



senselet | ስንሰከት

*The **Senselet project** aims to enhance academic, institutional, and humanitarian response capacities to improve the functioning of the healthcare supply chain management (HSCM) system and improve health outcomes for patients with a focus on non-communicable diseases (NCDs).*

Strengthening healthcare supply chain management and education

Ethiopia has made significant investments in the health sector, which have yielded improvements in health indicators over the past three decades. The number of health posts and the ratio of healthcare workers per person have improved significantly. The socio-demographic index – a composite indicator of development status strongly correlated with health outcomes – steadily improved across all regions and cities between 1990 and 2019¹. However, several HSCM challenges persist and limit the positive impact of the now widely available health stations^{2,3}.

The challenge

Inefficiencies in the existing healthcare supply chains have been linked to increased costs, supply shortages and disruptions, ultimately resulting in limited accessibility and quality of healthcare. Due to the complexity of the current distribution model, patients pay between 53% and 193% more for medical supplies than the government procurement price⁴. These increased costs worsen the economic burden of healthcare expenditures on the public health system and private households, which pay 34% of total expenditures out-of-pocket⁵.

Senselet | ስንሰከት means 'chain'

in Amharic: a series of things depending on each other as if linked together.



The supply chain difficulties and economic vulnerabilities are compounded by humanitarian crises. The country is impacted by the ongoing civil conflict in the North and also frequently affected by environmental shocks such as droughts, floods, and locust invasions, exacerbating economic vulnerabilities and producing large numbers of climate refugees⁶. As of 2021, more than 25.9 million people in Ethiopia are estimated to need humanitarian assistance⁷.

The opportunity

Health support outcomes and well-being of people in Ethiopia could be improved significantly by adapting and improving the functioning of the HSCM. This is what Senselet aims to do. The project will help multiply the positive impact of investments made in the Ethiopian health sector over the past three decades for the benefit of vulnerable patients living with NDCs in a humanitarian setting.



The Senselet partnership

The *Senselet project* will run for three years and aims to sustainably improve HSCM in Ethiopia by building local capacity. It supports the strategies and targets already set by the Ministry of Health, including the National Strategic Action Plan for Prevention and Control of Non-Communicable Diseases (2018–2025) and the Health Sector Transformation Plan (2020–2025).

To ensure a sustainable and lasting impact, the project is owned and anchored locally with Addis Ababa University, responsible for the success and continuation of operational improvements. The project is intended to be scalable and can also be replicated in similar contexts outside of Ethiopia.

Project interventions

Enhance academic capacity by establishing a long-term supply of HSCM specialists with master's and PhD programmes at Addis Ababa University, and providing mentorship and training opportunities for academic staff.

Enhance institutional capacity through the Continuous Professional Development programme (CPD) for the HSCM workforce.

Enhance humanitarian response capacity by strengthening the capacity of humanitarian actors and supply chain staff in general to handle pharmaceutical supply chains through technical and vocational training as well as through 'flagship' subprojects addressing specific key challenges.



Improved HSCMS



Improved availability of essential medicines



Improve access to care



Improved health outcomes

REFERENCES

1. Misganaw A, Naghavi M, Walker A, et al. Progress in health among regions of Ethiopia, 1990–2019: A subnational country analysis for the Global Burden of Disease Study 2019. *The Lancet*. 2022;399(10332):1322–1335. 2. World Health Organization. WHO country cooperation strategy at a glance: Ethiopia. 2017. 3. Assefa Y, Gelaw YA, Hill PS, Taye BW, Van Damme W. Community health extension program of Ethiopia, 2003–2018: successes and challenges toward universal coverage for primary healthcare services. *Globalization and health*. 2019;15(1):1–11. 4. Ewen M, Kaplan W, Gedif T. Prices and availability of locally produced and imported medicines in Tanzania. 2016. 5. Borde MT, Kabthamer RH, Shaka MF, Abate SM. The burden of household out-of-pocket healthcare expenditures in Ethiopia: a systematic review and meta-analysis. *International Journal for Equity in Health: BioMed Central*; 2022. p. 1–20. 6. ACAPS. *ETHIOPIA Understanding humanitarian concerns across the country*. 2022. Thematic report. Accessed April 2022. 7. UNDP. *New threats to human security in the Anthropocene*. 2022:1–188.

The partners

The *Senselet project* is initiated and owned by Addis Ababa University. It is based on a partnership between the Addis Ababa University (AAU), Kühne Foundation, Geneva Centre of Humanitarian Studies, Novo Nordisk A/S, World Diabetes Foundation, and their additional network of dedicated humanitarian stakeholders, NGOs and representatives from the Ministry of Health (MoH), the Ethiopian Pharmaceutical Supply Service (EPSS) and the Ethiopian Public Health Institute (EPHI). The project framework and core components are aligned with the strategic objectives set out by the MoH and EPSS. The project content was developed based on the needs described in official documents and by government officials and AAU experts.