



The Federal Democratic Republic  
of Ethiopia Ministry of Health

# HSTP

Health Sector Transformation Plan

# FEDERAL MINISTRY OF HEALTH



## Vision

To see healthy, productive and prosperous Ethiopians



## Mission

To promote health and wellbeing of Ethiopians through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services of the highest possible quality in an equitable manner.



# The Ethiopian Health Sector Strategic Pillars are:

## Strategic Theme 1: Excellence in health service delivery

This theme refers to the promotion of good health practices at individual, family and community levels and the provision of preventive, curative, rehabilitative and emergency health services. The attributes of good health service:

1. Comprehensiveness
2. Accessibility
3. Coverage
4. Continuity
5. Responsiveness
6. Coordination

Strategic result : A health system that:

- Delivers equitable promotive, preventive, curative and rehabilitative services ensuring that all people obtain the health services they need without suffering financial hardship; and
- Enables the community to practice and produce good health; and be protected from emergency health hazards

## Strategic Theme 2: Excellence in quality improvement and assurance

This theme refers to managing and improving quality and safety in health services at all levels of the healthcare system. It looks into the various inter-related elements of quality, namely quality planning, quality assurance and quality improvement. The dimensions of quality:

- Effective
- Efficient
- Acceptable/patient-centered
- Equitable
- Safe
- Timely

Strategic result : A community served with health care that is effective, efficient, person-centered, equitable, safe, timely at all levels and at all times and is protected from health hazards.

### Strategic Theme 3: Excellence in leadership and governance;

This theme incorporates:

- Equitable and effective resource allocation;
- Leadership development within the sector and the community, including the health development army, with the concept of community empowerment;
- Woreda transformation; and
- Partnership and coordination

Strategic Result:

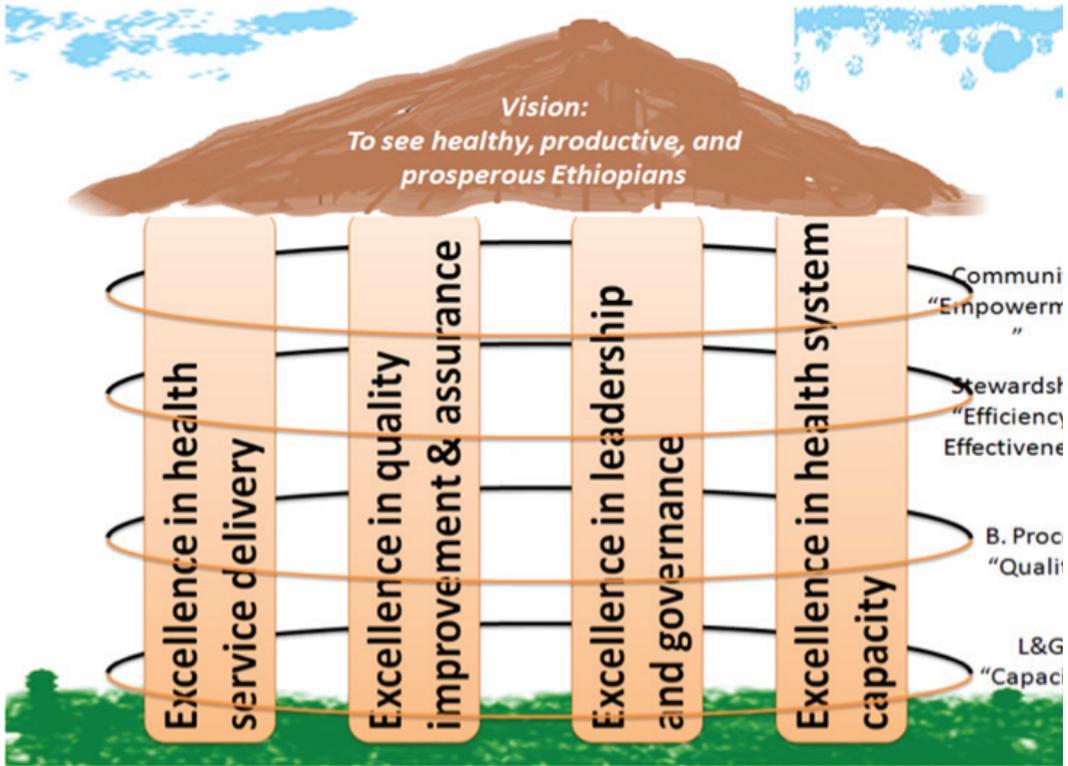
- Efficient, accountable and transparent institutions serve all segments of the population.

### Strategic Theme 4: Excellence in health system capacity;

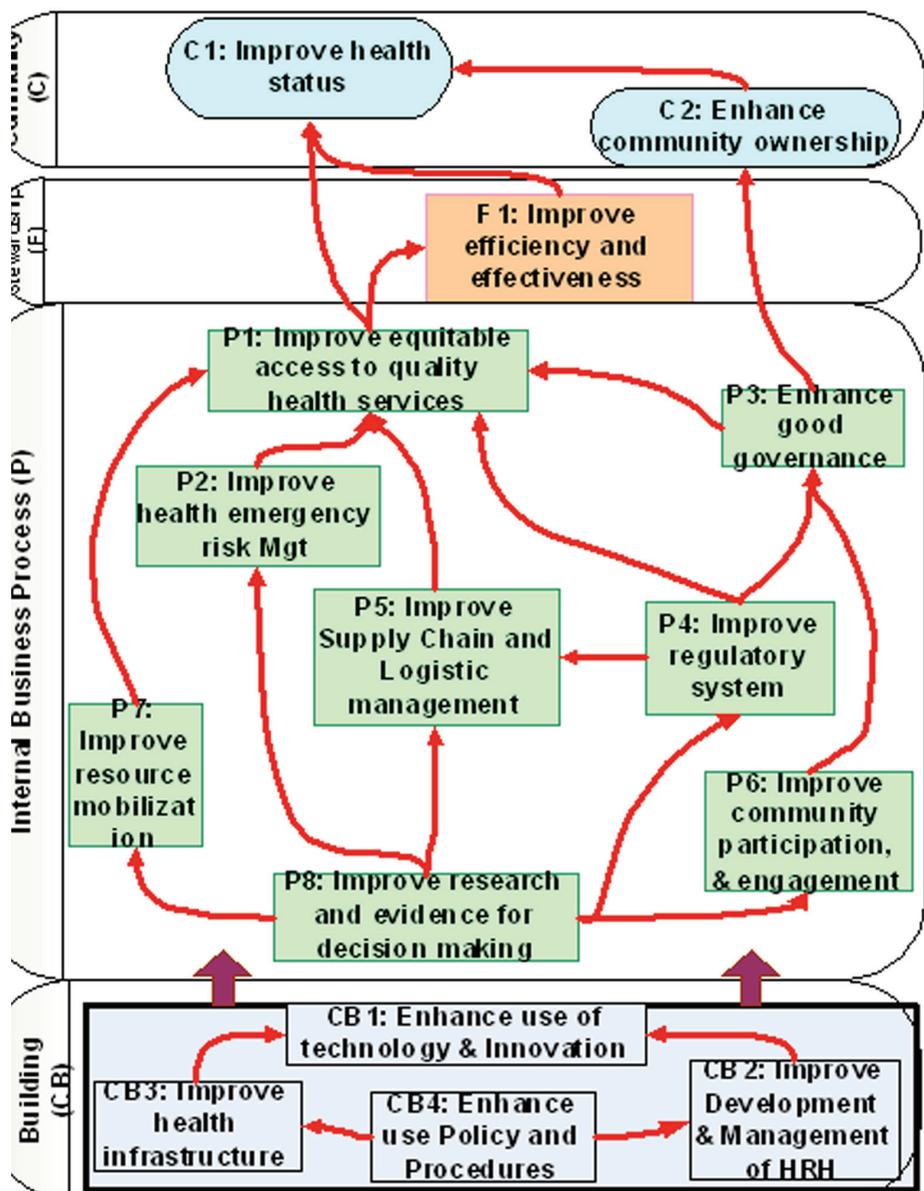
This theme refers to the enhancement of resources for health, which includes human and financial resources, health infrastructure and supplies that are accessible to communities. The theme focuses mainly on development and retention of skilled human resources for health with the right mix of professionals. It also refers to professional development to promote respectful

and compassionate care.

Strategic Result: Communities are served by qualified, committed and motivated providers in health facilities that have the necessary equipments, tools and technological solutions as per the standards.



## The Ethiopian Health Sector Management House



The Ethiopian Health Sector Strategy Map

# Performance Measures of HSTP

## C1: Improve Health Status

1. Increase Life Expectancy at birth from 64 years to 69 years

2. Reduce Maternal Mortality Ratio (MMR) from 420 to 199 per 100,000 live births

3. Reduce Under five-year, Infant and Neonatal mortality rates from 64, 44 and 28 to 30, 20 and 10 per 1,000 live births

4. Reduce childhood stunting, wasting and under-weight in under-5 year from 40%, 9% and 25% to 26%, 4.9% and 13%, respectively

5. Reduce HIV incidence by at least 60% compared with 2010 and achieve zero new infections among children

6. Reduction in number of TB deaths and incidence rate by 35% and 20% respectively compared with 2015

7. Reduce malaria case incidence and mortality by at least 40% each compared with 2015.

8. Stabilize and then reduce deaths and injuries from road traffic accidents

9. Reduce percentage of premature

mortality from NCDs by 12.5% from its current level in 2015

## C2: Enhance Community Ownership

1. 80% of Kebeles will graduate as model kebeles

2. At least three million households will be tested for level 1 HEP competency

3. Community contribution (both in kind and cash) up to 1 Billion USD in five years

## F1: Improve efficiency and effectiveness

1. Increase budget utilization and liquidation rate to 100%

2. Reduce catastrophic out-of-pocket expenditure exceeding 40% from 3% to 2.5%

# P1: Improve Equitable Access to Quality Health Services

## 1. Reproductive, Maternal, Neonatal, Child, Adolescent and Youth Health (RMNCAYH)

- a. Increase Contraceptive Prevalence Rate (CPR) from 42% to 55%
- b. Reduce Total Fertility Rate (TFR) from 4.1 to 3
- c. Reduce unmet need for family planning from 24% to 10%
- d. Reduce adolescent/teen age pregnancy rate from 12% to 3%
- e. Increase proportion of women having at least 4 visits of Antenatal Care from 68% to 95%
- f. Increase deliveries attended by skilled health personnel from 60% % to 90%.
- g. Increase postnatal care coverage from 90% to 95%
- h. Increase the proportion of HIV positive pregnant mothers who received ART to prevent MTCT of HIV from 59% to more than 95%
- i. Reduce prevalence of obstetric fistula to less than 1% of all obstructed labour
- j. Increase the proportion of penta-valent 3 immunization from 94% to 98%, measles immunization from

to 90% to 95% and fully immunized children, from 86% to 95% respectively

## 2. Nutrition

- a. Increase proportion of children ages 6-59 months who received vitamin A supplementation to 95%
- b. Increase availability of quality assured iodized salt to 100%
- c. Increase proportion of under 5 children with regular growth monitoring to 95%

## 3. Prevention and control of communicable and non-communicable diseases

- a. 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; 90% of all people receiving antiretroviral therapy will have viral suppression
- b. Increase TB case detection rate from 61% to 87%; TB cure rate from 78% to 90%
- c. Achieve and maintain universal coverage of malaria control strategies (vector control, diagnosis and treatment)
- d. Sub-national elimination of malaria in 50 selected woredas

- e. Achieve at least 90% population therapeutic coverage of all NTDs targeted for mass drug administration.
- f. Reduce prevalence of trachomatous trichiasis (TT) from 1.95% to less than 1%
- g. Increase proportion of women ages 30-49 years screened for cervical cancers from 0.6% to 20%
- h. Reduce the prevalence of current khat consumption persons ages 15+ by 35%
- i. Make mental health services available in every woreda

#### 4. Hygiene and environmental health

- a. Increase proportion of households with access to improved latrines to 82%
- b. Increase proportion of Open Defecation Free (ODF) kebeles to 82%

#### 5. Clinical services

- a. Increase Per Capita Outpatient utilization rate from 0.48 to 2
- b. Increase Bed Occupancy Rate from 65% to 85%
- c. Reduce elective surgery waiting time to less than one month in every hospital

- d. ISO 15189 and/or 17025 accreditation of all general and referral hospital laboratories
- e. Increase proportion of blood collected from VNRBDs (voluntary, non-remunerated blood donation) from 62% to 100%

## P2: Improve Health Emergency Risk Management

1. By end of 2016, meet and sustain international health regulation core capacities
2. 85% of Woredas and health facilities assessed annually for levels of safety, security, and preparedness
3. 85% of epidemics controlled within the standard of mortality
4. 95% of health facilities reporting complete and timely weekly diseases report
5. Increase proportion of identified potential epidemics with adequate Emergency Drug Kits (EDKs) and other supplies from 71% to 95%

## P3: Enhance Good Governance

1. By 2020, developing regions will have performance levels of priority intervention similar to the national average

## P4: Improve Regulatory System

1. Achieve 100% inspection of manufacturers, importers/wholesalers, retailers and health facilities as per the standard
2. Improve consignment laboratory test of food from 14% to 80% and for health products from 3.4% to 25%
3. Improve post marketing surveil-

- lance of food from 10% to 100% and for health products from 3% to 55%
4. Improve the monitoring of ADR (Adverse Drug Reaction) to 90% and proportion of validated ADR reports to 100%
5. At least five new local pharmaceutical manufacturers to be compliant with international GMP (Global Manufacturing Practices)
6. Decrease the percentage of sub-standard medicines circulating in the market from 8% to 1%
7. Increase the number of healthcare facilities that implement the national healthcare facility standards to 100%

## P5: Improve Supply Chain and Logistic Management

1. Increase availability of essential drugs for primary, secondary and tertiary healthcare to 100%
2. Reduce wastage rate to less than 2%
3. Increase proportion of essential drugs procured from local manufacturers from 25% to 60%
4. Reduce procurement lead-time from 240 days to 120 days

## P6: Improve Community Participation and Engagement

1. At least 90% of households engaged regularly in the Health Development Army (HDA)

## P7: Improve Resource Mobilization

1. Establish community based health insurance (CBHI) schemes in 80% of woredas and enroll at least 80% of households
2. Reduce out-of-pocket health expenditure to less than 15%
3. Increase general government expenditure on health (GGHE) as a share of total general government expenditure (GGE) from 6% to 10%

## P8: Improve Research and Evidence for Decision-Making

1. 100% of expected reports received from reporting units complete and on time
2. Increase proportion of health facilities that conduct lots quality assurance sampling (LQAS) from 36% to 85%
3. 100% of health facilities receive integrated supportive supervision at least once per year

## CB1: Enhance use of Technology and Innovation

1. Three newly developed production packages (biotechnological vaccines and biological product types) will be produced and distributed in five years.
2. 80% of facilities equipped with medical equipment as per the essential medical equipment list
3. Five social innovations identified, formulated and scaled-up

## CB2: Improve Development and Management of HRH

1. Increase stock of health workforce (disaggregated by cadres and regions) from the current 0.8/1000 to 1.6/1000
2. Reduce staff attrition rate from 6.6% to 4%.

## CB3: Improve Health Infrastructure

1. Maintain effective primary health care coverage at 100%

# Strategic Initiatives

## C1: Improve Health Status

1. Promote health in all policies and strategies;
2. Promote and strengthen regional and global partnership;

## C2: Enhance Community Ownership

1. Model Kebele graduation: this requires reaching all households and graduating them as models and scaling-up of best practices to have better outcomes at community level.
2. Certificate of competency evaluation of households based on HEP standards
3. Self-reliance movements
4. Community representation at health facility governing boards and regular town hall meetings and public conferences

## F1: Improve efficiency and effectiveness

1. Financial management, transparency and accountability development program
2. Rollout integrated financial management information system
3. Timely and efficient procurement and logistics management

4. Property administration and management enhancement
5. Scale-up community based health insurance and social health insurance schemes
6. Efficient facility revenue utilization
7. Efficiency gain
8. Regular financial and performance audits

## P1: Improve Equitable Access to Quality Health Services

Reproductive, Maternal, Neonatal, Child, Adolescent and Youth Health

1. Universal access to Family Planning information and services
2. Scale-up postpartum family planning services to all woredas
3. Strengthen adolescent and youth focused reproductive health services
4. Universal access to essential high impact maternal, neonatal and child health services
5. Scale-up respectful maternity care in all health facilities
6. Eliminate obstetric fistula and clear all backlog cases of fistula and pelvic organ prolapse
7. Enhance implementation of routine immunization improvement initiative

## Nutrition

8. Scale-up community-based nutri-

tion (CBN) program and the first 1000 days initiative

9. Implement the Sequota declaration of ending child under nutrition

10. Implement Baby-friendly hospitals initiative in all hospitals

## Prevention and control of communicable and non-communicable diseases

11. Intensify targeted HIV Prevention focusing on youth and MARPs

12. Implement Fast-Track Cities Initiative against HIV

13. Enhance implementation of integrated, patient-centered TB prevention and care

14. Reduce the burden of leprosy and access to quality services

15. Ensure universal access to malaria prevention, diagnosis and treatment

16. Accelerate efforts towards sub-national malaria elimination from selected woredas

17. Integrated Neglected Tropical Diseases (NTD) management

18. Clear TT surgery backlog cases and build sustainable institutional capacity

19. Establish a program for promotion of health across the life course and prevention and control of non-com-

municable diseases.

20. Decentralize and fully integrate mental health services into primary health care

## Hygiene and Environmental Health

21. Implement urban sanitation strategy

22. Scale up Community led and School led total sanitation and hygiene and sanitation marketing

23. Build adaptation and resilience to climate change in health sector

## Clinical services

24. Expand physiotherapy and rehabilitation services

25. Strengthen Emergency Medical System with robust pre-hospital and hospital care

26. Scale up essential surgical services

27. Improve diagnostic and imaging services

28. Improve access to specialty services

29. Improve referral and clinical mentorship amongst catchment facilities

30. Improve access and utilization of blood and blood products

31. Improve clean and safe health facility

## P2: Improve Health Emergency Risk Management

1. Strengthen health sector and multisectoral coordination mechanisms to facilitate joint action on risk reduction, response and recovery.
2. Education and information to build culture of health, safety and resilience at all levels
3. Enhance regular risk assessment (hazard, vulnerability, and capacity analysis) and early warning; and development of public health risks profile maps for each woreda.
4. Reduction of underlying risk factors to health and health systems
5. Emergency preparedness for effective health system response and recovery at all levels
6. Strengthen real-time surveillance and event monitoring mechanisms (like e-surveillance and linkage of lab networks for surveillance)
7. Establish Emergency Operations Center (EOC)
8. Develop a national health emergency workforce with the right skill mix to enhance standing and surge capacity of the country to respond to emergencies.

## P3: Enhance Good Governance

1. Enhance leadership capacity to foster professional education and development with the goal of inspiring and motivating health professionals to be committed and servant to the public.
2. Enhance implementation of patient and citizen charters and track progress
3. Establish public health leadership incubation centers
4. Facilitate gender equity in the leadership and gender mainstreaming
5. Special and targeted support to developing regions to reduce the state of inequality.
6. Strengthen town-hall meetings of health facilities to promote engagement of the public.
7. Introduce Kaizen and strengthen health sector reform for quality improvement
8. Accountability and transparency through performance measurement, engagement of the public and civil societies (e.g. Citizen scorecards)

## P4: Improve Regulatory System

1. Build and maintain adequate food systems and infrastructures to respond to and manage food safety risks along the entire food chain, including during emergencies
2. Transform the pre-licensing and post-licensing inspection of food and medicines to enhance transparency, accountability, efficiency and effectiveness of the process
3. Strengthen capacity and implement strategies to fast-track the registration of food and medicine based on scientific assessment of their safety, efficacy and quality in order to achieve zero backlog of dossiers and pre-market sample tests
4. Ensure that all premises and practices used to manufacture, store, distribute and dispense pharmaceutical products comply with current guidelines on Good Manufacturing Practice, Good Storage Practice, Good Distribution Practice and Good Pharmacy Practice.
5. Strengthen the quality management system to ensure that inspections are planned, conducted, documented and followed up in a consistent way, based on risk assessment
6. Strengthen the national quality control laboratory with adequate capacity to undertake quality surveillance.
7. Implement risk-based system of inspection and sampling to monitor quality of products on the market and establish effective recall procedures
8. Coordinate and implement anti-counterfeit medicine program
9. Strengthen quality control testing of each batch of product to verify that products comply with the specifications of the marketing authorization
10. Strengthen Pharma co-vigilance and improve the interface with clinical surveillance
11. Enhance regulation of the safety and quality of blood, blood products, tissues and human organs
12. Implement measures and programs to tackle antimicrobial resistance
13. Development and retention of highly competent and accountable regulatory personnel
14. Strengthen national capacity to control clinical trials to ensure con-

formity with ethical principles for medical research involving human subjects

15. Strengthen narcotic drugs, psychotropic substances and tobacco control

16. Strengthen regulation of health professionals through transparent, accountable, proportionate, consistent and targeted practices

17. Introduce and scale-up clinical audits in health facilities to ensure quality of practice in health facilities

## P5: Improve Supply Chain and Logistic Management

1. Enhance efficiency in selection, quantification and procurement of essential medicines

2. Optimize warehouse, inventory, fleet and distribution management systems

3. Scale-up integrated information management system for pharmaceutical supply and services

4. Scale-up auditable pharmaceutical transaction and services to all health facilities

5. Scale-up community pharmacies

6. Implement innovative strategies to shape the market in order to ensure affordability of essential drugs

7. Strengthen supply chain modeling to analyze needs for management and scale-up of commodities

8. Undertake measures to reduce drug wastage and integrated pharmaceutical waste management

9. Promote rational drug use

10. Improve access to medicines through quality local production – implement the GMP (good manufacturing practice) Roadmap

## P6: Improve Community Participation and Engagement

1. Roll out the second generation health extension programme

2. Reform and implement urban and pastoralist health extension programs

3. Strengthen the health development army (HDA) to contribute to better health outcomes and climate resilient green economy through empowering individuals, families and communities

4. Increase health literacy and health system literacy of the public to improve quality of care

5. Enhance evidence-based health education and behavioral change communication

6. Strengthen accountability of the health system to the public by implementing strategies to build trust and credibility with communities that their input is honored and acted upon

## P7: Improve Resource Mobilization

1. Increase government budget allocation to the health sector
2. Strengthen implementation of the healthcare financing reform
3. Scale-up health insurance schemes (both community based and social health insurance),
4. Introduce proactive and innovative domestic financing mechanisms
5. Enhance Health Partnership and Coordination (DPs, CSOs/NGOs, PPPH, FBOs)
6. Strengthen resource tracking and management
7. Mobilize aligned external resources through enforcement of mutual accountability and trust

## P8: Improve Research and Evidence for Decision-Making

1. Implement a “one plan”, “one budget” and “one report” approach at all levels of the health system
2. Develop and implement evidence-based, scientifically sound policy decision and planning.

3. Strengthen routine reporting and performance monitoring system
4. Strengthen survey and surveillance systems

5. Build capacity of health facilities, Woredas, Zones, and regions to analyze and use data for decision-making at the local level

6. Supportive supervision and inspection
7. Data quality assurance and auditing
8. Conduct basic and applied research to promote evidence-based practices
9. Promote and institutionalize knowledge management
10. Collaborate with relevant authorities to scale-up civil registration and vital statistics nationally and use the data to inform planning and programming

## CB1: Enhance use of Technology and Innovation

1. Develop an essential medical equipment list based on clinical guidelines to promote access to quality medical devices
2. Strengthen regulations to encourage technology transfer
3. Strengthen the human and laboratory capacity of research institutions and linkages with industries.
4. Strengthen and scale-up the training of biomedical engineers and technicians
5. Establish a medical equipment refurbishment center
6. Build national capacity to do health technology assessment to contextualize global knowledge, support transparent and accountable decision-making.
7. Prioritize and implement strategies to promote biotechnology in health, including traditional medicine, in Ethiopia
8. Establish Grand Challenges Ethiopia, a mechanism to promote innovation and transfer of knowledge and technology from the global innovation market place.

## CB2: Improve Development and Management of HRH

1. Scale up training and development of health professionals based on health needs taking into account current stock, demand, supply, skill mix and distribution in public and private sectors, as well as local and global labor markets.
2. Maintain and improve competence of the health workforce through effective, efficient and sustainable continuing professional development.
3. All hospitals will be staffed with BSc Nurses with emphasis to specialty nursing
4. Provide support for quality audits of all existing pre-service training programs.
5. Universities/Health science colleges industry linkage and Medical schools twinning (National and international).
6. Establish a Comprehensive Human Resources Information system (HRIS).
7. Reduce inequity in geographic distribution and skill and gender mix of health care workers.
8. Enhance Motivation and retention.
9. Enhance performance and productivity.

### CB3: Improve Health Infrastructure

1. Expand health facilities to meet the national standard and improve access to quality care
2. Build capacity to maintain and rehabilitate health facilities in a timely manner
3. Provision of utilities (water supply, toilets, incinerators, placenta pits, power supply)
4. Develop generic general and tertiary hospital designs and work towards equitable distribution of these facilities
5. Build a medical city in Addis Ababa through public-private partnership
6. Construct a tertiary level children's hospital
7. National digital health and health-related database repository
8. Adoption of medical equipment, construction and ICT standards

### CB4: Enhance Policy and Procedures

1. Develop enabling legal frameworks and policies to ensure equitable access to quality health care
2. Implement mechanisms to regularly monitor and review the state of inequality in the health sector and develop redress strategies
3. Develop, disseminate and implement climate resilience and adaptability framework for the health sector
4. Development and dissemination of policies, standards, laws, manuals and procedures for betterment of the health of all Ethiopians

# The Transformation Agendas

1) Transformation in equity and quality of health care – This is central to HSTP. The substantial inequalities still existing in health outcomes based on differences in economic status, education, place of residence and gender need to be addressed. During implementation of the HSTP, efforts will be doubled up to ensure equity in health care, which has the following important elements;

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

Therefore, the success of HSTP will mainly be measured by the quality of health service and how equitable the health outcomes are. A detailed roadmap with innovative strategies will be developed to ensure that every Ethiopian is reached with essential, quality services. The possibility of establishing a centre or institute for health equity will also be explored.

2) Information revolution – this is reforming the methods and practice of collecting, analyzing, presenting and disseminating information. It is a radical shift from traditional way of data utilization to a systematic information management. It includes 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; and strengthening verification and feedback systems.

3) Woreda transformation – Woreda health offices need to be transformed into high-performing entities that translate the national aspirations into a reality. Therefore, woreda transformation aims at narrowing the gap between the high and low performing woredas. It has three components: Model Kebeles, financial protection through CBHI and high performing PHCUs.

4) The Caring, Respectful and Compassionate health workforce – this is multi-pronged approach and is a that calls for a mechanism to persistently remind health professionals the values, hopes, and aspirations that brought them into healthcare. It's a movement that requires champions who identify themselves with their pro-

fession and take pride by helping people. It also requires a culture change and a change in attitude, manner, and approach of health care delivery.

# HSTP

Health Sector Transformation Plan

2015/16 - 2019/20  
(2008-2012 EFY)

August 2015