

Best practices of Ethiopian primary health care clinical guideline implementation: the case of Gereno Health Center, Gurage Zone

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1. Overall background

Ethiopia has given due focus on primary health care and has worked a lot on it. Health extension program is a sign of commitment the country has bestowed attention on primary health care. Despite remarkable success in improving access to primary health care; quality of care at all segments of the tier system, including at the primary health care level is often inconsistent and unreliable(1). Cares delivered are fragmented—as exemplified by stand-alone clinical guidelines— and vertical programs are common, with no integration at all levels of care. These fragmented approaches fail to recognize the needs of patients, and hence, it is not delivering person-centered care.

In recognition to this situation and the need to avail universal health care coverage—a commitment taken by sustainable development goals—the health sector transformation plan has envisioned to promote person centered care(i.e.caring and respectful and compassionate health care) as well as promoting quality and equity of care at all tier systems(1). Ethiopian national health care quality strategy was formulated to improve quality of care given in all tiers of the health system. The strategy has set four strategic focus areas: develop an integrated approach to planning, improving, and controlling quality; drive improvement in quality by explicitly linking universal health coverage(UHC) strategy with quality; activate key constituencies, particularly to motivate workforce, build leadership across all levels , and activate patient and community demand for quality; and support strong data systems and feedback as “backbone” of all improvement actions (2). Primary health care clinical guideline comes at this juncture to respond to the gaps visible at primary health care unit, at the level of health centers.

Ethiopian primary health care clinical guidelines is directly related to the four health sector transformation agendas. Specifically, it is directly related to promoting quality and equity of health care. Standardization of health care is the powerful intervention to improve quality. Ethiopian primary health care clinical guideline is a standard too to be utilized at the health centre level. It will also help to give comprehensive and integrated care; enables to give whole person care and all service at service delivery point (“one stop shop”); and provide services that are safe and respectful to the user. EPHCG is a standard document and protocol which all health centers are obliged to follow to standardize medical care given at

the health facility level as well as the required inputs—drugs, laboratory reagents, and medical equipment for quality care(2).The clinical guide is an algorithmic guideline, prepared to be used as a quick and action oriented reference material for care givers in a health center; and primarily it targets health officers and nurses as care givers. It is divided into two main parts: first part for “adults” (15 years or older) and second part for children (5 to 14 years). Each part is divided into two sections: symptoms and chronic conditions, routine care(3).

EPHCG recommends a cascade model of training approach at three levels: at national level, master trainings have been given; then master trainers have trained facility trainers pulled from each health center—two facility trainers per health centre. Finally, facility trainers have conducted onsite educational training in each health center. Eight weeks training session — each session last 1-1 1/2 hours per week — will be held for all health workers at health center level. During the 8 weeks sessions review of 12 mandatory cases with additional 2 elective cases have to be completed.

2. Methods/Approach

Sixteen health centres in Gurage zone were included in the first phase of Ethiopian primary health care clinical guideline implementations. The implementation has been supported by ASSET project, with the aim to assess the impact of EPHCG on mental illness management. One of the health center included was Gereno health center. Gereno health center is found in Gurage zone and established in 1993. It has a catchment population of 21604. Recently, South nation and nationalities people (SNNP) regional health bureau called for a review meeting at Hawassa. At that time Gereno health center presented its best experiences on implementation of EPHCG. Then, two experts from FMOH visited the health center and interviewed the medical director and health workers. In addition, some supportive documents were reviewed such as community score card, laboratory test statistics and a letter written to revise list of essential drugs. Interview of medical director and health workers were conducted by semi structured interview guide prepared by the team from health extension and primary health care -directorate. Implementation of the guideline was measured qualitatively from health workers and the director interviews.

3. Result/Relevant Change

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Comment [yG2]: The onsite educational training is part of the cascade model and I recommend to put this section here.

expired and disposed. The pharmacy technician and medical director convinced that this is the result of EPHCG implementation.

The health center established a weekly clinical forum which helps health professionals to share experience and knowledge among themselves and solve their day to day challenges. Every health workers present cases to the clinical forum and discusses: what laboratory tests ordered, drugs prescribed, advice given every Wednesday. Here is what the Medical director had to say with excitement,

“The continues clinical discussion forum significantly reduced negligence among our staff. Our health care professionals are careful because everybody is ready to be reviewed in the discussion. Every professional is scrutinized. It helps us to improve our knowledge and skills. Previously, there is no any such forums in the health center “



Fig 2: Gareno Health workers on weekly continuous clinical discussion forums.

Health workers interviewed also supported the idea of medical director, one participant in the focus group discussion asserted:

“The weekly clinical forum helps us to improve collaboration among health workers, own our problems and solve it. In addition, it boosts our confidence to understand the guideline”

Ethiopian primary health care clinical guideline implementation has shown multiple benefits for health professionals. In addition to the knowledge and skill it imparts to the professional, it boosts the confidence of professionals.

The medical director added:

“Before EPHCG implementation, patients prefer two or three professionals and they asked these professionals by name. If they did not get any of them, they would return and come back some other day. Now that trend changed because EPHCG standardized the care given in the health center, and patients will be treated by any available health workers.”

Now, the health center implemented the EPHCG consistently. This result has been achieved because of the joint effort with woreda health offices as well. The Woreda Health Officers advocated the guideline on different forums. In addition, the health center discussed about the guideline on public forums. Furthermore, individual health workers reached the community through health extension workers during the community visit. Every health extension worker familiarizes EPHCG to individual households. Now it is not an issue for health professionals to open the guideline in front of patients.

4. Conclusion/Lesson Learned

Gareno health center implemented EPHCG consistently at all possible outpatient department outlets. The health center achieved this result because both the health center and Woreda Health Offices worked in collaboration with a concerted effort by advocating the guideline to the public with different means. advocate the guideline to the public. The health center established weekly clinical discussion forum after the EPHCG and this discussion forum helped health workers to improve their knowledge, skills and confidence continuously. The establishment of clinical discussion forum is a best practice which the new continuing professional development policy envisions to see(3). In addition, essential drug availability improved after the implementation of EPHCG. Quality of care to population served in that health center improved in general, as evidenced by increased availability of drugs to the community. In addition, EPHCG improved the confidence and knowledge of health workers and this enabled the health center to provide state of the art treatment to the community

We highly recommend that other health centers and woreda health offices should work in harmony to successfully and sustainably implement Ethiopian Primary Health Care Clinical Guideline.

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The health center faced challenges regarding availing the essential drugs and equipment. As the full implementation of the EPHCG elevated the standard of care, necessary drugs, laboratory equipment and reagents must be available from the market so that these health centers could procure these inputs from the market. But, the health center could not get all requested drugs and reagents from the market. Preparation must be made ahead to avail all necessary inputs to be requested by all EPHCG implementing health centers

5. References

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3. Federal Ministry of Health Ethiopia. Continuing Professional Development Guideline for Health Professionals in Ethiopia. 2018.