

Optimizing the Ethiopian Health Extension Programme: Strategies to address workforce challenges

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Key messages

Improving health worker job satisfaction can improve the quality of health care services: health extension workers in Ethiopia's Health Extension Programme have reported several factors that reduce their motivation, ultimately compromising service quality.

Health extension workers are impacted by a range of individual level and systemic factors: implementation of strategies must carefully consider possible context-specific barriers and enablers, including stakeholder commitment and resource and financial constraints.

Research needs to be conducted for the design of tailored solutions: a complementary mix of new and improved strategies are needed to overcome workforce challenges.

Strategies exist to optimise health extension worker performance: options include increasing salaries and/or introducing a mix of incentives; strengthening training and supervision; and enhancing career opportunities, particularly for rural health extension workers.

Executive summary

The Health Extension Programme (HEP) serves as a flagship programme in the delivery of primary health care (PHC) in Ethiopia. However, its implementation has faced various health system barriers. By laying out transformative strategies, the HEP Optimization Roadmap (2020–2035) presents an opportunity to restructure and standardize the programme's service delivery approach to ensure long-term sustainability and impact.

The mobilization of approximately 40 000 health extension workers (HEWs) has been critical in supporting the implementation of HEP. While much has been written about the challenges faced by HEWs in Ethiopia, evidence based on evaluations of initiatives to improve the working conditions of this cadre, and ultimately the health outcomes of the communities they serve, is limited.

Cause

The HEP has been lauded by many as a success, however there are growing concerns over the challenges faced by HEWs, including their remuneration levels, the absence of clear, functional career paths, and the lack of a supportive and continuous learning environment.

Impact

These obstacles have resulted in a growing lack of motivation and satisfaction, appropriate skills, and core competencies among HEWs, limiting the productivity and efficiency of the programme.

Response

Given the launch of the HEP Optimization Roadmap and the political commitment to HEP, there is an opportunity now to develop new strategies and allocate more resources to improve the working and training conditions of HEWs. We focus on three key areas in need of improvement: (1) payment and incentive structures for HEWs, (2) training programmes for HEWs with a revised focus on the efficient and effective delivery of essential health services, and (3) defining a clear career structure. See Table 1 for a summary of potential strategies.

Conclusions

HEP has had a positive impact on PHC delivery to communities in Ethiopia, however, implementation challenges remain. Reforms have been pursued, as is seen in the HEP Optimization Roadmap and the second Health Sector Transformation Plan (HSTP-II), but persistent workforce challenges undermine its potential success. Improving HEW incentives; strengthening training and supervision; and improving career progression pathways, particularly for rural

HEWs, have been identified as potential strategies for overcoming HEP workforce challenges. Context-specific evidence on the feasibility and impact of any new strategies is needed to support decision-making. Implementing changes will require consideration of the interplay between the different interventions, strong stakeholder commitment, and financial investment in order to optimize HEP and meet the evolving needs of communities.

Table 1. Summary of the six strategies to address HEW workforce challenges to optimize HEP

HEW workforce challenges	Six strategies to optimize HEP
<p>a) Inadequate salaries and incentives:</p> <ul style="list-style-type: none">• Salaries perceived as inadequate.• Absence of salary increments, incentives, and overtime pay.• Salaries and benefit packages are not uniform across regions.• HEP non-salary incentives absent and unclear.• Lack of appreciation by community and supervisors.	<p>1. Salary incentives:</p> <ul style="list-style-type: none">• Increased, timely, and reliable salaries.• Salaries commensurate with job demands, hours, and training.• Benchmarking salaries against the local minimum wage.• Equally distributed incentives among health workers.• Engaging high-level policy makers: resources and priorities. <p>2. Clear and predictable non-salary incentives:</p> <ul style="list-style-type: none">• Material incentives: performance bonuses and social incentives.• Non-material incentives: recognition, tailored to the context.
<p>b) Lack of training, support, and supervision:</p> <ul style="list-style-type: none">• Knowledge gaps: low completion rate of refresher training.• Non-communicable disease courses are the least attended.• Poor training facilities and insufficient practical sessions.• Training irregular and inadequate in duration.• Mismatch between HEW training and requisite HEP skills.• Inadequate frequency, content, and feedback in supervision.	<p>3. In-service training:</p> <ul style="list-style-type: none">• Dedicated and regular training that reflects tasks performed by HEWs.• Investing in the capacity of health worker training institutions.• Health worker recognition: competency-based formal certification.• Technology: alleviate infrastructure barriers and trainer workload. <p>4. HEW supervision:</p> <ul style="list-style-type: none">• Improving supervision quality – not just frequency.• Supervisor support: community monitoring and supervision packages.• Integrating digital technologies and mobile health interventions.• Appointing dedicated supervisors with a singular focus on HEW supervision.
<p>c) Limited opportunities for career development:</p> <ul style="list-style-type: none">• Many HEWs do not have pre-service training (level 3).• Lack of school diploma (required for level 3 or 4 qualification).• Limited promotion or transfer opportunities, namely rural to urban.• Career path beyond degree level not clearly articulated.	<p>5. Career pathways:</p> <ul style="list-style-type: none">• Clear career ladder: improves HEW recruitment, retention, and job satisfaction.• Allowing competent HEWs to compete for high cadre positions.• Tailored motivational packages with career development opportunities. <p>6. Opportunities for rural and unqualified HEWs:</p> <ul style="list-style-type: none">• Academic bridging programmes for rural students and level 3 attainment.• Quality and accessible rural pre-service training in multiple languages.• Entrance examination and revised entrance criteria: attract better candidates.• Link education programmes to rural career paths: retain skilled rural HEWs.

Policy implications

Evidence suggests the following strategies and considerations when implementing and scaling up the HEP

Optimization Roadmap:

Introduce a complementary mix of strategies to overcome HEP workforce challenges

- Introduce a mix of new financial and non-financial incentives: focus on potentially low-cost solutions such as awards for good performance.
- Improve training and supervision: consider digital and mobile health technologies to improve the quality and accessibility of offerings, reduce language-barriers, and introduce new supportive supervision models.
- Provide clarity on career progression pathways: include allowing HEWs to occupy other health system roles.
- Implement targeted policies to improve the education and career opportunities of individuals from a rural background: pursue both short-term (for example, bridging programmes) and long-term solutions (for example, improving primary and secondary education).

Strategically prioritise resources

Resource constraints will require trade-offs between the different options, which need to be considered when designing complete strategies.

Conduct research on strategies to optimize the productivity of HEWs in Ethiopia

There is currently limited evidence on the impact of such policies, particularly context-specific evidence and evidence on how policies complement each other.

Design policies that can be practically implemented

Prior to widespread implementation, there is a need for feasibility research and rigorous evaluation of specific policy options, including cost-effectiveness research.

About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa (WHO AFRO) through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

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