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:**

- Face to face training
- E-learning
- Research
- Scientific conference
- Case management session
- Workshop

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Well-informed health professionals are likely to seek high-quality and relevant CPD opportunities and invest time for their competence development. In addition to ensuring excellence and responsiveness of healthcare, CPD can also enhance job satisfaction, motivation and career progression for health workers. HWIP supported the MOH and professional associations to conduct demand creation activities to increase understanding and commitment of health professionals for CPD using a variety of communication approaches, including mass media message, social media campaigns and face-to-face and virtual live discussions.

### Increase Demand for CPD

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#### Highlights of Demand Creation Activities

- **420 CPD advocacy and awareness sessions** via social media networks.
- **64,383 Health workers** reached through CPD awareness creation sessions.
- **Promoted CPD** during annual conferences, general assembly meetings and international days of medical, nursing, midwifery, anesthesia, health officer, pharmacy and laboratory professional associations.

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

*CPD awareness at Amanuel Hospital by Ethiopian Association of Anesthetists*

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

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

**943%** professional associations conducted national CPD training need assessment

**57** need based face to face CPD courses developed

**45** e-learning courses developed

**65** CPD courses reviewed and accredited.

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

CPD providers implemented digital learning solutions for CPD

CPD webinar series conducted
Highlights on CPD Uptake

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

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

55.4% Male
24.9% Female

* Incomplete gender data for 19.7%

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

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

- Reproductive, maternal, newborn, child and adolescent health, 25.1%
- General patient care, 13.9%
- Other, 11.0%
- Infectious diseases, 10.3%
- Public health, leadership and management, 9.8%
- Emergency, critical care and anesthesia, 8.6%
- Non-communicable diseases, mental health and injuries, 8.6%
- Education, 7.3%
- Communication skill, 1.4%
- Ethics and professionalism, 4.1%
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.

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.

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

- 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.

- 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.

- 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.

- 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.

- 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.