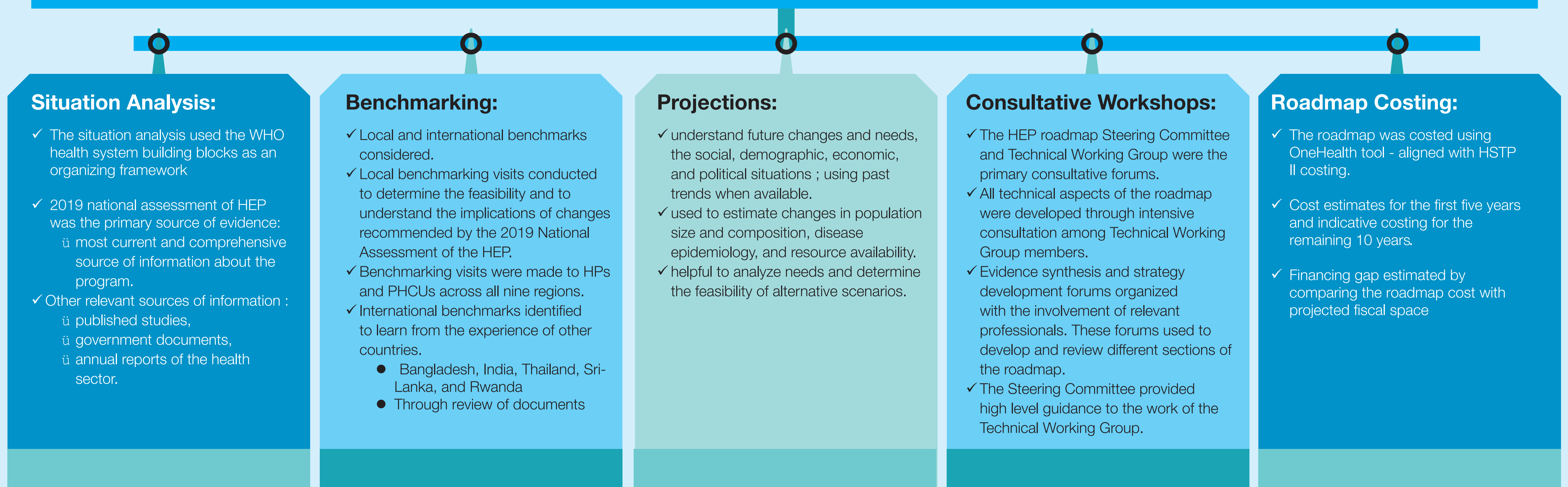


THE NEED FOR THE ROADMAP

The situation	Issues	Provisions of the HEP Optimization Roadmap
Need for a structured guidance to an evolving HEP		
<ul style="list-style-type: none"> ✓ HEP undergone substantial changes <ul style="list-style-type: none"> ○ Packages expanded ○ Service delivery modalities evolved ○ Clinical services increased ○ Volume and types of inputs changed 	<ul style="list-style-type: none"> ✓ Adaptations taken without evidence-based guidance → <ul style="list-style-type: none"> ○ Uneven/stalled implementation ○ Failure to address the real causes of the program's challenges 	<ul style="list-style-type: none"> ✓ An evidence-based roadmap developed following a comprehensive assessment of the HEP ○ Presents clear recommendations on a more structured approach to guide the future of HEP. ○ Indicates a path for the coming 15 years
Addressing socio-economic changes		
<ul style="list-style-type: none"> ✓ Migration patterns created small urban and semi-urban centers and increasing urbanization ✓ Education <ul style="list-style-type: none"> ○ increased trained human resource pool in the market: health professionals including health officers, nurses, midwives, and HEWs can be hired directly from the market. ✓ increased penetration of telecommunication technologies ✓ introduction of new healthcare financing strategies, including revenue retention and use and CBHI 	<ul style="list-style-type: none"> ✓ HEP didn't cope with the changing needs and expectations of the society ✓ Limited use of opportunities created by improved socio-economic conditions 	<ul style="list-style-type: none"> ○ The roadmap is prepared with due consideration to projected socio-economic conditions ○ A mechanism for continuous adaptation process in place
Responding to epidemiological shifts and increasing community expectations		
<ul style="list-style-type: none"> ✓ The leading causes of morbidity and mortality in Ethiopia are still related to communicable, maternal, neonatal, and nutritional disorders ✓ However, there is increasing burden of NCDs and injuries ✓ The current service packages of HEP are still relevant to the health needs of societies but lack comprehensiveness ✓ Community expectations for more comprehensive PHC services from Health Posts 	<ul style="list-style-type: none"> ✓ Expansion not kept pace with the increasing burden of NCDs ✓ Added packages on NCDs and mental health didn't translate into actual provision of services ✓ Increasing dissatisfaction of communities with unmet expectations and needs for clinical services 	<ul style="list-style-type: none"> ✓ Expanding HEP service packages is a major shift driving other recommendations of the roadmap ✓ Adequate plan to improve inputs and service delivery processes to materialize the plan for expansion of service packages
Need for adaptations in response to Ethiopia's commitment to UHC and an expanded essential health service package		
<ul style="list-style-type: none"> ✓ Commitments to international declarations <ul style="list-style-type: none"> ○ SDG 3 with a clear target on UHC ✓ The 2019 revision of Ethiopia's EHSP expanded the package of essential services 	<ul style="list-style-type: none"> ✓ Realizing the ambition of the revised EHSP requires greater engagement of the HEP 	<ul style="list-style-type: none"> ✓ Decentralization of more essential health services down to Health Posts (the most accessible part of the health system) to ensure universal access
Addressing implementation challenges of the HEP		
<ul style="list-style-type: none"> ✓ The HEP has been deteriorating in terms of its performance even in the delivery of the original HEP packages. ✓ Several implementation challenges were identified as causes of deteriorating performance; actions were also designed to address observed challenges. 	<ul style="list-style-type: none"> ✓ Improvement actions were not able to address the root causes of performance gaps and challenges ✓ Actions largely focused on short term solutions targeting manifestations instead of root causes. 	<ul style="list-style-type: none"> ✓ HEP Optimization Roadmap informed by in-depth analysis of the root causes of performance gaps
The need to adjust HEP service delivery modalities and service delivery points		
<ul style="list-style-type: none"> ✓ HEP has focused almost solely on married women in a typical rural setting. ✓ Increasing numbers of schools, youth centers, and institutions and workplaces presents both a burden and opportunities 	<ul style="list-style-type: none"> ✓ The HEP is not adequate to address different categories of target populations in different settings. ✓ HEP failed to take advantage of children, youth, and adults congregating in the ever-increasing numbers of schools and other institutions. 	<ul style="list-style-type: none"> ✓ HEP service delivery points expand to reach all segments of the population as close to where they live or work as possible ✓ The HEP needs to make changes to maximally use existing platforms and create additional service delivery platforms.

How was the Roadmap Developed?



Situation Analysis:

- ✓ The situation analysis used the WHO health system building blocks as an organizing framework
- ✓ 2019 national assessment of HEP was the primary source of evidence:
 - most current and comprehensive source of information about the program.
- ✓ Other relevant sources of information :
 - published studies,
 - government documents,
 - annual reports of the health sector.

Benchmarking:

- ✓ Local and international benchmarks considered.
- ✓ Local benchmarking visits conducted to determine the feasibility and to understand the implications of changes recommended by the 2019 National Assessment of the HEP.
- ✓ Benchmarking visits were made to HPs and PHCUs across all nine regions.
- ✓ International benchmarks identified to learn from the experience of other countries.
 - Bangladesh, India, Thailand, Sri-Lanka, and Rwanda
 - Through review of documents

Projections:

- ✓ understand future changes and needs, the social, demographic, economic, and political situations ; using past trends when available.
- ✓ used to estimate changes in population size and composition, disease epidemiology, and resource availability.
- ✓ helpful to analyze needs and determine the feasibility of alternative scenarios.

Consultative Workshops:

- ✓ The HEP roadmap Steering Committee and Technical Working Group were the primary consultative forums.
- ✓ All technical aspects of the roadmap were developed through intensive consultation among Technical Working Group members.
- ✓ Evidence synthesis and strategy development forums organized with the involvement of relevant professionals. These forums used to develop and review different sections of the roadmap.
- ✓ The Steering Committee provided high level guidance to the work of the Technical Working Group.

Roadmap Costing:

- ✓ The roadmap was costed using OneHealth tool - aligned with HSTP II costing.
- ✓ Cost estimates for the first five years and indicative costing for the remaining 10 years.
- ✓ Financing gap estimated by comparing the roadmap cost with projected fiscal space

