

HEALTH WORKFORCE IMPROVEMENT PROGRAM (HWIP)

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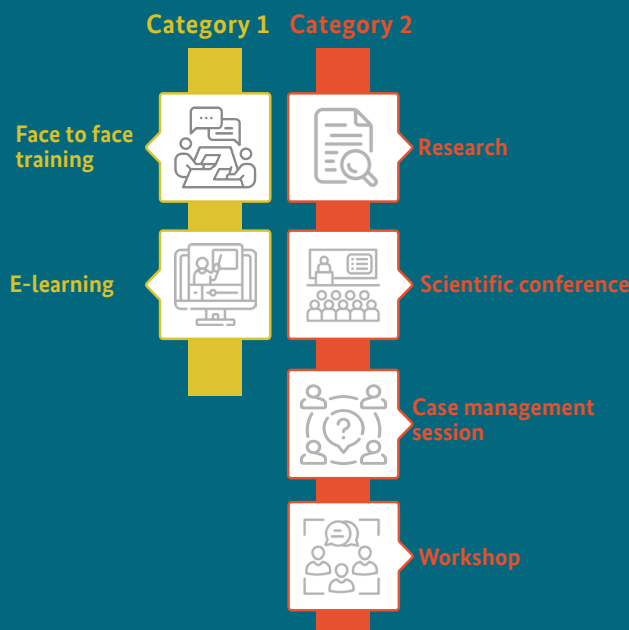


Strengthening Continuing Professional Development Systems to Improve Competence of Health Professionals in Ethiopia

Evolving population healthcare needs, advances in medical science and technology, and growing public expectations for higher quality healthcare necessitate that health professionals undertake continuous professional development (CPD) to update and enhance their knowledge, skills and attitudes[WHO, 2013]*. The Ethiopian Ministry of Health (MOH) recognizes the importance of CPD for human resources for health development in its policies and strategic plans. Notably, in 2013, the MOH issued a CPD implementation guideline and directive, making it compulsory for health professionals to demonstrate evidence of participation in standardized CPD[FMHACA, 2013]^.

However, implementation and enforcement of CPD was slow owing to limited capacity to provide and regulate CPD. To address this gap, the USAID Health Workforce Improvement Program (HWIP) has been supporting efforts to strengthen systems for providing and monitoring CPD since April 2020. The focus areas for the support are increasing demand for CPD, increasing access to quality CPD and strengthening governance and management of CPD. In this edition, we highlight progress made and challenges that need to be overcome in implementation of CPD.

CPD activities include but not limited to:



* World Health Organization (2013). Transforming and scaling up health professionals' education and training: World Health Organization guidelines 2013.

^ Ethiopian Food, Medicine and Healthcare Administration and Control Authority (2013). Directive on Continuing Professional Development for Health Professionals No.12./2013.

Increase Demand for CPD

Highlights of Demand Creation Activities



+420

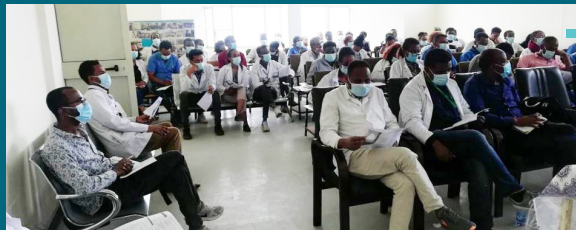
CPD advocacy and awareness sessions via social media networks.



CPD awareness creation during branch opening in Ambo, Ethiopian Medical Association



CPD advocacy and awareness at regional health bureaus, health facilities, and higher education institutions



CPD awareness at Amanuel Hospital by Ethiopian Association of Anesthetists



+64,383

Health workers reached through CPD awareness creations session

CPD advocacy at Gambella Regional Health Bureau by Ethiopian Association of Anesthetists



Promoted CPD during annual conferences, general assembly meetings and international days of medical, nursing, midwifery, anesthesia, health officer, pharmacy and laboratory professional associations

Increase Access to Quality CPD

Sufficient, relevant and quality CPD courses must be available and accessible for health workers. HWIP supported efforts of the MOH, the national CPD committee and professional associations to increase number of CPD providers and courses. It also drove efforts to increase availability and use of eLearning to improve accessibility. Besides, HWIP supported less developed regions to ensure equitable access to CPD.

Milestones Achieved in Increasing Access to CPD

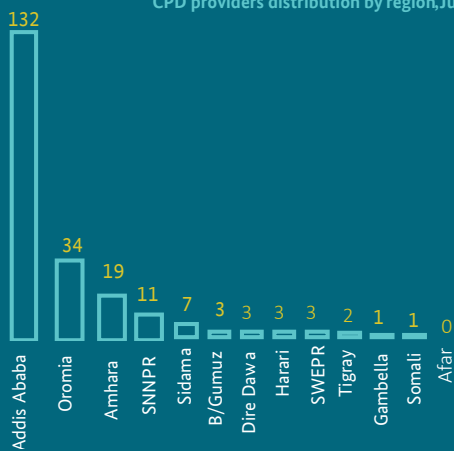
CPD providers increased from 21 in 2020 to **219** in 2023

943%

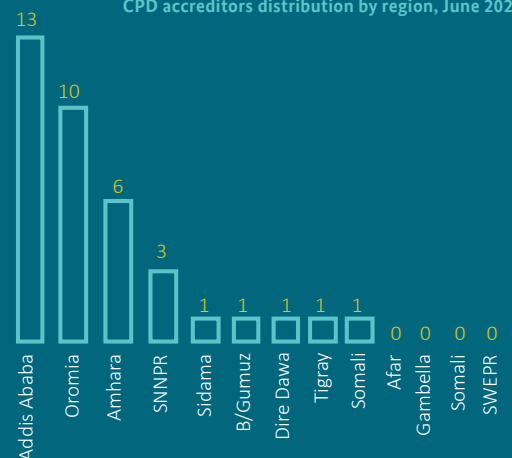
9%

CPD accreditors rose from 34 in 2021 to **37** in 2023


CPD providers distribution by region, June 2023



CPD accreditors distribution by region, June 2023



7 professional associations conducted national CPD training need assessment

 Partnered with the World Continuing Education Alliance (WCEA) to make thousands of internationally accredited online courses available

57 need based face to face CPD courses developed

8 CPD providers implemented digital learning solutions for CPD

45 e-learning courses developed

+93 CPD webinar series conducted

65 CPD courses reviewed and accredited.

Highlights on CPD Uptake



+314,370 WCEA e-learning courses completed by **25,142** learners by July 17, 2023.



55.4%
Male



24.9%
Female

* Incomplete gender data for 19.7%



Face to face training on different topics for **4,575** health workers



64%
Male

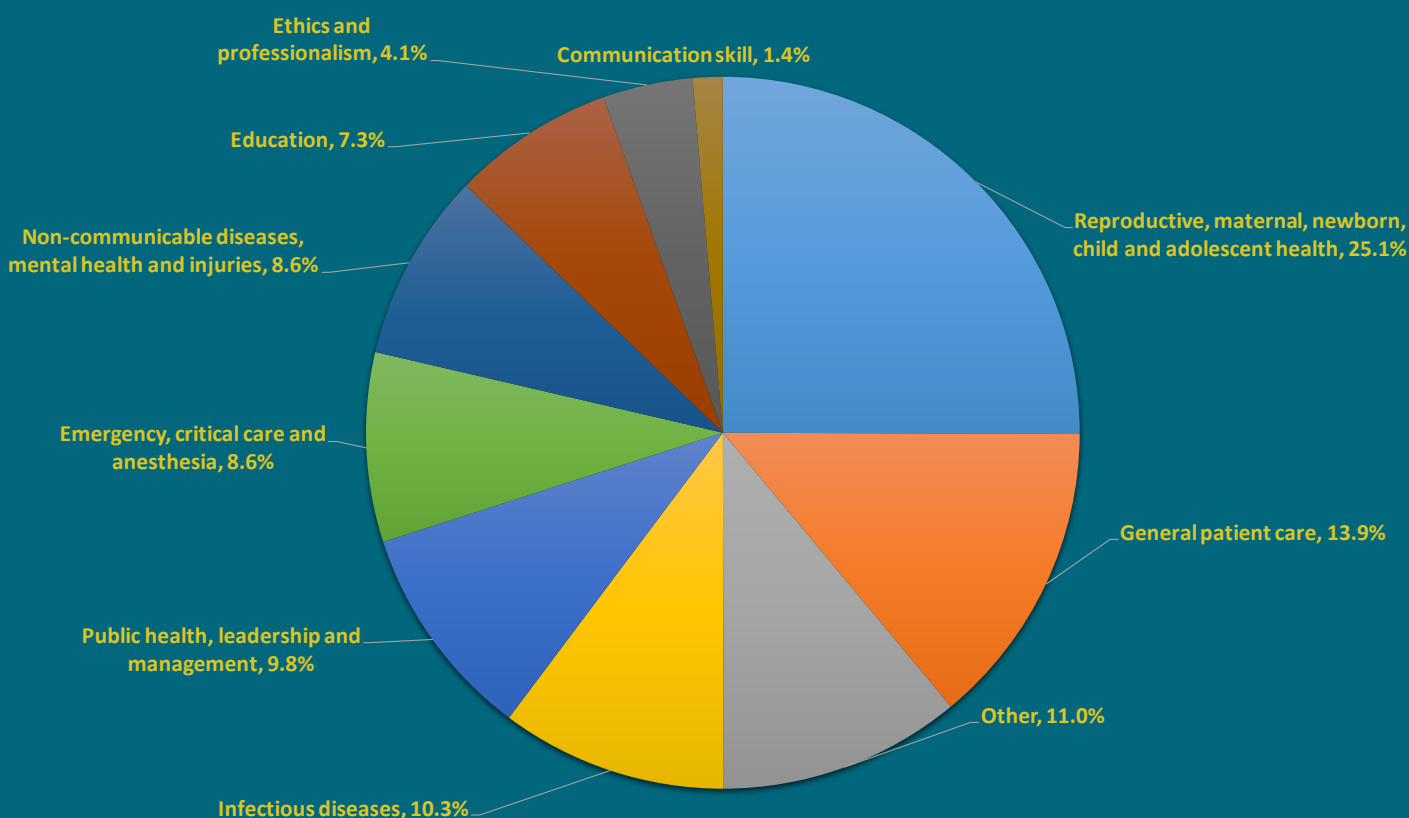


36%
Female



+9,498 health professionals participated in CPD credit bearing webinars

Trainees who completed courses on WCEA eLearning platform, by course category



Strengthen Governance and Management of CPD

Strong governance and management of CPD is crucial for quality, effectiveness and sustainability of the CPD program. HWIP has supported strengthening of national and regional CPD structures, development of a CPD roadmap (2021 to 2025), advocacy meetings to enforce CPD, and review and supervision of CPD implementation at national and sub-national levels.



CPD Structure and Staffing

Both the MOH and all regional health bureaus have structure and staff for coordinating CPD. However, only MOH has a dedicated CPD team.



CPD Regulation

8 regions (Addis Ababa, Dire Dawa, Gambella, Harari, Oromia, Sidama, Somali and Amhara health bureaus) have enforced the linkage of CPD with license renewal.



Tracking CPD

The recently launched iHRIS (integrated human resource information system) has a CPD module that will allow tracking of CPD participation at facility, regional and national levels.

Quality CPD Improves Practice

Post-anesthesia care units (PACU) are critical care units in hospitals where immediate postoperative care is given to surgical patients including the monitoring of vital signs, maintaining fluids, and pain management. Thus, improving standards of care at PACU has a direct impact on clinical outcomes. The Ethiopian Association of Anesthetists in collaboration with the MOH and HWIP designed a 5-day PACU training and trained 358 PACU and scrub nurses from 24 health facilities. A post training assessment to evaluate the effects of the course in six hospitals showed that compliance of facilities with PACU service delivery standards increased from 35.4% in 2020 to 72.9% in 2022.



PACU nurses from hospitals in SNNPR receiving training

36.3%

improvement in compliance with PACU service delivery standards

The introduction of PACU training materials, standards, and protocols, as well as the assignment of trained health professionals to that specific service unit, has led to a reduction in surgical morbidity and mortality.

Ato Eyob Kaleb, leader, Health System Innovation and Quality office, MOH



Challenges and Lessons

- o Shortage of finance to develop CPD courses and sponsor training participants hindered implementation of CPD. Health facilities and regional health bureaus need to allocate sufficient funds to support CPD aligned with performance gaps. Development partners should also provide financial assistance to CPD initiatives.
- o Inadequate number, uneven regional distribution and unbalanced professional and topic mix of CPD providers and courses limited accessibility and uptake of CPD. The MOH, RHBs, PAs, CPD providers and development partners need to work collaboratively to improve availability and accessibility of CPD opportunities especially for health workers in rural and remote places.
- o Poor ICT infrastructure, internet connectivity and digital skills retarded the use of digital learning technology for CPD. The Government needs to improve ICT infrastructure and internet access. It is also critical to improve digital skills of CPD providers and health workers.
- o Gender divide in CPD participation. Women often face challenges in accessing and participating in CPD activities possibly because of various factors such as limited digital skill and access to digital resources, lack of training programs tailored for women, difficulty of balancing career with family responsibilities, etc. Tackling this issue requires a collaborative effort from CPD providers, employers, government organizations, and civil society groups to create a more inclusive environment that encourages participation. In addition, all CPD providers should track gender related data and design a strategy for inclusive CPD program. Providing options like remote learning or flexible schedules, raising awareness about gender disparity within CPD and fostering a supportive environment are crucial.
- o The lack of centralized CPD data capturing and reporting system has made it difficult to track and monitor health workers' participation in CPD. There are also anecdotal reports of health workers producing forged CPD certificates. The recently launched iHRIS, which has a CPD module, is expected to fill this important gap. However, realizing this goal will require collaboration between regulatory bodies, CPD providers and employers.

The Way Forward

The progress of CPD implementation is encouraging. The number of CPD providers has increased markedly. A good number of health workers are engaging in CPD. Most RHBs have started enforcing CPD linkage with health workers license renewal. However, more collaborative effort and additional investment is needed to ensure every health worker everywhere has access to CPD relevant to the health needs of their communities and the health system. It is also necessary to strengthen capacity and systems for quality and equitable CPD provision and monitoring.



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A link to a brief
description of our
project is found

