

Pharmacy First



Building a Sustainable Model for Post Medication Abortion (MA) Contraceptive Services in Community Pharmacies in Kenya

May 2025

LEARNING BRIEF #6

Key Insights

- **A value-based pharmacy model** shows promise for post MA care, but further exploration is needed to understand sustainability and scalability.
- **Contraceptive services can contribute to profitability** even without subsidized supplies, provided pharmacists consistently restock and reinvest
- **Participating pharmacists successfully improved uptake for contraception** for post MA clients, demonstrating their potential to support women's access to contraception.
- **These learnings contribute to a wider body of knowledge** and growing movement recognizing community pharmacists' role as frontline providers in health service provision including contraception.

Background



From Innovation to Impact: The PMAC Project Journey (2018–2025)

The Post Medication Abortion Contraception (PMAC) Project, led by Ipas aims to increase contraceptive access for women following self-managed abortions in Kenya. Since 2018, the project has piloted and scaled innovative approaches in **Nakuru County**, working with **community pharmacies** to test and adapt interventions to improve contraceptive delivery.

The PMAC project has contributed to increased access to post MA contraception (though partnering with pharmacies) and supported thousands of MA clients in getting contraception. Between January 2024 and March 2025, 87% of MA clients took up a contraceptive method. With the project concluding in 2025, attention has shifted to a critical challenge: *how can this success be sustained and scaled in a post-project environment?*

Beyond Pilots: Building a Sustainable, Scalable Pharmacy Model

The PMAC model has demonstrated clear wins for clients (through personalized care) and the health system (by positioning pharmacies as accessible contraceptive outlets). But the third leg of the triangle - the provider - remains less understood: can pharmacies profit while delivering these services? To explore this, the project engaged health economists in 2024 to answer three key questions:

1. *What pharmacy business models best support the sustainability of PMAC services?*
2. *Can contraceptive services be a profitable part of pharmacy practice?*
3. *How efficiently are pharmacists converting MA clients to contraceptive users?*

This brief summarizes findings from that inquiry. It explores whether community pharmacists see PMAC services as good business - and what it would take to scale this model to other pharmacies across Kenya.





Exploring the Business Case: What We’re Learning About PMAC in Pharmacies ✓

1 What Kind of Business Model Shows Promise?

How was it explored?

A desk review of global pharmacy models compared volume- and value-based approaches, focusing on client-centered care and business viability. Retrospective data from 26 PMAC pharmacies in Nakuru County (2021 - mid 2024) assessed profitability and efficiency. A follow-up survey (July - December 2024) gathered additional data on service delivery, sales, and profits, along with qualitative insights on value-based practices like counseling, follow-ups, and health checks.

What are the key learnings?

- 1 Value-based models show promise, but uptake is uneven**
Early findings suggest that value-based models - focused on personalized service, quality interactions, and loyalty - may offer a more sustainable path than volume-driven approaches. The PMAC project has been incorporating client-centered practices aligned with the value-based model like counseling and free health checks, though adoption has varied across sites.
- 2 Value-added services can build trust, but are applied inconsistently**
Free services such as weight and blood pressure checks helped build client trust, but were inconsistently implemented across pharmacies.
- 3 Scaling value-based approaches will require stronger support**
Value-based models could enhance demand and business viability, but consistent success will likely require targeted capacity-building to standardize client-centered practices.

Table 1. Comparing volume-based and value-based pharmacy models: shifting from sales to patient-centered care

| | Volume-Based Model | Value-Based Model |
|-------------------------|--|--|
| Goal | Maximize the number of products sold | Maximize health outcomes and patient satisfaction |
| Core approach | Product-centric | Patient-centric |
| Incentives structure | Profit driven by increasing quantity sold | Incentives tied to quality of care and satisfaction to drive loyalty and revenue |
| Service offerings | Minimal or no additional services beyond product sales | Free BP checks, weight checks, counseling, deworming, personalized services |
| Sales channels | In-person over-the-counter transactions | In-person, phone, and digital ordering channels, including delivery |
| Training & capacity | Not emphasized | Continuous professional development and training integral to model implementation |
| Sustainability strategy | Short-term profit through volume | Long-term business sustainability via loyalty, quality care, and service diversification |

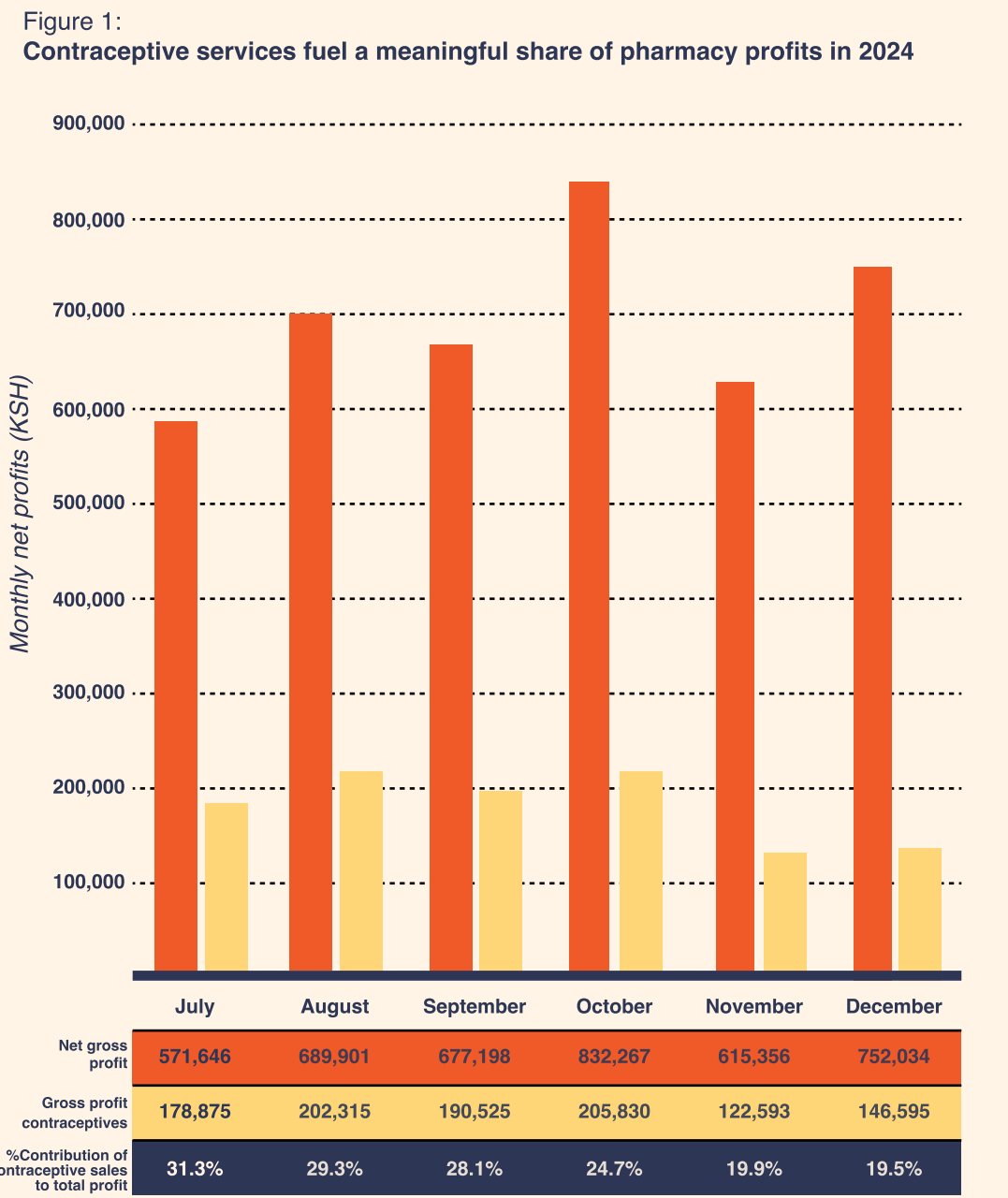
2 Is there a Business Case for Contraceptive Services in Pharmacies?

How was it explored?

Data collected through the follow-up survey (July - December 2024) included detailed financial records from participating pharmacies. Using a standardized tool, pharmacies reported monthly sales, costs, and stock levels for all pharmaceuticals and contraceptive products. This data was analyzed to assess financial performance trends over the six-month study period.

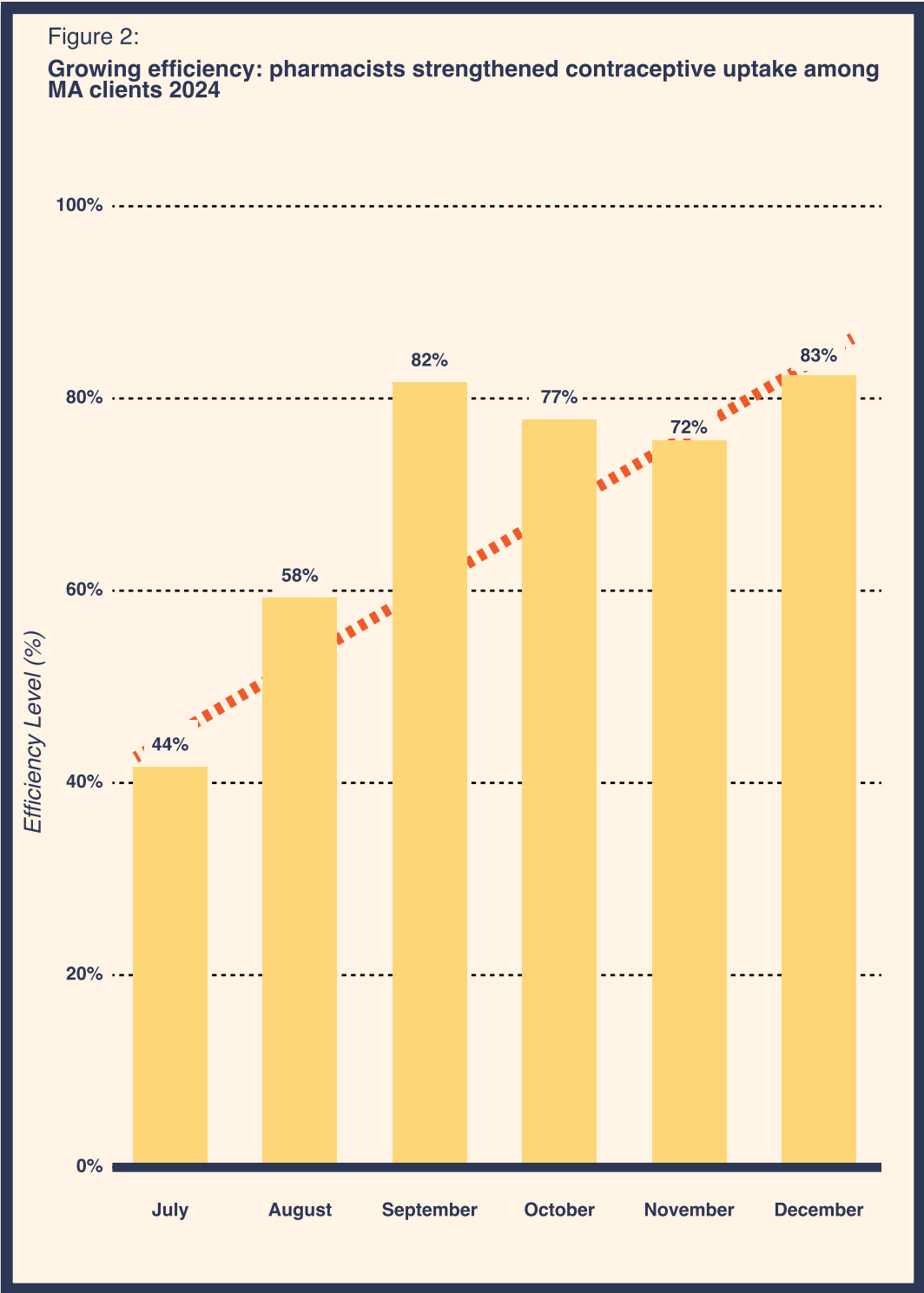
What are the key learnings?

- 1 Contraceptive services can contribute meaningfully to pharmacy profitability
- Participating pharmacies remained consistently profitable, with gross margins averaging 45%. Contraceptive products, particularly Depo Provera and Femiplan, generated notable revenue, contributing more than 20% of total pharmaceutical sales.
- 2 Contraceptive services could remain viable without donor subsidies - if pharmacists reinvest
- Although contraceptive seed stock was provided at no cost during the study, profitability was calculated assuming pharmacies had purchased the products themselves. This suggests contraceptive services could remain financially viable even without subsidized supplies, provided pharmacists reinvest profits and consistently restock contraception.
- 3 Scaling value-based approaches will require stronger support
- Few pharmacists restocked contraceptive products during the study period, highlighting a key risk to sustainability and the need to explore strategies or incentives to encourage consistent restocking.



3

How Efficiently are Pharmacists Delivering PMAC Services?



How was it explored?

PMAC program pharmacy logbook data (over a period of 6 months) was used to calculate monthly efficiency scores by comparing the number of MA clients served to those adopting contraception. Stochastic Frontier Analysis was applied to assess each pharmacy’s performance relative to the most efficient, enabling comparison of service delivery efficiency over time.

What are the key learnings?

- 1 Pharmacist efficiency in supporting contraceptive uptake improved over time
- Participating pharmacies became more efficient in supporting contraceptive uptake among MA clients over time, especially when equipped with appropriate tools and engagement strategies.
- 2 Value-based activities may help strengthen client engagement and uptake
- Although causality cannot be confirmed, pharmacies engaged in value-based practices like follow-ups, counseling, and loyalty-building, which may have contributed to improved client engagement and service uptake.

What's Next – Strengthening the Model, Advancing the Movement ∨

What's next for Pharmacy-Led PMAC in Kenya?

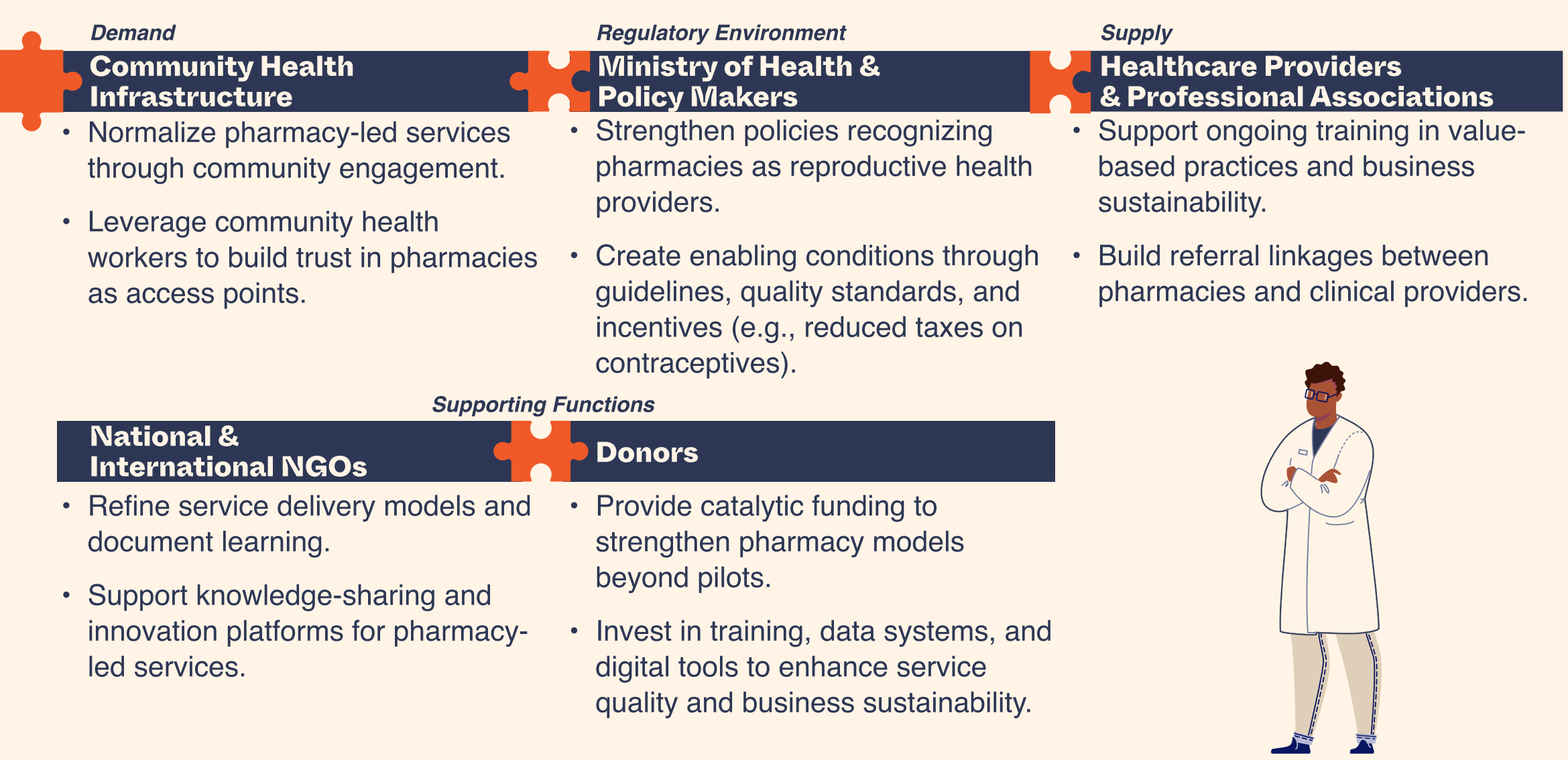
The PMAC project offers promising insights into the business and service delivery potential of pharmacy-led post MA contraceptive care. Yet it also surfaces important questions that require deeper exploration before this model can scale with confidence.

- 1. What motivates pharmacists to reinvest in contraceptive stock?* Although services proved profitable, most pharmacists did not restock, raising concerns about long-term engagement and decision-making.
- 2. How will provider behavior shift without subsidies?* As seed stock phases out, understanding how pharmacies operate in a non-subsidized environment is critical for assessing sustainability.
- 3. What changes are needed to align business with public health impact?* Refining the model to link financial incentives, training, and accountability with both business and public health goals is essential for scale.

The Nakuru findings contribute to Kenya's broader movement to position pharmacies as frontline providers of family planning and primary health services. This project specifically explored how to integrate post MA contraceptive services into routine pharmacy operations – financially, logistically, and behaviorally. As efforts expand, coordinated learning will be critical to building a coherent, sustainable, and client-centered pharmacy model.

Toward a Stronger Market: Coordinated Action is Key

Scaling pharmacy-led models requires alignment across the health market system. Key actors and actions include:



Interested to learn more? Contact Steve Biko (BikoS@ipas.org) or Kristen Shellenberg (shellenbergk@ipas.org) and read our associated briefs [The PMAC Story: Understanding Women's and Pharmacists' Journeys with Post Medication Abortion Contraceptive \(PMAC\) Services in Kenya](#), [Behind the Counter: What it Takes to Provide Post Medication Abortion \(MA\) Contraceptive Services in Kenyan Community Pharmacies](#) and [In Her Shoes: Unpacking Women's Enablers and Barriers to PMAC Services in Kenya](#). Stay tuned for an investment case coming soon.