Rural Primary Health Care Reform – Linking Primary Hospitals with Health Centers and Health Posts through functional governance structure at woreda level

I: Background

Ethiopia's Ministry of Health drafted a visioning document on the long-term development of the Ethiopian primary health care system. One of the PHC visioning strategic recommendations is to **strengthen the primary health care unit (PHCU) within the larger health sector** to enable achievement of target health outcomes. In Ethiopia's rural setting, primary level health care is provided by primary hospitals, health centers, and health posts for a catchment population of approximately 100,000 people.

While health centers and health posts are working closely as a unit Primary Hospitals lack appropriate structure that enables them to work closely with health centers and health posts under close oversight of district level administrators and woreda health offices.

While there are adequate number of health centers and health posts, the number of primary hospitals is very limited. The Ethiopian government is in the process of building one primary hospital for every 100,000 in the next few years. Most hospitals are governed by board under overall technical guidance and day-to-day administrative support from Regional health bureaus and in some cases from zonal health departments. As the number of hospitals grow it will be unrealistic and ineffective for RHBS and ZHDs to continue providing similar support. Due to this MoH plans to transition the role of providing administrative and technical guidance to district administration and woreda health offices. Thus, the main purpose of the rural primary health care reform is to pilot test different types of models in the four agrarian regions to learn how best to do this.

Since 2014 HEPCAPS2 has been working with MoH in facilitating the piloting and learning process of reformed PHCU in six woredas in Amhara, Oromia, Southern Nations, Nationalities and Peoples and Tigray Regions. Progress to date is presented as follows.

(I) Relationship between primary hospitals and health centers

There is some level of technical relationship between primary hospitals and health centers but these relationships are highly variable across settings due to lack of formal accountability and role clarity. To address this gap the project supported catchment area meetings between primary hospitals and nearby health centers to facilitate technical discussions, support relationships, improve referrals, and enhance resource sharing.

(II) Define the role of woreda administration/ woreda health offices in the management of primary hospitals as part of the PHCU

Two types of models are being tested: one is woreda based model by which technical and administrative responsibility including allocating budget to primary hospitals is given to woreda level administration. Woreda health offices will be responsible to provide overall technical oversight and day-to-day management support as part of the PHCU. The other model is, primary hospital's board will be chaired by administrator/ Mayor of the woreda where the hospital is located but overall technical oversight and day-to-day management support will come from Zonal health department. Budget is allocated either by the RHB or ZHD transferred directly to the primary hospital's account.

The strong and weak sides of these two models are being analyzed to come-up with relevant recommendations.

(III) Build leadership capacity: A leadership training

module is customized and used to train primary hospital board members, directors of health centers/PHCUs, heads of woreda health offices, and officials from RHBs and ZHDs. The content of the training focuses on scientific problem solving, human resource management, project management, and meeting/workgroup facilitation and related topics.

IV) PHCU working group:

A PHCU working group is established at woreda level, this group meets regularly, at least once in a months, to guide the PHCU demonstration activities.

(V) Performance Management:

PHCU-level KPIs are established and data coming through this system is being used to monitor and improve performance.

(VI) Referral:

Referral guidelines have been adopted and implemented to increase the appropriate use of services at different levels of the health system. This is improving efficient use of resources and reducing overcrowding at primary hospitals.

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