

Annex XII

Human Resources for Health in Ethiopia



Addis Ababa, August 2016

Ministry of Health, Ethiopia



Presentation Outline

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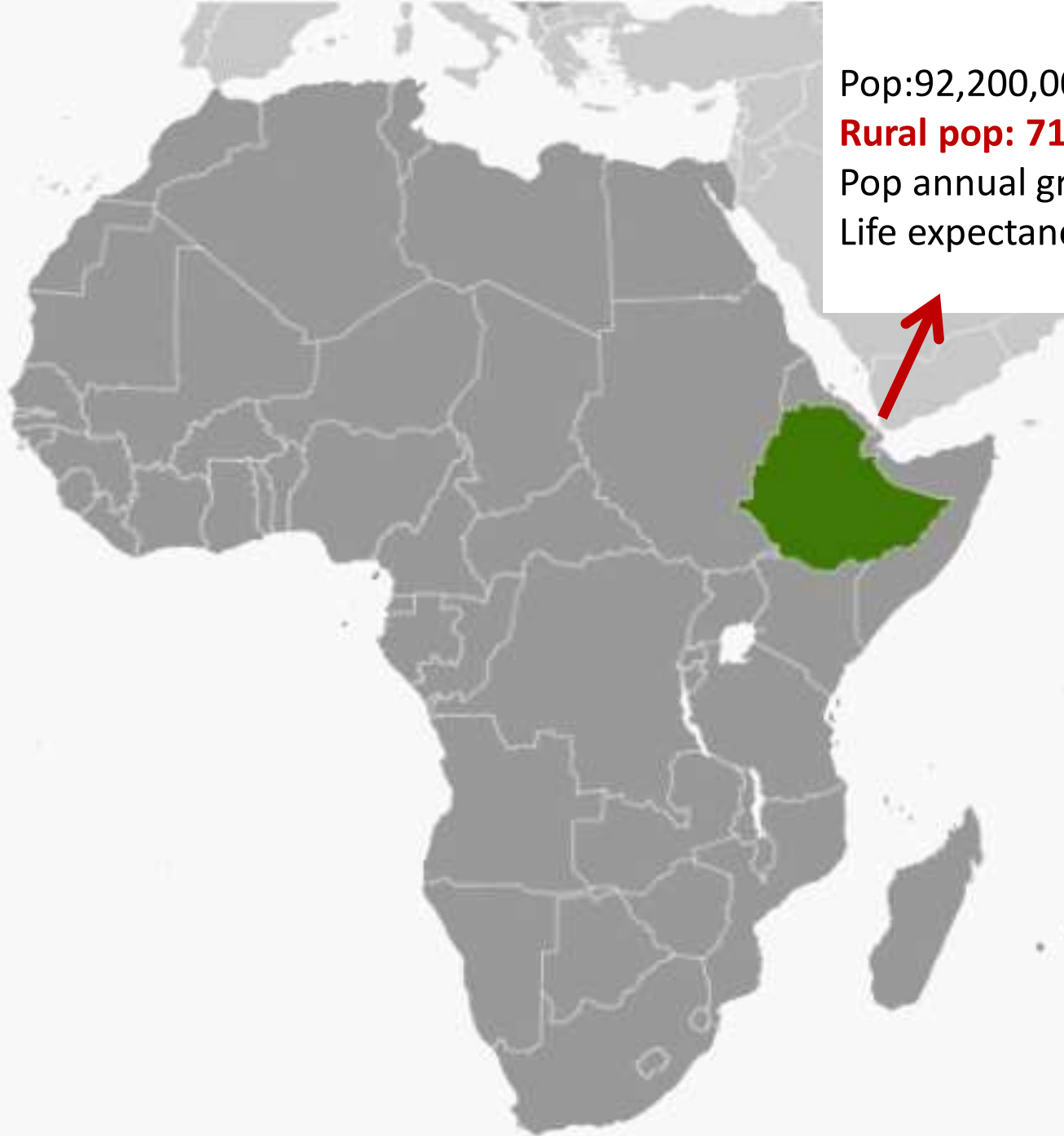


Background Information



More than 3000 year rich history
The home of Australopithecus afarensis
One of the few African countries never to lose its independence.
Ethiopia is mountainous with desert lowlands
climate is extremely varied
The capital city of Africa
The origin of coffee





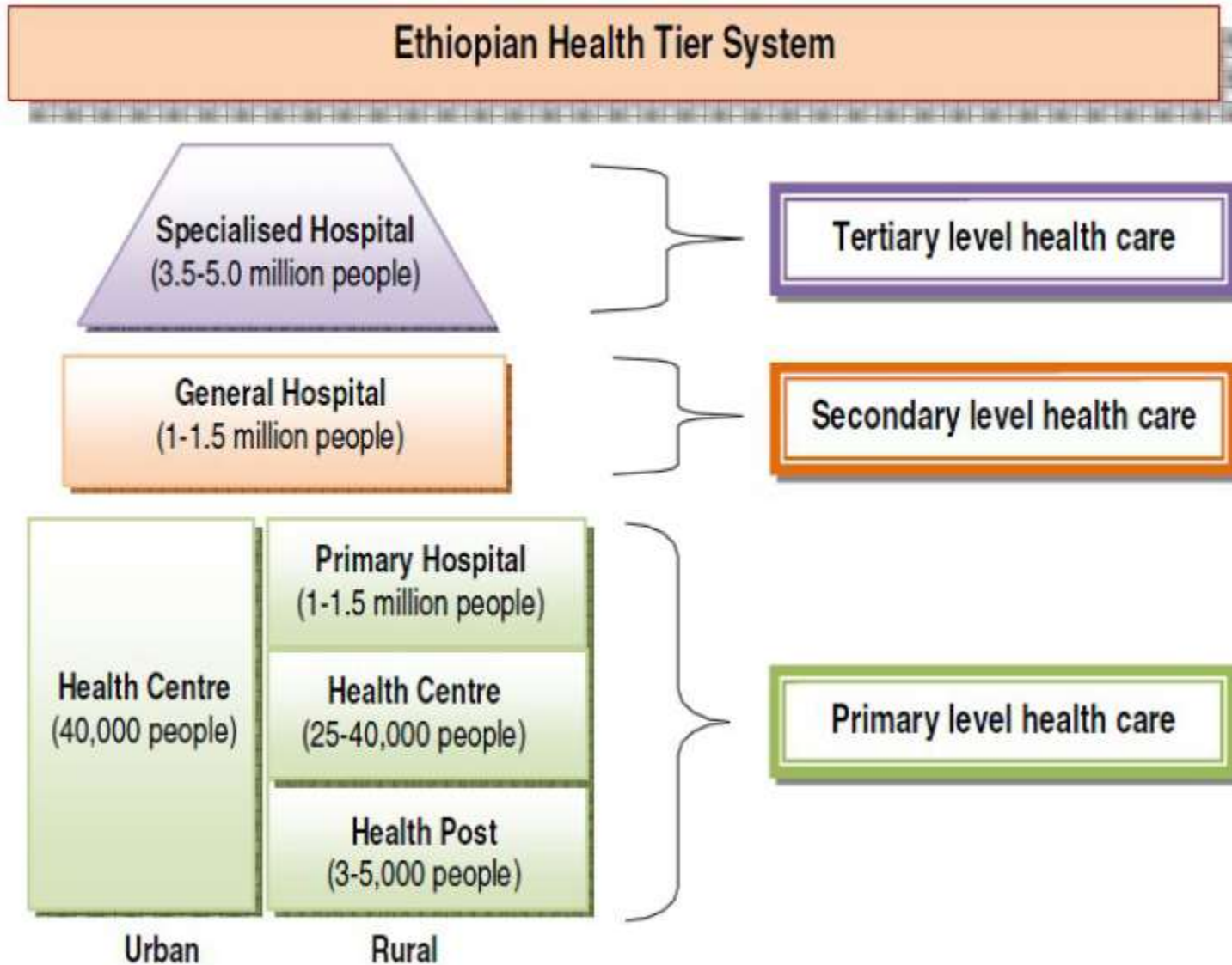
Pop:92,200,000

Rural pop: 71.7%

Pop annual growth:2.6%

Life expectancy: 64 years

Health System Levels





Policy Background

- **Envisioning Ethiopia's Path towards Universal Health Coverage**-- A long-term health sector transformation roadmap through Strengthening Primary Health Care

and

- **The Health Sector Transformation Plan (HSTP)** is the first phase of the “Envisioning document” as well part of the second **Growth and Transformation Plan II** of the country. HSTP has three primary objectives: Ensuring Equity and Quality, Universal Health Coverage and Transformation.



National HRH Strategy of Ethiopia

Vision:

- See adequate number of well qualified, committed, compassionate, respectful and caring health workers contributing to the health sector vision of Ethiopia

Goal:

- Ensure that committed, skilled and motivated health workers are available to provide universal access to health care in Ethiopia



National HRH Strategy of Ethiopia

Four **objectives** are organized into four outcome areas:

- 1 **HRH policy, planning and partnership** strengthened at all levels
- 2 **Quantity, quality and equitable deployment and distribution** of the health workforce
- 3 **Leadership, governance and HR management** capacity and practices strengthened at all levels of health system
- 4 Improved **attraction and retention** of health professionals including measures for improving their commitment, distribution, performance, remuneration and their working and living conditions.



National HRH Strategy of Ethiopia

Eight strategic issues were identified for the HRH

1. Improve education and training of health workers.
2. Improve the imbalances in professional skill mix and geographic distribution
3. Improve quality of pre-service education and in-service training
4. Strengthening leadership and governance capacity of the health workforce.
5. Optimizing the utilization, retention and performance of the available health workforce.
6. Improving health workforce information and generation of evidence for decision-making.
7. Strengthening HRH regulatory capacity
8. Strengthening health workforce partnership and dialogue.



Decentralization and Coordination Mechanisms of HRH Development and Recruitment

- Federal Ministry of Health
- Ministry of Education
- Ministry of Science and Technology
- Ministry of Civil/Public/ Service
- Ministry of Finance and Economic Cooperation
- Health Training Institutions
- Regional Health Bureaus
- Woreda Health Offices
- Health Facilities
- Health Professional Associations
- Health Research Institutions
- Private Sector
- Partners



Pre-Service Training

- Health science training institutions have been significantly expanded (2009-2015)
- Five priority initiatives (medical education, midwifery, emergency surgical officers training, anesthesia and HEWs) strengthened to address the HRH crisis in the country

Task Shifting (sharing) was considered and implemented on: Tailored to country needs

- Health Extension Workers (HEW)
- Health officers (non-physician clinicians)
- Accelerated Midwifery
- Emergency Surgical Officers (ESOs)
- Ethiopian Field Epidemiology Training Program (EFETP)



HRH Indicators	2009	2015
Medical schools	7	35 (7 private)
Health science collages		23
Public midwifery schools	23	49
Health professional density	0.84/1000	>2.2/1000
Physician density	1/42706	>1/11500
Nurses density	1/5000	1/2132
Midwifery	1/57000	1/9650
HEWs	30950	39000



Quality Assurance and Regulation of Health Education

- A strategic document that focuses on health professional education was developed to revitalize the quality assurance system of higher education in Ethiopia in collaboration with HERQA.
- Accreditation is a mandatory requirement for higher education institutions in Ethiopia and is managed by –the “Higher Education Relevance and Quality Agency” (HERQA)
- HERQA in collaboration with Universities, MOH and partners has developed two levels of quality assurance standards (accreditation & quality improvement) for medicine, health officers, nursing, midwifery, medical laboratory, pharmacy and anesthesia.
- National Licensing examinations (Lower and Higher)



In-Service Trainings and Continuing Professional Development

- IST guidelines and directive has been developed, endorsed and disseminated to standardize and institutionalize in service training for health care providers in the country.
- CPD implementation guideline has been developed and endorsed to maintain and update health professional knowledge, skill and attitude.



Financing the Health Workforce

Ethiopian health sector is financed from various sources including

- The government
 - Bilateral and multilateral donors and
 - Individuals out of pocket.
- Ethiopian government finances the largest portion of activities in health services and management with only less than 20% contributions coming from private sector.
 - A portion of this resource allocated towards health workforce **planning, development and management.**
 - The public sector **employs and remunerates** all public sector employees; develop health infrastructure and provide for equipment and supplies to keep the health workforce performing, motivated and retained in the system.
 - Education and training is another major category of government's health sector spending; with rapid expansion of higher education facilities and increased intakes of medical and health sciences students



Motivation and Retention

Some of the existing motivation and retention schemes include:

- Health workers are placed two steps higher on the civil service salary scale compared to other civil servants of equivalent rank.
- Health workers who have been deployed by the Ministry of health are exempted from paying cost sharing of their university (pre service) education.
- The mandatory service expected from Physician who is willing to work in emerging regions and hard to reach areas is half shorter than those who will serve in the main towns.
- Private wing practices (private practices in public facilities) in specialized and regional hospitals have created a fertile ground to generate additional income.



Motivation and Retention

- Education and training opportunities (with government sponsorship) are available for health workers at all levels.
- Financial incentives for health workers that were standardized in all regions have been initiated ; these include duty, housing/house allowance, top up, and allowances for risks and management positions.
- Other non-financial incentives such as housing, loans, transport facilities, anniversary schemes etc. have been proposed but are yet to be implemented as they require further review and approval by the relevant authorities.



Outcomes

Ethiopia has made significant improvements in many health indicators:

- The country has reduced **under-five mortality by two-third** from the 1990 baseline meeting the MDG target three years ahead of the schedule;
- New HIV infection has gone down by more than **90%**
- and there has been **no generalized malaria epidemic in more than 8 years.**
- Maternal mortality reduced by **72%**, and Contraceptive Prevalence Rate (CPR) increased from **29%** in 2011 to **48%** in 2015.
- Life expectancy at birth has been increased from
- The great success registered is mainly due to **a well-coordinated, extensive efforts and intensive investment of the government, partners and the community at large** to strengthen and expand the primary health care.





Recommendations

- Political commitment for increased health workforce from all sectors
- Align all policies and plans and have ONE Plan ONE Budget and ONE Report
- Strong country leadership with partnership and coordination of contributions from development partners
- More emphasis and focus on expansion of primary health care

Mobilization and engagement of community in health issues





Thank you!

