

When technology precedes  
regulation:  
E-pharmacy in Kenya, Nigeria  
and India

Anita Musiega

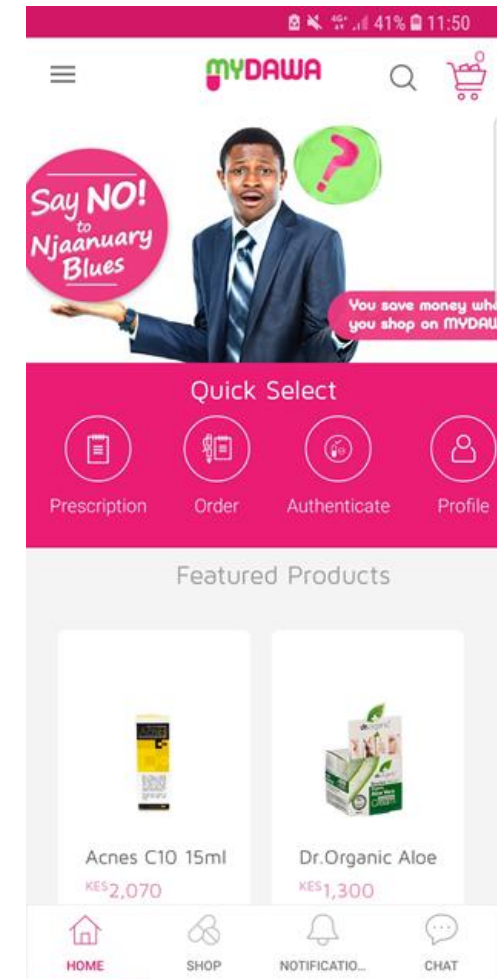
# The Team

- Rosalind Miller
- Francis Wafula
- Chima Onoka
- Prasanna Saligram
- Anita Musiega
- Dosila Ogira
- Arnold Ikedichi Okpani
- Ufuoma Ejughemre
- Shrutika Murthy
- Surekha Garimella
- Marie Sanderson
- Stefanie Ettelt
- Pauline Allen
- Catherine Goodman
- Kara Hanson

*“...there has been a pushback between us and the regulators in order to get a license because there is no law for technology and healthcare (in Kenya)”*

# Background

- Global online pharmacy market worth \$29.4 billion (2014) and is expected to grow to \$128 billion by 2023
- Rapid expansion of e-pharmacy has been largely uncontrolled and, as a result, is accompanied by significant public health concern
- Opportunity to improve both patient experience and public health outcomes



# Methods

- Private Providers Majority:
  - India 75%
  - Nigeria 82%
  - Kenyan private sector share is smaller but growing rapidly
- 18 Key Informant Interviews

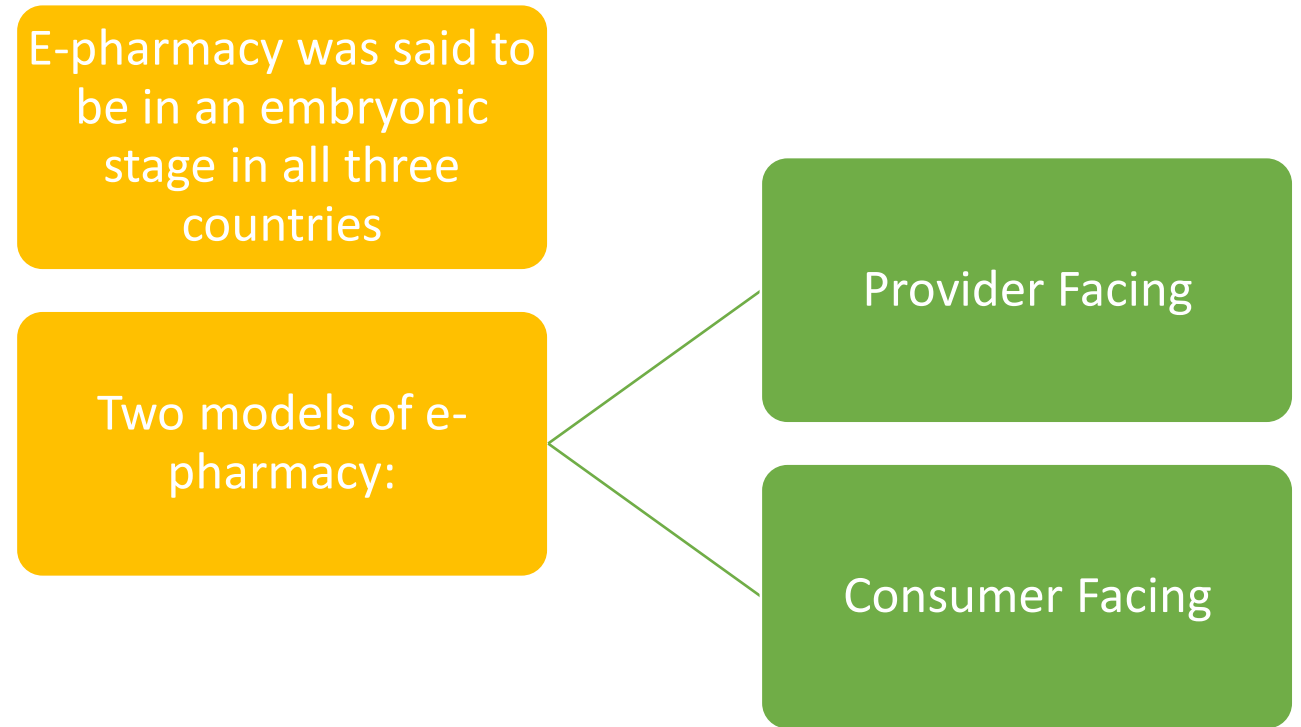
# Findings: Scope and Models

E-pharmacy was said to be in an embryonic stage in all three countries

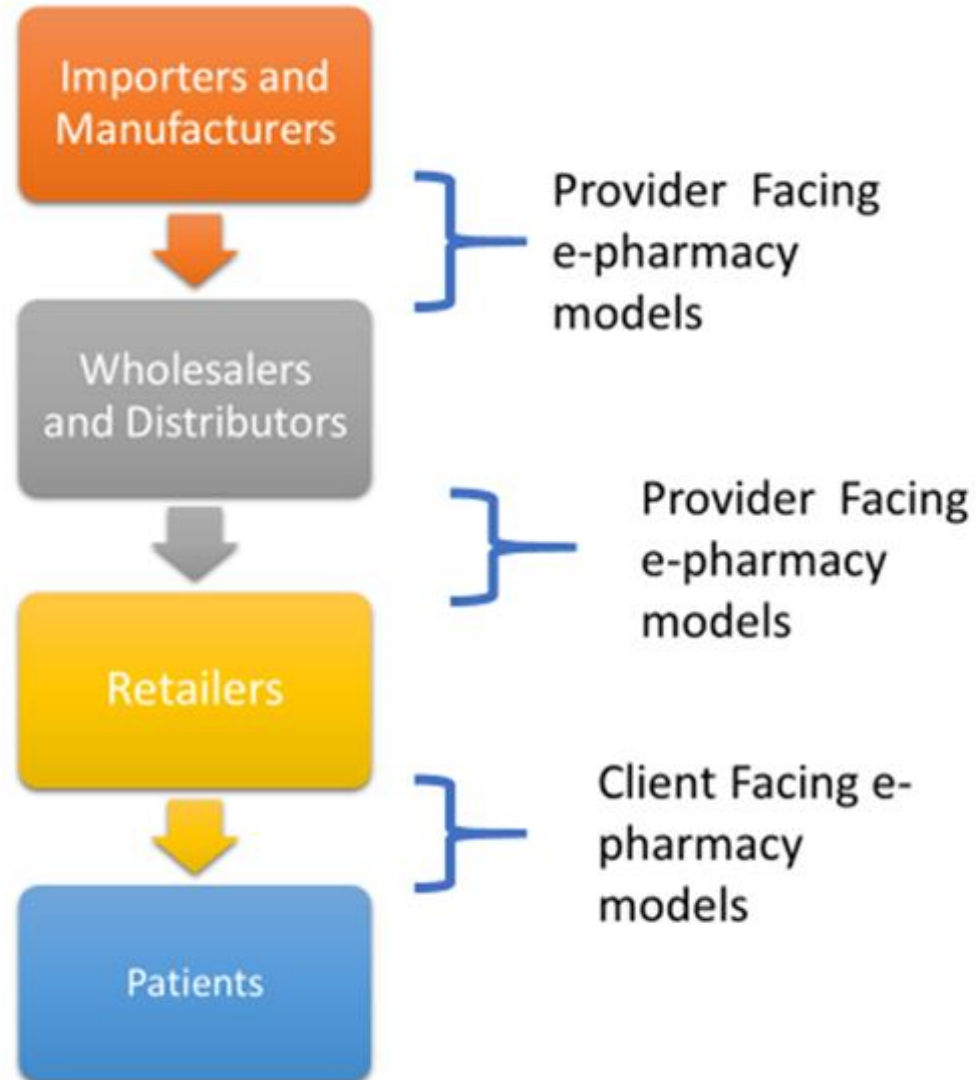
Two models of e-pharmacy:

Provider Facing

Consumer Facing

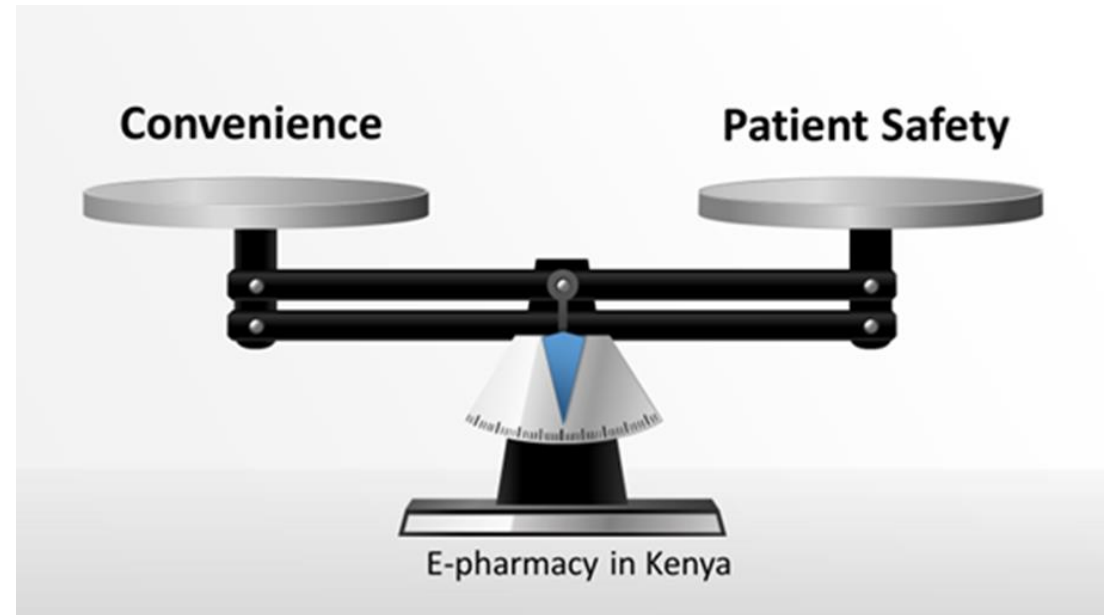


# Models



# Regulatory Response

- Regulatory vacuum; none of the 3 countries has a regulatory framework
- Kenya in the process of developing a framework
- India developed to be passed in 2019

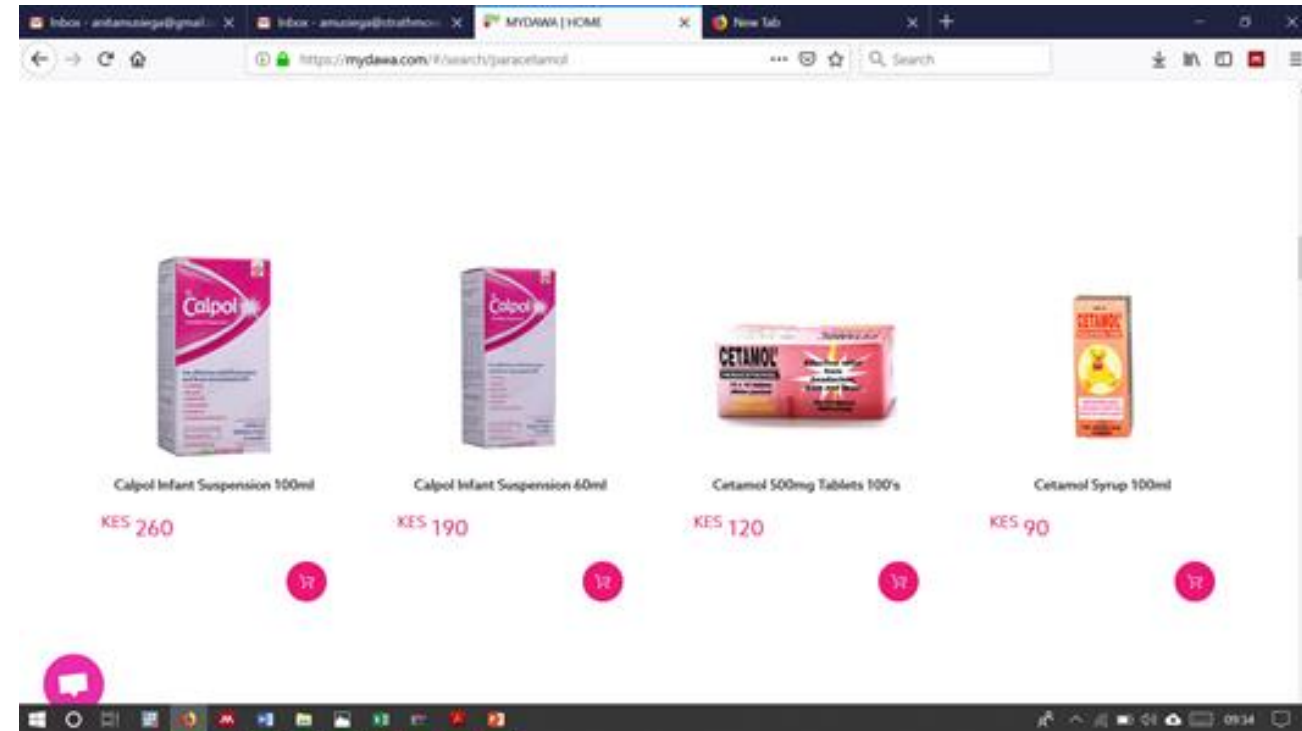


# Regulatory Response

*“The pharmacy council doesn’t have anything on online services right now. They are vaguely aware that some online services are going on, but they are not doing anything about it. They just say they don’t encourage such”. KI, Nigeria.*

# Regulatory Opportunities

- Consolidation
- Transparency and Traceability



Opportunity for market self regulation -Both are paracetamol but cetamol is cheaper than calpol

# Regulatory Opportunities

*“The most important thing that makes it easier (to regulate) is the traceability of the information since you can start from where you began for instance there was a case where a patient had received expired drugs and we were able to contact the pharmacy who exchanged the product free of charge and offered an apology”. KI, Kenya*

# Regulatory Gaps

- Regulatory Capacity
- Selling Drugs in an Unregulated Setting
- Dangers of medicine provision in a context of little regulatory oversight
- Data Security
- Over and Under-regulation

# Regulatory Gaps

*'Anybody, if you can design a website, if you can design an e-commerce platform, you can sell pharmaceuticals online'.*

# Summary and Discussion

- Opportunity for LMICs in light of failed regulatory framework
- Fear highly restrictive rules
- Difficulty of Cross border regulation



many  
Thanks!

