



# UKPHS SCOPING ASSESSMENT REPORT

ETHIOPIA



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LIST OF ABBREVIATIONS

CPD	Continuous Professional Development
CSO	Civil Society Organisation
FCDO	Foreign, Commonwealth and Development Office
FMoH	Federal Ministry of Health
GESI	Gender Equality and Social Inclusion
HEP	Health Extension Programme
HEW	Health Extension Worker
HIS	Health Information Systems
HMIS	Health Management Information Systems
HP	Health Partnership
HRH	Human Resources for Health
HRIS	Human Resources Information System
HRM	Human Resources Management
HS	Health System
HSS	Health System Strengthening
HSTP	Health Sector Transformation Plan
LMICs	Low- and Middle-Income Countries
LSTM	Liverpool School of Tropical Medicine
MNH	Maternal and Newborn Health
MoH	Ministry of Health
MoU	Memorandum of Understanding
NCD	Non-Communicable Disease
NGO	Non-Government Organisation
NHWA	National Health Workforce Accounts
NICU	Neonatal Intensive Care Unit
NOM	National Oversight Mechanism
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PMTCT	Prevention of mother-to-child transmission (of HIV)
QoC	Quality of Care
RBF	Results Based Financing
RMNCAH	Reproductive, Maternal, Newborn Child and Adolescent Health
SCM	Supply Chain Management
SSA	Sub-Saharan Africa

<b>THET</b>	Tropical Health and Education Trust
<b>TOC</b>	Theory of Change
<b>UHC</b>	Universal Health Coverage
<b>UKPHS</b>	UK Partnerships for Health Systems
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children fund
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

### BACKGROUND

Between January and September 2020, the Tropical Health and Education Trust (THET) and Liverpool School of Tropical Medicine (LSTM) conducted country-centred scoping assessments in 7 of the 10 priority countries under the UK Partnerships for Health Systems programme, to consult with key stakeholders and identify and validate national health system priorities that could be supported through Health Partnership (HP) activities funded by UKPHS. 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 (UHC).

### DESK REVIEW

Prior to the scoping assessment, the LSTM team undertook a desk review of available secondary data to identify and document key health systems priorities. These secondary documents included policies and strategies such as the Federal Ministry of Health (FMoH) 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.

### SCOPING METHODOLOGY

The LSTM team summarised the national priorities identified through the desk review and presented the findings in an appropriate format for respondents to review and validate. Respondents were asked to rank the 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, within each of these, to score the priority areas and activities in order of importance. Respondents were also asked to respond to three key questions, to ascertain: if they were in agreement with the priority areas and activities identified; if not, to enable them to identify any activities omitted; and to identify the health systems priorities that could be addressed by a health partnership (HP) under the UKPHS programme.

Efforts to engage stakeholders in the scoping exercise were hindered by the outbreak COVID-19 which, understandably, led to a change in the priorities within the Ethiopian FMoH and other health system stakeholders, but also meant that face-to-face meetings were impossible. Disruptions in communication (Ethiopia faced a 3-week internet outage in July), along with this change in priorities, meant that stakeholders were difficult to engage with. Conducting individual meetings, rather than the group sessions which were originally planned for, may also have influenced the priorities identified. Key informants from pastoralist regions were contacted but unfortunately did not respond meaning that some key perspectives may be missing.

### MOH VALIDATION AND PRIORITISATION

The scoping assessment team summarised the health systems priorities identified through the initial KIs and presented these to senior FMoH and Foreign Commonwealth and Development Office (FCDO) officials for review. The FMoH validated the priorities identified through the scoping assessment, noting that the priority health system areas, mapped against the WHO health system building blocks, captured most of the activities in the Health Sector Transformation Plan (HSTP II), although there were some exceptions. They identified additional priorities areas and activities that could potentially be supported by a HP under the UKPHS programme. These are related to the human resources for health, governance and leadership, service delivery, health information, and medical products and technologies components.

### OVERVIEW OF FINDINGS

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

1. Human Resources for Health (HRH)
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

Priorities under the HRH building block respond to several issues raised during the scoping exercise, including:

- 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

The selection of this focus area was based on a number of concerns raised, including:

- A need to strengthen regulation and accreditation systems.
- Gaps in leadership and management capacity across the health system, including in hospitals and PHCUs.
- 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

A number of issues were raised by stakeholders under the service delivery building block, including:

- Need for a review of the Health Extension Programme, including extension to urban areas.
- Lack of availability, accessibility and utilization 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

This priority was based on a number of issues raised during the scoping exercise, including:

- 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 FMOH:

- 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 country specific Theory of Change on page 33, towards which all HP projects and interventions in Ethiopia will be expected to contribute.

## INTRODUCTION

### REPORT STRUCTURE

This report aims to convey to key stakeholders the findings of the UKPHS programme scoping assessment conducted between March and May 2020 in Ethiopia. It provides the purpose, approach and methodology of the scoping assessment, an overview of health system challenges, presents the validated priority health systems areas and activities, and the interventions identified by stakeholders that could be addressed and/or supported through a health partnership (HP). The programme overview for the scoping assessment is included in [Annex 1](#)

### INTRODUCTION

In 2019 the UK Department for International Development (DFID), now incorporated into the FCDO, contracted THET and the LSTM to manage and implement the UKPHS programme. This programme has a value of £28.5m and a time frame of December 2019 to March 2024.

UKPHS aims to improve health system performance in Low- and Middle-Income Countries (LMICs) through HPs between health institutions in the LMIC and health institutions from the UK health system that address nationally identified priorities and enable progress towards UHC, especially for poor and vulnerable populations. The programme will achieve this by supporting the development of stronger health systems, including components such as leadership and management, information systems, quality of care and the health workforce.

THET will provide grants to HPs to deliver these activities. UKPHS will support large grants in ten countries namely, Bangladesh, Burma, Ethiopia, Ghana, Nepal, Sierra Leone, Somalia/Somaliland, Tanzania, Uganda and Zambia. These grants will explicitly focus on supporting nationally identified priorities, complemented by smaller partnership grants that take on innovative approaches to address specific health system challenges. The UKPHS will promote HPs that are aligned to the health strategies of that country, focusing on quality and reaching the poorest and most vulnerable populations.

### BACKGROUND

In order to understand the health system priorities that could be addressed through HPs, between March and September 2020 a scoping assessment team comprising THET UK and Ethiopia staff and health systems and Gender Equality and Social Inclusion (GESI) specialists from LSTM undertook a detailed scoping assessment in Ethiopia to examine and analyse Ethiopia's health systems issues to inform the design of country specific grant calls for the UKPHS programme that are aligned with, and address, national priorities.

### PURPOSE AND OBJECTIVES OF THE SCOPING ASSESSMENT

The overall purpose of the scoping assessments was to introduce the UKPHS programme, and, in collaboration with key stakeholders to identify and validate national health systems priorities and to determine how health partnerships could contribute to addressing these and contribute to national health systems strengthening.

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#### THE SPECIFIC OBJECTIVES WERE TO:

- introduce the UKPHS programme to key in-country stakeholders
- identify, validate and/or get consensus on national health system strengthening (HSS) issues, gaps and priorities, while considering GESI, across the 6 Health System (HS) building blocks with key stakeholders
- explore the feasibility of the HP model (using selected criteria) to address the identified HSS priorities identify interventions that could be implemented through HPs and address these HSS priorities, as well as support the country's progress towards UHC
- identify and understand the work of key actors supporting HSS in the country to ensure HPs build complementarity and synergies with these programmes and initiatives
- agree the way forward and national level mechanisms for ongoing programme oversight and monitoring.



## EXPECTED OUTPUT OF THE SCOPING ASSESSMENT

Validated health system priorities and identified HP projects and interventions, that could address or contribute to the identified priorities, will be documented. In addition, a National Oversight Mechanism (NOM) - a small core group of key stakeholders, comprising the FMoH and FCDO to provide ongoing oversight and coordination of the UKPHS - will be established.

## SCOPING ASSESSMENT APPROACH AND METHODOLOGY

### DESK REVIEW

Prior to the scoping assessment in Ethiopia, the LSTM team undertook a desk review of available secondary data (list of references in Annex 3) to identify and document key health systems priorities. These secondary documents included policies and strategies such as the FMOH draft Health Sector Transformation Plan II (2020/2), 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 LSTM team used the WHO Health Systems framework and its six Building Blocks to identify and categorise the health systems priorities extracted from the documents, and to develop a **Stakeholder Feedback Tool** to (Annex 2) collect a mix of numerical and descriptive inputs and feedback from stakeholders. This LSTM team also developed a range of cross-cutting GESI priority areas, informed by documentation and information beyond the policy documents and reports reviewed by the team. These were included under each of the health systems component in the tool to aid and guide stakeholders in the identification of the GESI activities which they felt were most important and/or relevant for their context.

### STAKEHOLDER CONSULTATION AND ENGAGEMENT

The scoping assessment team adopted a participatory stakeholder approach in facilitating meetings and interviews with the FMOH and key health system stakeholders to identify HSS priorities that could best be addressed by HPs, under the UKPHS programme. The list of stakeholders consulted is included in Annex 4.

The THET Ethiopia team disseminated the Stakeholder Feedback Tool to selected FMOH and non-FMOH stakeholders with the aim of getting them to validate the identified priorities and from these select key priorities that could be addressed by a HP. Respondents were asked to rank the 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 within each of these to score the priority areas and activities in order of importance. Respondents were also asked to respond to four (4) key questions to get their agreement/disagreement with the priority areas and activities identified, to enable them to add any activities omitted, and to identify the priorities that could be addressed by the HP model.

The Stakeholder Feedback Tool, along with other relevant information (Annex 1), was disseminated to 28 selected stakeholders for their review and feedback. The assessment team then facilitated discussions and conducted interviews with stakeholders by phone, email and skype, including representatives from the FMOH, health training institutions, professional associations, USAID implementing partners and international NGOs, enabling stakeholders to elaborate on and validate the identified health systems priorities and activities. After having considered the information the team provided on the HP modality and the UKPHS Programme, informants' views were sought on which of the identified priorities and interventions could feasibly be addressed by a HP. Approximately 12 of the 28 stakeholders approached, provided some form of verbal or written feedback and inputs, which are presented and discussed in more detail in the following sections.

The scoping assessment team synthesised and summarised the priorities identified and validated through the initial Key Informant Interviews (KIIs) and presented these to a core group of stakeholders, comprising senior FMOH and FCDO officials, for validation. The identified priorities were validated and additional priorities identified for which the HP model was deemed suitable and feasible. The summary and Theory of Change are presented below (see page 38).

## SYNTHESIS OF PRIORITIES ACROSS STAKEHOLDERS

The following stakeholders provided detailed written feedback in which they identified and validated health systems priorities, as well as areas that could be potentially addressed by a HP under the UKPHS programme.

1. Directorate of Policy & Planning, FMOH
2. HRH Development Directorate, FMOH
3. Oromia Regional Health Bureau
4. School of Public Health, Addis Ababa University
5. Ethiopian Midwifery Association
6. School of Nursing and Midwifery
7. Addis Ababa University
8. JHPIEGO
9. Health Officers Association
10. Ethiopian Anaesthetists Association
11. Ethiopian Medical Association
12. Essential Pharmacy Supplies Directorate, FMOH

## HEALTH SYSTEMS PRIORITY AREAS

The health systems priorities identified through the desk review were categorized under six health system components as shown below. The components ranked the highest priority across the ten (10) respondents who provided feedback are: (1) Human Resources for Health; (2) and Governance and Leadership; and (3) Service Delivery.

## SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS ACROSS STAKEHOLDERS

Rank	Health System Area	Lowest score = highest priority
1.	Service Delivery	26
2.	Human Resources for Health	15
3.	Governance and Leadership	19
4.	Health Information Systems	35
5.	Health Financing	30
6.	Medical Products and Technologies	38

## SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY NUMBER OF TIMES RANKED BY RESPONDENTS

The following results are highlighted:

- HRH was ranked the number one priority by 4 out of the 10 respondents
- HRH was ranked in the top 3 priorities by 9 out of the 10 respondents, while 5 respondents ranked Service Delivery in their top 3.
- Seven respondents ranked Governance and Leadership in their top three priorities
- Nine respondents ranked Health Information Systems as one of their priorities

Health Systems Area	1	2	3	4	5	6	Total
Service Delivery	2	1	2	4	0	0	9
Human Resources for Health	4	4	1	0	0	0	9
Governance and Leadership	2	3	2	0	1	0	8
Health Information Systems	1	1	1	2	3	1	9
Health Financing	1	0	2	0	1	3	7
Medical Products and Technologies	0	0	1	0	2		7

## HEALTH SYSTEMS PRIORITY COMPONENTS

The health systems priorities identified through the desk review were categorized under six components as shown below. The components ranked the highest priority across all respondents are: (1) Human Resources for Health; (2) Governance and Leadership, and (3) Service Delivery.

		Total Score
1.	Human Resources for Health	<b>15</b>
2.	Governance and Leadership	<b>19</b>
3.	Service Delivery	<b>26</b>
4.	Health Information Systems	<b>35</b>
5.	Medical Products and Technologies	30
6.	Health Financing	37

## SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY NUMBER OF TIMES RANKED BY RESPONDENTS

The following results are highlighted:

- HRH was ranked the number one priority by 4 out of the 10 respondents
- HRH was ranked in the top 3 priorities by 9 respondents, 7 respondents ranked Governance and Leadership in the top 3, while 5 ranked Service Delivery in the top 3.
- All respondents ranked Health Information Systems as one of their priorities and 3 respondents ranked in their top three priorities

Health Systems Area	No. of times ranked						Total
	1	2	3	4	5	6	
Human Resources for Health	4	4	1	0	0	0	9
Governance and Leadership	2	3	2	0	1	0	8
Service Delivery	2	1	2	4	0	0	9
Health Information Systems	1	1	1	2	3	1	9
Medical Products and Technologies	0	0	1	0	2	4	7
Health Financing	1	0	2	0	1	3	7

### ACTIVITY SCORING ACROSS ALL STAKEHOLDERS

Within the seven health systems components, respondents were asked to score the priority areas and activities in order of importance. As the HRH component was the one which most respondents (6 out of the 10 respondents) scored, the identified highest scored priority activities (shaded) for this component are presented below.

#### HUMAN RESOURCES FOR HEALTH ACTIVITY SCORING

Health System Activity	Highest Score = Highest Priority
<b>Improve human resource development</b>	
Ensure competent (knowledgeable and skilful), compassionate (client-centred and empathetic) and committed (dedicated to serve) health workforce at all levels of health system	12

Ensure well-regulated and quality pre-service education, in-service training and continued professional development (CPD) opportunities to create adequate number of well qualified professionals and managers	13
Adapt the HRH strategy based on HRH need of the health sector	16
<b>Pre-service and in-service training</b>	
Support pre-service education to improve quality of training.	10
Strengthen the integration and interface of the academic function, service provision and research activities at teaching institutions	12
Upgrade health extension workers (HEWs)	20
Strengthen ethics and professionalism in pre-service and in-service education/training	12
<b>Continuous Professional Development</b>	
Strengthen CPD and integrate with health professional re-licensing	7
Assign mandatory annual credit and courses in CPD to promote the concepts and practices of professional ethics in workplace.	13
<b>Availability and distribution of the health workforce</b>	
Ensure the distribution and availability of health workforce to the health facilities with adequate number and appropriate professional mix in equitable manner.	11
Ensure the presence of specialized, competent, compassionate and skilled health work force at all levels	12
<b>Strengthen Human Resource Management (HRM)</b>	
Enhance HRM policy and practices including fair recruitment, selection, orientation and placement, and creating an enabling work environment with clear roles and responsibilities, equitable remuneration packages, and performance support (supportive supervision and timely feedback)	14
Develop and implement motivation and retention schemes and introduce bundles of financial and non-financial incentives including improved remuneration, opportunities for further education and career development, participatory leadership and management styles, and improved working and living conditions	13
Strengthen systems, policy and practices and address root causes of health professionals' burnout, occupational diseases and injuries, dealing adequately with secondary traumatic stress conditions, and reducing abuse of healthcare workers to increase health workforce job satisfaction, motivation and retention	11

Team building amongst the health service facilities	19
Strengthen HR information systems	
Establish National Health Workforce Accounts (NHWA)	9
Strengthen Human Resources Information System (HRIS)	9
<b>Regulatory personnel</b>	
Strengthen development and retention of highly competent and accountable regulatory personnel	7
<b>Integration of GESI approach into HRH interventions.</b>	
Disaggregation and analysis of data by sex and other social stratifiers (e.g. age, location, cadre)	7
Development and analysis of gender-sensitive HRH data.	14
Participation of key stakeholders, including female health care providers, in the design of human resource reforms	9
Increase women's representation in HRH leadership positions	15
Development and implementation of gender-sensitive HRH policies and strategies	14

## HEALTH SYSTEM CHALLENGES AND PRIORITIES IDENTIFIED BY STAKEHOLDERS

As described above, the in-depth interviews conducted with respondents allowed the scoping assessment team to provide additional information on the HP modality and the UKPHS Programme, to review responses to the 4 questions posed, and to collaboratively examine health systems issues and challenges, and the rationale for and validity of the health systems priorities identified. These interviews also provided the opportunity to elicit informants' views on the potential and feasibility of the HP model to address the identified priorities and interventions. A set of criteria including coherence, relevance, effectiveness, efficiency, sustainability, quality, equity and impact were used to assess which priorities could best be supported by a HP under the UKPHS programme, and to agree a final set of health systems priorities that are presented below.

The feedback and insights on health systems priorities and areas for potential UKPHS support gathered from each of the 12 respondents are discussed and presented below.

### DIRECTORATE OF POLICY & PLANNING, FEDERAL MINISTRY OF HEALTH

#### PRIORITY AREAS

This respondent identified and ranked Health Information Systems as the most important health systems component.

#### SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, DIRECTORATE OF POLICY & PLANNING, FMOH

Priority Ranking	Health System Component
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	Service Delivery
	Human Resources for Health
	Governance and Leadership
1	Health Information Systems
	Health Financing
	Medical Products and Technologies
	Service Delivery

## OTHER PRIORITY ACTIVITIES

The respondent also identified additional priority activities under the Health Information Systems component as follows:

Health System Priority Areas	Activities under Health System Priority Area
<b>Health Information Systems</b>	
<b>Data Systems and Management</b>	Develop standards and guidelines for digital solutions
	Develop and implement eHealth enterprise architecture and interoperability services
	Establish a Centre of Excellence in Health Digitalization activities in partnership with local universities (Addis Ababa, Jimma, Haromaya, Gonder, Mekele, Hawasa)
<b>Dissemination and use</b>	Develop or customize fit-for-purpose solutions for health worker decision supports
<b>Data Quality</b>	Capacity building on advanced data analysis, data modelling, mining, and various forms of discovery analysis

## SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HP MODEL

The respondent suggested that a HP could support comprehensive HIS interventions aimed to achieve gender and geographical equity and quality, and other standards.

Currently the FMOH is working with the following partner on HIS:

1. Data Use Partnership (DUP) project, funded by Bill and Melinda Gates foundation,
2. Digital Health (DHA) project, funded by USAID



3. HIS project of ICAP, funded by CDC
4. WHO
5. UNICEF

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**HRH DEVELOPMENT DIRECTORATE**

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**PRIORITY AREAS**

In order of priority from the component ranked highest, the top three health system priorities are: (1) Health Financing, (2) Health Information Systems, and (3) Human Resources for Health

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**SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, HRH DEVELOPMENT DIRECTORATE**

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

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**SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL**

The respondent identified the following areas for potential UKPHS support:

- Health Information Systems
- Human Resource for Health

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**PRIORITY AREAS OMITTED**

The respondent reported that strengthening postgraduate medical education and clinical training (residency and fellowship) will lead to improvements in undergraduate education and clinical services.

The respondent also included a related priority activity under the Human Resources for Health component:

Health System Priority Areas	Activities under Health System Priority Area
<b>Human Resources for Health</b>	
<b>Transformation Agenda 4: Motivated, competent and compassionate health workforce</b>	
<b>Pre-service and in-service training</b>	Other: Improve the quality of postgraduate medical training (residency and fellowship)

**PRIORITY AREAS**

In order of priority from the component ranked highest, the top three health system priorities are: (1) Governance and Leadership; (2) Human Resources for Health, and (3) Medical Products and Technologies.

**SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, OROMIA REGIONAL HEALTH BUREAU**

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

**SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL**

The respondent reported that strengthening leadership and governance at all levels is the major area for potential UKPHS support.

**PRIORITY AREAS OMITTED**

The stakeholder identified that under the leadership and governance component, the need to “develop and implement managerial accountability programs” should be included as one priority activity as this is a major gap identified in the Health Sector Transformation Plan (HSTP) period.

**OTHER PRIORITIES IDENTIFIED BY THIS RESPONDENT ARE AS FOLLOWS:**

- Implementation of reforms at PHCU levels (EHCRIG, EPAQ, PHCG, CSC)
- Women’s development as army leaders
- Strengthening leadership capacity of governing body of hospitals and health centres and PHCU directors

**THE RESPONDENT ALSO IDENTIFIED THE FOLLOWING ‘OTHER’ PRIORITY ACTIVITIES:**

Health System Priority Areas	Activities under Health System Priority Area
<b>Governance and Leadership</b>	
<b>Transformative agenda 6: Transformative leadership</b>	
<b>Enhance leadership and governance</b>	Other: design and implement managerial accountability programmes at

	all levels
<b>Transformation in Quality and Equity of care</b>	Other: develop and implement a system to measure and monitor quality and equity interventions

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SCHOOL OF PUBLIC HEALTH, ADDIS ABABA UNIVERSITY

**PRIORITY AREAS**

In order of priority from the component ranked highest, the top three health system priorities are: (1) Governance and Leadership; (2) Human Resources for Health, and (3) Health Financing

**SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, SCHOOL OF PUBLIC HEALTH, ADDIS ABABA UNIVERSITY**

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

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**SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL**

The stakeholder reported HPs should be involved in research and in assisting the development of policies, strategies, and guidelines. In addition, they could be effective in the transfer of global knowledge and good practice and experiences. The respondent also indicated that another possible opportunity would be support to urban health surveillance in collaboration with a UK university.

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**PRIORITY AREAS OMITTED**

The respondent reported that the role of professional associations seems to have been underplayed in the priorities identified through the desk review.

**THE RESPONDENT ALSO IDENTIFIED THE FOLLOWING 'OTHER' PRIORITY ACTIVITIES:**

Health System Priority Areas	Activities under Health System Priority Area
<b>Governance and Leadership</b>	<b>Transformative agenda 6: Transformative leadership</b>

<b>Regulation of health professionals</b>	Other: Enhance role of/delegate professional associations in self-policing their professions
<b>Strengthen regulation</b>	Other: Delegate this function to a professional or public sector contracting agency
<b>Human Resources for Health</b>	
<b>Transformation Agenda 4: Motivated, competent and compassionate health workforce</b>	
<b>Improve human resource development</b>	Other: Develop and implement human resources policy or strategy
<b>Pre-service and in-service training</b>	Other: Involve professional associations in overseeing training institutions
<b>CPD</b>	Other: Delegate professional associations to handle CPD
<b>Availability and distribution of the health workforce</b>	Other: Develop HRH development plan based on HRH policy/strategy
<b>Strengthen Human Resource Management (HRM)</b>	Other: Develop HRM framework based on HRH policy
<b>Regulatory personnel</b>	Other: Delegate HRH regulatory activities to professional associations
<b>Health Financing</b>	
<b>Transformation Agenda 5: Health Financing</b>	
<b>Split health financing roles of provider, purchaser and regulator of health services</b>	Other: initiate hospital autonomy  Other: Implement social insurance
<b>Protect the poor and under-privileged from catastrophic health expenditure ensuring that people can access affordable service, therefore moving towards universal health coverage.</b>	Other: Encouraging and developing traditional insurance mechanisms such as eder-based ones

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## ETHIOPIAN MIDWIFERY ASSOCIATION

### PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Service Delivery, (2) Human Resources for Health, and (3) Governance and Leadership

### SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, ETHIOPIAN MIDWIFERY ASSOCIATION

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

The respondent was in agreement with the priorities identified through the desk review as these reflected the FMoH priorities. The respondent reported that the identified priorities would, *'build stronger and more resilient health systems and make progress towards universal health coverage through improved health service performance for poor and vulnerable populations'*.

This respondent indicated that FMoH priorities focused mainly on:

- Support to the development of stronger health systems through better governance, information, and management of health institutions
- Providing the health workforce with opportunities to improve skills and knowledge
- Building on institutional capacity to decrease any reliance on external support.

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#### SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that any of the priority areas could be addressed by a HP, as they would focus on the outcome and the budget would focus on specific objectives.

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#### PRIORITY AREAS OMITTED

The respondent did not identify any priority areas that had been omitted from the prioritisation exercise.

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#### SCHOOL OF NURSING AND MIDWIFERY

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#### PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Governance and Leadership, and (3) Service Delivery.

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#### SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, SCHOOL OF NURSING AND MIDWIFERY

Priority Ranking	Health System Component
3	Service Delivery
1	Human Resources for Health

2	Governance and Leadership
4	Health Information Systems
5	Health Financing
6	Medical Products and Technologies

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#### SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

This respondent identified potential areas of collaboration and linkages with the UK partners as follows:

- Joint research and advice on education
- Joint research, and evaluation and mentoring
- Expansion of graduate and post-doctoral programmes
- Web-based teaching and learning
- Jointly advising on external examinations and consulting services.

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#### PRIORITY AREAS OMITTED

The respondent identified the following additional priority areas.

Under the **HRH** component the respondent identified the following areas:

- Train competent, knowledgeable and skilful nurses who are empathetic, client centred, and dedicated to serving the community at all levels
- Provide quality pre-service education and in-service training and capacity building and CPD.
- Strengthen the research capacity of academic staff and graduate programme participants at all levels
- Strengthen multidisciplinary education, research and clinical services
- Strengthen the community health activities of graduates and undergraduate students
- Establish multidisciplinary education and research activities
- Strengthen the capacities of HEWs through training, mentoring and upgrading

Under the **Governance and Leadership** component the respondent identified the follow areas:

- Build leadership and governance capacity of staff and students through pre-service and in- service trainings, seminars and practical means
- Facilitate exposure of academic staff and students by assigning them to leadership positions at different levels
- Integrate academic education and research activities with the clinical services of healthcare facilities
- Work closely with the government and non-government organizations at different levels

- Establish good governance practices at different positions within the organization and work with NGOs and GOs
- Establish and implement accountability at all levels, within and outside the organization
- Establish a mechanism to create a culture of responsibility and a gender sensitive environment at all levels
- Strengthen partnership with local and international organizations who have similar objectives
- Enhance leadership capacity of young academic staff with an emphasis on gender

In the area of Health Information Systems the respondent included health literacy and social behaviour change communication as another priority as follows:

Health System Priority Areas	Activities under Health System Priority Area
<b>Health Information systems</b>	
Health literacy and social behaviour change communication	Other: <ul style="list-style-type: none"> <li>• Identify gaps in health literacy at community level</li> <li>• Identify available efforts and systems</li> <li>• Design, develop and share locally sound messages for different channels</li> </ul>

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## ADDIS ABABA UNIVERSITY

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### HEALTH SYSTEM CHALLENGES

The respondent reported that all building blocks of the health system are important, however, the service delivery, human resources, health information system revolving around NCDs are the most critical. NCD is the major public health threat in Ethiopia, but facilities, as well as the community at large, are not yet prepared to prevent and manage the problem.

The respondent identified the following health systems challenges:

#### SERVICE DELIVERY

- NCDs and more particularly the need to integrate NCD services (cervical cancer, hypertension, diabetes, chronic respiratory diseases ,etc)
- Provision of palliative care for cancer and other chronic conditions

#### HUMAN RESOURCES FOR HEALTH

- Education, training and development especially for maintenance of equipment and retention of HEWs

#### HEALTH INFORMATION SYSTEMS

- Planning and use of operational research, especially on social determinants of health to inform programmes
- Evidence for informing standardisation of messages and improving health literacy.

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### PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Service Delivery, (2) Human Resources for Health, and (3) Health Information Systems.

#### SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, ADDIS ABABA UNIVERSITY

Priority Ranking	Health System Component
1	Service Delivery
2	Human Resources for Health
	Governance and Leadership
3	Health Information Systems
	Health Financing
	Medical Products and Technologies

#### SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following **Service Delivery** areas could be addressed by a health partnership:

- Integrated NCD service delivery
- Palliative care service provision for cancer and other chronic conditions

Activities related to NCDs and palliative care that could potentially be supported by a HP include:

- Generation of evidence on type of services at Health Facility (primary and tertiary) and HH/community level, including:
  - Current level of integrated NCD services;
  - Palliative care at health facility and home level,
  - Level of awareness and approaches
- Development and implementation of capacity building of providers to:
  - Improve health professional's competence, (evidence generation, recording and reporting, referral, and follow-up) to provide integrated NCD and palliative care service and to meet diverse needs
  - Integrate services within health facility and between health facility and HH/community
  - Improve awareness of clients
  - Provide palliative care for cancer and other chronic conditions
  - Work with families to improve care

#### PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified improving health literacy and social behaviour change communication related to NCDs and palliative care, as well as the generation of evidence to inform the standardization of messages as other key priority areas. The maintenance of medical equipment under the Medical Products and Technologies component is another identified priority.



**PRIORITY AREAS**

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Governance and Leadership, and (3) Health Financing.

**SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, JHPIEGO**

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

**SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL**

The stakeholder reported that the HP model is relevant, provided that the HP is not running parallel to other national programmes, otherwise it will be *'redundant'*. There are many programmes working to strengthen health systems in the country and HP should fill a gap and tailor interventions to national needs.

With regard to the extent to which HP interventions could be supportive and compliant with gender equity and equality, social inclusion, human rights, and other relevant international norms and standards, the respondent suggested that as long as HPs are *'designed, planned and implemented carefully'*, they would be well positioned to comply with gender equity and equality. The HP could also require quotas for inclusion of female, disabled persons, people from hard to reach areas in its interventions, and budget allocation.

The respondent suggested the following facilitators and barriers to HPs achieving their objectives and results:

**Facilitators:**

- supportive policy and strategies,
- availability of local and international partners,
- availability of experts and higher education institutions.

**Barriers:**

- multiple ad hoc requests from the government,
- unfavourable motivation level and retention factors among health workforce,
- shortage of timely and quality data/evidences,
- difficulty to reach wide geographic areas and large population

To improve the efficiency and overall benefit of HPs they should focus on high impact interventions and opt to use technology for training and mentorship. HPs should be designed to have a catalytic effect for change, through building local capacity, providing grants for local institutions to do the tasks by themselves and monitoring the targeted milestones and quality of their actions. HPs

should engage the FMOH, Regional Health Bureaus, professional associations, and training institutions from the start up, working collaboratively with them to identify their priorities every year and quarter.

The respondent suggested a number of areas that could be addressed by a HP as follows:

Health system priority area/activity	Potential HP project/interventions
1. Strengthen the integration and interface of the academic function, service provision and research activities at teaching institutions	Develop standards for health facilities to be used for academic purposes
	Support academic institutions to use these standards to select, develop, monitor, and accredit health training facilities
	Select and train preceptors and identify clinical practice coordinators
	Develop and use clinical practice guidelines and clinical practice syllabi
	Develop and implement roadmap for service and education integration
	Promote expansion of practice sites for a whole range of practice opportunities, including to community sites, public offices, laboratories, research centres, private facilities
	Develop motivation schemes for health workers acting as preceptors
	Promote team-based research and biomedical research
2. Develop and implement motivation and retention schemes and introduce bundles of financial and non-financial incentives including improved remuneration, opportunities for further education and career development, participatory leadership and management styles, and improved working and living conditions	Assess factors affecting the motivation and retention of health workers in Ethiopia
	Develop strategies for addressing motivation and retention issues
	Promote with policy makers for innovative motivating strategies like dual practice, salary increment for living cost, other benefit packages
	Plan and implement conducive work climate
	Develop leadership skills of healthcare managers for close support of health workers

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#### PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
<b>Human Resources for Health Transformation Agenda 4: Motivated, competent and compassionate health workforce</b>	
<b>Improve human resource development</b>	Other: optimize the number and standards of enrolled health science students
<b>Pre-service and in-service training</b>	Other: improve inter-professional collaboration, communication, problem solving, and innovation skills training
<b>CPD</b>	Other: Design technology based CPD for wide reach
<b>Availability and distribution of the health workforce</b>	Other: Review and improve staffing standards for each facility levels
<b>Strengthen Human Resource Management (HRM)</b>	Other: Design innovative means to create health jobs
<b>Regulatory personnel</b>	Other: Create real accreditation system for health training programmes Facilitate the establishment of health professional’s council Ensure quality and usability of licensing and certification examinations
<b>Integration of GESI approach into HRH interventions.</b>	Other: Build the capacity of female leaders, faculty and students Create gender transformative structures, and approaches
<b>Governance and Leadership (Transformative agenda 6: Transformative leadership)</b>	
<b>Support implementation of Transformation Agendas</b>	Other: Ensure strong follow through measurement & learning for transformational agenda Conduct collaboration among woredas, and continuous adaptations based learning
<b>Transformation in Quality and Equity of care</b>	Other: Ensure accountability of health care leaders and health workers Develop motivation schemes, create champions

<b>Enhancing organizational capacity of the health sector at all levels</b>	Other: Review Financing schemes
<b>Regulation of health professionals</b>	Other: Accreditation of health training programmes

## ETHIOPIAN ANAESTHETISTS' ASSOCIATION

### PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Service Delivery, and (3) Governance and Leadership and Health Information Systems.

### SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, ETHIOPIAN ANAESTHETISTS ASSOCIATION

Priority Ranking	Health System Component
2	Service Delivery
1	Human Resources for Health
3	Governance and Leadership
3	Health Information Systems
	Health Financing
	Medical Products and Technologies

### SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following priority areas could be addressed by a health partnership:

#### HUMAN RESOURCES FOR HEALTH

- Support higher education institutions to provide quality pre-service medical education
- Increase the competency and availability of Anaesthetists to improve the availability, accessibility and quality of surgical and anaesthesia care
- Strengthen Anaesthetists' capacity to perform user level preventive maintenance
- Support FMHACA to develop Anaesthesia scope of practice, job aids, and other anaesthesia quality improvement tools
- Increase CPD accreditation capacity of Ethiopian Association of Anaesthetists
- Increase capacity of CPD provision centre and link with regulation bodies for relicensing

#### SERVICE DELIVERY

- Improve pain and palliative care management
- Improve quality of care

## MEDICAL PRODUCTS AND TECHNOLOGIES

- Avail new equipment and drugs to advance the anaesthesia service.

## LEADERSHIP AND GOVERNANCE

- Strengthen regulation of health professionals through the provision of licensing and relicensing by the mandated government bodies

## HEALTH INFORMATION SYSTEMS

- Strengthen culture of information use at all levels and research and knowledge management
- Develop and provide e-learning mechanisms for anaesthetists to encourage the culture of information use and CPD

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## PRIORITY AREAS OMITTED

This respondent did not identify any omitted priorities.

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## HEALTH OFFICERS' ASSOCIATION

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### PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Governance and Leadership, and (3) Service Delivery

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### SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, HEALTH OFFICERS ASSOCIATION

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

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### SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder did not suggest any particular areas that could be addressed by a health partnership.

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### PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
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Human Resources for Health	
CPD	Other: Introduce innovative career development opportunities that consider the rapidly changing demographic, technological and epidemiological transition that will help health officers to manage community health problems in an effective and appropriate manner and help to retain health officers in the health system, especially in clinical service.
Strengthen Human Resource Management (HRM)	Other: Recognition of the profession, professional development and system strengthening to treat all health cadres fairly  Consideration and enforcement of health professionals' scope of practice

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## ETHIOPIAN MEDICAL ASSOCIATION

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### PRIORITY AREAS

The stakeholder identified the following priority areas under the HRH component:

- Improving the quality of pre-service education for the health workforce
- Establishing a National Regulatory body for quality assurance of in-service training
- Operational research on staff retention, motivation and attraction strategies, including in-service training
- Partnerships or twinning with UK or other north countries to improve quality and performance

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## ESSENTIAL PHARMACY SUPPLIES DIRECTORATE, FMOH

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### PRIORITY AREAS

The stakeholder identified the priorities of the FMOH Pharmaceuticals Directorate under the Medical Products and Technologies component as follows:

- Capacity building in the quantification process of the supply chain mechanism
- Medical equipment maintenance and repair
- Antimicrobial resistance capacity building, training and operational research

## FINAL PRIORITISATION

The scoping assessment team synthesized and summarized the priorities identified and validated through the initial KIs and presented these to a core group of key stakeholders, comprising senior FMOH and FCDO officials, for review and validation.

The identified priorities were validated, and additional priorities identified for which the HP model was deemed suitable and feasible.

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## HSTP II MAJOR ACTIVITIES IDENTIFIED BY THE HEALTH SYSTEM BUILDING BLOCKS

The FMOH has identified 14 strategic objectives and directions in the HSTP II. In each strategic direction, major activities (projects) are stipulated and costed. The FMOH noted that the priority health system areas identified by the scoping assessment team and mapped against the WHO health system building blocks, captured most of the activities in the HSTP II, with some exceptions.

The FMOH identified additional priority areas and activities for consideration by the UKPHS programme as set out in the tables below.

#### SERVICE DELIVERY

In the service delivery area it was proposed that the following should be included:

- Public health emergency and disaster risk management
- Medical services (clinical, emergency and critical care, blood transfusion and laboratory services)
- NCDs.

#### MEDICAL PRODUCTS AND TECHNOLOGIES

In addition to the identified priorities under this areas, the FMOH indicated that ***“Improving access to pharmaceuticals and medical devices and their rational and proper use”*** should be given the highest priority in the UKPHS document (included in the table below).

#### HUMAN RESOURCES FOR HEALTH AND HEALTH INFORMATION SYSTEMS

Many of the **HRH and HIS** priority activities in the HSTP document have been identified during the scoping assessment. However, some of these are detailed activities and the FMOH proposed that the major activities listed in the HSTP II related to these health system areas should be included as priorities activities, as reflected in the table below.

Strategic Objective	Major HSTP II activities
<b>Human Resources for Health</b>	
<b>Improve Human Resource Development</b>	<ul style="list-style-type: none"> <li>- Design and implement an incentive mechanism to develop a motivated health workforce at all levels</li> <li>- Support pre-service education to improve quality of training</li> <li>- Strengthen hospital-based education and training in the health system</li> <li>- Enhance demand driven health workforce forecasting, planning and development</li> <li>- Strengthen the integration and interface of the academic function, service provision and research activities at teaching institutions</li> <li>- Upgrade all HEWs from level III to level IV</li> <li>- Strengthen CPD and integrate with health professional re-licensing</li> <li>- Ensure the distribution and availability of health workforce to health facilities with adequate number and appropriate professional mix in an equitable manner</li> <li>- Introduce professional and gender mix among HP staff</li> </ul>

	<ul style="list-style-type: none"> <li>- Enhance human resources structure and management functions</li> <li>- Develop and implement motivation and retention schemes and create conducive work environment</li> <li>- Establish National Health Workforce Accounts (NHWA)</li> <li>- Strengthen the Human Resources Information System (HRIS)</li> <li>- Establish National Health workforce observatory</li> <li>- Improve health workforce productivity and efficiency</li> <li>- Improve gender equity of the health workforce at all levels</li> </ul>
<b>Governance and Leadership</b>	
<b>Improve Leadership and Governance</b>	<ul style="list-style-type: none"> <li>- Build leadership capacity through different mechanisms such as Leadership Incubation Programmes, CPD for leaders and twinning</li> <li>- Promote merit-based assignment of health sector leaders alongside gender equity goals</li> <li>- Design and implement mechanisms that promote gender equality in leadership and other roles</li> <li>- Reorganize and implement institutional structure (such as NHS) and management system to embrace dynamism</li> <li>- Revitalize harmonization and alignment for health (one plan, one budget and one report principles)</li> <li>- Institutionalize grievance handling and monitoring mechanisms at all levels</li> <li>- Design and implement innovative mechanisms to improve Social Accountability in health sector</li> <li>- Strengthen partnership among public sectors, private for profit, CSOs and NGOs</li> <li>- Design and implement incentive and accountability mechanisms in the health sector</li> <li>- Design and implement transparent resource allocation mechanism</li> </ul>
<b>Health Information Systems</b>	
<b>Improve Health Information Systems</b>	<ul style="list-style-type: none"> <li>- Enhance information use culture</li> <li>- Enhance data quality strategies and interventions</li> <li>- Nurturing digitalization for data management and use</li> <li>- Strengthen HIS leadership and governance</li> <li>- Improve health IT infrastructure</li> </ul>



	<ul style="list-style-type: none"> <li>- Improve HIS capacity of health workforce</li> <li>- Strengthening vital statistics, surveillance, survey and research</li> </ul>
<b>Medical Products and Technologies</b>	
<b>Improve access to pharmaceuticals and medical devices and their rational and proper use</b>	<ul style="list-style-type: none"> <li>- Optimise good warehousing and distribution practice</li> <li>- Institutionalise robust information system to ensure end-to end data visibility for the supply management of medicines and medical devices across the supply chain.</li> <li>- Establish and implement track and trace system for medicines and medical devices across the supply chain</li> <li>- Establish Supply Chain Management centre of excellence for medicines and medical devices</li> <li>- Strengthen private and other stakeholders' engagement in areas of supply chain and medical devices management</li> <li>- Strengthen medical device maintenance workshops, refurbishment centres and maintenance referral system</li> <li>- Implement reverse logistics at health facilities and pharmacy retail outlets that extends to households</li> <li>- Strengthen capacity for local manufacturing of medicines and medical devices</li> <li>- Establish University-Industry linkage for local pharmaceuticals manufacturing and biomedical engineering</li> <li>- Establish National Medicine and Poison Information Centre</li> <li>- Promote the rational use of medicines by healthcare professionals and the public</li> <li>- Strengthen the prevention and containment of antimicrobial resistance</li> <li>- Transform Drug and Therapeutic committee</li> <li>- Strengthen implementation of Auditable Pharmaceutical Transactions and Services</li> <li>- Strengthen clinical pharmacy and drug information services</li> <li>- Develop a medical device policy, roadmap and comprehensive management guideline</li> <li>- Strengthen integration of modern and traditional medicine</li> </ul>

## THEORY OF CHANGE

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



## CONCLUSIONS

The Ethiopian health sector gives due priority and focus to all of the six WHO health system building blocks to build resilient health systems and the FMOH aspires to ensure a balanced resource allocation to all six pillars. From the triangulation of the data, HRH was the highest ranked priority, followed by leadership and governance and service delivery. However, more consistent ranking and increased numbers and diversity of stakeholders may have yielded different perspectives and results. For example, key informants from pastoralist regions were contacted but unfortunately did not respond, and therefore their perspectives are missing.

In addition to the above priority areas, the mitigation of COVID-19 risks and its negative impact on various health care efforts should be considered. Further, areas with limited funding such as NCDs, palliative care, equipment upkeep and improving supply chain mechanisms, are additional areas for consideration.

With all HP interventions supported under this programme, it will be key that HPs avoid duplication of effort by focussing on aligned and complementary health system components and/or activities, assuring equitable distribution of funding opportunities to all regions and universities, ensuring sustainable projects, and setting clear targets that are aligned with local health care needs and national priorities.

In conclusion, the 14 Strategic Objectives identified in the HSTP II and beyond are the priority areas that the FMOH will operationalise in collaboration with the Development Partner within the implementation period of the UKPHS programme. The Scoping Assessment Report should reflect these as the UKPHS will use the HSTP II as an investment case to align the priorities with the FMOH. Furthermore, as ensuring Quality of Care and Equity are cross cutting issues, the FMOH expects that the design and implementation of any HP projects and interventions undertaken will adopt a quality and equity lens.

The composition and functions of the proposed NOM is currently under review. It is expected that the NOM will comprise key specialists in the identified priority areas fields, a FMOH representative and the FCDO Ethiopia Health Adviser. The key role of this committee will be to ensure HP alignment with national plans and priorities, and with the UKPHS Ethiopia Theory of Change.

## ANNEXES

Annex 1: Programme Overview and Ethiopian HP examples

Annex 2: Stakeholder Feedback Tool with Health Systems Priorities

Annex 3: Documents Reviewed

Annex 4: Stakeholder Consulted

### FREQUENTLY ASKED QUESTIONS

#### WHAT IS UK PARTNERSHIPS FOR HEALTH SYSTEMS?

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The UK Partnerships for Health (UKPHS) programme was announced by the UK Department for International Development as the successor to the Health Partnership Scheme (2011-2019). Management of the programme was awarded to the Tropical Health and Education Trust with technical input from the Liverpool School of Tropical Medicine. The programme began on 2<sup>nd</sup> December 2019 and will run for 43 months until July 2023.

The programme aims to help LMICs build stronger, and more resilient health systems, making progress towards universal health coverage through improved health service performance, particularly targeting poor and vulnerable populations. Some of the key aims are to:

- Support the development of stronger health systems through better governance, information, and management of health institutions
- Provide the health workforce with opportunities to improve skills and knowledge
- Build on institutional capacity to decrease any reliance on external support.

#### WHAT KIND OF PROJECTS WILL BE FUNDED UNDER THE UKPHS?

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UKPHS focuses on 10 strategic countries which were identified by the FCDO – Bangladesh, Ethiopia, Ghana, Myanmar, Nepal, Sierra Leone, Somalia/Somaliland, Tanzania, Uganda and Zambia. Grants must address pre-identified health priorities, as identified by stakeholders within the country.

All projects under this funding programme must be delivered by health partnerships and must address issues with the health workforce through activities such as training, leadership development, or protocol and curricula development., The funding cannot be used for infrastructure work, including equipment procurement or refurbishment.

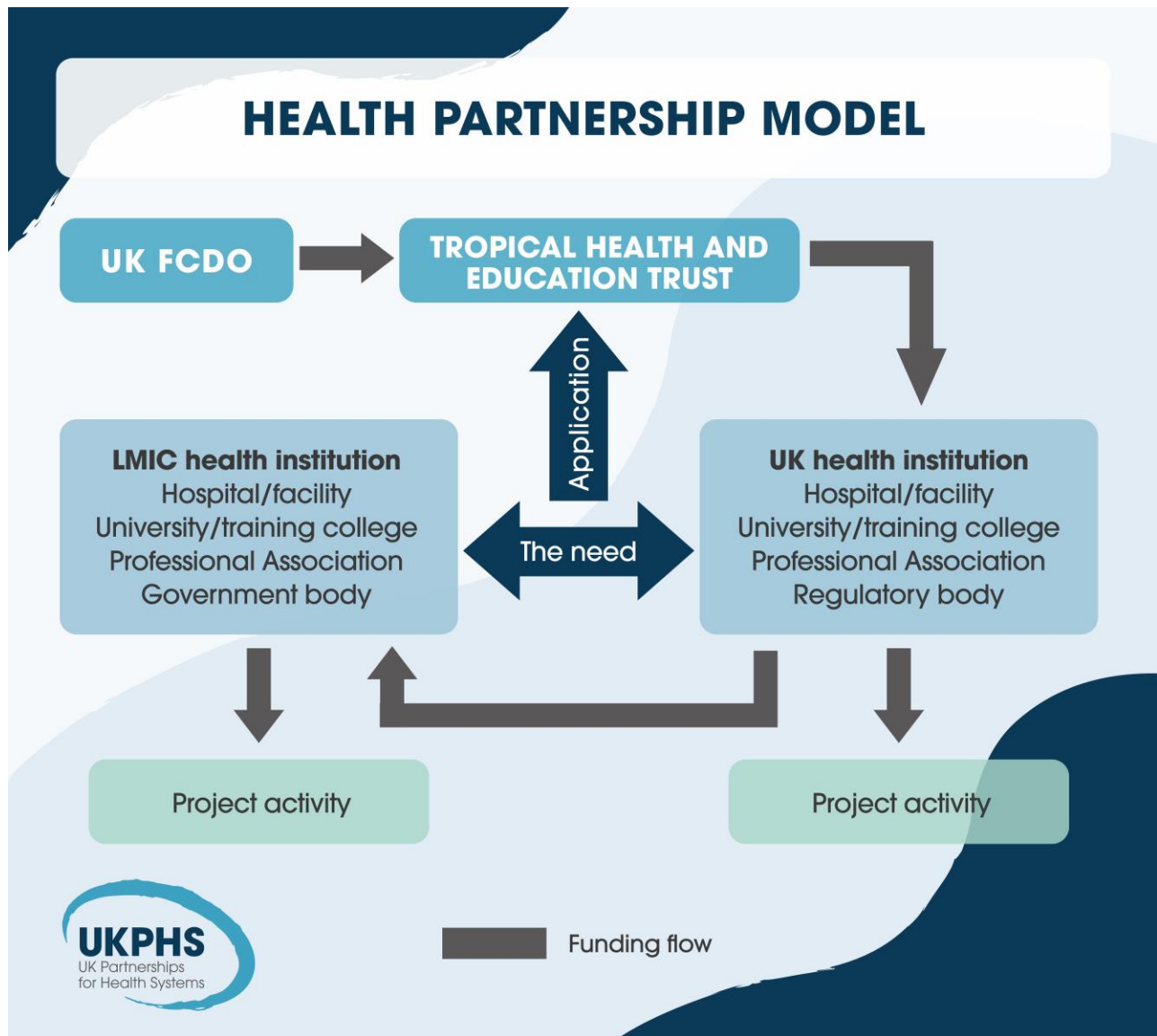
#### HOW MUCH FUNDING IS AVAILABLE FOR WORK IN ETHIOPIA THROUGH THE UKPHS AND HOW IS IT MONITORED?

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There will be 4-8 grants of up to £330k available, running from February 2021 to April 2023. A total of up to £2m is available for Ethiopia. The number of grants will be decided based on the number and quality of applications. As a multi-country programme, the financing modality of this programme will be off-budget-off-treasury.

THET will transfer funds to the UK partner, who will hold a sub-contract with the Ethiopia partner and transfer downstream funds accordingly. Grant holders will provide quarterly narrative and financial reports to THET, and THET will conduct annual financial audits on the lead UK and Ethiopian partners. THET will also conduct annual monitoring visits to the Ethiopian institution to verify project progress, and the THET Country Director will be in regular communication with the grant holders.





#### WHAT IS THE MODALITY OF THE PROGRAMME?

Grants will be awarded to health partnerships between UK and Ethiopian institutions. A health partnership is a long-term institutionalised relationship between a UK health institution, either a hospital, a trust, a professional association, or a health education facility such as a university, and their counterpart overseas. The aim of these partnerships is to deliver health systems strengthening through utilising the expertise of the UK partner. Staff from the UK volunteer their time in the overseas institution to train health workers and improve the systems within which they work. Partners co-develop programmes that address organisational and national priorities. The partnerships themselves are generally long term and sustainable, while the projects which they deliver are discrete and tailored to specific identified needs. The aim of all projects is sustainable impact and mutual benefit.

#### WHAT ARE THE MAIN OBJECTIVES AND PLANNED OUTCOMES OF THE GRANTS PROGRAMME?

The entirety of the programme aims to contribute to SDG 3 – ensuring healthier lives and promotion of well-being for all at all ages, with a focus on Universal Health Coverage. A key outcome will be improved health worker and health service performance including for the poor and most vulnerable populations. This will be measured through monitoring the number of facilities supported by UK PHS projects demonstrating positive outcomes in health service performance, with a focus on health worker performance. Projects funded under this programme should take an approach which enhances gender equality and social inclusion, focusing on targeting poor and vulnerable groups.

## WHAT ARE THE PREVIOUS HEALTH PARTNERSHIP PROJECTS IN ETHIOPIA MANAGED BY THET, AND WHAT WAS THEIR IMPACT?

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Historically THET was the grants manager for the Health Partnership Scheme – a 7-year, £32 million programme funded by the UK Department for International Development. This programme supported 210 projects in over 30 countries, and trained over 93,000 health workers. Including THET’s other grants programmes, 17 projects have been funded in Ethiopia since 2011. Some of the institutions involved and the impact they had are outlined at the end of this document.

## WHAT WERE THE LESSONS LEARNED FROM THE HEALTH PARTNERSHIP SCHEME?

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DFID commissioned an independent evaluation of the programme in 2016 which found that “Health Partnership Scheme projects have contributed to the health system strengthening by strengthening health worker capacity in terms of their skills, knowledge and confidence”. However, there were some lessons learned that THET will incorporate into the UKPHS, including:

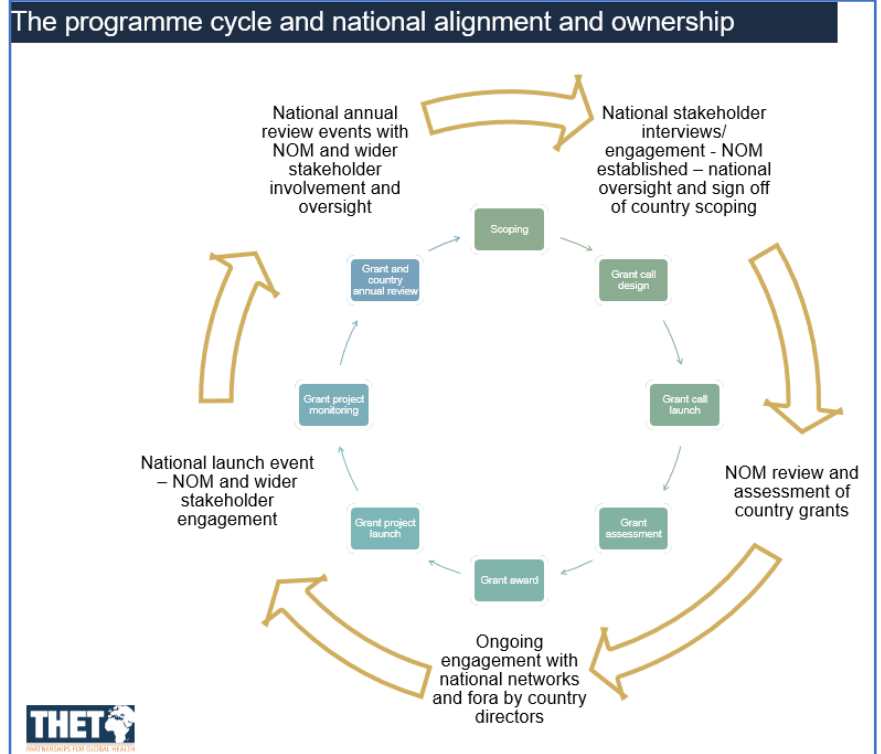
- Partnerships had not all considered the broader system challenges that could occur and how their implemented change fed into the wider system. Wider health system constraints may have limited the chances for improving health worker capacity and health services.
  - For example, health workers could receive training but could be quickly rotated or not have the medicines to put their improved skills and knowledge into practice.
  - Without central MoH engagement and oversight, certain bottlenecks occurred and sustainability is more difficult to maintain.
  - The UKPHS will therefore develop clear strategies of support to ensure health partnerships are aligned with national health plans and are facilitated and managed to most effectively deliver against these priorities (see below). Only through directly contributing to the national priorities partnerships can play a key role in Health System Development
- There were examples of female health worker empowerment but gender and social inclusion approaches and analysis are not strong enough. GESI will be a key component of the new programme.
- There was very little collaboration between partnerships or with other aid programming in host countries. Other aid programmes will be reviewed during the scoping trip.
- Long-term partnerships are effective at designing and implementing approaches that contribute to health system strengthening. Sustainability of project outputs are supported by the strength and longevity of the partnership. While we will encourage new partnerships to apply, we may require an inception period before granting the full award.

## HOW WILL NATIONAL OWNERSHIP AND BUY-IN BE ENSURED?

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- It’s crucial to the success of this programme and the sustainability of its outcomes that national stakeholders play a leading role in determining priorities. The key health priorities addressed by projects being implemented in strategic countries will be determined through a scoping visit undertaken specifically to engage with national stakeholders. Over the course of the scoping visit, national stakeholders will be asked to participate in workshops, focus groups and key informant interviews, aiming to draw out key priorities for those working in the health sector.

- The priorities raised during these meetings will then be agreed upon and used to develop a country specific Theory of Change, which will form the basis for all of the project interventions. Relevant stakeholders will then be invited to join a National Oversight Mechanism (NOM), which will play a key role throughout the programme in ensuring that projects remain aligned with national priorities and feed into the relevant national plans. The NOM will be asked to review and assess applications during the selection phase of the programme and then play an ongoing role in providing oversight on projects as they progress and attending annual national review events.
- In addition to the NOM, THET's Country Director will support funded health partnerships for the duration of the programme. They will be continuously engaging with national networks, the Ministry of Health and other relevant partners.



#### WHO IS THET?

THET – the Tropical Health and Education Trust - is a global health charity operating whose aim is to address the statistic that one in seven people globally will never visit a qualified health worker. We do this primarily through health workforce development. We train, support and educate health workers across Africa and Asia, working in partnership with organisations and volunteers from across the UK, Africa and Asia. All of the work which THET does works within the health partnership model framework. THET is the fund manager of the UK Partnerships for Health Systems.

#### WHO IS LSTM?

LSTM – the Liverpool School of Tropical Medicine – is a higher education institution with demonstrable and proven experience and expertise in HSS interventions, across several of the health system building blocks. These include governance and leadership, human resources for health, service delivery for maternal, newborn and child health, and information, co-producing and applying knowledge with policy makers, academics, practitioners and communities to promote equitable access to quality health care. LSTM is the technical partner of THET in UKPHS, providing HSS and GESI expertise.



HP EXAMPLES FROM ETHIOPIA

Five previous partnership projects supported by THET – please note that grant amounts varied from GBP £30,000 to GBP £120,000

<b>Ethiopia Partner</b>	CURE Ethiopia Children’s Hospital	<p><i>Impact overview:</i></p> <ul style="list-style-type: none"> <li>- 206 Health Workers trained, of which:                             <ul style="list-style-type: none"> <li>• 96 were trained by UK Trainers</li> <li>• 48 were trained by local trainers</li> <li>• 62 were trained by UK and local trainers</li> <li>• 18 New Trainers trained in basic and advanced Ponseti course.</li> </ul> </li> </ul>
<b>UK Partner</b>	Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS)	
<b>Project Focus</b>	The project developed, refined, and field tested a Provider Course and a Training of Trainers course for clubfoot.	

<b>Ethiopia Partners</b>	Gondar University Hospital Jimma University Hospital	<p><i>Training overview:</i></p> <ul style="list-style-type: none"> <li>• Inpatient mortality from stroke fell by 39%</li> <li>• 50 Health centre staff now understand structured follow-up charts and how to complete them</li> <li>• 40 Ward nurses and physiotherapists now understand stroke care protocols and how to complete documentation of care</li> <li>• Lead stroke nurses in Jimma and Gondar have gone on to train 15 additional nurses in stroke care of their own accord</li> </ul> <p><i>Impact overview:</i></p> <ul style="list-style-type: none"> <li>• Inpatient mortality from stroke fell by 39%</li> <li>• 402 patients treated for stroke (was initially zero)</li> <li>• 540 patients treated for chronic respiratory disease (was initially 86)</li> </ul>
<b>UK Partner</b>	University Hospital Southampton NHS Foundation Trust	
<b>Project Focus</b>	To improve the provision of care for patients with stroke and chronic respiratory disease in North Gondar and Jimma Zones	

<b>Ethiopia Partner</b>	Gondar University Hospital	<p><b>Impact</b></p> <p>The hospital overall has become cleaner and more hygienic.</p>
<b>UK Partner</b>	University Hospitals of Leicester	
<b>Project Focus</b>	To improve hand hygiene and promote the physical,	<p><i>Facilities Improvements:</i></p>

	<p>mental, and social well-being of healthcare workers to prevent occupational diseases and injuries including sharps safety, which should also improve patient safety</p>	<ul style="list-style-type: none"> <li>- Improved toilet facilities</li> <li>- Improved access to hand washing facilities</li> <li>- Reminders of Hand Hygiene around the hospital</li> <li>- 272 Alcohol Based Hand Rubs available (up from 143)</li> </ul> <p><i>Training achievements:</i></p> <ul style="list-style-type: none"> <li>- 103 Nurses, 240 Interns, and 157 Janitors and Cleaners have had one day training in Infection Prevention and Control</li> <li>- 50 Hand Hygiene Champions trained who are responsible for improving and maintaining high standards in their clinical areas around the hospital.</li> <li>- 500 Staff members trained in Infection Prevention and Control and Occupational Health Safety for a two-day training seminar</li> </ul>
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<p><b>Ethiopia Partners</b></p>	<p>Mekelle University Ayder Referral Hospital</p> <p>Mekelle Hospital</p> <p>Tigray Regional Health Bureau</p>	<p><b>Impact</b></p> <p>The most significant result of the project is the development of a functioning clinical engineering department. Prior to the project, clinical engineering in Ayder Hospital was done in a haphazard, sporadic fashion.</p> <p><i>Impact overview:</i></p> <ul style="list-style-type: none"> <li>• 5 Members of staff working from a dedicated onsite workshop facility</li> <li>• Quality and quantity of test equipment greatly improved</li> <li>• Strong link between management of Ayder and Mekelle Hospitals, with resources and expertise often shared between sites and personnel</li> <li>• Change in perception of Medical Equipment Management Services, with both hospitals recognising and prioritising their respective MEMS departments as crucial parts of their hospitals.</li> <li>• The equipment has allowed for the provision of dental services and neonatal services at Ayder Hospital, which benefit 2000 and 150 patients per year, respectively</li> <li>• Enhancement of engineering facilities and formalisation of departmental procedures, MEMS department can now perform verification checks and electrical safety checks.</li> </ul>
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## IDENTIFICATION AND VALIDATION OF HEALTH SYSTEM PRIORITIES | ETHIOPIA

## STAKEHOLDER FEEDBACK TOOL

The following health system priority areas and activities have been identified from a review of the available key documents for Ethiopia.

The main documents reviewed to identify priority areas are included in the table below.

Documents Reviewed
<b>Ethiopia</b>
Federal Ministry of Health (2020) Health Sector Transformation Plan II (DRAFT) Chapter 3: <b><u>Performance of the Health Sector Transformation Plan I (HSTP I) – Situational Assessment;</u></b> Chapter 4: Chapter 7: Monitoring and Evaluation Framework (Draft)
Federal Ministry of Health (2005) Health Sector Strategic Plan(HSDP-III) 2005/6-2009/10
Federal Ministry of Health (2015) National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2014 2015/16

The priorities have been categorized under seven health system components as follows:

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

## INSTRUCTIONS

We would greatly value your reflection on the priorities listed in the tables below. Please review the priorities listed in these tables and share your views on which are the most important. There is no need to comment on each area if you are not familiar with the priorities in that area.

## STEPS:

1. Please rank the following seven health systems components on page three in order of priority (with 1 being the top priority).
2. For the top three priorities you have ranked, please review the associated health system component table (between pages 4 and 33)
3. In the health system component table, please score each with a score of between 1-5 (5 being very important, and 1 being less important).



## HEALTH SYSTEM COMPONENTS

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Rank the following seven health systems components in order of priority, with one (1) being the highest ranked priority. For the top three priorities, please review the associated table and rank the priority areas and activities underneath each area. Each is a hyperlink that will take you to the associated table.

Priority Ranking	Health System Component
	<a href="#">Service Delivery</a>
	<a href="#">Human Resources for Health</a>
	<a href="#">Governance and Leadership</a>
	<a href="#">Health Information Systems</a>
	<a href="#">Health Financing</a> <b>Health Financing</b>
	<a href="#">Medical Products and Technologies</a>

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	<b>Strengthen Primary Health Care</b>		Revise and scale-up health extension programme (HEP)
			Devise and implement strategies for more inclusive HEP service provision (women, men, children and youth)
			Design and implement HEP roadmap with milestones at end of each strategic plan
			Strengthen and expand the family health team approach in Urban Health Extension Programme
			Strengthen and expand mobile health teams for pastoralist/semi-pastoralist
			Strengthen and further create model Kebeles and high performing primary health care units (PHCUs).
			Ensure provision of health education and promotion using health facility visits as entry points
			Strengthen accountability of the health system to the public through implementation of community scorecard (CSC) and other accountability mechanisms
			Strengthen health services in school and other public institutions
	<b>Enhance Community Engagement and Ownership</b>		Strengthen and expand efforts to raise public awareness on major public health programmes (MCH, mental health, communicable and non-communicable diseases, nutrition, hygiene and environmental health)
			Strengthen community structures, including new ways of organized community mobilization and engagement supporting HEP.
			Strengthen Model Household training to ensure sustainable behavioral change
			Strengthen community engagement in planning, implementation, monitoring and evaluation of health system performance to build trust
			Introduce a motivation mechanism for community volunteers

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Engage school community members to reach households with health message.
			Ensure community health & safety through prevention of public health risks
			Introduce multimodal approaches for patient & community engagement in health service delivery process
			Strengthen engagement of Civil Society Organizations and Faith-Based Organizations in all health aspects
	<b>Maternal Health</b>		Improve access to screening and management for Sexual and Reproductive Health and medical problems before pregnancy
			Strengthen prevention and management of gender-based violence related maternal health problems
			Ensure provision of quality and equitable antenatal care
			Include preconception care (PCC) - biomedical, behavioural and social health interventions - as part of maternal health interventions to improve maternal and perinatal outcomes
			Introduce new interventions during pregnancy such as obstetric ultrasound at least once for all pregnant women before 24 weeks of gestation, screening for gestational diabetes mellitus and screening for Group B streptococcus (GBS) during delivery and treatment, screening and treatment of mental health problems in pregnant and postpartum women
			Strengthen quality and evidence based obstetric care during labor and delivery
			Improve access and quality of emergency obstetric care for the major cause of maternal death including Preeclampsia/Eclampsia, Hemorrhage, Sepsis, prolonged/obstructed labor.
			Strengthen RMNCAH-N catchment based clinical mentorship and supportive supervision
			Strengthen maternal and perinatal death surveillance and response system
			Strengthen obstetric referral and network system
			Expand access to quality comprehensive abortion care service

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Strengthen prevention and management of obstetric fistula and pelvic organ prolapse
			Improve access to sexual and reproductive health services like screening for cervical cancer, infertility work up and management, and sexually transmitted infection prevention and treatment
			Developing evidence based clinical guidelines and protocols (preconception care, antenatal care, intrapartum care etc.)
			Expansion of maternity waiting homes at each public health facilities
			Strengthen compassionate and respectful maternity care
			Ensure inclusion of sexual and reproductive health services (Minimum Initial Service Package) in humanitarian setting for disastrous preparedness and responses plan
	<b>PMTCT</b>		Strengthen HIV testing of partners of pregnant and lactating women
			Expand HIV testing services to health posts for pregnant women and link to care
			Strengthen integration of family planning services with HIV care
			Strengthen enhanced postnatal prophylaxis for all HIV exposed infants
			Strengthen and expand early infant diagnosis through POC (Point of care) testing and link for treatment
			Strengthen viral load testing services for pregnant and lactating women
			Enhance services for “Triple elimination” of vertical transmission of HIV, Syphilis and Hepatitis
	<b>Neonates and children health</b>		Strengthen and expand advanced neonatal care, NICU services and Essential New-born Care
			Strengthen & expansion of services for low birth weight and preterm babies including Kangaroo Mother Care
			Strengthen neonatal resuscitation and treatment of local and severe infection of newborn



Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Ensure sustained elimination of neonatal tetanus
			Strengthen and expand contextualized Community Case Management of New-born & Childhood Illness (ICMNCI), quality Integrated Management of Newborn and Childhood illnesses (IMNCI)
			Strengthen the treatment of diarrheal diseases and pneumonia
			Introduce and scale-up Early Childhood Development implementation through a multi-sectoral collaboration approach
			Other:
	<b>Immunization</b>		Improve effective coverage of routine immunization to achieve Universal Immunization in an equitable manner (identification of underserved communities in difficult to reach areas, geographically hard to reach areas, urban slums, urban outskirts due to urbanization, and in places and target groups with low coverage)
			Strengthen intensified outreach strategies for routine immunization through integrating with other health interventions
			Ensure the full implementation of the RED/C approach to improve immunization access and equity
			Improve effective Vaccine management at all levels
			Introduce New Vaccines (HepB birth dose, Yellow Fever, Meningitis A, Measles and Rubella etc...)
			Enhance and sustain the accelerated vaccine-preventable diseases (polio, measles, MNT) control, elimination and eradication initiatives and reduce the risk of outbreaks such as Yellow Fever
			Improve immunization data quality (Intensified immunization monitoring packages through Random Convenient Surveys (RCS), community and facility validation, and system assessment)
			Strengthen the second year of life (2YL) immunization service delivery to improve coverage
			Strengthen Immunization integration with other Health services to ensure access and avoid Missed Opportunity for Vaccination (MOV)

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Accelerate HPV Vaccine routine immunization and improve HPV Vaccine uptake and coverage by using the school platform and by using Health Facilities and community outreaches to reach out of school target girls
			Screening and vaccination of missed children during school entry such as measles
			Enhance Immunization demand creation and community engagement
			Ensure sensitive VPD surveillance and outbreak response system
			Ensure Immunization safety and AEFI detection and management
			Other:
	<b>Family Planning</b>		Universal access to family planning information and service to address unmet need with emphasis to immediate post-partum and post-abortion family planning services
			Strengthen integration of family planning services with key services such as HIV, TB, STIs, Expanded Programme on Immunisation, maternal ,child health services and others
			Strengthen method mix at all level of health care facility
			Improve quality of family planning services through effective counseling and mentorship
			Strengthening health seeking behaviors through Social and Behavior Change, Demand Creation and Advocacy interventions to address misconceptions, bias and myths which negatively affects use of family planning services
			Narrowing the regional disparity in family planning services through improving access to services (ensuring equity)
			Expand family planning service to workplaces, private health facility, people with special need, universities and colleges
			Capacity development (training for health professionals, infrastructure) and strengthening referral linkage at all levels for improving family planning services
			Improving result-based monitoring and evaluation system (evidence-based FP programming)

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Multisectoral collaboration for improving access to family planning services
			Improving domestic financing for sustaining family planning services
			Other:
	<b>Adolescent &amp; Youth Health</b>		Information, counseling, and services for comprehensive sexual and reproductive health including contraception
			Strengthen adolescent and youth-focused & friendly health services
			Prevention, detection and treatment of communicable and non-communicable diseases including sexually transmitted and reproductive tract infections
			Support and facilitate the introduction / adaptation, testing and scale up of high impact and innovative interventions.
			Promotion of healthy behavior (e.g. nutrition, physical activity, no tobacco, alcohol or substance use)
			Prevention of injuries, violence, harmful practices, improve and expand access to rehabilitative services
			Expand access to psychosocial support and related services for adolescent mental health and well-being
			Prevention, detection and management of sexual and other forms of gender-based violence, harmful practices such as female genital cutting and child & forced marriage
			Provide parenting skill training, as appropriate, for managing behavioral disorders among adolescents and youth
			Expand access to life skill training for adolescents and youth
			Ensure active and meaningful youth engagement in health planning, implementation, monitoring and evaluation
			Improve the quality of data generation, utilization and effective monitoring and evaluation of AYH programmes
			Strengthening multi-sectoral response and coordination through partnership and

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			networking among stakeholders
			Ensure the integration of AYH services into the lifesaving intervention in humanitarian emergency responses
			Other:
	<p><b>Nutrition:</b> Evidence-based and cost-effective nutrition-specific interventions that ensures nutrition focus in nutrition-sensitive health-sector interventions, and coordination with other sectors as recommended to attain optimal nutritional status at all stages of life span and conditions to a level that is consistent with good health, quality of life and productivity.</p>		Enhance food and nutrition information, communication, coordination, and dissemination
			Scale-up comprehensive integrated nutrition services (CINS) and the first 1000 days initiative
			Strengthen Adolescent nutrition by implementing national programmes and initiatives which includes school health and nutrition programme and scale up of Weekly Iron and Folic acid supplementation
			Enhance promotion and protection of infant feeding (BFHI) in all facilities.
			Strengthen breastfeeding counseling including feeding counseling and support for infants and young children in emergencies.
			Strengthen and scale up deworming and micro-nutrient supplementation to children, and women in need including pregnant and lactating women
			Strengthen and expand nutritional screening of children, pregnant and lactating women, and HIV positive individuals
			Strengthen and expand the management of moderate and severe malnutrition in children, pregnant and lactating women and HIV positive individuals
			Strengthen nutrition service delivery for communicable and non-communicable diseases.
			Expand and scale-up lessons from the Seqota declaration in collaboration with other sectors to end child under-nutrition
			Strengthen multi-sectoral coordination linkage and Nutrition coordination platform
			Other:

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	<b>Prevention and control of non-communicable diseases (NCDs)</b>		Integrated NCD services (cervical cancer, hypertension, diabetes, chronic respiratory diseases etc.)
			Palliative care for cancer and other chronic conditions
			Ensure comprehensive policies and legislations are developed to address the rising burden of unhealthy diet, and khat and enforce their implementation
			Establish a Multisectoral Coordination Mechanism for prevention and control of NCDs and Risk factors
			Conduct awareness-raising programmes on NCDs and risk factors for the general public, at workplaces and schools.
			Implement public awareness activities on healthy diets during the life course; health benefits of physical activity; harms of alcohol and tobacco use
			Enforce the implementation of articles on tobacco and alcohol in the EFDA proclamation 1112/2019 in accordance with the WHO framework convention for the control of tobacco (FCTC)
			Implement public awareness on the dangers of khat consumption and its related risks.
			Promote interventions on the reduction of exposure to environmental and occupational risk factors
			Scale-up programmes for primordial, primary and secondary prevention of Rheumatic heart disease within the community and across the health care delivery system
			Decentralize and integrate NCDs and risk factors services into primary health care through task shifting, task sharing, and improved referral networks
			Ensure health facilities fulfill minimum standards to deliver NCDs and risk factors screening, diagnosis, treatment, and care services
		Other:	
	<b>Mental Health</b>		Strengthen co-ordination of mental health care implementation and scale-up at each level of the health system.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Develop mental health legislation to protect the rights of people with mental health conditions.
			Further efforts to mobilise financial resources for optimal, fair and sustainable mental health care.
			Strengthen Empowerment and involvement of people with mental health conditions, and consumer and family associations in mental health care planning and quality control.
			Establish a National Institute of Mental Health.
			Enhance training of specialist mental health professionals and initiate their deployment to ensure that every district has at least one specialist.
			Integrate pre-service training in mental health care, aligned with WHO mhGAP, for all health professionals.
			Accelerate in-service Mental Health training for all health professionals
			Train mental health professional on supportive supervision frameworks, leadership, management and co-ordination of mental health care.
			Integrate mental health care supervision into existing supervision framework at primary healthcare level.
			Develop standards for mental health professional training and update scope of practice and expansion of sub-specialty training in the field of mental health.
			Strengthen and expand the effort to raise public awareness on Mental Health and Mental Illness and HEW led Mental Health Promotion and Preventive Services
			Introduce and strengthen Promotion and Preventive Mental Health Services in Schools, Workplaces, Health Facilities, Religious and Traditional treatment settings
			Expand and strengthen Substance Use, Suicide and Self -Harm Preventive Services to Promote Mental Health
			Accelerate integration of mental health services into all levels of the health system and strengthen the quality of existing mental health services
			Ensure a dependable and affordable supply of essential medicines and diagnostic technologies for mental health and access to the WHO recommended packages of

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			psychosocial care at community level
			Ensure availability of services that address priority mental health conditions at all levels of the system and that meet the need of vulnerable groups or special populations.
			Integrate monitoring and evaluation of mental health care within existing M&E frame works for HEWs, health centres, Woreda Health Office, Regional Health Bureau and FMOH.
			Other:
	<b>Hygiene and environmental health</b>		Design and implement appropriate approaches for behaviour change towards hygiene, sanitation, and environmental health which are effective for the different population groups.
			Develop and implement an effective and sustainable market-based system for hygiene, sanitation and environmental health services.
			Design and promote technology options for hygiene, sanitation and environmental health services
			Ensure that all health facilities fulfil hygiene, sanitation and environmental facilities
			Promote hygiene, sanitation and environmental health services in all institutions
			Ensure regular and sustainable water quality monitoring and surveillance system
			Establish climate-resilient health system
			Strengthen occupational health and safety
			Promote pollution prevention
			Other:
	<b>Prevention and control of communicable diseases: HIV</b>		Intensify combination prevention (structural, biomedical and behavioural)
			Expand friendly services for Key and Priority Populations (KPP) at public facilities
			Implement Fast-Track Cities Initiative against HIV

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Strengthen targeted HIV testing and prevention services in key & priority populations
			Strengthen national condom programmes including adequate male and female condom procurement, promotion, demand creation, and distribution through social marketing, private sector sales for an expanded and sustainable condom market.
			Strengthen voluntary medical male circumcision (VMMC) at parts of the country where there are high levels of HIV prevalence and low levels of male circumcision
			Expand youth-focused HIV interventions both In-school and out of school
			strengthens STIs prevention and control as a key strategy to prevent new HIV infection
			Scale-up pre- Exposure Prophylaxis for population groups at substantive risk and experiencing high levels of HIV incidence
			Strengthen Post-Exposure prophylaxis
			Strengthen early infant diagnosis and pediatric HIV care and treatment
			Strengthen implementation of ART regimen optimization & rollout of third-line ART treatment
			Expand and strengthen viral load testing services Implement HIV self-test
			Expand HIV testing services to health posts
			Strengthen HIV prevention and control mainstreaming
			Other:
	<b>Prevention and control of communicable diseases: TB</b>		Enhance implementation of integrated, patient-centered TB prevention and care. (Shift from a TB control to Ending the TB epidemic mode)
			Strengthen TB case finding by implementing deliberate and focused innovative approaches to find “missing” people with TB. (Narrow the incidence – case notification gap)
			Strengthen contact tracing and screening services



Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Expand access to and utilization of more sensitive screening tools including the Chest X-Ray and expanding the coverage and use of GeneXpert as the primary diagnostic tests for TB (and drug-resistant TB).
			Strengthen TB/DR-TB diagnostic services, including sample referral network
			Enhance community engagement and provision of TB services (screening, testing and treatment support services)
			Expand and enhance private provider engagement
			Strengthen TB/HIV collaborative activities
			Strengthen TB infection control in the community and health facilities.
			Strengthen and expand TB prevention therapy for HIV+ cases and household contacts
			Strengthen and expand universal drugs susceptibility testing services
			Strengthen and expand drug-resistant TB treatment initiating and follow up sites
			Strengthen patient support and care for all TB patients (Both drug-susceptible and drug-resistant TB cases)
			Implement tailored TB prevention and control approach for key and vulnerable populations (urban poor, pastoralist communities, prison, and congregated setting, cross-border, and refugee communities).
			Other:
	<b>Prevention and control of communicable diseases: Leprosy</b>		Strengthen advocacy, communication and social mobilization activities to increase awareness creation and cases finding.
			Enhance passive case finding and contact investigation.
			Strengthen and expand house-to-house screening.
			Strengthen clinical and laboratory diagnosis of Leprosy.
			Strengthen and expand leprosy treatment and prevention of disability

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Enhance community participation and engagement in leprosy control and prevention activities
			Strengthen rehabilitation services for people with a major disability
			Other:
	<b>Prevention and control of communicable diseases: Malaria</b>		Strengthen malaria surveillance and epidemic response.
			Accelerate efforts towards sub-national malaria elimination
			Expand external quality assurance system for malaria microscopic diagnosis and RDT.
			Strengthen vector control activities through targeted indoor residual spraying (IRS), larviciding (in few, fixed and findable breeding sites), and maintaining universal coverage of long-lasting insecticidal nets (LLINs)
			Introduce and strengthen intermittent presumptive therapy for pregnant women (IPTp) and infants (IPTi)
			Introduce long-acting anti-malaria drugs to treat and prevent transmission of malaria among seasonal migrant workers
			Identify and implement potential safe disposal mechanisms for obsolete/expired chemicals and LLIN plastic covers in collaboration with stakeholders
			Establish cross-border collaboration with neighbouring countries to achieve malaria elimination endeavour.
			Other:
	<b>Prevention and control of communicable diseases: Hepatitis</b>		Improve the awareness of prevention, diagnosis, and treatment of hepatitis,
			Strengthen Hepatitis testing service to hospitals and majority of health centres,
			Scale up the viral load testing service and treatment sites for Hepatitis B and C,
			Strategize the programme implementation toward the elimination of viral Hepatitis by 2030,
			Enhance the integration of VH service into the existing HIV/SRH, TB, MNCH,

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Enhance the link between blood safety, infection prevention, and viral hepatitis services
			Other:
	<b>Prevention and Control of Neglected Tropical Diseases (NTDs)</b>		Clear TT surgery backlog cases and build sustainable institutional capacity
			Strengthen integrated Mass Drug Administration (MDA) for Schistosomiasis, Soil-transmitted helminthes, Onchocerciasis, Lymphatic filariasis, and Trachoma
			Enhance access to innovative case management (Cutaneous and visceral leishmaniasis, Hydrocele surgery, Trachomatous trichiasis, Lymphedema, Podoconiosis, Scabies, Snakebite)
			Strengthen coordination and co-implementation of WASH and NTD interventions at all levels for efficient use of limited resources
			Enhance advocacy for multi-sector engagement and promote community mobilization
			Strengthen integrated environmental management including vector control interventions aimed at blackflies and sandflies
			Enhance veterinary public health interventions such as rabies vaccination for canines and rabies post-exposure prophylaxis
			Sustain Guinea worm diseases surveillance and eradication interventions
			Other:
	<b>Emergency and critical care</b>		Expand and strengthen community first aid response
			Standardize and strengthen basic and advanced ambulance services
			Create surge capacity for responding emergencies at all levels
			Expand and strengthen basic and advanced critical care services
			Expand and strengthen trauma care
			Expand and strengthen burn care

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Standardize liaison and referral system
			Other:
	<b>Blood Transfusion services</b>		Strengthen the national coordination of the blood transfusion services and use of blood and blood products
			Sustain and enhance community ownership to increase total blood collection from voluntary non-remunerated blood donors
			Strengthen blood donor recruitment and management including post-donation counseling service.
			Strengthen the quality-assured testing for transfusion-transmissible infections, blood grouping, compatibility testing, and component production and transport of blood.
			Promote the safe and appropriate use of blood and blood products at the clinical interface and strengthening hemovigilance programme
			Strengthen the Quality management system covering the entire transfusion process, from donor recruitment to the follow-up of the recipients of transfusion to the level of accreditation by reputable agencies.
			Establish tissue and organ transplantation programme
			Other:
	<b>Clinical Services</b>		Improve Health service availability and readiness based on Essential Health Services Package
			Support implementation of PPP for basic health service accessibility
			Improve basic health service accessible to all the population specially Ophthalmology service, Basic Dental service, Dermatology service, basic Mental care and others
			Improve high quality surgical and anesthesia care availability and accessibility
			Improve accessibility of essential diagnostic care (laboratory service, Imaging service and pathology service)

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Improve clinical leadership capacities of health facilities
			Implement innovative financing in the health facility (resource allocation for health facility; government fees; reimbursing mechanism and ownership, performance based financing mechanism,
			Improve pain and palliative care management
			Develop and implement National Medical Tourism strategic plan and initiate its implementation
			Improve accessibility of Tertiary Medical Care by implementing of specialty and subspecialty roadmap and by introducing Public Private Partnership
			Improve and standardize health facility Leadership and Governance (standardized, effective and accountable facility governance structure; capacity of governing board; Revise and revitalize leadership incubation programme; Revise and standardize health facilities service delivery organization
			Implement Teaching Hospital Improvement Programme
			Implement Electronic Medical Management System in health facilities
			Implement health technology (Tele Medicine, Tele pathology, Tele- radiology, Robotic surgery, 3-D printing for prosthetic supplies. ...)
			Support people-centered health service delivery
			Strengthen home-based clinical care
			Strengthen accessibility and quality of rehabilitative service
			Implement and improve Geriatric care
			Other:
	<b>Laboratory services</b>		Strengthen the implementation of Laboratory Quality Management System (LQMS)
			Strengthen Stepwise Laboratories Quality Improvement Process Towards Accreditation (SLIPTA) to ISO 15189 or 17025 standards

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Improve availability of national and regional lab infrastructures including Biosafety Level Three (BSL3) capacity at the national level.
			Improve lab equipment management and maintenance capabilities for preventive and curative maintenance, and calibration services
			Equip laboratories with state-of-the-art technologies
			Standardize laboratories testing capacity at each tier of the health care delivery system.
			Establish a national PT/EQA production center at EPHI and expand on need basis
			Introduce and expand auditable laboratory services in hospitals and beyond
			Strengthening laboratory information system (LIS)
			Enhance specimen referral linkages and networks, including backup services
			Improve the capacities of laboratory system to support surveillance of anti-microbial resistance
			Strengthening laboratory bio safety and bio security at all levels of laboratory system.
			Improve Laboratory waste management
			Strengthening national capacity for the evaluation and validation of laboratory technology methods and reagents
			Established national genomics and bioinformatics center at AHRI
			Other:
	<b>Achieving high standards of quality, equity and improved health outcomes</b>		Conduct a National Health Equity Analysis and develop an evidence-based Strategic and Operational Health Equity Plan.
			Accelerate the roll-out of contributory and non-contributory community-based health insurance to ensure financial protection of the poor
			Ensure the Health Extension Programme better reach pastoralist and geographically hard to reach and vulnerable population groups.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Implement alternative health service delivery modalities (such as mobile health, private engagement, application of technologies...) to reach mobile, hard-to-reach and special need communities
			Provide targeted technical and financial support to strengthen health planning, implementation and health systems capacity in areas with the lowest performance.
			Explore financing modalities for better targeting populations with the greatest health needs of low performing areas, the most vulnerable groups; including incentivize stronger performance
			Mainstream equity agenda in all programmes at all levels of the health sector.
			Enhance multi-sectoral coordination among line ministries and other relevant sectors that have stake on health equity at all levels.
			Enhance health workers retention and motivation mechanisms for the geographic and climate hardship areas and mobile community.
			Develop equity index dashboard and update regularly to monitor health equity interventions, inputs, outcomes and impacts
			Conduct continuous and regular health equity analysis and disseminate the findings for intervention and policy decision
			Address health infrastructure and basic amenities (water, electricity, communication technologies,) in areas where access is limited by population density or topography.
			Other:
	<b>Quality of Care</b>		Develop and implement national health care quality and patient safety strategy
			Institutionalize health care quality concept and practice
			Establish National Health Care Quality Commission with a mandate to certify providers on quality of care, lead health care quality journals, set standards for quality and oversee the health care quality planning improvement and control activity.
			Standardize and strengthen health care quality structures and their functions

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Standardize health care and scope based practice (develop and implement procedures for the development of guidelines, protocols, assessments, initiatives, quality measures, and other working documents)
			Standardize scopes and functions of health facilities (Reform and redefine the health service by levels, type of services, by specialty care and by networking)
			Establish and strengthen quality learning collaborative platform (quality summits, learning networks, quality coaching system, Health care quality bulletin)
			Initiate east African annual summits
			Establish and strengthening national quality council
			Develop and implement support package to health facilities for accreditation
			Establish Knowledge management system at ministry of health
			Establish quality improvement incubation hubs
			Establish independent health service provider, purchaser and regulator
			Other:
	<b>Addressing gender disparities in health</b>		Comprehensive gender analyses for the health sector to systematically guide strategic actions for closing the gender gap in health service utilization.
	<b>Improve public health emergency and disaster risk management to minimize occurrence of outbreaks and consequences of disasters and outbreaks</b>		Strengthen health sector and multisectoral coordination mechanisms (such as one health approach) to facilitate joint action on risk reduction, response and recovery.
			Reduction of underlying risk factors to health and health systems
			Ensure the PHE related mass immunization (Yellow fever reactive mass vaccination, measles, ...) is undertaken effectively and efficiently to prevent that risk population
			Enhance regular risk assessment (hazard, vulnerability, and capacity analysis) and early warning; and development of public health risks profile maps for each Woreda.



Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Prepare and review public health emergency management guidelines and emergency preparedness and response plan, including disease specific contingency plan.
			Ensure availability of emergency logistics preparedness, for response and recovery at all levels
			Develop a national health emergency workforce with the right skill mix to enhance standing and surge capacity of the country to respond to emergencies
			Strengthen and sustain the International Health Regulation (IHR) core capacities in accordance with standard recommendations and through implementing and monitoring multi-sectoral National Action Plan for Health Security (NAPHS)
			Increase the capacity of Woredas for preparedness using clear planning and enough budget
			Strengthen Emergency Operations Center (EOC) and DMAT (disaster medical assistant team).
			Enhance and ensure linkages to laboratory system and networks for prevention, detection, and readiness for response to potential threats of epidemic (like: Ebola, etc...)
			Strengthen real-time surveillance and event monitoring mechanisms (like e-surveillance and linkage of lab networks for surveillance) including the electronic Integrated Disease Surveillance and Response (IDSR) system and establishment of hotline for early warning.
			Detect and analyze emerging and re-emerging zoonotic diseases causing new epidemics through molecular technologies
			Develop and implement strategies for psycho-social support to emergency victims. (post-trauma management).
			Revising the PHEM guideline including the list of reportable national priority diseases/conditions; and revising the PHEM structure at all levels;
			Establish isolation and quarantine centers and PHEM treatment centers at identified and designated point of eateries and ensure the required sanitation measures at the airports together with the responsible authority.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Ensure the roistering, establishment capacity building, and deployment of the public health emergency management Rapid Response team (RRT) at all levels.
			Expand and enhance the national and international traveler’s health service and screening at the identifying point of entries including designated ones.
			Enhance and strengthen the implementation of programmes for diseases targeted for elimination/ eradication (EDEP, Polio, NNT)
			Strengthen the capacity to detect and respond to Chemical Biological and Radiological Hazards (CBRH)
			Other:
	<b>Addressing geographic disparities in health</b>		Strengthening community participation and involvement, equipping maternity waiting homes, data quality improvement, strengthen the linkages between health facilities, and strengthening health center governing boards
			Other:
	<b>Equal access to health services</b>		Reduce barriers to access to essential health services including lack of income to pay for health services, opportunity costs (e.g. transportation costs), language and cultural barriers, inconvenient working hours of health facilities, and physical access to health facilities
			Other:
	<b>Equal utilization of health services</b>		Design strategies and programmes to redress differences in the rates of utilization of essential services by different segments of the population.
	<b>Equal quality of care</b>		Ensure providers deliver services of the same high standard of professional care and acceptability for all sections of the community,
			Other:
	<b>Integration of GESI approach into health service</b>		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)
			Gender analysis of barriers to health service access and use.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	delivery.		Development and implementation of gender sensitive health services.
			Development of screening and referral for gender-based violence.
			Increase stakeholder involvement in planning, delivery and review of services, including with representation of women and most vulnerable communities.
			Increase intersectoral collaboration to address social determinants of health.
			Other:

PRIORITY RANKING OF HS AREAS	HEALTH SYSTEM PRIORITY AREAS	PRIORITY RANKING OF ACTIVITIES UNDER HS AREA	ACTIVITIES UNDER HEALTH SYSTEM PRIORITY AREA
	<b>Improve human resource development</b>		Ensure competent (knowledgeable and skillful), compassionate (client-centered and empathetic) and committed (dedicated to serve) health workforce at all levels of health system
			Ensure well-regulated and quality pre-service education, in-service training and CPD opportunities to create adequate number of well qualified professionals and managers
			Adapt the HRH strategy based on HRH need of the health sector
			Other:
	<b>Pre-service and in-service training</b>		Support pre-service education to improve quality of training.
			Strengthen the integration and interface of the academic function, service provision and research activities at teaching institutions
			Upgrade health extension workers (HEWs)
			Strengthen ethics and professionalism in pre-service and in-service education/training
			Other:
	<b>CPD</b>		Strengthen CPD and integrate with health professional re-licensing
			Assign mandatory annual credit and courses in CPD to promote the concepts and practices of professional Ethics in workplace.
			Other:
	<b>Availability and distribution of the health workforce</b>		Ensure the distribution and availability of health workforce to the health facilities with adequate number and appropriate professional mix in equitable manner.
			Ensure the presence of specialized, competent, compassionate and skilled health work force at all levels
			Other:

PRIORITY RANKING OF HS AREAS	HEALTH SYSTEM PRIORITY AREAS	PRIORITY RANKING OF ACTIVITIES UNDER HS AREA	ACTIVITIES UNDER HEALTH SYSTEM PRIORITY AREA
	<b>Strengthen Human Resource Management (HRM)</b>		Enhance human resources management policy and practices including fair recruitment, selection, orientation and placement, and creating enabling work environment with clear roles and responsibilities, equitable remuneration packages, and performance support (supportive supervision and timely feedback)
			Develop and implement motivation and retention schemes and introduce bundles of financial and non-financial incentives including improved remuneration, opportunities for further education and career development, participatory leadership and management styles, and improved working and living conditions
			Strengthen systems, policy and practices and address root causes of health professionals' burnout, occupational diseases and injuries, dealing adequately with secondary traumatic stress conditions, and reducing abuse of healthcare workers to increase health workforce job satisfaction, motivation and retention
			Team building amongst the health service facilities
			Other:
	<b>Strengthen HR information systems</b>		Establish National Health Workforce Accounts (NHWA)
			Strengthen Human Resources Information System (HRIS)
			Other:
	<b>Regulatory personnel</b>		Strengthen development and retention of highly competent and accountable regulatory personnel
			Other:
	<b>Integration of GESI approach into HRH interventions.</b>		Disaggregation and analysis of data by sex and other social stratifiers (e.g. age, location, cadre)
			Development and analysis of gender-sensitive HRH data.
			Participation of key stakeholders, including female health care providers, in the design of human resource reforms.
			Increase women's representation in HRH leadership positions.

PRIORITY RANKING OF HS AREAS	HEALTH SYSTEM PRIORITY AREAS	PRIORITY RANKING OF ACTIVITIES UNDER HS AREA	ACTIVITIES UNDER HEALTH SYSTEM PRIORITY AREA
			Development and implementation of gender-sensitive HRH policies and strategies.
			Other:

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	<b>Enhance leadership and governance</b>		Build leadership capacity at all levels and functions: Leadership Incubation Programmes, CPD for leaders, experience sharing practices (e.g. twinning arrangements locally or abroad)
			Promote merit-based assignment of health sector leaders
			Redesign and implement compatible organizational/institutional structure with expected functions; and aligned at all levels of the sector
			Strengthen the one plan, one budget and one report principle of planning, monitoring and evaluation mechanism
			Ensure good governance practices by involving formal and informal community organizations/CSOs, NGOs, Media, development partners, the private sector, and academia
			Institutionalize grievance handling mechanisms at all levels
			Design and implement mechanisms to improve Social Accountability in health sector
			Design and implement mechanisms such as gender mainstreaming, mentorship, etc to promote gender equality in leadership and other roles.
			Address inequity of all forms with emphasis to disparity on gender, geographic and vulnerable segment of the community.
			Strengthen partnership among public sectors, private for profit, CSOs and NGOs
			Design and implement legal frameworks (proclamation, regulations, directives and guidelines)
			Design and implement performance measure mechanism that enhance accountability and incentivize good performers
			Design and implement transparent resource allocation mechanism/system including addressing financial protection
		Introduce new mechanisms of health system management like NHS (National Health System) and Result/ Performance Based Management	

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Other:
	<b>Support implementation of Transformation Agendas</b>		<p>MOH leadership to coordinate, support, monitor and review implementation of the 6 Transformation Agendas included in HSTP2:</p> <ol style="list-style-type: none"> <li>1. Quality and equity of health care,</li> <li>2. Woreda transformation,</li> <li>3. Movement towards compassionate, respectful, and caring health professionals</li> <li>4. Information revolution.</li> <li>5. Transformative Leadership</li> <li>6. Health Financing</li> </ol>
			Design and deliver leadership training programmes, to help health care leaders achieve quality and equity and create leaders prepared to meet the challenges of health care transformation by improving quality for at-risk populations who experience disparities.
			Other:
	<b>Transformation in Quality and Equity of care</b>		Continuously assess who amongst the community members are not reached and why they are missed
			Transform the approach to health services, facility-community partnership and understanding of patient and community needs to provide health care of good quality to all citizens regardless of any difference in personal characteristics including socio-economic status and geographic location.
			Develop new models of care to address all dimensions of quality and to improve outcomes by organizing integrated responses
			Other:
	<b>Enhancing organizational capacity of the health sector at</b>		Build capacity at federal and regional levels, to lead the development of policy, to drive implementation and to keep performance under review.
			Support communities to build capacity, to identify needs and preferences and to articulate them within the health system.



Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	all levels		Support health facilities to enhance their ability to develop systems to support quality improvement such as audit and peer-review; to develop their workforce and equip them with the skill sets needed to deliver quality care; to build an organizational culture which values quality and their ability to use rewards and incentives to promote that culture
			Other:
	<b>Strengthen Person Centered Care and Institute patient-centered health care delivery system</b>		Strengthen community engagement to improve health literacy, self-care, and patients' experience with the health system
			Strengthen person centered care and collaboration between individuals and providers to inform decision making to address individual desires and values of individuality, independence, privacy, partnership, choice, dignity, respect and rights, and improve clinical outcomes, increase patient satisfaction, improve clients responsibility for their own health and improve health care professionals' performance and morals.
			Other:
	<b>Strengthen community and stakeholder engagement</b>		Enhance community and family engagement in the governance of health institutions and maximizing stakeholder involvement
	<b>Create accountable and transparent governance system to support Woreda Transformation Plan</b>		Accelerate UHC, create a resilient Woreda health system and ensure integrated development in a sustainable manner through competent woreda leadership, best performing primary health care facilities, ensuring health care access through insurance, and ensuring healthy behaviours and community ownership.
			Other:
	<b>Health in All Policies (HiAP) to ensure access to equitable social services and economic</b>		Advocate for the inclusion of health and health related perspectives in all relevant sectorial policies and regulation
			Scan existing and pipeline policies and strategies of all sectors from the perspective of HiAPs (Scan)
			Identify priority collaborative areas for multisectoral engagement

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	opportunities and foster inclusive and sustainable development and in addressing the determinants of health, reducing multisectoral risk factors, and promoting health and well-being through and promoting healthy settings approach across all sectors		Design mechanisms of empowering the health sector to influence policy formulation and major decisions with health implications (health sector engagement in all policies and actions) Advocate for health protection and for social determinants of health to be addressed in public discourse (Advocacy)
			Conducting capacity building in relevant areas such as health and health related agenda management, policy monitoring and evaluation, and negotiation (Capacity building)
			Promote synergy and negotiating trade-offs between sectors and among potential institutional partners in formulating joint strategies, programmes, legal frameworks and/or implementation arrangements e.g. One Wash, Seqota Declaration, One Health, MSWT, climate change, incubating innovation (joint programming) and other multi-sectoral programme or initiatives or projects
			Building knowledge by providing and receiving evidence of success and lessons learnt (evidence Generation, M&E)
			Strengthen multi-sectoral mechanisms to coordinate the inclusion of HiAP
			Other:
	Enhance private sector engagement		Review and revitalize the policy framework and strategies for public-private engagement in health
			Strengthen Public-Private partnership
			Improve enabling environment for Public Private Partnership for Health) including establishment of transparency, accountability and responsiveness within partnership modalities
			Ensure Strengthen accountability system between government and private health sectors quality service delivery in private sector
			Support private sector in the development of quality health workforce
			Promote the private sector engagement in the planning, implementation and monitoring and evaluation of the health system
			Strengthen the involvement of the private sector in the production and distribution of medical products and supplies

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Involve the private sector in regulatory system of health and health related services and products
			Extend national HIS components and its implementation to the private sector
			Strengthen collaboration between public and private health facilities for quality health care
			Introduce PPP arrangements in selected areas of health services tertiary care, diagnostics, laundry, patient feeding, production medical clothing, etc
			Other:
	<b>Improve Health Infrastructure</b>		Prepare design of health facilities that suits the health service demand, environmental, climate and geographic factors
			Construction, expansion, rehabilitation, maintenance and renovation of health and health-related facilities to meet national standards
			Upgrade health posts located in kebeles far from catchment health centers to facilities that allow provision of comprehensive HEP packages
			Ensure that existing health facilities meet minimum standards
			Strengthen the capacity and functionality of medical equipment maintenance centers
			Introduce standard procedures for preventive maintenance of health and health-related facilities, equipment, and furniture.
			Accelerated utility(water, electricity, roads...) expansion through multi-sectoral collaboration
			Installation of solar energy supply systems for health post and health centers which are not accessible to power grids
			Deployment and expansion of ICT infrastructure at different levels of the health system
			Expansion of old health centers as per the standard
			Support the expansion of primary hospitals
			Finalize the construction, furnishing of operation rooms in the selected health centers

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			Build a medical city in Addis Ababa
			Other:
	<b>Regulation of health professionals</b>		Strengthen regulation of health professionals and traditional medicine practitioners through transparent, accountable, proportionate, consistent and targeted practices
			Competency Assessment and Licensure of all graduates before joining the health workforce
			Entertain the role of professional association in competence assessment and licensing of health professionals
			Strengthen practice of professional ethics and code of conduct
			Other:
	<b>Regulation of health facilities</b>		Establish an entity that regulates clinical standards, monitor product and service quality that is independent of both the provider (seller) and purchaser (payer).
			Strengthen regulation of health care facilities through transparent, accountable, proportionate, consistent and targeted practices
			Set standards and monitor adherence through regular inspection and accreditation at varying levels to facilitate higher compliance with evidence
			Transform the pre and post licensing inspection of health and health related facilities to enhance transparent, accountable, efficiency, effectiveness of the process.
			Introduce and scale-up clinical audits in health facilities to ensure quality of practice in health facilities
			Entertain private role of health care facilities associations in health regulatory system against national health standards
			Other:
	<b>Strengthen regulation</b>		Strengthen hygiene and environmental health regulation
			Strengthen the joint control of health hazards in cooperation with neighboring countries, regional and international organizations, and provide appropriate information;

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			Develop/revise and implement health and health related products and services regulation legal frameworks
			Strengthen information communication technology supported regulation
			Strengthen development and retention of highly competent and accountable regulatory personnel
			Ensure autonomic independence/separation of the regulatory system from the health service delivery
			Quality assurance and accreditation of laboratories to ensure the quality of diagnostic services.
			Other:
	<b>Integration of GESI approach into management of governance and leadership.</b>		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)
			Gender analysis of health systems reform and implementation.
			Development and implementation of gender sensitive policies.
			Increase representation of women and other key groups in leadership roles and decision-making bodies.
			Increase citizens' participation, civil society dialogue and interaction with governments including parliamentarians, finance ministers, and heads of states.
			Other:

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	<b>Strengthen culture of information use at all levels</b>		Integrate and contextualize the functions of PMT and QI teams
			Design and implement behavioral change interventions to bring cultural transformation on data quality and use
			Strengthen capacity on advanced data analytics and data science
			Strengthen use of data at the point of collection for decision-making by building the capacity on data analysis and information use at facility, district, sub-national and national levels.
			Mainstream data use in all health professional training curriculum
			Nurturing leadership role in championing information use culture, including political leaders.
			Strengthen monitoring and evaluation of the health system.
			Other:
	<b>Strengthen evidence-based planning and policy formulation.</b>		Generation and translation of evidence to policy and action by triangulating data from routine, survey, surveillance, and research
			Create forums that translate evidence to policy at national and regional levels
			Develop HIS HRH strategy
			Strengthen birth and death notification for civil registration and vital statistics (CRVS) system.
			Strengthen health information system governance
			Develop and implement HIS Policies and guidelines
			Other:
	<b>Enhance</b>		Enhance the capacity of academic and research institutions to undertake research,

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	<b>research and knowledge management</b>		surveys and surveillances.
			Expand and strengthen Health and Demographic Surveillance System (HDSS) sites
			Enhance the availability and management of resources for research activities
			Regularly conduct household, community and facility-based surveys through collaboration with international and local universities and research organizations
			Establish and enhance Knowledge Management system at different levels
			Establish national Health Research Council
			Establish and implement data generation system on cause of death
			Other:
	<b>Enhance informed decision making</b>		Data sharing policy, including open access to data
			Design and implement incentive mechanism and accountability framework for data quality and information use
			Strengthen medical research training to test vaccines, drugs and devices
			Strengthen platforms for evidence sharing, communication and dissemination
			Strengthen data use forums (JSC, PMT, QI, WBP, Kebele council meeting)
			Establish and Strengthen Disease Registries, Research and Surveillance on NCDs and their risk factors
			Create forums that translate evidence to policy at national and regional levels
			Operational research on HSS
			Other:
	<b>Enhance data generation</b>		Produce different kinds of information for health information users and decision-makers at all levels within and outside the sector
			Support routine systems that collect, aggregate and report data with appropriate

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			technology to efficiently operate across the line.
			Strengthen the routine health management information system (HMIS, LIS, HCMIS, LMIS, CHIS, HRIS, RIS)
			Other:
	<b>Communication and use of information at all levels</b>		Access and utilization of sound and reliable information for decision-making across all health system building blocks, essential for health system policy development and implementation, governance and regulation, health research, human resources development, health education and training, service delivery and financing.
			Other:
	<b>Robust Health Information System Legislation and Regulation for the coordination and management of the HIS in general and the different electronic health information systems in particular.</b>		Develop and review appropriate regulations and legislations that are pertinent to the Health Information System, including Public health data recording, sharing, and reporting; Private health sector reporting requirement; Collection, retention and use/reuse of personal health information; Health record confidentiality; Access to personal Health Records; Household Health Recording; Community Health Recording; Population-based health data sources collection, sharing, and reporting.
			Other:
	<b>Data Quality</b>		Strengthen verification and feedback systems to improve the quality of data and effectiveness of local and hierarchical utilization of information.
			Other:
	<b>Multi-sectoral approach for</b>		Harmonize and integrate HIS with other information systems managed by other sectors including, Civil Registration and Vital Statistics, Central Statistics Authority



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	<b>health information management in the health sector</b>		database, Agriculture and weather information systems, Geographic Information system, financial information system and education information system.
			Other:
	<b>Integration of GESI approach into health information systems</b>		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)
			Development and analysis of gender-sensitive data.
			Increase participation of patients and community in assessment and reviewing any disaggregated data to measure improvements in inequalities.
			Increase women’s representation on data collection and analysis teams.
			Other:

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	<b>Improve Health Financing</b>		Mobilize adequate resources through traditional and innovative financing mechanisms and approaches, from domestic and external sources
			Advocate increasing government budget allocation for health, currently about 8%
			Advocate to initiate social health insurance and scale up Community Based Health Insurance, decision and political commitment in establishment of regional and national CBHI Risk pooling
			Strengthen the health institution revenue /income/ generation to ensure sustainable services
			Strengthen coverage for the poor through targeted subsidy, co-financing, reimbursement and multi-sectoral engagement.
			Strengthen investment on high impact and cost-effective interventions
			Strengthen different financial resource tracking systems
			Understand causes of inefficiency and how to improve efficiency, and initiate efficiency improvement efforts, including performance linked strategies to improve efficiency and effectiveness (Performance-based financing and results-based financing)
			Improve health sector's/organizational capacity for Health Financing at all administrative, management and service delivery levels
			Strengthen coordination platform to improve health care financing
			Implementation of Public Private Partnership (PPP) projects in clinical and non-clinical services
			Introduced and customized Result Based Financing (RBF) modality the facility and individual level
			Develop and implement external resource mobilization strategy
		Ensure facilities are semi-autonomous and recover the full cost of the services they	

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			provide irrespective of who pays for them.
			Other:
	Split health financing roles of provider, purchaser and regulator of health services		MoH to undertake role of mobilization and allocation of resources based on priorities of health programme, primarily.
			Resource transfer to facilities (payment for services) channeled through an entity that has the capacity and mandate to verify the content and quality of services provided to patients as well as considering value for money
			Reform Ethiopian Insurance Agency
			Reform public health providers (facilities)
			Other:
	Protect the poor and under-privileged from catastrophic health expenditure ensuring that people can access affordable service, therefore moving towards universal health coverage		Reduce financial barriers to access by exploring alternative mechanisms such as prepayment methods and pooled funds to reduce out-of-pocket payments.
			National health insurance scheme
			Other:
	Integration of GESI approach into health financing		Development of gender responsive budgets
			Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	management and delivery.		Development and analysis of gender-sensitive health financing schemes.
			Increase representation of women and other key groups on financial management committees.
			Increase participation of patients and community in financial management committees.
			Other:

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	<p><b>Improve access to pharmaceuticals and medical devices and improve rational and proper use</b></p>		<p>Advance the procurement system through the introduction of e-procurement, establishment of international and regional pooled procurement and strengthening long-term fixed price procurement</p>
		<p>Establish market shaping strategies for pharmaceuticals and medical devices</p>	
		<p>Optimize warehousing and distribution through strengthening of good warehousing and distribution practice across the supply chain</p>	
		<p>Institutionalize robust information system and ensure end to end Supply Chain Management (SCM) and medical device management and data visibility.</p>	
		<p>Establish and implement track and trace system</p>	
		<p>Establish center of excellence for SCM and Medical devices management which will be used for HR training, research and service</p>	
		<p>Strengthen private and other stakeholders’ engagement in areas of supply chain and medical devices management</p>	
		<p>Develop a medical device policy, roadmap and comprehensive management guideline</p>	
		<p>Strengthen capacity for local manufacturing of medicines and medical devices</p>	
		<p>Scale-up hospital-based intravenous and non-sterile pharmaceuticals compounding Service</p>	
		<p>Strengthen medical device maintenance workshops and a refurbishment centers</p>	
		<p>Strengthen monitoring and evaluation for medicines and medical devices management at all levels</p>	
		<p>Implement reverse logistics at health facilities, private pharmacy retail outlets and households</p>	
	<p>Enhance strategies to reduce drug wastage and to implement pharmaceuticals waste</p>		

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			management and medical devices decommissioning
			Establish University-Industry linkage for local pharmaceuticals manufacturing and biomedical engineering
			Strengthen pharmacy service structures at subnational level
			Establish National Medicine and Poison Information Centre
			Promote the rational use of medicines by healthcare professionals and the public
			Strengthen the prevention and containment of Anti-Microbial Resistance
			Transform Drug and Therapeutic committee and Auditable Pharmaceutical Transactions and Services
			Strengthen clinical pharmacy and drug information services
			Develop pharmaceutical sector roadmap
			Revise the national medicine policy
			Integration of modern and traditional medicine
			Scale-up model community pharmacy Strengthen collaboration with regional and global institutions
			Expand community pharmacy
			Improve efficiency by Introduce Audit system and all level and introduce accountability mechanism.
	<b>Improve Traditional Medicine</b>		Collaborate with relevant sectors to improve conservation and documentation efforts of traditional medicines Knowledge and Practices.
			Harmonize the policy framework and legislation of the key stakeholders to be inclusive and integrated under an umbrella of traditional medicine policy and legislation.
			Establish a responsible body for traditional medicine which can direct and coordinate the fragmented efforts made by various institutions/agencies under different

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			ministries,
			Support intellectual property right (IPR) and indigenous knowledge right (IK), registration & market authorization of traditional remedies.
			Promote research and development of traditional medicine
			Create incentive package for large scale production of scientifically validated Traditional Medicines in industries
			Strengthen the linkage between research institute/academia and industries
			Increase the laboratory scale formulation of scientifically validated traditional medicines
			Establish incubation center to scale up laboratory formulation to industry.
			Promote capacity building on traditional medicine for tertiary level researchers Build the capacity of traditional healers and certify them.
			Establish/Strengthen documentation, central and peripheral data repository on medicinal plants, other source of traditional medicine and traditional practices
			Support clinical trial of traditional medicine through clear guideline and directives to implement the regulations and registrations.
			Build capacity of the workforce involved in the production and supply management of traditional medicines
	<b>Improve Regulatory Systems</b>		Regulation of food, drugs, equipment and other health products (including food regulation systems and infrastructures, food adulteration and rapid alert system for health products; pre and post-licensing inspection of food and medicine facilities; capacity and implementation of strategies for registration of food, medicines, medical devices and traditional medicines; procedures, premises and practices used to manufacture, store, distribute and dispense pharmaceutical products)
			Implement and strengthen the quality management system and global bench marking tools
			Strengthen the national and branch food, medicine and medical devices quality control laboratories with adequate capacity to undertake quality assurance tests.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Establish mini-laboratories at each entry and exit ports
			Control substandard and falsified medicines and medical devices
			Strengthen post marketing surveillance and post-shipment (Consignment) quality control tests for food, medicines and medical devices.
			Strengthen pharmaco-vigilance and vaccine safety and improve the interface with clinical surveillance
			Establish regulatory system for safety and quality of blood, blood products, tissues and human organs
			Strengthen regulatory activities related to antimicrobial resistance
			Establish Regulatory Excellence Center to provide service, training and research.
			Ensure the use of standard cold chain equipment in all service delivery points
			Strengthen national capacity to control clinical trials to ensure conformity with ethical principles for medical research involving human subjects
			Strengthen regulation of narcotic drugs and psychotropic substances
			Strengthen tobacco and alcohol regulations
			Ensure Registration and Licensing of Traditional medicines and practices
			Promote the standardization of traditional remedies
			Strengthen regulation of safety and efficacy of traditional medicine and practice
			Regulate illicit drug and abusive drug
			Strengthen development and retention of highly competent and accountable regulatory personnel
			Other:
	<b>Enhance digital</b>		Keep up-to-date the national eHealth architecture and interoperability framework



Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	health and innovations		Develop standards and guidelines for selection, development and use of digital health solutions
			Digitize regulatory systems
			Digitize routine and non-routine data collection, management, analysis and use
			Digitize logistics and supply chain management
			Digitize Human Resource Information System/national health workforce account
			Digitize community health insurance management
			Develop or customize fit-for-purpose solutions for health worker decision support for prioritized health conditions including for provision of educational and training content
			Develop and/or select fit-for-purpose solutions for patients'/clients' health status tracking and services across all health conditions
			Develop and/or select fit-for-purpose solutions for provision of educational and training content to individuals and communities on prioritized health conditions
			Strengthen the use of Biotechnology
			Establish system for technology transfer for vaccine and diagnostic materials production Design and expand innovation labs
			Design and expand innovation labs
			Strengthen IT structure and capacity building throughout the health system
			Establish data warehouse
			Design and implement mechanism to promote local innovations
			Develop capacity of health workforce in the application of e-communication technology
			Introduce HTA (Health technology assessment) mechanism

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Design and expand innovation labs
			Other:
	<b>Maintenance of medical equipment</b>		Capacity for local maintenance
	<b>Availability and access to Essential Medicine</b>		Supply chain and access to essential medicine
	<b>Integration of GESI approach into management and use of medical products and technologies.</b>		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)
			Development and analysis of gender-sensitive medicines and technologies management and use.
			Increase representation of women and other key groups, including patients and communities, on relevant committees.
			Other:

List of documents reviewed

Federal Ministry of Health (2020) Health Sector Transformation Plan II (DRAFT)

- Chapter 3: Performance of the Health Sector Transformation Plan I (HSTP I) – Situational Assessment;
- Chapter 4;
- Chapter 7: Monitoring and Evaluation Framework (Draft)

Federal Ministry of Health (2005) Health Sector Strategic Plan(HSDP-III) 2005/6-2009/10

Federal Ministry of Health (2015) National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2014 2015/16

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