International Institute for Primary Health Care in Ethiopia (IIfPHC)
in collaboration with the
Federal Ministry of Health and   Ethiopian Public Health Institute

Proceeding of the consultative meeting to brainstorm on PHC research agenda/topics

April 5, 2017

IIfPHC

Contents

Section I
Introduction

Opening speeches

Section II
Research initiatives in PHC

Section III

Section IV

Section V

Acronyms

CBHI   Community based health insurance

EPHI   Ethiopian Public Health Institute

FMoH/MoH   Federal Ministry of Health

HEWs   Health extension workers

HEP   Health extension program

HEW   Health extension worker

IIfPHC   International Institute for Primary Health Care in Ethiopia

HIS   Health information system

HMIS   Health management information system

HRM   Human resources management

HSTP   Health sector transformation plan

IIfPHC   International Institute for Primary Health Care in Ethiopia

NGOs   Non-governmental organizations

PHC   Primary health care

RHB   Regional Health Bureau

WDA   Women development army

Summary report

A consultative meeting to brainstorm and establish the initial research agenda/topics on primary health care (PHC) in Ethiopia was held on 5 April 2017. A total of 31 participants representing different government and non-government institutions attended the consultative meeting.

The first session was a welcome address and self-introduction of participants. The welcome address was delivered by Professor Mengesha Admassu, Executive Director of International Institute for Primary Health Care in Ethiopia (IIfPHC). He informed participants that IIfPHC undertakes need-based health systems implementation research on PHC. Prof Mengesha stated major stakeholders working on PHC have been invited to be part of IIfPHC's research mission and to be involved in the identification of research topics. (See section 1.1for his address)

Then, Dr Zufan Tefera, Director of the Health Extension Program Directorate, presented her keynote address. She emphasized the need to identify what researches have been done in different universities and institutions before starting new research work. Dr Zufan expressed her wish that good research agendas on PHC would be developed through the discussion. (See section 1.2)

Following that, participants made self-introduction. They represented government organizations, Regional Health Bureaus, universities, international non-governmental organizations (NGOs) and projects working on primary health care. (See Section 1.3)

Next, a brief introduction of IIfPHC was made by Mrs Luidina Hailu, communication officer at IIfPHC. She presented the vision, mission and activities of the Institute, including the trainings offered. (See section 1.4)

Then, Ato Temesgen Ayehu, Assistant Director of the Health Extension Program (HEP) Directorate at the Federal Ministry of Health, made a presentation on the current research initiative. He mentioned an on-going research on the evaluation of the health extension program in Ethiopia with focus on health outcomes. Ato Temesgen also clarified the objectives of the study. (See section II)

The following session was on the current scope of primary health care research in Ethiopia, and it was presented by Dr Seblewongel Lemma, Research Officer at IIfPHC. She explained the objectives, the methodology and the thematic areas covered in the research. (See section III for details)

Then, discussion was held on setting PHC topics/research agenda. Topics suggested by IIfPHC included: evaluation on effectiveness, efficiency and appropriateness; integration (service); economic issues as economic analysis; equity and quality of service and evidence based practice. However, the participants suggested changing the approach in selecting the topics. After some discussions, it was agreed to use the six building blocks of the health system to guide the research agenda. Thus, topics were identified based on the six pillars

and participants broke out into six groups to work on the topics. (see section IV) Each group was requested to identify specific PHC issues and research questions, as well as propose the research design. The exercise was to be followed by prioritizing the issues in ranking order.   Each group then made their presentation on their respective topic. (see section V)

Finally closing remarks were made by Ato Temesgen Ayehu and Prof Mengesha Admassu. (see section VI)

This proceeding was written and complied by Emebet Zerfu, resource center officer at IIfPHC.

Section I
Introduction

1.1 Welcome address

Prof Menegesha Admassu
Executive Director
IIfPHC

Prof Mengesha Admassu welcomed meeting participants. He explained that IIfPHC has a plan to conduct need-based primary health care (PHC) research as an integral part of its work. Prof Mengesha explained that the Institute has a plan to explore the strengths and weaknesses of the Ethiopian PHC system to generate evidence and communicate the findings to stakeholders. He stressed the need to be aware of what research has been done and what has not been done at this initial stage to avoid duplication of efforts. He informed participants that major stakeholders working on PHC have been invited to be part of IIfPHC's research mission by involving themselves in the creation of research agenda/ topics.

Prof Menegsha introduced IIfPHC as an infant institute that is established with a vision of the revitalization of the global movement of "health for all" through PHC. He stated Ethiopia has not been successful to provide PHC for all citizens so far. Prof Mengesha said the introduction of the health extension program (HEP) and the deployment of over 38,000 health extension workers (HEWs) have contributed to a significant reduction in maternal and child mortality. He stated the focus of PHC should be at household level. Prof Mengesha emphasized that the primary health producer is a mother, who takes care of her children and all family members.

Then, Prof Mengesha highlighted the different training programs that are offered by IIfPHC, including the experience sharing visits organized for African countries to learn from Ethiopia's successful health extension program.

Prof Mengesha stressed the need to work collaboratively for the next generation to be healthy and for the achievement of universal health coverage. He requested participants to identify research agenda on PHC. Prof Mengesha clarified that the Institute will invite researchers from Universities to carry out the research gaps identified. In addition, Prof Mengesha indicated that IIfPHC will serve as a resource center for Ethiopia and beyond. By conducting research, he said, the Institute will be in a better position to strengthen the Resource Center.

Finally, he wished participants a successful meeting.

1.2 Keynote address
Dr Zufan Abera
Director of HEP Directorate
FMoH

Dr Zufan welcomed everyone. She said Ethiopia has achieved in meeting the MDG targets by implementing the HEP. But, Dr Zufan emphasized the need to address issues such as quality, equity and universal access.   She clarified that there are differences in healthcare service delivery among Regions, Woredas and pocket areas. Dr Zufan stated the Ministry of Health (MoH) has been trying to re-adjust the health system and that the community based health insurance (CBHI) has been introduced to cover all citizens.

Dr Zufan explained the four transformational agendas as: equity and quality in service delivery; compassionate and respectful health professionals; information revolution and Woreda transformation. She said the expected outcomes of Woreda transformation involve creation of model kebeles; high performing primary health care units (PHCUs) and coverage of woreda residents with community based health insurance.

On the research agenda, Dr Zufan stated the need to collect the research that has been done in different universities and institutions. She mentioned that the establishment of IIfPHC could be a good opportunity to collect the resources and to work with the knowledge management unit of MoH.

Finally, Dr Zufan thanked IIfPHC for organizing the consultative meeting. She expressed her expectation that research agendas will be identified easily since participants are aware of the problems of the health system. She hoped that good research agendas on PHC would be developed through the discussions.

1.3 Stakeholders' self-introduction

Everyone introduced themselves and the institutions they represented. The 31 meeting attendants came from:
-   Government organizations (Federal Ministry of Health; Ethiopian Public Health Institute)
-   Government Regional Health Bureaus (Afar RHB; Amhara Region HB; Oromia RHB; SNNP RHB; Tigray RHB; Harari RHB; Dire Dawa HB; Benishangul Gumuz RHB)
-   Universities (Gondar University; Mekele University; Haramaya University; YALE/Global Health leadership Institute)
-   International NGOs (Save the Children; Jhpiego; Amref Health Africa; JSI/SUEHP; PSI/Ethiopia; JHUCCP; Engender Health; UNICEF)
-   Projects (Dagu project/London School of Hygiene and Tropical Medicine)

See Annex II for the list of participants who attended the consultative meeting.

1.4 Introduction of IIfPHC
Mrs Luidina Hailu
Communication officer
IIfPHC

Mrs Luidina Hailu thanked all for coming to the meeting. She stated the overwhelming task in primary health care is the idea of creating conditions for health for the people. Luidina clarified the mission and vision of IIfPHC. She explained that IIfPHC is conducting PHC research to monitor the HEP. Luidina said the research outcomes will be communicated through forums. Luidina also mentioned that IIfPHC has a Resource Center on national and international resources.

Next, Luidina introduced the IIfPHC staff members and then showed pictures of the different facilities of the National Public Health Training Center, where IIfPHC is housed and is providing trainings.

At the end, Luidina elaborated the four types of training programs offered, which are: training for policy makers; health programmers; PHC implementers and health officers. She also mentioned the experience sharing visits made by Zambian, Nigerian, Tanzanian and Lesotho delegates in 2016 and cited and read some of the feedbacks gathered in relation to the usefulness of the training.

Section II
Research initiatives in PHC

Ato Temesgen Ayehu
Assistant Director at HEP Directorate
FMoH

Ato Temesgen made a short presentation on the current research initiative on PHC. The title of his presentation was: "Evaluation of health extension program in Ethiopia: follow-up study on the implementation process and effect on health outcomes". Ato Temesgen said the research is on-going and that it focuses on assessing the level of implementation of the HEP. (See Annex III)

Explaining the objectives of the research, Ato Temesgen listed the following:

- To assess the level of implementation of the HEP system components
- To measure health service coverage and effect of HEP on health outcome measures
- To measure quality of health service delivery
- To identify health system dimensions and contextual factors that influence the successful implementation of HEP
- To synthesize lessons learned in terms of what worked or did not work, and identify challenges and poorly performing health system components
- To determine the change in HEP implementation process in agrarian and nomadic areas relative to the previous surveys
- To determine the change in health outcome measures in agrarian and nomadic areas relative to previous levels.

Finally, Ato Temesgen suggested that participants could inform the research through their Regional offices.

Section III
Status of research undertaking in primary health care in Ethiopia

Dr Seblewongel Lemma
Research Officer
IIfPHC

Dr Seblewongel's presentation focused on the current scope of primary health care research in Ethiopia. She stated that before IIfPHC organized the consultative meeting, the Institute conducted a literature review with the objective of providing an insight into the scope of PHC research in Ethiopia. Dr Seblewongel provided a brief background on PHC and indicated how it forms an integral part of a country's health system. She clarified the importance of need-based implementation research to provide evidence on achievement of goals.

Dr Seble explained that she first looked at the definition of PHC before conducting the PHC research. She cited the Alma Ata Conference's definition of PHC, which focuses on "…essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford…" Dr Seble stressed the need to start with the definition in order to set an agenda on PHC.

Then, Dr Seble clarified the objective of the research, which included:
- To provide insight on the scope of PHC research in Ethiopia
- To help identify gaps in knowledge in PHC
- To help identify priority research agenda in PHC

Dr Seble explained that the method used to conduct the research was mainly literature review on PubMed database and Google scholar and that the search was limited to the last ten years (2007 – 2017). Dr Seble stated her findings indicated that more research have been carried out since 2012. (Refer Annex IV to see the trend in research publication).

Explaining the methodological scope, Dr Seble mentioned that 45 studies were cross-sectional; 3 were intervention studies and 10 were qualitative studies. The sample sizes were quite large and covered multiple regions.

Describing the areas of focus, Dr Seble clarified that she tried to put the topics in thematic areas. About 20 studies were evaluation studies; 14 were on service provision; 8 were on service utilization; 4 were on service integration; 4 were on knowledge and skills of health workers; 3 were on the use of technology, data management and quality; and 9 were on human resource management (HRM). (Please see Annex IV for details)

Dr Seble explained that some gaps were identified in the studies and that the majority focused and evaluated community health programs. She clarified that this might have to do with the key words used in the search. Dr Seble stated the studies on human resources (HR) mainly dealt with motivational aspects; but she felt that HR is beyond motivation. There was also limited study on data use, quality and management. Dr Seble indicated that information revolution is one of the agendas of the Health Sector Transformation Plan (HSTP); but there was no research on data use and on how the data is generated on PHC. She also explained that the findings on quality of service only looked at the supply side.

Then, Dr Seble stated that she has also looked at Ethiopian Public Health Institute's research agenda initiatives on PHC. She explained that EPHI has a plan to "… improve research and evaluation on key health and nutrition research…" and that the research agenda focuses on two areas:
- service delivery and organization
- health care resource, health system governance and knowledge management.

She felt that each area has possible agendas that fall under PHC that could be discussed in the group session. (See power point presentation)

Finally, Dr Seble requested participants to write down burning questions regarding PHC on a piece of paper. For the collected questions, please see annex IV, slides 49-55)

Section IV
Discussion on setting PHC topics/research agenda

Dr Seblewongel Lemma
Facilitator

Dr Seblewongel suggested the following topics as a starting point and possible areas of research topics for group work and presentation.

1. Evaluation on effectiveness, efficiency and appropriateness
2. Integration (service)
3. Economic issues as economic analysis
4. Equity and quality of service
5. Evidence based practice

Dr Seblewongel invited participants to comment on the topics, to go beyond or change the topics in their group discussion, if they preferred to do so.

Then, participants raised their concerns on the topics suggested. Their comments included:

- Merging topics 1 , 2 and 3 (outlined above)
- Since topics suggested were very narrow, using the health system structure would be better. There should be more focus on the six building blocks of the health system and re-arranging the topics might be necessary
- The suggestions made were mainly on service delivery
- Comprehensive PHC is better than PHC
- The basic principles of PHC that were not implemented were still missing. For instance, governance was not effective to implement some activities. A number of plans were not implemented; but these issues were not brought up for research.
- Use of appropriate technology was not incorporated. Issues like the use of wisdoms, traditional medicine, and so on were not included.
- The topics raised were already researched. It would have been better if IIfPHC has indicated the gaps so that participants would be aware of what research is done and what is not. For this comment, Dr Seblewongel elaborated that she has identified research methodology gaps. She suggested discussing the gaps in the group work further.

After some discussions, the participants agreed on the following points:
1. FMoH could give direction on ways of setting research agenda
2. They should start from fresh perspective and find out research agendas

A representative from FMoH, Ato Temesgen Ayehu, clarified that participants need to look for thematic areas and should not go into details. He suggested using the six building blocks of the health system to guide the research agenda. Ato Temesgen also emphasized to consider intersectional collaboration and equity as cross-cutting issues.

Ato Temesgen stated that after 30 years of the Declaration of Alma-Ata that articulated PHC, the subject has been mistakenly understood as a community program making reference to an article on The Lancet: "Return to Alma Ata". Prof Mengesha added that the discussion needs to focus on PHC; but not on community PHC. He stated that there is misunderstanding of the concept of PHC.

Finally, the following topics were identified for group work and group leaders were assigned from among the participants to lead the discussions.

1. HR (Ato Muluneh Yigzaw, Jhpiego)
2. Leadership and governance (Dr Netsanet Fetene, YALE/ Global Health Leadership Institute)
   - inter-sectoral collaboration; equity
3. Health care financing (Dr Mezgebu Yitayal, University of Gondar)
4. Service delivery (Dr Araya Abrha, Mekelle University)
    - community participation/ownership
    - quality, access, equity
5. Health information system (Ato Yejimmawork Ayalew, UNICEF)
6. Supplies and medicine (Ato Temesgen Ayehu, FMoH)

It was suggested to consider the following as cross cutting issues
   1. Inter-sectoral collaboration
   2. equity

Section V
Group presentation and discussions

Each group made their presentation on the topics identified.

5.1 Human resource research agenda
Presenter: Ato Muluneh Yigzaw (Jhpiego)

Ato Muluneh presented the specific PHC issues, which encompassed:

- acceptability of urban health extension workers (HEWs)
- scale-up of the family physician training program
- career development of rural health extension workers
- quality of care delivered by health providers working at PHC units
- in-service training modality (CPD for HEWs)
- adequacy of health workers per kebele, health center/primary hospital
- status of health workforce mentoring, coaching and training
- selection criteria of rural HEWs
- retention and satisfaction of HEWs
- competency of HEWs

For detailed information on the research questions and proposed research design, please see Annex V.

Comments from participants

Participants found the research topics to be relevant. But, the following issues were considered missing and were suggested for consideration:

- how effective is the HEW selection criteria?
- At grass root level, male heath workers may address some issues better than female workers in some regions like Afar. Could we consider selecting male HEWs?
- What is the career structure and development for urban and rural health professionals?
- How effective is the pre-service training?
- How good is the performance of HEWs? What is their motivation level and work environment? Are there incentives, commitments and appreciation/respect of their work?
- How could HEWs be promoted? eg the urban health program may recruit from the rural HEWs as promotion
- Is HR clear on pre and post training services; level 1 and level 2 trainings?
- Are reform packages uniform across regions/woredas? How effective are the reforms?

5.2 Leadership and governance

Presenter: Dr Netsanet Fetene (Yale/Global Health Leadership Institute)

Dr Netsanet started his presentation by stating that only two people initially volunteered to join to work in this theme. He felt that indicated the low focus given to leadership and governance in the health sector. Dr Netsanet mentioned that his institution conducted research on leadership and its impact and that the findings indicated that leadership at district level was not strong.

Dr Netsanet elaborated that his group discussed the following PHC issues:

- Capacity of PHC leaders and managers – do they have the capacity to lead? This needs to be assessed at district level.

- Decision making process by PHC management team – are decisions based on evidence? Do managers use key performance indicators (KPIs)? Are KPIs followed up? At district level, standard management and measurement against expectations is required to make interventions. Standardized management tool is needed to assess interventions at district, zone and region levels.

- Functionality of governing board at PHC - Governing board is the top decision maker. However, their role on PHC is questionable. Are they using governance at PHC level?

- Leadership and management capacity of PHC system using standard health management tools - Is it the best way? This research could lead to advocate policy issues.

- Reviewing the health system structure (region, zone, woreda, health facilities) - The health system structures focus on disease prevention. The structures vary from district to district. Hence, it is worth carrying out a research to review the structure.

- The role of health managers at district level in ensuring equity and quality health services – What is the role of managers? What is the follow up process? He felt that they only decide on health care financing at the moment.

Please see Annex VI for more information on research questions and designs suggested.

Comment from participant

A participant said that the research ideas mainly focus at district level and that it might be important to include zones and regions.

5.3 Health care financing
Presenter: Ato Sintayehu Abate (EPHI)

Ato Sintayehu's presentation on behalf of the group focused on the following research issues:
-   Collection - Ato Sintayehu elaborated that the research agenda may focus on sustainability of the care financing mechanisms in Ethiopia. He emphasized that Ethiopia much depends on donors for PHC service delivery and that different financing mechanisms need to be researched. The pros and cons of those mechanisms need to also be identified.

-   Pooling - the pooling agenda may focus on how to develop social health insurance and community based health insurance (CBHI) in Ethiopia. Understanding of the population coverage and how it could be increased would be critical. At the same time, the benefit packages that should be included and/or excluded need to be studied. For example, epidemics are not addressed currently. The group stressed the need to discuss such issues with the community.

-   Purchasing - Ato Sintayehu highlighted the need to see the strengths and weaknesses of different purchasing mechanisms and to suggest innovative approaches to improve the slow purchase process.

-   allocation, provision, utilization - issues may address equity of health care resources in Ethiopia. The government's commitment and financial allocation as well as the economic burden of different diseases should be seen.

-   As a cross-cutting issue, Ato Sintayehu's group suggested to conduct research on the depth of corruption in the health care system and on how health managers/ program implementers adhere to financial management rules and regulations.

See Annex VII for details on the health care financing research issues, questions and design.

Comments from participants

Participants appreciated the research topics identified and felt that the following need to be added in the list:
-   Disease control program and its role in the reduction of health care financing
-   The perception of health insurance among the community
-   Ethiopian health insurance has no mandate on community-based health insurance. Who should be the right organization for CHBI? What is the relationship between the insurer and the service provider? How could a private sector be involved?
-   Government employees are against health insurance. Why?
-   Corruption is a broad concept. It needs to be specified.
-   Health facilities are not using the financial management systems and are not aware of budget utilization. The consequences of these need investigation.

- Integration/linkage between financial information and service improvement need to be studied.
- Finance is working on a pool system. An evidence-based study is required to check if the pool system is a worth strategy.
- The pool system needs to include HR and finance.
- Baseline on CBHI is important. What is the level of community awareness on CHBI?
- Innovative financing such as community fund for transport, the use of social institutions like 'Idir' need to be investigated for service utilization
- Conducting study on incentive mechanisms and performance based incentives could be useful.

5.4 Service delivery in PHC
Presenter: Dr Araya Abrha (Mekelle University)

Dr Araya explained that the research priority areas that his group discussed was on the challenges faced in health care service delivery. He said service utilization barriers were looked at; but more research may also be needed to understand the social-cultural, religious and other barriers for accessing essential health care services.

Dr Araya's group focused on:
- the need to have cross-sectoral collaboration for improving service utilization or health seeking behavior. Household income generating activities such as employment, micro-finance schemes and so on need to be researched to increase demand for primary health care service.

- social change for improving service utilization – eg. the role of the media for alleviating demand barriers.   Research may focus on: how effective are the messages? How the media should use behavioral model in Ethiopian context.

- partnership and improving service utilization - the roles of private sectors, local NGOs and civil societies. What is their contribution in improving access to PHC?

- community involvement to improve service utilization - research areas suggested included: the extent of community involvement and ownership; involvement of key actors in the kebele command post; involvement of 'Idir' and other social structures as well as women development army (WDA). As volunteers, WDAs' involvement and commitment may not be strong. The psychological makeup of WDAs needs to be addressed by carrying out a research.

- equity and service utilization - the urban poor, illiterate and rural people – are they service utilizers? Improving access to PHC to the population in the last 10km radius

- scaling up local best practices and wisdoms (culture) – high impact, innovative PHC practices need to be researched by involving local and traditional social structures and cultures.

- use of appropriate technology – Over 40million people in Ethiopia have mobiles, which could create an opportunity to pass health related messages. Mobile phone access for improving access to PHC needs study. How effective are maternity waiting homes? What is the role of local ambulances? How could the poor get support through credit or community-based micro financing? All those issues require research.

- Quality assessment on PHC - KPIs and balanced score card do not show/measure quality. Quality process, assessment and tools need to be searched.

- Volunteerism – is the concept well understood by PHC workers? Currently, we involve the poor to volunteer in the health system. Should it not be practiced among those who are well to do and with income? Revisiting how volunteerism works in Ethiopia is necessary.

- HEWs and PHC workers have specific learning needs. These needs have to be identified through research. (If they do not have the capacity to read English books, then local languages should to be used.) In addition, there are more immerging chronic diseases. Should these not be included in the 16/17 packages that are used currently?

- How cost-effective is the HEP? Are there performance based incentives? Besides CBHI, are there other means of income generating activities for the health care system?

- Governance and leadership affect service delivery. Who should be district health leaders - political appointees or technical people? The competency of PHC managers and their leadership skills need to be assessed.

In relation to research design and capacity, Dr Araya raised the following issues:
- PHC should be multi-disciplinary and social scientists need to be involved besides health professionals.
- The methodology should use behavioral methods and qualitative approaches.
- Implementation research should not only be explorative but comparative. Pilot research is also important to identify the best intervention.

Finally, Dr Araya mentioned the importance of translating research to policy making. He stressed the need to strengthen the partnership between researchers and research users. As he observed, Universities, MoH and others work alone.   Dr Araya suggested involving research users from the start.

See Annex VIII for details on the research agenda.

Comments from participants

Participants agreed with the topics suggested and some further explained the points already made. Issues that were raised included:

- Social accountability – health posts are accountable to the community. MoH is piloting a study on that currently.

- As users of the service, community involvement towards service improvement is necessary.

- Advanced research on rural and urban HEP is required

- The socio-economic burden of maternity waiting rooms - who is taking care of the family, the cattle, and so on while mothers are in the waiting room? The economic side effects need to be seen.

- WDAs are working in their neighborhood. Its functionality need to be checked. Is the model working as the government has expected it?

- How could the private sector be engaged in improving quality, cost minimization and access? Tests should be done eg. contracting out the service

5.5 Health information system research priorities
Presenter: Yejimmawerk Ayalew (UNICEF)

Mr Yejimmawerk stated that information system is an important area with lots of issues. He reminded participants about the health information revolution that has two pillars, ie: information culture and digitalization.

The identified research areas included:

- Quality and utility issues - lots of data are gathered. How much of it is used? Who are the personnel working on the data?

- Evaluation of existing HIS platforms – what are the lessons learned? Is it a proper platform? What are the challenges?

- Feasibility of digitalization of HIS at service point (PHC) and alternative solutions – When we talk about digitization, have we seen the feasibility? Should it be phase by phase or at once? Infrastructure, ICT literary feasibility? Is it a sustainable technology?

- Tailoring HIS for specific contexts (eg. pastoral, urban areas) Also, optimal technology solutions should be tested.

- Interoperability (system and sectoral) – do we have systems that are interoperable to each other. Eg. Vital statistics vs health facilities statistics. Assessment of possible synergy and interoperability of CRVS and HIS system at national vs sub-national levels could be useful.

 See annex IX for more details on the research topic questions and designs.

Comments from participants

- There is no culture of sharing data for the public. What should be done?
- Foreigners use our resources and present our data. We do not have a culture of using data. This needs an assessment
- How many people use their mobile phones effectively? How could a radio be useful in disseminating health information?
- How could expectant mothers in the waiting room be educated to take some messages back home?
- The need to use sound technology - YAZMI technology is on experiment currently; but it is a one way system (only a sender involved). Search for other two-way systems where both a sender and receiver is involved.

5.6 Medicine and supplies research issues
Presenter: Ato Temesgen Ayehu (FMoH)

Ato Temesgen presented the group work and the specific PHC issues included:

- Availability of essential drugs at PHCU level. He emphasized the need to see the determinant factors.

- Competence of HEWs on vaccine management – knowledge, skills and competences

- the effect of supply chain management on service delivery - It the supply chain improving quality?

- Provision of selected essential drugs by WDA – what is the effect of the provision of selected essential drugs by WDA on service coverage and motivation of WDAs?

Section VI
Closing remarks

Ato Temesgen Ayehu
FMoH

Ato Temesgen thanked all participants for sharing their ideas on PHC research issues and identifying the topics which will contribute for future health improvement. He thanked IIfPHC for organizing such an important meeting. Ato Temesgen hoped that the next session will see the different researches conducted around the topics suggested. He stressed the need to identify the researches already conducted to avoid duplication of efforts.

Prof Mengesha Admassu
IIfPHC

Prof Mengesha expressed his appreciation for the active participation of meeting attendants. He said participants represented different stakeholders and have ownership of the research issues. He wished that the stakeholders will work with IIfPHC in the future and that the Institute will be in touch to strengthen the partnership.

Prof Mengesha affirmed that important research issues have been identified by participants He thanked all participants once again and announced that the result will be communicated and will be assessed together.

Acknowledgements

Annex I
Tentative meeting schedule

Consultative meeting to brain storm on research agenda/topics on PHC

April 5, 2017
National Public Health Training Center, Addis Ababa

Day	Time	Activities	Presenter	Moderator	Training Room
Wed, April 5, 2017	09:00-09:10	Welcome address and stakeholders introduction	IPHC-E,/EPHI/ Prof. Mengesha	Melody K Training Officer, IIfPHC	Floor 2, Syndicate Room 2
	09:10-09:20	Key note address	EPHI,MOH, HEP Dr Ebba & Dr. Zufan		
	09:20-09:30	Introducing IPHC-E	IPHC-E, Mrs. Ludina		
	09:30-10:00	Research initiatives in Primary Health Care	FMOH, Mr. Temesgen		
	10:00- 10:30	Status of research undertaking in Primary Health in Ethiopia	IPHC-E, Dr. Seblewengel		
	10:30 –10:45am	**HEALTH BREAK**			
	11:00-11:20	Discussion on the last two presentations	Facilitators	Melody K Training Officer, IIfPHC	Floor 2, Syndicate Room 2
	11:20-12:30	Group formation and work on the research agenda	Participants		
	11:00-11:20	Discussion on the last two presentations	Facilitators		
	11:20-12:30	Group formation and work on the research agenda	Participants		
	12:30- 01:30	**LUNCH**			
	01-30-03:30	Continue group work	Participants	Tilahun D. Training Officer, IIfPHC	Floor 2, Syndicate Room 2
	03-30-03:45	**HEALTH BREAK**			
	03:45-04:45	Presentations by groups and discussion		Dr Seble Reserch Officer, IIfPHC	Floor 2, Syndicate Room 2
	04:45-05:00	Closing remark	FMOH/EPHI		