

# Quality provision of sexual and reproductive health commodities in pharmacies: is this the way to reach youth? A systematic literature review and synthesis of the evidence

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**Objective:** To conduct a systematic literature review and evidence synthesis on the quality of service in pharmacy provision of sexual and reproductive health (SRH) commodities to young people.

**Methods:** We searched relevant databases (e.g., PubMed, Embase) for publications from 2000 through 10 June 2015. To be eligible for inclusion, articles had to address the provision of SRH commodities to young people (under <30 years old) via pharmacies. The included articles vary in quality; however, we present results of all studies that met the inclusion criteria, recognising the importance of accounting for all evidence in an understudied area.

**Results:** A total of 426 articles were identified, of which 27 satisfied the inclusion criteria. A majority of studies were conducted in high-income countries; only three were conducted in LMICs. Provision of emergency hormonal contraception was the focus of 23 of the 27 studies. Six studies focused on the experiences of pharmacy personnel, while 22 followed pharmacy clients. Pharmacy access was found to be appealing to young people due to the discretion and anonymity offered by pharmacies; the speed of consultation and commodity access; pharmacies' convenient operating hours and locations; and satisfactory service provided by pharmacists. Additionally, all evidence rejected the notion that increasing access to SRH commodities for young people would correspond to increases in sexually risky behaviour. Rather, increasing access resulted in high uptake among young people, especially those under age 25. Despite the evidence above, both pharmacists and young people had continued reservations about the reliability and appropriateness of pharmacists as SRH counsellors and pharmacies as SRH commodity dispensaries. Additionally, both groups also worried about increased pharmacy access having an adverse effect on the SRH decision-making of young people. Possibly as a result, even in settings where regulations allowing for pharmacy access were in place, pharmacists sometimes acted as gatekeepers, creating unnecessary barriers to access or refusing access all together. Additionally, evidence suggested that certain populations of youth, (younger adolescents or rural, poor or minority group youth) might face added barriers to access.

**Conclusion:** Pharmacy access can meet the demonstrated need young people have for SRH commodities, and legal policies have steadily become more favourable to over-the-counter access. More research is needed, particularly in two areas: improving and expanding pharmacy service provision, and careful study of challenges to access for the full range of young populations.