Integration of Maternal Newborn and Child Health Commodities into IPLS, Ethiopia

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25-Mar to 28-Mar 2019
Kathmandu, Nepal
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. Pharmaceutical 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.

**ERIS**
A software application developed for the Ethiopian Food and Drug Administration (EFDA) in partnership with the government.
- It is fully functional and operational.
- 100 local agents use the software to import medicines and medical devices into Ethiopia.

**FANOS**
A software tool designed that displays vitals data to guide supply chain performance monitoring.
- Sample metrics monitored include: stock on hand, months of stock, average month consumption, expiries, and quantity. There is also an Android application.
- It is fully functional.

**Dagi**
An inventory and logistics management information system which manages store-based transactions, regulation and traceability data. It is flexible enough to generate community reports to facilities.
- It is fully functional.

**Vitas**
A warehouse and logistics management information system which manages demand and procurement planning, costing, financial management, requisition fulfillment, warehouse management, and inventory control.
- It is fully functional.

**mBrana**
A mobile software platform designed to control vaccine inventory from receipt to issue at central and regional hub levels providing visibility into stock status all the way down to wards as well as the quantity of vaccines issued to health facilities.
- It is fully functional.

**LEGEND**
- Directory Services
- Printed paper reports are keyed into Vitas

25-28 March 2019 / Kathmandu, Nepal
19th General Membership Meeting of the Reproductive Health Supplies Coalition
Previous MNCH Commodities Management Practice

- For Revolving Drug Fund items, facilities usually collect from EPSA 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
  o Routine deliveries are being made to health facilities with other program commodities
  o 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

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

Child Health Commodities introduced

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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