Ethiopia:
Governing for Quality Improvement in the Context of UHC

Background

History: The government of Ethiopia launched the Health Sector Development Program (HSDP) in the 1990s. During the 2010 reform of the health sector, the Drug Administration and Control Agency was re-established to focus on regulating drugs and food, and expanded their scope by including the regulation of health facilities and personnel. They changed their name to the Ethiopian Food, Medicine and Healthcare Administration and Control Authority, and developed a list of minimum health facility requirements, regulating both public and private health facilities.

Governance: The Federal Ministry of Health (FMoH) develops and implements policies and programs with the aim of delivering care that is effective, efficient, and affordable. The FMoH and the federal agencies play a key role in influencing many aspects of quality delivery within health care. In order to achieve this they have various levers to influence quality, particularly around patient-focused interventions, regulatory interventions, incentives, data-driven and IT-based interventions, organizational interventions, and health care delivery models. The FMoH has been critical in shepherding health improvements over time.

The Medical Service Directorate has been upgraded to general directorate level and four directorates have been established under the general directorate namely Quality Service Directorate, Clinical Service Directorate, Emergency and Critical Care Directorate and Pharmaceutical and Medical Equipment Directorate.

Background Country Data	
Total Population (millions)	96.96
Life Expectancy at birth (years, both sexes)	64
Infant Mortality (per 1,000 births)	41
Maternal Mortality (per 100,000 births)	350
Hospital beds (per 1,000 people)	6.3
Public health expenditure (% of total health expenditure)	61%
Total health expenditure (% GDP)	5.1%
OOP health expenditure (% of total expenditure)	33%
Poverty headcount ratio at $1.25 a day (% of population)	
GDP per capita (current USD)	573.6

Source: World Development Indicators, accessed February 2016

Financing: Ethiopia's Health Insurance Agency was established in 2010. The two insurance schemes in development are Community Based Health Insurance (CBHI) and Social Health Insurance (SHI). CBHI will cover Ethiopia's population not employed in the formal sector, and is designed to target farmers in the rural population. It operates by creating an agreement with each health facility in the locality of the population to be covered. SHI will cover all employees of the formal sector. To implement, the agency will make an agreement with health facilities located at the Woreda towns because this level encompasses the majority of Ethiopians employed by the formal sector. The SHI program is still in development; FMHACA will set the minimum standards for facilities. The health insurance agency is working to define indicators that will monitor the quality of service for each facility. These indicators will be developed around data that is already available, designing the payment scheme linked to the quality of care received.

Key Lessons on Sequencing of Quality Reforms

- ***An example of a "success" - Health facilities reform activity***

The hospital reform implementation guideline (EHRIG), with well-defined quality standards has been developed. Among the 124 standards contained in the Ethiopian Hospital Reform Implementation Guidelines (EHRIG), eight are on quality management and improvement.

The national average EHRIG attainment in 2015 was 84.5%. The hospital reform has brought positive improvements, including reduced waiting time to 52 minutes and reduced institutional mortality rate to 4%. The bed occupancy, average waiting time for surgery and patient satisfaction showed improvement in 2014 to 75%, 10 days and 77% respectively.

The Ethiopian Hospitals Alliance for Quality (EHAQ) has been established in 2012, with the aim of sharing experiences among lead and general member hospitals for quality improvement. In EFY 2014, the patient satisfaction cycle of EHAQ was closed, following the achievement of its goal, and a new cycle for promoting quality in maternal, neonatal and child health services, including reform implementation was started. At the close of the patient satisfaction cycle, the best performing public institutions (6 lead hospitals, 3 clusters, 11 general member hospitals, 2 hospitals, and one RHB) were awarded, after being evaluated through a transparent data driven approach. The need to implement similar reform and quality alliance in health centers has been realized and the ministry is on the last phase of launching the health center reform implementation guideline.

- ***A strategy – Laboratory service***

According to the WHO laboratory quality ranking, every laboratory system is expected to fulfill the five levels of laboratory quality standards, ranging from one to five. As part of this quality standard mechanism, laboratories have been participating in Strengthening Laboratory Management Towards Accreditation (SLMTA) trainings. Similarly, one laboratory participated in external quality control managed by international experts while 22 laboratories participated in national laboratory quality control and standard assessment. About 156 laboratories have participated in Quality Control activities through provision of quality control samples (regarding chemistry and haematology, DNA PCR, viral load and TB culture) as part of the on-going laboratory quality assurance mechanism.

- ***Looking ahead –National Quality Strategy***

The FMoH prepared and launched five years (2015-2020) quality strategy in line with the health sector transformation plan of the country. The strategy will provide a roadmap for addressing key quality challenges and for accelerating the improvement of health care quality nationwide. The aim is to consistently improve the outcomes of clinical care, patient safety, and patient-centeredness, while increasing access and equity for all segments of the Ethiopian population, by 2020. To be done by ensuring reliable, excellent clinical care, and protecting patients, staff, and attendants from harm.

Overview of Governing Quality – Key Inputs and Processes

Function of Quality	Institution Responsible for Function	Key Features and Processes
Law and Policies	• Federal Ministry of Health	• Guidance will be given as per the country GTP. • Prepare guidance, standards, national guidelines and evaluation manual
Regulation	• The Ethiopian Food, Medicine and HealthCare Administration and Control Authority (FMHACA)	• Perform QA activities in private and public sectors, particularly of professionals, premises, practices and products. • Issues licenses, registrations and certifications
Leadership and Management	• Health Service Quality Directorate (HSQD)	• All activities regarding quality functions in the health sector will be led and coordinated by the Health Service Quality Directorate and quality structure is being formed across all levels of the health functions in the country.
Monitoring and	• HSQD, FMHACA, and Policy and Planning	• CQI follow up and interval QA will be done by HSQD.

Function of Quality	Institution Responsible for Function	Key Features and Processes
Evaluation	Directorate (PPD)	• FMHACA will do periodical QA in all health institutions.
Financing	• Federal, regional, local government subsidy • Insurance agency testing different approaches for the community	• Pay heatlh facilities for their services; fee for service • Insurance agency will work in collaboration with NGO.
Planning	• HSQD and all health institutions	• Overall view and general directions will be given on priority conditions from HSQD and CQI will be done by health institutions.

Sources: Ethiopia Health Care Quality Landscape Report, Institute for Healthcare Improvement, April 2014