The Health Sector Transformation Plan (HSTP)

Federal Democratic Republic of Ethiopia, Ministry of Health
Strategic themes of HSTP

Vision:
To see healthy, productive, and prosperous Ethiopians

- Excellence in health service delivery
- Excellence in quality improvement & assurance
- Excellence in leadership and governance
- Excellence in health system capacity

- Community “Empowerment”
- Stewardship “Efficiency & Effectiveness”
- B. Process “Quality”
- L&G “Capacity”
Key words (HSTP)

- Quality and equity
- Universal health coverage
- Transformation
Strategic objectives and initiatives
C1: Improve health status

Achievements of improved health status of the population and modified factors affecting it

Social determinants of health are addressed through proactive multi-sectoral collaboration

Outcomes:

- Enhanced quality of life, reduced morbidity and mortality and higher life expectancy
## C1: Performance measures

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>LE at birth</td>
<td>64</td>
<td>69</td>
</tr>
<tr>
<td>MMR</td>
<td>420</td>
<td>199</td>
</tr>
<tr>
<td>U5MR, IMR &amp; NMR</td>
<td>64, 44 &amp; 28</td>
<td>30, 20 &amp; 10</td>
</tr>
<tr>
<td>Stunting, wasting and under-weight among children</td>
<td>40%, 9.7% and 25%</td>
<td>26%, 4.9% and 13%</td>
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</tbody>
</table>
## C1: Performance measures (2)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV incidence</td>
<td>Reduce by 60% compared with 2010 and achieve zero new infections among children</td>
</tr>
<tr>
<td>TB deaths and incidence rate</td>
<td>Reduce by 35% and 20% respectively compared with 2015</td>
</tr>
<tr>
<td>Malaria case incidence and mortality</td>
<td>Reduce by at least 40% each compared with 2015</td>
</tr>
<tr>
<td>Deaths and injuries from road traffic accidents</td>
<td>Stabilize and then reduce</td>
</tr>
<tr>
<td>Premature mortality from NCDs</td>
<td>Reduce by 12.5% from its current level</td>
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C2: Enhance community ownership

- Solidarity movement within communities, promote locally salient innovations and build partnerships with other sectors in finding appropriate solutions to dismantle challenges

Outcomes:
- Model family, model development team, model Kebeles and model Woredas
C2: Performance measures

- 80% of Kebeles will graduate as model
- At least 3 million households will be tested for level 1 HEP competency
- Community contribution (both in kind and cash) up to 1 billion USD in 5 years
C2: Strategic initiatives

- Model Kebele graduation
- Certificate of competency evaluation of households based on HEP standards
- Self-reliance movements
- Community representation at health facility governing boards and regular town-hall meetings and public conferences
F1: Improve efficiency and effectiveness

- Proper allocation, efficient utilization, tracking and controlling of resources

Outcomes:
- Equitable resource allocation
- Significant improvements in resource absorptive capacity
- Improved efficiency of the health systems
F1: Strategic initiatives

- Financial management, transparency and accountability development program
- IFMIS scale up
- Efficient facility revenue utilization
- Efficiency gains
- Regular financial and performance audits
**P1: Improve equitable access to quality health services**

- To improve equitable access to full spectrum of essential, quality health services, including health promotion, disease prevention and treatment, rehabilitation and palliative care

- Equity and quality

**Outcomes:**

- Improved health service utilization
- Improved population coverage with high impact interventions, reduced inequity
P2: Improve health emergency risk management

To improve the prevention, mitigation, early detection and rapid response of any crises, which directly or indirectly impact the health, social, economic and political wellbeing of the society.

Outcomes:

- Minimized occurrence of outbreaks and consequences of disasters and outbreaks
P3: Enhance good governance

- Implementation of the eight major characteristics of good governance
- The views of all segments of the community are taken into account and that the voices of the most vulnerable society are heard in decision making
- It is also responsive to the present and future needs of the society

Outcomes:
- Good governance at all levels of the health sector
P4: Improve regulatory systems

- Improving the regulatory system to a level that is truly functional

Outcomes:
- Assurance of safety and quality of health and health related products, and services
P5: Improve supply chain and logistic management

The focus is to ensure access to quality assured, safe, effective and affordable essential medicines with which the sector intends to respond to the majority of health problems of the society; significant reduction in the pharmaceutical wastages and rational use of medicines

Outcomes:

- Uninterrupted supply of essential pharmaceuticals that are of assured quality, safety, efficacy and cost-effective with their proper use
P5: Strategic initiatives

- Enhance efficiency in selection, quantification and procurement of essential medicines
- Scale up integrated information management system for pharmaceutical supply and services
- Scale up APTS to all health facilities
- Scale up community pharmacies
P6: Improve community participation and engagement

- Creating awareness, transferring knowledge and skills to the community, and ensuring their participation and engagement in planning, implementation, monitoring and evaluation of health activities to empower the community

Outcomes:

- Community empowerment; communities gain control over their health
- Improved healthy behavior
- Households able to produce their own health
P6: Strategic initiatives

- Roll out the 2nd generation HEP
- Strengthen HDA to contribute to better health outcomes through empowering individuals, families and communities
- Increase health literacy and health systems literacy of the public to improve quality of care
- Strengthen accountability of the health systems to the public by implementing strategies to build trust and credibility with communities that their input is honored and acted upon
P7: Improve resource mobilization

- Proactive approach in the mobilization of resources from domestic and international sources

Outcomes:

- Adequate resources are mobilized and are made available
P7: Strategic initiatives

- Strengthen implementation of the healthcare financing reform
- Scale up CBHI and SHI
- Introduce proactive and innovative domestic financing mechanisms
- Enhance health partnership and coordination (DPs, CSOs/NGOs, PPPH, FBOs)
- Strengthen resource tracking and management
P8: Improve research and evidence for decision making

- Improving decision making through evidence generation, translation and dissemination

Outcomes:

- Evidence-based decision making
- Determination of progress and impact, based on quality data
P8: Strategic initiatives

- Implement a “one plan”, “one budget” and “one report”

- Develop and implement evidence-based, scientifically sound policy-decision and planning

- Strengthen survey and surveillance systems

- Build capacity of health facilities, Woredas, zones, and regions to analyze and use data for decision making at local level

- Conduct basic and applied research to promote evidence-based practice

- Promote and institutionalize knowledge management
CB1: **Enhance use of technology and innovation**

- Enhancing use of the existing technology, introduction of new technology, technology transfer and development and use of local technology

**Outcomes:**

- Efficient and effective internal business process of the health system and promote self-reliance
CB1: Strategic initiatives

- Strengthen and scale up the training of biomedical engineers and technicians
- Biotechnology including traditional medicine
- Establish a medical equipment refurbishment centre
- Establish Grand Challenges Ethiopia
CB 2: Improve development and management of human resource for health

- Human resource planning, development and management

Outcomes:
- Availability of adequate, competent, motivated and committed health professionals
CB3: Improve health infrastructure

- Involves development of standard design of health infrastructure, carry out their constructions, maintenance, renovation, rehabilitation, equipping and furnish them in user friendly manner

Outcomes:

- Create standardized and functional health facilities and ICT infrastructure for health and health related services
CB4: Enhance policy and procedures

- Strengthening health systems through continuous analysis and improvement of existing health and health related policies, proclamations, regulations, guidelines, standards, directives and other health related legal frameworks in the sprit of health in all policies

Outcomes:

- Enabling policy and legal environment that enhances the business processes in the health sector
Transformation agendas of the HSTP
Transforming the quality and equity of health care

The Hallmark of HSTP
Quality and equity

Equity in health care is ensuring availability of the best care to all whereby the quality of care provided does not differ by any personal characteristics including age, gender, socioeconomic status or place of residence unrelated to a patient's reason for seeking care.

Quality in health care refers to a care which is safe, reliable, patient-centered, efficient and provided to all in need in an equitable and timely manner.
Why quality and equity?

- Impressive progress in expanding access and dramatic improvements in critical health indicators

- A result of improvements in health status amongst disadvantaged groups, particularly those living in rural areas

- Substantial inequalities still exist in health outcomes based on differences in economic status, education, place of residence and sex
Equity in health care

- Equal access to essential health services
- Equal utilization of equal need
- Equal quality of care for all
Caring, respectful and compassionate health professionals

The heart of the HSTP
Caring, respectful, and compassionate health professionals

Compassionate care is about our individual willingness to be present, to be kind, to listen, to show appreciation and gratitude, and to respond to suffering.

- Patients are human beings
- Effective communication
- Respect for and facilitation of patients’ and families’ participation in decisions and care
- Proud and servant
Woreda transformation

The Engine of HSTP
Three components

Woreda transformation has three components

- Model Kebeles
- Financial protection through CBHI
- High-performing PHCUs
**Modele Kebeles**

- High coverage of model families
- Home-delivery free
- Open-defecation free
- Competency evaluation of model families
- Verification and graduation of model Kebeles
Financial protection

- Scale up community based health insurance scheme
- All households are covered with CBHI
- Health and health systems literacy
- Entitlement
High-performing PHCUs

- Quality management
- Data for decision making at local level
- Full time and empowered PHCU directors
- Strategy to turnaround low-performing PHCUs
- Effective governing boards
- Social accountability
Information revolution

- Reforming the methods and practice of collecting, analyzing, presenting and disseminating information
- A radical shift from traditional way of data utilization to a systematic information management
- Fundamental cultural and attitudinal change regarding perceived value and practical use of information
Why information revolution?

- A need to enhance use of data for decision making at health facility level
- Equity and quality requires data driven decisions
- Lots of opportunities particularly the availability of family folders, and ICT platforms
**What it entails?**

- Advancing the data collection, aggregation, reporting and analysis practice
- Promoting the culture of information use
- Harnessing ICT
- Data visibility and access
- Health information technicians
- Strengthening verification and feedback systems
- Data integration