



SPOTLIGHT ON:

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Testimonials
about the impact
of AIHA's Primary Health Care
Twinning Partnership in Ethiopia

Can you please share what you feel are the greatest successes of the partnership from your perspective?

Building staff capacity at IPHC-E and establishing the regional PHC Hubs, which empowers the IPHC-E's sub-national presence, creates networks and a pool of experts and practitioners, as well as paves the way for IPHC-E to become a WHO Collaborating Center for PHC are key successes of the partnership.

Another success has been building the capacity of the IPHC-E team and the PHC Hubs through experiential learning and well-designed courses and training programs. IPHC-E and Hub staff received several capacity building trainings and also participated in experiential learning visits to Cambodia, Thailand, South Africa, and Vietnam. This really helped to expand insight and understanding how primary health care should be designed to respond to the needs, preferences, and values of household and communities.

The partnership has also been successful at building a strong foundation for the IPHC-E to become a WHO Collaborating Center for Primary Health Care. It supported outlining the different options for IPHC-E registration, developed a concrete roadmap for becoming a WHOCC, and built the necessary institutional and human resource capacity. Furthermore, it facilitated meetings with the WHO Director General and the WHOCC for PHC in Europe's team, as well as enabled us to create a strong relationship with WHO's Special Program on PHC and the Alliance for Health Policy and System Research. Through all this, the partnership played a key role in paving the way for us to become a WHO Collaborating Center for Primary Health Care.

What were some of the main obstacles you encountered and what, if anything, were you able to do to overcome these challenges?

One of the main obstacles we faced had to do with a tech company we engaged, which was not able to deliver on time. Hence, we were not able to support the federated searches for PHC Hubs and facilitate some resource exchanges that were planned.

What do you see as the main challenges as Ethiopia works to deliver quality PHC services to its citizens - whether it is diseases or conditions, or on a logistical, training, or service delivery level?

I think the main challenge with regard to delivering quality primary health care services in Ethiopia is the implementation capacity at sub-national level. There are great policies, but the translation of policies in to practice is challenging. For example, the HEP optimization roadmap was a well-designed document, but actual implementation is a challenge due to governance, leadership, logistical, and human resource gaps, among other things.

How do you feel the new courses on pandemic preparedness and climate-resilient PHC will help strengthen primary care in Ethiopia and can you please provide some information on why these topics are so important?

These new courses on pandemic preparedness and climate resilient PHC are very crucial. These courses enhance the knowledge and understanding of staff and are creating a pool of experts at both the national and sub-national levels, especially when emerging, and re-emerging infectious diseases and outbreaks, such as malaria are pressing challenges in the country.

How do you think the technical assistance you received through this partnership and the knowledge and skills gained will be sustained and expanded at IPHC-E as an institution and in Ethiopia as a whole?

This project represents a great example of how technical assistance should be accorded to an institution under a twinning partnership. The University of Queensland (UQ) was a great choice, particularly given its reputation as a world-renowned school of public health and the fact that Dr. Yibeltal was leading on the UQ side.

The partnership built the capacity of staff at IPHC-E, as well as the PHC Hubs. This needs to be sustained and expanded at IPHC-E, and in Ethiopia as a whole. We have been working in six Hubs, but the need is great, particularly given the health challenges we are facing in Ethiopia. We now have trained experts who can deliver capacity building trainings and engage in PHC evidence synthesis. And, the IPHC-E will integrate some of the key activities within its ongoing projects and find funding to scale up others, for example establishing PHC Hubs in other parts of the country.

Is there anything that you had hoped to accomplish through the project, but did not?

I think almost everything is accomplished as planned, with exception of the Central Discovery System I already mentioned, which would enable federated research to share knowledge between universities.

Is there anything else you think it is important to say?

I would really like to acknowledge the leadership of AIHA in coming up with this twinning partnership project. They identified and supported ways to bridge key gaps at the IPHC-E and were able to understand our requests and work with us closely. We were truly engaged in all the twinning processes, in selecting consultants, identifying our twinning partner, and the delivery of all services in a more collaborative way, which enabled us to make a right decision in bringing the University of Queensland on board.

Our UQ partners were able to deliver exceptionality beyond our expectation for two reasons. First, UQ is a globally renowned school of public health globally and, second, because Dr. Yibeltal was the lead and PI on the UQ side. In addition, the partnership was successful partly because of the flexibility AIHA and UQ in accommodating the requests from IPHC-E and the PHC hubs, so the technical support was truly aligned with our needs.