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Ethiopian Public Health Institute



# The 2<sup>nd</sup> BSC Based EPHI's Strategic Management Plan (2015/16 to 2019/20)



July 2015

# Mission

The mission for Ethiopian Public Health Institute is to improve the health of the general public of Ethiopia through undertaking research on priority health and nutrition issues for evidence based information utilization and technology transfer; effective public health emergency management; establishing quality laboratory system; and training public health researchers and practitioners for best public health interventions.

# Vision

To be a center of excellence in public health in Africa.



**Cobas 6000, could analyze 1370 tests per hour.**



**EPHI's upcoming state of the art laboratory building**

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# I. Acronyms

<b>AMR</b>	Antimicrobial Resistance	<b>HAPCO</b>	HIV-AIDs Prevention and Control Office
<b>ANC</b>	Antenatal Care	<b>HDA</b>	Health Development Army
<b>ART</b>	Anti-Retroviral Treatment	<b>HIV</b>	Human Immuno Deficiency Virus
<b>AWD</b>	Acute Watery Diarrhoea	<b>HSDP</b>	Health Sector Development Plan
<b>BSC</b>	Balanced Scorecard	<b>HSTP</b>	Health Sector Transformation Plan
<b>C</b>	Community	<b>I</b>	Indicator
<b>CB</b>	Capacity Building	<b>ISO</b>	International Organization for Standardization
<b>CBN</b>	Community Based Nutrition	<b>IYCF</b>	Infant and Young Child Feeding
<b>CD</b>	Communicable Disease	<b>JPCF</b>	Joint Partnership Coordination Forum
<b>CMAM</b>	Acute Malnutrition Management	<b>LIS</b>	Laboratory Information System
<b>CSO</b>	Civil Society Organization	<b>LLINS</b>	Long Lasting Insecticide Nets
<b>DDG</b>	Deputy Director General	<b>LQMS</b>	Laboratory Quality Management System
<b>DG</b>	Director General	<b>LSA</b>	Laboratories Accredited with Limited Scope Accreditation
<b>DoT</b>	Directly Observed Therapy Short Course	<b>LSA</b>	Limited Scope Accreditation
<b>EDHS</b>	Ethiopia Demographic and Health Survey	<b>LTT</b>	Long Term Training
<b>EDK</b>	Emergency Drug Kit	<b>MARPS</b>	Most at Risk Populations
<b>EFY</b>	Ethiopian Fiscal Year	<b>MDG</b>	Millennium Development Goal
<b>EHNRI</b>	Ethiopian Health and Nutrition Research Institute	<b>MIS</b>	Malaria indicator Survey
<b>EOC</b>	Emergency Operation Center	<b>MNH</b>	Maternal and Child Health
<b>EPHI</b>	Ethiopian Public Health Institute	<b>MoARD</b>	Ministry of Agriculture and Rural Development
<b>EPI</b>	Expanded Immunization Program	<b>MoCS</b>	Ministry of Civil Service
<b>EPRP</b>	Emergency Preparedness and Response Plan	<b>MoFED</b>	Ministry of Finance and Economic Development
<b>F</b>	Financial Stewardship	<b>MOST</b>	Ministry Of Science and Technology
<b>FANC</b>	Focus Antenatal Care	<b>MTE</b>	Mid Term Evaluation
<b>FELTP</b>	Field Epidemiology and Laboratory Training Program	<b>NCD</b>	Non Communicable Diseases
<b>FMHACA</b>	Food, Medicine and Health Care Administration and Control Authority	<b>NGO</b>	Nongovernmental Organization
<b>FMoH</b>	Federal Ministry of Health	<b>NNP</b>	National Nutrition Program
<b>GTP</b>	Growth and Transformation Plan	<b>NPHTC</b>	National Public Health Center

<b>NTD</b>	Neglected Tropical Diseases
<b>P</b>	Internal Process
<b>PFSA</b>	Pharmaceuticals Fund and Supply Agency
<b>PHEM</b>	Public Health Emergency Management
<b>PMED</b>	Planning, Monitoring and Evaluation Directorate
<b>POPs</b>	Persistent Organic Pollutants
<b>REQA</b>	Regional External Quality Assessment
<b>RRT</b>	Rapid Response Team
<b>SARA</b>	Service Availability and Readiness Assessment
<b>SI</b>	Strategic Initiative
<b>SLIPTA</b>	Stepwise Laboratory Improvement Process towards Accreditation
<b>SLMTA</b>	Strengthening Laboratory Management Towards Accreditation
<b>SO</b>	Strategic Objective
<b>SOP</b>	Standard Operation Procedure
<b>SPA</b>	Service Provision Assessment
<b>SPM</b>	Strategic Management Plan
<b>SWOT</b>	Strengths, Weaknesses, Opportunities and Threats
<b>TB</b>	Tuberculosis
<b>UNICEF</b>	United Nations Child ren's Fund
<b>VRAM</b>	Vulnerability and Risk Assessment and Mapping
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization

## II. Forward

The Ethiopian Public Health Institute (EPHI) has developed this strategic plan in line with HSTP and GTP-II to address its mission: improve the health of the general public through undertaking research on priority health and nutrition problems for evidence based decision and technology transfer and utilization; effective public health emergency management; establishing quality laboratory system; and training public health researchers and practitioners for better public health interventions.

We have used Balanced Scorecard (BSC) planning and management tool to develop the five years EPHI's SPM. The BSC is useful for successful implementation of the Institute's major activities to realize its vision by addressing major public health priority areas in cascaded, sustained and coordinated manner.

We have taken in to account, previous EPHI SPM implementation experience, current situation analysis, HSTP and other national and international relevant documents in the preparation of this public health SPM. The whole process was participatory and consultative of EPHI's staffs, stakeholders and partners from whom we have incorporated ideas and views.

In order to realize the vision of the Institute, this strategic plan is mainly focused on four thematic areas to excel: research and technology transfer, public health emergency management, quality laboratory system, and leadership and governance towards assuring quality and equity health care services.

I believe that by implementing such comprehensive strategic plan, we will be in a good position to address the public health transformation agenda, strong coordination, partnerships and collaborations with all concerned stake holders and partners of the health sector. This will allow us to create conducive environment for shared vision.

Finally, I would like to express my great pleasure and appreciation to the EPHI's SPM Development Team for their unreserved effort, endurance and commitment in the preparation to deliver such comprehensive five years working document. I would like also to acknowledge the contributions of all partners, stakeholders, and EPHI colleagues for their contribution.

Amha Kebede, Ph D



Director General, EPHI

## III. Executive Summary

The Ethiopian Public Health Institute (EPHI), the former Ethiopian Health and Nutrition Research Institute (EHNRI), is reestablished as an autonomous federal government institute having its own legal personality as the main government body in charge of three main tasks as expressed in the regulation number 301/2013: Research, based on national public health research agenda on priority public health and nutrition issues, generate, translate and disseminate scientific and technological knowledge; surveillance, for the early identification and detection of public health risks and prevent public health emergencies through adequate preparedness, alert, timely information during public health emergency, respond effectively and timely and ensure rapid recovery of the affected population from the impact of public health emergency; Referral diagnostic and Analytical tests and support the capacity building of health and food science laboratories at the national level for quality laboratory services.

In order to better fulfill its mandate and align its engagement with national development priorities, the Institute had developed its first five years strategic plan (2010/11 to 2014/15). Taking into consideration of the achievements, limitations and challenges of the first SPM, the second five years strategic plan (2015/16 to 2020/21) is prepared in accordance with the Balanced Score Card (BSC) principles based on the mission and vision of EPHI, mid-term evaluation results, situations, stakeholders and SWOT analysis, and the customers'/community value propositions. The second five years SPM has four major strategic thematic areas: excellence in research and technology transfer, excellence in public health emergency management, excellence in public health laboratory quality system, and excellence in leadership management and governance, and outlines 15 strategic objectives (4 from community, 7 from internal process, 1 financial stewardship and 3 from learning and growth perspectives) which are formulated to realize the strategic results of the strategic themes. Each strategic objective is designed with 67 performance measures, 42 initiatives and 90 major activities according to the prospective of BSC.

The Research and Technology Transfer theme addresses public health research priority areas such as communicable and non-communicable diseases, food science and nutrition issues, traditional and modern medicine, policy, program and strategy evaluation, environmental and occupational health, health systems and reproductive health for policy and programs improvement. The Institute planned to increase local production of vaccines and anti-sera products as well as production packages from traditional medicines and foods with potential for commercialization. Evaluation of diagnostic reagents and kits through technology transfer to ensure availability of sufficient quantities with qualities are focus areas.

The Public Health Emergency Management theme focuses on disease outbreaks and nutritional emergencies. The strategic plan also emphasizes on early and timely detection, risk communication and control of epidemics and other public health threats, reduction in morbidity, mortality as well as case fatality rate of epidemic diseases to cope with existing and emerging and re-emerging epidemics, natural disasters of national and international concerns.

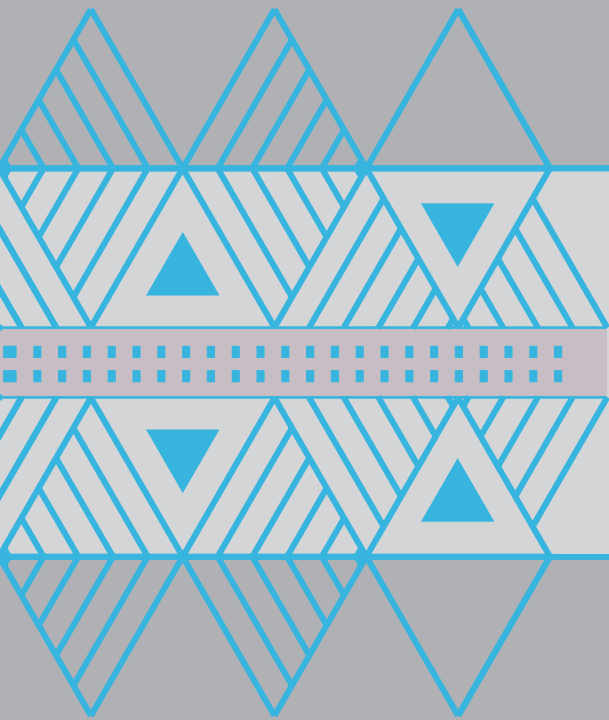
EPHI strives to develop an affordable and sustainable laboratory system whereby quality laboratory services are accessible to all Ethiopians. EPHI tries to fulfill the above achievements by supporting laboratories through capacity building, quality assurance programs, infrastructure development, training and maintenance towards quality assurance and accreditation.

Leadership management and governance strategic theme deals with effective implementation of the SPM to realize the institute vision through engaged leadership. The SPM promotes opportunities that encourage



collaboration and partnership among national and international partners and stakeholders working to address health issues in accordance with Ethiopia's needs and priorities. Budget breakdown set for different Objectives planned to be addressed during the SPM timeframe period.

EPHI will make sustained efforts to properly document information generated from the respective thematic areas. All evidence-based information are planned to be interpreted, organized and disseminated in a proper manner for appropriate use by policy makers, stakeholders and the community at large. The SPM ensures that appropriate technologies will be transferred, promoted and utilized. The SPM is in line with the priority areas of the Health Sector Transformation Plan (HSTP).



# CHAPTER 1



# Chapter 1: Introduction

## Introduction

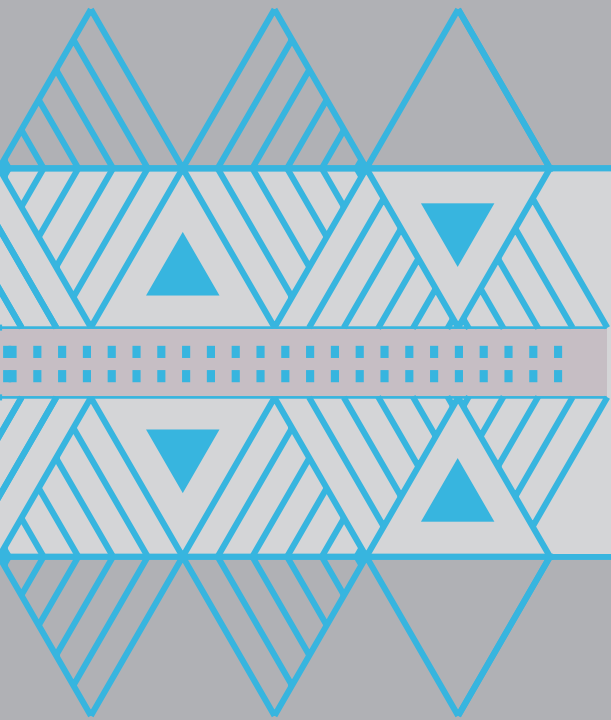
The Ethiopian Public Health Institute (EPHI), which was formerly called as the Ethiopian Health and Nutrition Research Institute (EHNRI), has planned and implemented its first implemented strategic plan (SPM) (2010/11-2014/15) by including research & technology transfer, public health emergency management and quality laboratory system establishment. It has been part of the first Growth and Transformation Plan (GTP), under the final phase of health sector development plan (HSDP-IV) which ended in June 2015. The EPHI has almost finalized its five years (2010/11-2014/2015) strategic plan (SPM).

The Second EPHI SPM is the next five-year strategic plan, which covers from July 2015– June 2020 (2008-2012 EFY). It has been prepared based on the performance evaluation of the first EPHI strategic plan and by in-depth situational assessment of the internal and external conditions of the institute. The Health Sector Transformation Plan goal & need, the country's global commitment, and the long term Growth and Transformation Plan (GTP) goal have also been considered to design the SPM.

The performance of EPHI in the last five years has been reviewed critically through the Mid-Term Evaluation (MTE), annual and final performance reviews. The second EPHI SPM is prepared as part of the HSTP, which in turn aligned with the second Growth and Transformation Plan (GTP-II) of the country.

This strategic plan has four thematic areas viz: excellence in research and technology transfer, excellence in public health emergency management, excellence in quality laboratory system, and excellence in leadership management and governance. Four perspectives such as Community, Internal Process, Finance, and Learning & Growth have been pointed out and under which 4, 7, 1, and 3 strategic objectives have been designed respectively.

To measure each strategic objective, performance measures (indicators) have been identified and targets are set. Under each strategic objective strategic initiatives have been planned. Major activities and detailed activities also have been planned to address initiative (s).



# CHAPTER 2

## Chapter 2: Performance of the first five years BSC Based SPM (2010/11-2014/2015)

### 2.1 SPM-I: Performance Assessment and Major Achievements in the Past Five Years

#### 2.1.1. Research and Technology Transfer

**Research Dissemination and Translation:** To improve the evidence based policy decision making, the institute's research outputs have been disseminated through various channels. During the last five years, 87 (four years) research technical reports were disseminated to different stakeholders and concerned bodies. Moreover, the Institute managed to disseminate 175 research findings in peer reviewed Journals and many research preliminary and final results have been disseminated through national & international conferences, workshops and newsletters and website. In addition, two policy briefs on human resource capacity to effectively implement malaria elimination in Ethiopia, prevention of postpartum hemorrhage in Ethiopia, improving healthcare financing in Ethiopia, improving the health extension program in Ethiopia and improving skilled birth attendance in Ethiopia were developed and disseminated.

**Development of Vaccines and Food Products:** To increase production and the availability of vaccines, plant based medicines, Complementary foods and other biological products the Institute has been undertaking various researches. The institute produced and distributed 83,166; 21,838; 22518 and 26,280 doses of Fermi vaccine for human and animal use from 2010/11 to 2014/15, respectively, to treat rabies infected patients. To improve the rabies vaccine technology, the institute has developed a new rabies cell culture vaccine production package for animal use and handed over to National Veterinary Institute for mass production while the vaccine dosage determination study for human use is undergoing. Three standardized food products from ground nut and quality protein maize was developed and one indigenous food processing technology was also documented. Further, food composition table and dietary menu were developed.

**Disease Survey and Surveillance:** National surveys and surveillances on infectious diseases have been conducted. Among these, the first National TB prevalence survey, EDHS+, ANC Sentinel HIV Surveillance (round 2009 and 2014), HIV prevalence survey among MARPs, HIV Case Based Surveillance Sexually Transmitted Illness surveillance, the annual TB/HIV co-infection surveillance and malaria indicator survey (MIS) were conducted and results were disseminated. Routine annual viral surveillances on polio, measles, rota, rubella, influenza and other respiratory diseases including meningitis and pediatric bacterial meningitis have been conducted. Survey of the neglected tropical diseases including rabies, lymphatic filariasis, onchocerciasis, schistosomiasis have been conducted. Haemophilus Influenza types B Survey, TB-HIV DOT program evaluation have been also conducted.

**Drug and Insecticide Resistance Survey and Surveillance:** With regards to anti-microbial and insecticide resistance surveys, the HIV drug resistance early warning indicators assessment, HIV drug resistance threshold survey and HIV drug resistance prevention monitoring surveys, first and second line TB drug resistance surveillance, National malaria drug and insecticide resistance surveys, Gonorrhoea drug resistance & serological survey, Coartem efficacy Monitoring study were conducted.

**Food & Nutrition and Survey and Research:** During the past five years the institute has conducted national surveys on nutrition, food consumption survey, national nutrition program baseline survey, iron-folate supplementary adherence promotion study, iodine consumption survey. National Nutrition Program (NNP) evaluation and operation researches, Calcium Intake, Chickpea Based Children supplementary food for treatment of moderately acute malnourished children, Shelf-life determination on six foods, Study on the national IYCF policy and program: Achievements and gaps, Fluoride intake and mitigation strategy in the rift valley of Ethiopia, and Study of nutritional profile of Moringa species were conducted.

**Evaluation:** ART advanced clinical monitoring; Bottled Water Quality Assessment, Evaluating Efficacy of LLINs, Trance metal exposure, GeneXpert and Malaria RTD evaluations were conducted.

**Health System Research:** with regard to health system research the institute has undertaken nationally relevant surveys to evaluate the health sector programs impacts. These include Service Provision Assessment (SPA+), Expanded Immunization Program (EPI) Survey, Evaluations of Health Sector MDGs, Maternal and Newborn Healthcare Program Evaluation, Post Measles Immunization Coverage survey, Meningitis Immunization Coverage Program; Hospital based Pattern and Trend of non-communicable diseases survey (Population based non-communication diseases survey) and national FANC survey were conducted.

**Traditional and Modern Medicine:** survey on traditional medicine utilization and practice among health professionals, healers and community was conducted. Plant based medicine development study for diabetics, asthma, diarrhea, hypertensive, antihelminthic, malaria, dermal fungus, water-purification and animal skin has been conducting. Unidentified Liver Disease Investigation Study was also conducted.

## 2.1.2. Public Health Emergency Management (PHEM)

**Communication, Response and Recovery:** The Institute implementing to strengthening public health emergency communication, response, rehabilitation and recovery for early verification outbreaks and epidemics. During the first three years, the percentage of health events communicated within 1 hour of the occurrence of PHE and alerting stakeholders after 30 minutes of case investigation were increasing reaching up to 86% in 2011/12 (see figure 1). In 2014/15, 83% of identified risks (mainly Acute Watery Diarrhea (AWD), measles, malaria, meningitis, flooding, mal-nutrition and Ebola) were communicated to concerned bodies within the specified period.

**Integrated Public Health Surveillance:** To improve the early detection and identification of public health emergencies, Integrated Public Health Surveillance System has been established and currently the institute is receiving weekly diseases surveillance reports from more than 22,000 health facilities located in all over the country. The institute is receiving surveillance report that combines communicable disease surveillance, nutrition surveillance and monitoring of

health events apart from many other hazards. The completeness and timeliness of reports are significantly improving and have reached 91% and 90% in May 2015, respectively (see figure 2).

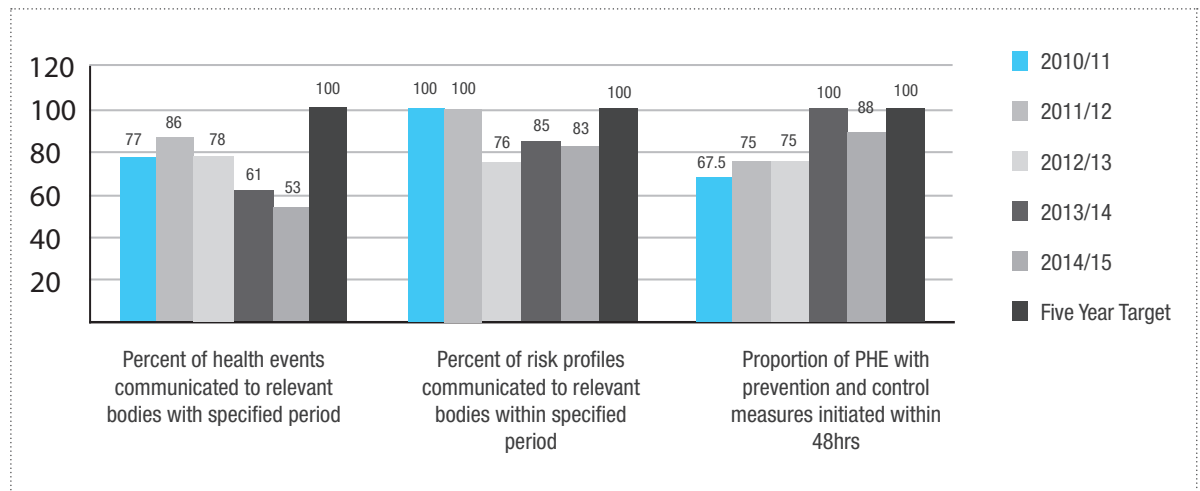


Figure 1: PHE communication and response

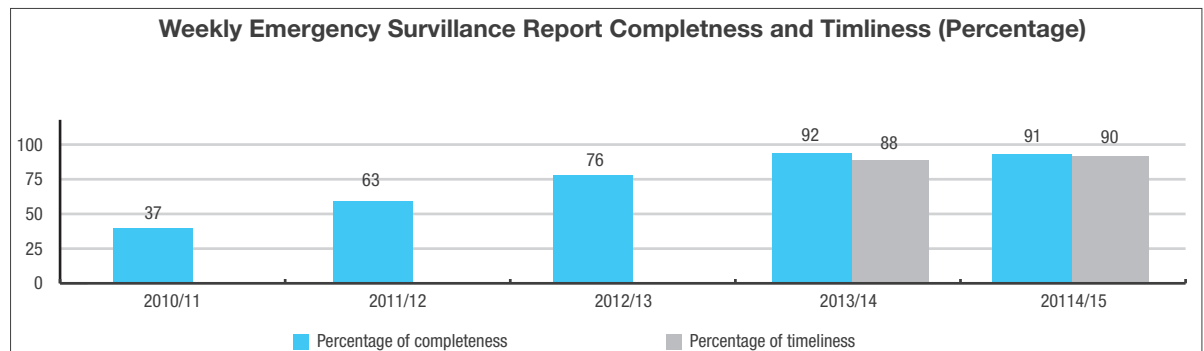


Figure 2: Weekly surveillance report Completeness & timeliness level in the past 5 years

Public Health Emergency Risk Mapping and Preparedness: Improving risk identification and institutional preparedness for existing and emerging epidemic-prone diseases is one of the prioritized areas. The percentage of threats/ risks identified and communicated to the regions and partners shows significant progress, increasing from 18% in 2010/11 to 100% in 2014/15 (see figure 3). The achievement shows (figure 3) that 100% identified PHE risks had adequate stockpiles of drugs and medical supplies at the center as per the PHEM guideline. Although it is improving, the availability of sufficient stockpiles of drug and medical supplies at lower administration level has to be further strengthened as a short fall is evidenced.

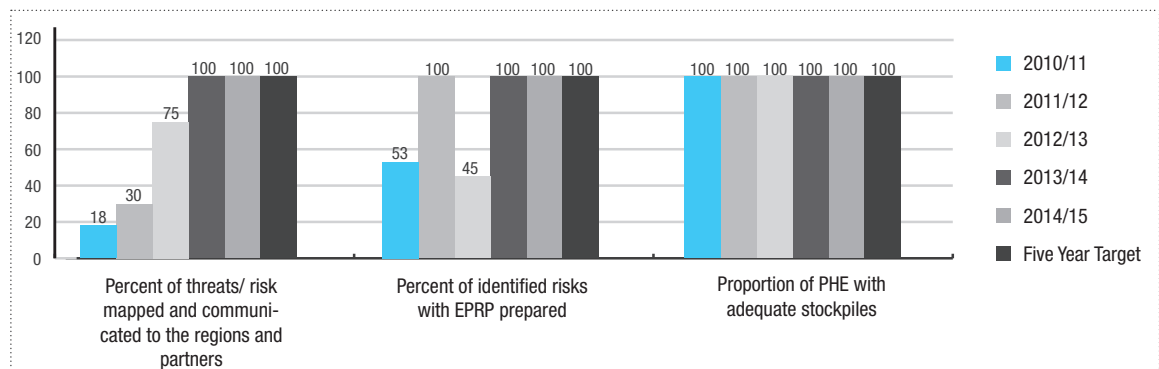


Figure 3: PHE risk mapping and preparedness

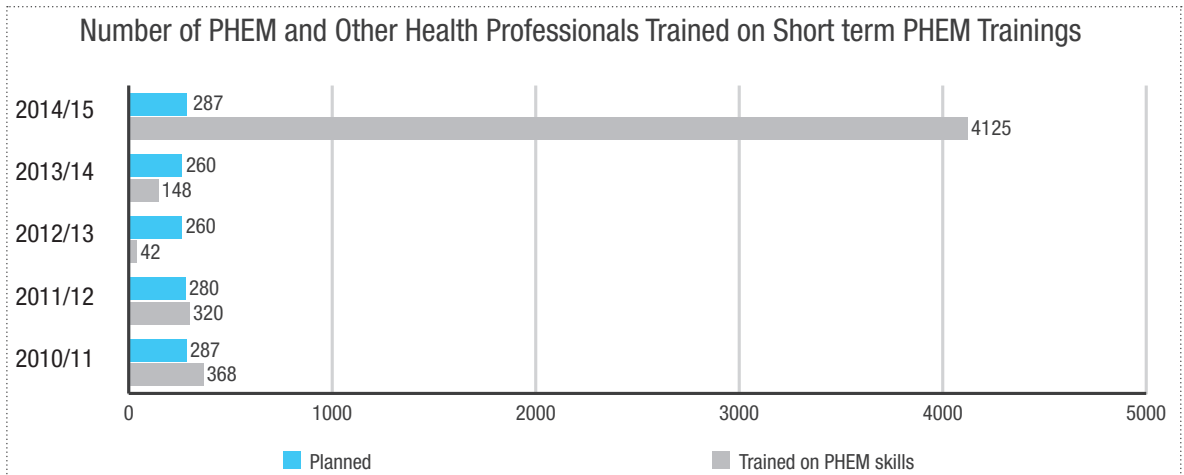


Figure 4: Number of trained professionals on PHEM (short term)

With short term trainings scheme 4985 health professionals were trained on management of public health emergencies during five years, among which significant number of trained personnel are recorded in the years 2014/15 due to extensive training program on Ebola management. Moreover, the institute, in partnership with universities and other partners, coordinated the provision of Field Epidemiology and Laboratory Training Program (FELTP) at master's level. Accordingly, about 86 professionals from all regional states as well as PHEM center have graduated from FELTP (Figure 5).

These trainings significantly boost the human resource capacity in managing public health emergencies at regional as well as central level.

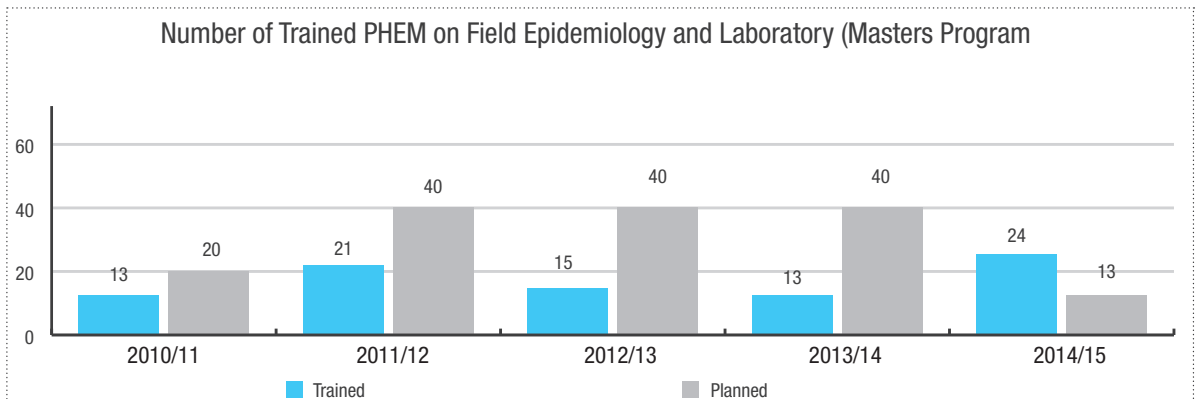


Figure 5: PHEM professionals trained in long term scheme (MSc)

### 2.1.3. Quality Laboratory System

**Laboratory Accreditation:** To improve the quality of laboratories and hence to enable them for accreditation, the institute implemented Stepwise Laboratory Improvement Process towards Accreditation (SLIPTA) Program with the collaboration of partners and regional laboratories. For the last five years, 109 regional and hospital laboratories were involved in SLIPTA initiative. The enrolment's goal is to produce measurable improvement and prepare laboratories for international accreditation to ISO- 15189 standards. Participant laboratories of the SLIPTA program have brought visible changes and improvement in their laboratory quality and service



provisions. Although the five targets were very ambitious, the current assessment shows that 21, 12, 7 and 2 laboratories got 1, 2, 3 and 4 star level recognition.

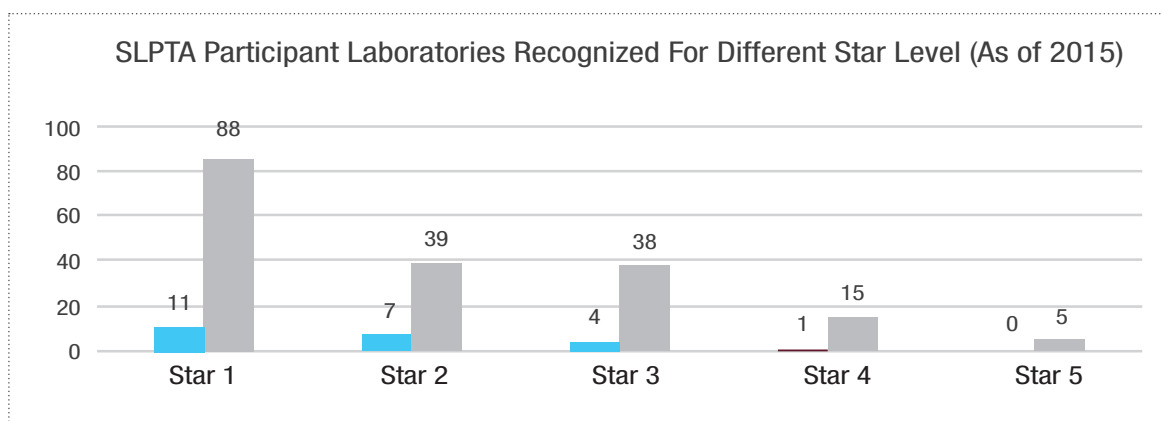


Figure 6: SLIPTA Participant Labs. Recognized for star level 1-5 (as of 2015)

**External Quality Assessment:** An innovative EQA samples and feedback transportation was established through postal services. Currently, 175 laboratories have participated for one or more tests of EQA (Figure 7) samples including Digital-PT, UKNEQAS, DNA-PCR, Viral Load and TB Culture. Further, 93% of health facility laboratories in the country are linked through postal services for DBS, TB and EQA sample transportation that improved the public access to different laboratory services.

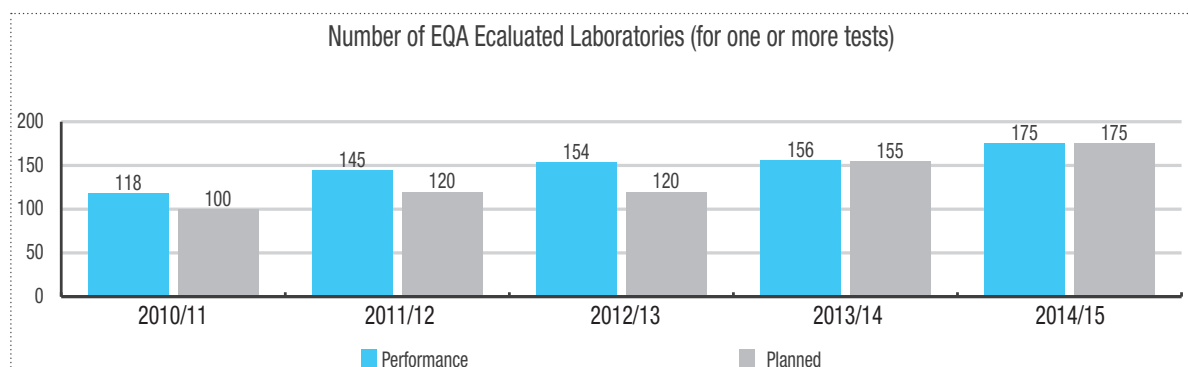


Figure7: Number of EQA evaluated laboratories for one or more tests

**Laboratory Manuals and Guidelines:** To standardize laboratory diagnostic and operational procedures, more than 20 different laboratory guidelines, manuals and formats were developed and disseminated. These include malaria diagnostic manuals, EQA guidelines, quality manual, referral linkage, epidemic prone diseases manual, early infant HIV diagnostic manual, various training manuals, and national bio-safety manual.

**Laboratory Information System:** The standardization of laboratories further strengthened through installing Laboratory Information System (LIS) for 22 hospital laboratories that improve information sharing and data management among laboratory technicians and clinicians (Figure 8). Moreover, database for EQA, training and maintenance services were developed and disseminated to regional laboratories.

Number of Hospital Laboratories Equipped with Laboratory Information System (LIS)

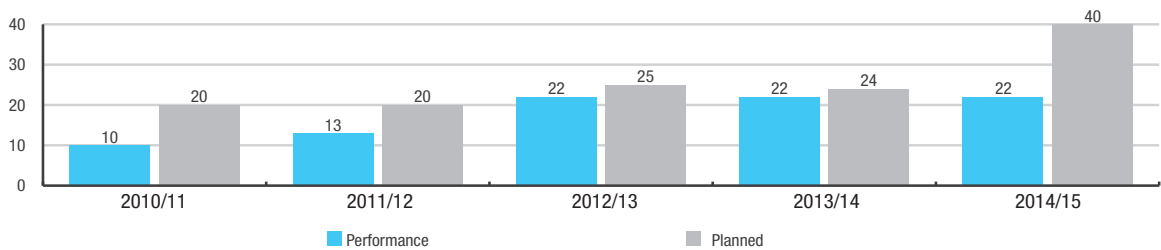


Figure 8: Number of hospital labs. Equipped with LIS

**Laboratory Trainings:** To strengthen the capacity of regional and hospital laboratories, during the last five years, the Institute had given trainings to 4198 laboratory professionals that engaged in different laboratory activities (Figure 9) mainly on SLIPTA, LIS, HIV, TB & malaria diagnostics, quality management, safety and microbiology, laboratory management and laboratory machine maintenance.

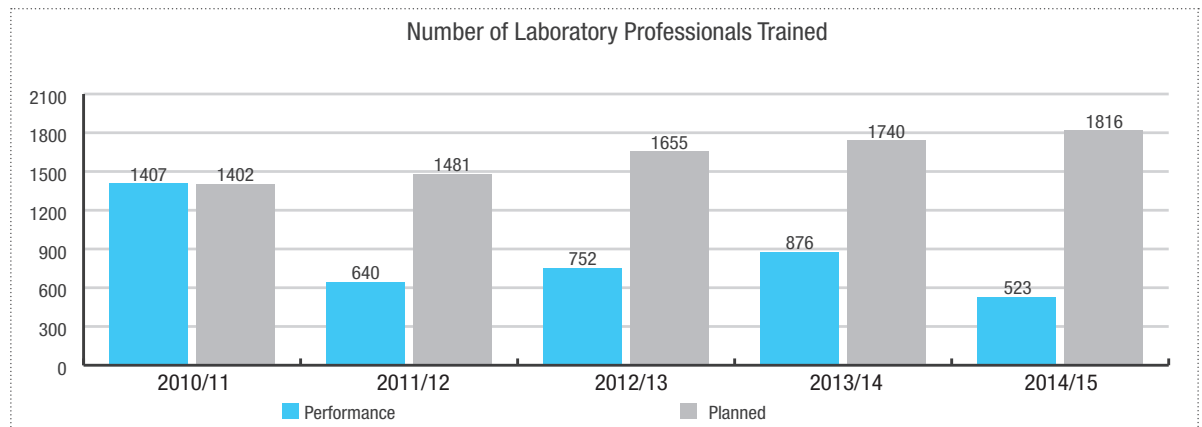


Figure 9: Number of laboratory professionals trained in short term trainings

**Diagnostic Equipments and Laboratory Renovation:** To improve and decentralize laboratories diagnostic capacity of special and referral services, regional and hospital laboratory establishment and renovation have been undertaken. State of the art laboratories were built in Adama Regional Laboratory, Bahirdar Regional Laboratory and Hawassa regional laboratory. And in addition to these Mekele, Dessie and Nekempte regional laboratories are under construction. Furthermore over 200 laboratories are enabled to provide different special and referral services

## 2.1.4. Leadership and Management

Financial plan, mobilization and utilization in the past five years have been indicated on figure-10.

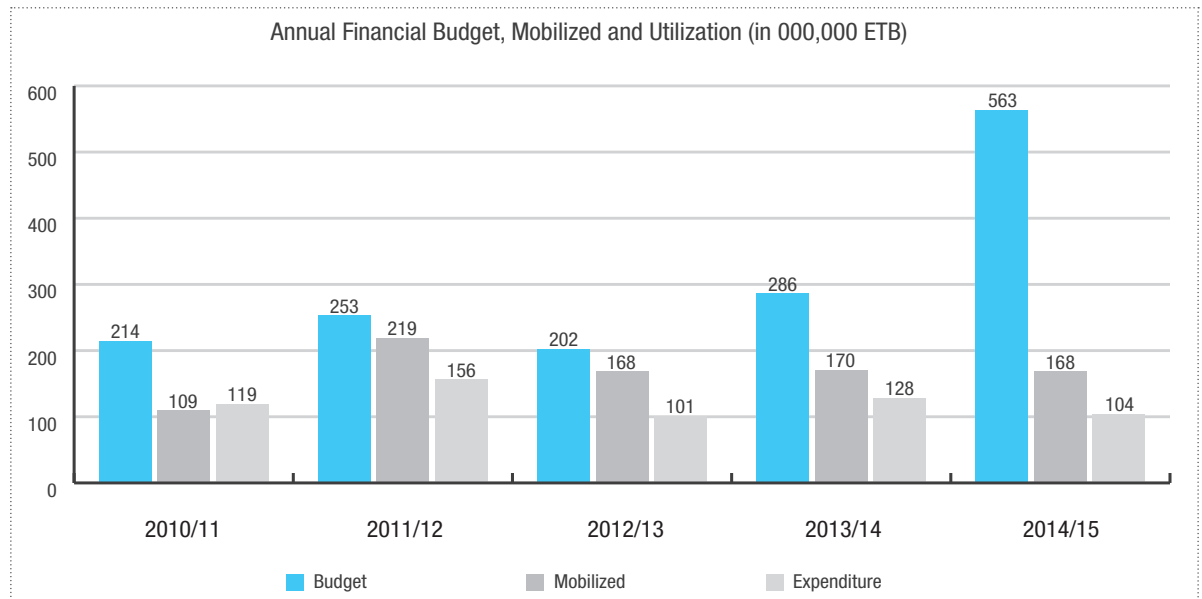
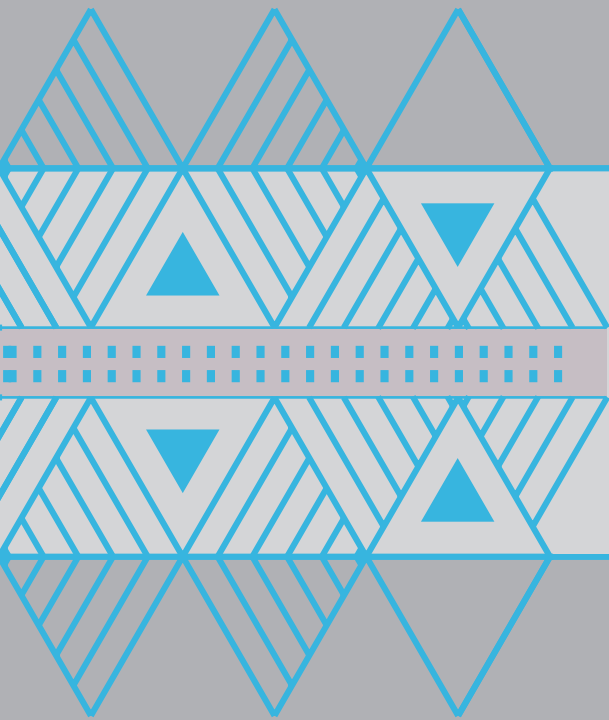


Figure 10: Planned, mobilized and utilized budget for the past 5 years



# CHAPTER 3

## Chapter 3: The 2<sup>nd</sup> BSC based EPHI's Strategic Plan

### 3.1. The Planning Process and Methodology

In the five years strategic planning (2015/16-2019/2020) process, the Balanced Score Card (BSC), which is the strategic planning and management system designed to help everyone in an organization understand and work towards a shared vision and strategy, has been used. The Strategic planning process aimed to produce a document that enables EPHI to address public health issues such as research and technology transfer, public health emergency management and establishing quality laboratory system in the country.

The second BSC Based EPHI's 5 years SPM has been emanated from the Health Sector Transformation Plan (HSTP), started by formulating and incorporating the strategic objectives from EPHI contributions as part of HSTP. The objectives like 'improve research and evidence for decision making', 'improve health related disaster risk management', 'enhance use of technology & innovation', and improve equitable access to quality health services have been incorporated into the HSTP as the technical wing contribution of EPHI in areas of research & technology transfer, public health emergency management, and quality laboratory system establishment in the country. In parallel to working together with the HSTP planning team, EPHI has developed its SPM by assigning a technical working group (Core team), composed of professionals from different disciplines.

The whole SPM planning process has been coordinated and guided by Planning, Monitoring and Evaluation Directorate (PMED) under the supervision of the senior management. Four sub-teams for respective thematic areas (Research & technology transfer, PHEM, Quality laboratory system, and leadership management & governance) have been formed to prepare the strategic plan in linking with the core team by applying 'top down and bottom up planning principles'. In order to align the five years strategic plan of the Institute with the upcoming HSTP, the group participated in 5-days HSTP preparation workshop, which was organized by FMOH, to engage in detailed discussions with various FMOH's agencies and partners.

In top down approach the EPHI SPM has been designed and prepared by cascading from the HSTP and then the Institute's strategic themes, results, objectives and initiatives have been formulated in cascaded manner; while bottom up planning has been implemented by intensive involvement of all sub-teams, directorates, case teams and experts/researchers from all directorates. Bottom up planning has been intensively exercised more on cost, major activities, initiatives planning and strategic objectives refinement.

From the logic of BSC, strategic planning starts at high strategic altitude: mission, vision, and core values which are then translated into desired strategic themes and results. Strategic themes (organization's pillars of excellence) are selected to focus efforts on the strategies that will lead to success. Then the strategy has been decomposed into strategic objectives that can be monitored using performance measures. Performance measures allow the Institute to track results against targets, and to celebrate success and identify potential problems early for the needed action. The strategic initiatives, which are the ones that translate the strategy into a set of high-priority programs/

mega-projects/major activities to ensure the success of strategy, have been developed. Under each initiative major activities have been also planned.

To substantiate the strategic plan, relevant inputs were taken from documents and experiences of EPHI and HSDPs, FMoH guidelines and other national and international records. Two SPM preparation workshops were conducted (one from December 30 to January 4/2015; and the other from April 5-9/2015) in which EPHI staff members from various fields of all directorates/departments have participated in the sessions to provide the necessary inputs and expertise to enrich the plan.

For the completion the Institute has conducted a three days (June 18-20, 2015 at Adama) stakeholders' consultative workshop to get additional inputs and incorporated the workshop inputs into the final strategic plan of EPHI.

## 3.2. EPHI's Strategic Assessment

### **Mission:**

The mission of EPHI is to improve the health of the general public of Ethiopia through undertaking research on priority health and nutrition issues for evidence based information utilization and technology transfer; effective public health emergency management; establishing quality laboratory system; and training public health researchers and practitioners for best public health interventions.

### **Vision:**

To be a center of excellence in public health in Africa.

Table 1: SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis:

Enablers	Pains
Strengths:	Weaknesses:
<p>Research and Technology Transfer</p> <p>Long years research experience</p> <p>Human resource availability</p> <p>Implementation of BSC</p> <p>Good laboratory infrastructure/setup</p> <p>Program management is improving:</p> <p>Availability of strategies and guidelines like MNH road map, NNP, NTD road map, NCD strategy, Referral system guideline, health facility standards, etc.</p> <p>Legal framework for surveillance /surveys/ research</p>	<p>1. Research and Technology Transfer</p> <p>Shortage of mega project approach</p> <p>Weak team spirit/focus</p> <p>High attrition rate of staff and lack of staff retention mechanism</p> <p>Weak integration of work.</p> <p>Weak communication with potential partners.</p> <p>Weak commitment of the staff.</p> <p>Lack of accountability at all levels.</p> <p>Poor logistic system</p> <p>Organizational structural problem</p> <p>Skill gap</p> <p>Poor/ dissatisfaction on results/findings dissemination.</p> <p>Poor translation, utilization and follow up of research results</p> <p>Weak joint planning with stakeholders</p>
<p>Public Health Emergency Management</p> <p>Institutionalization of PHEM</p> <p>Presence of FETP training program</p> <p>Established surveillance system at all levels</p> <p>Presence of developed guidelines, SOPs and reporting Formats</p> <p>Provided Advanced and basic Epidemiology Trainings</p> <p>Presence of Monitoring and evaluation Mechanisms</p> <p>Presence of regular assessment system</p> <p>Presence of established Task Forces and technical Working groups</p> <p>Trained RRT in all regions</p> <p>Presence of rumor registration and verification mechanism</p>	<p>2. Public Health Emergency Management</p> <p>Late detection and response of outbreaks</p> <p>Not fully functional EOC</p> <p>Weak coordination and collaboration with other sectors and FMOH directorates</p> <p>Slow development and implementation of E-PHEM</p> <p>Weak team spirit/focus</p> <p>Limited Stockpiling of emergency drugs and medical supplies for priority diseases</p> <p>Absence of sustainable laboratory reagent supply system</p>
<p>National Quality Laboratory System</p> <p>Decentralized laboratory services</p> <p>Committed and qualified staff</p> <p>Well established national laboratory network and referral services</p> <p>Smooth communication with partners laboratory quality management system being actively implemented</p>	<p>3. National Quality Laboratory System</p> <p>Low adherence to planned activities</p> <p>Weak Inter-departmental collaboration</p> <p>Lack of staff motivation mechanism</p> <p>Inadequate commitment for referral services</p> <p>Lack of high Bio-safety level laboratory service</p> <p>Limited laboratory capacity</p>

Enablers	Pains
Strengths:	Weaknesses:
<p>Program and Project Management</p> <p>Good Planning culture in place (BSC based)</p> <p>Good Monitoring system in place</p> <p>Strong performance follow up using BSC</p> <p>Improved Integrated Supportive Supervision practice</p> <p>A start in SPM midterm evaluation</p>	<p>4.Program and Project Management</p> <p>Shortage of mega project approach</p> <p>Shortage of project design and management</p>
<p>Human Resource Development</p> <p>Good trend in long and short term training experience to develop human resource</p>	<p>5.Human Resource Development</p> <p>Gap in human resource development strategy</p> <p>Shortage of retention mechanism.</p> <p>Gap in knowledge management</p>
<p>Resource mobilization &amp; utilization</p> <p>Presence of good relationship with governmental and non-governmental organization.</p> <p>Presence of experience for fund mobilization and utilization</p>	<p>6.Resource mobilization &amp; utilization</p> <p>Gap in designing mega projects and integrated fund mobilization approach.</p> <p>Unorganized resource mobilization.</p> <p>Inefficient grant management</p> <p>More than sixty percent of mobilized fund has been spent for field car rent due to shortage of the institute owned cars.</p> <p>Gap in resource mobilization strategy.</p> <p>Inefficient procurement/logistics system.</p> <p>Donor dependency/ High donor source for research &amp; technology transfer, PHEM and laboratory capacity building</p>



Enablers	Pains
Strengths:	Weaknesses:
<p>Leadership, management &amp; governance</p> <p>Long years public health leading experience and exposure</p> <p>Legal support/framework</p> <p>performance follow up system in place</p> <p>Institutionalization of service improvement approaches like BSC</p> <p>Coordination, collaboration and partnership experience</p> <p>International</p> <p>National</p> <p>Civil service HDA platform (case team (1:5), transformation, directorates and management coordination and leadership)</p> <p>Establishment of public wing's forum</p> <p>Ensured legal framework for implementing the Institute's mandate areas</p>	<p>7. Leadership, management &amp; governance</p> <p>Weak leadership commitment on decision making</p> <p>Gap in organizational structure</p> <p>Gap in strategic thinking</p> <p>Gap in system establishment / operation</p> <p>Weak coordination.</p>
Opportunities:	Threats:
<p>High government commitment</p> <p>Presence of partners and donors</p> <p>Presence of FETP residents</p> <p>Availability of new initiatives (HDA, one health approach, etc)</p> <p>Presence of WHO surveillance officers at lower level</p> <p>Good will/trust from customer and stakeholders</p> <p>Strong legal frame work</p> <p>Continuous support from government &amp; development partners.</p> <p>Existence of in country accreditation system</p> <p>Presence of revised health sector policy</p>	<p>Attractive salary scale of other similar government &amp; non-government institutions as compared to EPHI (Increasing pull factor for the experienced workers)</p> <p>Variable remuneration system</p> <p>Growing of competitive institutions</p> <p>Emergence and reemergence of disease epidemics</p> <p>Conflicts in neighboring countries</p> <p>Movement of people</p> <p>Low predictability of foreign funding</p> <p>Porous boarder</p> <p>Weak health system in emerging regions</p> <p>Climate change</p> <p>Global economic crises limiting partner support (Diminishing trend of foreign support)</p> <p>Inadequate professional competence</p>

Table 2: Stakeholders Analysis

Stakeholders	Behaviors we desire	Their needs	Resistance issues	Their influence	Institutional response
Community	Participation, engagement, ownership and healthy life style	Access to evidence-based health information and service empowerment	Dissatisfaction opting for unsafe alternatives under utilization	High	Advocacy, ensure participation, quality and equitable service and information
FMoH, Parliaments, MoFED, MoCS	Ratification of Policy proclamations, policies, etc. resources allocation	Implementation of proclamations, policy, etc. Equity & quality plans Visionary leadership Committed to accomplish mission and vision Good governance Accountability and timely reporting Deliverables and timely reporting Efficiency and effectiveness Efficient system and competency of compliance management	Administrative measures Organizational restructuring influence on budget allocation	High	Put in place a strong M&E system & comprehensive capacity building mechanisms
Regional Health Bureaus and health facilities	Commitment, participation and collaboration	Effective Coordination and joint agenda setting Joint Planning, Implementation and joint Evaluation Supportive action and collaboration Systematic capacity building and skill transfer	Fragmentation Dissatisfaction	High	Put in place a strong M&E system & comprehensive capacity building mechanisms

Stakeholders	Behaviors we desire	Their needs	Resistance issues	Their influence	Institutional response
Line Agencies (FMHACA, HAPCO, Health Insurance Agency, PFSA)	Inter-agencies collaboration consider health in all policies and strategies	Evidence-based information; research coordination, Technical support	Fragmentation Dissatisfaction	High	Collaboration Transparency Advocacy
Health professional training institutes	Knowledgeable, skilled and ethical health professionals produced	Technical support	Curriculum revision	Medium	Policy and leadership support
Development Partners	Harmonized & aligned Participation, More financing and Technical support	Financial system accountable & transparent Involved in planning, implementation, and M&E	Fragmentation High transaction Inefficiency & ineffective	Medium	Government leadership Transparency Efficient resource use Build financial management capacity
NGOs, CSO, and professional associations	Harmonisation & alignment Participation, ressource & TA Participate in licensing and accreditation Promote professional code of conduct	Involvement in planning, implementation & M&E Participation	Dissatisfaction Fragmentation Scale down Withdrawal	Medium	Transparency, Advocacy Capacity building Financial support
MoST Local Universities	Commitment, participation, collaboration	Coordination and collaboration on research and technology transfer Innovative research work and motivational schemes Collaboration on ethical and scientific research management	Fragmentation Dissatisfaction	Medium	Put in place a strong collaboration & coordination

Stakeholders	Behaviors we desire	Their needs	Resistance issues	Their influence	Institutional response
Public Wing Citizens	Commitment, Participation	Good Governance Transparency Participatory arrangements Efficient service Accountability and effective use of public property	Dissatisfaction opting for unsafe alternatives under utilization	High	Motivation, Involvement
Staffs/Civil servants/	Commitment, Participation	Motivational schemes Conducive working environment Understanding and on the same page on policies and procedures of government Transparency and clear guidance	Dissatisfaction Unproductive Attrition	High	Motivation, Involvement, Accountable
Directorates/ Sections	Commitment, Participation, visionary	Shared responsibilities Directional clarity Inspirational and competency development system Dynamic and friendly structure	Dissatisfaction Unproductive	High	Motivation, Involvement, Accountable
MoARD	Commitment, participation, collaboration	Coordination and collaboration on PHEM Coordination and collaboration on zoonosis disease management	Fragmentation Dissatisfaction	Medium	Put in place a strong collaboration & coordination

#### Core values:

- Evidence based decision
- Pro-activeness and Responsiveness
- Transparency and Accountability
- Respect to humanity

- Self reliance
- Solidarity
- Ability to exercise professional values, ethics and judgment
- Inclusiveness

### 3.3. Strategy (Customer Value Proposition, Strategic Themes and Strategic Results, Perspectives)

#### 3.3.1. Customer Value Proposition

Table-3: EPHI's customer value proposition

Product or service attributes	Image	Relationship
Products & services the EPHI provides have these characteristics: Problem solving High Efficacy	The image that the EPHI wants to portray has the following characteristics: Problem solver Scientific	The relationship the EPHI wants with its community and stakeholders could be described as: Professional
Accessible (Information and product) Authentic research Timely response Proactiveness Quality laboratory service Accessibility–information, physical, financial, etc. Timeliness of services Authentic information Safe and conducive environment Empowering community & employees Conducive environment	Citizens-focused Supportive Communicative Environment conscious Trustworthy Transparent/Accountable Supportive Professional Customer-Friendly/Oriented Committed	Responsive Participatory/ Cooperative Trustworthy Complementary Cooperative (participatory) Respectful & ethical Harmonious (Mutual Understanding) Transparent relationship Dependable (Stewardship) Responsive Equitable

#### 3.3.2. Strategic Themes and Strategic Results

##### **Strategic Theme 1: Excellence in Research and Technology Transfer**

This theme aims to undertake research, surveillance and technology transfer activities towards the improvement of evidence based information for decision making through dissemination, translation and utilization of synthesized evidence base information that are systematically reviewed and consolidated from research, evaluation, and surveillance outputs for appropriate use by stakeholders including policy makers such as FMOH, WHO, UNICEF, etc. and the public at large. Production of packages from traditional medicines as-well-as foods that have potential for commercialization and development of vaccines and Anti-Sera products will also be performed. Technology production packages will be disseminated in the form of technology

briefs in an attempt to transfer the outcome for the industries, beneficiaries and the public. The ultimate aim of the theme is provision of timely evidence based information, production packages and technology production to stakeholders including policy makers and the public to strengthen the health system.

**Strategic Result: Evidence that will be translated into policies, programs, public education, product packages and products.**

**Key Concepts:** With this thematic area the following major activities and results will be delivered to improve the health of the public:

- Surveillances , research and evaluations will be conducted to generate peer reviewed journals, technical reports and synthesized evidences,
- Synthesized evidences will be disseminated and then translated into programs, interventions, policies and/or used as reference/witness for interventions which are implemented in the right way.
- Ensuring utilization of synthesized evidences that will be disseminated and translated, Technology generation in the form of production packages particularly traditional medicines, vaccines and other Anti-Sera, and complementary/supplementary foods. It includes evaluation of diagnostic technologies, dissemination of production packages, production of vaccines, and distribution of products to users.
- Ensuring utilization of production packages and products.

**Strategic Theme 2: Excellence in Public Health Emergency Management**

**Strategic Result 2:** Protected and rehabilitated community from consequences of public health emergency

- Minimized/avoided morbidity, disability and mortality due to epidemics and other public health threats ; Psychosocial support provided and health system rehabilitated
- Timely detected and communicated risk of diseases epidemics and other public health threats
- Adequate resources (drugs, vaccines (buffer stocks), personal protection equipment (PPE), emergency health kits, reagents ,medical supplies) and trained human resource for epidemic preparedness ,response and control measures

**Key Concepts:** Epidemic Preparedness, surveillance and communication, response and recovery. The success in this strategic theme will be measured by:

- Early detection and control of epidemics and other public health threats,
- Reduction in morbidity and mortality,
- Reduction in case fatality rate of epidemic diseases.

**How does the Theme and result move us to a higher level of Performance?**

Through ensuring community ownership epidemics and other priority public health emergencies will have been effectively and efficiently prevented and controlled.

### **Strategic Theme 3: Excellence in Quality Laboratory System**

This theme aims at undertaking programmatic activities towards building a National Laboratory System that is capable to:

- Contribute to the improvement in quality of health care service delivery through the provision of accurate, reliable and timely results that are critical for the correct diagnosis of diseases, treatment monitoring and prognosis of outcomes
- Effectively support Public Health Emergency Management System through the precise detection and characterization of epidemic prone diseases and hazardous environmental substances of public health importance
- Generate accurate and reliable data for laboratory based clinical and public health researches.
- Ensure availability and accessibility of laboratory testing services to all citizens.

#### **Strategic Result: Quality assured laboratories and services**

**Key Concepts:** Guiding principles behind this theme and the anticipated strategic results are that all medical and public health laboratories in the envisioned system shall:

- Be required to implement laboratory quality management system in order to provide testing services that fulfill pertinent international quality requirements,
- Strive towards accreditation to ISO 15189 or 17025 standards,
- Have the necessary technological and human resource capacities to provide services that satisfy their customers' expectations,
- Have demonstrated capacity to perform all types of tests for clinical and public health importance,
- Have well established and effectively functioning network structure to ensure accessibility of laboratory testing services to all citizens.

### **Strategic Theme 4: Excellence in Leadership, Management and Governance**

**Strategic Result:** Effective and efficient management and governance system

This theme aims at enabling environment for the successful implementation of the three core thematic areas through availing the state of the art infrastructure, having motivated and skilled human resource, creating well developed system, efficient coordination and collaboration with partners. These are:

- The Institute will be equipped with state of the art facilities with competent human resource to be reference in management and result based structural set up
- Automate all activities and making all program implementations supported by the latest technology
- Effective coordination, program implementation, monitoring and efficient resource mobilization and utilization
- Strong communication, collaboration and partnership for joint mission accomplishment

- Ensuring transparency, accountability, ethical and public focused working environment

**Key Concepts:** The concepts for this strategic theme are to create enabling environment for the three strategic themes and ultimately achieving the mission and vision of the Institute with:

- Conducive working environment and maintaining motivated competent human resource
- Having robust system to track all programs to ensure compliance
- Working with partnership with national and international collaborators to make the Institute competent in its mandate

### 3.3.3. Strategic Perspectives:

Perspective	Key Concept	Key Questions
Community (C)	“Evidence based “ “Accessible “ “Scientific”	How can we enable the customers/ community to receive our services and product?
Internal process (P)	“Effective and Quality” “Scientific and systematic” Utilization”	How can we enhance our integration & responsiveness in order to improve quality, timeliness, & functionality?
Financial Stewardship (F)	“Efficient mobilization and Utilization”	How do we mobilize and utilize more resources effectively and efficiently?
Learning & Growth (CB)	“Efficiency” “Capacity”	To excel in our processes, what capacities must our organization have and improve?



### 3.3.4. The EPHI Performance House

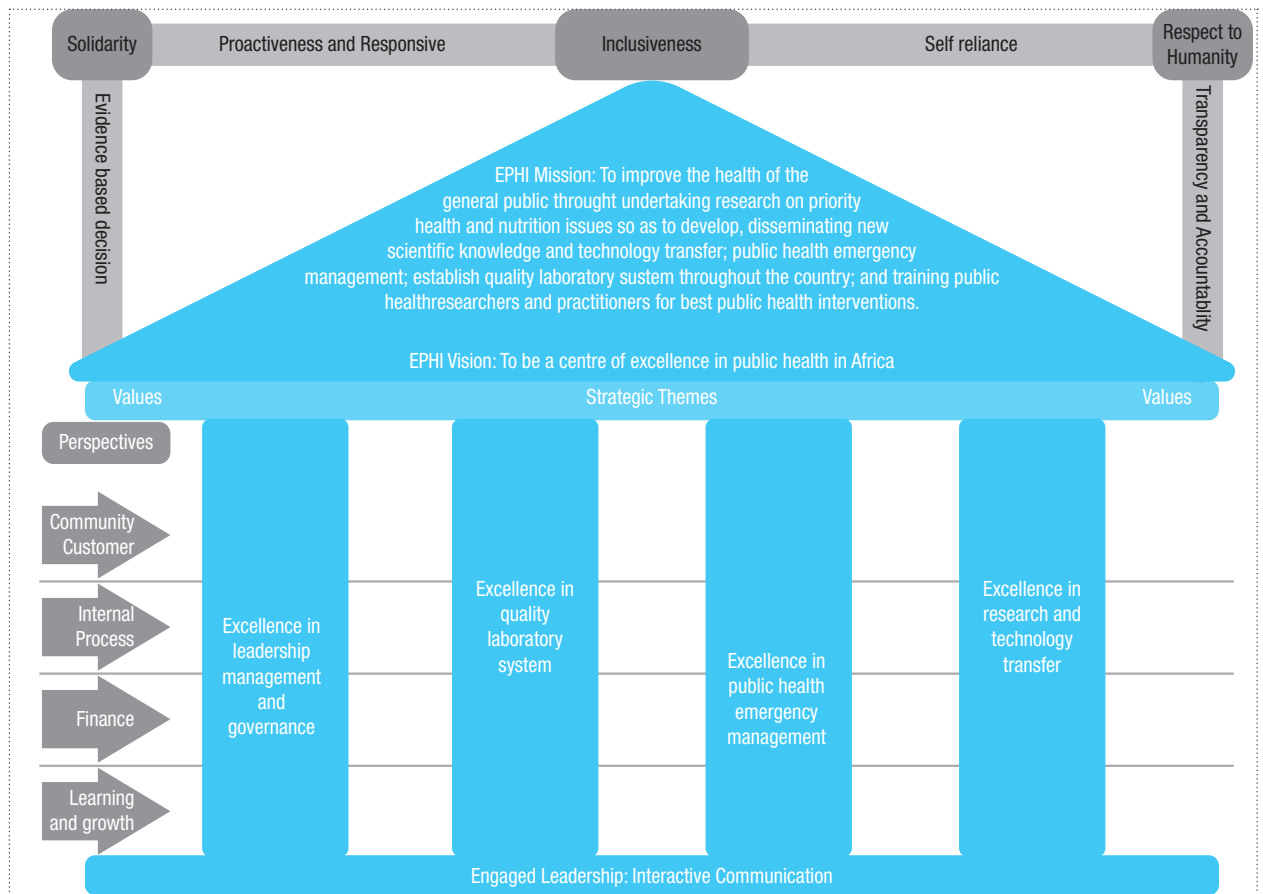


Figure 11: The EPHI's Performance House (2015/16-2019/2020)

### 3.4. Strategic Objectives (SO)

#### 3.4.1. EPHI's Strategic Objectives along with the strategic perspectives and themes

Perspectives	Strategic Objectives
Community (C)	C1: Improve translation and utilization of evidence based information, production packages and products
	C2: Improve public health emergency response and rehabilitation
	C3: Increase and maintain quality assured laboratories
	C4: Enhance community ownership
Internal process (P)	P1: Improve public health surveillance system
	P2: Improve research and evaluation on key health & nutrition issues
	P3: Improve technology evaluation and transfer
	P4: Improve public health emergency preparedness
	P5: Enhance laboratory quality management system implementation
	P6: Strengthening Laboratory Capacity for Referral and Backup Testing Services
	P7: Improve programs/projects and Institutional policies Development and Management
Financial Stewardship (F)	F1: Improve financial resource mobilization and utilization efficiency
Learning & Growth (CB)	CB1: Improve Human Resource Development, management and Governance
	CB2: Enhance Infrastructure and System development
	CB3: Enhance Communication, collaboration and Partnership

#### 3.4.2. EPHI's Strategic Themes and Strategic Objectives Alignment with HSTP Objectives

HSTP Strategic Objectives (SOs)	EPHI SOs, cascaded from HSTP SOs
P8: Improve Research and Evidence for Decision Making CB1: Enhance use of Technology & Innovation	C1: Improve translation and utilization of evidence based information, production packages and products P2: Improve research and evaluation on key health & nutrition issues P3: Improve technology evaluation and transfer
P2: Improve Health Related Disaster Risk Mgt C2: Enhance community ownership P6: Improve community participation and engagement	C2: Improve public health emergency response and rehabilitation P1: Improve public health surveillance system P4: Improve public health emergency preparedness C4 Enhance community ownership

P1: Improve Equitable Access to Quality Health Services	C3: Increase and maintain quality assured laboratories P5: Enhance laboratory quality management system implementation P6: Strengthening Laboratory Capacity for Referral and Backup Testing Services
P3: Enhance Good Governance P5: Improve logistic supply and management P7: Improve resource mobilization CB2: Improve development and management of human resource for health CB4: Enhance Policy and Procedures	P7: Improve programs/projects and Institutional policies Development and Management F1: Improve financial resource mobilization and utilization efficiency CB1: Improve Human Resource Development, management and Governance CB2: Enhance Infrastructure and System development CB3: Enhance Communication, collaboration and Partnership

### **C1: Improve translation and utilization of evidence based information, production packages and products**

#### **Description:**

To improve translation and utilization of evidence based information the following major activities will be conducted; dissemination of synthesised evidence-based information of research, surveillance and technology transfer outcomes for appropriate use by stakeholders including policy makers such as FMOH, WHO, UNICEF, etc. and the public at large. Here, the synthesised information will consist of information that are systematically reviewed and consolidated on diseases epidemiology, prevention, control, treatment and diagnosis of key communicable and non-communicable diseases, nutrition issues, traditional medicine and health system for appropriate use by the end users.

Production packages developed from traditional medicines as-well-as foods that have potential for commercialization and products like vaccines and Anti-Sera will be produced in the Institute. Developed technology production packages disseminated in the form of technology briefs in an attempt to transfer the outcomes for the industries. Public education through mass media will be conducted to the public to educate and create awareness about the outcomes. In addition, disseminated evidence based information; production packages and products will be assessed and evaluated to ensure their proper utilization by key stake holders including policy makers and the public.

#### **Outcome:**

- Translated and utilized evidences
- Translated and utilized production packages
- Utilized products

#### **Key component:**

- Review and synthesis of evidences systematically
- Dissemination and translation of synthesized information for key stakeholders including policy makers/programmers and the public
- Translation and utilization of synthesized information, production packages and products

## **C2: Improve health emergency response and rehabilitation**

### **Description:**

This strategic objective includes a set of activities which follow the warning or alert communicated and encompasses action pre, during and post the event. The activities include rapid field assessment, outbreak investigation, prevention and control activities, monitoring, mobilization of drugs, vaccines, medical supplies, and nutritional supplements and other relevant materials as well as funds to Regions and Woredas in case of Public Health Emergency especially in vulnerable populations with limited access to health services such as displaced or nomadic groups. Identifying the extent of damage caused by an incident, conducting thorough post-event assessments and determining and providing the support needed for recovery and restoration activities to minimize future loss from a similar event is also a major component of rehabilitation and recovery.

### **Outcome:**

- Damaged health system and affected communities rehabilitated.
- Implemented control and prevention measures

### **Key component:**

- Rapid Assessment/ outbreak investigation,
- Quarantine and isolation,
- Case management,
- Health information and communication,
- Post Emergency assessment and recovery.

## **C3: Increase and maintain quality assured laboratories**

### **Description:**

Laboratory accreditation will be a significant milestone to ensure the provision of quality laboratory services and serves as an overarching metric for the implementation of quality management system standards. Laboratories implementing comprehensive quality assurance measures or have achieved accreditation to international standards are capable of generating accurate and reliable information that is critical for the diagnosis of diseases, monitoring of treatment and prognosis as well as prevention at individual and community levels. As such, implementation of initiatives that enhance the efforts of laboratories in the national system towards sustainable improvement thus accreditation is the strategic priority of EPHI.

One of such proven initiatives for the systematic and structured implementation of laboratory quality standards is the Stepwise Laboratory Improvement Process towards Accreditation (SLIPTA). As a national laboratory improvement strategy, SLIPTA will be implemented at all tiers of the national laboratory network whereby the National and Regional Reference Laboratories, all hospital laboratories and those of Health Centers with high test volumes will be given priority.

Ensuring quality-assured laboratory services at all tiers of the national laboratory system will not only improve the quality of healthcare delivery and case management but will also effectively support disease prevention and responses to public health emergency situations.

In order to maximize the utilization of quality-assured laboratory services, it is imperative that functional interfaces exist between the laboratory system and its immediate customers, the clinical service, the PHEM system and health researchers. Thus, an initiative with various scopes of activities will be implemented to ascertain the seamless flow of information between the laboratory system and its customers.

**Outcomes:**

- Quality diagnostic laboratory services
- Quality public health laboratory services
- Laboratories that generate quality data for health researches

**Key components:**

- SLMTA implementation
- Laboratory Audits and Continuous Quality Improvement (SLIPTA)
- Laboratory-customer interface ISO Accreditation

**C4: Enhance community ownership**

**Description:**

Enhancing community ownership refers to the end result of empowering communities to produce their own health. It addresses the social, cultural, political and economic determinants that underpin health, and seeks to build partnerships with other sectors in finding their own solutions to their own problems. Community ownership is attaining a much higher result by empowering the community to do health and health related activities by itself for its own wellbeing. Hence, community ownership ensures sustainable development in the health of the community. Community ownership guarantees solidarity among neighborhoods as they clearly understand health is a Public good. In community ownership, the community is collectively responsible for individual member's action and hence works towards assisting each other to shoulder the collective accountability. As the result, individual actions will be healthy developing into healthy family and community. It describes the focus on the community ownership in decision making in all matters of its own health. It is when it exerts necessary effort to make sure its voice is heard in decision making; and influence over or take control of its own health.

The community ownership influences the health system positively to deliver better health services in equitable manner as the community considers it has a role in the health system as its own property. It implies community understand individual health behavior can affect the public and hence each member of the community behaves responsibly to carry out surveillance of reportable diseases and any unusual events at the community level using the existing structures such as households, 1 to 5 networks and development teams.

**Outcome:**

- Model family, model development team, model Kebeles and model Woredas

**Key Components:**

- Community surveillance
- Outbreak response and prevention

## **P1: Improve public health surveillance system**

### **Description:**

This strategic objective includes both indicator-based and event-based components of public health and nutrition surveillances on communicable and non-communicable diseases (CDs and NCDs), demographic and behavior, utilization of fortified foods, micronutrient status of population and salt iodization coverage, drug resistance and drug utilization related resistance on its irrational utilization. It also includes insecticide resistance activities from selected areas, reproductive health, environmental tracking, identifying and closely monitoring of public health threats, predicting the risk it poses on the health of the public and the health system. The ultimate aim is provision of timely and complete information for proactive prevention of health threats by decision makers for improving quality of life.

This includes identifying and closely monitoring public health threats, predicting the risk it poses on the health of the Public and the health system, and the provision of timely and effective information that allows preparing for effective response or taking action to avoid or reduce risk throughout the country.

### **Outcome:**

- Generated surveillance outputs in the form of technical reports.
- Generated surveillance outputs in the form of peer reviewed journals
- Complete and timely delivered information from weekly disease monitoring

### **Key components:**

- Surveillances on:
  - Diseases and their determinants
  - Drug and insecticide resistance
  - Food and Nutrition issues
  - Reproductive health issues
  - Maternal death
  - Laboratory
  - Environmental Tracking
  - Event Monitoring and Communication.

## **P2: Improve research and evaluation on key Health and Nutrition issues**

### **Description:**

This objective's scope includes research and evaluation of communicable and non-communicable diseases and their determinants, traditional and modern medicine, food and nutrition, policy, strategy and programs, health system, environmental and occupational health and their determinants and reproductive health. Survey activities that generate standardized information on trends of priority diseases, their epidemiology and behaviour and anthropology/socio-culture determinants will also be included. Synthesised data will be utilized by policy makers at the

national, regional and Woreda levels, including stakeholders such as WHO, UNICEF, etc., for implementing tools and mechanisms development to reduce morbidity and mortality. In general, generation of reliable data as an outcome on health, nutrition and health system programs will be used for the improvement of public health problems.

**Outcome:**

- Generated research outputs in the form of technical reports
- Generated research outputs in the form of peer reviewed journals.

**Key component:**

- Diseases research and their determinants
- Traditional and modern medicine research
- Food and Nutrition research
- Policy and program evaluation
- Health system research
- Environmental, occupational health and their determinants research
- Reproductive health research

**P3: Improve technology evaluation and transfer**

**Description:**

This objective is about identification, transfer and adaptation of new health technologies from abroad and also use of local technologies (indigenous knowledge) for product and production packages. Activities include health technology evaluation, validation, adaptation and development of new products and their transfer to users through commercialization and other beneficiaries, respectively.

**Outcome:**

- Identified, transferred and adapted technology
- Developed production packages and technology products

**Key component:**

- Develop technology production packages from indigenous practices and abroad.
- Production of products
- Evaluate diagnostic technology

**P4: Improve public health emergency preparedness**

**Description:**

This strategic objective focuses on strengthening capacity in recognizing and responding to public health emergencies through conducting regular risk identification and analysis, establishing coordination and collaboration, enhancing community participation and implementing community-based interventions, putting in place the necessary logistic and fund, equipping public health personnel and respondents with the necessary knowledge and tools,

and educating the public on related measures to be taken to prevent and control the event during the pre emergency phase and ensuring their monitoring and evaluation.

**Outcome:**

- Developed risk profile
- Developed Epidemic Preparedness Response Plan and Humanitarian Requirement Document

**Key component:**

- Vulnerability assessment and Risk analysis
- Capacity building (system and human)
- Stockpiling resources (medications, equipment)
- Risk reduction

**P5: Enhance laboratory quality management system implementation**

**Description:**

Provision of accurate, reliable and timely laboratory test results is the centerpiece and ultimate goal of public health laboratories. Implementation of Laboratory Quality Management System (LQMS) in its entirety across all laboratory processes and disciplines is crucial for the proper diagnosis of diseases, monitoring of treatments and prognosis of outcomes. Timely detection and characterization of epidemic prone and other diseases of public health importance including hazardous environmental substances are dependent on the capacity and quality of testing practices which in turn are closely related to the level of laboratory quality management implementation.

Ethiopian laboratories of all tiers have been striving to implement laboratory quality management system over the past few years. However, many factors have been limiting their pace towards the ultimate goal thus necessitating further efforts in the years to come to maintain what has been achieved so far and remaining to be accomplished. As part of this strategic objective, many initiatives and activities will be undertaken to ensure the holistic implementation of all essentials of quality. In this regard, initiatives and activities pertaining to ensuring organizational commitment and support to quality services, personnel and equipment management, purchasing and inventory, process control and improvement, information management, document and records, occurrence management, facility and safety, customer satisfaction, assessment and monitoring and evaluation of implementation including infrastructure upgrading will be undertaken.

**Outcome:**

- Laboratories implementing all essentials of laboratory Quality Management System

**Key components:**

- Organization and Management commitment
- External Quality Assessment
- Document and information management



- Equipment and supplies management
- Process control and process improvement
- Facility and safety
- Laboratory
- In-service Trainings

## **P6: Strengthening Laboratory Capacity for Referral and Backup Testing Services**

### **Description**

The health care system in Ethiopia relies upon a tiered network of laboratories that include national and regional reference laboratories, hospital and health center laboratories with an increasing degree of specialized testing capacity towards the apex. This variation in testing capacities between the tiers necessitates the availability of reliable specimen referral linkage system within the network to ensure the accessibility of laboratory testing services to all citizens. Existing arrangements for inter-laboratory backup testing support will be strengthened to ensure uninterrupted services due to equipment failures; human resource constraints supply shortages, etc. The national and regional reference laboratories will serve as the main centers for referral and backup testing services. Thus, special attention will be paid to building the capacity of national and regional clinical and public health reference laboratories through the introduction of advanced tests and technologies. Capacities will also be built at federal health institutions and regional specialized hospitals to foster their abilities to provide extended referral testing services. Utmost efforts will be made to strengthen the capacities of EPHI's National Reference Labs which are the backbones of the national laboratory system in the evaluation, introduction and scaling up of novel laboratory methods and technologies.

Existing vertical and horizontal laboratory networks will be strengthened, robust and functional national system for integrated specimen management and transportation including result feedbacks will be developed and implemented.

Over time, EPHI aims at building the necessary capacities at all tiers or facilities to enable them provide the expected testing services rather than relying on referral and backup support systems.

### **Outcomes:**

- Functional and optimized tiered laboratory network
- Robust and reliable specimen and results transportation system
- Strong and effective system for inter laboratory backup (vertical /horizontal) and referral testing services
- New/advanced testing methods and technologies in place

### **Key components**

- Strengthening system for Specimen referral and backup testing services
- Introduction and expansions of specialized/ esoteric tests
- Introduction of advanced methods and technologies

## **P7: Improve programs/project, Institutional policies Development and Management**

### **Description:**

This objective is planned to set institutional policies, procedures and guidelines for all services provided by the institute and to put in place effective and efficient program/project management system. This has two major categories; first Institutional policies, procedures and guideline is to in place complete administrative, financial and technical procedures in order to improve efficiency and transparency and the second is Program/ project development and management system includes priority setting, proposal development, efficient implementation, monitoring and evaluation.

### **Outcome:**

- Increased efficiency and effectiveness of program/ project implementation
- Ensured transparency and good governance

### **Key component:**

- Administrative, Financial, programmatic and technical procedures and guidelines development
- Priority setting, proposal development, implementation, monitoring, supportive supervision and evaluation

## **F1: Improve financial resource mobilization and utilization efficiency**

### **Description:**

This objective is planned to avail financial resources needed to execute all the targeted activities for the whole thematic areas. It has two major categories; financial resource mobilization and proper utilization of the mobilized financial resources. The base for financial resource mobilization is the costed strategic plan document. It covers resource mapping, identification of gaps by each thematic area, development of financial resource mobilization strategy and mobilization through proposal development, negotiation with funders and contractual agreements. Proper financial resource utilization covers efficient use of the mobilized finance through procurement and logistic supplies, tracking, monitoring, evaluation and inspection of program and projects.

### **Outcome:**

- Efficient program/ project implementation
- Proper utilization of the availed resources

### **Key component:**

- Financial resource mapping
- Detailed gap identification by thematic areas
- Development of Financial resource Mobilization strategy
- Proposal development, Negotiation, MoU signing and project commencement
- Execution and implementation in accordance with the plan and project agreement
- Monitoring and evaluation plan development

## **CB1: Improve Human Resource Development and Governance**

### **Description:**

This objective has three major categories. The first category is to develop health development army through applying all HDA schemes. The second one is to have high quality human resource for the Institute by availing human resource for the execution of planned activities through recruitment, promotion and applying different retention schemes; skill development through short and long term trainings based on identified training needs, establishing public health training operational system, which consists making the National Public Health Center (NPHTC) fully operational by creating proper structure, operational set up and curricula development. The third category is providing long term and short term training to improve overall skill and knowledge of health workers that contribute for health sector transformation.

### **Out comes:**

- Skilled and high caliber work force
- Efficient health service delivery in the Institute

### **Key component:**

- HDA development scheme through continuous evaluation and upgrading
- Identification of human resource gap and designing strategy to fill it
- Capacity development of the Institute HR through long term and short term training
- Implementing staff retention schemes
- Establishing the public health training center operational system

## **CB2: Enhance Infrastructure and System development**

### **Description:**

The Infrastructure part of the objective is the physical construction of the Institute's premise and technical facilities to enhance institutional capacities. System development part of the objective is the automation, data base and online communication establishment for efficient and effective execution of EPHI's mission.

### **Outcome:**

- Efficient performance
- Intensive technical facilities with established technology
- Fully Automated and efficient systems

### **Key component:**

- Survey and design work based on the targeted needs
- Contract out and physical construction

- System design and networking
- Contract out and operationalize the system

### **CB3: Enhance Communication, Coordination and Partnership**

#### **Description:**

This objective has two categories; the first is to have effective and efficient communication to promote and publicize the services and achievements of the Institute to the general public and other stakeholders. The second is to strengthen coordination and partnership with local, regional and international partnership towards achieving the mission and vision of the Institute.

#### **Outcome:**

- Increased public awareness on the service provision
- Better performance through partnership

#### **Key component:**

- Identification of target audiences
- Develop and implement communication strategy
- Identification of local, regional and international partners
- Create forum based on the intended partnership
- Build coordination and partnership

### 3.5. The Second EPHI's SPM Strategy Map

Vision: To be a centre of excellence in public health in Africa

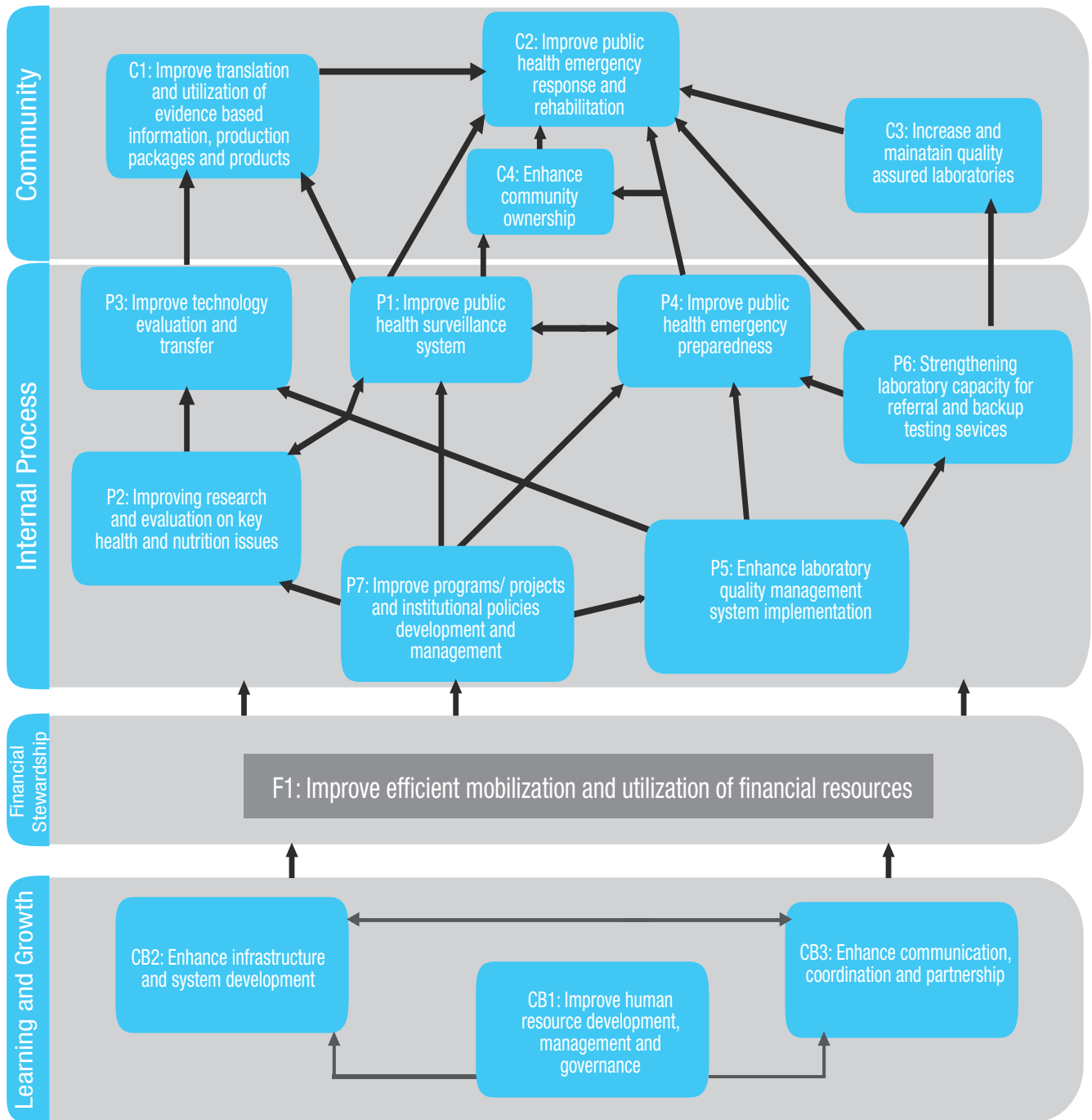


Figure-12: The EPHI Strategy Map (DNA of EPHI)- 2015/16-2019/2020

## 3.6. Performance Measures and Initiatives for EPHI's SPM-II

### 3.6.1. C1. Improve utilization of evidence based information, production packages and products

#### **Performance measures:**

By the end of 2020:

1. Thirty one synthesized evidence-based information generated and disseminated for decision making in five years
2. 89% of synthesized evidence-based information utilized by decision making,
3. Five types of vaccines and serum products distributed in five years.
4. 99% of doses/vials of vaccines and Anti-Sera products utilized,
5. Ten production packages disseminated in five years
6. 99% of production packages utilized,
7. Sixty one types of diagnostic technologies disseminated in five years
8. 99% of distributed diagnostic technologies utilized

#### **Strategic Initiatives:**

1. Disseminate evidence based information, product packages and products
2. Ensure translation and utilization of evidence based information, product packages and products

### 3.6.2. C2: Improve public health emergency response and rehabilitation<sup>1</sup>

#### **Performance measures:**

By the end of 2020:

1. Increase proportion of affected people provided rehabilitation from 36% to 95%,
2. 85% of epidemics controlled within the standard of mortality,
3. Proportion of health facilities rehabilitation increased to 95%,
4. 95% of public health risks averted.

#### **Strategic Initiatives:**

1. Strengthen Epidemic response and rehabilitation

<sup>1</sup> Operational definition for Rehabilitation includes .1 maintaining basic health service by erecting temporary shelters, mobilization of health workers and/or provision of emergency health kits. 2. Giving psychosocial support during a disaster.

### 3.6.3. C3: Increase and maintain quality assured laboratories

**Performance measures:**

By the end of 2020:

1. Increase proportion of hospital and regional laboratories with SLIPTA Star-levels 3-5, from 20% to 100%
2. Increase proportion of health center laboratories with SLIPTA Star-levels 1-5, from 1% to 85%
3. 375 laboratories accredited with limited scope accreditation (LSA) ISO 15189 and/or 17025 in five years
4. 97 laboratories accredited with full scope accreditation ISO 15189 and/or 17025 in five years
5. 100% of laboratories improving their limited scope accreditation (LSA) status
6. 100% of laboratories maintaining their full accreditation status
7. Increase customer satisfaction to  $\geq 95\%$  within five years

**Strategic Initiatives:**

1. Implementation of Stepwise Laboratory Quality Improvement Process towards Accreditation (SLIPTA)

### 3.6.4. C4: Enhance community ownership

**Performance measures:**

By the end of 2020:

1. Increase proportion of Kebeles implementing community based surveillance, from 0 to 80%.

**Strategic Initiatives:**

1. Implementation of community based surveillance

### 3.6.5. P1: Improve Public Health Surveillance System

**Performance measures:**

By the end of 2020:

1. 43 publications produced in peer reviewed journals from surveillance in five years
2. 197 technical reports produced from surveillance in five years
3. 95% of health facilities reporting complete and timely weekly diseases report
4. Increase proportion of health facilities using e-PHEM reporting, from 0 to 80%

**Strategic Initiatives:**

1. Surveillance of diseases and their determinants
2. Surveillance of drugs and insecticide resistance
3. Surveillance of food and nutrition issues
4. Surveillance of reproductive health issues
5. Strengthen routine Surveillance (IDS, Nutrition)
6. Establish Emergency Operation Centres (EOCs)

### 3.6.6. P2: Improve research and evaluation on key health and nutrition issues

**Performance measures:**

By the end of 2020:

1. 153 publications produced in peer reviewed journals from research in five years
2. 683 technical reports produced from research in five years

**Strategic Initiatives:**

1. Conduct diseases and their determinants research
2. Perform traditional and modern medicine research
3. Conduct food and nutrition research
4. Carryout policy, strategy and program evaluations
5. Conduct health system research
6. Conduct environmental, occupational health and their determinants research
7. Conduct reproductive health research

### 3.6.7. P3: Improve technology evaluation and transfer

**Performance measures:**

1. Five vaccines and serum products produced.
2. Ten production packages generated.
3. Sixty one types of diagnostic technologies evaluated and recommended.
4. 45 publications produced in peer reviewed journals
5. 91 technical reports produced from technology evaluation and transfer in five years

**Strategic Initiatives:**

1. Develop health technology production packages from abroad and indigenous practices



2. Production of health technology products
3. Evaluation of diagnostic and disease preventive technologies

### 3.6.8. P4: Improve public health emergency preparedness

**Performance measures:**

By the end of 2020:

1. Increase proportion of identified potential epidemics with adequate Emergency Drug & Kits (EDKs) and other supplies from 71% to 95%

**Strategic Initiatives:**

1. Vulnerability Assessment and Risk mapping (VRAM) and avail emergency supplies

### 3.6.9. P5: Enhance laboratory quality management system implementation

**Performance measures:**

By the end of 2020:

1. Increase proportion of laboratories implementing all essentials of LQMS from 30% to 100%
2. 430 laboratories equipped with electronic LIS in five years
3. Increase proportion of laboratories participating in EQA from 75% to 100%
4. Thirteen equipment maintenance workshops established and/ or strengthened in five years
5. 100% of laboratories below 5% service interruption rate due to equipment failures and/or supply stock outs
6. 100% of EQA rechecking laboratories with database

**Strategic Initiatives:**

1. Implementing External Quality Assessment (EQA)
2. Documents and information management
3. Equipment and supplies management
4. Process control and process improvement
5. Facility and safety

### 3.6.10. P6: Strengthening Laboratory Capacity for Referral and Backup Testing Services

#### **Performance measures:**

By the end of 2020:

1. Increase proportion of laboratories networked to referral testing services from 60% to 100%
2. 100 % of health facilities have implemented test menu per established standard
3. 35 facilities capacitated (Full packages) for detection and characterization of epidemic prone disease and other disease of Public Health importance
4. 100% provision for national, regional and international referral network system at all times for epidemic prone and other disease of public health importance.

#### **Strategic Initiatives:**

1. Strengthening laboratory network and referral testing services
2. Strengthening diagnostic capacity of Laboratories

### 3.6.11. P7: Improve programs/projects and institutional policies development and management

#### **Performance measures:**

By the end of 2020:

1. 16 programs/projects monitoring rounds conducted in five years.
2. 7 programs/projects/SPM evaluations conducted in five years.
3. 50 Institutional policies, guidelines and manuals developed and updated in five years.

#### **Strategic Initiatives:**

1. Strengthening program/project monitoring and evaluation system
2. Strengthen administrative and technical policies and guidelines

### 3.6.12. F1: Improve financial resource mobilization and utilization efficiency

#### **Performance measures:**

By the end of 2020:

1. Increase proportion of mobilized financial resource from 80% to 100%
2. Increase proportion of utilized resources from 75% to 100%
3. 100% of good performance compliance issues in line with the standards

4. 100% of procured and availed goods & supplies, construction and services
5. Reduce stock wastage rate to 2%.
6. Reduce procurement lead time from 240 days to 120 days

**Strategic Initiatives:**

1. Establish efficient financial resource mobilization and utilization system
2. Strengthening logistics management system

### 3.6.13. CB1: Improve Human Resource Development, Management and Governance

**Performance measures:**

By the end of 2020:

1. Increase proportion of employees achieving best performance with HDA Capacity Building scheme to 95%
2. Increase proportion of employees trained with Long Term Training (LTT) from 95% to 100%
3. Increase proportion of employees trained with Short Term Training (STT) from 98% to 100%
4. Reduce staff attrition rate to 3%
5. 100% of standards achieving good governance
6. Increase staff satisfaction to 95%

**Strategic Initiatives:**

1. Strengthen HDA of the Institute to enhance performance and productivity
2. Strengthen Human Resource Development through trainings
3. Recruit and retain the skilled human resource
4. Enhance good governance
5. Mainstreaming of gender, HIV control and environmental issues

### 3.6.14. CB2: Enhance Infrastructure and System development

**Performance measures:**

By the end of 2020:

1. Fourteen physical facilities established in five years
2. Seventeen operations automated and put into operation

**Strategic Initiatives:**

1. Build and strengthen administrative and technical infrastructures
2. Developing database(one data clearing house) and automate all operations

### 3.6.15. CB3: Enhance Communication, Coordination and Partnership

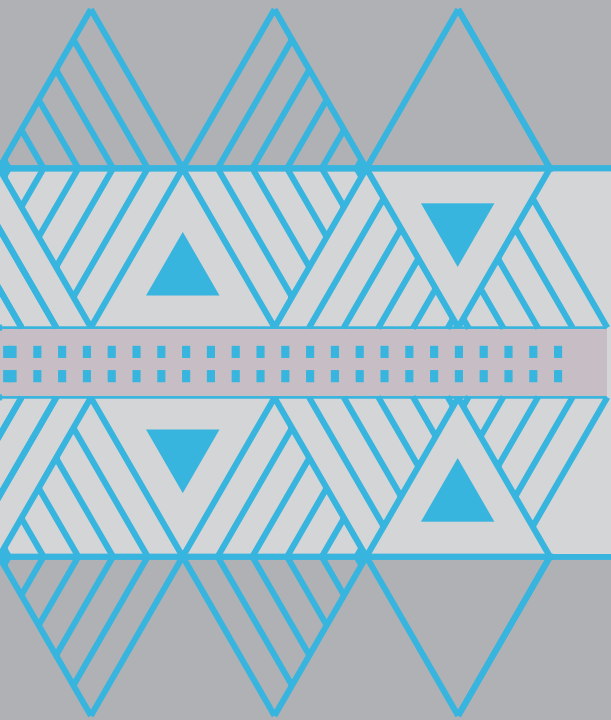
**Performance measures:**

By the end of 2020:

1. Three communication systems developed and operationalized
2. Thirty two national/regional/ international collaborations established in five years
3. Nineteen national/regional/ international partnerships established in five years
4. 100% of national/regional/ international collaborations and partnerships maintained

**Strategic Initiatives:**

1. Establish information and communication system
2. Strengthening collaboration and partnership at all level



# CHAPTER 4

# Chapter 4: Costing, Financing and Resource Mapping

The budget has been estimated based on activity costing and organized by the strategic objectives.

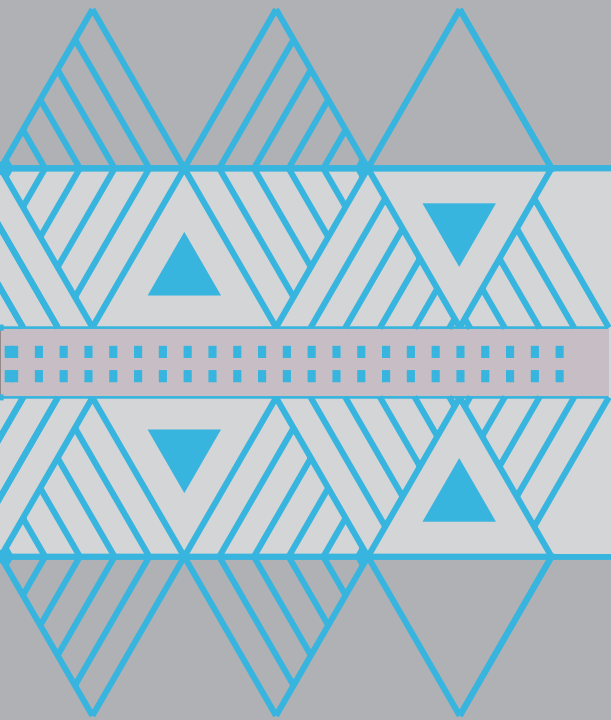
Table-4: Budget mapping by strategic objectives

S. Objectives	Budget (in USD) by budget years ('000')														
	2015/16		2016/17		2017/18		2018/19		2019/2020		Total	Total			
	Committed	Gap	Committed	Gap	Committed	Gap	Committed	Gap	Committed	Gap					
C1: Improve utilization of evidence based information, product packages and products	333782	7410	341192	286638	6062	292700	78	606187	606265	27463	355299	382762	38	393373	393411
C2: Improve public health emergency response and rehabilitation	8000	-	8000	7150	-	7150	7865	-	7865	8651	8651	8651	8651	9517	9517
C3: Increase and maintain quality assured laboratories	1081	-	1081	1040	-	1040	1050	-	1050	1040	1040	1040	-	5261	5261
C4: Enhance community ownership	5,800	-	5,800	5,800	-	5,800	5,800	-	5,800	5,800	5,800	5,800	5,800	-	5,800
P1: Improve public health surveillance system	165190	13634	178824	175746	84,279	260025	189994	97236	287230	21526	19125	40651	22874	8563	31437
P2: Improve research and evaluation on key health & nutrition issues	725795	54881	780676	15731	59317	75048	7151	26703	33854	71667	27972	99639	30958	10979	41937
P3: Improve technology evaluation and transfer	3750	14037	17787	4125	1492	5617	1875	25553	27428	2064	15421	17485	2167	14841	17008
P4: Improve public health emergency preparedness	837738	-	837738	898832	-	898832	968015	-	968015	-	837116	837116	-	920828	920828
P5: Enhance laboratory quality management system implementation	5068	-	5068	6753	-	6753	3353	-	3353	2753	2753	2753	-	2453	2453
P6: Strengthening Laboratory Capacity for Referral and Backup Testing Services	2083	-	2083	2050	-	2050	2050	-	2050	2050	2050	2050	-	2050	2050

P7: Improve programs/ projects and Institutional policies Development and Management	3350	-	3350	3210	-	3210	3956	3956	3636	3636	5212	-	5212	
F1: Improve financial resource mobilization and utilization efficiency	8420	6773	15193	6212	3713	9925	6728	4084	7364	4492	11856	8035	4941	12976
CB1: Improve Human Resource Development, management and Governance	10250		10250	7425		7425	8168		8984		8984	9883		9883
CB2: Enhance Infrastructure and System development	218900	6000	224900	193600		193600	202670		21550		21550	8600		8600
CB3: Enhance Communication, Coordination and Partnership	1350	1350	2700	110	110	220	121	121	133	133	266	147	146	293
<b>Total</b>	<b>2330557</b>	<b>104085</b>	<b>2434642</b>	<b>1614422</b>	<b>154973</b>	<b>1769395</b>	<b>1408874</b>	<b>759884</b>	<b>170187</b>	<b>1274052</b>	<b>1444239</b>	<b>93714</b>	<b>1372952</b>	<b>1466666</b>

Table -5: Gap analysis of funding (in USD In '000')

Budget Year	Total estimated cost	Resource Committed		Resource Gap
		Government	Aid	
2015/16	2434642	796261	1534296	104085
2016/17	1769395	765473	848949	154973
2017/18	2168758	127749	1281125	759884
2018/19	1444239	163598	6589	1274052
2019/2020	1466666	67195	26519	1372952
<b>Total</b>	<b>9283700</b>	<b>1920276</b>	<b>3697478</b>	<b>3665946</b>



# CHAPTER 5



## Chapter 5: EPHI SPM Implementation Arrangement

### 5.1. Strengthen integration and coordination for successful implementation of the SPM

The full implementation of the five years strategic plan requires active involvement and participation of all the stakeholders and partners from community level to central level in accordance with the roles and responsibilities given to them. The management of SPM comprises structured consultation forums and a joint decision-making framework. The plan will be implemented in a coordinated manner, with the collaboration of all the stakeholders and partners by implementing regulations and strategies such as International Health Regulation, the one health approach, and Global Health Security Agenda. Additional technical knowhow and resources will be mobilized using all the opportunities that arise in the process. To coordinate and manage the implementation of the EPHI's SPM, the Institute will have the consultative and review institutional frameworks as described below so as to have the integrated and well-coordinated institutional frameworks.

#### 5.1.1. Joint Partnership and Coordination Forum (JPCF)

This coordination forum comprises DG, DDGs, representative from FMOH, key partners representatives from the three thematic area who give guidance on the implementations of strategic activities and overview the performances of the three joint partnership coordination forums of the thematic areas. DG and PMED will serve as the chairman and secretary of this forum, respectively, and the forum will meet biannually (every 6 months).

The main roles of the forum are:

- Follow up and gives advice on the major strategic activities
- Advise on the resource mobilization and support alternatives
- Review reports and give feedback on key programmes/projects performances
- Overview the supportive supervision findings and give feedback for improvement

#### 5.1.2. Joint Partnership Coordination Forum of Research and Technology Transfer (JPCF-RTT)

This coordination forum comprises DDG of RTT, key Public Health Research University institutions representatives, One Research Responsible Head from each RHB. This committee is chaired by DDG- RTT and have regular meeting once in two months. The Secretary for this forum is SERO.

The main roles of the forum are:

- Agenda setting and discuss on key focus area of research priorities, and guide on the research resource mobilization and support alternatives

- Review reports and give feedback on key research programs performances and documentation
- Overview the research and technology transfer development policy briefings.

### 5.1.3. Joint Partnership Coordination Forum of PHEM (JPCF-PHEM)

This coordination forum comprises DDG of PHEM, key partners' representatives working on PHE, PHEM Heads from each RHB, relevant experts and PR from EPHI. The forum is chaired by DDG of PHEM and the regular meeting will be held once in two months. The Secretary for this forum is the EPHI's public relation.

The main duties are:

- Follow up and give guidance on the PHEM, and work in collaboration with the other sectors
- Guide on the resource mobilization and support alternatives
- Mobilize all necessary resources at times of emergency
- Review reports and give feedback on key program performances
- Overview the supportive supervision findings and give feedback for improvement

### 5.1.4. Joint Partnership Coordination Forum for Laboratory Quality Management (JPCF-LQM)

This coordination forum comprises LCB, Technical experts from key partners, regional laboratory heads from RHBs and representatives working in laboratory quality assurance. The forum is chaired by LCB and Secretary is up on assignment by the forum. The forum regular meeting will be once in two months.

The main duties and responsibilities of the forum are:

- Follow up and give guidance on the major laboratory quality management and maintenance management
- Work on the resource mobilization and support alternatives
- Review reports and give feedback on key program performances

## 5.2. Ensuring the sustainability of the Institute's achievements

The Institute has planned the SPM to implement it in coordination and collaboration with stakeholders and partners by decentralizing and cascading the SPM into regions. The stakeholders and partners will use this strategic plan to guide them for the development of locally appropriate strategic plans and action plans and design its implementation arrangements. Improvement of national and regional public health research institutes, universities and others engaged in public health research and capacitate them in terms of trainings, research methodologies and infrastructure. Coordination of national public health research, policy/program/strategy evaluation and surveillance in collaboration

with similar institutions based on the country priority health agenda. Strengthening collaboration and partnership of public health research by developing, institutionalizing and implementing one health research framework that evolve potential partners such as local and international Research institutes, Universities, and others engaged in public health and related research. Intramural and extramural research approach will be applied for successful implementation of the SPM.

### **5.2.1. Improve human resource through training**

The human resource capacity of the PHEM, laboratory quality system and research structures will be strengthened. The research and laboratory quality system structures will be strengthened at national and regional level. Long term and short term trainings will be given to enhance the capacity of EPHI staffs as well as the regions. Short term trainings will be given for health professionals (regions, health facilities) to strengthen research, laboratory quality, and PHEM. The PHEM structures at national, regional, zonal, woreda levels as well as the critical Directorates in MoH, EPHI and other Institutions such as Ministry of Agriculture will be staffed with highly trained health workers (Field Epidemiologists). Basic level trainings on PHEM will also be given to all Woreda level PHEM staffs.

### **5.2.2. Strengthen Capacity in Infrastructure and Logistic**

Enhancing the capacity of laboratory physical infrastructures and resource availability is paramount for the Institute's success. The Institute has planned to establish high level laboratories and emergency operation centers. The Institute has consumed large amount of budget for vehicle rent every year; so that it is critical to purchase and make avail the required amount of vehicles for sustainable implementation of its SPM throughout the five years and beyond.

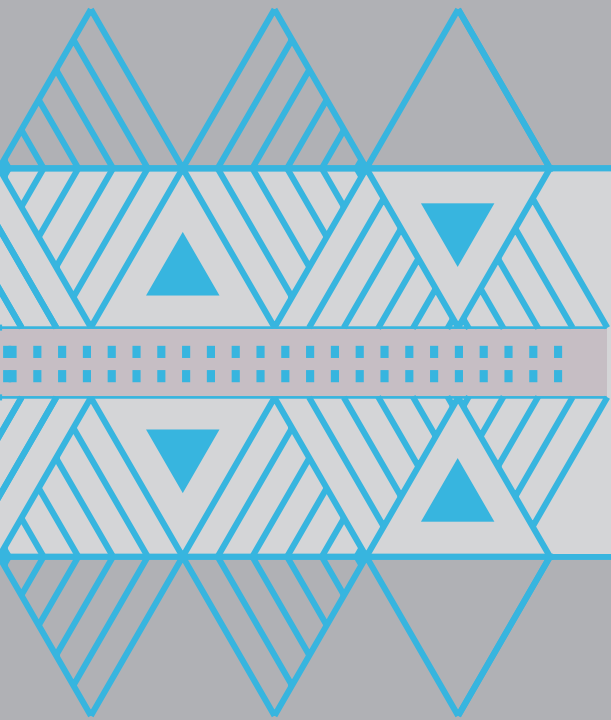
The surveillance of diseases, early detection of outbreaks and responding to any of the outbreaks in fastest possible ways will be achieved through transformation of the reporting system by full implementation of electronic reporting system (e-PHEM). Laboratory capacity at national and regional levels will be upgraded so that prompt laboratory diagnosis of pathogens will be achieved.

### **5.2.3. Project design and implementation**

The Institute will focus on appropriate project cycle management to develop mega projects in coordination and collaboration with stakeholders and partners for sustainable resource mobilization and SPM implementation. Partners will also use the plan for identifying and developing strategic roles to fill gaps in technical and resources inputs critical for the attainment of the strategic objectives.

### **5.2.4. Planning and Budgeting**

By cascading the SPM into annual plans of action, joint planning and reviews with stakeholders and partners will be conducted every year throughout the SPM implementation period. Collaboration, partnership, and agreements with all stakeholders and partners/funders are expected to focus on priorities and targets of the strategic and annual plans. Budgeting will be done every year based on priorities, targets, and availability of resources from government and partners.



# CHAPTER 6

## Chapter 6: EPHI SPM Monitoring and Evaluation Framework

### 6.1. The Indicators and Targets for SPM Monitoring and Evaluation

#### Planning, Monitoring and Evaluation Framework

The Institute upgraded the Planning Monitoring and Evaluation structure to directorate level to scale up its monitoring and evaluation efforts. The BSC based planning and progress monitoring will be followed. The Institute's annual planning emanates from and based on the strategic plan prioritized areas. The plan will coordinate and guide the development of mega projects in close collaboration with concerned directorates and stakeholders. Annual joint plan will be conducted with the public wing including regional health bureaus and selected stakeholders.

The Institute's monitoring and evaluation framework would be based on the identified performance measures. Continuous monitoring of progress will be conducted using the HDA forums and bottom up approach at all level starting from case team, transformation, directorate and the council forums. The consolidated report will be prepared on quarterly bases and discussed with the Institute's general staff forum and submitted periodically to concerned stakeholders for effective and efficient evidence based decision making. Bi-annual joint progress review with prioritized stakeholders and joint supportive supervision to the regional states would be implemented. The strategic plan midterm and final evaluation will be conducted to assess the progress and impact of the Institute's activities towards universal health care coverage. Separate evaluations will be conducted for selected mega projects and programs implemented by the Institute.

The input, output, outcome and impact indicators are listed in the M&E matrix including baseline data and targets for the next five years (Figure 13 and Table 6). The input and process indicators will be monitored routinely at every stature of the Institute to ensure efficient availability and utilization of resources and activities are getting done while the output indicators would be assessed to check the delivery of outputs to the final users. The outcome and impact indicators will be validated with the midterm and final evaluation of the strategic plan to assess the Institute's contribution towards the HSTP's universal health coverage and beyond.

Indicator Level	Inputs	Process	Output	Outcomes	Impact
<b>Indicator Domain</b>	Good governance and availability of sufficient human, financial and physical resources.	Surveillance, research and evaluation, technology transfer Emergency preparedness Laboratory quality & capacity	Availability of evidence based information, vaccines, supplementary foods and anti-sera products Delivery of PHE response and rehabilitation services Enhanced laboratory quality Management System and Capacity	Uptake of availed evidence based information, vaccines, supplementary foods and other anti-sera products Access to PHE response and rehabilitation services Access to of quality assured laboratories	Health policies and programs Improvement Access to quality health primary services Morbidity and mortality due to public health emergency
<b>Data Collection and Analysis</b>	Administrative Records and Sources			Synthesized Review	
	Financial Reports Quarter and annual reports	Joint Supportive Supervision reports		Strategic Plan Midterm and Final Evaluations Projects and programs evaluations	
<b>Communication and use</b>	Periodic Reports, Joint Reviews, Global Reports, Conference Proceedings, Journals, books and book chapters				

Figure 13: Monitoring and Evaluation Framework

Further, the Institute's scientific conference will be conducted every year to validate and disseminate the Institute research outputs. Project validation workshops will also be organized in collective manner based on the research sub thematic areas. Documentation of lessons learned and organized experience sharing with national and international peer organization especially from sub-Saharan African countries will be conducted. Approved research project would be reviewed periodically to check whether projects are conducting according to the scientific and ethical protocols.

Table-6: List of performance measures and targets under each objective

Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets				
							2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20
C1. Improve utilization of evidence based information, production packages and products											
C1.11	Proportion of synthesized evidence-based information utilized by decision making.	Outcome	Number of synthesized & utilized evidences / number of synthesized evidence-based information disseminated	Assessment report	%	Not Available	60	78	83	89	
C1.12	Number of synthesized evidence-based information generated and disseminated for decision making	Output	-	Progress Report	Number	1	10	5	10	6	
C1.13	Types of vaccines and serum products distributed.	Output	-	Progress Report	Number	1*	1*	3**	4**	5**	
C1.14	Proportion of doses/vials of vaccines and Anti-Sera products utilized.	Output	Number of doses/vials of products utilized/ Number of doses/vials of products distributed	Progress Report	%	Not Available	80	85	90	95	
C1.15	Production packages disseminated.	Output	-	Progress Report	Number	Not applicable	1	3	1	2	
C1.16	Proportion of production packages utilized.	Outcome	Number of production packages utilized/ Number of production packages disseminated.	Progress Report	%	Not applicable	100	86	75	89	
C1.17	Types of diagnostic technologies disseminated	Output	-	Progress report	Number	2	10	13	12	14	
C1.18	Proportion of types of diagnostic technologies utilized	Outcome	Types of diagnostic technologies utilized / Types of diagnostic technologies disseminated	Assessment/ Progress report	%	100	70	77	92	99	

Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets				
							2015/16	2016/17	2017/18	2018/19	2019/20
C2: Improve public health emergency response and rehabilitation											
C2.11	Proportion of affected people provided rehabilitation	Output	No. of People provided rehabilitation/No. of People affected by major PHEs	Progress Report	%	36	80	85	85	85	95
C2.12	Proportion of health facilities rehabilitated	Output	No. of Health Facilities Rehabilitated/No. of Health Facilities Damaged	Progress Report	%	Not available	85	90	95	95	95
C2.13	Proportion of public health risks averted	Process	No. of Public Health Risks averted/No. of Health risks identified	Progress Report	%	Not available	50	75	85	90	95
C2.14	Proportion of epidemics controlled within the standard of mortality	Outcome	No. of Epidemics controlled within the standard of mortality / No. of Epidemics occurred	Progress report & surveillance report	%	Not available	50	60	75	85	85
C3: Increase and maintain quality assured laboratories											
C3.11	Proportion of hospital and regional laboratories with SLIPTA Star-levels 3-5	Process	No. of hospital and regional labs with SLIPTA level 3-5/Total No. of hospital & regional labs	Audit/ assessment report	%	20	40	60	80	90	100
C3.112	Proportion of health center laboratories with SLIPTA Star-levels 1-5	Process	No. of health center labs with SLIPTA star level 1-5/Total No. of health centers labs	Audit/ assessment report	%	1	10	20	40	60	85
C3.113	Number of limited scope accredited (LSA) laboratories to ISO 15189 and/or 17025	Output	Limited scope accreditation (for one or more tests)	Progress report	Number	2	45	60	75	90	105
C3.114	Number of full scope accredited laboratories to ISO 15189 and/or 17025	Output	Full scope accreditation ( for all tests)	Progress report	Number	0	6	6	18	29	38



Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets				
							2015/16	2016/17	2017/18	2018/19	2019/20
C3.I15	Proportion of labs improving their LSA status	Output	Number of labs that expand their LSA by at least one test type /All number of labs with LSA	Progress report	%	0	100	100	100	100	100
C3.I16	Proportion of labs maintaining their accreditation status	Output	Number of labs maintaining their accreditation status/All number of accredited labs to ISO 15189 and/or 17025	Progress report	%	0	100	100	100	100	100
C3.I7	Percent of customer satisfaction	Outcome	Number of customers satisfied (with ≥80 percent) /total number of customers included in the survey	Survey report	%	Not available	60	75	85	≥95	
C4: Enhance community ownership											
C4.I1	Proportion of kebeles that implement community based surveillance	Process	No. of kebeles implementing community surveillance /Total No. of kebeles in Eth.	Progress Report	%	0	10	40	60	80	
P1: Improve Public Health surveillance System											
P1.I1	Number of publications produced on peer reviewed journals from surveillance	Output	-	Progress Report	Number	71	7	14	17	28	
P1.I2	Number of technical reports produced from surveillance.	Output	-	Progress Report	Number	24	21	44	48	41	
P1.I3	Proportion of health facilities reporting complete and timely weekly diseases report	Output	Number of Health Facilities send weekly report on Thursday /No of Health Facilities Expected to report	Surveillance Report	%	77	85	95	95	95	
P1.I4	Proportion of health facilities using e-PHEM reporting	Output	No. of Health Facilities using e-PHEM/# of Health Facilities Expected to report	Surveillance report	%	Not Available	30	50	75	80	

Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets				
							2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20
P1.15	Proportion of PHEM weekly diseases reports(bulletins) distributed		Number of PHEM weekly diseases bulletins distributed/ Total No. of Weeks	Progress Report	%	77	85	88	95	95	98
P1.16	Proportion of post epidemic assessment conducted	Output	No. of Post Epidemics assessment conducted/No. of major public health emergencies occurred	Progress Report	%	50	70	75	85	85	90
P2: Improve research and evaluation on key health and nutrition issues											
P2.11	Number of publications produced in peer reviewed journals	Output	-	Progress Report	Number	93	29	39	49	60	78
P2.12	Number of technical reports produced from research and evaluation	Output	-	Progress Report	Number	33	85	116	130	145	167
P3: Improve technology evaluation and transfer											
P3.11	Types of vaccines and serum products produced	Output		Progress Report	Number	1*	1*	1*	3**	4**	5**
P3.12	Number of production packages generated	Output	-	Progress Report	Number	0	1	3	1	2	3
P3.13	Types of diagnostic technologies evaluated and recommended for use	Output	-	Progress Report	Number	2	10	13	12	12	14
P3.14	Number of publications produced in peer reviewed journals	output	-	Progress Report	Number	8	5	6	9	12	13
P3.15	Number of technical reports produced	output	-	Progress Report	Number	0	12	17	18	18	26

**NB:**

\* The same production of the product will continue only for 2 years.

\*\* Newly developed products production will continue.

Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets				
							2015/16	2016/17	2017/18	2018/19	2019/20
P4: Improve public health emergency preparedness											
P4.I1	Proportion of identified potential epidemics with adequate EDKs and other supplies	Output	No. of Potential epidemics with adequate EDKs and supplies/No. of identified Potential epidemics	Progress report	%	71	75	80	85	90	95
P5: Enhance laboratory quality management system implementation											
P5.I1	Proportion of laboratories implementing all essentials of LQMS	Output	Number of laboratories implementing LQMS / Total number of laboratories in the country	Progress report	%	30	50	65	80	95	100
P5.I2	Number of laboratories with electronic laboratory Information System	Output	-	Progress report	Number	22	40	60	80	100	150
P5.I3	Proportion of laboratories participating in External quality assessment programs (EQA)	Output	No. of laboratories participated in EQA / Total number of laboratories in the country	Progress report	%	75	80	85	90	95	100
P5.I4	Number of equipment maintenance workshops established and/ or strengthened	Output	-	Progress report	Number	4	9	13	13	13	13
P5.I5	Proportion of laboratories below 5% service interruption rate due to equipment failures and/or supply stock outs	Output	No. of labs below 5% service interruption rate/Total No. of gov. labs in the country	Progress report	%	Not Available	40	60	75	85	100
P5.I6	Proportion of EQA rechecking laboratories with database	Output	Number of laboratories with database/ total number of EQA rechecking laboratories in the country	Progress report	%	5	25	50	75	85	100

Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets				
							2015/16	2016/17	2017/18	2018/19	2019/20
P6: Strengthening Laboratory Capacity for Referral and Backup Testing Services											
P6.I1	Proportion of laboratories networked to referral testing services	Output	Number of labs having access to referral testing services/ total number of referring laboratories	Assessment report	%	60	75	80	85	90	100
P6.I2	Proportion of health facilities have implemented test menu per established standard	Output	Number of labs implemented tier level standard menu / total number of laboratories in the country	Assessment report	%	Not available	40	60	80	90	100
P6.I3	Number of facilities capacitated for detection and characterization of epidemic prone disease and other disease of Public Health importance	Output	-	Progress report	Number	5	5	10	10	5	5
P6.I4	Proportion of test service provision for national, regional and international referral network system at all times for epidemic prone and other disease of public health importance	Output	Number of test services provided /Total number of test service requested in the referral net work system	Assessment report and / or progress report	%	Not available	100	100	100	100	100
P7: Improve programs/projects and institutional policies development and management											
P7.I1	Number of programs/projects monitoring rounds conducted	Output	-	progress report	Number	20	4	4	4	4	4
P7.I2	Number of evaluations conducted	Output	-	progress report	Number	1	1	1	2	2	2

Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets					
							2015/16	2016/17	2017/18	2018/19	2019/20	
P7.I3	Number of Institutional policies/guidelines/manuals developed and updated	Output	-	progress report	Number	10	12	12	14	6	6	
F1: Improve financial resource mobilization and utilization efficiency												
F1.I1	Proportion of mobilized financial resource	Output	Mobilized financial resource in Birr/ Total financial gap identified in Birr	Progress report	%	65	70	75	80	85	90	
F1.I2	Proportion of utilized resources	Output	Utilized resources/ Planned resources to utilize	Progress report	%	75	85	95	97	100	100	
F1.I3	Proportion of good performance compliance issues in line with the standards	Output	Number of good performance compliance issues handled with ≥90% perfection as per set standards/ Total number of compliance issues having standards	Progress report and Audit report	%	100	100	100	100	100	100	
F1.I4	Proportion of procured and availed goods & supplies, construction and services	Input	On time procured and availed goods & supplies, construction and services as per need/ Total need of goods & supplies, construction and services to be availed	Progress report and Audit report	%	50	90	95	100	100	100	
F1.I5	Proportion of stock wasted due to expiry	Output	Amount of chemicals and reagents expired /Total amount of chemicals and reagents availed	Progress report and Audit report	%	Not available	9	8	7	6	5	
F1.I6	Procurement lead time (days)	Input	-	Progress report and Audit report	Number	240	210	210	180	150	120	

Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets				
							2015/16	2016/17	2017/18	2018/19	2019/20
CB1: Improve Human Resource Development, Management and Governance											
CB1.I1	Proportion of employees achieving best performance with HDA Capacity Building scheme	Output	Number of employees achieving average 'A' level performance/ Total number of employees	Progress report	%	65	70	80	90	95	≥95
CB1.I2	Proportion of employees trained with long term training (LTT)	Output	No. of employees trained with LTT/Total number of employees to be trained with LTT	Progress report	%	95	100	100	100	100	100
CB1.I3	Proportion of employees trained with short term training (STT)	Output	No. of employees trained with STT/ Total number of employees to be trained with STT	Progress report	%	98	100	100	100	100	100
CB1.I4	Proportion of staff attrition rate reduction	Output	Number of potential staffs released/Total number of staffs availed in a year	Progress report	%	Not available	6	5	4	3	3
CB1.I5	Proportion of standards achieving good governance	Output	Number of standards with good governance practices(≥90%)/ Total number of standards for assuring good governance	Progress report	%	Not available	85	90	95	98	100
CB1.I6	Proportion of staffs satisfied		Number of staffs satisfied/ Total number of staffs	Progress report	%	Not available	65	75	85	90	95
CB2: Enhance Infrastructure and System development											
CB2.I1	Number of physical facilities established	Output	-	Progress report	Number	1		1	6	2	5

Sr. No	Indicator	Type of Measure	Formula	Data Source	Unit of Measure	Baseline	Targets				
							2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20
CB2.I2	Number of automations established and Operationalized	Output	-	Progress report	Number	Not available	10	3	4		
CB3: Enhance communication, coordination and partnership											
CB3.I1	Communication systems developed and operationalized	-	Progress report	Number	1	3	3	3	3	3	
CB3.I2	National/regional/ international collaborations established	-	Progress report	Number	20	10	10	5	5	2	
CB3.I3	Regional/international partnerships established	-	Progress report	Number	2	4	4	4	4	3	
CB3.I4	Proportion of national/ regional/ international collaborations and partnerships maintained	No. of collaborators and partners working with EPHI/ Total No. of collaborators and partners committed collaboration & partnership	Progress report	%	70	75	80	85	90	95	

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## Annex-1: Descriptions of strategic initiatives (scopes) and their deliverables

Sl. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
C1: Improve utilization of evidence based information, production packages and products			
C1.SI1	Disseminate evidence based information, product packages and products	This means dissemination of synthesised evidence-based information of research, surveillance and technology transfer out comes for appropriate use by stakeholders including policy makers and the public. Evidence based information about production packages developed from traditional medicines and foods that have potential for commercialization, four vaccine types (rabies, (rabies and meningococcal) and biological will be produced to prevent infectious diseases. Information of technology production packages will be disseminated in the form of technology briefs in an attempt to transfer the evidences for the industries, manufacturers. Outputs of product packages and productions will also be disseminated using appropriate legal framework and channels to end users.	Disseminated evidence based information, production packages and products.
C1.SI2	Ensure translation and utilization of evidence based information, product packages and products	This initiative is about ensuring utilization of disseminated evidence based information, production packages and products. Activities include assessment and contribution mapping (evaluation) of synthesised evidence-based information of research, surveillance and technology transfer outcome utilization by stakeholders including policy makers and the public. Production packages that are developed from traditional medicines as-well-as foods, vaccines and biological products utilization by end beneficiaries and product packages produced by other academic institutions will also be validated and ensure following arrangements of Memorandum of Understanding (MoU) that include patent/utility right for royalty.	Utilized evidence based information, product packages and products

Sl. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
C2: Improve public health emergency response and rehabilitation			
C2.SI1	Strengthen Epidemic response and rehabilitation	<p>Response will be improved through sound early warning system, preparedness and systematic support for the regional level and Woredas to assume increasing leadership and responsibility. A Rapid Response Team and an emergency operation center will be established at central level equipped with state of the art IT and communication equipment. Problems do not disappear once the acute emergency is controlled or the disease is contained. Recovery and rehabilitation will receive specialized attention including in support for assessing the economic costs of an emergency/disaster and mobilizing resources.</p>	Decreased morbidity and mortality rehabilitated community
C3: Increase and maintain quality assured laboratories	Implementation of Stepwise Laboratory Quality Improvement Process towards Accreditation (SLIPTA)	<p>The Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) is a comprehensive approach to strengthen health laboratory services in a stepwise manner by providing graduated levels of performance recognition as they move towards the fulfillment of ISO 15189/17025 standards over time. SLIPTA provides a pathway that aims at achieving full-fledged conformity by breaking down the process into a series of specific and achievable implementation stages. SLIPTA recognizes laboratories where they are in the process of quality improvement; supports them through the provision of regular audits and technical assistance so as to enhance continual quality improvement and ensure maintenance of achievements.</p> <p>As a national strategy, SLIPTA will be implemented at all tiers of the national laboratory network whereby the National and Regional reference laboratories, all Hospital laboratories and those of Health Centers with high test volumes are given priority.</p> <p>Strengthening laboratory management towards accreditation (SLMTA) will be implemented to serve as a tool and entry point to SLIPTA. SLMTA is a task-based training and mentoring program provided to laboratory personnel in three phased workshops with site mentorships and coaching support in between the phases associated with implementation of selected quality improvement projects. Laboratories are enrolled into the program based on nationally established criteria and will graduate with post SLMTA exit rigorous external assessment by an independent authorized national or regional body/agency using SILPTA checklist. This external assessment will determine the labs' achievements and positions on the SLIPTA graduated Star Levels of 1-5.</p> <p>Laboratories will continue to be regularly mentored and coached as they pursue continual quality improvement and implementation of SLIPTA towards accreditation to ISO 15189/17025 standards. Implementation wise, laboratories with best performance in SLMTA/SLIPTA will be supported and encouraged to apply for ISO accreditation. Sustained support will also be provided to all labs that have achieved accreditation in order to maintain this status at all times.</p>	SLMTA graduated laboratories Star level recognized laboratories ISO 15189/17025 Accredited laboratories

Sl. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
C4: Enhance community ownership			
C4.SI1	Implementation of community based surveillance	<p>The community will be involved in the national surveillance system through notifying the occurrence of diseases that are required to be reported and any other illnesses that the community considers unusual or occurring in excess of what is expected and unexplained deaths. This will enhance the early detection of outbreaks and timely response. The households are expected to report such diseases or unusual events among their family to the 1 to 5 networks, and the networks report to health development team or to health extension workers. At the end of the strategic plan 80% of Kebeles of the country will fully implement community surveillance.</p>	<ul style="list-style-type: none"> <li>▪ Continuous weekly notification reports</li> <li>▪ Kebeles implementing Community surveillance fully</li> </ul>
P1: Improve public health surveillance system			
P1.SI1	Surveillance of diseases and their determinants	<p>This means surveillance of communicable and non-communicable diseases (CDs and NCDs) and their determinants to identify and closely monitor public health threats, predicting the risk it poses on the health of the public and to allow effective response and actions. It also includes demographic, behavior and social factors. In the NCDs category major diseases such as cardiovascular, stroke, hypertension, diabetes, mental illness, cancer (cervical, breast, etc), chronic respiratory and HIV, TB behavioral surveillances and investigating the cause of deaths using verbal autopsy method will be conducted.</p>	<ul style="list-style-type: none"> <li>▪ Diseases surveillance outputs in the form of technical reports.</li> <li>▪ Diseases surveillance outputs in the form of peer reviewed journals.</li> </ul>
P1.SI2	Surveillance of drugs and insecticide resistance	<p>This initiative includes the surveillance of anti-microbial drug resistance and the irrational utilization of antimicrobial drugs to prevent and control emerging of resistance for the improvements of treatment outcomes, to alleviate drug addiction, substances of abuse and their social factors. This includes anti-bacterial, anti-viral, anti-parasitic drug resistances and pharmacovigilance for the major diseases of CDs and NCDs of public health importance. Surveillance on the burden and prevalence of illicit drugs (illicit drug use) and substance of abuse (such as Khat, Tobacco, Alcohol, etc.) and their determinant factors will also be done. Insecticide resistance surveillance will be conducted in selected areas to identify the conventional causes and genetic factor changes of the major vector/s based diseases transmission. This includes, sentinel sites monitoring of susceptibility of malaria vectors to different mosquitocidal chemicals, insecticides used for indoor residual spray and the efficacy of mosquitocidal impregnated bed nets in killing the mosquito within the recommended time period.</p>	<ul style="list-style-type: none"> <li>▪ Drugs and insecticide resistance surveillance outputs in the form of technical reports.</li> <li>▪ Drugs and insecticide resistance surveillance outputs in the form of peer review journals.</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
P1.SI3	Surveillance of food and nutrition issues	This is about the surveillance of food fortification and micronutrient status. Activities include continues assessment of food fortification at food industry level and magnitude of micronutrient deficiencies determination for tracking interventions such as food fortification and salt iodization for the improvement of the public health.	<ul style="list-style-type: none"> <li>▪ Food and nutrition surveillance outputs in the form of technical reports.</li> <li>▪ Food and nutrition surveillance outputs in the form of peer review journals.</li> </ul>
P1.SI4	Surveillance of reproductive health issues	Reproductive health surveillance and their determinants include risky behaviors before or during pregnancy (abortion, still birth, etc), neonatal and child/infant ill health and death, maternal morbidity and mortality, pregnancy related events-STI, family planning, contraceptive practices and unintended pregnancy, infertility, reproductive organ cancers, maternal and child nutrition indicators will also be included.	<ul style="list-style-type: none"> <li>▪ Reproductive health issues surveillance outputs in the form of technical reports.</li> <li>▪ Reproductive health issues surveillance outputs in the form of peer reviewed journals.</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
P1.SI5	Strengthen routine Surveillance (IDS, Sentinel Laboratory based surveillance, Nutrition)	<p>Electronic Reporting System facilitates data sharing, alerting, notification and epidemic information exchange. The system will be established from health facility to national level with all the necessary tools and programmes. The health risks/threats identified through the indicator and event based surveillance should be analyzed and disseminated to the public, stakeholders and relevant partners. The risk could be disseminated in the form of periodic newsletters or ad hoc bulletins on health aspects of emergencies, frequent updating of web sites, operation of a national alert network on a secure website for emergency alerting and notification of health personnel and partners, issuance of technical press releases and organization of press conferences as well as the response to the many requests for specific information from partners. The effectiveness of the center in the eyes of the public and partners will be determined by the quality, timeliness and comprehensiveness of the analysis made available by the team.</p> <p>The eHMIS/PHEM is an information system that enables health facilities, Woreda Health Offices (WorHO), Zonal Health Departments (ZHD), and RHBs to electronically compile PHEM weekly and immediately reportable, out-patient department (OPD), inpatient-department (IPD) data and electronically receive and submit them to the next level. Reports are submitted and received electronically through secure e-mail by means of any available communication infrastructures including CDMA, GPRS, PSTN-Dialup, broadband and using mobile (SMS) technologies for PHEM. The data can also be exported via removable media such as USB flash drives, and CD/DVD where internet/network connectivity is not available.</p>	<ul style="list-style-type: none"> <li>▪ Timely and complete weekly surveillance report</li> <li>▪ Health facilities with functional ePHEM.</li> <li>▪ Communicated public health risks,</li> <li>▪ Identified system gaps and corrective measures</li> </ul>
P1.SI6	Establish Emergency Operation Centers (EOC s)	<p>EOC is a physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. The major functions of an EOC are acquiring, allocating, and tracking resources; Managing and sharing information; establishing response priorities among incidents; providing legal and financial support; and Liaison with other jurisdictions and other levels of government.</p>	<ul style="list-style-type: none"> <li>▪ Established EOC,</li> <li>▪ Coordinated information and resources shared</li> </ul>

Sl. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
P2: Improve research and evaluation on key health & nutrition issues			
P2.SI1	Conduct diseases and their determinants research	<p>This is about a broad area of research that consists of communicable diseases (CDs), including emerging and re-emerging and non-communicable diseases (NCDs) and survey studies. Activities such as; i) Biomedical research on viral, bacterial, fungal and parasitic diseases that involves the investigation of biological process and the causes of disease and death through careful experimentation, observation, laboratory work and analysis of findings for the development of new and improved prevention and control modalities; ii) Clinical research that involves the etiology, prevention, diagnosis or treatment of human disease using human subjects, human populations and utilize tissues or pathogens if they can be linked to a patient; iii) Epidemiological research includes the patterns, causes, and effects of health and disease conditions in defined populations including diseases etiology, transmission, outbreak investigation, disease surveillance and screening, bio-monitoring and comparisons of treatment effects such as in clinical trials; iv) Behavioral and social research, deals with the actions or reactions of persons in response to communicable and non-communicable diseases. It also seeks to identify relevant predictors of human behavior on knowledge, perception, practice and anthropology/socio-culture determinants.</p>	<ul style="list-style-type: none"> <li>▪ Diseases research outputs in the form of technical reports</li> <li>▪ Generated research outputs in the form of peer review journals.</li> </ul>
P2.SI2	Perform traditional and modern medicine research	<p>This initiative includes traditional medicine research and survey on traditional medicine and modern medicines, drug addiction, substance of abuse and their social factors. Activities encompasses the systematic exploration of traditional medicine knowledge and practices through community based surveys and ethno-medical/ethno-botanical studies, documentation of the indigenous knowledge and traditional medicine practices to explore their potential through biomedical studies as well as studies on endangered medicinal plants for conservation. It also involves the validation of the safety, efficacy, chemical constituents and quality of plant, animal and mineral based medicines that are traditionally employed for treating various ailments targeting to the priority diseases of public health importance for the development of standardized products of reliable quality and rationalization of their use.</p>	<ul style="list-style-type: none"> <li>▪ Traditional and modern medicine research outputs in the form of technical reports</li> <li>▪ Traditional and modern medicine research outputs in the form of peer review journals.</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
P2.SI3	Conduct food and nutrition research	<p>This initiative is about research on food and nutrition related issues and food and water safety and quality. Activities include generation of evidence based information on micronutrient deficiency and determination of the magnitude of nutritional diseases to develop micro nutrient interventions and ensure the health of the public. In addition, studies on national micronutrient survey, lifestyle and dietary related non-communicable diseases, food and water safety and quality, public health problems associated with animal foods, documentation of indigenous food, infant and young child feeding practice, underutilized foods for food and nutrition security, safety, stability and bio-availability of fortificant, analyzing, expansion and updating of existing Ethiopian food composition table, the linkage of nutrition, health, agriculture and climate variability/ change, food shelf life, the effect of multiple micronutrient powder on child morbidity and mortality, etc. will be conducted to generate evidences of effective linkage for better health and nutrition.</p>	<ul style="list-style-type: none"> <li>▪ Food and nutrition research outputs in the form of technical reports</li> <li>▪ Food and nutrition research outputs in the form of peer review journals.</li> </ul>
P2.SI4	Carryout policy, strategy and program evaluations	<p>This is about evaluation of diseases control, nutrition and food programs. Activities include a systematic method for collecting, analyzing and using information to answer questions about projects, policies, programs and strategies implementation particularly about their effectiveness and efficiency related to diseases control, nutrition and food programs. It focuses on important considerations that often include how much the program costs, how the program could be improved, whether the program is worthwhile or there are better alternatives, if there are unintended outcomes, and whether the program goals are appropriate and useful. Policies, strategies and programs evaluation will be conducted for better improvement, implementation and/or change of activities in the health sector. In this initiative, programs evaluation of vaccine preventable and prioritized neglected tropical diseases control, eradication and elimination health programs with special emphasis on polio, measles, guinea worm, malaria, etc., national nutrition program (NNP) and community based nutrition (CBN), acute malnutrition management (CMAM), malaria indicator, WASH survey and also HIV and TB programs evaluation will be included.</p>	<ul style="list-style-type: none"> <li>▪ Policy, strategy and program evaluations outputs in the form of technical reports</li> <li>▪ Policy, strategy and program evaluations outputs in the form of peer review journals</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
P2.S15	Conduct health system research	This initiative includes research on service delivery and organization, health care resource and health system governance and knowledge management. Activities involve a multidisciplinary scientific field that examines how social factors, financing systems, organizational structures and processes, medical technology and personal behaviors affect availability, access (physical and services) and utilization of health care and medical products, technologies, challenges and opportunities will also be assessed.	<ul style="list-style-type: none"> <li>▪ Health system research outputs in the form of technical reports</li> <li>▪ Health system research outputs in the form of peer review journals</li> </ul>
P2.S16	Conduct environmental, occupational health and their determinates research	This initiative includes research on environmental, occupational health and safety related issues. Activities include studies on assessment and distribution of Persistent Organic Pollutants (POPs), integrated risk assessment of pollution in the vicinity of industrial areas, indoor air quality and health of at risk population, microbial air quality of operation theaters, delivery rooms, and intensive care units, evaluation of contributing factors for road accident (Infrastructural, behavioral and demographic factors), car combustion and human health (respiratory and other diseases ), trends of road traffic accident morbidity and mortality, water quality and sanitation inspection of community water supply, assessment of household water handling and hygienic practices, assessment of water washed and born diseases with sanitation and hygienic practices, climate change and hygiene and sanitation, development of water treatment technologies, assessment of indigenous knowledge and practice in household treatment, health care waste management practices, hazard, exposure and risk assessment in occupational settings (mining, manufacturing, construction and agricultural industry) will also be included.	<ul style="list-style-type: none"> <li>▪ Environmental and occupational research outputs in the form of technical reports</li> <li>▪ Environmental and occupational research outputs in the form of peer review journals</li> </ul>
P2.S17	Conduct Reproductive health research	Reproductive health research encompasses conducting biomedical, clinical, operational and socio-behavioral research on various aspects of reproductive health; including maternal and newborn health, child health, and adolescent and young people sexual and reproductive health. Here, activities such as evaluation of maternal and child health programs, utilization and accesses to adolescent and young people sexual and reproductive health services, etc. will be conducted.	<ul style="list-style-type: none"> <li>▪ Reproductive health research outputs in the form of technical reports</li> <li>▪ Reproductive health research outputs in the form of peer review journals.</li> </ul>



SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
P3: Improve technology evaluation and transfer			
P3.SI1	Develop health technology production packages from abroad and indigenous practices	<p>This means appropriate health technologies will be assessed, introduced, transferred, evaluated and adopted for producing production packages and products. In this initiatives appropriate technology for food processing, production of Meningococcal meningitis &amp; rabies vaccines and Anti-sera will be transferred from outside and adopted. Develop health technology production packages means production of partially processed products for bringing a final product for beneficiaries. Here, health technology production packages will be developed and validated for the production of complementary and supplementary food packages, underutilized indigenous foods for consumption and nutrition security, diagnostic media and kit for the diagnosis of bacterial infection (Widal diagnostic kit) using Ethiopian strain/s and traditional medicines. The production packages, which will be generated from the process, will be disseminated and used by industries mass production to bring final products for commercialization.</p>	<ul style="list-style-type: none"> <li>▪ Identified, transferred and adapted knowledge on Health and Nutrition technology.</li> <li>▪ Developed production packages</li> </ul>
P3.SI2	Production of health technology products	<p>This is about production of traditional vaccines, Anti-Sera products and production of panels. Activities include production of anti-communicable diseases vaccines and Anti-sera products for end beneficiaries. In this initiative the transfer and adoption of technology/biotechnology for the production of vaccines such as, cell culture based anti-rabies for human, Meningococcal meningitis. Additionally, anti-rabies monoclonal antibody, human anti-rabies immunoglobulin and polyvalent anti-venom production will be produced to improve and promote the public health.</p>	<ul style="list-style-type: none"> <li>▪ Health and nutrition technology products</li> </ul>
P3.SI3	Evaluation of diagnostic and disease preventive technologies	<p>Evaluation of diagnostic technologies and disease preventive supplies such as bed nets, diagnostic tools/kits, etc. will be produced for stakeholders including policy makers, FMoH, WHO, UNICEF, etc. and the public at large.</p>	<ul style="list-style-type: none"> <li>▪ Recommended diagnostic and disease preventive technologies for use</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
<b>P4: Improve public health emergency preparedness</b>			
P4.S11	<p>Vulnerability Assessment and Risk mapping (VRAM) and avail emergency supplies</p>	<p>Risk Management is founded in the capacity for all levels of government to identify and measure risk prior to an event, based on threats/hazards, vulnerabilities, and consequences, and to manage the exposure to that risk through the prioritization and implementation of risk-reduction strategies. The major activities in preparing health profile are assessing hazards and Vulnerability; establish a data base that focuses upon the likely effects of potential hazards, mapping the health risks in the country and anticipating relief needs and available resources to avert the risk or manage the crisis.</p>	<ul style="list-style-type: none"> <li>▪ Public Health risk profile data base developed and mapped</li> <li>▪ Stock piled and mobilized resource</li> </ul>
<b>P5: Enhance laboratory quality management system implementation</b>			
P5.S11	<p>Implementing External Quality Assessment (EQA)</p>	<p>EQA is a system for objectively checking the laboratory's performance by an external agency employing one or all of the available methods namely, proficiency testing (PT), Rechecking/ retesting and on-site evaluation including all suitable inter-laboratory comparison methods such as split sample testing, etc. Participation in EQA is important to evaluate reliability of methods, materials, equipment, monitoring of competency and training impact, and build customers' and health regulatory authorities' confidence in laboratory results. Participation in EQA creates a suitable mechanism for communications, and can be a proven tool for enhancing the national laboratory network. Justifiably, EQA participation is one of the major criteria for accreditation. It is mandatory for all clinical and public health laboratories of all tiers in the national laboratory system to participate in at least one of the three EQA methods, namely, Proficiency Panel Testing, Random Blinded Rechecking and onsite supervision for all tests they perform.</p>	<ul style="list-style-type: none"> <li>▪ National EQA laboratory</li> <li>▪ PT panels for NEQAS always available</li> <li>▪ All labs participating in EQA programs</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
P5.SI2	Documents and information management	<p>Documents are needed in the laboratory to inform how to perform tests and are critical tools to standardize laboratory processes and activities. The product of the laboratory is information, primarily in the form of test results. Information (data) needs to be carefully captured and managed to ensure privacy and confidentiality patients and other sources, as well as accessibility to the laboratory staff and health care providers. Properly analyzed and interpreted information is crucial for evidence based decision making and policy formulations. Laboratory information may be collected, managed and conveyed using either paper or electronic systems. As part of the implementation of this initiative, new guidelines, manuals, training and other materials will be developed or existing ones revised in view of currently prevailing needs with a goal to ensure the uniformity and smooth implementation of Laboratory Quality Management System nationwide. Appropriate systems and tools for electronic capturing, storing, retrieving, analysis and interpretation of laboratory information will be developed and implemented at all tiers of the national laboratory network.</p>	<ul style="list-style-type: none"> <li>▪ Developed and/or revised Guidelines/Manuals, etc</li> <li>▪ Standardized electronic or paper-based information/data capturing system in place</li> <li>▪ Standardized training materials</li> </ul>
P5.SI3	Equipment and supplies management	<p>Proper management of equipment and supplies required for the optimal operation of a laboratory are fundamental prerequisites to ensure the provision of accurate, reliable and timely testing services. Proper equipment and supply management programs are key to maintain a high level of laboratory performance, reduce variation in test results, improve the technologist's confidence in the accuracy of testing results, lower repair costs, lengthen instrument life, reduce interruption of services, increase safety for workers and the environment as well as to produce greater customer satisfaction.</p> <p>To achieve the aforementioned goal, requirements for proper specification, selection, installation, performance verification and validation, operator/user and maintenance trainings will be developed and implemented. National equipment platforms will be established, capacities for the provision of preventive and curative maintenance services will be strengthened both at national and regional levels. Other viable strategies that will contribute to strengthening laboratory equipment maintenance services like contract agreements with vendors and free of charge swap outs old instruments will be designed and implemented. System for post-market surveillance related to the proper functionality of laboratory equipment and devices will also be established.</p>	<ul style="list-style-type: none"> <li>▪ Established National and Regional laboratory equipment workshops</li> <li>▪ Trained maintenance personnel</li> <li>▪ Vendor contracts</li> <li>▪ Established system for equipment swap outs</li> <li>▪ Established system for post-market surveillance of equipment functionality</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
P5.SI4	Process control and process improvement	<p>Process control comprises several activities that are fundamental to ensuring the quality of laboratory testing processes. These activities include, but not limited to, quality control for testing, appropriate management of patient specimens and environmental samples, including collection and handling, and method verification and validation exercises. Process improvement is a systematic and periodic approach to improving laboratory quality and the inputs and outputs that glue these processes together. Thus, process improvement is the core concept and primary goal in a quality management system. Various Quality Assurance measures will be implemented at all labs nationwide to ensure reliability of all laboratory testing processes and operations for the provision of accurate and timely results.</p>	<ul style="list-style-type: none"> <li>▪ Continued quality</li> <li>▪ Improvement activities</li> <li>▪ Functional systems for IQC, method verification and validation as well as specimen management</li> </ul>
P5.SI5	Facility and safety	<p>Facility and safety is one of the key essentials of quality. The laboratory work space and the general facility must be organized in such a way that the workload can be performed without compromising the quality of testing and the safety of the laboratory staff, other health care personnel, patients and the community. As part of this initiative, a national laboratory safety and bio-security program will be implemented to ensure safe laboratory operations at all times. Priority areas include, but not limited to, the protection of employees, patients, the environment and the community from hazardous chemicals and Anti-Sera pathogens as well as the protection of lab equipment and the facility from unexpected dire events. High level bio-safety containments such as BSL3 and BSL4 are critically required when dealing with known deadly and life threatening exotic pathogens or agents with unknown risk of transmission. Thus, activities will be undertaken to install these systems at the National Reference Laboratories of the EPHI and selected Regional Reference Laboratories.</p>	<ul style="list-style-type: none"> <li>▪ Safe laboratories and working environment</li> <li>▪ BSL3 and 4 laboratory facilities in place</li> <li>▪ Mitigated risk of infections and other accidents in the lab</li> <li>▪ Mitigated risk of environmental contamination</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
<b>P6: Strengthening Laboratory Capacity for Referral and Backup Testing Services</b>			
P6.SI1	Strengthening laboratory network and referral testing services	<p>The national reference laboratory must have the highest possible technical capacity to perform all tests that are routinely done by all other tiers including esoteric specialized tests which are not available elsewhere in the country. Likewise regional reference laboratories need to have the capacity to provide referral testing services for health facilities in their respective regions. In addition to this vertical referral system, inter-tier horizontal referral services are to be provided in the event of instrument breakdown, supply shortages or sample backlogs. A functional laboratory network and robust specimen transportation and efficient result delivery system is key for the success of referral testing services. As such, many activities will be undertaken in order to strengthen the linkages between and within lab tiers in addition to establishing a reliable specimen and result courier system. Suitable IT technologies will also be deployed to enhance communications and information flow within the network.</p>	<ul style="list-style-type: none"> <li>▪ Networked laboratories</li> <li>▪ Robust system for specimen referral, testing and result delivery</li> <li>▪ Uninterrupted lab testing services at all times</li> </ul>
P6.SI2	Strengthening diagnostic capacity of Laboratories	<p>It is essential to provide support to regional, federal and peripheral laboratories in order to enable them to accomplish their responsibilities. Laboratory support includes infrastructure upgrades, training programs, quality assurance programs, laboratory equipment maintenance and other strategies that will assist the laboratories to enhance their ability to provide laboratory services for integrated diseases. However, multitude gaps exist between their current states and required standards; fulfilling these gaps is the key objective of this initiative and achieving it in this plan period is considered as an important milestone in the national efforts towards improving the quality and accessibility of clinical and public health laboratory services. Activities include, among other things, introduction and scaling up of advanced test methods and technologies, and undertaking extensive capacity building programs related to instrumentations, human resource, infrastructure, etc.</p>	<ul style="list-style-type: none"> <li>▪ Capacity established both at national levels for advanced testing services</li> <li>▪ New methods and/or technologies introduced</li> </ul>

Sl. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
<b>P7: Improve Programs/Projects and Institutional Policies Development and Management</b>			
P7.S11	Strengthening program/project monitoring and Evaluation system	Strengthening program/project monitoring is to make continuous tracking of effective implementation of planned activities, it includes development of long term plans ( next 5 year, vision 2015), Preparation of annual operational plan, quarterly monitoring of program/ projects ,conducting supportive supervision, making annual review meeting and follow up of scientific and ethical compliance of research projects. Evaluation is conducting the 5yrs SPM twice and projects/ programs midterm & end term evaluations.	<ul style="list-style-type: none"> <li>▪ Monitored and evaluated Programs/ projects and strategy</li> </ul>
P7.S12	Strengthen administrative and technical policies and guidelines	This initiative is to in place and customizes all operational internal policies/guidelines for administrative activities and compliance, strengthen technical guidelines for programmatic activities,ensure legal compliance of all activities,and ensure good governance and mainstreaming of HIV prevention, women and youth affairs.	<ul style="list-style-type: none"> <li>▪ Developed Institutional Policies, guidelines, manuals</li> </ul>
<b>F1: Improve efficient mobilization and utilization of financial resource</b>			
F1.S11	Establish efficient financial resource mobilization and utilization system	This initiative is aimed at raising sufficient fund for those activities having gap in the strategic plan and having efficient utilization system. Therefore resource mapping, gap identification, strategy development, proposal development and mobilization on one hand and developing action plan, timely tracking, effective follow up, proper documentation, inspections and ensuring proper utilization. For this periodic fund liquidation, supportive supervisions and continuous feedback activities are key actions required. Financial and performance auditing and inspection is used to ensure proper utilization of the resources.	<ul style="list-style-type: none"> <li>▪ Adequate financial resource mobilized</li> <li>▪ Efficient financial resource utilization</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
F1.SI2	Strengthening logistics management system	<p>Since significant amount of the Institute budget is invested on the procurement of goods, services, construction and consultancy, taking it as an initiative is of a paramount importance. Thus, in placing systems and procedures which enables ensuring efficiency, transparency and accountability is the major focus of this initiative. This includes developing general equipment and supplies directory for all laboratories, annual procurement plan preparation and execution, in placing stock database, having property disposal system.</p> <p>This is to have well planned transport service provision for the efficient program/ project implementation and effective resource utilization through having vehicles at all times, timely vehicle maintenance and putting in place log sheet and transport service management with GPS.</p>	<ul style="list-style-type: none"> <li>▪ Uninterrupted input supply</li> <li>▪ Efficient transport and vehicle management system</li> </ul>
<b>CB1: Improve Human Resource Development and Management</b>			
CB1.SI1	Strengthen HDA of the Institute	<p>Although HDA strengthening is part of employee capacity development, it is separately taken as an initiative to strengthen individuals and team performance through continuous performance appraisals, giving feedback, recognition of better performers and providing training by identifying the gap aiming to bring all employees to the highest standard level of efficiency (A).</p>	<ul style="list-style-type: none"> <li>▪ Full scale implementation of HDA</li> <li>▪ Best performing staffs/ teams/forums and Institute</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
CB1.SI2	Strengthen Human Resource Development through training	<p>This is to develop employee capacity of the Institute by providing long and short term Trainings with proper gap analysis and designing strategy. Providing short term trainings relevant to the targeted missions and objectives and providing long term trainings of BA, MSC, MPH/MA and PhD programs for the Institute staff are the internal HR development.</p> <p>The other HR development is focusing on the overall skill and knowledge development of health workers in the sector pertinent to the Institution mission and objectives. Establishing public health training operational system is focusing to operationalize the national public health training center (NPHTC) in its full scale. This includes Finalization of the TC physical work, setting its management system, developing training manuals and modules, designing courses on selected disciplines, hosting local regional and international public health conferences.</p> <p>Knowledge development and improvement of health professionals in selected national and regional public health research Institutes, Universities and others engaged in public health research will be capacitated in terms of trainings on research methodologies/techniques, ethics, data analysis and management. Designing of trainings, development of training manuals and modules on research, ethics data analysis, management and related disciplines and hosting of regional and international public health research workshops/conferences in collaboration with partners will be among the planned activities.</p>	<ul style="list-style-type: none"> <li>▪ Trained Employees,</li> </ul>
CB1.SI3	Recruit and retain the skilled human resource	<p>This initiative is filling vacancies through developing clear HR strategy and recruiting employees as planned.</p> <p>Retention initiative is planned to review the career structure, developing and in placing incentive guideline, expanding the transport services coverage for employees, Improving the canteen service by continuous existing quality improvement and Establishing sport and other recreational activities. This is to build standard ground tennis field and basket ball field.</p>	<ul style="list-style-type: none"> <li>▪ Recruited and retained skilled HR</li> </ul>



SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
CB1.SI4	Enhance good governance	<p>This strategic initiative is about enhancing good governance of public health. It requires implementation of the principles of good governance, i.e. rule of law, transparency, inclusiveness and equity, responsiveness, efficiency and effectiveness, and participatory engagement of citizens. For good governance to prevail there is a need for strong leadership and commitment, staffs commitment, robust participation of public wing, and involvement of the private sector in upholding the principles of good governance. Good governance is paramount to promote effective delivery of public health services. Critical are appropriate standards, incentives, information, and accountabilities, which induce high performance from public providers. Improved public performance is one means to enhance returns to public health investments. It can also reduce health service quality disparities. Moreover, good governance discourages corruption and rent-seeking practices, which directly affects the performance of the public health interventions. To improve governance and subsequently the performance of health systems it is critical to identify the weak points that contribute to poor performance and corruption.</p> <p>Good governance allows citizens to express their preferences and be involved in the decision-making processes and assures that the views of all segments of the population, particularly the voices of the most vulnerable segments of society are heard in decision-making. It is also responsive to the present and future needs of the society. To realize good governance it should be owned by each staff of the institute and stakeholders.</p>	<ul style="list-style-type: none"> <li>▪ Good governance at all levels</li> </ul>
CB1.SI5	Mainstreaming of gender, HIV control and environmental issues	<p>This initiative is about mainstreaming the critical and crosscutting issues of the society, viz: gender, HIV control and environmental issues. It includes creating safe, clean and attractive environment for staffs and customers to be served, enhancing HIV control, and facilitating gender equity in leadership and gender mainstreaming in all aspects. All activities of the institute towards achieving its mission and vision will be implemented by involving the perspectives of gender, HIV control and environmental issues mainstreaming.</p>	<ul style="list-style-type: none"> <li>▪ Mainstreamed gender, HIV control and environmental issues</li> </ul>

SI. No	Strategic Initiatives(SI)	Scope of the SI	SI Deliverable
<b>CB2: Enhance Infrastructure and System development</b>			
CB2.SI1	Build and strengthen administrative and technical infrastructures	The administrative infrastructure is to build the Institute's main Complex and standard warehouse, which has all facilities in one compound to enable the Institute to provide all services in one premise. The technical infrastructure is to build high level laboratories, emergency operation center and basic utility facilities for the research and service provision.	<ul style="list-style-type: none"> <li>▪ Built Infrastructures</li> </ul>
CB2.SI2	Developing databases and automate all operations	This initiative is to make the Institute fully automated and having all the data bases in order to improve efficiency and effectiveness in the overall program implementation. All administrative and technical operation will be fully automated and computerized using relevant soft wares	<ul style="list-style-type: none"> <li>▪ Automated Operations</li> </ul>
<b>CB3: Enhance Communication, Coordination and Partnership</b>			
CB3.SI1	Establish information and communication system for the public	This initiative is to have effective information and communication to the general public and relevant stakeholders. This involves development of information and communication strategy, organizing information dissemination for mass media, organizing national Events ,developing and disseminate audio-visual messages and Organizing conferences and workshops	<ul style="list-style-type: none"> <li>▪ Communication system Developed and operationalized</li> </ul>
CB3.SI2	Strengthening collaboration and partnership at all level	This initiative is aimed at to work in collaboration with partners and stakeholders to meet the Institute's mission and objective. This includes identifying key partners/stakeholders, preparing directory for partnership, developing partnership strategy based on the mission and objectives of the Institute and finally establishing and maintaining partnership based on the developed strategy. This initiative includes enhance communication, coordination and partnership of national public health research as per the national priority research agenda by developing and implementing one health research framework approach that evolve potential partners from local and international research Institutes, Universities, and others engaged in public health research. It is aimed to work in close collaboration with partners and stakeholders to meet the institutes' research mission and objectives. Identifying of key partners/stakeholders, establish and maintain partnership based on the strategy developed and national health research agenda will be among the major activities.	<ul style="list-style-type: none"> <li>▪ Communication established</li> <li>▪ Collaboration and partnerships established</li> <li>▪ Communication, collaboration and partnerships maintained</li> </ul>

## Annex -2: Major Activities and specific activities under each initiative and their targets

S. No.	Initiative	Major Activities	Specific Activity	Unit of Measure	Implementation Year				
					2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20
C1: Improve translation and utilization of evidence- based information, production packages and products									
C1.SI1	Disseminate evidence based information, production packages and products	Dissemination of evidence based information (on CDs, NCDs, Nutrition, Traditional and Modern Medicine, Health system, Reproductive health, environmental and occupational health, Policy, program and strategy evaluation issues.)	Disseminate synthesized evidence based information (on malaria, zoonosis, HIV, HIV/STI, HIV/TB, TB; Nutrition, Traditional and modern medicine, Health system. reproductive health )	Number	10	5	10	6	
			Conduct policy dialog	Number	5	6	5	11	
			Dissemination of outputs by preparing programs through media.	Number	5	6	4	8	
			Dissemination of outputs through conference	Number	1	1	1	1	
			Dissemination of outputs through workshops	Number	7	10	6	9	13
			Dissemination of outputs through EPHI Journal	Number	1	1	1	1	
			Dissemination of outputs through scientific newsletter	Number	2	2	2	2	2
			Disseminate dietary menus (for chronic diseases, for people living in camp ilke university students, sport academy & army).	Number	1	1	1	2	1
			Development & dissemination of Ethiopian food guide pyramid.	Number			1		
			Disseminate Technology brief on Traditional medicine and Nutrition (local)	Number	1	4	5	4	9
			Distribution of vaccines and anti-sera product types	Number	1*	1*	3**	4**	5**

C1.S12	Ensure translation and utilization of evidence based information, production packages and products	Conduct Contribution mapping (evaluation) of utilized evidence based information and production packages	Conduct contribution mapping (evaluation) of utilized evidence based information.	Number	1	1	1	1	1
				Number	1	1	1	1	1
C2: Improve prompt health emergency response and rehabilitation									
C2.S11	Strengthen Epidemic Response and Rehabilitation	Outbreak Investigation	Conduct field investigation	%	75	80	90	95	95
			Outbreak confirmation with laboratory	%	75	85	90	90	95
			Take preventive and control measures	%	85	90	95	100	100
			Conduct post Epidemic Assessment for major public health emergencies	%	50	60	70	80	85
			Conduct rapid damage assessment during emergency time	%	100	100	100	100	100
			Maintain basic health services	%	100	100	100	100	100
			Conduct psychosocial services	%	100	100	100	100	100
Conduct rehabilitation and recovery									

C3: Increase and maintain quality assured laboratories											
C3.S11	Enhance the implementation of Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA)	Enroll laboratories for strengthening laboratory management towards accreditation (SLMTA)	SLMTA training and mentoring of laboratories	Number	70	80	100	100	120	150	
			Conduct SLIPTA final assessment and star level recognition	Percent	100	100	100	100	100	100	
			Enable laboratories to ISO 15189/17025 With Limited scope Accreditation by at least one discipline	Number	45	70	100	120	150		
			Enable laboratories to increase their Limited scope ISO 15189/17025 Accreditation by at least one discipline	Number	2	45	70	100	120		
			Enable laboratories to ISO 15189/17025 accreditation with full scope accreditation	Number	6	6	18	29	38		
		Maintain laboratories with their ISO 15189/17025 Accreditation	Percent	100	100	100	100	100	100		
C4: Enhance community ownership											
C4.S11	Implementation of community based surveillance	Develop system for community based surveillance Make community based surveillance operational	Establish tools and procedures	%	100						
			Implement community surveillance	%		10	40	60	80		
P1: Improve public health surveillance system											
P1.S11	Surveillance of diseases and their determinants	Surveillance on Communicable Diseases.	Surveillance of Rabies.	Number	1	1	1	1	1	1	
			Surveillance on HIV and related diseases.	Number	7	7	7	7	7		
			Surveillance on HIV and TB Co-infection.	Number	1	1	1	1	1		
			Surveillance on viral sexually-transmitted infection.	Number	1	1	1	1	1		

P1.SI1	Surveillance of diseases and their determinants	Surveillance on Communicable Diseases.	National HIV estimation and projection.	Number	1	2	2	2	2	2	
			Conduct laboratory based surveillance on vaccine preventable viral diseases (Polio, Measles/Rubella, Rota, Influenza, Hepatitis, etc)	Number	5	6	6	6	6	6	
			Surveillance on TB.	Number	1						
			Sentinel site surveillance on vaccine preventable bacterial diseases (meningitis, purtosis, etc)	Number	2	2	2	2	2	2	
			Sentential site surveillance on enteric bacterial diseases.	Number	1	1	1	1	1	1	
			Sentential site surveillance on bacterial sexually-transmitted diseases.	Number	1	1	1	1	1	1	
			Sentential site surveillance on malaria (case, climate, and Vector) parasite.	Number	1	1	1	1	1	1	
			Climate information analysis for malaria elimination.	Number	1	1	1	1	1	1	
			Sentential site surveillance of NTDs (onchocerciasis, lymphatic filariasis, soil-transmitted helmenthiasis, leishmaniasis , schistosomiasis and trachoma )	Number	3	3	3	3	3	3	
			Behavioral and demographic surveillance on HIV.	Number	1	1	1	1	1	1	
			Behavioral and demographic surveillance on TB.	Number	1	1	1	1	1	1	
			Publication in peer-review Journals	Number	5	7	9	7	9	7	18
			Technical Reports	Number	17	29	27	28	27	28	25

P1.SI1	Surveillance of diseases and their determinants	Surveillance on Non Communicable Diseases (NCDs and Behavioral, demographic and social determinants)	Behavioral & demographic surveillance on CVD, hypertension, diabetes, cancers, chronic respiratory illness, mental illness through health & demographic sites of Universities.	Number	1					
		Surveillance on morbidity and mortality.	Investigating the cause of deaths using verbal Autopsy method.	Number	1					
P1.SI2.	Surveillance of drugs and insecticide resistance.	Conduct anti-microbial drug resistance surveillance (anti-viral, bacterial, parasitic)	Surveillance of anti-malarial drug efficacy	Number	1	1	1	1		
			Surveillance of Common antibacterial drug resistance	Number	1	1	1	1		
			Antimicrobial resistance (AMR) in animal pathogens of public health significance	Number	1	1	1	1		
		Drug, substances abuse and their determinants and health effects	Surveillance of NTDs drug efficacy study. (Leishmaniasis, Onchocerciasis, Lf, STH & Schistosomiasis)	Number	1				1	
			HIV drug resistance	Number	4	4	4	4	4	4
			TB-drug resistance	Number	2	1	2	2	2	2
Pharmacovigilance study	Assessing the trends and burden of Substance of abuse (Khat, cigarettes, alcohol, etc.) and narcotic and psychotropic drugs/medicines addiction pattern addition and their determinant and health effects							1		
	Pharmacovigilance study of Anti-malarial drugs	Number		1	1	1	1	1		
	Pharmacovigilance study of Preventive Chemo therapy (PC), NTDs.	Number	1	1	1	1	1	1		
		pharmacovigilance surveillance on key therapeutic agents.	Number		1	1	1	1	1	

P1.SI2.	Surveillance of drugs and insecticide resistance.	Insecticide susceptibility monitoring study	Evaluation of insecticides used for indoor residual spray.	Number	1	1	1	1	1
			Insecticides used for impregnation of long-lasting mosquito nets	Number	1	1	1	1	1
			Publication in peer-review journals	Number	2	2	3	3	5
			Technical Reports	Number	3	12	13	15	12
P1.SI3	Surveillance of food and nutrition issues.	Food fortification surveillance	Continues assessment of food fortification at food industry level.	Number			1	1	
			Establishment of food fortification and micronutrient status surveillance site.	Number			1		
			Salt fortification surveillance.	Number	1	1	1	1	1
			Assessment of anemia and other micronutrient status from selected facilities.	Number				1	1
			Publication in peer-review Journals	Number		1	2	2	3
			Technical Reports	Number	1	2	2	3	2
P1.SI4	Strengthen routine surveillance (IDS surveillance, Nutrition)	Conduct indicator based surveillance	Surveillance data in weekly bases collected from health facilities	%	85	88	88	90	95
			Prepare and share weekly Feedback	%	80	90	90	90	95
			Sending Epidemiological bulletin to regions	%	80	90	90	90	95
			Communicate identified risks to RHbs and partners	%	80	90	90	90	95
			Develop and update e-PHEM software	Number	1	1	1	1	1
			Increase proportion of health facilities reporting using e-PHEM	%	25	30	45	60	80



P1.SI5	Establish Emergency Operation Centers (EOC s)	Strengthen EOC system	Develop and adopt guidelines and SOPs For EOC Operations	Number	1	2			
			Link the e-PHEM with the EOC	Number			1		
			Technical assistant to regions to establish EOC	Number	1	1	1	2	
			Identify and use the source and means of Event Based surveillance	Number	1	1	1	1	
			Link the Event based surveillance with EOC	Number				1	
P2: Improve research and evaluation on key health & nutrition issues									
P2.SI1	Conduct diseases and their determinants research.	Conduct Communicable Diseases (viral, bacterial, parasitic and, vectors) research and their behavioral / social factors	HIV- Immuno-pathogenesis (immune- modulators)	Number	7	7	8	10	10
			HIV Molecular epidemiology	Number	4	6	5	6	5
			TB-HIV co-infection pathogenesis & molecular interactions	Number	3	3	4	4	4
			HIV & related diseases (cancer, diabetes, Ols.)	Number	3	2	2	2	2
			Identification of biomarkers for HIV	Number	2	2	3	3	3
			TB-Immune-pathogenesis (immune-modulators)	Number	2	3	3	3	3
			TB Molecular epidemiology	Number	1				1
			TB and related diseases (cancer, diabetes)	Number	2		2		3
			NTN disease prevalence and their risk factors	Number		1			1
			Identification , qualification, and validation of biomarkers for TB	Number	3	3	3	3	4
			Pilot study for rabies Elimination	Number					1
Nosocomial causing bacterial infection survey	Number			1					
Methicillin-resistant Staphylococcus aureus carriage survey	Number			1					

P2.SI1	Conduct diseases and their determinants research.	Conduct Communicable Diseases (viral, bacterial, parasitic and, vectors) research and their behavioral / social factors	Prevalence of Streptococcus agalactiae in pregnant women	Number	1			
			Assessment on community awareness & health service delivery system from Zoonoses perspective	Number	1			
			Study on priority zoonotic diseases at human animal ecosystem interface.	Number		3	2	3
			Community compliance to MDA of Onchocerciasis, LF, Schisto/STH and Trachoma (Qualitative)	Number		1		
			Ecological & epidemiological study of emerging and re-emerging diseases including Yellow Fever & Dengue Fever.	Number			1	
			Epidemiology of Leishmaniasis in Ethiopia	Number	1			
			Molecular epidemiology of malaria parasites.	Number		1		
			Study of Mycological diseases/ medically important yeasts.	Number			1	
			Genetic study and vaccine development from locally isolated rabies virus	Number		1		
			Capsular switch study of meningococcal meningitis	Number		1		
			The effect of Pharamcogenetic variability study on the efficacy of anti-malarial drugs in Ethiopian populations.	Number				1
			Epidemiology of public health important viral diseases (papilloma, respiratory, diarrhea, etc.)	Number		1	1	1
			Opportunistic bacterial and fungal infections among HIV sero-positives.	Number	1			
			Epidemiology of emerging & re-emerging priority diseases (bacterial, viral, parasitic).	Number		1	1	1
			HIV related epidemiological survey	Number	6	8	8	10
			TB related epidemiological survey	Number	4	6	8	10

P2.SI1 Conduct diseases and their determinants research.	Conduct Communicable Diseases (viral, bacterial, parasitic and, vectors) research and their behavioral / social factors	HIV related behavioral survey	Number	1	1	1	1	
		TB related behavioral survey	Number	1	1	1	1	
		Publication in peer-review Journals	Number	12	15	20	25	30
		Technical Reports	Number	37	47	57	56	64
		Conducting research on non-communicable diseases	Number	1				1
		Publication in peer-review Journals	Number	2	2	2		1
		Technical Reports	Number	1				1
		Preclinical study of standardized traditional medicines on fungal skin infections, helminthes, hypertension and diabetics	Number	3				
		Health outcome assessment on commonly utilized medicinal plants	Number			1		
		Assessing the Health seeking behavior (KAP) of the community towards health care service delivery, professional practices, traditional medicine, traditional healers & their practices	Number			1		
		Preclinical trial on polyvalent anti-venom	Number					1
		Preclinical trial on human cell culture anti-rabies vaccine			1			
		Preclinical trial on human anti-rabies immunoglobulin	Number	1				
		Preclinical trial of Trivalent Meningococcal meningitis vaccine	Number				1	
Effect of HIV Care and treatment	Number	4	6	8	10	14		
HIV, Cancer and organ dysfunction research	Number		2	5	10	12		
HIV and transitional study	Number	1	2	2	2	2		
Effect of TB care and Treatment	Number	4	3	3	5	4		

P2.SI1	Conduct diseases and their determinants research.	Care & treatment study on CD and NCD diseases.	Association of TB and co-morbidities (nutrition, diabetes etc.)	Number	3	3	5	6	3
			Health service activities related to TB	Number	4	5	6	7	7
			Stable isotopes technique research to determine nutrient bio availability & store	Number		1	1		
			Publication in peer-review	Number	8	10	12	12	14
			Technical Report	Number	16	25	32	41	46
			Evaluate the Efficacy, safety and quality of commonly utilized medicinal plants by the community and traditional healers for the treatment of CDs and NCDs (malaria, leishmaniasis, trypanosomiasis, helminthics, bacterial and fungal infections, HIV/AIDS, diabetics, asthma, hypertension, cancer, rabies, reproductive and Family health)	rounds		1		1	
P2.SI2	Conduct traditional and modern medicine research.	Evaluate safety, efficacy and quality of traditional medicine	Publication in peer-review journals	Number			1	1	1
			Technical reports	Number		1		1	1
			Assessing the categories, utilization and the contribution of traditional medicine to the health care system in Ethiopia	Number			1		
			Conducting an inventory survey of traditional medicines sold by vendors in the markets of different cities in Ethiopia.	Number		1			
			Assessment of endangered medicinal plants and establish their conservation.	Number					1
			Ethnomedicinal, biological and clinical support for medicinal plants use in selected regions of Ethiopia	Number					1
P2.SI2	Conduct traditional and modern medicine research.	Survey on traditional medicine	Publication in peer-review journals	Number				1	1
			Technical reports	Number		1	1		2

	<p>National assessment of antibiotic, anti-diabetic and anti-hypertensive medication and patient adherence, prescription practices in the public and private health facilities</p>	Number	1						
<p>P2.SI2</p> <p>Conduct traditional and modern medicine research.</p>	<p>Assessment of prevalence and type of drug, substances of abuse and determinant factors and their influence on health and social factors</p> <p>Metabolism of toxicity of drugs and Substances, determine metabolism of Toxicity of drugs and Substances, Assess dynamic phase of metabolism toxicity</p> <p>Publication in peer-review journals</p>	Number	1	1	1	1	1	1	1
<p>P2.SI3</p> <p>Strengthen food and nutrition research</p>	<p>Conduct research on Modern Medicine</p> <p>Conduct research on nutrition and related issues</p>	Number	1	1	1	1	1	1	1
	<p>Micronutrient (anemia , iron deficiency, vitamin A , Iodine deficiency, Zinc deficiency, Vitamin B12 and foliate, households with adequately iodized salt)</p> <p>Integrating strategies for the prevention of preeclampsia and anemia into community based program</p> <p>Study on diet related NCDs such as obesity, diabetes mellitus, cardiovascular disease, hypertension and stroke relation: Cohort study.</p> <p>Measure IYCF practice &amp; their nutritional status between employed &amp; non employed mothers.</p> <p>Pilot study for establishing national human breast milk bank in Ethiopia</p> <p>Identify cultural and social barriers of child feeding practice in emerging region /pastoral community of Ethiopia.</p> <p>Translating adoption of improving varieties (quality protein maize) into nutritional impact in rural Ethiopia</p> <p>The effect of maize with Zinc, fertilization on nutritional status of young children and women of reproductive age in rural, Ethiopia</p>	Number	1	1	1	1	1	1	1

P2.SI3	Strengthen food and nutrition research	Conduct research on nutrition and related issues	Research on food and related issues.	Research on food and water safety & quality	The effect of climate variability on food security and nutritional status among women & children in Ethiopia	Number	1	1	1
					Forest distribution in relation with nutrition and health.	Number	1		
					Exploring the agro ecological potential for enhanced child nutrition.	Number		1	
					The effect of multiple micronutrient powder on child morbidity and mortality: Effectiveness trial	Number			1
					Determination of bioavailability of zinc and vitamin A store using stable isotope technique	Number	1	1	
					Documentation of indigenous food and techniques used by ethnic groups for fermented, non-fermented and others indigenous foods	Number			1
					Study on underutilized foods for food and nutrition security	Number			1
					Expansion and updating existing Ethiopian food composition table	Number			1
					Assessment of mycotoxins in staple foods and identification of the responsible fungus for its productions.	Number	1	1	1
					Molecular epidemiology of Salmonella enteritides and other enteric pathogens in Ethiopia.	Number	1		
					Study on micro biotechnological aspects of fermented foods and drinks of Ethiopia.	Number	1		
					Safety of street food in Ethiopia.	Number			1
					Assessment of food adulteration in Ethiopia (coffee, red pepper and butter)	Number			1
					Status of food safety plan and quality in Ethiopia.	Number	1	1	
					Study on safety of edible oil	Number	1		1

P2.SI3	Strengthen food and nutrition research	Research on food and water safety & quality	Study on public health problems associated with foods from animal origin	Number	1	1	1		
			Food shelf life of industrially processing food in Ethiopia.	Number	1	1	1		
			Food shelf life of locally processing food in Ethiopia	Number	1	1	1		
			Develop dietary menu for patient with chronic diseases vulnerable groups, sport academy & army.	Number	1	1	1		
			Development & dissemination of Ethiopian food guide pyramid.	Number	1	1	1		
			Publication in peer-review journals	Number	5	2	10	11	
			Technical Reports	Number	7	11	9	10	8
			Study on safety, stability & bio-availability of fortificant.	Number				1	
			Assessment of mycotoxins in staple foods and identification of the responsible fungus for its productions.	Number	1	1	1	1	1
			Evaluation of prioritized neglected tropical diseases control, elimination and eradication programs	Number					1
P2.SI4	Policy, program and strategy evaluation	Evaluation of disease control programs	NTDs epidemiological and program impact studies (onchocerciasis, lymphatic filariasis and STH/ Schistosomiasis, trachoma.)	Number			1		
			Malaria indicator survey	Number	1		1		
			WASH survey	Number	1		2	1	
			HIV related program evaluation	Number	2	3	4	5	6
			TB related program evaluation	Number	1	1	2	1	1
			National nutrition program evaluation	Number	1				
			Pulse community based nutrition formative study to identify the gap in health agriculture & education sectors at the community level.	Number	1				





P2.SI5	Strengthen health system research	Conduct health Care resource research	Knowledge, motivation, perception & attitudes of community health workers including Health Development Army's (HDA) on primary health care.	Number				1		
			Evaluation of Ethiopia health care financing strategies including the implementation of the national health insurance	Number	1			1		
			Verification of routine health facility data (DQA).	Number	1	1				
			Implementation status and utilization of health management information system for strategic decision at all levels in Ethiopia	Number				1		
			Evaluation of challenges and opportunities in national blood bank system.	Number	1					
	Conduct health system Governance and knowledge management Research			Publication in peer-review journals	Number	3	4	5	5	6
				Technical report	Number	4	6	4	4	4
				Indoor air quality and human health burden	Number			1	1	1
				Microbial Air Quality of Operation Theaters, Delivery Rooms, and Intensive Care Units in Major Referral Hospitals in Ethiopia	Number			1	1	1
				Assessment of the distribution of persistent organic pollutants (POPs)	Number			1	1	1
P2.SI6.	Carryout environmental and occupational health research	Conduct research on environmental health and related issues	Health care waste management practices and options.	Number			1	1	1	
			Road transport, human health and contributing factors	Number			1	2	1	
			Water supply, sanitation, hygiene and health	Number		1			1	
			Integrated environmental risk assessment in the vicinity of industrial and municipal areas	Number		1	1	1	2	
			Hazard, exposure and risk/injury assessment in occupational settings	Number			1	2	2	
			Conduct research on occupational health and related issues	Publication in peer-review journals	Number			2	2	5
				Technical report	Number		2	7	9	10

		Maternal and new born research and related issues	Evaluation of maternal and newborn health programs	Number	1	1	1
			Assessment of utilization and access to maternal and newborn health services	Number		1	
		Child health research	Expanded program of immunization(EPI) coverage including sero survey	Number	1		
			Evaluation of child health programs	Number	1		1
			Assessment of risky sexual behaviors among adolescents and youth				
		Adolescent and young people sexual and reproductive health research	Utilization and access to adolescent and young people sexual and reproductive health services				
			Publication in peer-review journals				
			Technical report				
P3: Improve technology evaluation and transfer							
			Food processing technology identification, evaluation for adaptation and dissemination.	Number	1		1
			Technology assessment for adaption food processing technology	Number		1	1
			Region based complementary food development	Number	1		1
			Supplementary food development	Number			1
			Traditional medicine production package for human skin diseases	Number			1
		Carryout technology development	Traditional medicine production package for mosquito repellent	Number			1
			Traditional medicine production package for water clarifying agent	Number		1	
			Traditional medicine production package for animal anti-Ectoparasites	Number	1		
			Publication in peer-review journals	Number		2	3
			Technical report	Number	1	3	4
		Develop health and nutrition technology production packages.					
P3.SI1							

P3.SI1	Develop health and nutrition technology production packages.	Perform vaccine technology transfer	Technology transfer for the production of Typhoid vaccine	Number				1	
			Technology transfer for the production of cholera vaccine	Number	1				
			Technology transfer for the production of yellow fever vaccine	Number				1	
			Technology transfer on cell culture based anti-rabies vaccine	Number	1				
			Develop anti-rabies vaccine production package from local rabies virus strains	Number	1				
			Technical report	Number	1	2		2	
			Widal RDT kit evaluation	Number					1
			Blood culture media technology evaluation	Number	1				
			Malaria diagnostic tools evaluation	Number	1	1			1
			Insecticide kits evaluation (IRS and LLINs)	Number	1	1			1
			HIV diagnostics evaluation	Number	3	4			4
			HIV co-infections diagnostic evaluation	Number	2	3			3
			TB diagnostics evaluation (Active TB, LTBI, child hood TB, EPTB, TB/HIV)	Number	3	3			3
			Evaluation and scale up of rabies diagnostic technique to regions	Number	2	3			2
Diagnostic technology evaluation for Food and Nutrition	Number					1			
Publication in peer-review journals	Number	5	6			9			
Technical reports	Number	10	13			14			

P3.SI2	Production of health technology products	Production of Vaccines and Serum	Fermi type anti-rabies vaccine production for humans	Dose	32,000	32,000			
			Cell-culture anti-rabies vaccine production for human	Dose			50,000	50,000	50,000
			Rabies Immunoglobulin (RIG) production for therapeutic use	Dose			1,000	1,000	1,000
			Anti-rabies monoclonal antibody	Vial			1,000	1,000	1,000
			Trivalent Meningococcal meningitis vaccine production	Dose					180,000
			Polyvalent anti-venom production	Dose					5,000
			Technical reports	Number	1	1	3	3	5
			Publication in peer-reviewed journals	Number			3		1
			Production of panels (Parasitic, Bacterial and TB/HIV)	Number			3	8	8
			Technical reports	Number			3	8	8
P4: Improve public health emergency preparedness									
P4.SI1	Vulnerability Assessment and Risk mapping (VRAM) and avail emergency supplies	Prepare risk profile for public health risks and map	Conduct vulnerability and risk assessment	Number				1	
			Prepare risk map	Number					1
			Preparing EPRP						
		Establish capacity for prevention and control of public health risks	Stockpile emergency drugs and supplies						

			Developing and adopting Guidelines and SOPs	Number	1	1	
			Identify and map travelers risk areas (Global and Local)			1	
	Travelers Health and International Vaccination		Develop travelers health message		1		
			Initiate various Vaccinations for travels to any risk areas	%	100	100	100
			Provide advice for travelers to health risk areas	%	100	100	100
			Establish Quarantine sites at points of entry	%		50	75 100
P5: Enhance laboratory quality management system implementation							
			Establish National EQA laboratory by ISO 17043	Number		1	
	Capacity building for national EQA programs		Preparation of different types of PT for NEQAS	Number	3	5	5 5
P5.SI1	Strengthen External Quality Assessment		Support Regional Laboratories for EQA activities	Number	13	13	13 13
			Enroll laboratories in different EQA programs	Percent	80	85	90 100
			Strengthen system for PT distribution, result collection and feedback provision	Percent	100	100	100 100
			Establish and strengthen Central and Regional Maintenance workshops	Number	9	13	13 13
			Provide preventive laboratory equipment maintenance services	Percent	100	100	100 100
	Strengthen equipment maintenance		Provide curative laboratory equipment maintenance services	Percent	100	100	100 100
P5.SI2	Equipment and supplies management		Establish agreement for vendor involvement in maintenance activities	Number	3	5	5 5
			Ensure the availability of necessary spare-parts	percent	100	100	100 100

P5.SI2	Equipment and supplies management	Evaluation/validation of Equipment and supplies	Undertake validation and certification of Bio safety Cabinets and Negative Pressures	%	100	100	100	100	100	100
				Number	5	5	5	5	5	5
P5.SI3	Process control and improvement	Quality assurance implementation	Provide Validation/Verification services for laboratory equipment, reagents and devices Undertake Post market surveillance of laboratory equipment, reagents and devices Implement Quality Assurance measures at all laboratory facilities	Number	7	7	7	10	10	10
				%	100	100	100	100	100	100
P5.SI4	Strengthen facility and safety	Laboratory infrastructure/system development	Establish tier based minimum quality standard Establish enhanced BSL-3 Laboratory system at national level Establish BSL-3 Laboratory system at national and regional level	Number	2	2				1
				Number			1	2	2	
				%	100	100	100	100	100	100
				%			75	85	95	100
P6: Strengthening Laboratory Capacity for Referral and Backup Testing Services	Strengthening laboratory network and referral testing services	Strengthen national systems for referral specimen transportation and result delivery Provide referral testing services Provide backup testing services	Ensure appropriate vaccination for laboratory workers Introduce system for Bio-security Improve waste disposal and sewerage system	%	75	85	90	95	100	100
				%	100	100	100	100	100	100
				%	65	75	85	95	100	100
				%	75	80	90	95	100	100
P6.SI1	Strengthening laboratory network and referral testing services	Strengthen national systems for referral specimen transportation and result delivery Provide referral testing services Provide backup testing services	Strengthening specimen referral and transportation system IT technologies deployment for result delivery Provide referral testing services for public priority services Provide backup testing services Capacity for microbiological test for selected hospitals Increase facilities test menu per established standard Strengthening national and regional capacities for detection and characterization of epidemic prone and other disease of Public Health importance	%	100	100	100	100	100	100
				%	65	75	85	95	100	100
				%	75	80	90	95	100	100
				%	100	100	100	100	100	100
				%	35	45	75	85	100	100
				%	40	50	65	75	80	80
				Number	10	15	20	25	35	35

P7: Improve programs/projects and Institutional policies Development and Management						
P7.SI1	Develop long term and annual operational plan	Develop 5 years and visioning plans	Number	1		1
		Develop annual operational plan	Number	4	4	4
		Develop public health research agenda	Number		1	1
		Conduct quarterly monitoring of programs/projects and submit progress reports	Rounds	4	4	4
		Conduct integrated supportive supervision	Number	1	2	2
	Strengthening program/project plan, monitoring and Evaluation system	Conduct annual review meeting				
		Number	1	1	1	1
		Review research proposal documents quarterly	Number	3	4	4
		Conduct monitoring of research projects on their adherence to approval	%	50	75	90
		Conduct midterm and end-term strategy plan management (SPM)	Number		1	1
P7.SI2	Develop internal policies/ guidelines for administrative and compliance activities	Conduct programs and Mega-projects evaluations	Number	1	1	2
		Customization of internal policies/guidelines for administrative activities	Number	2	2	3
		Develop internal policies/guidelines to ensure compliance	Number	1	1	1
		Develop policies/guidelines for quality laboratory system	Number	5	6	6
		Develop policies/guidelines for research operations/activities	Number	1		
	Strengthen administrative and technical policies and guidelines development and use	Develop policies/guidelines for PHEM (PHEM guideline, Yellow fever, Dengue fever, Anthrax, Rabies, MERS-Cov, Ebola, , Maternal death surveillance, EOC SOP, and e-PHEM SOP)	Number	3	3	4

F1: Improve financial resource mobilization and utilization efficiency												
F1.S11	Establish efficient financial resource mobilization system	Fund Mobilization based on the strategy	Identify gaps and map financial resources	%	100	100	100	100	100	100		
			Develop financial resource mobilization strategy	Number	1							
F1.S12	Ensure efficient financial resource utilization system	Track proper and efficient financial utilization	Develop mega projects and mobilize resources	Number	2	5	3	5	2			
			Conduct internal monthly financial utilization auditing	Rounds	12	12	12	12	12	12		
	Enhance logistics management system	Ensure and inspect proper utilization of financial resource	Conduct monthly financial utilization inspection	Rounds	12	12	12	12	12	12		
			Develop general equipment and supplies directory	Number	1							
F1.S13	Enhance logistics management system	Establish efficient Procurement system	Implement on line automated procurement and property administration	%	100	100	100	100	100	100		
			Prepare annual procurement plan	Number	1	1	1	1	1	1		
			Avail goods and supplies as per the need and lead time	%	100	100	100	100	100	100		
			Conduct on time property inventory and management to reduce wastage	Rounds	2	2	2	2	2	2		
			Decrease time taken for custom clearance	Days	10	9	8	8	8	6		
			Establish efficient Emergency Drugs and supplies management and fast track system	Establish efficient Emergency Drugs and supplies management and fast track system	Conduct regular Emergency drugs and supplies inventory	Number	12	12	12	12	12	12
					Establish Emergency Drugs fast track system	%	50	60	80	90	95	
			Establish efficient transport service & vehicle maintenance system	Establish efficient transport service & vehicle maintenance system	Purchase and avail vehicles for transport services	Number						
					Conduct on time vehicle maintenance	%	100	100	100	100	100	100
					Provide on time and efficient transport services	%	95	95	100	100	100	100
Implement automated log sheet and GPIS for transport management	%	100			100	100	100	100	100			



CB1: Improve Human Resource Development, Management and Governance										
CB1.S11	Strengthen HDA of the Institute	Conduct continuous HDA performance evaluation and support	Conduct HDA monitoring, evaluation and feedback	Conduct HDA monitoring, evaluation and feedback	4	4	4	4	4	4
				Prepare individuals cascaded plan using BSC and performance evaluation	2	2	2	2	2	2
				Recognize better performers annually	1	1	1	1	1	1
				provide HDA scheme training based on identified gaps	100	100	100	100	100	100
CB1.S12	Strengthen Human Resource Development through training	Provide short term training for internal and external professionals	Pilot and implementing Kaizen tool on laboratory, property and procurement administration	Revising and updating EPHI BPR document	%	100	100	100	100	100
				Provide short term training for internal and external personnel in different laboratory disciplines	Number	1500	1500	1500	1500	1500
				Train PHEM officers/professionals in different PHEM operations	Number	75	185	275	165	70
				Provide short term training on research proposal writing and ethics	Number	25	70	80	90	100
CB1.S13	Avail and retain the skilled human resource	Provide long term training for internal and external health workers	Establishing public health training operational system	Provide short term training on different disciplines (leadership -governance)	Number	110	120	130	140	150
				Train workers with MSC/MPH/MA level	Number	10	15	10	15	15
				Train workers with PhD level	Number	5	10	10	12	12
				Field Epidemiology and laboratory Training program (Lab and Epi tracks)	Number	126	126	126	126	126
CB1.S13	Apply attractive schemes to retain skilled workforce	Establish comprehensive retention schemes	Conduct assessment to know workers satisfactions	Highly Specialized subject matter Training (MPH, MSc., PhD)	Number	1	2	1	3	3
				Establishing public health training operational system	Number		1			
				Conduct assessment to know workers satisfactions	Number	1	1	1	1	1
				Establish comprehensive retention schemes	%	100	100	100	100	100

CB1.SI4	Enhance good governance	Implement good governance	Implement citizen charter and track progress	Round	4	4	4	4	4
			Ensure the 8 principles of good governance and track progress	round	4	4	4	4	4
			Ensure and maintaining accountability, and track progress	round	4	4	4	4	4
	Mainstreaming women & youths	Mainstreaming women & youths affairs	Women & youths affairs mainstreaming, facilitate gender equity in leadership, and track progress	round	4	4	4	4	4
CB1.SI5	Mainstreaming women & youths, HIV control and environmental issues	Mainstreaming HIV control	HIV control mainstreaming and track progress	Round	4	4	4	4	4
		Mainstreaming environmental protection issues	Create working safety and environment protection mainstreaming, and track progress	Round	4	4	4	4	4
CB2.SI1	Build and strengthen infrastructures	Build the Institute's main premises including warehouse and security	Build the Institute's main Complex	Number				1	
			Construct standard warehouse	Number				1	
			Construct compound security facility	Number				1	
CB2: Enhance Infrastructure and System development									
			Build the Institute's main Complex	Number				1	
		Build the Institute's main premises including warehouse and security	Construct standard warehouse	Number				1	
			Construct compound security facility	Number				1	
			Build enhanced BSL3 Laboratory at national level	Number					1
CB2.SI1	Build and strengthen infrastructures	Build high level technical facilities	Establish BSL3 Laboratory at national and regional level	Number	1	2	2		
			Renovate selected hospital laboratories	Number	8	6	5	4	3
			Construct emergency operation centers (EOCs)	Number				1	4
			Construct standard reception center	Number				1	
			Construct basic utility facilities	Number				2	

CB2.SI2	Strengthen information communication technology(ICT) of the institute	Develop national digital public health data repository	Establish standard data ware-house	Number	1				
			Develop data structure directory	Number	1				
			Conduct data collection and organization	%	100				
			Automate 17 EPHI major operations fully	Number	8	5	4		
			Expand Electronic Laboratory information system	Number	40	60	80	100	150
OB3: Enhance Communication, Coordination and Partnership									
CB3.SI1	Establish information and communication system	Strengthen communication tools capacity	Develop information and communication strategy	Number	1				
			Develop and disseminate audio-visual programmatic messages (On research, PHEM, quality laboratory system, SERO, M&E)	Number	7	10	10	10	10
			Establish information and communication directory	Number	1				
			Provide timely information and efficient communication within 10 days	%	100	100	100	100	100
			Develop partnership strategy based on mission and objectives	Number	Number	1			
CB3.SI2	Strengthening coordination and partnership	Establish national/ regional/ international collaborations and partnerships	Establish collaborations based on the strategy developed	Number	10	10	5	5	2
			Establish partnership based on the strategy developed	Number	4	4	4	4	3
			Maintain partnership based on the strategy developed						
			Conduct joint partnership coordination forums of the institute	Number	2	2	2	2	2
			Conduct coordination forums of PHEM	Number	4	4	4	4	4
		Enhance public health coordination	Conduct coordination forums of research and technology transfer	Number	2	2	2	2	2
			Conduct coordination forums of quality laboratory system	Number	4	4	4	4	4

## Annex-3: Participants of the strategic planning process

### A. Participants of the strategic planning process

A.Name and address of participants of stakeholders on review meeting , which discussed on the prepared five years (2015-2020) strategic plan held in Kuriftu Hotel , Adama , Ethiopia, June 18-20, 2015 (Sene 11-13/2007 E.C ).

No.	Participants name	Organization
1	Berhanu Amare	CDC Ethiopia
2	Yenew Kebede, Dr.	CDC Ethiopia
3	Kiyoon Yoon	UNICEF
4	Ashenafi Hailu, Dr.	CDC
5	Eshetu Yimer, Dr.	Tufts University
6	Redeat Belanehe	NAHDIC
7	Hagos Hadish	FMHACA
8	Daniel Beshah	TASH
9	Feradeselassie Mikru	WHO
10	Elias Gossa, Dr.	AFRTH
11	Getnet Tsigemealk	ENAO
12	Tewodros Adere, Dr.	Amanuel Hospital
13	Retalign Geletu	EMLA
14	Yohannes H/Michael	Jimma University
15	Alemayehu Bayray	Mekele University
16	Mesfin Tesfay	TRHB
17	G/Selassie Tekle	TRHB
18	Tibebu Asfaw	FHAPCO
19	Gelila Asamenew	ELAR
20	Yalew Birke	ORHB
21	Wondimu Gebayehu	Bansangul RL
22	Kefni Kelbecha	Afar RL
23	Yonas Taffese	A & T
24	Bahari Belete	CHAI

No.	Participants name	Organization
25	Alemayehu Bekele	EPHA
26	Yohannes G/Hawaria	TRHB
27	Yemane G/Silassie	GRPHL
28	Ayichew Seyoum	Harmaya University
29	Nena Okello	Gambella RHB
30	Helen Engisa	AAHB
31	Teferi Mekonnen	ASLM
32	Hailay Berhe	Dessie Reg. Lab
33	Nena Okello	Gambella RHB
34	Helen Engisa	AAHB
35	Teferi Mekonnen	ASLM
36	Hailay Berhe	Dessie Reg. Lab
37	Mequanent Eyayu	EBI
38	Ashebir Gurmessa	F.Prison
39	Tibebu Bekele	EPHI
40	Yonas Sebsibe	St.Petros
41	Mekonnen G/Selassie	MOFED
42	Adane Mihret, Dr.	AHRI
43	Markos Abebe, Dr.	AHRI
44	Gudeta Tibesso, Dr.	HEAL TB
45	Wessen Nega	ICAP
46	Belete W/Maria	SNNPR RHB
47	Dawit Abebe, Dr.	EPHLA
48	Mohamed Ismael	Harrare Regional lab

No.	Participants name	Organization
49	Ibrahim Adem	Afar
50	Tessema Debaca	Oromiya
51	Endashaw Shibru	SNNP RHB
52	Ahmed Bedru	TB/USAID
53	Endale Mengesha	EPHI/KNCU
54	Teklehaymanot Gebrehiwot	Amhara Regional H.B
55	Girmay Ayana	EPHI
56	Amanuel Dibaba	EPHI
57	Abraham Haile	EPHI
58	Nigussie Gezahegn	EPHI
59	Almaz Gonfa, Dr.	EPHI
60	Abel Yeshaneh	EPHI
61	Abraham Haile	EPHI
62	Nigussie Gezahegn	EPHI
63	Almaz Gonfa, Dr.	EPHI
64	Abel Yeshaneh	EPHI
65	Seid Kassaw	EPHI
66	Abraham Tesfaye	AACAHB
67	Lemma Bogalae	Harar RHB
68	Mesele Mulugeta	A.A.H.B
69	Amha Kebede, Dr.	EPHI
70	Yibeltal Assefa, Dr.	EPHI
71	Daddi Jima, Dr.	EPHI
72	Habtamu Merha	F.Police
73	Assefa Habete	EPHI
74	Arega Zeru	EPHI
75	Alemayehu Regassa	EPHI
76	Firdu Egi	EPHI

No.	Participants name	Organization
77	Biruktawit Girma	EPHI
78	Amete Mihret	EPHI
79	Abebe Mengesha	EPHI
80	Adisu Kebede	EPHI
81	Mekonnen Tadesse	EPHI
82	Tibebu Mogesse	EPHI
83	Asefa Deressa, Dr.	EPHI
84	Masresha Tessema	EPHI
85	Zelalem Yaregal	EPHI
86	Hussien Faris	EPHI
87	Abdi Ahmed	EPHI
88	Ashenafi Assefa	EPHI
89	Almaz Abebe, Dr.	EPHI
90	Melke Tadesse	EPHI
91	Mamuye Hadise, Dr.	EPHI
92	Adugna Woyessa, Adamu Belay	EPHI
93	Temesgen Aweke	EPHI
94	Samson Yelma	EPHI
95	Asmamawe Tigre	EPHI
96	Negero Gameda	EPHI
97	Tsegerda Assefa	EPHI
98	Mesfin Yohannes	EPHI
99	Tadesse Abebe	EPHI
100	Ashenefer Tadesse	EPHI
101	Achamayeleh Mulugeta	EPHI
102	Kissi Mudi	EPHI
103	Nuria Yesufe	EPHI
104	Tesfaye Hailu	EPHI

No.	Participants name	Organization
105	Abyot Bekele	EPHI
106	Kelbessa urga	EPHI
107	Mekonnen Tadesse	EPHI
108	Tibebu Mogesse	EPHI
109	Aweke Kebede, Dr.	EPHI
110	Wondwossen Kassa	EPHI
111	Getachew Addis, Dr.	EPHI
112	Asfaw Debella, Dr.	EPHI
113	Teshome Abdeta	EPHI
114	Molla Deribie	EPHI
115	Abiy Nigussie	EPHI
116	Adimasu Shibru, Dr.	Education S. Center

**B. Senior Management that have overseen the SPM process**

1. Dr. Amha Kebede-Director General
2. Dr. Yibeltal Assefa-D/Director General
3. Dr. Daddi Jimma-D/Director General

**C. SPM Development Core Team Members**

1. Dr. Almaz Abebe-Chairperson (Research and Technology Transfer)
2. Ato Arega Zeru-Secretary (Planning, Monitoring and Evaluation Directorate)
3. Dr. Asfaw Debela-Co-Chair (Research and Technology Transfer)
4. Ato Adisu Kebede-Member (Laboratory Capacity Building Directorate)
5. Ato Achamyeleh Mulugeta- Member (Laboratory Capacity Building Directorate)
6. Ato Haftom Teame-Member (Public Health Emergency Management)
7. Ato Abdi Ahmed- Member (Public Health Emergency Management)
8. Ato Hussien Faris-Member (Procurement and Finance Directorate)
9. Ato Tadesse Nigatu-Member (Human Resource Management Directorate)
10. Ato Molla Deribie-Member (Planning, Monitoring and Evaluation Directorate)

## **Diseases on Eradication program in Ethiopia**

1. Poliomyelitis (Polio)
2. Dracunculiasis (Guinea worm)

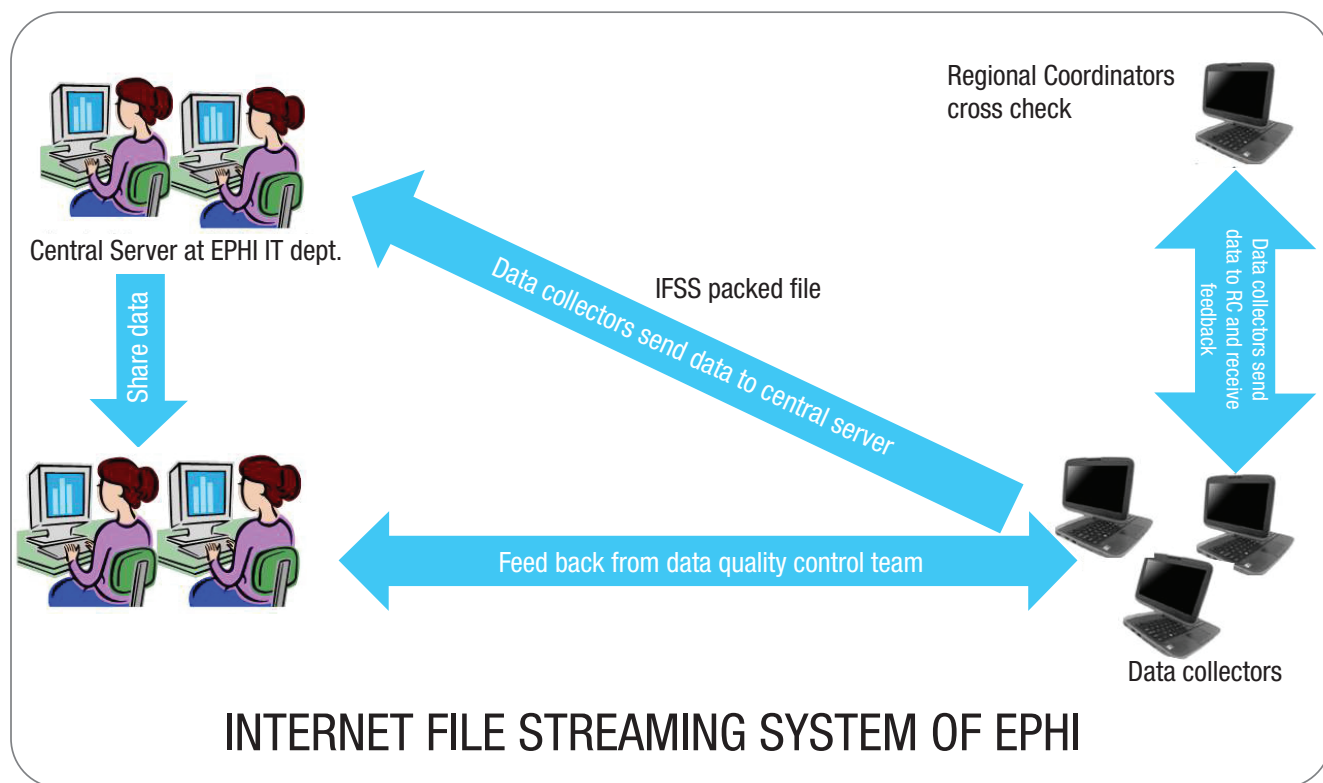
## **Diseases on Elimination program in Ethiopia**

1. Onchocerciasis
2. Lymphatic filariasis (Elephantiasis)



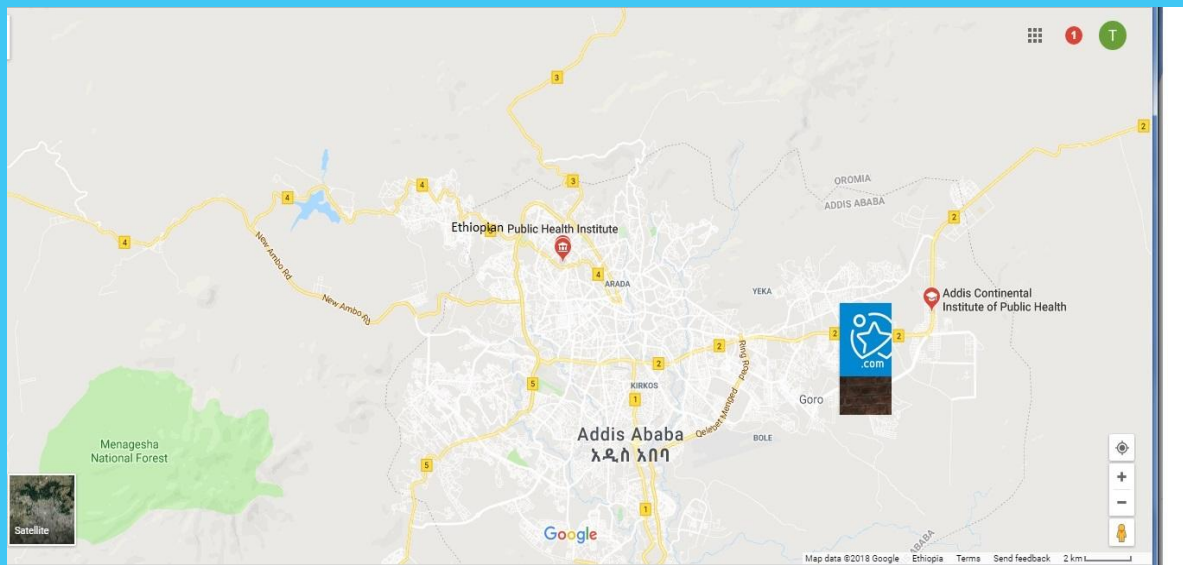


Participants of the 2<sup>nd</sup> EPHI's SPM preparation stakeholders' review workshop





**EPHI's New Training Center**



**Where to find us.**

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