

# Annex V



**Federal Democratic Republic of Ethiopia**

**Ministry of Health**

**Health System of Ethiopia:  
policy and planning**

**Aug 2016**

# General Directions of the Policy

1. Democratization and decentralization of the health service system
2. Dvt equitable and acceptable standard of health service delivery
3. Dvt of promotive and preventive components of health care
4. Promoting and strengthening of intersectoral collaboration
5. Working with neighboring countries, regional and international organizations



## **General Directions of the Policy**

6. Strengthening Self reliance in health development
7. Capacity building [HR, infrastructure, research, information]
8. Provision of health care for those who cannot afford
9. Promotion of the participation of the private sector and NGOs in  
health care



# Priorities of Health Policy

1. IEC of health
2. Emphasis shall be given to
  - The control of communicable disease, epidemics and diseases related to malnutrition and poor living conditions
  - Promotion of occupational health and safety
  - Development of environmental health
  - Rehabilitation of health infrastructure
  - Development of appropriate health service management system
3. Appropriate support to curative and rehabilitative components
4. Due attention to traditional medicine



# Priorities of Health Policy

5. Applied health research addressing the major health problems be emphasized
6. Emphasis on expansion of number of frontline and middle level health workers
7. Special attention shall be given to health needs of
  - Women and children
  - Those in the forefront of productivity
  - Those most neglected regions and segments of the population and rural population
  - Victims of man-made and natural disasters



# Health Sector Development Program

- ▶ main vehicle for the implementation of policy and strategies,
- ▶ 20 years plan (1996 – 2015) of four rounds
- ▶ In each round, focus areas were identified and appropriate interventions designed and implemented

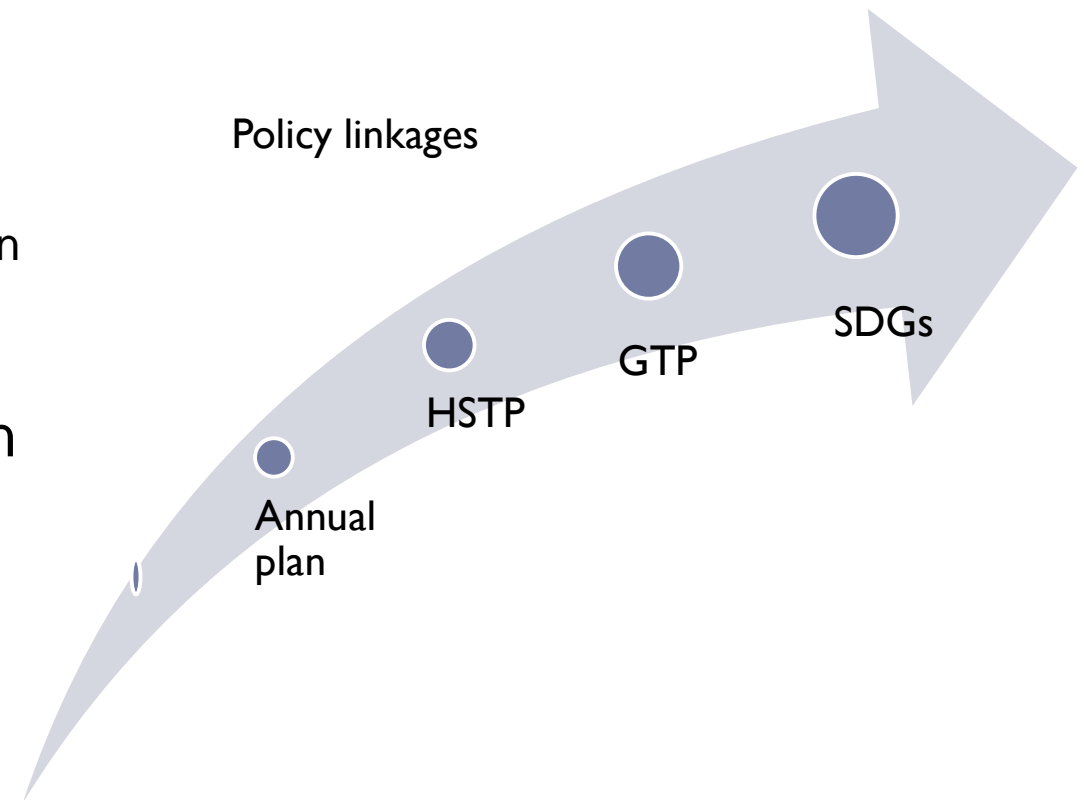


# The Health Sector envisioning plan

- ▶ Ethiopia has developed its next 20 years strategy called '*Envisioning Ethiopia's Path towards Universal Health Care through strengthening Primary Health Care*'.
- ▶ It is long-term health sector transformation roadmap
- ▶ It focuses on providing and regulating a comprehensive package of **promotive, preventive, curative** and **rehabilitative** health services of the highest possible **quality** in an **equitable manner**.
- ▶ To have the highest possible level of health and quality of life for all its citizens.

# Health Sector Transformation Plan (HSTP)

- ▶ First phase of the 20-years plan; *July 2015 – June 2020*
- ▶ The development of HSTP considers
  - ◆ In-depth situational assessment
  - ◆ Performance evaluation of HSDPs
  - ◆ Country's global commitment
  - ◆ Goals of the national long term vision
  - ◆ Growth and transformational plan
- ▶ All relevant stakeholder engaged in development
  - ◆ Consultative workshops
  - ◆ Web-based consultations





# Health Sector Transformation Plan (HSTP)

- ▶ The strategic planning started with setting organizational mission, vision and core values
  - ▶ Strategic themes are selected to focus effort on the strategies that will lead to success.
    - ◆ Excellence in health service delivery
    - ◆ Excellence in quality improvement and assurance
    - ◆ Excellence in leadership and governance
    - ◆ Excellence in health system capacity
- sector's Pillar of excellence**



# List of strategic objectives

Perspective	Strategic Objectives (SO)
Community	C1: Improve Health Status C2: Enhance Community Ownership
Financial Stewardship	F1: Improve Efficiency and Effectiveness
Internal Process	P1: Improve Equitable Access to Quality Health Services P2: Improve Health Emergency Risk Management P3: Enhance Good Governance P4: Improve Regulatory System P5: Improve Supply Chain and Logistic Management P6: Improve Community Participation & Engagement P7: Improve Resource Mobilization P8: Improve Research and Evidence for Decision-Making
Learning and Growth	CB1: Enhance Use of Technology & Innovation CB2: Improve Development & Management of HRH CB3: Improve Health Infrastructure CB4: Enhance Policy and Procedures

# Four transformation agendas of HSTP

## 1. Transformation in equity and quality of health care

- ◆ Equal access to essential health services,
- ◆ Equal utilization of equal need, and
- ◆ Equal quality of care for all

## 2. Information revolution

- ◆ Advancing the data collection, aggregation, reporting and analysis practice;
- ◆ Promoting the culture of information use at place of generation;
- ◆ Harnessing ICT;
- ◆ Improving data visibility and access;
- ◆ Strengthening verification and feedback systems.



# Four transformation agendas of HSTP

## 3. Woreda transformation

- ◆ Model Kebeles,
- ◆ Achievement of UHC with Financial protection through CBHI
- ◆ High performing PHCUs.

## 4. The Caring, Respectful and Compassionate health workforce

- ◆ Development of CRC health professionals requires a multi-pronged approach from reforming the recruitment of students to health science students, to improving the curriculum of the various disciplines, and effective management of the health professionals that are already practicing.

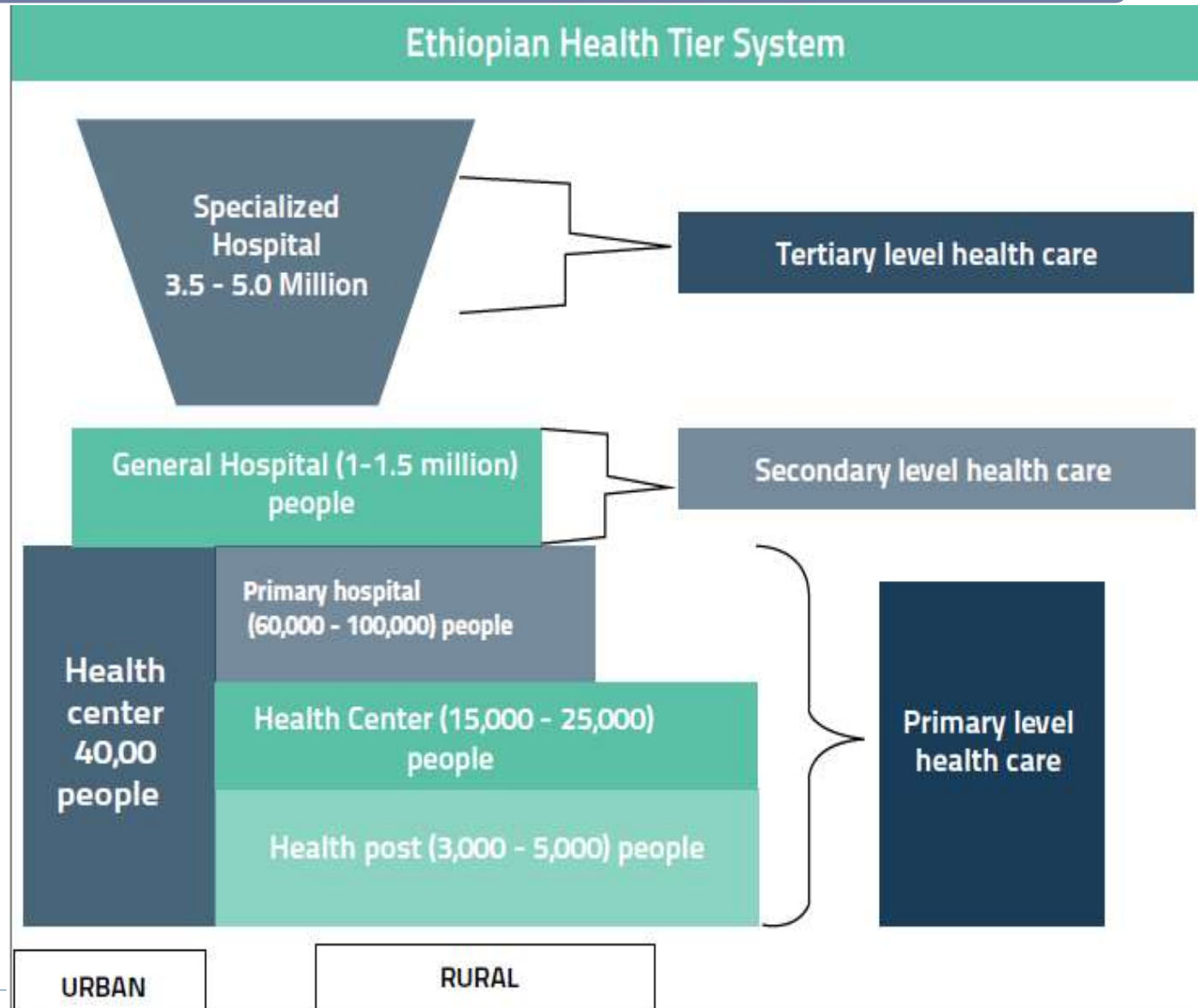


# Health Service Delivery Arrangement

▶ PHCU – 1 HC + 5HP  
 Serves 25,000  
 Ave. 20 staffs ; 5 beds

▶ Primary Hos – serves 100,000  
 - Ave 53 staffs: 25-50 beds  
 - Preventive & Curative services plus emergency surgical services & blood transfusi

▶ General Hos - serves 1,250,000  
 - Ave 234 staffs



# Health infrastrucure

- ▶ The health facilities expansion enabled the sector to enhance and improve access to services to almost 100%. Currently we have
  - ◆ 234 Hospitals
  - ◆ 3,586 Health center
  - ◆ 16,447 health post
- ▶ However, health facilities are working to provide some of the priority services such as deliveries, in a manner that attracts mothers and patients

# Building blocks of Health system



# Service delivery

- ▶ The minimum level of service standards are set for each level of health facilities
  - ▶ Definition of roles of primary and other levels of care in delivering the packages;
- ▶ Integrated packages of services (i.e., FP/HIV, HIV/TB etc.);
- ▶ Development of referral system
- ▶ Continuity of care; service delivery is organized to provide the individual and community with continuity of care across the network of services, natural course of health conditions, levels of care
- ▶ Integration of disease control activities.



# Service delivery

- ▶ HEP is backbone of the health service delivery system:
- ▶ Health Extension Workers (HEW) provide integrated promotive, preventive and basic curative services at community level
- ▶ HEP has 16 Package categorized into 4 major components
  - ▶ Promotion of hygiene and environmental sanitation
  - ▶ Prevention and control of major communicable diseases (HIV/AIDS, STI, TB, Malaria)
  - ▶ Promoting and providing family health services
  - ▶ Health education and communication

# Health workforce

- ▶ To have adequate number and mix of motivated and skilled human resources at all level of the health system.
  - ◆ Production of key categories of health workers (HW) in short supply;
    - Accelerated training of health officers
    - Training of HEW in technical and vocational colleges
  - ◆ Inter-sectoral collaboration;
  - ◆ Public-private partnership; (private health science college and medical schools)
  - ◆ Quality assurance ; Competency tests to ensure students are graduating with essential competencies and in-service training
  - ◆ Geographic distribution of HWs;
  - ◆ Regulatory system

# Health workforce

- ▶ Strengthening health workforce in Ethiopia
  - ▶ **Production:** over 14,000 medical students on training, 2 midwives in each Health centre etc.;
  - ▶ **Skill mix and task shifting:** production of 500 integrated emergency surgery officers on training to address the needs for CEmONC and BEmONC
  - ▶ **Women's empowerment:** Over 38,000 Health Extension Workers trained and in place (in rural and urban areas)
  - ▶ **Retention and motivation:** i.e., upgrading program for HEWs etc.
- ▶ 1:17,160 medical doctors
- ▶ 1: 4500 Nurse all type
- ▶ 1: 2,200 HEW

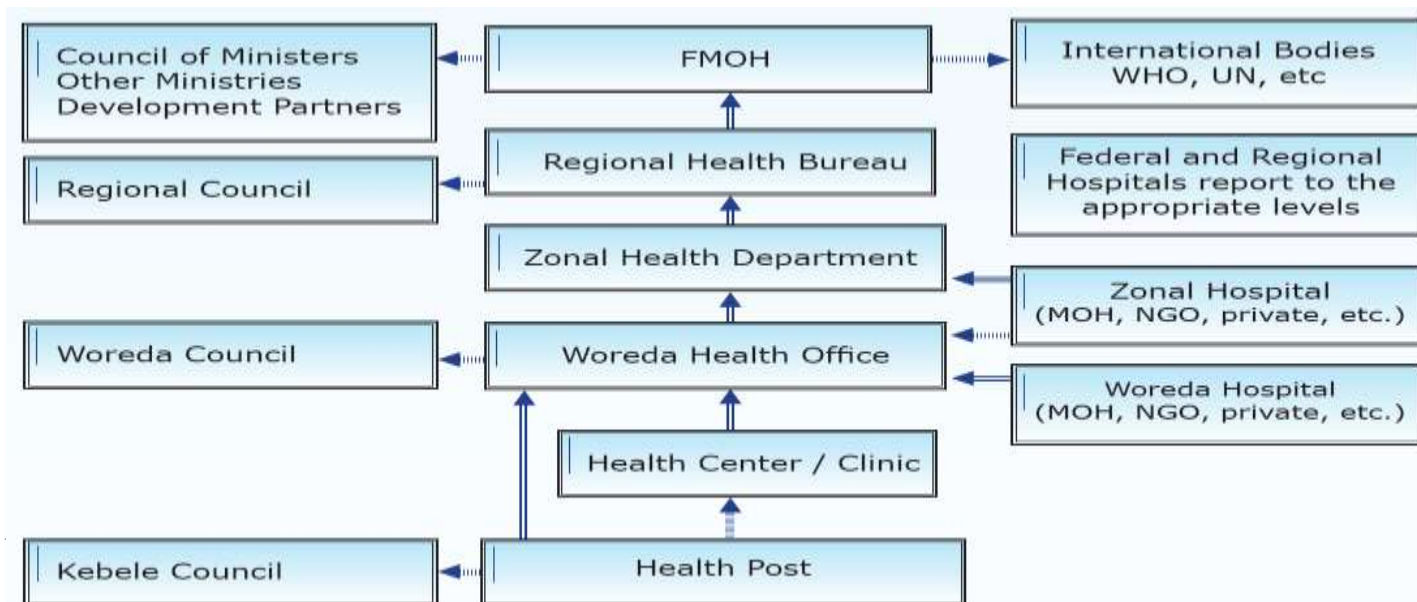
# Pharmaceuticals

- ▶ PFSA :- purchase, supply and distribute essential pharmaceuticals and health program commodities to the facility level
- ▶ Community's access to the essential medicines that are of good quality
- ▶ Promote rational drug prescription and use (DTC and clinical pharmacy service)
- ▶ .24 warehouses ( overall capacity 531,620 m<sup>3</sup>) and distribution capacity increased to 12.1 billion ETB in 2015
- ▶ IPLS implemented since 2010
- ▶ Need-based procurement - National list of essential drugs & pharmaceutical forecasting planning system
- ▶ strengthen the production capacity of local pharmaceuticals manufacturers,



# Information

- ▶ **HMIS reform** based on four principles
  - ▶ **integration** of data collection and reporting (**single channel**);
  - ▶ standardization of indicators, data collection instruments and analysis procedures; and
  - ▶ simplification to decrease data burden and focus on use of information
- ▶ institutionalization



# information

- ▶ Routine data collected from health facilities
  - ▶ HMIS :- from every health facilities ( monthly, quarterly and annually )
    - ▶ e-HMIS In 2700 HF
  - ▶ CHIS :- from the community (monthly, quarterly and annually )
    - ▶ Implemented in 78% rural health post
- ▶ Non routine data
  - ▶ Survey :- DHS in every 5 years , SPA was done, SARA( in every years)
  - ▶ Censuses and different researched
- ▶ Data quality :- RDQA, LQAS
- ▶ ISS conducted in every 6 months
- ▶ Mentoring , program based evaluations



# Health Care Financing

- ▶ Health services are financed by the federal and regional governments, bilateral and multilateral donors, NGOs, and private contributions.
- ▶ HCF reform is being implemented
  - ▶ retention and utilization of user fee revenues at health facility level to improve quality of health service
- ▶ Implementation of fee waiver to increase access for the poor.
- ▶ Private wings in the public hospitals: to reduce attrition & absenteeism
- ▶ CBHI has been implemented in 13 pilot woredas and now 202 woredas
- ▶ social health insurance is expected to be launched soon



# Leadership and governance

- ▶ Harmonization and alignment aims putting in place: “**One Plan-One-Budget-One Report**” at all levels
- ▶ **One plan** – HSDP, HSTP (strategic plan framework for coordinating health sector action)
- ▶ **WBHS planning** – ensures vertical (from district to national) and horizontal (across programs) alignments in the health intervention priorities (Top down/ Bottom up)
- ▶ HMIS as Integrated and harmonized reporting system (“One Report/ M&E”).
- ▶ Decentralized health care system is implemented
  - Regions and lower administrative units are given responsibilities, authorities, power and resources for effective governance.
  - Facility governance bodies has been introduced



# Leadership and governance

- ▶ Different structures are in place to promote and monitor strategies implemented
  - ◆ FMOH-RHB Joint steering committee
    - ◆ promote and monitor the implementation of the HSTP, and other various reforms.
  - ◆ FMOH-HPN Joint Consultative Forum and
    - ◆ promote dialogue and regular exchange of information;
    - ◆ enhance the spirit of partnership between the Government, development partners and other stakeholders; and
    - ◆ facilitate the implementation, monitoring and evaluation of HSTP.
  - ◆ Joint Core Coordinating Committee
    - ◆ focus on technical and operational issues (review, monitor and evaluate activities of HSTP and co-coordinate operational research and thematic studies.
  - ◆ Annual review meeting



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**Thank you**

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