

## Policy Dialogue Report: Ethiopia National Centre

**Topic:** Optimizing the Ethiopian Health Extension Program: policy options to address workforce challenges

**Date:** 23 December 2022

**Venue:** Skylight Hotel, Addis Ababa, Ethiopia

### 1.0. Context

The Ethiopia National Centre of the African Health Observatory Platform on Health Systems and Polices (AHOP) in collaboration with the Federal Ministry of Health (FMOH) organized and deliberated a policy dialogue on “Optimizing the Ethiopian Health Extension Program: strategies to address workforce challenges”. In the dialogue, participants included representatives from the FMOH, Regional Health Bureaus (RHB), International Institute of Primary Health Care-Ethiopia (IIPHC) WHO country Office, MOH, Ethiopian Institute of Policy Studies (EIPS), USAID Ethiopia, and Ethiopian Public Health Association (EPHA).

This policy dialogue was informed by an evidence brief for policy. It was aimed to address the specific challenges in the Ethiopian Health Extension Program (HEP). Addressing the challenges of HEP is one of the timely policy issues of the country. Accordingly, the best available evidence to clarify the problem and its causes, and identified policy options to address the issue were presented. The focus was on reimagining and optimizing the HEP, particularly focussing on changes required to address the challenges of the national health workforce, to explicitly increase efforts towards achieving universal health coverage in Ethiopia. The dialogue was conducted ahead of the release of the AHOP Ethiopia National Centre policy brief on the same topic.

### 2.0. Participants

The participants of the dialogue included 26 people drawn from the FMOH (8), RHBs (5), National partners (4), International/Development partners (6), and Academia (2).

### 3.0. Presentation session

As an introductory part of this policy dialogue, three brief presentations were made: an introduction about AHOP, the roadmap of the Ethiopian Health Extension Program, and an evidence brief for policy. The last two presentations aimed to help participants to focus their discussion towards the objectives of the dialogue.

**Presentation 1.** A brief introduction to AHOP and AHOP Ethiopia National Centre presented by AHOP Ethiopia National Centre team.

This included information on how the Regional Health Observatory Platform and the Ethiopia National Centre were established as well as the aims, plans and major achievements of the platform so far.

**Presentation 2.** “Realizing Universal Health Coverage (UHC) through Primary Health Care: A Roadmap for Optimizing the Ethiopian Health Extension Program 2020 – 2035” – presented by HEP Directorate Director of the FMOH.

The major themes presented include the goals and strategic objectives of the roadmap of Ethiopian Health Extension Program, what has been done so far, and major challenges of implementation of the roadmap strategies.

Key points of the presentation include:

- The Evolution of the Health Extension Program,
- Goals and strategic objectives of the road map of Health Extension Program,
- Summary of key milestones of the road map, and
- Brief implementation status and suggested future strategies.

**Presentation 3.** The last presentation was by a team member of the AHOP Ethiopian National Centre on “Optimizing the Ethiopian Health Extension Program: policy options to address the workforce challenges”.

Key points presented include:

- Factors that reduce the motivation and job satisfaction of health extension workers,
- Context-specific barriers and enablers in the program, and
- Policy options and strategies suggested to overcome the identified workforce challenges.

Suggested policy options to address the challenges were: a mix of financial and non-financial incentives, improved training and supervision, clarity on career progression pathway and targeted polices to improve education/career opportunities for rural and pastoral health workers. These options were categorized in the following six strategies:

- Strategy 1:** Improved salary commensurate with role and job demand.
- Strategy 2:** Performance-based bonus, transportation allowance, housing benefit customized based on contexts, awards and recognition during events.
- Strategy 3:** Improve in-service training opportunities, use of technology based and quality intrinsic benefit.
- Strategy 4:** Improving supervision by health extension workers (HEWs) supervisors.
- Strategy 5:** Creating career progression pathways and career ladder, counting their experience and contribution and exemption from courses or programs.
- Strategy 6:** Improving professional development opportunities for rural and academically less qualified HEWS.

#### 4.0. Dialogue session

##### 4.1. Introductory dialogue session

The dialogue session was chaired by the State Minister of the FMOH and facilitated by an expert.

The state minister welcomed and thanked the presenters and the participants for attending the policy dialogue. He noted that there are lots of accomplishments with the implementation of HEP. However, he also noted that there are challenges that need to be addressed. He added that the MOH received the draft policy brief produced by the AHOP Ethiopian National

Centre, and were looking into the findings and recommendations in it. He further noted that the findings of the PB and this dialogue will be an important input for the PHC strategic framework development the Ministry is working on.

#### ***4.2. Main dialogue session***

The dialogue noted that health is among the top priorities of the country, followed by education. Therefore, working on how to strengthen the working conditions of HEWs is paramount. Specifically, the dialogue deliberated on three key policy questions:

- What can be learnt from previous policy responses to salary levels and incentives?
- What changes to training and supervision can improve competency and productivity?
- What structural changes to education, and career progression can lead to improved retention and satisfaction?

#### ***Salary and incentives***

- It was argued that the current HEW's salary scale is inadequate and does not help people make a living. There is a need to confront the fact that the system is not paying enough irrespective of workload and hardship. In addition, salaries and benefit packages are not uniform across regions.
- It was also noted that non-salary incentives are absent for HEWs.
- Participants also noted that there is a varying level of salary scale among different sectors, and that salaries should be based on the work demand, education and skill requirement.
- HEWs are over-burdened not only with activities of the health sector, they are also working for other sectors. On another dimension, it was suggested that salary increments for HEWs should consider salary scales in other sectors as well.
- Creating exceptional justification to merit salary increase for the HEWs was proposed as wise strategy.
- Regarding incentives, representatives from regional health offices indicated that there are no incentives for HEWs like transport, housing, top up, umbrella, shoes, bags and other duty benefits when they are working in comprehensive health posts, in remote pastoral areas.
- It was also highlighted that in the policy brief, there was no policy recommendation with regards to improving the working environment. This does not mean only addressing infrastructure but also supply chain, drug supplies, storage and so forth. Addressing these bottlenecks is another category for motivation of HEWs.
- Women to be in the leadership position was also raised as an important component to be considered, since the majority of HEWs are women, but only very few are in leadership positions.

#### ***Improving in-service training and supervision***

- The challenges with HEWs in regional states, particularly in Gambella, Somalia, Afar and other peripheral regions is knowledge and skill gap. In this line, it was highlighted that there is a need to look into in-service training to update their knowledge and skills.
- There are weak supervision practices and HEWs do not want to be supervised by supervisors who are of same level in training and education. They would rather choose be supervised by people with better knowledge and experience.

#### ***Structural changes to education and career progression***

- Considering the education level of HEWs, it was noted that in some regions (for example in Gambella), HEWs were from grade 8 and did not progress academically. It was noted that many HEWs do not have high school diploma, which is required for further education. It was also noted that for those with first degree, there is no career path for their further education. Therefore, there is a need to create a system for their educational development.
- On career progression, it was well discussed that limited structural promotion and transfer opportunities (particularly rural to urban) are among the challenges of HEWs. There is a need to improve HEW recruitment and retention. Further, opportunities need be created to allow competent HEWs to compete for higher positions.
- The policy did not reflect the need to have a strategy that addresses the HEW's needs of pastoral regions.

### 5.0. Key findings

- The policy dialogue showed a gap in the implementation of the Health Extension Program and what needs to be done.
- MOH accepted feedback and recommendations by the policy brief and policy dialogue, and will input these learnings into the PHC strategic framework development that the Ministry is working on.
- Participation of RHBs offices provided substantial input and enriched the discussion.
- The collaboration between AHOP Ethiopian National Centre and MOH was noted as a commendable practice. The importance of working with other stakeholders (Ethiopian policy institute, professional associations, development partners and other partners) to learn and use evidence to improve and strengthen not only the HEP, but also other health programs in Ethiopia as a whole was raised and discussed in the meeting.
- There is a need for high level political commitment and governance to address HEWs challenges.

### 6.0. Agreed follow up

The MOH and RHBs want to see more policy dialogues in other areas of health-related problems in the country.