

ABOUT THE RENEWED PARTNERSHIP IN ETHIOPIA

The Ethiopian segment of the Renewed Partnership kicked off in 2012 under the leadership of the Ministry of Health, with WHO technical, practical and monitoring support.

The programme has focused on the implementation of medicines policies and drug regulations, and the adoption of best practices. It is designed to promote a stronger pharmaceutical sector to increase access to quality medicines. The Partnership's five areas of focus where results can be measured are:



Increased availability of essential medicines in national, regional and community health facilities through national supply systems.



Lower prices and improved mechanisms for financing and for coverage of essential medicines in social protection schemes.



Improved quality and safety of medicines and reduced substandard and counterfeit medicines.

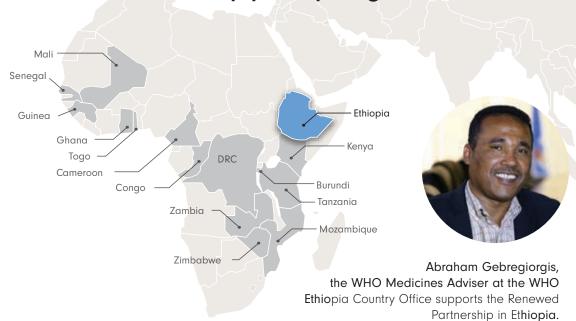


Better medicines selection, prescribing, dispensing and use.



More effective implementation of policies, transparency and good governance in the pharmaceutical sector.

Renewed Partnership participating countries





RENEWED PARTNERSHIP ACHIEVEMENTS 2012–2016



Ongoing strategic support to the Pharmaceutical Funds and Supply Agency



Development of medicines reimbursement list for national health insurance, based on current national essential medicines list



Health professionals, and representatives from law enforcement authorities and social groups mobilized against the illegal medicine trade and substandard and counterfeit medicines



Prevalence of substandard/ counterfeit medicines assessed for the first time



Screening of substandard and counterfeit medicines enabled in regions



Medicine regulator and health facility-based health professionals' capacity improved



111 public hospitals' drug and therapeutics committees assessed and strengthened



National essential medicines list revised



Training of hospital staff to reduce wastage, improve use of funds and use of medicines via the Auditable Pharmacy Transactions and Services package of measures

FOREWORD

Twenty years ago, the Ethiopian Government took a transformational step for the health of the Ethiopian people by developing a strategy on universal health coverage, the Health Sector Development Programme. A core aim of the programme has been to ensure the community's access to essential medicines.

Since the programme's adoption, Ethiopia has achieved a number of milestones including the establishment of a strong system for medicines regulation, supply management and health care financing. The government has established the Food, Medicine and Health Care Administration and Control Authority, the Pharmaceutical Funds and Supply Agency, and the Ethiopian Health Insurance Agency. These agencies are fundamental to a strong pharmaceutical sector.

It has been important to have partners who share and support the Government's vision, such as WHO. We are united in the overarching goal of improving the availability, affordability and use of safe, effective and quality essential medicines for priority communicable and non-communicable diseases for all Ethiopians. The Government fully recognizes the opportunities the EU/ACP/WHO Renewed Partnership has presented to bring partners together, to take advantage of common interests and to increase synergies and minimize the duplication of activities.

The collaboration of the last four years between the Ministry of Health and the EU/ACP/WHO Renewed Partnership has led to significant advances that will make a difference to the lives of Ethiopian health care consumers. This will contribute to the reduction of out-of-pocket payment for patients, reinforce control of substandard and counterfeit medicines on the market and increase rational prescribing, dispensing and use of medicines in facilities.

The partnership aligns with the new global agenda of the Sustainable Development Goals, on achieving universal health coverage. The Ethiopian Government is committed to continuing this agenda to deliver quality health care services to all.

Kebede Worku, MD, MPH State Minister of Health Federal Democratic Republic of Ethiopia



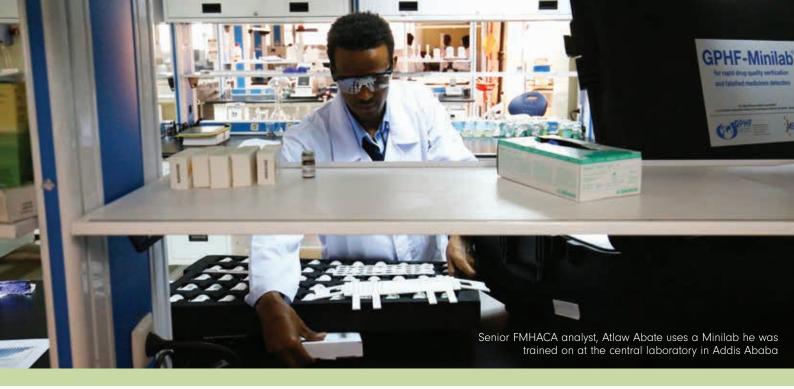


Universal health coverage has become central to the new global development agenda and a focus on access to medicines is key to Sustainable Goal 3 on health. Access to medicines and universal health coverage depend on a steady supply of quality medicines to all health facilities and patients. To support Ethiopia to reach this goal, the WHO Medicines Adviser works closely with the Pharmaceutical Funds and Supply Agency (PFSA), which is responsible for national procurement. There are many partners supporting PFSA to further develop its capacity to procure and supply medicines to facilities, and WHO's role is to provide strategic advice on procurement and supply management.





Ethiopia is taking a critical step to reach universal health coverage by establishing a public health insurance system. With Renewed Partnership support, the Ethiopian Health Insurance Agency (EHIA) has developed a list of medicines that should be reimbursed based on the national essential medicines list. The Renewed Partnership has also given EHIA staff the opportunity to meet with their counterparts from other countries to share experiences in implementing pricing and reimbursement policies. The Deputy Director of EHIA, Abduljelil Reshad, says the technical support from WHO has been important to the relatively new agency. "Our plan is very ambitious - to cover around 80% of districts and also 80% of households," he says. "Out of pocket expenditure will be dramatically reduced."





PREVENTING AND CONTROLLING SUBSTANDARD AND COUNTERFEIT PRODUCTS

Tackling substandard and counterfeit medicines requires national regulatory authorities to conduct a range of activities to prevent, detect and respond to the emergence of such products and to mobilize all stakeholders, such as patients and physicians, to support the effort. It can be expensive and time-consuming.

"In order to understand the extent of the problem and define our strategy to tackle it we surveyed the prevalence of substandard and counterfeit products on the Ethiopian pharmaceutical market, with the support of the Renewed Partnership," says the Deputy Director-General of the Ethiopian Food, Medicine and Health Care Administration and Control Authority (FMHACA), Bikila Bayisa.

"Based on the outcome of this survey, FMHACA defined a strategy to better secure the market." Part of the strategy is to increase the screening of products at port of entries using simple tools such as "minilabs" and to train inspectors to use them.

"Minilabs are small portable kits that are very important for two reasons," says Mr Bayisa. "Firstly, we can test many samples using very limited resources, and secondly, they are cost effective. They are designed to screen the quality of medicines in areas where we don't have well-equipped laboratories, such as at ports of entry in remote areas."

Any samples that are questionable are subject to a more thorough test, before the regulator decides whether to take action.

FINDING SYNERGIES WITH PARTNERS

"The USAID/SIAPS representative and the WHO National Adviser on Medicines discuss Ethiopia's priorities and share a common understanding of them. So USAID/SIAPS has used all available opportunities to make synergies and to coordinate together to be successful in our interventions."

Hailu Tadeg – Country Program Director, Systems for Improved Access to Pharmaceuticals and Services (SIAPS)-Ethiopia, Management Sciences for Health





IMPROVING RATIONAL USE OF MEDICINES AND REDUCING WASTAGE

A significant proportion of a hospital's budget is spent on medicines. Without proper management, resources can be wasted through inappropriate and irrational use. Well-functioning drug and therapeutics committees (DTCs) are one of the most effective structures in hospitals to address this issue. They bring together all the relevant people involved in different aspects of drug management and use in a hospital (managers, clinicians, nurses and pharmacists), to implement strategies to address the problem.

The Renewed Partnership has supported PFSA to strengthen DTCs in Ethiopia. The work began with an assessment of 111 DTCs. "It was not that DTCs didn't exist in Ethiopia, it was that we needed to know how well they were working," says Abraham Gebregiorgis, the WHO Medicines Adviser. Based on the evidence, a plan was formed to train DTC members. WHO collaborated with Management Sciences for Health to support PFSA to develop training manuals and facilitate a series of training sessions.

"Drug and therapeutics committees are gateways for supply chain management and for improving use of pharmaceuticals," says the PFSA's Director of Forecasting and Capacity Building Directorate, Yared Yiegezu Zegiorgis. "We have trained more than 1 000 professionals from public health facilities. The effect of this is to strengthen product availability and improve the quality of services offered at facility level."

This has seen a dramatic improvement in the performance of DTCs, including in one of Addis Ababa's biggest hospitals, Zewditu Memorial. "We have met five times in six months," says Hana Likas, the Secretary of the hospital's DTC. "We have developed a medicines list for the hospital, we review prescriptions, we have developed leaflets in Amharic [Ethiopia's official language] so patients understand how to take their medicine better, and we have prepared manuals and standard operating procedures for staff to help reduce shortages and waste."

"The DTC is a backbone of the hospital," says the CEO of Zewditu, Dr Tarafa Azarfa. "One of our biggest budget investments is on medicines and medical equipment. This budget must be properly managed. The support from an organization such as WHO is very important for us. We do have a lot of gaps and to fill these gaps we should work together."

WHO also supported the revision of Ethiopia's national essential medicines list. The Regulatory Legal Development Team Coordinator at FMHACA, Mahlet Dejene, says widespread consultation was undertaken to revise the list. "We reviewed the scientific data and disease patterns, and deleted or added medicines accordingly," she says. "We used the WHO Model List, but we adapted it to our current situation since what matters is the prevalence of the disease in our country."





BUILDING AND IMPLEMENTING MEDICINES POLICIES

An evidence-based national medicines policy is an important expression of the government's commitment to addressing complicated and interdependent challenges. It provides guidance for action in the development of the pharmaceutical sector. Ethiopia's first national medicines policy was issued in 1993, and through the Renewed Partnership, WHO supported its revision.

"It was revised to address developments of the health systems and align with other relevant government policies, strategies and initiatives, as well as the Millennium Development Goals" says WHO Medicines Adviser Abraham Gebregiorgis. Full endorsement of the new policy and regular monitoring of its implementation is the responsibility of the government and requires proper coordination of all stakeholders.

In addition, WHO supported measures to improve transparency and accountability in managing medicines and financial transactions at the health facility level. "We have collaborated with the Ministry of Health in the training of team members of the Auditable Pharmacy Transactions and Services teams in public hospitals to improve accountability mechanisms," says Abraham Gebregiorgis. "This will help in reducing wastage of medicines, ensuring optimal utilization of financial resources, and improving availability and rational use of medicines in health facilities."

ADDING VALUE TO NATIONAL ACTIVITIES

"A vital contribution of the Renewed Partnership is that it brings different actors together around the table, from the government structure, the public and private sector and financial and technical partners. WHO is an experienced facilitator for this, and helps to give direction to the health agenda."

Thomas Huyghebaert - Counsellor, Head of Governance, Economic and Social Section, Delegation of the European Union to Ethiopia

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