

# Ethiopian Primary Health Care Clinical Guideline (EPHCG)

Health Extension Program and Primary Health Care Directorate

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# About the presenter

- **Name-** Wondosen Mengiste Belete
- **Profession-** Medical Doctor
- **Role in Federal Ministry Of Health-Ethiopia-** Health Center Reform case team Coordinator
  - The Primary objective of the team is to improve the quality of health care provided in health centers



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# Background



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# Background

- Located in the horn of Africa
- Population is more than 110 million.
- Follows a federal system of government
  - Has 10 regional states and 2 city administrations that are autonomous
  - Further divided in to Zones and districts under the regional states and city administrations



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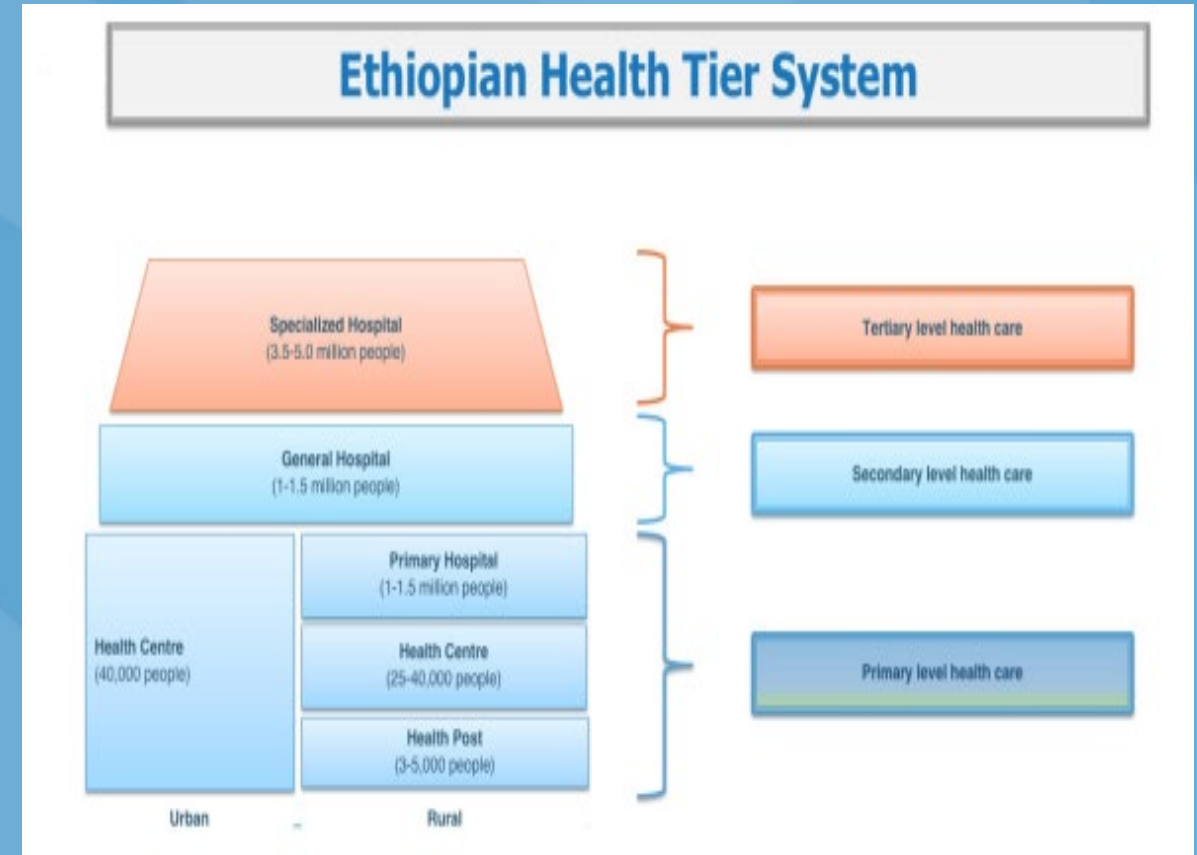
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# Health care system of Ethiopia

- Organized into three tiers
- Follows the administrative structure up to the lower levels:
  - Federal Ministry Of Health, Regional Health Bureau, Zonal Health Department, Woreda Health Office
- 3,727 health centers in total



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- The FMOH structure:
  - 1 Minister, 3 state ministers (Program, Operation and Reform/Good governance), 25 directorates
- Primary health care is led by the Health Extension Program and Primary Health Care Directorate which is under the Program wing.
- The Health center reform case team is one of the case teams in HEP-PHCD
  - Health center reform case team
  - Health Extension Program case team
  - Health education and health promotion case team
- Major initiatives under the case team are:
  - EPHCG (PACK), EHCRIG (Ethiopian health center reform), and EPAQ (Ethiopian primary health care alliance for quality)
- 7 professionals in the team, including 1 technical advisor



# EPHCG implementation in Ethiopia



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# Implementation status

- Primarily it targets for clinician who work at health centers (Physician, health officers and nurses) as care givers
- In Ethiopia the program was adopted in 2017 and was rolled out to health centers starting from early 2019 and currently being implemented in >2000 HC's out of 3727 HC's
- Has been updated once in 2019 and update of the guideline is underway currently.
- Is a flagship initiative of the Minister and state minister





# National level PHCG master training of trainers given, 2018 & 2019 E.C

<b>S/No</b>	<b>Region</b>	<b>2011 E.C participant</b>	<b>2012 E.C participant</b>
<b>1</b>	Tigray	4	6
<b>2</b>	Afar	4	6
<b>3</b>	Amhara	18	10
<b>4</b>	Oromia	24	16
<b>5</b>	DireDawa	2	2
<b>6</b>	Harari	2	4
<b>7</b>	Benishangul Gumuz	2	6
<b>8</b>	Gambella	2	6
<b>9</b>	Somali	4	5
<b>10</b>	Addis Ababa	4	8
<b>11</b>	SNNPR	19	10
<b>12</b>	FMOH and partners	12	16
	<b>Total</b>	<b>97</b>	<b>95</b>

# Total coverage

Region	Total no. of HCs	HC trained in 2018/19	HCs trained in 2020/21	Total	Coverage (%)
Addis Ababa	99	48	52	99	100
Afar	95	17	46	63	66
Amhara	860	195	444	639	74
Benishangul	56	7	24	31	55
Dire dawa	15	8	7	15	100
Gambella	28	8	21	29	100
Harar	8	8	0	8	100
Oromia	1,407	116	536	652	46
Sidama	134	30	45	75	33
Somali	206	46	63	109	53
SNNPR	593	99	224	323	54
Tigray	226	20	19	39	17
Total	3727	572	1481	2053	55

# Benefits of the EPHCG



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# Benefits

- Able to manage the same case/clinical feature with the same algorithm between health professional and in all health centers
    - Fills health professional knowledge gaps
  - It gives opportunity for patients' ideas, concerns and expectations to be addressed during clinical consultations
  - Cost effective clinical care with better outcomes for patients.
    - Avoid unnecessary purchase and prescriptions
    - Reduces revisits
- Unnecessary referrals avoided => reduce burden on hospitals and patients



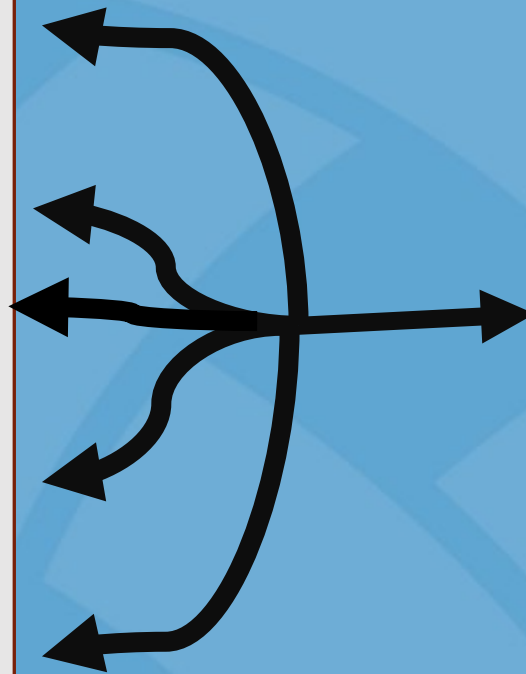
# Benefits

- Increases clinical communication skill of health professional
- Strengthens continuing clinical forums
- Helps health professionals gain confidence
  - Reduces medical errors
- Creates a good platform for clinical auditing and quality improvement initiatives



# Health Sector Transformation Plan 2 (2021-25)

- ❑ Transformation in equity and quality of health service delivery
- ❑ Information revolution
- ❑ Transformation in Health Workforce
- ❑ Transformation in health financing
- ❑ Transformation in leadership





# Gaps/Challenges



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# Gaps/challenges

- Lack of Knowledge Translation Unit with in the ministry
- Clinicians using the EPHCG as a reference rather than as a tool, and used the guideline sparingly.
- Most of health centers do not have laboratory tests and drugs as per the EPHCG requirement (minimum requirement)



# Gaps/challenges

- The EPHCG onsite training principle was new which causes confusion on the implementation
- Gaps in engagement of relevant directorates and other stakeholders
- Using the guideline take much time to manage a patient against previous standards



# Innovations



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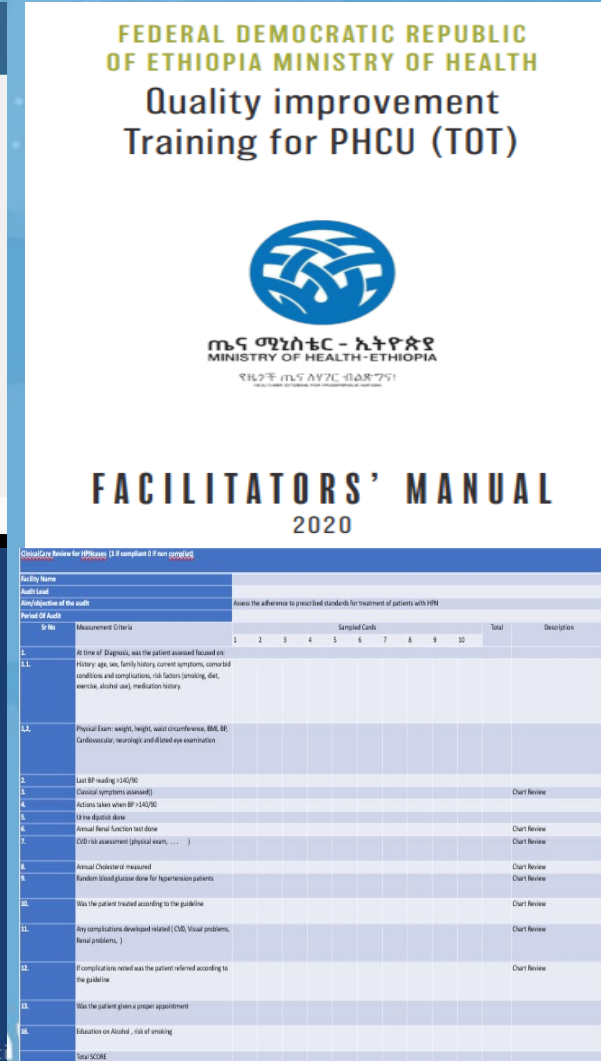
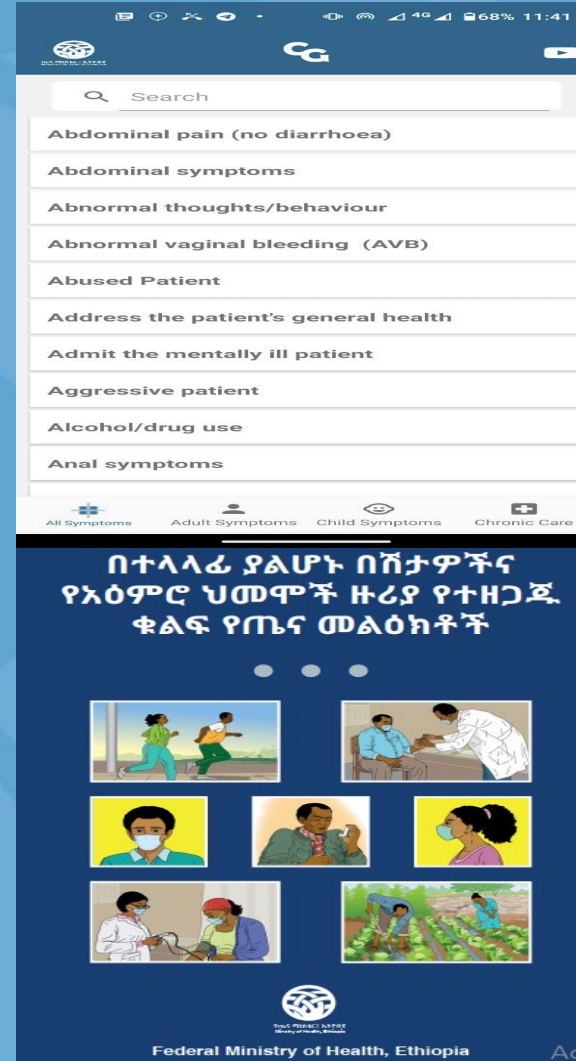
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# Innovations

- Developed an android application (available on play store)
- Quality improvement and Clinical Communication Skills training manuals have been developed in line with the EPHCG
- Clinical audit tool to monitor EPHCG implementation in health centers has been developed
- Patient information booklet addressing NCD and mental health conditions developed in line with the EPHCG.



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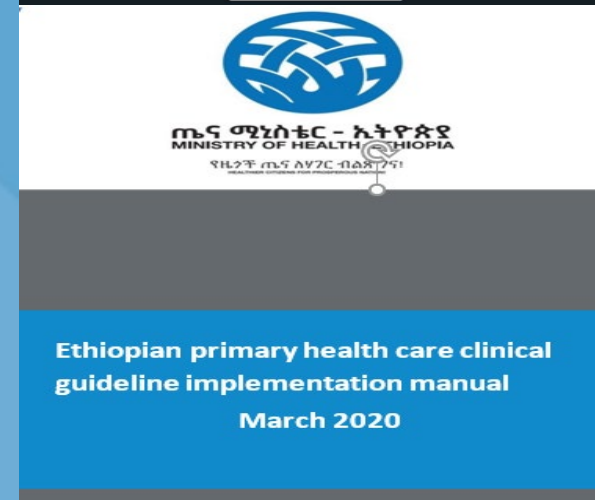
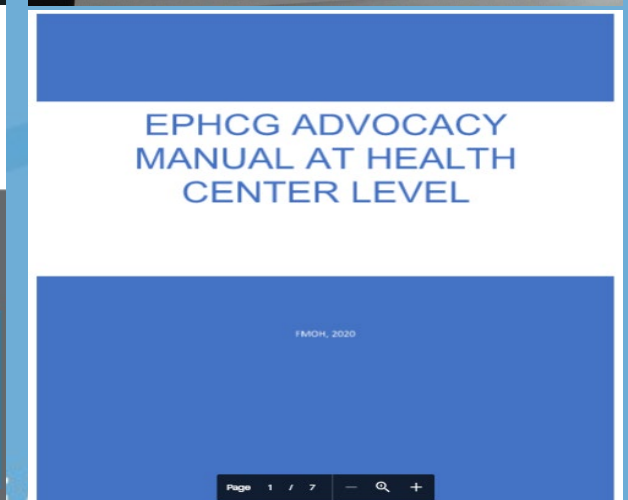


# Innovations

- Social media platform (Telegram group) created to follow the implementation, receive feedback as well as share experiences among regions and health centers
  - All regions also have their own telegram group
- Planned to integrate the EPHCG into pre-service education
- An EPHCG advocacy manual has been developed
- An implementation manual to roll out the guideline developed



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# Role of KTU in EPHCG implementation

- **February 2017** – BMJ/KTU Team visit to Addis Ababa to discuss potential and modalities of collaboration with FMOH.
- **May 2017** – Localization process started inline with KTU guidelines using their evidence resources and mentorship from the content team at KTU and BMJ
- **10-14 July 2017** – Ethiopia core team visit to Cape town.



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# Thank you



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