



From the Counter Up: Strengthening Reproductive Justice Through Pharmacies

Scaling medication abortion (MA) and post-MA
contraception, meeting women where they are.

Ipas

**IMPACT
FOR HEALTH**

Ipas
H



Where Women Begin: Reproductive Justice at the Pharmacy Counter

Every woman's story should begin with the power to decide - about her body, her health, her future. But for too many, that right is still out of reach. At Ipas, we're turning that right into reality by building strong, connected systems for sexual and reproductive health, including abortion and contraception, across public and private sectors, institutions, and communities.

For many, the first step for healthcare isn't a clinic, it's a pharmacy. By empowering this everyday frontline of healthcare, we bring reproductive justice to life, where women already are.

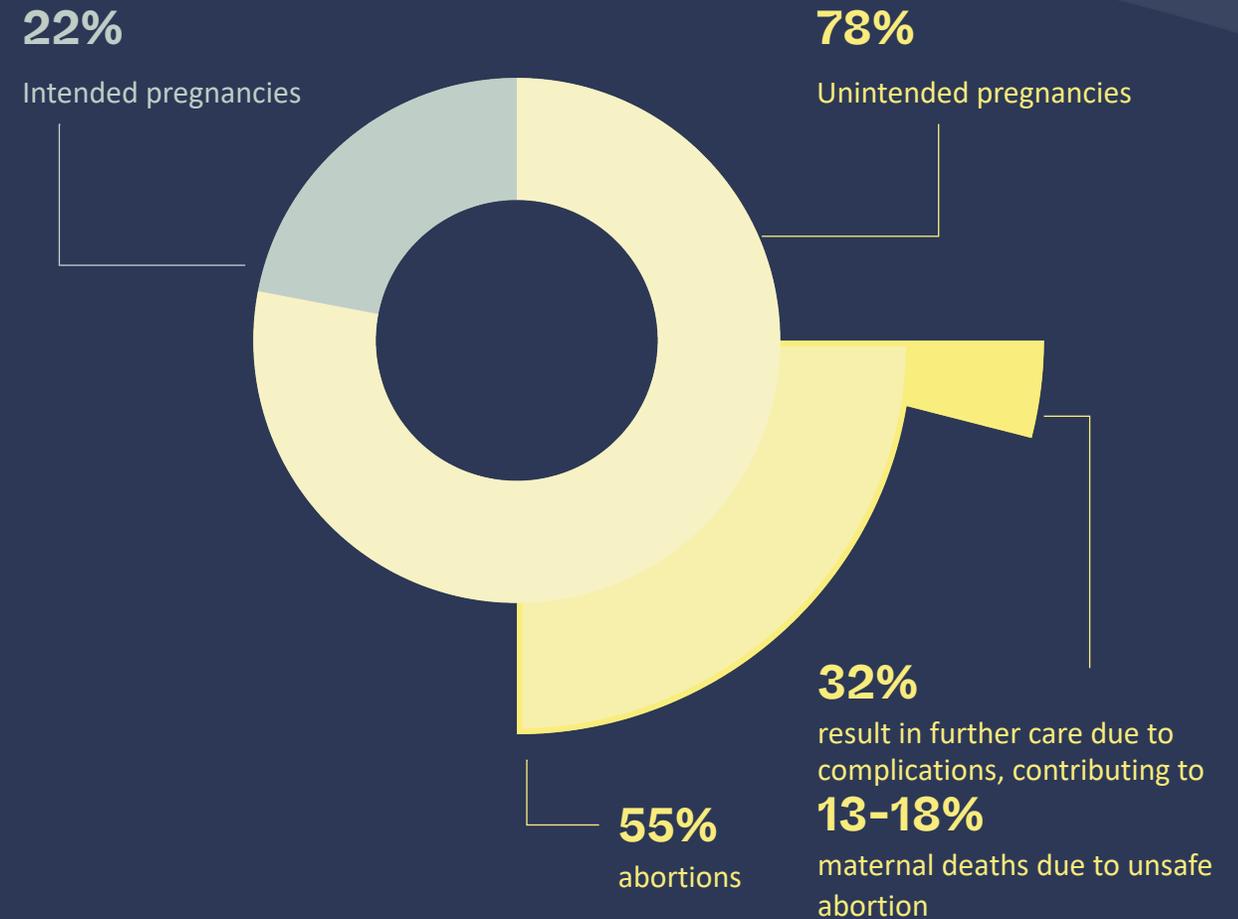


Kenya's Challenge: Unmet contraceptive need is costing lives

Sexual and reproductive health is still stigmatized, with unsafe abortion a leading cause of maternal death.

Public facilities are overwhelmed, and many women hesitate to seek care there due to distance or fear of judgment. **There is a critical gap to fill to ensure universal access to safe abortion and post-abortion contraception -essential health services.**

MOST PREGNANCIES ARE UNINTENDED, AND UNSAFE ABORTION CONTINUES TO BE A MAJOR CAUSE OF MATERNAL MORTALITY



Source: Incidence of Induced Abortions and the Severity of Abortion-related Complications in Kenya: Findings of a National Study (Nairobi, Kenya): Ministry of Health, Kenya, African Population and Health Research Center, Nairobi, Kenya, and Guttmacher Institute 2025, New York, USA

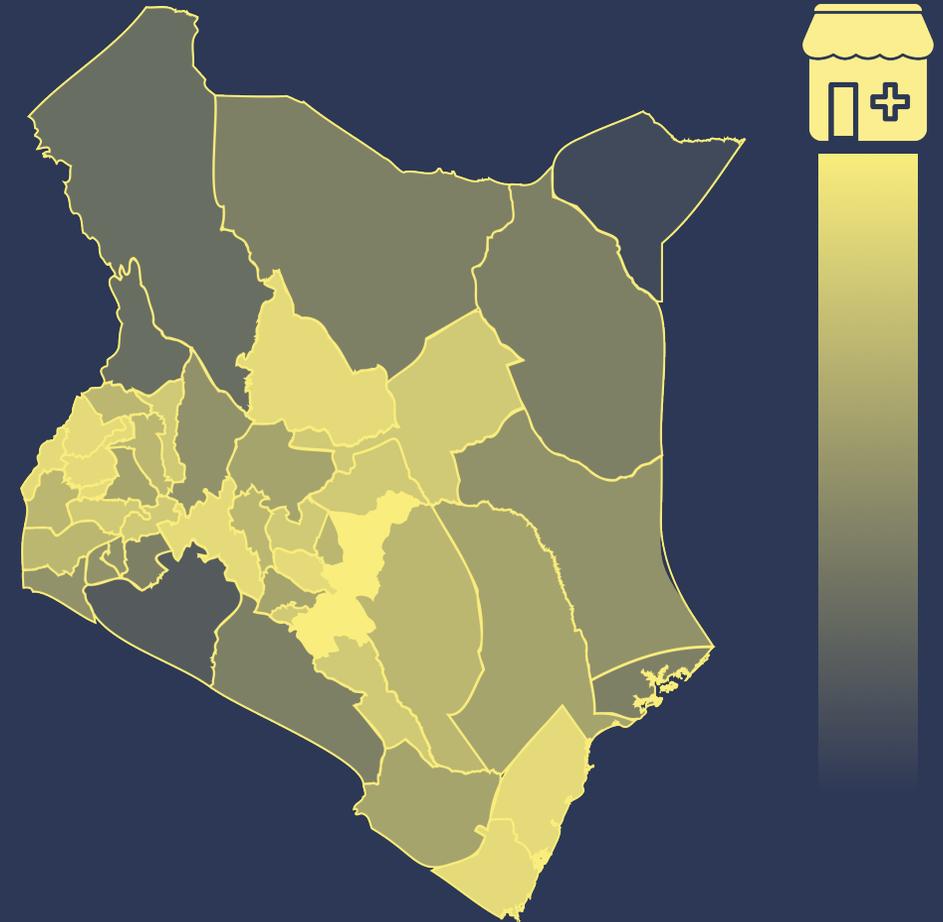
The Frontline: Ready for Scale

12,000+

PHARMACIES ACROSS KENYA PROVIDE
OVER 1 in 10 PRIMARY CARE SERVICES²

Pharmacies are a trusted, accessible, and discreet frontline for reproductive care - especially for young, urban, and low-income women. Medication abortion, commonly obtained through pharmacies, is now the leading abortion method in Kenya, chosen by 62% of women.¹

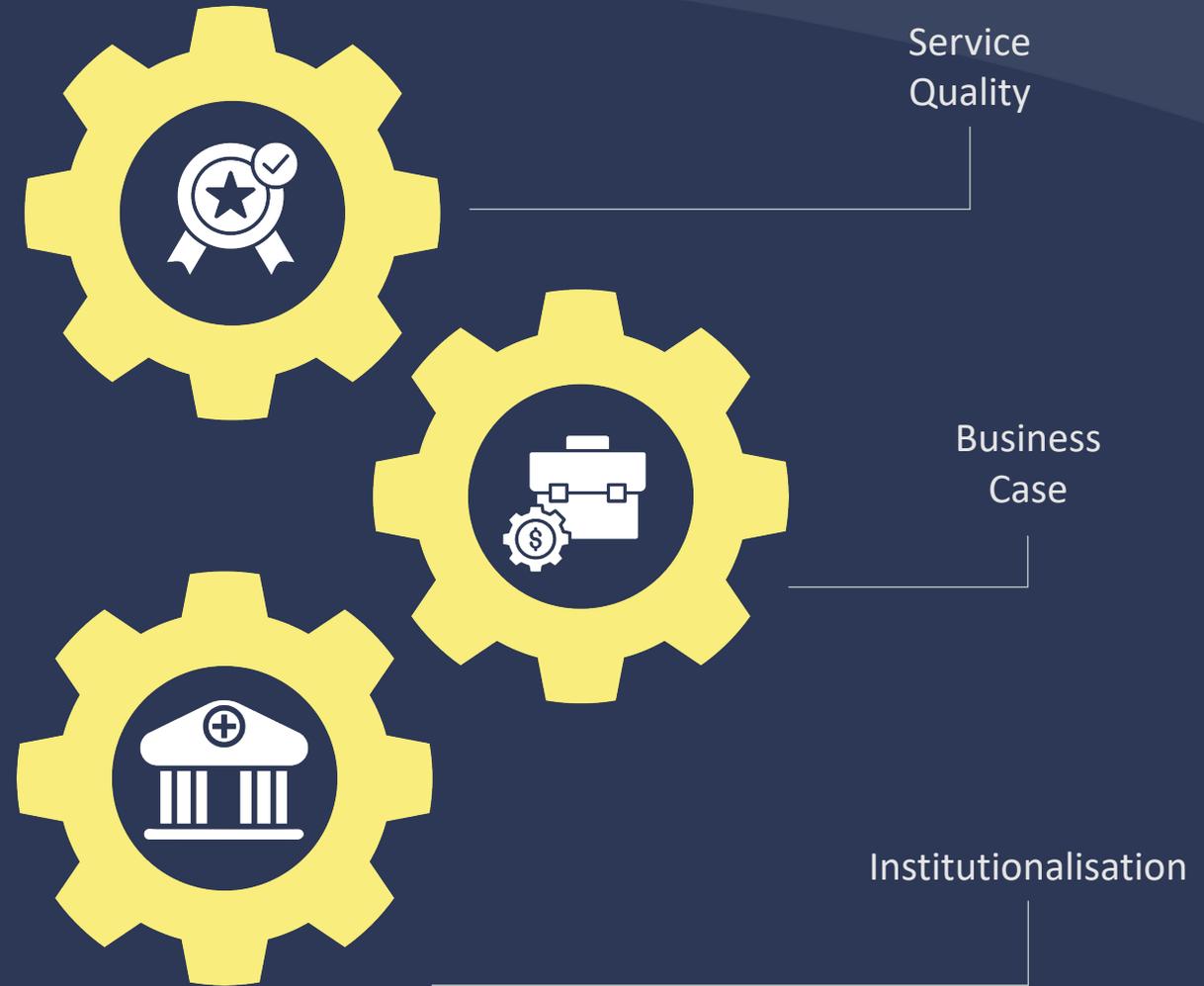
With targeted training, support, and appropriate incentives, pharmacies can safely provide MA and post-MA contraception, expanding access on women's terms. Many partners are engaged, but holistic support is needed to **ensure pharmacies deliver quality care while seeing the business case for doing so.**



The Pharmacy Model: Integrated Approach

Through Ipas's Medication Abortion Self-Use (MASU) and Post-Medication Abortion Contraception (PMAC) projects, we **developed and tested a pharmacy-based model** for MA and post-MA contraception, focusing on:

- **Enhancing service quality** – training pharmacists, routine technical assistance, and supportive tools for documentation and enhanced service quality.
- **Building the business case** – strengthening pharmacists' business skills via a new comprehensive 'Thriving Pharmacies: Smart Business for Better Care' curriculum and demonstrating profitability and sustainability for providers.
- **Institutionalising pharmacy-based care** – embedding MoH protocols, national curriculum review, supply chains, and reporting systems.

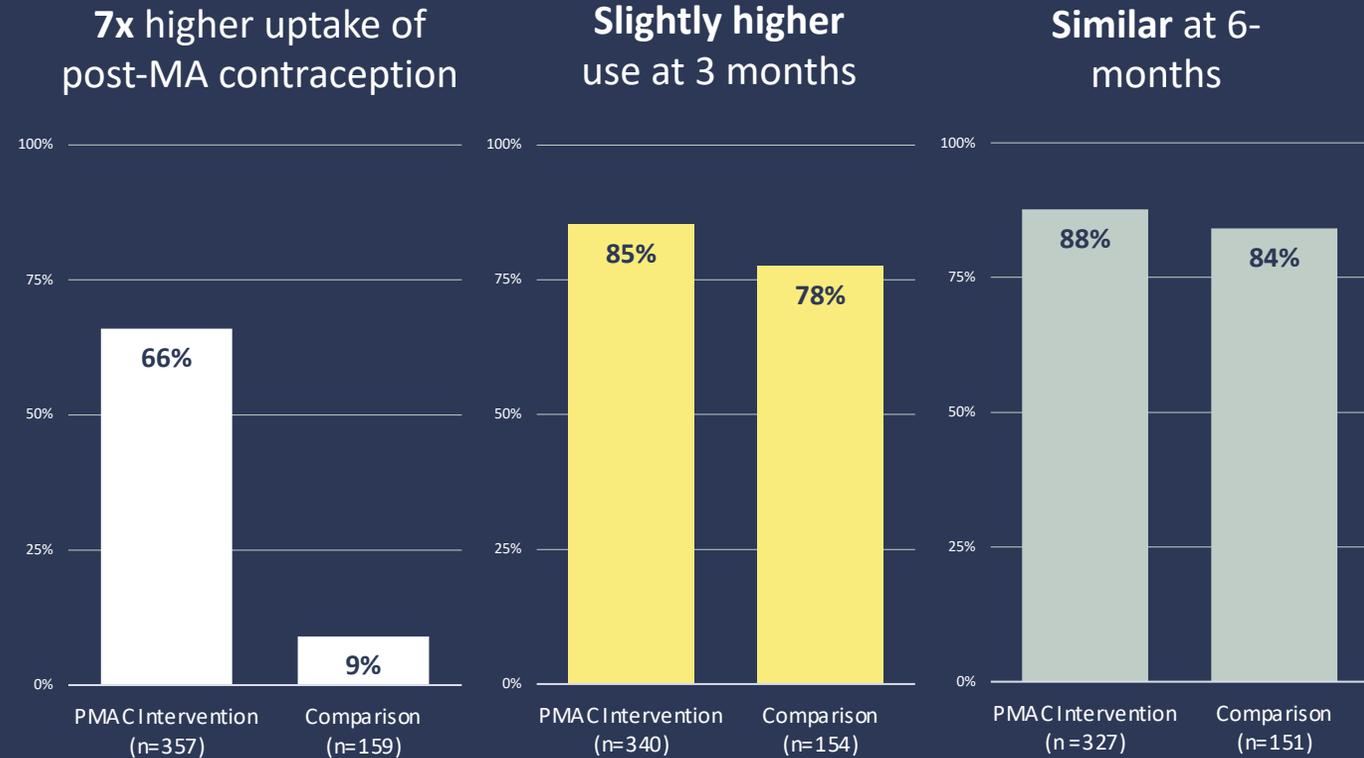


Why it Matters: Immediate Access to Contraception

Evidence from the MASU and PMAC projects is **compelling** and shows strong demand, uptake, continuation of post-MA contraception, and high satisfaction with services provided by PMAC-project supported pharmacists.³

“At the pharmacy, one gets [the] service very fast ... because of the privacy, not many will know about you except the doctor. They also serve you well.”
- PMAC Pharmacy Client

NEARLY ALL ACCEPT POST-MA CONTRACEPTION WHEN OFFERED AND MORE CONTINUE WITH THEIR CHOSEN CONTRACEPTIVE.



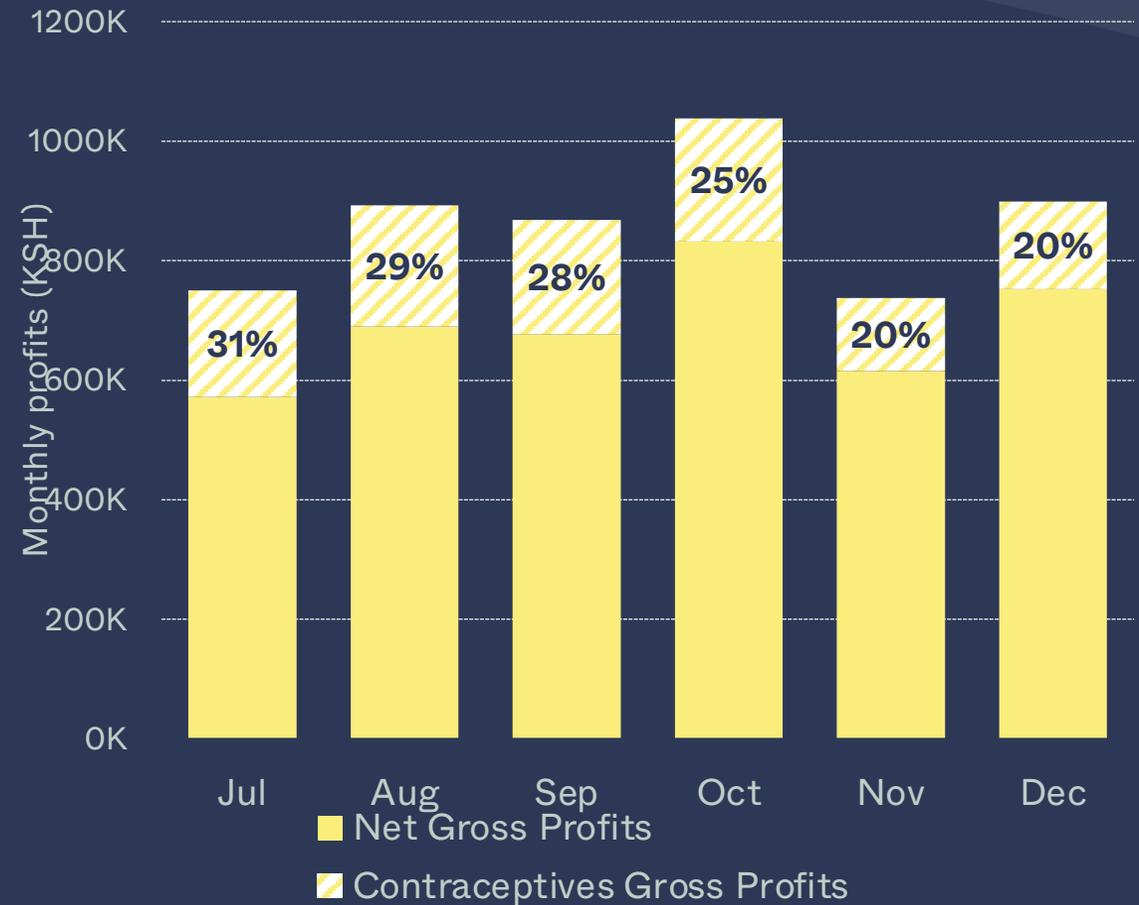
³ Data from Ipas PMAC Program Evaluation 2025

Why it Works: Impact that Sustains Itself

Financial data collected during the PMAC project shows that **participating pharmacies offering post-MA contraceptives were profitable**, and remained so even when subsidized stocks were taken into account.

The question now remains on whether this model can be scaled while maintaining these promising outcomes for the woman and for the pharmacist.

PROFITS FROM CONTRACEPTIVE PROVISION ARE SUSTAINED AT
> 20% OF TOTAL GROSS PROFIT



Our Ask:

Scaling What Works For Reproductive Justice

We're ready to scale pharmacy-based MA and contraception provision to **counties with the highest unmet need**, embedding into national training and supply systems.

Scaled Access



- **Scale our proven pharmacy-based MA and contraception model to 5 high-need counties** to strengthen pharmacy networks and supply systems for quality, continuity, and reach.
- **Embed research and learning** on sustained quality improvement and cost-effectives to inform national scale-up

Business Case



- **Roll-out at scale through partners** the 'Thriving Pharmacies: Smart Business for Better Care' curriculum.
- **Conduct research to test the impact and evolve the value-based business model** and 'Thriving Pharmacies: Smart Business for Better Care' curriculum.

Institutionalization



- **Strengthen national policy**, financing, and health system integration.
- **Establish a Pharmacy Innovation Learning Consortium** and integrate pharmacies into KHIS2 reporting.
- **Assess health system costs** following institutionalization.

By growing this proven model, we'll set a path to support pharmacies across Kenya to sustain services without donor support, getting closer to reproductive justice as a norm, not a privilege.

Potential for Impact: Better for Women, Better for Health Systems

The services provided over one (1) year of a scaled PMAC model to 250 pharmacies across 5 counties will avert and estimated⁴:



5.2 thousand

unintended pregnancies



35

maternal deaths



97 million

KES

in direct healthcare spending

Strategic Alignment: Achieving National FP Goals

This investment aligns with Kenya's National Family Planning goals of reaching 64% modern contraceptive use by 2030 and 70% by 2050, while advancing reproductive justice through equitable, affordable, and high-quality care. It drives both universal access and the broader social and economic gains that come when people can decide their own futures.

This isn't a boutique initiative - it's a strategic, system-level shift in how reproductive health care is delivered, centering equity, autonomy, and impact.

Scaling Pharmacy Provision for MA and post-MA contraception

Kenya's FP2030 Commitment

Reduce unmet need for FP for all women from 14% to 10% by 2030.

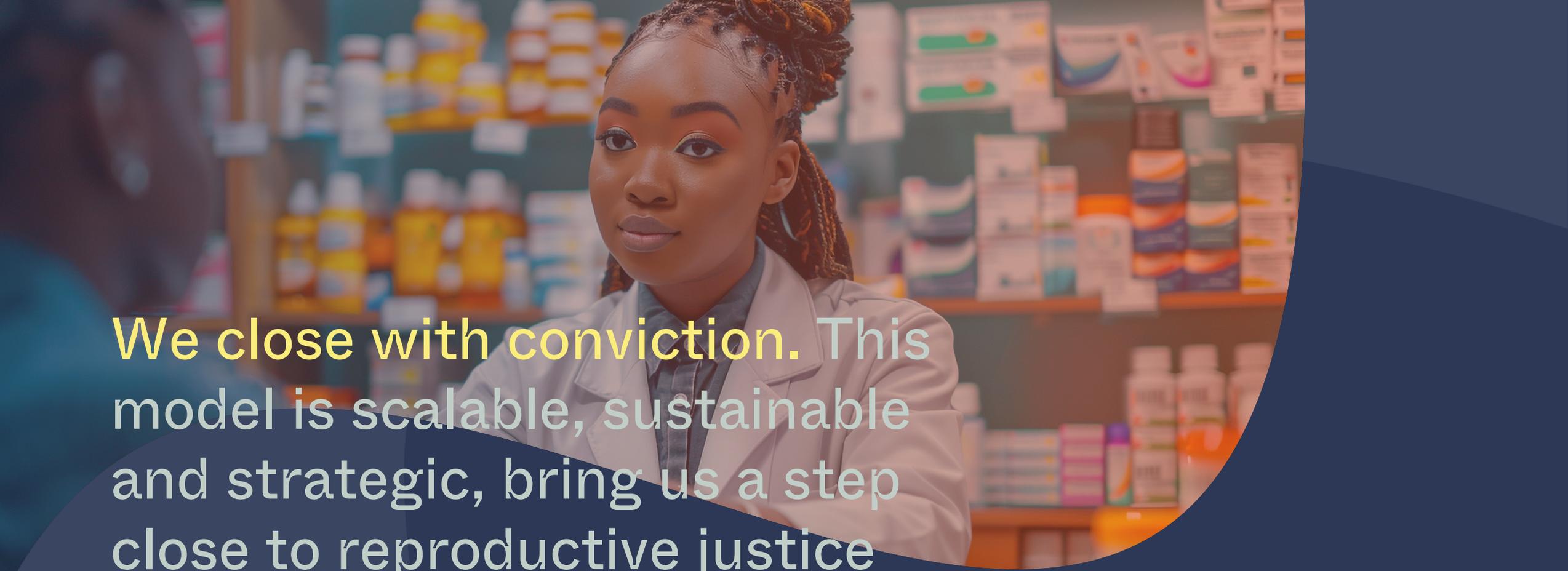
Ensure sustained availability of FP commodities to the last mile.

Enhance the capacity of human resources for health to provide FP information and services.

Scalable, cost-effective pharmacy-based model for post MA contraception have the potential to strategically meet a population with a high unmet need.

Access for underserved groups.

Task-sharing to pharmacy workers.



We close with conviction. This model is scalable, sustainable and strategic, bring us a step close to reproductive justice for all.

Partner with us to transform SRH access through pharmacies, saving lives, reducing unsafe abortion, building a resilient health system, and bring reproductive justice to where women already are.

Ipas

**IMPACT
FOR HEALTH**

Ipas

