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Case Study

Ethiopia: Regions Organize to Ensure Focus on Contraceptive Security

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Contraceptive security committees help create effective service delivery and supply chain systems that bring critical family planning products to the consumer.

As one of the first countries to recognize the unique challenges to contraceptive security at the lower levels of the health system, Ethiopia's experience serves as a model for others.

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Historically, contraceptives have often been hard to find in Ethiopia. In recent years, however, with a firm commitment from the government and strong support from development partners and stakeholders, contraceptive security (CS)—the availability of contraceptives when and where people need them—has helped families prosper. The contraceptive prevalence rate (CPR) has increased dramatically within the past decade, from 6.3 percent in 2000 to 13.9 percent in 2005, to an estimated 29 percent in 2009.

To ensure a reliable supply of family planning products for those who need them, stakeholders from all health sectors—public, private, nongovernmental organizations (NGOs), and social marketing—have worked together to provide effective service delivery and a successful contraceptive supply chain.

In 2006, the USAID | DELIVER PROJECT assisted Ethiopia's Federal Ministry of Health (FMOH) in forming a Family Planning Technical Working Group, which focuses on CS and coordinates the flow of products among the various sectors at the national level.

In recent times, similar coordinating groups have been formed by regional and city administrations, including Amhara; Oromia; Addis Ababa; the Southern Nations, Nationalities, and People's (SNNP) Region; and Dire Dawa. These regional committees complement the national coordination group and strengthen commitment to CS at the regional/city level.

These CS coordination committees help Ethiopia maintain a focus on family planning issues, strengthen coordination among partners and stakeholders, and reduce duplication and inefficiencies. Because Ethiopia is one of the first countries to recognize the unique challenges of CS at the lower levels of the health system, its experience can serve as a model for others.

Diverse representation within these regional networks is one element of their coordination efforts. To motivate the network's members, the committees emphasize how participation adds value

for each member organization. The committees also ensure that agendas are action-oriented and respond to the needs and interests of the members. Progress is measured with specific indicators to maximize transparency and efficiency. The ministry's Health Promotion and Disease Prevention Directorate at the federal level and similar departments at the regional/city level convene and coordinate these CS-related committees, as they actively support the unit's mandates and because they help ensure sustainability and continuity.

While regional committees emphasize stakeholder coordination, liaising with both higher and lower levels of the health system is important. A lack of coordination among levels is a missed opportunity for higher levels to understand the implications of their policies on programs at the lower levels, and vice versa.

The national and lower levels can strengthen coordination and communication between levels by (1) ensuring that their terms of reference (a committee's goals and objectives) formally address mechanisms for coordinating with other levels of the health system; (2) inviting representatives from other levels to meetings to share and receive information; and (3) routinely sharing meeting summaries (issues and outcomes) with key representatives of the other levels.

In Amhara, the USAID | DELIVER PROJECT and other partner organizations pressed the Regional Health Bureau (RHB) to reactivate its Reproductive Health Task Force in 2007 after a hiatus of almost two years. Since then, the task force has met quarterly to share information, standardize approaches, reduce overlaps, identify critical issues, find resources to fill gaps, and provide capacity building as needed. Through the participation of a number of government departments (RHB, Bureau of Finance and Economic Development, and zonal Health Departments); NGOs; partners; and DKT, a social marketing organization, the task force has had a positive impact on the availability of contraceptives in the region.

Addis Ababa's Commodity Security Technical Working Group was established in December 2009. With a wider commodity scope than reproductive health, the group emphasizes commodity security for all essential health commodities and seeks to address the challenges related to the ongoing ministry-wide shift to the new integrated pharmaceutical logistics system (IPLS).

The Reproductive Health Task Forces in Ethiopia's southern regions, Oromia and SNNP, were established in 2009 and 2010, respectively. In addition, the eastern city of Dire Dawa recently finalized its terms of reference and expects to hold its first meeting soon.

CS committees have become an important mechanism for coordinating the efforts of the ministry and its partners at the regional/city level. Thanks to the commitment and dedication of the Ethiopian MOH and its RHBs/City Health Bureaus, and with support from various development partners, Ethiopia has gone a step further through successful regional coordination.

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