



Ethiopia Scoping

Assessment

Summary Report

July 2024

Purpose and objectives of the scoping assessment in Ethiopia

The Global Health Partnerships (GHP - formerly THET) team conducted the scoping assessment in Ethiopia in July 2024 to identify the national health workforce (HWF) priorities that a health partnership (HP) model could contribute to. A range of stakeholders were engaged to explore HWF issues, challenges and validate priorities. Consultations and discussions with stakeholders focused on identifying HWF priorities in the Ethiopian health system that could potentially be addressed by HPs, while contributing to health systems strengthening and universal health coverage (UHC), and considering gender, access and equity.

The Global Health Partnerships (GHP) team consulted with stakeholders to:

- Share information on GHP and the Health Partnership approach.
- Understand national HWF and health system priorities.
- Assess the potential and feasibility of the HP approach to address identified HWF priorities, as well as support the country's progress towards UHC.
- Identify and understand the work of key actors supporting HWF strengthening in Ethiopia.

Stakeholder consultations

A multi-disciplinary, multi-sectoral stakeholder engagement approach was adopted to enable a rich, comprehensive examination and analysis of HWF priorities, and the identification of potential HP interventions with key stakeholders in Ethiopia. The GHP (formerly THET) team conducted in-depth key informant interviews and facilitated group discussions with a range of relevant national and sub-national stakeholders, identified and arranged in consultation with the GHP (formerly THET) Country Director, Dr Yoseph Mamo. This included people and institutions who are already involved in HPs, as well as people who are new to this approach.

Stakeholders were provided with information on GHP (formerly THET), the HP model (where needed), and the purpose of the scoping assessment. A semi-structured topic guide was used to explore national HWF issues and challenges, to elicit stakeholders' views and perspective on HWF priorities, and to gather information on other HWF programmes and initiatives in Ethiopia. In the identification of key HWF priorities, stakeholders were reminded to consider the appropriateness and feasibility of the HP model to address the priorities identified, as well as the grant value and programme timeframe.

In Ethiopia, the GHP (formerly THET) scoping assessment team consulted with the Federal Ministry of Health (FMOH) leadership different divisions within the Lead Executive Offices, like HRIS, Planning & Motivation; Innovation and Quality; Policy Strategic and Research; Strategic Affairs; Continuing Professional Development (CPD); Medical Services; and Disease Prevention and Control.

Regional Government representatives met included the HRH Development and Improvement Executive Lead of the Addis Ababa Health Bureau. A number of health professional associations were consulted including the Ethiopian Medical Association, Ethiopian Midwifery Association and the Ethiopian Nursing Association. Representatives met from educational and academic institutions included Nursing, Public Health and Occupational Health, faculty from the Addis Ababa University, and faculty from the Internal Medicine, Infectious Diseases and Public Health departments of Jimma University. The Mathewos Wonda Cancer Society, Hospice Ethiopia, JHPIEGO, Pathfinder, Last Mile Health, Health Poverty Action, USAID, FCDO, UK Health Security Agency, and WHO comprised the NGOs, INGOs, donors and UN agencies consulted. The team also met with representatives from the private sector, including ABH Partners PLC and Novartis, as well bilateral organisations such as the Africa CDC.

The assessment team attempted to meet other identified stakeholders and organisations, including amongst others, the National Education and Training Authority (ETA), the World Bank and the Gates Foundation, but unfortunately were not successful.

[HWF priorities to be addressed by HPs.](#)

The key HWF priorities identified through the document review (see Annex 1 for HWF priorities outlined in the National Human Resources for Health Strategic and Investment Plan (HRHSIP)) in Annex 1 and other documents reviewed in Annex 2 and stakeholder consultations (see Annex 3 for stakeholders consulted) were distilled and consolidated by the GHP scoping assessment team. This refined set of HWF priorities, outlined below were presented to key stakeholders including the FMOH, FCDO and WHO, for their review and validation.

[Regulation and accreditation of HWF education and training \[linked to HRHSIP Strategic Outcome 3\]](#)

- Strengthen the capacity of responsible bodies to accredit and regulate HWF education institutions and programmes including e.g. accreditation and assessment processes, standards setting, licensing and revalidation, and capacity of assessors and examiners.

[HWF education and training \[linked to HRHSIP Strategic Outcome 1\]](#)

- Support the **University Reform** process within Addis Ababa University.
- **Strengthen the governance, provision, and quality** of HWF pre-service education (PSE) including review and development of standardized competency-based curricula, faculty (classroom and clinical instructors) capacity development and skills, interprofessional education, career counselling, and improvement of teaching hospitals/clinical practice sites.
- Improve **quality of postgraduate specialist medical training** e.g., review and development of curricula, faculty development, innovative delivery approaches.
- Strengthen capacity for the delivery of **quality residency programmes for nursing and midwifery cadres** to enhance access to these services and provide career progression pathways to retain nursing and midwifery cadres within the profession and the Ethiopian health sector.

- **Develop Continuing Professional Development Courses (CPD)/In-service training) short courses** to address gaps in pre-service education, with the aim of incorporating such IST modules into PSE curricula, including in the areas of non-communicable diseases (NCDs) e.g. palliative care, cancer, cardiovascular disorders; infectious diseases; antimicrobial stewardship; biomedical engineering; epidemiology, and anaesthesia.
- Strengthen capacity for the design and delivery of quality **of Continuing Professional Development (CPD)** to improve health worker knowledge, skills and competencies, to provide career and professional development opportunities, through the design and provision of a range of teaching/learning courses, clinical mentorship, and events/opportunities, in priority areas, for all cadres; linking CPD to relicensing and revalidation, and exploring innovative methods for the delivery of CPD to promote multidisciplinary approaches and build multidisciplinary healthcare teams.

HWF management [Linked to HRHSIP Strategic Outcome 2]

- Design and deliver interventions to support occupational health (especially in relation to NCDs due to occupation), HWF wellbeing and safety. Further, enhance working conditions, in service training, and curricula for occupational health - contributing to HW motivation, performance and retention.

Research to generate evidence to inform policy and practice [Linked to HRHSIP Strategic Outcome 4]

- Support health managers and health workers, and university faculty and students to develop research skills and competencies to lead and conduct research (implementation, qualitative and clinical), expanding routes and platforms for the publication and dissemination of results findings for policy and practice.

Cross cutting and emerging themes identified with stakeholders

Transformation of health worker education and training

- **Adopt strategic and innovative** approaches to the design of HWF education and training (e.g., in-service training, CPD, clinical mentorship, supportive supervision) and delivery (eLearning, online courses, on the job/on-site training, blended learning) that support the development of a competent, motivated and compassionate HWF, especially for those in hard to reach and conflict affected areas, addressing health inequities.
- **Promote equitable access** to training and career advancement opportunities; explore inequities of health outcomes and work towards addressing these; focus on hard-to-reach areas (particularly for nurses and midwives in hard-to-reach areas).
- Promote strategic approaches to HWF capacity development across clinical, public health and management areas e.g., aligned with national HWF strategies and plans and university reform.

Quality education for internal and external health labour markets

- Strengthen accreditation of HWF education and promote diaspora engagement in the design and delivery of education and training, ensuring competent graduates for internal and external labour markets.

Complementary and harmonised approaches

- Promote alignment across HWF strengthening interventions, enhancing complementarity and synergies with domestic and externally funded initiatives.
- Promote sustainability and scalability of interventions.
- Promote leadership activities and methodologies across the HWF, particularly female leadership.

Evidence generation and learning

- Stimulate increased access and use of available health surveillance and HWF data for effective planning, implementation, and monitoring and evaluation of HWF and health systems activities.
- Promote innovative methods to generate evidence and learning of what works for HWF strengthening in Ethiopia, particularly in underserved areas (e.g. design and delivery of learning materials for health workers in underserved areas).
- Support the co-development and documentation of learning and evidence generated to inform national and global HWF policy and practice, and to facilitate bidirectional learning.
- Enhance the dissemination of evidence and learning through a range of learning products and platforms e.g., policy/evidence briefs, case studies, blogs, conference abstracts and publications, to national, regional and international audiences.
- Use evidence from the project activities to advocate for evidence-based HRH interventions.

Examples of existing collaboration between Ethiopia, Kenya, and Somaliland (but not limited to)

In consultation with stakeholders during the scoping assessment, the following partnerships were identified as examples of working together:

- Amoud University and Ethiopia partner around Postgraduate Medical Education (PGME).
- Links between Edna Adan University/Hospital with Kenya and Ethiopia on specialised training for nurses
- Burao University and Wolverhampton University developed a roadmap for non-communicable diseases (NCDs) in Somaliland
- Hargeisa School of Health Science has a collaboration with Ethiopia
- MoU between MoH Somaliland and Ethiopia for the provision of scholarships for Somaliland medical specialists to undergo specialist training in Ethiopia across 10 different specialties, including public health

Examples of existing collaboration between Ethiopia and the UK (but not limited to)

In consultation with stakeholders during the scoping assessment, the following partnerships were identified as examples of working together:

- Partnerships between University of Southampton and Jimma and Gondar University Hospitals
- Partnership between Leicester University and Gondar University

- Partnership between University of Nottingham and Jimmy University Hospital
- Partnerships between Addis Ababa University and University of Brighton, University of Durham and University of Southampton
- Partnership between Hospice Ethiopia and Hospice Ethiopia UK

Annex 1. Strategic Focus, Outcomes, Objectives, and Interventions
(extracted from the FMOH (2024) National Human Resources for Health
Strategic and Investment Plan (HRHSIP), pp. 19-34)

HRH Strategic Focus/Outcome	Strategic Outcomes and Objectives
1. Enhance Human Resources for Health Development	<p>Strategic Outcome 1: Strengthened Human resources for health education and training</p> <p>SO 1.1 Enhance health professionals’ production</p> <p>SO 1.2 Improve quality of education</p> <p>SO 1.3 Improve Postgraduate education programs.</p> <p>SO 1.4 Improve post-basic education</p> <p>SO 1.5 Ensure health workers participation in CPD</p>
2. Optimize Human Resources for Health Management	<p>Strategic Outcome 2: Optimized Management of Human Resources for Health</p> <p>SO 2.1 Enhance human resources for health management, leadership and governance capacity at national, regional, district and facility level</p> <p>SO 2.2 Improve availability and equitable distribution of health workers</p> <p>SO 2.3 Re-design and implement HWF performance management system.</p> <p>SO 2.4 Enhance health workforces’ motivation and retention mechanisms</p> <p>SO 2.5 Develop and implement HRH emergency preparedness, response and recovery plan.</p>
3. Improve Health Professionals' Regulation	<p>Strategic Outcome 3: Improved Health Professionals' Regulation</p> <p>SO 3.1 Strengthen ethical health practice</p> <p>SO 3.2 Streamline implementation of the scope of practice</p> <p>SO 3.3 Strengthen health professional licensing and registration</p> <p>SO 3.4 Enhance national licensure examination</p>
4. Improve HRH Evidence Generation and data use for Policy Option	<p>Strategic Outcome 4: Improved HRH Evidence Generation and Data Use for Policy Choice</p> <p>SO 4.1 Improve credible, comprehensive and quality HRH data</p> <p>SO 4.2 Enhance and integrate HRH information systems to avail up-to-date HRH data</p> <p>SO 4.3 Improve HRH evidence utilization practice for policy formation and decision-making</p> <p>SO 4.4 Enhance HRH data implementation frameworks</p> <p>SO 4.5 Generate data on HRH investment and requirement for policy choices</p>

5. Align Investment
with HRH
requirements

**Strategic Outcome 5: Aligned Investment
with HRH requirements**

Annex 2. References

- Adem, J.B., Melaku, M.S., Zeleke, T. et al. (2023) *Attitude of mental healthcare providers toward tele-psychiatry services and associated factors at public referral hospitals in Addis Ababa city, Ethiopia*. International Journal for Mental Health Systems 17, 26. Available online at: <https://doi.org/10.1186/s13033-023-00596-5>
- Alemneh, ET., Tesfaye, BH., Teka, EC. et al. (2022) *Health professionals' licensing: the practice and its predictors among health professional hiring bodies in Ethiopia*. Human Resources for Health 20, 62. Available online at: <https://doi.org/10.1186/s12960-022-00757-6>
- Borges, G., Nock, MK., Abad, JMH., et al. (2010) *Twelve-month prevalence of and risk factors for suicide attempts in the World health organization world mental health surveys*. Journal of Clinical Psychiatry. 2010;71(12):21777. Available online at: <http://doi.org/10.4088/JCP.08m04967blu>
- Ejigu, Y., Abera, N., Haileselassie, W. et al (2023). *Motivation and job satisfaction of community health workers in Ethiopia: a mixed-methods approach*. Human Resources for Health 21, 35 (2023). Available online at: <https://doi.org/10.1186/s12960-023-00818-4>
- Ethiopian Public Health Institute (EPHI) (2021) *Ethiopia Mini Demographic and Health Survey 2019: Final Report*. Rockville, Maryland, USA: EPHI and ICF. Available online at: <https://dhsprogram.com/publications/publication-FR363-DHS-Final-Reports.cfm>
- Ethiopian Nurses Association (2022) *Ethiopian Nurses Association 2023-2027 Strategic Plan (draft)* Addis Ababa: Ethiopia
- Feysia, B., Herbst, CH., Lemma, W., et al. (2012) *The Health Workforce in Ethiopia: Addressing the Remaining Challenges*. World Bank Publications - Books, The World Bank Group, number 2226, December.
- Gudina EK., Elsbernd K., Yilma D., et al. *Tailoring COVID-19 Vaccination Strategies in High-Seroprevalence Settings: Insights from Ethiopia*. Vaccines. 2024; 12(7):745. Available online at: <https://doi.org/10.3390/vaccines12070745>
- Isaacson, G. (2014). *Framework for advancing Otolaryngology: Head and Neck surgery in Ethiopia*. Otolaryngology-Head and Neck Surgery. 151(4). pp.634-637. Available online at: <https://doi.org/10.1177/0194599814542591>
- Last Mile Health (2022) *RMNCH IRT Blended Learning Pilot - abridged report*. Ethiopia.
- Last Mile Health (2024) *From awareness to action: Health extension workers take on non-communicable diseases*. Ethiopia. Unpublished.
- Mathiwos Wondu -YeEthiopia Cancer Society (2022) *Ethiopia Non-communicable diseases situation assessment in context of Universal Health Coverage*. Addis: Ethiopia
- Ministry of Health (2020). *Health Labor Market Analysis: Ministry of Health*. Addis Ababa, Ethiopia.
- Ministry of Health (2021) *Health Sector Transformation Plan [2020/21-2024/25] (HSTP II)*. Ethiopia: Ministry of Health
- Ministry of Health (2023) *Health Sector Medium-Term Development and Investment Plan (HSDIP) 2023/24-2025/26*. Ethiopia: Ministry of Health
- Ministry of Health (2024) *Human Resources for Health Strategic and Investment Plan for Ethiopia 2016-2022 EFY/ 2024-2030 (HRHSIP)*. Ethiopia: Ministry of Health.

- Tsinuel, G., Tsedeke, A., Matthias, S., Fischer, et al., & participants of the International Workshop in Bishoftu, Ethiopia in November 2013 (2016). *Establishing Medical Schools in Limited Resource Settings*. Ethiopian Journal of Health Sciences, 26(3), 277–284. Available online at: <https://doi.org/10.4314/ejhs.v26i3.10>
- United Nations (2020) Policy Brief: COVID-19 and the Need for Action on Mental Health. Available online at: <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>
- USAID Health Workforce Improvement Program/Jhpiego (2022) *Assessment of motivation, job satisfaction, and associated factors among health professionals in the public health sector of Ethiopia: a cross-sectional study*. Addis Ababa, Ethiopia. Available online at: https://pdf.usaid.gov/pdf_docs/PA00ZSF9.pdf
- World Bank Open Data Report (2022). Available online at: <https://data.worldbank.org/indicator/>
- World Bank Group (2023) *Ethiopia, trained but not gainfully employed. An assessment of Ethiopia's Health Labour Market*. Available online at: <https://documents1.worldbank.org/curated/en/099112723152522987/P1796950ac3c1a0d09e830230f7b52be09.docx#:~:text=Ethiopia's%20health%20sector%20still%20employs,sector%20employed%20342%2C899%20health%20workers>
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Annex 3. Stakeholders met

Name	Institution/Department
Asegid Samuel	Human Resource Development and Improvement Executive Lead Office, Ministry of Health
Solomon Woldeamanuel	Human Resource Development and Improvement Executive Lead Office, Ministry of Health
Mesoud Mohammed	Strategic Affairs and Policy Executive Lead Office, Ministry of Health
Wondwossen Ayele Haile	
Abas Hassen	Health Service Quality, Innovation and Equity Executive Lead Office, Ministry of Health
Deneke Ayele	
Dr Hiwot Solomon	Disease Prevention and Control Executive Lead Office, Ministry of Health
Dr Selamawit Ayele	
Addis Worku	
Dr Damtew Woldemariam	JHEPIEGO
Dr Mengistu Tafesse	ABH Partners PLC
Dr Ephrem Abathun	Hospice Ethiopia
Getnet Kaba	Ethiopian Medical Association
Frehiwot Kebede	Ethiopian Diabetic Association
Dr Abiy Hiruy	Pathfinder
UK Ambassador Derren Welch	Foreign Commonwealth and Development Office (FCDO) - Ethiopia Office and UK Embassy to Ethiopia
Phil Elks	
Aysha Harwood	
Sajil Liaqat	
Habtamu Adebo	
Wondu Bekele	Mathewos Wondu Cancer Society
Yewubdar Tilahun	Addis Ababa Health Bureau, Human Resource Development
Ato Temesgen Bekele	
Hamsalu Tilahun	
Dr Husien Mekonnen	Addis Ababa University, Nursing
Mesfin Asfaw	Ethiopian Midwifery Association
Teshager Kasie	Ethiopian Nursing Association
Dr Mirgissa Kabba	Addis Ababa University, School of Public health
Dr Hilina Worku	USAID
Dr Fikru Sinshaw	
Dr Shelemo Shawula	
Mirchaye Mekoro	Health Poverty Action
Dr Tibebe Benyam	Last Mile Health
Prof Esaya Gudina	Jimma University
Dr Elsah Tegene Asefa	
Dr Lelisa Sena	
Dr Samson Wakuma	Occupational Health, Addis Ababa University
Dr Mesfin Kifle	Human Resources for Health, WHO, Ethiopia office
Dr Martin Muita	Africa CDC (seconded from UK Health Security Agency)