

## BACKGROUND

Crucial to the success of the UKPHS is alignment with national plans and health system strengthening priorities. Between March and September 2020, a scoping assessment was conducted in Ethiopia to identify and validate national health system priorities that could be supported through Health Partnership (HP) activities. These consultations also aimed to ensure that HP activities are developed in line with national needs and capacities and contribute to the countries' efforts to achieve Universal Health Coverage. Due to the outbreak of COVID-19, the scoping activities were undertaken remotely.

## DESK REVIEW AND SCOPING

A desk review and scoping exercise, involving the input of the Ethiopian Federal Ministry of Health and other health-sector related stakeholders, was undertaken to identify health system strengthening priorities, and which of these could be best addressed by the HP model and be the focus of support from UKPHS in Ethiopia.

The desk review identified key health systems priorities and the documents reviewed included the: Federal Ministry of Health draft Health Sector Transformation Plan II (2020), the 2005 Health Sector Strategic Plan (HSDP-III) 2005/6-2009/10 and the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2014 2015/16).

The findings of this exercise were presented to various stakeholders, who were asked to rank six health systems components (i.e. Service Delivery, Human Resources for Health, Governance and Leadership, Health Information Systems, Health Financing, and Medical Products and Technologies) in order of priority and then, within each of these, to score priority areas and associated activities in order of importance. Respondents were also asked to respond to three questions to ascertain: if they were in agreement with the priority areas and activities identified; if not, to identify any priorities and activities omitted; and to identify the health systems priorities that could be addressed by HPs.

Efforts to engage stakeholders in the scoping exercise were hindered by the outbreak of the COVID-19 pandemic, meaning that some key perspectives may be missing.

## OVERVIEW OF FINDINGS

The health systems priorities identified through the desk review were categorised within six health system building blocks. These blocks were ranked in the following order by the respondents:

1. Human Resources for Health
2. Governance and Leadership
3. Service Delivery
4. Health Information Systems
5. Medical Products and Technologies
6. Health Financing

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## HUMAN RESOURCES FOR HEALTH (HRH)

Priorities raised included:

- A lack of a needs/evidence-based HRH strategy and HRH development plan, particularly with regards to GESI-sensitive HRH data.
- Struggles within the health system in retaining and motivating health workers, in particular a lack of career development and post-graduate opportunities.
- Need for leadership and oversight from professional associations, in particular with regards to regulation of their associated professions.
- Limited research capacity of academic staff, graduate programme participants, and multidisciplinary teams.

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## GOVERNANCE AND LEADERSHIP

Priorities raised included:

- A need to strengthen regulation and accreditation systems.
- Gaps in leadership and management capacity across the health system, including in hospitals and Primary Health Care Units.
- Gaps in the referral process from primary facilities to secondary and tertiary care centres.

- Lack of integrated care models
- Low levels of engagement with civil society and community, leading to lack of access for communities and marginalised groups.

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## SERVICE DELIVERY

Priorities raised included:

- Need for a review of the Health Extension Programme, including extension to urban areas.
- Lack of availability, accessibility and utilisation of quality, gender sensitive, equitable and cost-effective health services at all levels for all population groups including in the areas of neonatal, child and adolescent services, palliative care services, immunisation programmes, mental health programmes, and surgical and anaesthetic care.

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## HEALTH INFORMATION SYSTEMS

Priorities raised included:

- Lack of knowledge within the health workforce around collecting, analysing and using data to inform interventions.
- Need for digitalisation of health systems, including strengthening digital literacy and e-Learning among the health workforce.

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## MEDICAL PRODUCTS AND TECHNOLOGIES

This focus area was highlighted as a key priority area by the Ethiopian Ministry of Health and priorities raised included:

- Gaps within the medical supply chain and systematic monitoring and auditing of use of medicines and medical devices.
- Risks associated with antimicrobial resistance and lack of knowledge around antimicrobial stewardship within the health workforce.
- Long downtime of high proportion of medical devices.

## THEORY OF CHANGE

The final set of priority activities and related indicative outputs, outcomes and impact are presented in the following Theory of Change, towards which all HP projects in Ethiopia will be expected to contribute.

**Human Resources for Health**

**Governance & Leadership**

**Service Delivery**

**Health Information Systems**

**Medical Products & Technologies**

**Indicative Activities**

- Develop/adapt HRH strategy development plan based on needs of health sector.
- Assess factors affecting motivation & retention within health workforce, & develop & implement innovative strategies.
- Strengthen design, delivery & regulation of IST & CPD for technical & managerial cadres.
- Strengthen leadership & capacity of health professional associations, including oversight of training institutions.
- Strengthen learning & teaching approaches including e-learning & web-based learning.
- Improve quality of post-graduate medical training.
- Strengthen research capacity of academic staff, graduate program participants & multi-disciplinary teams.
- Collect & analyse gender-sensitive HRH data disaggregated by sex & other social stratifiers.
- Strengthen the capacity of HEWs through training, mentoring & upgrading.

- Strengthen health sector regulation structures & accreditation systems, through empowerment of professional associations & councils.
- Increase citizens' participation & civil society dialogue to improve community access to services & leave no one behind.
- Strengthen leadership capacity at all levels & functions, including hospital & PHCU management.
- Implement reforms at PHCU levels, ensuring efficient referral routes & linkages from PHCU to secondary/tertiary care levels.
- Develop new integrated models of care to address all dimensions of quality & to improve health outcomes.

- Revise HEP, including Urban HEP and develop roadmap.
- Strengthen immunization programme to implement new vaccines & improve coverage.
- Strengthen & expand programmes for HIV testing & prevention for pregnant/breastfeeding women, partners & infants.
- Strengthen & expand advanced neonatal care, NICU & essential newborn care services.
- Strengthen nutrition service delivery.
- Facilitate testing & scale up of high impact & innovative adolescent health interventions, including addressing substance abuse.
- Strengthen integrated NCD services, including hypertension, diabetes, cancer, chronic respiratory diseases at PHCU.
- Strengthen palliative care services.
- Strengthen co-ordination of mental health care implementation & scale-up at all levels and integrate M&E of mental health care within existing HEW frameworks.
- Increase high quality surgical & anaesthesia care availability & accessibility.

- Develop standards & guidelines for digital solutions.
- Establish Centre of Excellence in Health Digitalization in partnership with local universities.
- Build capacity of health workforce on advanced data analysis, data modelling, mining, & discovery analysis.
- Identify & strengthen gaps in health literacy at community level, through designing, developing & sharing locally sound messages through different channels.
- Develop & implement eHealth enterprise architecture & interoperability services.
- Collect & report data disaggregated by sex, age, & other relevant social stratifiers.

- Establish SCM Centre of Excellence & strengthen capacity for local manufacturing of medicines and medical devices.
- Establish National Medicine & Poison Information Centre & improve drug information services.
- Strengthen implementation of Auditable Pharmaceutical Transactions & Services (APTS).
- Implement & strengthen Drug & Therapeutic Committees within health delivery institutions.
- Establish track & trace system for medicines & medical devices across the supply chain & institutionalise data management and visibility.
- Strengthen training & operational research capacity to respond to antimicrobial resistance.
- Develop medical device policy, roadmap & comprehensive management guidance.
- Promote the rational use of medicines & medical devices by public & private healthcare professionals.
- Strengthen role of clinical pharmacy.
- Strengthen infrastructure & capacity in medical device/equipment maintenance/refurbishment.
- Strengthen integration of modern & traditional medicine.

**Indicative Outputs**

- Needs/evidence-based HRH strategy & development plan developed, including strategies for motivating & retaining HW.
- Well-regulated, accredited & quality pre-service education, post-graduate, IST & CPD systems designed & delivered through a range of instruction modalities, including e-learning.
- Regulatory environment & leadership capacity of regulatory bodies strengthened to regulate health professionals & quality assure training.
- Research carried out by academic staff, students & MDTs.
- Quality & gender sensitive HW data available for decision making for HR planning, management & development.
- HEWs trained & supported to deliver quality, appropriate care.

- Accreditation systems established for public & private healthcare facilities.
- Mechanisms in place for citizen & civil society organization participation and meaningful dialogue, with representation of women & most vulnerable groups, improving coverage & access to quality services for all.
- Leadership capacity development via CPD & incubation programs designed & delivered for managers at all levels.
- Effective referral systems in place.
- Integrated models of care implemented.

- HEP roadmap developed & implemented.
- Initiatives developed & implemented to strengthen integrated NCD prevention & control, HIV testing & prevention & mental health services at all levels.
- Capacity developed for expanded & improved neonatal, NICU & newborn care services.
- No. of children with nutrition related illnesses reduced.
- High impact & innovative adolescent friendly health interventions designed & delivered, & addressing substance abuse.
- Increased coverage of quality surgery & anaesthesia services.
- Increase stakeholder involvement in planning, delivery & review of services, with representation of women & most vulnerable communities.

- Digital solutions used for HSS.
- Research capacity strengthened & operational research informs programs.
- Health workforce use data to strengthen services.
- Appropriate health education improves community understanding of health issues.
- eHealth services used by population & delivered by the health workforce.

- Health workers trained on antimicrobial stewardship & antimicrobial resistance.
- Public messaging around correct use of antimicrobials delivered.
- Supply chains for medicines & medical devices operating effectively, supported by public & private stakeholders, & using institutional data to track & trace medicines & devices.
- SCM Centre of Excellence operational.
- National Medicine & Poison Centre operational & information available & accessible.
- Medical device policy & roadmap implemented.
- Biomedical Engineer Technicians (BMETs) maintain & repair medical devices/equipment.

**Indicative Outcomes**

- Improved evidence-based & gender-sensitive HRH policies & strategies.
- Health worker knowledge, skills & competencies, motivation, satisfaction, retention, equitable distribution & performance optimized.
- Effective regulatory systems and improved health workforce competency, quality & efficiency.
- Established accreditation mechanisms for health training.

- Improved leadership & management capacity at all levels.
- Standards & regulations enforced & monitored in public & private health facilities by regulatory bodies assuring quality, access, equity & social inclusion.
- Improved referral processes & integrated care models.
- Improved coverage & access to quality care for all population groups.
- Increased community participation & empowerment in health planning, delivery & review of services, with representation of women & most vulnerable communities.

- Improved availability, accessibility & utilization of quality, gender sensitive, equitable & cost-effective health services at all levels for all population groups.
- Increased no. of marginalised & underserved populations accessing and receiving quality, equitable, affordable & acceptable services.

- Improved structures, capacity & systems for collection, analysis & use of quality gender sensitive data for decision making & planning at community, health facility, district, provincial & central levels.
- Improved digitalisation of health information.

- Improved access to & use of pharmaceuticals & medical devices.
- Increased knowledge of antimicrobials & risks associated with their use among healthcare providers & population.
- Improved management of medicines & medical devices.
- Increased uptime of medical devices.

**Potential Impact**

**Healthier lives and promotion of well-being for all at all ages with a focus on UHC.**