

***Shared Challenges, Shared Opportunities:
Improving Health System Quality Globally***

**Case Focus: Ethiopia
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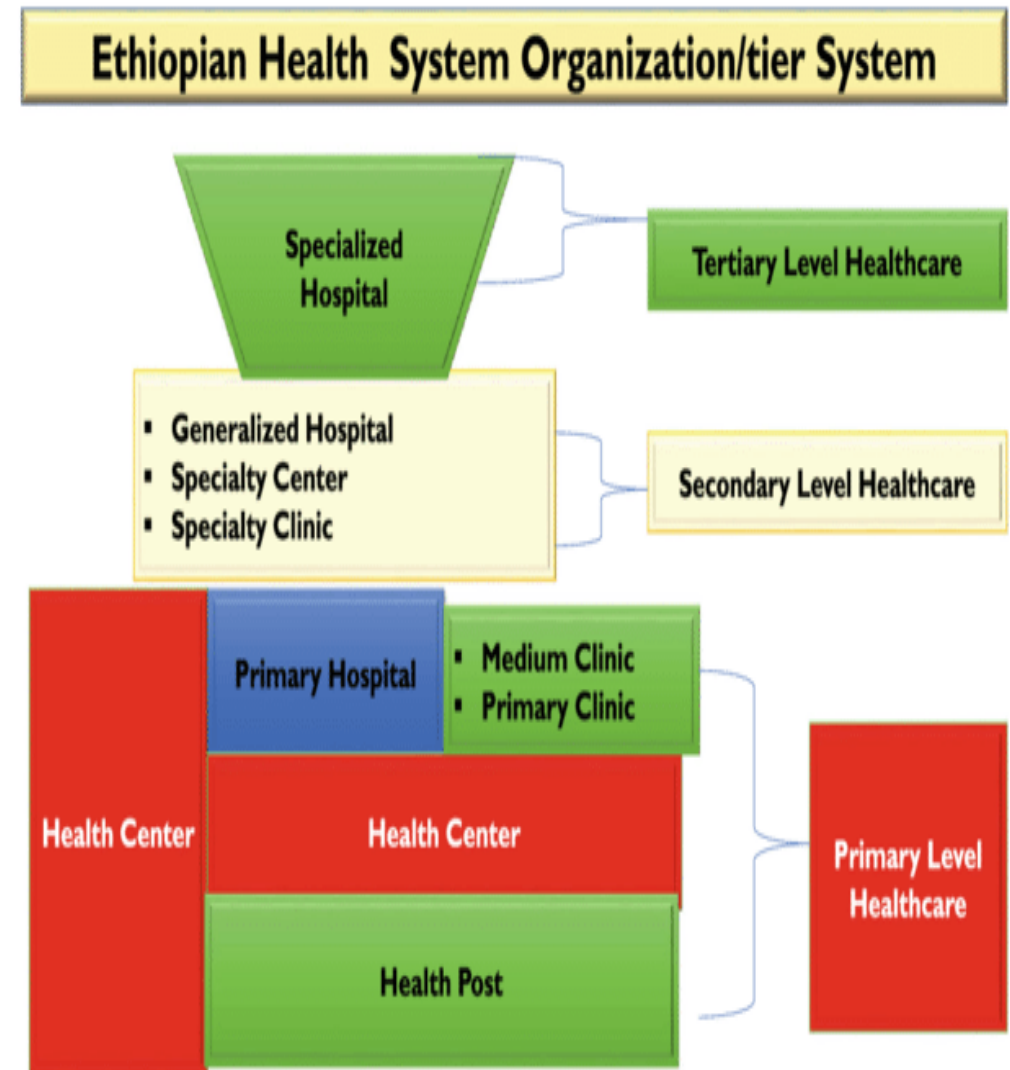
Outline



- ❑ Context and the Health Care Landscape
- ❑ The Health Extension Program
- ❑ Shared Challenges
- ❑ Practical Opportunities

Context — Ethiopia's Health System Landscape

- ❑ Population: ~120 million (2025 est.)
- ❑ Federal system with decentralized primary health care delivery
- ❑ Three-tiered system



The Health Extension Program (HEP)

- ❑ The implementation of health extension program
 - ❑ A flagship program for the health sector and backbone of community-based services
 - ❑ Over 40,000 health extension workers have been deployed to provide door-to-door family health packages, ensuring that essential health services reach families in their communities.
 - ❑ Social mobilization at the grassroots level has further strengthened these improvements by empowering mothers through the establishment of the Health Development Army
 - ❑ The support and partnership of development partners
 - ❑ Political commitment, which has been manifested in policy reforms aimed at improving maternal health.
- ❑ Achievements:
 - ❑ Significant progress in maternal, child health, and immunization coverage
 - ❑ Achievement of child health MDGs before target date
- ❑ However
 - ❑ 👉 Persistent disparities in service quality and equity

Shared Challenges: Ensuring Quality Across Decentralized Primary Health Care

- ❑ Fragmented quality monitoring and weak data systems
- ❑ Resource shortages (equipment, trained staff, medicines)
- ❑ Diminishing motivations (career structure and remuneration related issues)
- ❑ Limited supervision and performance management
- ❑ Variations in care standards across regions
- ❑ Underreporting of patient safety incidents

- ❑ 🙌 The 'quality gap':
 - ❑ Where access outpaces care quality — mirrors a global pattern

Practical Opportunity — Institutionalizing Quality through the National Quality Strategy

- ❑ Ethiopia's National Health Care Quality Strategy (2016–2025)
 - ❑ Vision: “Excellence in health care for all Ethiopians.”
 - ❑ Core components:
 - ❑ Leadership and governance for quality
 - ❑ Data-driven improvement cycles
 - ❑ Community engagement
 - ❑ Facility-level quality teams


- ❑ Opportunity: Integrate digital health and learning systems to strengthen data use and continuous improvement.

- ❑ Example: The Clean and Safe Health Facility (CASH) initiative improved infection prevention in over 2,000 centers
 - ❑ A scalable, low-cost success story.

Key Takeaways: From Challenge to Shared Learning

- ❑ Challenge: Uneven quality and safety across the health system
- ❑ Opportunity: Strengthen systems and culture for continuous quality improvement

- ❑ Shared Learning Points:
 - ❑ Quality improvement is a global challenge, not only a resource issue
 - ❑ Ethiopia shows the power of national strategy + local ownership
 - ❑ Investment in data, workforce motivation, and leadership drives impact

- ❑  Ethiopia's journey reflects global lessons: structured, context-driven quality improvement can deliver better outcomes.

