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An exploration of the business life of pharmacist-owned and non-pharmacist owned private community pharmacies in Kinshasa, Democratic Republic of the Congo

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In this era of increased public-private partnership, the private entrepreneurs are encouraged to create and operate successful health care businesses and to contribute to the amelioration of the health of the population in low-resources countries such as the Democratic Republic of the Congo. Reportedly, most patients go first to a local community pharmacy when they experience a health issue instead of seeking medical care from traditional clinics and hospitals. These patients claim to derive many benefits from the retail pharmacy outlets than from the traditional points of medical care. This justifies the need to advance knowledge on the private community pharmacies (PCPs) as business entities in need of promotion to address health quality and accessibility issues. More notably important is the need to explore how the business life of PCPs unfolds, what types of private entrepreneurs engage in the creation of PCPs and whether or not the pharmacists, who are known as the experts on medicines, generate any significant and measurable business advantage (early entrance, greater size of initial investment, greater manpower and greater clientele) over any other non-pharmacist-entrepreneurs (such as physicians, nurses and any lay entrepreneurs) when they engage in the creation and operation of PCPs. We hypothesize that, because of their professional preparation, pharmacists who own and operate PCPs in low-resources countries have a definite advantage over their non-pharmacist counterparts. In a survey aimed at exploring the patterns of private health care entrepreneurship in 2016 in Kinshasa in the Democratic Republic of the Congo (DRC), we collected data coming from 146 owners or/and operators of PCPs. We used SPSS (IBM SPSS Statistics 23 Version) to compete descriptive and analytical procedures deemed useful and appropriate to answer our research questions. About one third of the respondents (34.4%) were owners, but not managers of private community pharmacies. Two thirds were both owners and managers. There were 62% males. The age group of 25-35 years had the largest number of respondents with the majority (of 70%) being younger than 45 years. The most represented professional category among the owners is pharmacist (n=51 or 36.4%), followed by nurses (32.1%), then physicians (8.9%) and business people (9.8%). Findings suggest that on average pharmacist-owned PCPs have started at the same period than physicians but much earlier than nurses' and other non-health care related entrepreneurs'; they have invested more money in their launching than any other type of PCPs; they are more interested in securing additional funding to expand their businesses than the other entrepreneurs; they serve more patients who are with a prescription than nurses; they serve less patients who come without a prescription, they employ a more important manpower; they employ pharmacists and pharmacy technicians at a greater rate than any of the other entrepreneurs' businesses. These findings shed a light on a sub-sector of the health care systems in sub-Saharan Africa that is much unknown and that has received scant attention. This sector is poised to greatly benefit from any increased presence and involvement of pharmacists as creators and operators of PCPs

Biography

Dr. Bukonda is an Associate Professor of Public Health Sciences at Wichita State University (WSU) since August 2007. Prior to joining WSU, Dr. Bukonda was Associate Professor, Public Health & Health Education Programs, Northern Illinois University (1997-2007). He took a sabbatical leave in 2005 and served as Visiting Sabbatical Professor, Africa University, Faculty of Health Sciences, Mutare, Zimbabwe (August - December, 2005) and Visiting Sabbatical Professor, University of Mbuji Mayi, Congo (January - May, 2005). He also was Assistant Professor of Health Care Management, Southern Illinois University (1994-1997), Research Assistant, Pharmaceutical Research in Marketing and Economics Institute (PRIME Institute), University of Minnesota, College of Pharmacy, Minneapolis, MN (Winter 1994), Lecturer (1981-7) & Academic Secretary (1982-7), University of Zaire, School of Medical Technology, Dept. of Health Systems Management, Kinshasa, Democratic Republic of Congo (DRC), Health Planner, Rural Health Project (SANRU), Kinshasa (1987), Division Chief, On-the-job Training Programs and Health Systems Research, Republic of Zaire, Ministry of Health (1985-87), Adjunct Chairman & Instructor, Medical Institute of Kindu (1976-78), and Hospital Administrator, General Hospital of Bukavu, Kivu Province, Congo (1975-76)

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