The Integrated Pharmaceuticals Logistics System (IPLS) Reduces Drug Stock Outs in Ethiopia’s Amhara and Oromia Regions

Ethiopia’s Drug Supply Chain Challenges
- Drug stock outs
- Unavailability of certain drugs
- Irrational drug use

IPLS Ensures Uninterrupted Drug Supply
Integrated Pharmaceuticals Logistics System (IPLS) was designed and led by the Pharmaceutical Fund and Supply Agency of the Ministry of Health (MOH)
- Since 2010, MOH health facilities have been implementing the IPLS in a phased approach.
- IPLS improves the drug supply chain by integrating drug requisition, distribution, and reporting into a single mechanism.

Drug store before and after IPLS implementation

Before

After

Results
- IPLS implemented in 229 health facilities (33% of the HEAL TB-supported facilities) in Ethiopia.
- Facilities not using IPLS had TB drug stock out rate of 23% (see graph).
- Facilities using IPLS had TB drug stock out rate of just 17% (see graph).
- Facilities not using IPLS had a 1.5 times higher TB drug stock out rate than health facilities using IPLS.

Assessment to Determine the Effect of IPLS on TB Drug Supply Management
The PEPFAR- and USAID-funded and implemented project, Help Ethiopia Address the Low Tuberculosis Performance (HEAL TB), worked with regional health bureaus (RHBs) to conduct a baseline assessment in the Amhara and Oromia regions.
- Objective: To assess contribution of IPLS in reducing TB stock outs in 687 public health facilities
- Process: HEAL TB and the RHBs collected data from November 2011 – January 2012 using standardized and structured checklists from the IPLS tools, focused on drug stock outs and reporting.

Facilities Implementing IPLS had a Lower Rate of TB Drug Stock Outs

Facilities Categorized by IPLS Implementation Status

Conclusion
- Health facilities implementing IPLS experienced lower TB drug stock out than those health facilities not implementing IPLS.
- Scale up and continuous follow up of IPLS implementation is recommended.
- Expanding and sustaining IPLS in Ethiopia will require:
  - Training all health facility staff on IPLS implementation;
  - Distributing IPLS recording and reporting tools to all facilities and training staff to use them;
  - Conducting regular supportive supervision for health facility staff.

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