

The Power of Partnerships:

AIHA's Twinning Partnership to Strengthen Primary Health Care in Ethiopia

AIHA recently celebrated the successful conclusion of its four-year project to strengthen Ethiopia's capacity to provide high quality primary health care (PHC) services, which was launched in 2020 with support from the [Bill and Melinda Gates Foundation](#).

A key pathway for achieving the project's objective was building the organizational and operational capacity of the [International Institute for Primary Health Care – Ethiopia](#) (IPHC-E) to serve as a national and regional resource for the delivery of essential curative and preventive services and care to people throughout Ethiopia.



The IPHC-E was established in 2016 by the [Federal Ministry of Health](#) to strengthen Ethiopia's primary health care system in the context of achieving [universal health coverage](#) (UHC) and meeting the [Sustainable Development Goals](#) (SDGs) for health. It is envisioned that the Institute will be transformed into a Center of Excellence in PHC Training, Advocacy, and Evidence Generation and ultimately serve as the first WHO Collaborative Center for PHC on the African continent.



In keeping with AIHA's twinning model, the project was rooted in experiential learning and peer-to-peer exchanges – like this one at a community clinic in Australia – that focused on sharing and adapting best practices in primary health care to strengthen Ethiopia's capacity to train frontline health workers and build sustainable systems to meet the health needs of its citizens.

During the early months of the project, AIHA collaborated with IPHC-E leadership, expert consultants, and other key stakeholders to conduct a comprehensive needs assessment to identify training gaps and review existing policies, infrastructure, service delivery operations, leadership capacity, and other critical areas. Based on the findings, AIHA established a twinning

partnership linking the University of Queensland (UQ) with IPHC-E to facilitate effective peer-to-peer institutional and human resource capacity building efforts in December 2021. Together, the partners worked to build Ethiopia's capacity, starting with an introduction to successful PHC systems effectively operating in Australia, as well as other selected countries.

According to UQ School of Public Health Associate Professor Dr. Yibeltal Alemu, who served as the partnership's design and delivery lead, the first phase of the project focused on building IPHC-E's operational and technical capacity and providing support for national-level advocacy efforts. But, before their work could start, it was crucial to recognize some of the very real obstacles they faced.

"Ethiopia's efforts to deliver quality PHC are hindered by a complex set of challenges, including the dual burden of communicable and non-communicable diseases (NCDs), which strain an already overloaded health system," Dr. Yibeltal said. "The burden of endemic diseases such as malaria, tuberculosis, and HIV/AIDS, and the rise of NCDs such as diabetes and cardiovascular disease, combined with public health emergencies, highlight the need for better disease surveillance and emergency response strategies," he explained, noting that the country also faces significant logistical issues, such as poor infrastructure, limited transportation, and unreliable supply chains, especially in rural parts of the country



Dr. Yibeltal Alemu

Ethiopia is also facing a severe shortage of skilled healthcare workers and inadequate resources for health extension workers, which combine to hamper service delivery, while health system financing and governance challenges further exacerbate inequities and impede progress, Dr. Yibeltal said, stressing, "It is vital to address these challenges to create a more resilient and equitable PHC system that supports UHC and health security."



Dr. Eskinder Wolka

Building on Dr. Yibeltal's comments, IPHC-E National PHC Program Lead Dr. Eskinder Wolka described some of the challenges Ethiopia faces as it works to deliver quality PHC services. "Despite progress and achievements in the sector, the burden of both communicable and non-communicable diseases, coupled with repeated epidemics, is a challenge. Logistics and other issues, such as inadequate infrastructure and a weak supply chain system, also present challenges," he said. Dr. Eskinder also cited workforce training, staff motivation and retention, and inadequate allocation and inefficient utilization of limited funds as key stressors to Ethiopia's PHC system.

To meet these challenges, AIHA and the partners worked to develop internationally standardized training curricula designed to equip local trainers and mentors with the knowledge and skills needed to effectively train more PHC professionals throughout the country. By the end of the project, partners had developed [28 course modules](#) on various primary care policy,

systems management, and service delivery topics – including several on critical emerging public health concerns such as climate and health and pandemic preparedness.

“The new courses on pandemic preparedness and climate-resilient primary health care are very crucial,” said IPHC-E Director of Programs Dr. Anteneh Zewdie. “These courses enhanced the knowledge and understanding of staff and created a pool of experts at both the national and sub-national levels, which is especially important because emerging and re-emerging infectious disease outbreaks are pressing challenges in the country,” he stressed.

Recognizing that human resources are essential building blocks of any healthcare system, the team also worked to introduce more efficient human resources management for PHC and to strengthen the leadership, management, and governance of the PHC system to make it more sustainable and outcome-oriented. Two key approaches used to accomplish this were building the capacity of the IPHC-E team through experiential learning and well-designed courses and training programs, and by establishing PHC Hubs at sub-national level, according to Dr. Anteneh.

Calling the outcomes of these two activity streams some of the greatest achievements of the partnership, Dr. Anteneh explained how the team delivered a series of capacity-building trainings to staff at the six PHC Hubs, who in turn cascaded these trainings to health workers in their respective regions of Arba Minch, Bahir Dar, Gondar, Hawassa, Jimma, and Jigjiga.

“IPHC-E and PHC Hub staff also participated in experiential learning visits to Cambodia, South Africa, Thailand, and [Vietnam](#). This really helped to expand insight and understanding of how primary health care should be designed to respond to the needs, preferences, and values of households and communities,” Dr. Anteneh said.

Stressing how invaluable these exchanges were for expanding the knowledge and broadening the perspectives of the IPHC-E team, Dr. Yibeltal agreed, stating, “Site visits offered practical insights for improving Ethiopia’s PHC policies and practices – particularly in the areas of community engagement and task-shifting, which are essential to enhancing service delivery in Ethiopia’s often remote and underserved regions.”



Dr. Anteneh Zewdie

According to Dr. Anteneh, the partnership also built a strong foundation for the IPHC-E to become a Center of Excellence for PHC Training, as well as the first WHO Collaborating Center for Primary Health Care in Africa. “It supported outlining different options for IPHC-E registration and the development of a roadmap for working with WHO, including facilitating a meeting with the Director General of the WHO Collaborating Center for PHC in Europe and helping to create a strong relationship with WHO’s Special Program for PHC and Alliance for Health Policy and System Research,” he explained. By the conclusion of the project in late 2024, IPHC-E was officially registered as an independent entity, representing an important step in this process.

AIHA and the partners also collaborated to strengthen IPHC-E's capacity to effectively advocate for PHC on a national and international level, as well as to expand knowledge management capacity to better ensure access to information and training materials for health workers and decision-makers throughout the country.



Ms. Luidina Hailu

Calling the project instrumental in the launch of IPHC-E's advocacy work, Luidina Hailu, the institute's Advocacy and Communications Lead, explained, "The concept of public health advocacy remains relatively nascent in Ethiopia, presenting a significant challenge to advancing health equity. This lack of awareness and understanding extends to both high-level officials and public health experts. Consequently, the research-policy-advocacy-decision-making cycle, crucial for translating evidence into impactful policy changes, is not well understood or consistently practiced."

Many health professionals in Ethiopia lack the skills and experience necessary to effectively conduct research, frame policy recommendations, build coalitions, influence decision-makers, and monitor policy implementation, according to Ms. Hailu.

"The program's initial activities, including an advocacy capacity-building training and needs assessment, provided a strong foundation for future advocacy efforts. This experience highlighted significant knowledge and skills gaps within the Ethiopian context, underscoring the vital role of IPHC-E's Advocacy Department," Ms. Hailu said, stressing the fact that this gap significantly hinders the translation of research findings into tangible improvements in public health. "There is a need to cultivate a stronger advocacy culture, to build capacity among health professionals, and to raise awareness among policymakers regarding the vital role advocacy plays in achieving national health goals. This program served as a highly successful entry point, providing crucial initial momentum for our advocacy work," she continued.

In September 2023, AIHA supported the International Conference on Primary Health Care conducted by IPHC-E and Ethiopia's Federal Ministry of Health. The event in Addis Ababa brought together some 600 PHC experts from around the globe, drew attention to the importance of PHC, and showcased many of the project's achievements.



Ms. Emebet Zerfu, IPHC-E Knowledge Management Lead, explained how the project helped advance knowledge management practices among staff at the IPHC-E and its regional PHC Hubs. "The support from AIHA has been instrumental in significantly enhancing our Knowledge

Management Program’s capacity to support the PHC Hubs by strengthening their libraries. In just three months, over 10,000 new resources were uploaded across the hubs and many relevant items were digitized and added to the library systems thanks to the provision of book scanners to each partner,” she said, noting that AIHA provided computers and IPHC-E provided technical assistance for partners that lacked established knowledge management centers or libraries.

“The partnership also facilitated the implementation of a resource sharing platform, known as the Ethiopian Central Discovery System (ECDS). This initiative is vital as it addresses the lack of a unified platform for sharing PHC-related resources among PHC Hubs and health partners throughout Ethiopia,” Ms. Zerfu said.

The study tours to Australia and Cambodia offered valuable opportunities to gain international insights into knowledge management practices, according to Ms. Zerfu, because many of the institutions visited are actively engaged in knowledge generation and management. “The tours resulted in a wealth of high-quality online resources in PHC. The IPHC-E Resource Center has aggregated the knowledge resources from the visited organizations and provided external links to end-users through its information and communications technology infrastructure. As a result, the Center has effectively disseminated knowledge and research publications, enhancing their visibility and usability,” she continued.

“The technical assistance gained through the partnership will be vital for sustaining and expanding knowledge management initiatives at IPHC-E and its PHC Hubs. The ECDS will enable resource sharing among health partners, promoting a collaborative environment for knowledge exchange,” Ms. Zerfu stressed, concluding, “Overall, this collaboration will improve access to health resources and enhance knowledge sharing throughout Ethiopia.”



University of Queensland partners review clinical protocols with their counterparts during a learning exchange visit to a Health Post in Ethiopia.

Peer-to-peer professional exchanges such as this one are a hallmark of AIHA’s twinning partnership model and a highly effective method of knowledge transfer.

The capacity-building and technical assistance efforts implemented through this partnership established a strong foundation for long-term sustainability and growth at IPHC-E – and across Ethiopia’s PHC system as a whole – according to Dr. Yibeltal.

“The training and mentorship have equipped staff with key skills in pandemic preparedness, climate-resilient PHC, policy analysis, advocacy, and so much more. This has enabled IPHC-E to independently train future healthcare leaders and address Ethiopia’s health system challenges, while the development of training manuals and training of trainers courses provided to the regional hubs ensure the integration of this knowledge into the health system,” he explained.

“IPHC-E’s efforts to secure WHO Collaborating Center status and to enhance its advocacy capacity will elevate its influence globally and integrating climate-resilient PHC and pandemic preparedness into national strategies strengthens Ethiopia’s PHC system, moving it toward health security and universal health coverage,” Dr. Yibeltal stressed, explaining that continued collaboration will further expand the impact of these efforts and position the IPHC-E as a leader in shaping PHC policy both nationally and internationally.

“The twinning partnership model has proven to be highly effective in fostering knowledge exchange, skills development, and resource sharing, paving the way for similar initiatives that can further strengthen health systems worldwide,” he concluded. “Overall, the achievements of this project serve as a reminder of the potential of twinning partnerships to drive systemic changes to enhance primary care.”

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