

STORIES FROM THE COMMUNITY

Pharmacies: Bridging Communities to the Health System



Pharmacies are commonly accessible service providers for purchasing medicines and seeking initial health consultations in urban Nepal. According to the Department of Drug Administration (DDA), roughly 29,000 pharmacies are in operations throughout the country. While their primary role is dispensing medicines, some pharmacies also offer basic Non-communicable Disease (NCD) screenings, including blood glucose and blood pressure tests, when requested by clients.

A study conducted by HERD International, in collaboration with the Pokhara Metropolitan City Health Division, found that 53 percent of people visit pharmacies as their first point of contact when they feel sick. However, not all pharmacies are equally prepared to provide initial NCD management services, including screening, referral, counseling, and record-keeping. Our study highlighted significant gaps in engaging pharmacies for NCD management, particularly when public health facilities are not easily accessible.

Based on these findings, HERD International and the Health Division co-created and implemented a model to link private pharmacies to the wider health system. The co-designed public-private linkage model provided technical support that empowered pharmacies to conduct hypertension and diabetes screening, refer patients to public health facilities as needed, counsel patients on healthy behaviors, and record and report patient data to the health system. As pharmacies expanded beyond their traditional role of dispensing medicines to actively provide NCD care, we documented patients experiences of these services. Some representative case studies of patients are presented here.

Walking towards Wellness

“When I met the doctor at Gandaki Hospital, the doctor told me that my blood pressure had reached 200 and asked me to take the medicine immediately,” said Parbati (name changed).

Though Parbati was aware that high blood pressure had caused the deaths of both her parents, she did not know what high blood pressure meant and whether it required medicine. Being illiterate, she had limited knowledge of where to seek regular care before she was diagnosed. This hospital visit marked the beginning of her long-term treatment and lifestyle modifications. When asked how she reached the hospital, Parbati described the events that led up to her visit.

A few months earlier, she had not been feeling well. She had gained weight, her stomach seemed larger, and her hands and legs were swollen. She felt heavy and uncomfortable. Having migrated to the new locality last year, she was unaware of where to seek healthcare. It was her sister who first told her to visit a nearby pharmacy.

The pharmacist recorded her age and phone number, measured her blood pressure, weight, and height, and informed her that her blood pressure was high. He advised Parbati to visit Gandaki Hospital in the provincial capital city, Pokhara, for further assessment before starting treatment.

The check-up at Gandaki Hospital, including doctor consultations and laboratory tests, lasted for three days due to long patient queues. She even had to wait from morning until five in the evening. Afterwards the hospital visit, she returned to the same pharmacy for further consultations. The pharmacist reminded her of her medication schedule and provided advice on lifestyle modifications. He advised Parbati to avoid salty, spicy, and oily foods, alcohol, and red meat such as buffalo and pork. He told her she could eat chicken and also counseled her on diet, medication adherence, and exercise.

“From that day, my lifestyle completely changed. As prescribed by the doctor, I have been taking a medicine called Amlod 10 for the last four months, exercising for an hour every day, and avoiding foods that increase further risk. Now my blood pressure is under control. I visit the pharmacy from time to time to monitor my weight and blood pressure” she said. She also shared that walking for an hour every day has reduced swelling in her hands and legs.

Parbati also described how difficult it is to seek healthcare, especially for people with low income like her. Her sons do not live with her, and her husband has a mental illness that also requires medication. She expressed that if blood and urine tests, as well as saline injections, were available at nearby public health facilities, her healthcare expenses would be reduced. At present she often compromises on nutritious food to afford healthcare. Despite these challenges, she is happy that her blood pressure is under control and has been carefully following the pharmacist’s advice. *“And now, I do what I can to take care of myself. I know what high blood pressure has done to my family. I must learn from it,”* she said.



When Commitment Meets Care

“It all starts with commitment. If I had not been strict with my medication and food intake, my blood sugar levels would not have dropped,” said Resham (name changed), describing his journey from illness to wellness.

Eight months ago, he started to feel something unusual in his body. His legs kept cramping, he was often thirsty, and even drinking more water didn't help. One day, his eyesight became blurry. He initially thought it might be due to the afternoon heat or long naps, but as these unusual changes continued, he shared his concerns with a Female Community Health Volunteer he knew. She listened to him and said these could be signs of elevated blood sugar levels and asked him to get tested. Her words stayed with him.



“The next morning, before eating anything, I went to the pharmacy near my house, the one I usually visit for quick medical checkups and advice,” he said.

The pharmacist measured his height and weight. When she tested his fasting blood sugar, it came out as 347 mg/dl. After Resham ate and was tested again, it crossed 500 mg/dl. Hearing those numbers made his heart drop. The pharmacist reassured him and advised him to visit the government hospital. The next day, he went to Gandaki Hospital in Pokhara.

Although he had health insurance at Gandaki Hospital, long queues, delayed laboratory services, and medicine shortages made it difficult to use. Instead, he used a nearby provincial laboratory for low-cost testing. He consulted a doctor with his blood sugar and thyroid test reports. The doctor confirmed a diagnosis of diabetes, prescribed medicines, and provided counseling accordingly.

After the hospital visit, he bought medicine from the same pharmacy that referred him to the hospital. The pharmacist also helped him by writing a checklist on paper that included what to eat, in what proportions and frequency, and what to avoid. She advised him to take small meals more frequently, carry chocolate and to eat when he felt dizzy, and engage in brisk walking. The local pharmacy became the place he depended on most. He felt free to ask them anything, and they had become like friends. Whenever he was confused about his medication—such as when he once forgot a dose—he went back to the pharmacy, and the pharmacy staff guided him patiently. She reassured him and explained what to do next.

Following pharmacist's advice, he began walking in the evenings and reduced his food intake, choosing healthier options such as aato (flour made by grinding corn or wheat) and sukkha roti (oil-free chapatis).

“After three months of dietary and lifestyle compliance, I did a follow-up visit to the hospital and got my sugar levels tested. My fasting sugar dropped to 70 mg/dl and 120 mg/dl after meals,” he said.

He also lost five kilos weight, felt lighter, and his vision gradually returned to normal. The doctor advised him to remain careful with his food intake and lifestyle.

Whenever he has problems or questions, Resham consults the pharmacist in person or through video calls for clarification. He believes that, along with the medication, support of health workers and his personal commitment are essential for healing.



Health Care Close to Home

Hari (name changed), who went to school until class five, has been running a small metal business for many years. The first place he usually visits when he feels unwell is a pharmacy near his house. For minor illness such as headaches, coughs, colds, or small injuries, the pharmacy is the most convenient option for him. Like many people in his neighborhood, he trusts the pharmacy because basic services, such as measuring blood pressure and weight, as well as counselling, are provided without fees.

He also periodically visits the pharmacy to monitor his blood pressure level since he started taking blood pressure medication nine months ago. He recalls that he visited the pharmacy when he had a mild headache. He was a bit overweight as well. At the time, he thought it was just another routine visit to keep an eye on his health. However, after measuring his blood pressure, the pharmacist told him that it was above the normal range. As per the advice of the pharmacist, Hari monitored his blood pressure for four days, but it was still high.

“The brother at the pharmacy explained my situation in a way I could easily understand, and referred me to Sishuwa Hospital, a municipal primary hospital, for further tests. He even gave me a record of my blood pressure readings from the past week so I could show it at the hospital,” he recalled.

Following the pharmacist’s advice, he went to Sishuwa Hospital, waited his turn, and explained to the doctor that his blood pressure had increased. The hospital staff checked the blood pressure again and performed blood and urine tests. Reviewing the lab results, the doctor prescribed some medicines and asked him to start this course of treatment immediately. Since then, he has been taking prescribed medicine continuously. In his experience, the pharmacy has been playing an important role in the community by providing supportive care for common illnesses and providing guidance for long-term health care management.



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