



# Integration of Maternal Newborn and Child Health Commodities in to IPLS, Ethiopia

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## Outline of Presentation

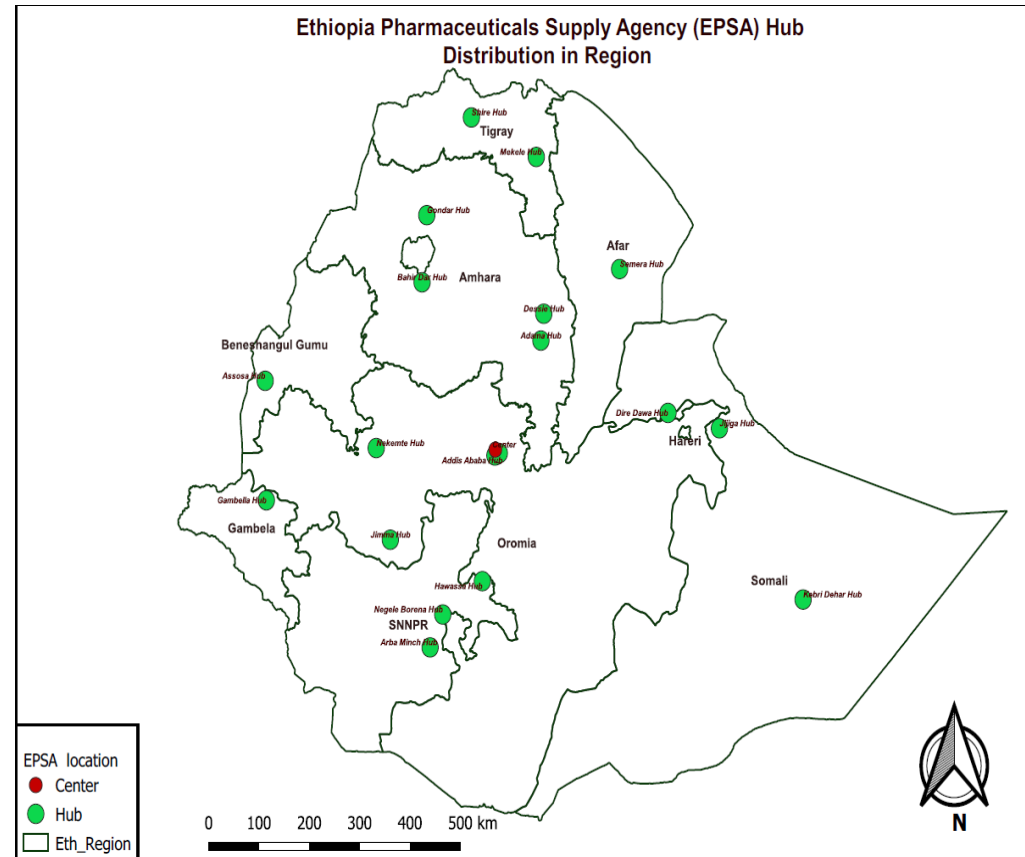
- Background
- Rational for Integration
- Intervention
- Results
- Lessons Learned



# BACKGROUND

## Background

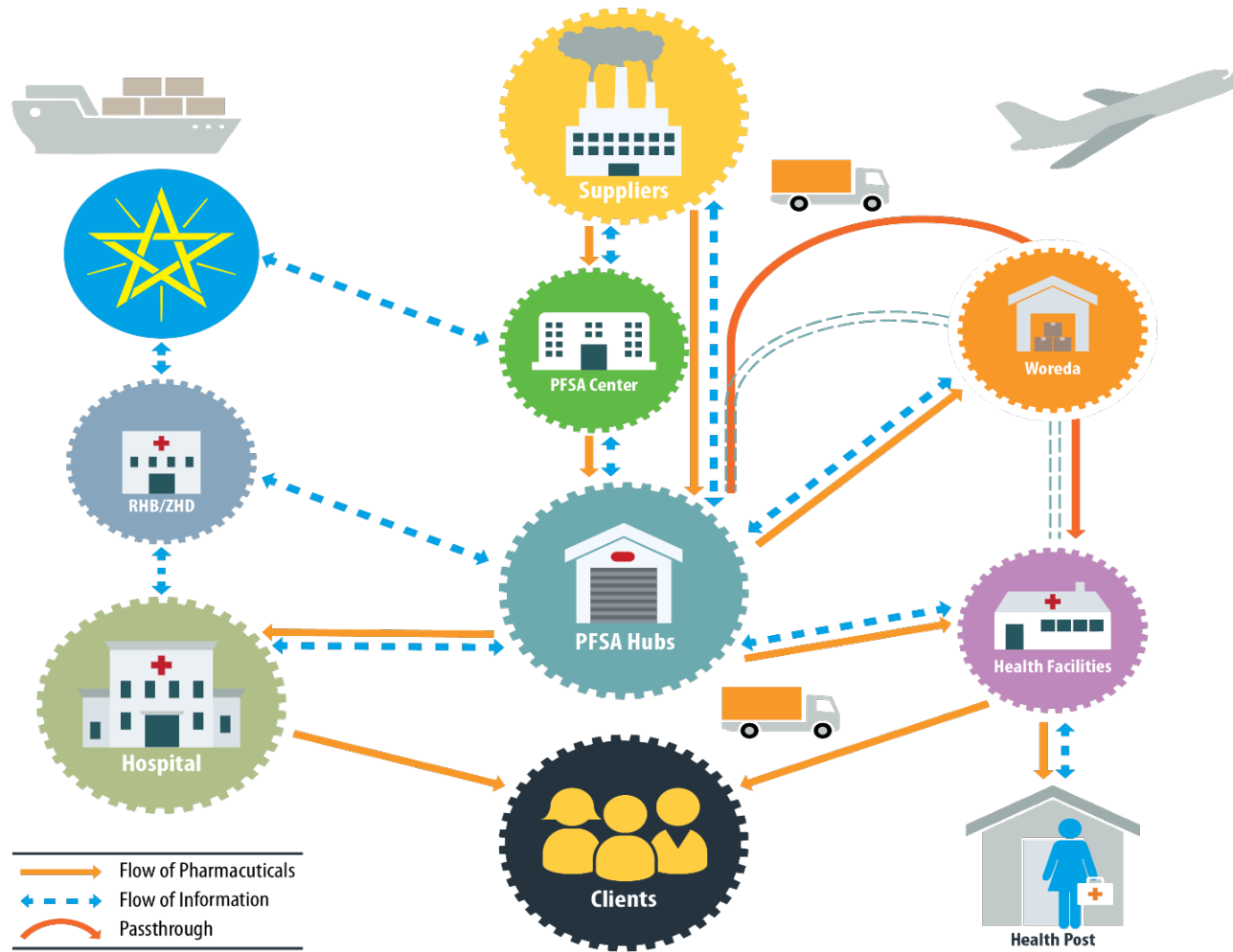
- Ethiopian Pharmaceutical Supply Agency (EPSA) is responsible for procurement and distribution of health commodities in public health facilities



### EPSA:

- Established in 2007
- 19 hubs
- Serves all public health facilities

# Supply Chain Structure in Ethiopia





## Ethiopia has made significant efforts to strengthen its healthcare supply chain

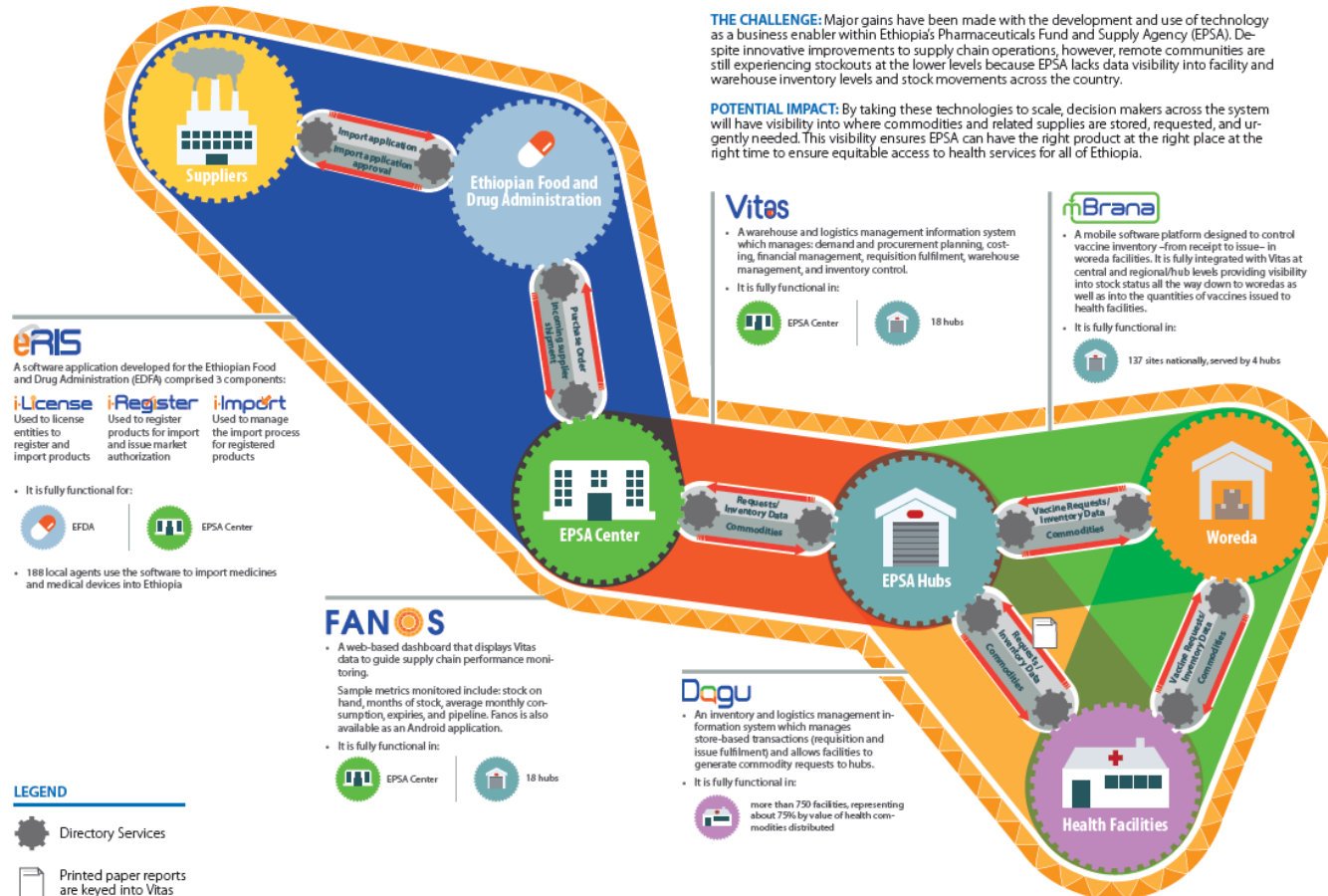
- Integrated Pharmaceutical Logistics System(IPLS) designed in 2009 to create a strong, unified, health care supply chain, to connect **all levels of the supply chain**, and to provide **accurate and timely data for decision-making**.
- Implemented throughout the country **both electronic- and paper-based logistics management information systems**
- The IPLS includes HIV, TB, family planning and malaria commodities and has made a **significant contribution to improved healthcare outcomes**.

# Technology in Ethiopia for Healthcare Supply Chain System



## Technology in Ethiopia for Healthcare Supply Chain Management

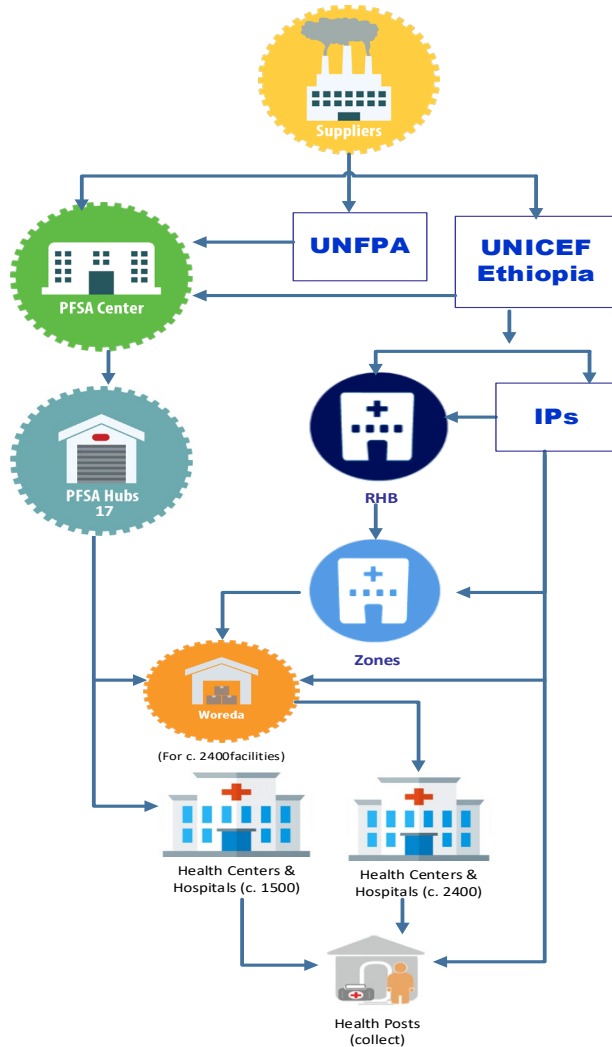
Improving decision making by making quality data accessible in real time



**THE CHALLENGE:** Major gains have been made with the development and use of technology as a business enabler within Ethiopia's Pharmaceuticals Fund and Supply Agency (EPSA). Despite innovative improvements to supply chain operations, however, remote communities are still experiencing stockouts at the lower levels because EPSA lacks data visibility into facility and warehouse inventory levels and stock movements across the country.

**POTENTIAL IMPACT:** By taking these technologies to scale, decision makers across the system will have visibility into where commodities and related supplies are stored, requested, and urgently needed. This visibility ensures EPSA can have the right product at the right place at the right time to ensure equitable access to health services for all of Ethiopia.

# Previous MNCH Commodities Management Practice



- For Revolving Drug Fund items, facilities usually collect from EPSC hubs
- Health posts collect commodities from health center
- No clear information flow





# RATIONALE FOR MNCH COMMODITIES INTEGRATION



## Rationale for MNCH Commodities Integration

- The previous push system: **ad-hoc in nature and not well understood** whereas **IPLS had a well-established and standardized system**
- Prior to 2017, the IPLS **did not include maternal and child health commodities**, though considered priority program commodities
- **High stockout of maternal and child health commodities** at service delivery points (SDPs).
- A **renewed commitment** to having these commodities in full supply.
- The **marginal costs of adding MCH commodities to IPLS were negligible** and the additional volumes were minimal.



# INTERVENTIONS



## Interventions

System assessment (Qualitative and Quantitative) conducted in 2017 to generate evidence on MCNH commodities availability & system performance

- Highlighted low availability of MNCH commodities at SDPs
- Found IPLS remains by far the best option for MNCH commodity management. Integration with IPLS would mean demand-driven ordering; forms, and SOPs; leveraging existing training programs for lower-level staff on the use of those forms; and routine direct delivery to many SDPs.
- The assessment findings were presented to MNCH stakeholders, which helped them make an evidence based decision- integration



# Interventions



A taskforce that involved all MNCH stakeholders was established to facilitate the Integration



## Intervention

- **Clear road map developed-** indicating who would support what and when, including ensuring full supply of MNCH commodities
- **Updated and distributed LMIS forms** and automated system
- **Technical Support to facilities** through Supportive Supervision



## Interventions

Integration of child and maternal health commodities began in October 2017, and March 2018 respectively

Child health commodities introduced in October 2017.

- Amoxicillin dispersible tablet
- ORS, Zinc,
- Albendazole,
- Gentamycin

Maternal health commodities introduced in March 2018

- Oxytocin,
- Magnesium Sulphate and Ferrous Sulphate



# RESULTS





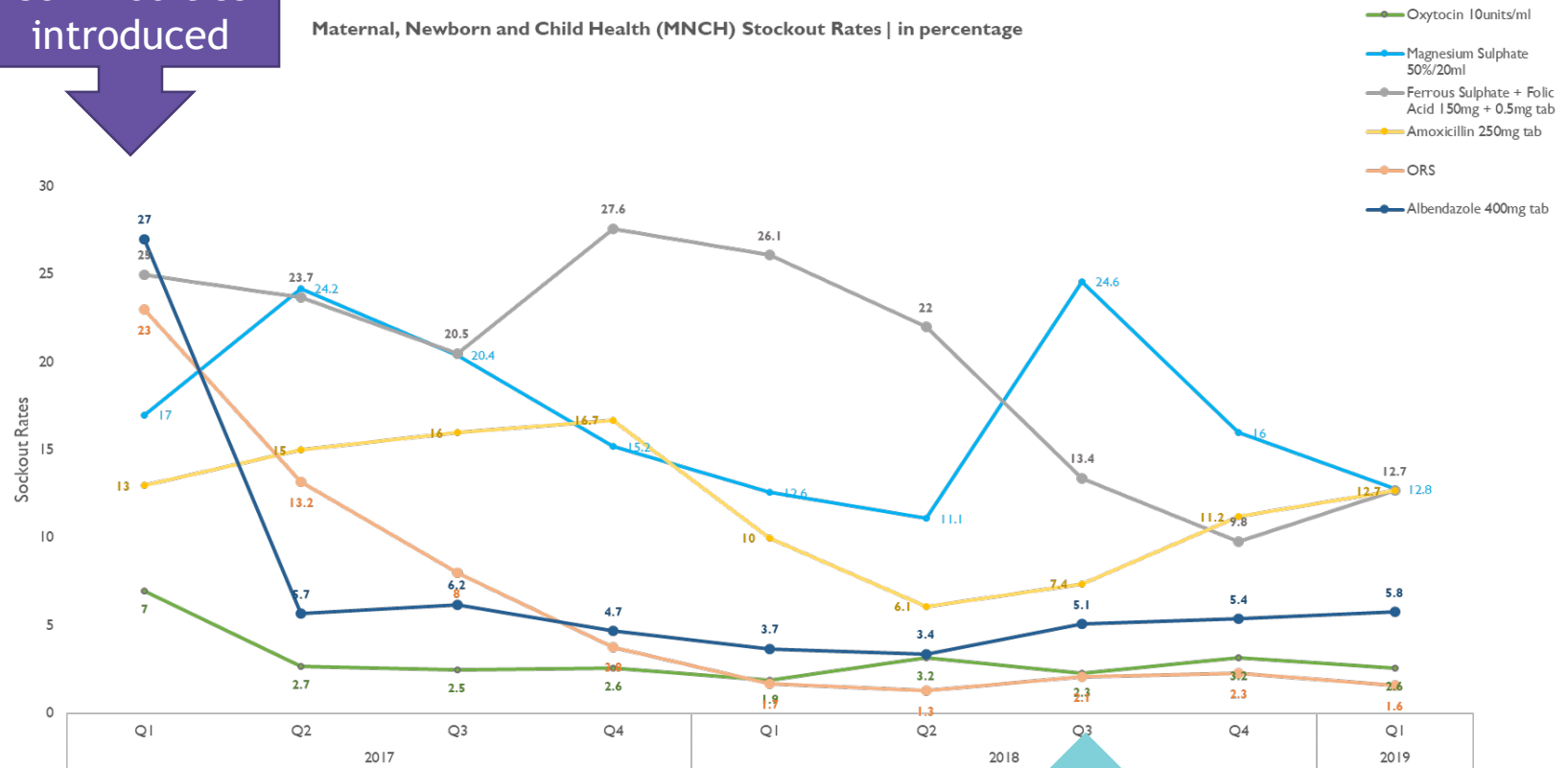
## Results

- Changed MNCH Commodity Management **from Adhoc to Integrated**
  - Routine deliveries are being made to health facilities with other program commodities
  - Improved access and visibility of MNCH Commodities data
- **Training was not needed** since items would be treated the same way as other program items.

# Significant improvement on MNCH commodity availability

Child Health  
Commodities  
introduced

Maternal, Newborn and Child Health (MNCH) Stockout Rates | in percentage



Maternal Health  
Commodities  
Introduced



# LESSONS LEARNED



## Lessons Learned

- **Integrated systems enhance sustainability** - the marginal costs of adding MCH items were insignificant, and the benefits - improved availability- are already being realized.
- **Integration would not have succeeded without a commitment to full supply for these medicines** - and this needs to continue.
- **Even in Ethiopia where IPLS performs well, there is still resistance for programs to integrate** - continuous advocacy and evidence of the benefits is needed.



THANK YOU  
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