

Ethiopia Initial Country Assessment Executive Summary

Country background

The government health system in Ethiopia emphasizes the provision of essential services at the community level. To advance family planning and other services in keeping with this goal, the government is developing a corps of 30,000 health extension workers (HEWs) to staff 15,000 health posts and conduct household visits at the village level. These government-paid workers are distinct from volunteers such as community-based reproductive health agents.



The contraceptive prevalence rate in Ethiopia is 15 percent, with nearly all women reporting use of modern contraceptive methods. Injectables account for approximately 70 percent of contraceptive use among married women and demonstrate the lowest discontinuation rate of all methods (32 percent). Unmet need for family planning is 34 percent.

The Ministry of Health has increased its support of implants toward its overall goal of increased contraceptive use. On May 1, 2009, the Ministry of Health announced its goal to have HEWs insert three million Implanon[®] implants at the health post level by July 2010.

Service delivery and supply systems

In recent years, donors have provided funding or products to meet almost all demand for contraceptives, while the commercial sector has played a very limited role. Four funding mechanisms and supply channels with a historically high impact are described below:

- *Provision of commodities by USAID to Pathfinder International.* Pathfinder International has stored commodities centrally on behalf of the government and nongovernmental organizations (NGOs) in the states where it works (covering one-third of the country). USAID plans to decrease support, however, as the Ethiopian government increases support.
- *Use of Protecting Basic Services funds.* Protecting Basic Services (PBS) is a basket of funds from 12 donor partners for services in five sectors, including health. In the past, the World Bank has transferred funds from PBS to the United Nations Population Fund, which procured goods that were then consigned to the Ministry of Health. Some NGOs, such as Marie Stopes International, have received products from the Ministry of Health through this mechanism.
- *Contributions to DKT International.* Several donors have funded DKT International to purchase products for its own programs and other NGOs. DKT has distributed them through its own supply chain (including warehouses in every state and trucks).
- *Distribution from the International Planned Parenthood Federation (IPPF).* The Family Guidance Association of Ethiopia is an IPPF affiliate, managing procurement from IPPF's regional office in Nairobi and obtaining products from Pathfinder, DKT or commercial distributors as needed.

The Government of Ethiopia will soon use its own budget or PBS funds to begin procuring products. There is now a budget line for reproductive health that includes commodity costs and potential demand:

- Most recent procurement was cited as 20 million injectable units.
- Future use is expected to remain level despite strategy for long-acting methods.

Stockouts of reproductive health supplies sometimes occur, with one survey finding injectable stockouts in 26 percent of sampled health posts. The public health system serves as the delivery channel for approximately 85 percent of injectables, which are usually administered by HEWs in health posts. The two largest NGO service providers are Marie Stopes International, with a franchise network and 24 clinics throughout the country, and Family Guidance Association of Ethiopia, which operates 18 clinics and 8 youth centers.

Family planning products must be on the national drug list to be registered. Adding depo-subQ provera 104^{TM1} in the Uniject^{TM2} injection system (depo-subQ in Uniject) to this list will require an application to the Drug Administration and Control Authority. Stakeholders did not view this as a cumbersome process.

Stakeholder perspectives

Stakeholders noted the following potential benefits of introducing depo-subQ in Uniject in Ethiopia:

- Less training to administer subcutaneous injections relative to intramuscular administration.
- Potential use by lower-level health workers.
- Cost savings related to logistics and supply.
- Decreased workload associated with use of a prefilled device.
- Increased safety due to inability to reuse the device.
- Increased contraceptive choice for users with associated increased use of injectables.
- Potential for self-injection.

Concerns included:

- The price of the product—the primary concern for stakeholders.
- Storage requirements and product stability during storage.

Stakeholders underscored the importance of high-level Ministry of Health support for successful product introduction, particularly since government restructuring has led to staff changes at lower levels. The Ministry of Health representative we interviewed expressed support for product introduction.

Conclusions and recommendations

Key findings on the prospects for introduction of depo-subQ in Uniject include:

¹ Depo-subQ provera 104 is a trademark of Pfizer.

² Uniject is a trademark of BD.

- Successful introduction can be achieved through several scenarios. These include working through the government and HEWs, as well as large-scale social marketing through DKT.
- Enhancing contraceptive access through community-based distribution would best be achieved through the HEW system, not through DKT.
- High-level, official government support must be solicited and obtained as a prerequisite for undertaking additional project work.

We recommend Ethiopia as a potential country for landscape assessment and introduction planning, providing high-level government support can be confirmed during the fourth quarter of 2009. PATH's new Ethiopia country office is well positioned to facilitate product introduction.