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REVIEW

Regulations of the distribution of pharmaceutical services (pharmacies) locations in Indonesia: A review

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Abstract

Background: Regulations for managing the distribution of pharmacies have been established in several countries, including Indonesia. The guidelines for establishing pharmacies have been published at some levels of government. However, the location of pharmacies in Indonesia is still uneven. **Objective:** To observe the regulations for determining the location of pharmacies in Indonesia. **Method:** This paper documents several rules issued by the government, food and drug regulatory agencies, and pharmacists' professional organisations that are related to the distribution of pharmacies in Indonesia. **Result:** There were no specific regulations governing the location of pharmacy distribution in Indonesia. Elaboration of laws about location distribution only regulates environmental waste management. **Conclusion:** The three factors that make it possible to improve the accessibility of pharmacies in Indonesia are 1) regulation of pharmacy ownership; 2) space between pharmacies; and 3) incentives for pharmacies in remote areas.

Introduction

Pharmaceutical services have developed very rapidly. It began with the discovery of drugs derived from plants and has progressed with the discovery of synthetic drugs that have therapeutic properties. Pharmaceutical services that position drugs as products have shifted to patient-focused services. During the pharmaceutical service era that focused on drugs as a product, the direct approach pursued by pharmacists was to produce and sell as many drugs as possible. This phenomenon causes transactions in pharmacies the main place for community pharmacy services, allowing for only the process of buying and selling drugs, and prescription services. It creates a lot of potential drug-related problems for patients. In patient-focused pharmaceutical services, the individual patient's therapeutic needs are a concern and consideration by pharmacists. Identifying drug-related issues through the assessment process is very important, complemented by a counselling and monitoring

process to ensure that patients achieve predetermined therapeutic goals (Cipolle, Strand & Morley, 2012).

Although most pharmacists consider value-added pharmaceutical services, especially in public health promotion, very important, several obstacles still prevent their implementation from being optimal (Hermansyah *et al.*, 2020). These constraints include time, pharmacist competence, limited counselling space, lack of demand from consumers, and limited access to pharmacies by consumers.

Limited access to pharmacies causes less optimal pharmacy services (Hermansyah *et al.*, 2020). Pharmacy has not yet become a location-based community service-based health facility, thus hampering comprehensive pharmacy services. In the concept of access approach, patients who need health services will reliably seek the nearest health service. Therefore, the determination of the location of health services must pay attention to the demographic

conditions of the region (Kelling, 2015; Levesque, Harris & Russell, 2013)

In this regard, several countries regulate distance schemes between pharmacies to fulfil the scope of pharmaceutical services in all parts of the country. This paper aimed to evaluate the development of pharmaceutical service regulations in Indonesia, especially regarding the location of pharmacies.

Methods

Design

Several official documents of laws and regulations related to pharmacies were collected for analysis of data regarding the determination of the location of pharmacies. Some of the document sources are Government regulations, the Ministry of Health, the Indonesian Pharmacists Association, and the Indonesian Food and Drug Control Agency. Pharmacy ownership data were the data for the province of East Java in 2022.

Results

Five regulatory documents related to the location of established pharmacies have been issued in Indonesia: Government Regulations number 26/1965, Government Regulations number 25/1980, Minister of Health Regulations number 922/1993, Minister of Health's Act number 1332/2002, and Minister of Health regulation no 9 /2017.

Government regulation, number 26/1965 regulates the completeness of pharmacy equipment that must be provided at the location of the pharmacy (Pemerintah Republik Indonesia, 1965)

"...To establish a pharmacy, there must be a permit from the Minister of Health which stipulates the provisions regarding a. Health

requirements of the pharmacy room (place)..."

Government Regulations, number 25/1980 only regulate the ease of drug distribution to the community (Pemerintah Republik Indonesia, 1980)

"...Section 2 b: Pharmaceutical facilities that carry out compounding, shape conversion, mixing, and delivery of drugs or drug ingredients; c. Distributing pharmaceutical supplies that help to distribute drugs needed by the community widely and equitably..."

Minister of Health regulations, number 922/1993 and Minister of Health's Act , number 1332/2002 stipulate that the location of a pharmacy can be combined with the area of other commodities outside of the pharmacy (RI, 1993) (Menteri Kesehatan Republik Indonesia, 2002)

"...Section 6 (2): Pharmacy facilities can be established in the same location as other commodity service activities outside of pharmaceutical preparations..."

"...Pharmacy can be established in the same location as other commodity service activities outside of pharmaceutical preparations..."

Minister of Health regulation number 9/2017 regulates the accessibility of pharmaceutical services, which can be controlled by the local government (Menteri Kesehatan Republik Indonesia, 2017)

"...Section 5: District/City Regional Governments can regulate the distribution of pharmacies in their territory by paying attention to public access in obtaining pharmaceutical services..."

With the laws and regulations related to the location of existing pharmacies, the distribution of pharmacy ownership in one province in Indonesia, East Java, is divided into two groups of pharmacies owned by pharmacists, with a total of 1470 (31.92%). Meanwhile, there are 3,151 (68.08%) pharmacies owned by non-pharmacists, as shown in Table I.

Table I: Distribution of pharmacy ownership

City	Number of pharmacies owned by the pharmacist		Number of pharmacies owned by non-pharmacist	
	n	(%)	n	(%)
Ponorogo	86	(79.63)	22	(20.37)
Sampang	25	(73.53)	9	(26.47)
Kota Probolinggo	20	(60.61)	13	(39.39)
Lumajang	34	(52.31)	31	(47.69)
Kab Kediri	104	(49.52)	106	(50.48)

City	Number of pharmacies owned by the pharmacist n(%)	Number of pharmacies owned by non-pharmacist n(%)
Tuban	39(48.75)	41(51.25)
Kab Probolinggo	21(46.67)	24(53.33)
Magetan	44(46.32)	51(53.68)
Trenggalek	30(45.45)	36(54.55)
Kota Blitar	21(44.68)	26(55.32)
Kab Pasuruan	19(44.19)	24(55.81)
Bondowoso	21(42.00)	29(58.00)
Jombang	50(39.68)	76(60.32)
Ngawi	51(39.23)	79(60.77)
Situbondo	19(38.00)	31(62.00)
Kota Batu	10(37.04)	17(62.96)
Kab Blitar	53(36.55)	92(63.45)
Sumenep	20(35.09)	37(64.91)
Kab Madiun	31(34.44)	59(65.56)
Tulungagung	55(33.54)	109(66.46)
Sidoarjo	156(31.64)	337(68.36)
Pacitan	15(30.61)	34(69.39)
Kota malang	50(30.30)	115(69.70)
Pamekasan	12(30.00)	28(70.00)
Kab Mojokerto	31(29.52)	74(70.48)
Lamongan	35(28.23)	89(71.77)
Kota Mojokerto	9(26.47)	25(73.53)
Nganjuk	31(25.83)	89(74.17)
Banyuwangi	48(25.26)	142(74.74)
Gresik	32(22.22)	112(77.78)
Bojonegoro	28(21.37)	103(78.63)
Kab Malang	47(21.17)	175(78.83)
Surabaya	168(21.00)	632(79.00)
Kota Pasuruan	6(20.69)	23(79.31)
Bangkalan	22(20.37)	86(79.63)
Kota Madiun	14(19.44)	58(80.56)
Kota Kediri	13(10.00)	117(90.00)

Discussion

Geographic location plays a vital role in the success of health services and is a major factor in determining patient decisions in choosing health facilities. Health service providers, including pharmacies, must be easily accessible to consumers. One measure of affordability is the proximity of the pharmacy to the patient's home.

The legislation that relates to the location of pharmacies in Indonesia issued by the government since 1967 does not specifically regulate the distance to the location of the establishment of a pharmacy. Pharmacy owners are given the authority to choose the

location of the establishment of the pharmacy according to their respective considerations.

This causes the distribution of pharmacy locations in Indonesia to be diverse and uneven. As the results of previous research by Setiawan, Wibowo, & Athiyah (2022) state, the distribution of pharmacies is still concentrated in the city centre and follows the distribution of hospitals. This unequal distribution has led to a potential insufficiency of good and quality pharmaceutical services to the people in Indonesia (Setiawan, Wibowo & Athiyah, 2022).

For this reason, several approaches are needed to better regulate the distribution of pharmacy locations in Indonesia, including:

Regulation of pharmacy ownership

In Indonesia, pharmacies can be established by individual pharmacists as well as by capital owners who have assets to set up pharmacies. As shown in Table I, the average pharmacy ownership by pharmacists is only 31.92%. Owning a pharmacy, as a non-pharmacist, can make economic considerations when determining the location of a pharmacy, a significant concern. For this reason, the limitation of ownership only by pharmacists needs to be emphasized in a future law so that considerations for the establishment of pharmacies can be controlled purely for the even distribution of pharmaceutical services to the community.

Spacings between pharmacies

Several countries regulate distance schemes between pharmacies to fulfill the scope of pharmaceutical services in all parts of the country. Some sizes are expressed by walking to the pharmacy facility in fewer than 20 minutes. Todd and authors in 2014 examined the distribution of pharmacies in the United Kingdom (UK) and found that 98.3% of urban residents could access a pharmacy within 20 minutes of walking. Whereas for rural communities, only 18.9% can access a pharmacy within 20 minutes of walking (Todd *et al.*, 2014).

For the easy determination of the recommendations for establishing a pharmacy in Indonesia, a geographic map of the distribution of pharmacy locations would serve. One of the distributions that can be used is the ratio of the number of pharmacies and the number of residents in an area with an optimal reference ratio of 1:3000 (Setiawan *et al.*, 2022).

Incentives for pharmacies in remote areas

One regulatory approach that can be used to encourage the establishment of pharmacies in remote areas is the provision of incentives. The UK, through the Pharmacy Access Scheme (PhAS) program, provides special incentives to pharmacies that are at least 1.5 miles (2.5 km) away from other pharmacies (England Department of Health, 2016).

By providing these incentives, pharmacy owners will consider choosing a location where pharmacies are rare. The hope is that the distribution of pharmaceutical services will be more even.

Conclusion

There were no specific regulations governing the location of pharmacy distribution in Indonesia. Elaboration of laws about location distribution only regulates environmental waste management. The three factors that make it possible to improve the accessibility of pharmacies in Indonesia are 1.) regulation of pharmacy ownership; 2.) space between pharmacies; 3.) incentives for pharmacies in remote areas.

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