

Ethiopia

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Background

Over 100 million people live in Ethiopia, with many receiving health services through a three-tiered, public health system (1,2). Over the past two decades, the Ethiopian Federal Ministry of Health (FMOH) has sought to improve its health system by implementing four strategic Health Sector Development Plans (HSDP). Prior to 2014, objectives including maternal, newborn and child health, nutrition, and infectious disease, were often the focus of health policy in Ethiopia. The fifth and current strategic plan, the Health Sector Transformation Plan (HSTP), emphasizes an agenda for change specific to essential and emergency surgical and anaesthesia care (3). In line with the HSTP, the National Health Care Quality Strategy was launched in 2015 and included surgical services among its five priority intervention areas.

By implementing the HSTP, Ethiopia has made an unprecedented move, among low-income countries, to prioritize surgical system reform in the national health agenda. Preceding the World Health Assembly resolution 68.15 on emergency and essential surgical and anaesthesia care in May 2015, the lack of surgical services, workforce and infrastructure in Ethiopia had been identified as an issue of importance by the FMOH (4). Although it is estimated that over five million surgical interventions are needed in Ethiopia each year to adequately serve the needs of the population, other estimates show that no more than 200 000 surgeries (4%) are actually performed annually (1). Patients seeking surgical care in Ethiopia may experience waiting times as long as one or two years, especially at referral hospitals. The lack of access to quality care is further exacerbated by a shortage of qualified surgical and anaesthesia providers. As of July 2016, the surgical workforce was comprised of 1524 professionals including 277 general surgeons, 44 orthopaedic surgeons, 190 dental surgeons, 174 obstetric-gynaecologists, 91 ophthalmologists, 287 integrated emergency surgical officers, 57 anaesthetists, and 594 BSc.- or MSc.-level anaesthetists and Level 5 or advanced diploma certified anaesthetists (2, 5). Currently, Ethiopia remains far from meeting the goal of 20 SAO providers per 100 000 population recommended by the Lancet Commission on Global Surgery (6). Additional issues such as poor infrastructure, a weak management system for the supply chain of surgical equipment and consumables, limited coordination and leadership of surgical services, and lack of data and monitoring and evaluation also inhibit the provision of safe, affordable and quality surgical care.

To address these challenges and respond to the WHA resolution, the Ethiopian FMOH has developed and begun implementation of

the *Saving Lives through Safe Surgery* (SaLTS) initiative, a national surgical planning effort that aims to improve equitable access to safe and quality surgical and anaesthesia care in facilities across all levels of the health system.

Process

Development of a national initiative

The recommendations made at the 68th WHA provided the impetus for the national surgical planning process in Ethiopia. The concept was first introduced in 2015 by a former Minister of Health of Ethiopia, Dr Kaseteberhan Admasu. Discussions were initiated with FMOH officials, local surgeons, the Surgical Society of Ethiopia and the WHO Country Office Ethiopia that facilitated the drafting of a concept note which would serve as a basis for the SaLTS initiative.

Figure 1: SaLTS Initiative in Ethiopia



An expert working group of key individuals and organizations involved in surgery and anaesthesia was organized and tasked with drafting a strategic document for the development of a national surgical system in Ethiopia. Over a period of 5-6 months in the spring of 2015, this group met regularly to draft the initiative. Progress was continually reported to an executive leadership committee that included most of the leadership of the FMOH.

Early engagement with both local and international stakeholders successfully attracted support for the plan and its objectives. The FMOH met with potential stakeholders

including the GE Foundation and organizations involved in the SafeSurgery 2020 initiative, the American College of Surgeons (ACS), the College of Surgeons of East, Central and Southern Africa (COSECSA), the Surgical Society of Ethiopia (SSE), the Anaesthesia Society of Ethiopia, the Ethiopian Association of Anaesthetists (EAA), and the Ethiopian Society of Obstetrics and Gynaecologists (ESOG). Many of these meetings secured important partnerships for the new initiative. Stakeholder coordination and involvement was emphasized during the planning process, as they were regularly consulted by the Ministry committee and working group for insight, feedback and revisions as the plan began to take shape.

By late 2015, the first draft of a strategic document for the initiative in surgery and anaesthesia had been completed and approved by the Council of the Directorate (a FMOH management committee led by the Minister). The draft introduced a five-year plan to improve “access, quality and equity” of surgical care and anaesthesia and enable health facilities throughout Ethiopia to consistently deliver 76 key emergency and essential procedures in a surgical package defined by the expert working group (2). The plan was organized around eight pillars of excellence intended to guide the development and implementation of a national surgical, obstetric and anaesthesia care system: leadership and management, infrastructure, pharmaceuticals, human resource development, advocacy and partnership, innovations, quality of surgical and anaesthesia care service delivery, and monitoring and evaluation. A comprehensive budget and financing strategy was developed in addition to the strategic document, as the FMOH had been actively working to secure financial support for the plan from both the Government and stakeholders, as well as from more innovative sources such as unspent funds originally allocated to meeting the United Nations’ Sustainable Development Goals (SDGs).

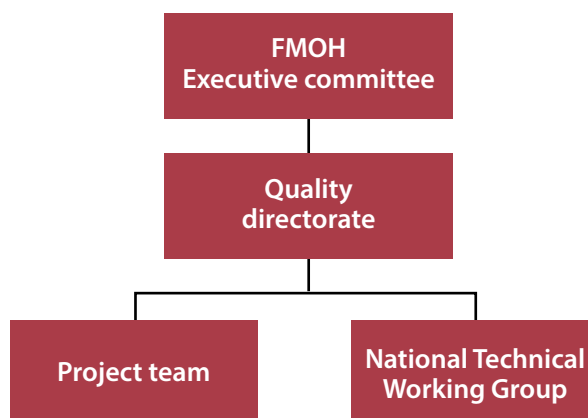
The plan, which is now known as the SaLTS initiative, was introduced to governmental, clinical and academic health institutions, representing all nine regions of Ethiopia, during the Annual Review Meeting of the Ethiopian Ministry of Health, in December 2015.

Management structure

National implementation of the SaLTS initiative is managed by three entities: a technical working group, project management team within the Health Services Quality Directorate of the FMOH, and an executive committee (2). The National Technical Working Group is responsible for organizing and initiating various activities and programmes within the SaLTS initiative. Among other responsibilities, the group has worked to finalize the strategic document, guidelines and tools needed to implement SaLTS, lead training sessions for regional health bureaux, and conduct monitoring and evaluation activities (2). Professionals from the Ministry and many stakeholder organizations and societies are involved in the activities of this group.

The Technical Working Group provides direct support and assistance for the project management team, located within the Health Services Quality Directorate of the FMOH that develops plans and oversees implementation. This team operates under the Executive Committee which provides high-level direction for all parts of the initiative. Members of this committee ensure that the emergency and essential surgical package is successfully implemented through the SaLTS initiative, determine the budget and provide approval for plans developed by the technical working group and management team. This management structure was developed with the intention of replicating it at all levels of the health system; to ensure that implementation of SaLTS successfully reaches across the whole of Ethiopia.

Figure 2: SaLTS Management Structure



Results

Many objectives within each of the eight intervention pillars of SaLTS have already been accomplished, including:

- completion of a five-year national strategic document for SaLTS;
- development of a national management system (see above) and formation of leadership teams at regional and facility levels;
- national SaLTS training in all regions and facilities throughout Ethiopia;
- successful launch of surgical team leadership and mentorship programmes in Tigray and Amhara Regions, in partnership with the GE Foundation SafeSurgery 2020 initiative, with programming currently being expanded to other regions;
- allocation of FMOH budget for a two-phase plan to construct 370 new operating theatre blocks nationally - eighty blocks are so far complete and construction has begun on the remaining 290 blocks;
- procurement of operation theatre equipment valued at US\$ 50 million with plans to distribute to facilities in all regions currently underway;

- development of a General Surgery Human Resources National Roadmap (approved), an Anaesthesia Human Resources National Roadmap (waiting for approval) and a National Essential Anaesthesia Equipment and Supplies Roadmap (waiting on approval);
- organization of the International Safe Surgery Conference for 2018 in collaboration with the African Union, COSECSA and Pan-African Academy of Christian Surgeons (PAACS), along with other advocacy events and publications;
- development and approval of a National Essential Surgical Procedures list;
- national implementation of the WHO Surgical Safety Checklist;
- implementation of an innovative oxygen delivery system at selected facilities and anticipated construction of new oxygen plants;
- creation of a monitoring and evaluation plan, necessary tools, and training modules so that all surgical facilities can be trained in monitoring and evaluation of SaLTS within a year;
- completion of a regional availability and surgical workforce needs assessment;
- launch of a comprehensive institutional assessment of all surgical facilities.

The challenges and successes experienced in Ethiopia during development of the SaLTS initiative provide valuable insights for other countries interested in developing a similar national surgical plan. Perhaps most importantly, the continuous, high-level commitment from Ministry of Health officials

has been fundamental to the success of a national initiative such as SaLTS. Through the leadership of a 'Safe Surgery Champion', the initiative was able to quickly gain momentum in the early stages of development, and the unrelenting involvement of many other members of the SaLTS management team have meant that the plan managed to endure recent institutional turnover which threatened to disrupt its progress. Significant investments in time and resources are needed from all levels of government and among stakeholders during this sort of process. Ethiopia prioritized the role of partners during the development process but intends to turn over implementation and management to regional health bureaux in an effort to increase engagement in lower levels of government.

Next steps

After nearly two years of planning and development, Ethiopia has initiated implementation of SaLTS and will soon become one of the first low-income countries to make a national commitment to safer, more accessible and affordable surgical and anaesthesia care. The success of the initiative demonstrates that the development of a national surgical plan is similarly achievable in other low- and middle-income countries.

Key successes/tips

1. Establish strong leadership and continued commitment within Ministry of Health.
2. Create social mobilization around an initiative to increase general awareness of current issues and garner national support for surgical system reform.
3. Prioritize active collaboration with partners and stakeholders throughout the development process, as many can offer expertise, guidance and additional funding.

Key challenges

1. Maintaining momentum throughout the planning process.
2. Lack of uniformity among regions during the implementation phase.
3. Forming key partnerships and attracting investments from local and international stakeholders.

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