This DATSET Drug and Therapeutics Committee (DTC) evolvement and expanded scope in Ethiopia file was generated on 2021-01-29 by Zinabie Feleke

**GENERAL INFORMATION**

1. Title of Dataset: Drug and Therapeutics Committee (DTC) evolvement and expanded scope in Ethiopia

2. Author Information

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3. Date of data collection (single date, range, approximate date)

The DTC study data were collected from 2015-12-10 to 2019-07-09 mainly for quantitative data

4. Geographic location of data collection

The DTC study was conducted in Ethiopia governmental offices at federal level at Addis Ababa, mainly at Ministry of Health (MOH), the Ethiopian Pharmaceutical Supply Agency (EPSA), implementing nongovernmental partners and at regional level in four big agrarian regions of Ethiopia, namely Amhara, Oromia, SNNPR and Tigray Regions.

5. Information about funding sources that supported the collection of the data:

The Clinton Health Access Initiative (CHAI) is one of the key partners of the MOH in Ethiopia. CHAI has been implementing the Child Survival Program (CSP) since October 2015 in collaboration with MOH and EPSA in four agrarian regions of Ethiopia-- Amhara, Oromia, SNNP and Tigray Regions. Although primarily focused on diarrhea and pneumonia, CSP interventions were designed to support the broader supply chain issues, including the improvement of Integrated Pharmaceuticals Logistics System (IPLS), DTC, supply chain functions including quantification, procurement, distribution and rational use of essential medicines. Particularly, CHAI has put significant effort to support the revitalization of DTCs. CHAI supported the establishment and/or strengthening of DTCs in selected HFs.

CHAI in collaboration with MOH set out to (1) review the DTCs in Ethiopia and (2) generate evidence to guide future investment. Hence, it was worth to conduct DTC specific studies and forward viable recommendations which could be an input for national policy and strategies on DTC. This DTC study was part of the CHAI Child Survival Project. The project was funded by the Bill & Melinda Gates Foundation with Grant Title: Accelerating Access to Lifesaving Child Health Commodities and Services in Ethiopia with Investment ID: INV-009817/OPP1133423.

**SHARING/ACCESS INFORMATION**

1. Licenses/restrictions placed on the data:

CCO: dct:ISO3166

2. Links to publications that cite or use the data:

The article/manuscript 13200 conditionally is accepted for publication at the Gates Open Research

3. Links to other publicly accessible locations of the data:

No other link ever connected

4. Links/relationships to ancillary data sets:

5. Was data derived from another source? yes/no

A. If yes, list source(s):

Yes, the quantitative data of this study were accessed from secondary data of

* The MOH Ethiopia and CHAI Ethiopia training databases
* The CHAI Ethiopia CSP baseline and endline assessment data
* The MOH Ethiopia and CHAI Ethiopia regular supportive supervision data

6. Recommended citation for this dataset:

**DATA & FILE OVERVIEW**

1. File List:

Data file 1: DTC\_Study\_CHAI\_Ethiopia\_CSP\_and\_MOH\_Supportive\_Supervision\_Data

During the implementation of the CHAI Ethiopia CSP, MOH and CHAI were providing regular bi-annual supportive supervision for health facilities encompassed by the project for the last three years to provide technical support. Meanwhile, providing the technical support major project performance indicators data were collected. DTC was among the project components that was followed with key performance indicators.

Data file 2: DTC\_Study\_CHAI\_Ethiopia\_CSP\_and\_MOH\_Training\_Database

In this database number of trainees that were trained on DTC in collaboration with MOH Ethiopia and CHAI Ethiopia for the last three years is listed with basic information. But, names and telephone numbers of participants were de-identified.

Data file 3: DTC\_Study\_CHAI\_Ethiopia\_CSP\_Baseline\_and\_Endline\_Data

CHAI Ethiopia in collaboration with the MOH Ethiopia conducted baseline assessment before the launching of the CSP to set benchmark of project targets. Likewise, the endline assessment of the CSP was conducted begore its termination to see project achievement against the targets. DTC was part and parcel of the project. Hence, DTC related data were extracted from both assessments and analyzed to see the progress.

Datasets in Data file 2 and 3 do not need additional data dictionary or checklist, because they are detailed in their upper most rows. But dataset in Data file 1 required additional information to understand the questions and codes. Therefore, the Supportive Supervision checklist was incorporated with Data file “DTC\_Study\_Supportive\_Supervision\_Checklist” to provide detail information for readers and for further analysis if there is a need.

Data file 4: Key\_infomant\_interview\_transcripts

2. Relationship between files, if important:

Data file 2 informs how number DTC training progressed through time. As the number of DTC trained professionals increased in the health facility, DTC establishment and DTC functionality improved in Data files 1&3. Particularly, there is strong statistical association between facility head and facility pharmacy head DTC training and availability of functional DTC in the same health facility.

While Data file 3 informs DTC performance at specific points in time (baseline and endline), Data file 1 informs trend analysis of DTC performance

3. Additional related data collected that was not included in the current data package:

This DTC evolution study was conducted mainly using qualitative data collection methods, specifically key informant interview method apart from desk review of quantitative secondary data to triangulate the finding. The transcribed key informant interview notes are not included in this dataset.

4. Are there multiple versions of the dataset? yes/no

A. If yes, name of file(s) that was updated:

i. Why was the file updated?

ii. When was the file updated?

There are no multiple versions of data for this study.

**METHODOLOGICAL INFORMATION**

1. Description of methods used for collection/generation of data:

The study employed two methods of data collection (qualitative and quantitative data collection methods).

The qualitative study involved the collaborative efforts of a multidisciplinary research team coming from clinical background (medical doctors, internist, senior pharmacy professionals and senior public health professionals with extensive experience in project evaluations and operational researches. On average the team members have17 year experience, ranging from 10 to 38years, working mainly in the MOH structures in different responsibilities. Moreover, the KIIs were conducted by senior pharmacists, who have extensive experience in pharmaceutical SCM and pharmacy service including DTC, coupled with ample experience with both qualitative and quantitative data collection. Such M&E and pharmacy professionals mix of research team gave the opportunity to ask pertinent questions to the KII participants and get insight deeply about the study. Furthermore, the KII participants were selected purposively from their current and/or previous position in relation with DTCs. Appropriate experience of the research team contributed a lot in identifying suitable KII participants as well as smooth relationship in conducting the study and virtue of the study. Meanwhile the quantitative component of the assessment was conducted to triangulate and strengthen the qualitative findings. The documents were identified from purposively selected most relevant organization that have been working on DTCs and SCM activities. On top of that the selected documents from those organizations were specific to DTC implementation. In this review, DTC training databases from MOH and CHAI were reviewed. Data and reports from baseline and endline assessments conducted by CHAI in Ethiopia were reviewed. Joint the Ethiopian Pharmaceutical Supply Agency, regional health bureaus and CHAI Ethiopia supportive supervision reports and databases were also reviewed.

2. Methods for processing the data:

Primarily, the training data was collected during each DTC training sessions using programmed Excel spreadsheet. Then cleaned, compiled and stored at national level. Similarly, the supportive supervision and surveys data were collected electronically using SurveyCTO data collection software and upload online. Then the real time collected data were downloaded from the SurveyCTO server in the form of Microsoft Excel comma separated values (CSV) file, cleaned, compiled and stored centrally.

For qualitative data semi-structured interview guides were used for the KIIs with open-ended questions to shape the discussion. The semi-structured interview guides were pretested in similar individuals in terms of educational and work experience background, but they were not selected for the actual interview and the feedbacks were incorporated into the interview guide.

3. Instrument- or software-specific information needed to interpret the data:

The audio recorded interviews and discussions were transcribed/translated from the languages of the interviewees into English for analysis. Then, a summary of each KII was developed and organized. The qualitative data analysis involved thematic coding of transcribed and translated in-depth interviews. Data were analyzed and compiled using a thematic approach (based on the different components of the KII) by conducting content analysis. Finally, narrative analysis was applied to merge most related segments of the findings that were summarized thematically. For quantitative data analysis from the secondary data, SPSS version 24 was applied for descriptive data analysis and some statistical tests like the Chi-Square test of independence to determines if there is an association between categorical variables.

4. Standards and calibration information, if appropriate:

Not applicable

5. Environmental/experimental conditions:

Not applicable

6. Describe any quality-assurance procedures performed on the data:

There were rigorous quality assurance activities in this study that data collectors were trained on the tools and ethical data collection, data collection tools were pretested, qualitative data were triangulated with quantitative data for their consistency. Moreover, from the very beginning using electronic data collection (SurveyCTO software) has several applications to minimize errors during data design.

7. People involved with sample collection, processing, analysis and/or submission:

Not applicable

DATA-SPECIFIC INFORMATION FOR: [FILENAME]

Data file 1: DTC\_Study\_CHAI\_Ethiopia\_CSP\_and\_MOH\_Supportive\_Supervision\_Data

1. Number of variables:

138 variables (indicators)

2. Number of cases/rows:

2292 cases

3. Variable List:

Variable name(s), description(s), unit(s)and value labels

Detail supportive supervision checklist is attached including the codes with Data file “DTC\_Study\_Supportive\_Supervision\_Checklist”

4. Missing data codes:

There is no missing data code

5. Specialized formats or other abbreviations used:

There is no specialized format

Data file 2: DTC\_Study\_CHAI\_Ethiopia\_CSP\_and\_MOH\_Training\_Database

1. Number of variables:

There are 17 variables (indicators)

2. Number of cases/rows:

There are 6627 cases

3. Variable List:

Variable name(s), description(s), unit(s)and value labels are detailed in the table (database) itself.

4. Missing data codes:

There is no missing data code

5. Specialized formats or other abbreviations used:

There is no specialized format

Data file 3: DTC\_Study\_CHAI\_Ethiopia\_CSP\_Baseline\_and\_Endline\_Data

1. Number of variables:

There are 10 variables

2. Number of cases/rows:

There are 628 cases

Data file 4: Key\_infomant\_interview\_transcripts

A total of 21 KII participant transcripts were summarized in 17 interview notes. In some cases two participants were asked in the same time and place.

3. Variable List:

Variable name(s), description(s), unit(s)and value labels are detailed in the table (database) itself. But for one specific question that is “What is the functional status of the DTC?”

1. Functional means if 1) the DTC had term of reference (TOR), 2) DTC conducted meetings at least every 2 months and 3) DTC meeting minutes documented (if all the three conditions fulfilled it is said functional)
2. Established but not functional means if at least one of the above conditions missing
3. But if more than one of the above conditions were not fulfilled the DTC is said to be not established

4. Missing data codes:

There is no missing data code

5. Specialized formats or other abbreviations used:

There is no specialized format