Majority respondents in the rural area reported that their drug shops were not inspected by any DS or DI of DGDA office during the last two years, but respondents in the urban area when asked reported that their drug shops were occasionally inspected by the officers working in the DGDA offices. When asked, majority shop owners/dispensers could not show Bound Inspection Books usually maintained for writing the observations and irregularities/illegalities (if any) detected and remedial measures suggested by the inspecting officers.

Majority of the customers came to purchase drugs by self-referral without prescriptions. Besides selling medicines, owners/dispensers also provided clinical services such as pushing injections, providing first aid for burns, dressing and stitching cut wounds, giving vaccinations, measuring blood pressure and blood sugar, etc. which were not allowed under the current drug license issued by the DGDA offices. Primary health care (PHC) treatments for fevers, headaches, coughs and colds, gastric problems, etc. were also available from these shops. These practices were found both in rural and urban areas. Majority drug shop owners when asked said that they procured medicines through medical representatives of pharmaceutical companies and wholesalers located near Mitford Hospital in old Dhaka city area. Most of the shop owners were able to obtain trade credit terms from their wholesale suppliers once they had established a good trading record with them; the credit period varied extending up to 30 days in some cases. When asked, some respondents reported that expired drugs were either dumped or returned to the suppliers.

Most of the owners said that they started their drug shop business from their own funds and by taking loans from friends and relatives; they did not approach for bank loans provided at higher interest rates. They alleged that obtaining loans from banks was very lengthy and cumbersome process. A few owners took bank loans at higher interest rates by mortgaging their landed properties as collateral security going through a lengthy and difficult process. When asked whether they would take bank loans for improvements of their shop premises, renovations and operations, training, and expanding stock levels required for accreditation, they said that if hassle-free soft loans could be made available at lower interest rates, they would consider taking bank loans. However, most of them replied that they would not require taking any bank loans for accreditation; they would reinvest their business profits/savings for this purpose. When asked, some respondents reported that pharmaceutical companies paid VATs and advance income tax at source when selling the medicines.

## 3.2 Findings from focus group discussions (FGDs)

FGD participants were explained the issues of the failure of the current regulations regime and how would those failures be addressed in the new regulations. When asked they all supported the idea of introducing new regulations for the benefit of the people seeking quality medicines and dispensing services at affordable prices. This question was asked to ascertain customers’ satisfaction, i.e. the value difference of the services a customer expected and those that he/she actually received.

Some participants in the FGDs mentioned that they had known the drug shop owners/dispensers for more than 10 years. Some respondents perceived that all drug sellers in their areas had dispensing training required for obtaining drug license and selling medicines and dispensing services. Some respondents, when asked, could not tell whether their dispensers had pharmacist registration certificates issued by Pharmacy Council of Bangladesh (PCB) required for retail drug shop business. They could not even know about their educational qualifications. Most respondents said that prescription was not necessary for common health problems such as coughs and colds, fevers, headaches, gastric problems, etc. Some FGD participants mentioned that they could not check the expiration dates of the medicines they bought because they did not have sufficient knowledge required for checking expiry dates. They had put their trust on the drug shop owners and dispensers and knew that sellers would not betray their trust.

One respondent said that if a prescribed drug was not available, the dispensers would go to the neighboring shops to collect it and sometimes they would substitute another brand of the prescribed medicine. Most of the respondents stated that drug sellers did not explain the side effects of the drugs but some of them informed the side effects and gave advice accordingly. Another respondent said that dispensers did not provide receipts for payments, and the customers were also not interested to ask for receipts after buying drugs because sellers were known to them. Some respondents, when asked, said that drug shops provided some clinical services such as first aid for burns, dressing and stitching cut wounds, measuring blood pressure and blood sugar, pushing injections, etc. when local people went to them for such treatments.

When asked, some FGD participants said that sometimes mobile courts led by executive magistrates were held both in urban and rural areas to detect the expired, unregistered and damaged medicines. Some drug shop owners and dispensers were punished with fines or imprisonments or both for keeping illegal drugs in their shops; illegal medicines were seized and then destroyed in presence of the magistrates holding the mobile courts. When asked, some respondents said that they never asked the dispensers whether they had drug license required for selling medicines and dispensing service. They perceived that drug shop owners must have drug license because without it they could not legally operate this business.

## 3.3 Findings from key informant interviews with relevant stakeholders

### 3.3.1 Perspectives of the Directorate General of Drug Administration (DGDA)

Some regulatory participants said that a drug shop owner must obtain a drug license for opening and operating a drug shop because without possessing license the storage, display and sale of drugs are punishable offense in Bangladesh. DGDA, the sole licensing authority in the country, has so far issued 115,439 drug licenses to drug shops. A drug shop owner must have at least Secondary School Certificate to obtain drug license for operation of a drug shop. And a drug dispenser must be a registered pharmacist possessing a professional certificate (grade A to grade C) issued by the Pharmacy Council of Bangladesh (PCB). A drug license issued for a period of two years must be renewed and the licensee must apply for a fresh license before the expiry of the license in force. They said that pharmacists should have adequate knowledge about drug quality, information, safety, storage conditions and proper handling of prescriptions. They also emphasized preserving procurement documents (invoices supplied by the manufacturers or wholesalers) of medicines, and proving cash memos to the customers. They suggested that supervisory and regulatory capacity of DGDA should be increased to conduct regular inspections to ensure standard of the drug shops.

### 3.3.2 Perspectives of the Pharmacy Council of Bangladesh (PCB)

PCB reported that particulars of 62,473 C-grade certified pharmacists working in retail drug shops and community pharmacies, 10, 239 B-grade diploma pharmacists working in government and private hospitals and clinics, and 2,936 A-grade graduate pharmacists mainly working in the pharmaceutical companies have been kept separately and registered in Registers of pharmacists and apprentices maintained u/s 23(1) of the Pharmacy Ordinance, 1976. The C-grade certificate course is conducted by the PCB with the help of the BCDS and the BPS; PCB prepares the curriculum of the training program, organizes the class routines and conducts the pharmacist registration certificate examinations. Section 25 of the said ordinance prescribes the procedure for registration of pharmacists and section 26 makes provisions for issue and renewal of certificates of registration. A certificate of registration issued/renewed u/s 26 remains valid for five years which must be renewed after the expiry dates of issue/renewal.

### 3.3.3 Perspectives of the Bangladesh Chemist and Druggist Samity (BCDS)

Bangladesh Chemist and Druggist Samity (BCDS), a registered association of the drug shop owners approved by the Social Welfare Ministry, has its network spreading throughout the country, extending from the central to the upazila levels in the rural area. BCDS members reported that only 120,000 drug shops obtained drug licenses out of the existing 300,000 drug shops operating throughout the country. They emphasized that all drug shop owners must possess drug licenses – new or renewed – to open and operate drug shops. Most of the drug shops do not have any registered pharmacists. These illegalities/irregularities persist because of inadequate regulatory enforcements. To address the acute shortage of trained pharmacists, a crash program should be undertaken to train the huge number of untrained and unqualified dispensers working in the drug shops within a short span of time. When asked whether BCDS would give full cooperation for implementation of the BPMI program if launched throughout the country, they said that they would whole-heartedly extend their support for success of the program. They suggested that DGDA and PCB should upgrade their respective administrative and regulatory capacities to ensure training of the huge untrained dispensers and issue/renew of numerous unlicensed drug shops within a reasonable period of time. They also suggested strengthening the regulatory enforcement capacity of the inspectors by ensuring regular supervision of drug shops for compliance. They said that government’s commitment and whole-hearted support are needed for successful implementation of the program.

# 4.0 Conclusions

All the drug shop owners/dispensers, FGD participants and other key stakeholders including regulators interviewed unanimously supported the need for developing Bangladesh Pharmacy Model Initiative (BPMI) to ensure improved access to and appropriate use of quality medicines and dispensing services in Bangladesh. The primary element that would be essential for BPMI program’s success is stakeholders’ engagement at all levels ranging from publicly stating support for the program to working closely on all aspects of program design and implementation. BPMI program will also need to take a participatory approach involving all stakeholders, e.g. drug shop owners, dispensers, consumers, regulators, and political leaders from the beginning.

In Bangladesh, most of the drug shop owners when interviewed said that they did not take loans from banks for drug shop businesses. They invested their own savings and took financial assistance from their friends and relatives. So, when drug shop owners will realize the benefits of accreditation, they will themselves finance the extra expenses needed for accreditation. If required, they would be able to obtain loans on the basis of their previous drug shop trading records or other businesses. An acute shortage of trained pharmacists, especially in the rural areas could be a significant obstacle to the success of the program. So, a crash training program should urgently be undertaken to train the huge number of untrained owners/dispensers working in the drug shops. A nationwide extensive information, education and communication (IEC) campaign should be conducted to enhance knowledge and awareness of the public and the drug shop owners/dispensers on the irrational use of drugs and their harmful effects, and the importance of quality medicines, dispensing services and treatment compliance to encourage consumers to buy medicines from a reliable source like accredited drug shops.