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MINISTRY OF HEALTH - ETHIOPIA

ETHIOPIAN HEALTHCARE ACCREDITATION PROGRAM ROADMAP



A VISION FOR 2015-2022 EFY (2023-2030)

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H.E Dr. Ayele Teshome

State Minister, Ministry of Health

Forwards from the State Minister

With immense pride and anticipation, I present the Ethiopian Healthcare Accreditation Roadmap, a testament to our unwavering commitment to transforming the quality and safety of healthcare in Ethiopia.

Ethiopia has embarked on a transformative journey to elevate the quality of healthcare through the implementation of the National Health Quality Strategy (NQSS). This strategy has established ambitious targets to address key quality challenges and foster improvements in clinical care outcomes, patient safety, and patient-centeredness. During this period, improvement and learning collaborative platforms were established, and healthcare quality was integrated into all health programs with regular measurement and improvement cycles. These efforts led to tangible improvements in healthcare quality, increased access to and utilization of health services, and enhanced health outcome indicators, including a significant reduction in morbidity and mortality from major communicable diseases.

Building upon the foundation laid in the Health Sector Transformation Plans, the Ethiopian Healthcare Accreditation Roadmap aligns with key stakeholders to drive large-scale improvements in quality of care, medical tourism, and public trust through accreditation of healthcare services over the next ten years.

The roadmap development process has been characterized by extensive stakeholder engagement, ensuring that their insights have been carefully considered. Additionally, global accreditation best practices have been adapted to the specific context of Ethiopia.

To effectively implement the National Healthcare Accreditation, seven strategic initiatives have been identified: accreditation standards development, enhancing health facility support, fostering stakeholder engagement, strengthening capacity, information and communication systems, support for health facilities, performance monitoring and evaluation ad recognition and incentives systems.

The successful implementation of these strategic initiatives will enable us to achieve the ambitious targets outlined in the roadmap. This endeavor requires a collaborative approach with strong political support, active participation of the health workforce, and contributions from all stakeholders.

We extend our heartfelt gratitude to all who have contributed to the development of this strategy and urge all stakeholders to continue their unwavering efforts to transform the quality and safety of our healthcare system and meet the ambitious targets outlined in the roadmap.

Together, we can achieve our vision of a healthcare system that consistently delivers high-quality, patient-centred care for all Ethiopians.

With hope and optimism,



Ayele Teshome (MD, OBGY, IA)

State Minister, Ministry of Health

Acknowledgements from LEO



Dr. Abas Hassen Yesuf

Lead Executive Officer, HSIQ Lead Executive Office

With profound gratitude, the Lead Executive Office for the Health System Quality and Innovation acknowledges the exceptional contributions of individuals and organizations who have played a pivotal role in the development of this comprehensive national healthcare accreditation roadmap.

Their expertise, dedication, and unwavering support have been instrumental in crafting a roadmap that will pave the way for enhanced healthcare quality and safety in Ethiopia.

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Furthermore, the LEO extends its deepest appreciation to its staff for working group coordination, resource mobilization, and workshop facilitation efforts. Their leadership and commitment have been instrumental in guiding the development process and ensuring the roadmap's success.

In particular, the LEO recognizes the invaluable contributions of the following individuals who have provided their expertise and guidance throughout the development phase:

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1. Introduction

1.1. Background

Ethiopia, as a developing country, recognizes the importance of improving the quality of healthcare services and ensuring patient safety across its health facilities. In line with this commitment, the Ethiopian government has established an accreditation institute, Ethiopian Accreditation Service, and has emphasized on the importance of accreditation of public and private organizations including health facilities.

Accreditation of health facilities plays a crucial role in promoting uniform standards, enhancing patient care, and driving continuous quality improvement efforts. It provides an opportunity for health facilities to assess their performance, identify areas for improvement, and meet internationally recognized quality standards. Driven by the need to elevate the healthcare sector and address the challenges in service delivery, the Ministry of Health in Ethiopia has initiated the development of a healthcare accreditation roadmap. This comprehensive document aims to provide a structured approach and step-by-step guidance to healthcare facilities in Ethiopia as they embark on their accreditation journey.

The roadmap takes into account the unique healthcare landscape and challenges faced by health facilities in Ethiopia, including resource constraints, infrastructure limitations, skilled workforce shortages, and regional disparities. It outlines strategies tailored to the Ethiopian context, guiding the accreditation process, while considering the specific needs and realities of the country's healthcare system.

Furthermore, the development of the healthcare accreditation roadmap involves collaboration with experts and stakeholders from all relevant institutions in Ethiopia and abroad. Their valuable insights, knowledge, and expertise have contributed to the comprehensive nature of this roadmap, ensuring its relevance and applicability across diverse healthcare settings in the country.

In summary, the healthcare accreditation roadmap in Ethiopia is a strategic initiative aimed at improving the quality of healthcare services and promoting patient safety. It serves as a guiding document to support all stakeholders in navigating the accreditation process effectively, through the progress towards ensuring delivery of high-quality care to all Ethiopian citizens.

1.2. Situational Analysis

The Ministry of Health (MoH) has shown a strong commitment to quality and safety in healthcare by making it a central focus of HSDIP. This commitment is evident in the implementation of national health facility standards across various service areas. The MoH has also taken steps to improve the quality of healthcare delivery by restructuring the healthcare system at all levels and incorporating digitization and technology into healthcare provision, data management, imaging, and laboratory services. The government's ambition to make Ethiopia a leading destination for

medical tourism, coupled with its experience with PPP policies and international accreditation, will further support the adoption of accreditation standards.

Despite these efforts, there are still challenges to overcome in achieving accreditation for medical services. These challenges include suboptimal healthcare service quality, weak implementation of national health facility minimum standards, limited competency of healthcare workers, poor motivation and retention mechanisms for healthcare professionals, the absence of scope-based practice, and inadequate data quality and evidence-based decision-making. Additionally, ICT shortcomings, security concerns, unforeseen medical problems, a lack of competitive insurance options, and low public trust in healthcare services could further hinder accreditation efforts. The detail SWOT analysis is annexed.

In the process of health facilities accreditation, multiple stakeholders will be involved based on their national mandate and responsibilities. Ministry of Health will lead the national steering committee in collaboration with ministry of trade and regional integration and Ministry of innovation. Under the two ministries the main stakeholders will be institute of Ethiopia standards, Ethiopia accreditation service, Ethiopia conformity assessment and Ethiopian technology authority will be the main stakeholders. Technical and financial support will be expected from development partner. The detail stakeholder analysis is annexed at annex II.

1.3. Overview of Accreditation

1.3.1. Definition of Accreditation

Accreditation, in general, refers to the process of external evaluation and recognition of an institution's or program's compliance with specific standards or criteria set by accrediting bodies. Accreditation aims to ensure that the institution or program meets certain quality benchmarks and provides adequate services or outcomes.

When it comes to health facilities, accreditation is particularly important as it ensures that these facilities meet specific standards related to patient care, safety, and quality of services. Health facility accreditation typically involves an assessment of various aspects, including clinical processes, infrastructure, infection control, patient rights, record keeping, and staff training.

1.3.2. Accreditation Bodies

There are a number of accrediting bodies that accredit healthcare organizations in the in the world. The most well-known accrediting body are The Joint Commission International, International Society for Quality in Health Care, and World Health Organization. Different institutions and accrediting bodies may have their own definitions and approaches to health facility accreditation.

World Health Organization (WHO): WHO plays a significant role in setting global health standards. They define accreditation as "a self-assessment and external peer assessment process used by health systems to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve."

International Society for Quality in Health Care (ISQua): ISQua is a global organization focused on healthcare quality improvement. They describe accreditation as " self-assessment and external peer review process used by health and social care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health or social care system"

The Joint Commission International (JCI): JCI is a prominent accrediting body in the United States. According to JCI, accreditation is "a voluntary process of external evaluation that recognizes organizations that provide safe and effective patient care of the highest quality and value."

1.3.3. Healthcare Facility Accreditation Standards and Requirements

Accreditation standards and requirements are a set of guidelines that healthcare facilities must follow in order to be accredited by an accrediting organization. These standards are designed to ensure that healthcare facilities provide high-quality care and meet the needs of their patients.

Domains of accreditation standards: Accreditation standards are typically organized into a number of different domains, such as: Patient care, Patient safety, Governance, Human resources, Quality improvement and Environment of care.

Accreditation Requirements: In order to be accredited, healthcare facilities must meet all of the requirements of the accrediting organization. These requirements may include:

- Compliance with all applicable laws and regulations.
- Implementation of a quality improvement program.
- Maintenance of a safe and secure environment.
- Provision of competent and compassionate care.
- Collection and analysis of data to improve patient care.

1.3.4. Healthcare Facility Accreditation Process

The accreditation process in healthcare settings is a rigorous and comprehensive evaluation of an organization's ability to provide safe, high-quality care. It is a voluntary process, but it is highly regarded by patients, payers, and other stakeholders. Accreditation is a valuable tool for healthcare organizations to improve the quality and safety of care, attract and retain patients and staff, maintain a high level of performance, remain competitive in the ever-changing healthcare landscape.

The accreditation journey is a structured and methodical process, typically involving several key stages including,

1. **Application and Eligibility**: The healthcare organization submits an application to the accrediting body, demonstrating its eligibility for accreditation. The application includes information about the organization's structure, governance, and services.
2. **Self-Assessment**: The healthcare organization conducts a comprehensive self-assessment, to identify areas where it meets or falls short of the accrediting body's standards. The self-assessment is based on a thorough review of the organization's policies, procedures, and practices.
3. **On-site Survey**: A team of expert surveyors, appointed by the accrediting body, visits the healthcare organization to conduct an on-site survey. The surveyors meticulously interview staff and patient, observe patient care, and review documentation.
4. **Accreditation Decision**: Following the on-site survey, the accrediting body, reviews the self-assessment and survey findings and makes an accreditation decision; granting accreditation, conditional accreditation, or denying accreditation based on the organization's performance. The organization may be granted accreditation, accreditation with follow-up, or denial of accreditation.
5. **Continuous Improvement**: Accreditation is not a mere endpoint but rather an ongoing journey of continuous improvement. Accredited organizations must maintain their commitment to excellence through ongoing monitoring and quality improvement initiatives.



Figure 1 Health Facility Accreditation Process

1.3.5. Benefits and Rationale of Healthcare Accreditation

Rationale for Accreditation:

The rationale for healthcare accreditation is multifaceted, encompassing several key factors:

1. **Ensuring Quality and Safety**: Accreditation serves as a tool to ensure that health facilities meet and maintain a certain standard of quality and safety in healthcare service delivery. It provides a framework for assessing and monitoring processes, policies, and procedures, promoting continuous improvement and adherence to best practices.
2. **Responding to Community Demand**: Patients and their families increasingly demand high-quality healthcare services. Accreditation addresses this demand by providing a recognized symbol of quality and safety, giving patients confidence in the services offered.
3. **Improving Efficiency**: Accreditation encourages the adoption of streamlined processes, effective resource management, and the elimination of wasteful practices. This leads to improved operational efficiency and cost savings.
4. **Institutionalizing Continuous Quality Improvement and Innovation**: Accreditation fosters a culture of continuous quality improvement and innovation within health facilities. It encourages ongoing assessment, evaluation, and enhancements to healthcare practices, ultimately leading to improved patient outcomes, increased efficiency, and better utilization of resources.
5. **Ensuring Accountability to Safeguard the Safety of Clients**: Accreditation holds healthcare organizations accountable for their performance and the safety of their clients. It establishes a robust framework for monitoring adherence to safety protocols, infection control measures, and regulatory requirements. This reinforces the commitment to protecting the well-being and safety of patients.
6. **Competence Regionally and Internationally**: Accreditation enables health facilities to compete and be recognized both regionally and internationally. Meeting accreditation standards demonstrates a facility's competence in delivering quality care, enhancing its reputation and attracting patients from a wider geographical area.
7. **Laying Foundation for Medical Tourism**: Accreditation establishes a solid foundation for the development of medical tourism. Accredited health facilities are deemed trustworthy and reliable destinations for medical tourists seeking high-quality services. This can contribute to the growth of the healthcare industry, stimulate economic development, and generate revenue for the country.
8. Accreditation offers a number of benefits to healthcare organizations, enhancing their credibility and reputation, patient satisfaction, and regulatory compliance. It also attracts and retains qualified staff and fosters a culture of continuous improvement and innovation.

9. **Enhanced Credibility and Reputation**: Accreditation is a recognized symbol of quality and safety, boosting an organization's reputation among patients, payers, and healthcare professionals. This leads to increased trust and confidence in the services offered.
10. **Improved Patient Satisfaction**: Accredited organizations are more likely to provide high-quality care that meets the needs of their patients. This translates to higher patient satisfaction, loyalty, and positive word-of-mouth referrals.
11. **Reduced Risk of Regulatory Sanctions**: Accredited organizations are less likely to face regulatory sanctions, such as fines or penalties, due to their adherence to established standards and best practices.
12. **Attracting and Retaining Qualified Staff**: Qualified healthcare professionals seek to work in environments committed to quality and safety. Accreditation demonstrates an organization's dedication to these principles, making it more attractive to top talent.

Overall, health facilities accreditation provides numerous benefits, including ensuring quality and safety, meeting community expectations, enhancing regional and international competitiveness, supporting medical tourism, fostering a culture of continuous improvement, innovation, and accountability. It symbolizes a commitment to delivering excellent healthcare services and prioritizing patient well-being.

2. Roadmap Purpose, Scope, Goals, Objectives, and Strategic Initiatives

2.1. Purpose of the Roadmap

The Ethiopian healthcare accreditation roadmap serves the purpose of guiding the national effort to accredit Ethiopian health facilities and develop the necessary competencies to meet regional and international standards. It aims to guide development of accreditation standards, healthcare facilities support framework in meeting these standards, advocate for the importance of accreditation, and lay a foundation for medical tourism.

By fulfilling these purposes, the document aims to elevate the quality of healthcare services, improve patient safety measures, and position Ethiopian healthcare facilities as competent and reliable providers locally, regionally and in the global healthcare landscape.

2.2. Scope of the Roadmap

The scope of the health facilities accreditation roadmap document is to guide national efforts and activities towards the accreditation of both private and public health facilities in Ethiopia. It aims to cater to a wide range of healthcare institutions, ensuring that the roadmap is applicable and beneficial to various types of facilities across the country.

Additionally, the document emphasizes collaboration with the Ethiopian Accreditation Service (EAS), recognizing their role as an accrediting body responsible for overseeing the accreditation process. Institute of Ethiopian Standards (IES) is responsible to guide development of healthcare accreditation standards.

By encompassing both private and public health facilities and emphasizing collaboration with EAS, the scope of this document aims to establish a unified approach towards accreditation and enhance consistency in the accreditation process across the Ethiopian healthcare system.

2.3. Goal

The goal of the national accreditation program to establish a comprehensive and globally recognized healthcare accreditation program in Ethiopia, enhancing the quality of care and fostering public trust, while accrediting 539 HFs at all levels at the end of 2030.

2.4. Roadmap Objectives

The healthcare accreditation roadmap objectives are:

1. To guide national efforts and activities towards the accreditation of all health facilities in Ethiopia.
2. To support a strong foundation for the healthcare accreditation program.

3. To support the development and amendment of healthcare accreditation standards.
4. To promote awareness and understanding of the healthcare accreditation program among all stakeholders.
5. To advocate for the adoption and implementation of a health facility and service accreditation system.
6. To support healthcare facilities to achieve compliance with accreditation standards.

2.5. Roadmap Development Process

Responding to the Ministry of Health's vital recognition of the need for healthcare accreditation, we embarked on a collaborative journey to create a roadmap for program establishment. The meticulous process undertaken, guided by a spirit of inclusivity, and informed by best practices. Recognizing accreditation as a cornerstone of quality assurance, its inclusion in the annual plan laid the foundation for our endeavor.

The first step was identifying key stakeholders whose insights and expertise would be instrumental in crafting the roadmap. These included: Institute of Ethiopian Standards (IES), Ethiopian Accreditation Service (EAS), Hospitals, Private Health Sector, Ethiopian Public Health Institute (EPHI), Professional Societies and Associations, and Development Partners with demonstrated expertise in the area.

With stakeholders on board, we delved into thorough desktop reviews. Existing local and international accreditation documents were closely examined, gathering valuable lessons and identifying best practices. This research formed the bedrock upon which the roadmap would be built.

We knew that the roadmap's success hinged on collective ownership. Therefore, we organized a series of successive consultative workshops. These engaging sessions provided a platform for open dialogue, where stakeholders actively participated in shaping the document's content and structure. Expert inputs from healthcare professionals further enriched the discussions, ensuring the roadmap's technical accuracy and practical applicability. This iterative approach ensured the roadmap was tailored to the Ethiopian context and addressed the needs of all involved parties.

The development of the healthcare accreditation roadmap was a collaborative effort, drawing upon the expertise and insights of key stakeholders. This comprehensive document provides a clear path towards achieving high-quality healthcare standards in Ethiopia, ultimately benefiting patients, healthcare providers, and the entire health system.

2.6. Guiding Principles

Our Core guiding principles in planning and implementing this roadmap are,

1. **Patient-Centeredness and Empowerment**: patient-centered approach, empowered patients and families, and patient-centered environment.
2. **Quality and Safety Excellence**: unwavering commitment to quality, robust quality management systems, and data-driven decision making.
3. **Resource Optimization and Efficiency**: strategic resource allocation, improve efficiency and reduce waste and technology-driven optimization.
4. **Accountability and Transparency**: clear roles and responsibilities, robust reporting mechanisms, and open communication culture.
5. **Innovation and Technological Adoption**: Culture of innovation, technology integration: technology training and support.
6. **Evidence-Based Decision Making**: evidence-driven standards, evidence-based practice promotion, investment in research and innovation.
7. **Multisectoral Collaboration and Partnerships**: strategic partnerships, shared resources and expertise, cross-sectoral learning, and exchange.

2.7. Strategic Initiatives and Priority Areas to Establish National Healthcare Accreditation Program

These strategic interventions aim to establish a comprehensive roadmap for the development and implementation of health service accreditation Program. By effectively implementing these strategic interventions, we can create a healthcare accreditation system that drives continuous quality improvement, enhances patient safety and satisfaction, and ultimately leads to stronger healthcare delivery for everyone. This program outlines seven strategic interventions designed to build a robust and effective healthcare accreditation system:

1. **Develop national healthcare accreditation standards**: Develop a national framework that outlines the standards, criteria, and processes for health facility accreditation and Develop accreditation standards which are evidence-based, relevant, and aligned with international guidelines.
2. **Strengthen stakeholder engagement and collaboration**. Actively engaging stakeholders and addressing their concerns to foster a collaborative and supportive environment for healthcare accreditation program implementation.
3. **Capacity Building**: Invest in capacity building initiatives to enhance the capabilities of health facilities and accrediting bodies.
4. **Information and Communication Systems:** Develop robust information and communication systems that facilitate the accreditation process.
5. **Support for Health Facilities**: Provide guidance and support to health facilities seeking accreditation. This includes strengthening the accountability of health facility leadership and governance.

6. **Performance Monitoring and Evaluation:** Develop a system for monitoring and evaluating the performance of accredited health facilities.
7. **Recognition and Incentives**: Implement a system of recognition and incentives to motivate healthcare facilities to pursue accreditation and foster a culture of quality and safety.

Ethiopia is embarking on a transformative journey to elevate the quality of its healthcare system. By implementing these strategic interventions, the country aims to establish a robust accreditation program. This program will serve as a powerful driver of quality improvement, patient safety, and effective healthcare delivery across the entire nation.

2.7.1. Develop National Healthcare Accreditation Standards

This strategic initiative aims at ensuring the successful establishment and adoption of accreditation standards for health facilities in Ethiopia. Below are some key strategic interventions which support the development and implementation of healthcare accreditation standards:

- **Development of evidence-based standards**: The development of health facility accreditation standards will be based on robust evidence, including scientific research, best practices, and expert input. This involves engaging relevant experts and organizations to develop standards that are evidence-based, adaptable, and measurable.
- **Pilot Testing**: Conduct pilot testing of the accreditation standards and processes with a selected group of health facilities. This allows for real-world testing, identification of any gaps or challenges in the proposed framework, and refinement of the standards and assessment methodologies based on feedback and lessons learned.
- **Phase-based implementation of accreditation standards**: Implementing accreditation standards across all health facilities at once can be challenging. To ensure a smooth transition, a phase-based approach can be adopted. This involves dividing health facilities into different phases or groups based on level of achievement of accreditation standards. Standards are then implemented gradually in each phase, allowing facilities to focus on specific areas of improvement and gradually work towards full compliance.
- **Regular supportive supervision and review meetings**: To ensure sustained compliance with accreditation standards, regular supportive supervision and review meetings will be conducted. These meetings involve visits by accreditation experts who provide guidance, support, and feedback to health facilities. They help identify areas of improvement, address challenges, and ensure ongoing compliance with the standards. These meetings also provide a platform for sharing best practices, discussing experiences, and promoting peer learning among health facility staff.

Deliverables and Expected Outputs:

- **Approved accreditation standards**: The development process will result in the creation of comprehensive and evidence-based accreditation standards that outline the requirements for quality and safety in health facilities.
- **Accreditation assessment tools**: Tools and protocols will be developed to facilitate the assessment and evaluation of health facilities against the accreditation standards. These tools help in measuring compliance and identifying areas for improvement.

2.7.2. Capacity Building

Implementing strategic initiatives involves investing in capacity building initiatives to enhance the capabilities of health facilities and accrediting bodies. Implementing strategic initiatives for health facility accreditation in Ethiopia that focus on capacity building can enhance the quality of healthcare services and support the accreditation process. Capacity building involves strengthening the knowledge, skills, and abilities of healthcare professionals, support staff, and health facility management. Below are interventions that can help ensure the successful implementation of capacity building initiatives for health facility accreditation:

- **Training on Accreditation Standards**: Provide comprehensive training programs on the accreditation standards and criteria established by the national accrediting body. This includes workshops, seminars, and online courses that cover the requirements, documentation, and processes involved in preparing for accreditation.
- **Quality Management Systems:** Develop capacity building interventions focused on establishing effective quality management systems aligned with accreditation standards. This includes training on developing and implementing policies and procedures, quality improvement methodologies, patient safety initiatives, and infection control measures.
- **Data Management and Analysis**: Provide training on data management and analysis to support the collection, analysis, and reporting of key performance indicators (KPIs) required for accreditation. This includes training on data collection methods, data validation, data analysis techniques, and data presentation for quality improvement and decision-making.
- **Document Control and Record Keeping**: Offer training on document control and record keeping practices that meet accreditation standards. This includes training on establishing document control systems, maintaining accurate and up-to-date records, and ensuring proper documentation practices for patient care processes, policies, and procedures.
- **Internal Audit and Self-Assessment**: Conduct training programs on internal audit techniques and self-assessment methodologies. This equips health facility staff with the skills to conduct regular internal audits, identify areas for improvement, and implement corrective actions to align with accreditation standards.
- **Communication and Patient-Centered Care**: Provide training on effective communication skills, patient-centered care, and cultural sensitivity. This helps healthcare professionals and support staff enhance their communication skills, promote patient safety, and improve the patient experience, all of which are essential components of accreditation standards.

- **Leadership and Governance**: Offer training programs that develop leadership and governance skills among health facility managers and administrators. This includes training on strategic planning, financial management, human resource management, and establishing effective governance structures that support accreditation requirements.
- **Mock Surveys and Peer Review**: Conduct mock accreditation surveys and facilitate peer review processes within health facilities. This helps healthcare professionals and support staff understand the accreditation evaluation process, identify areas of improvement, and receive feedback from peers to enhance compliance with accreditation standards.
- **Continuous Quality Improvement**: Foster a culture of continuous quality improvement through capacity building initiatives. This can involve training on quality improvement methodologies such as Lean, Six Sigma, or the Model for Improvement, as well as offering support and resources for quality improvement projects aligned with accreditation standards.

Deliverables and Expected Outputs:

- **Accreditation workforce**: Adequate workforce will be mobilized and trained to support the accreditation process.
- **Increased awareness and understanding**: The development and implementation of accreditation standards will help raise awareness among healthcare providers, facility administrators, and policymakers about the importance of quality and safety in healthcare delivery.

2.7.3. Strengthen Stakeholder Engagement and Collaboration

This strategic initiative focuses on strengthening stakeholder engagement and collaboration for the successful implementation of the healthcare accreditation program. Stakeholders include EAS, IES, RHBs, Patients, Development Partners and other relevant Government Agencies, Healthcare Institutions, and Professional Associations and the Public. By engaging with stakeholders early and often, healthcare organizations can build support for the program, identify and address potential challenges, and ensure that the program is tailored to the specific needs of the community.

To effectively strengthen stakeholder engagement and collaboration, healthcare organizations can implement the following key interventions:

- **Establish a stakeholder engagement plan**: Develop a comprehensive plan that outlines the organization's approach to stakeholder engagement throughout the accreditation process. This plan should identify key stakeholders, define their roles and responsibilities, and establish clear communication channels.
- **Identify and engage key stakeholders**: Create a comprehensive list of all relevant stakeholders, including patients, providers, administrators, policymakers, and community members. Assess their interests, concerns, and potential influence on the program.
- **Develop a Communication Plan**: Establish a clear and consistent communication plan to keep stakeholders informed about the program's progress and address their concerns.

Utilize multiple communication channels, such as meetings, newsletters, and online platforms, to reach a wide audience.

- **Establish Stakeholder Engagement Mechanisms**: Create formal and informal mechanisms for stakeholder input, such as advisory committees, focus groups, and surveys. Encourage open dialogue and feedback to ensure that stakeholder perspectives are considered throughout the implementation process.
- **Build Relationships and Trust**: Invest time and effort in building relationships with key stakeholders. Foster trust and transparency by demonstrating a genuine commitment to stakeholder engagement and incorporating their feedback into decision-making.
- **Measure and Evaluate Engagement efforts**: Regularly assess the effectiveness of stakeholder engagement efforts. Track stakeholder participation, satisfaction levels, and the impact of their input on the program. Use this feedback to continuously improve engagement strategies.
- **Address stakeholder concerns**: Proactively identify and address potential stakeholder concerns. Work collaboratively with stakeholders to develop solutions that meet the needs of all parties involved.

Deliverables and Expected Outcomes

- **Stakeholder Engagement Plan**: A comprehensive plan outlining strategies for engaging key stakeholders throughout the accreditation program. This plan will identify key stakeholders, their roles and interests, and preferred communication channels.
- **Expected Outcomes**: Increased awareness, understanding, and support for the accreditation program among stakeholders. Expected outcome also include increased collaboration and knowledge sharing among stakeholders.

2.7.4. Strengthening Information and Communication Systems

This strategic initiative mainly focuses on developing robust information and communication systems that facilitate the accreditation process. It aims to enhance Information and Communication Systems (ICS) in order to improve the quality of healthcare services. This initiative concentrates on leveraging technology to collect, manage, and utilize health information effectively. Below are some interventions that can help ensure the successful implementation of this initiative:

- **Electronic Health Record (EHR) Implementation**: Introducing EHR systems enables health facilities to digitize and securely store patient records, making them easily accessible to authorized healthcare professionals. This intervention can enhance data accuracy, facilitate seamless information sharing, and support decision-making processes.
- **Telemedicine and Telehealth Services**: Implementing telemedicine and telehealth solutions can enable remote consultations, diagnosis, and treatment for patients in rural or underserved

areas. This intervention helps bring specialized healthcare services to regions with limited access, improving overall healthcare quality and equity.

- **Health Information Exchange (HIE):** Implementing HIE systems allows for the secure exchange of patient health information between healthcare organizations and different systems. This intervention promotes interoperability, streamlines communication, and assists in providing comprehensive, coordinated care to patients across various healthcare settings.
- **Data Analytics and Reporting**: Utilizing data analytics tools provides insights into healthcare trends, patterns, and outcomes. This intervention helps health facilities identify areas for improvement, monitor quality indicators, and make data-driven decisions to address healthcare challenges effectively.
- **Capacity Building and Training**: Provision of training programs and capacity building initiatives equips healthcare professionals with the necessary skills to effectively use and manage information systems. This intervention ensures that the workforce is adequately prepared and can use technology to its fullest potential.
- **Standardization and Compliance**: Developing standardized protocols, guidelines, and regulatory frameworks for health information management ensures compliance with national and international standards. This intervention promotes data security, privacy, and interoperability while ensuring the accuracy and integrity of health information.
- **Infrastructure Development**: Investing in robust IT infrastructure, including hardware, networking systems, and internet connectivity, is essential to support information systems in health facilities. This intervention enables reliable access to information and facilitates seamless data transmission and connectivity.

Deliverables and Expected Outcomes

- **Information System Platform**: Develop and implement a secure, user-friendly information system platform specifically designed for the accreditation program.
- **Communication Strategy**: Develop a comprehensive communication strategy to ensure clear, consistent, and timely communication regarding the accreditation program.
- Improved efficiency and effectiveness of the accreditation process
- Improved data-driven decision
- Improved transparency and accountability

2.7.5. Support for Health Facilities

This strategic initiative focuses on providing guidance and support to healthcare facilities seeking accreditation in Ethiopia. It focuses on providing comprehensive assistance and resources to health facilities to meet the necessary standards and improve the quality of healthcare services. Below are some interventions that can help ensure the successful implementation of this initiative:

- **Infrastructure Improvement**: This intervention involves enhancing the physical infrastructure of health facilities, including upgrading buildings, equipment, and utilities. It aims to provide a conducive environment for delivering quality healthcare services and ensuring patient safety.

- **Human Resources Development**: This intervention focuses on building the capacity of healthcare professionals through training, continuing education, and workforce planning. By investing in skill development, health facilities can enhance the knowledge and competencies of their staff members, leading to improved service delivery.
- **Clinical Guidelines and Protocols**: Developing and implementing standardized clinical guidelines and protocols helps health facilities maintain consistent and evidence-based practices. This intervention improves the quality and efficiency of care, promotes patient safety, and facilitates benchmarking of healthcare outcomes.
- **Quality Improvement Programs**: Implementing quality improvement programs, such as accreditation processes and performance measurement systems, helps health facilities assess and enhance their service delivery. This intervention involves monitoring key performance indicators, conducting regular audits, and implementing quality improvement initiatives based on findings.
- **Continuous Monitoring and Evaluation**: Regular monitoring and evaluation of health facilities' performance against accreditation standards and quality indicators is essential. This intervention helps identify areas for improvement, track progress, and ensure ongoing compliance and quality enhancement.

Deliverables and Expected Outcomes

- **Needs Assessment conducted**: To identify the specific challenges and needs of healthcare facilities seeking accreditation
- **Tailored Support:** Providing a tailored support to address the identified needs of healthcare facilities including, technical and financial assistance, capacity building
- **Increased number of healthcare facilities seeking accreditation**: More healthcare facilities will be motivated to pursue accreditation.
- **Improved quality of care**: Healthcare facilities will be better equipped to meet accreditation standards and implement quality improvement initiatives, ultimately leading to improved patient care and outcomes.

2.7.6. Performance Monitoring and Evaluation

This strategic initiative mainly focuses on developing a system for monitoring and evaluating the progress towards maintaining accreditation standards and identify areas where they can further enhance quality and safety for accredited health facilities and provides valuable feedback to facilities on their performance relative to accreditation standards. It involves ongoing monitoring of key performance indicators, evaluating compliance with accreditation standards, and implementing interventions to address identified gaps. Below are some interventions that can help ensure the successful implementation of this initiative:

- **Key Performance Indicators (KPIs) Development**: Developing a set of relevant and measurable KPIs helps track the performance of health facilities against predetermined benchmarks. This intervention involves identifying and defining KPIs that align with accreditation standards and healthcare priorities.
- **Data Collection and Reporting**: Establishing robust systems for data collection and reporting ensures the availability of accurate and timely information. This intervention may involve implementing electronic health record systems, training staff on data collection methods, and establishing mechanisms for regular reporting.
- **Performance Dashboards**: Developing performance dashboards or scorecards provides a visual representation of key performance indicators. This intervention enhances data visualization, facilitates easy monitoring, and supports decision-making processes.
- **Regular Audits and Assessments**: Conducting regular audits and assessments helps identify gaps and areas for improvement. This intervention involves evaluating compliance with accreditation standards, conducting internal audits, and implementing external assessments to ensure objectivity.
- **Feedback and Continuous Improvement**: Establishing mechanisms for gathering feedback from patients, healthcare providers, and other stakeholders is crucial. This intervention involves implementing surveys, suggestion mechanisms, and complaint management systems to capture feedback and drive continuous improvement.
- **Peer Review and Collaboration**: Encouraging peer review and collaboration among health facilities fosters a culture of learning and quality improvement. This intervention may involve establishing forums for sharing best practices, conducting regular peer reviews, and facilitating knowledge exchange.
- **Performance Improvement Plans**: Developing performance improvement plans based on data analysis and evaluation findings helps address identified gaps. This intervention involves setting clear goals, assigning responsibilities, and implementing targeted interventions to improve performance.
- **External Accreditation Bodies**: Engaging external accreditation bodies provides an independent assessment of health facility performance. This intervention involves seeking accreditation from recognized organizations and working closely with them to ensure compliance with standards.
- **Stakeholder Engagement**: Involving stakeholders such as patients, community members, healthcare professionals, and policymakers is crucial for effective performance monitoring and evaluation. This intervention fosters accountability, transparency, and collaboration in improving healthcare quality.

Deliverables and Expected Outcomes:

- **Data collection, analysis and reporting framework developed**: Standardized tools and templates for collecting, analyzing and reporting data on key performance indicators (KPIs) related to quality, safety, and patient outcomes providing real-time data visualization.

- **Improved quality of care**: By providing data-driven insights in maintaining and improving the quality of care they provide.
- **Strengthened accountability and transparency**: PM&E will ensure transparency in the accreditation process and hold facilities accountable for their performance.
- **Continuous learning and improvement**: PM&E will foster a culture of continuous learning and improvement within the healthcare system.

2.7.7. Recognition and Incentives

The Recognition and Incentives initiative aims to motivate health facilities to participate in the accreditation program and achieve accreditation. Recognition and incentives aim to motivate and reward health facilities for meeting accreditation standards and delivering high-quality healthcare services. These initiatives focus on creating a culture of excellence and acknowledging the efforts of health facilities in improving healthcare quality. Below are some interventions that can help ensure the successful implementation of this initiative:

- **Accreditation Certificates**: Issuing accreditation certificates to health facilities that successfully meet the required accreditation standards is an important intervention. These certificates serve as formal recognition of the facility's commitment to quality and can be displayed publicly to demonstrate achievement.
- **Recognition Programs**: Establishing formal recognition programs that acknowledge health facilities for their exemplary performance and continuous quality improvement efforts. This intervention may include awards, commendations, or public recognition ceremonies to highlight the achievements of top-performing facilities.
- **Financial Incentives**: Providing financial incentives to health facilities that achieve and maintain accreditation can serve as a strong motivator. This intervention may include financial bonuses or grants that can be used for capacity building, infrastructure improvement, or other quality-enhancing initiatives.
- **Performance-Based Contracts**: Implementing performance-based contracts with health facilities can incentivize them to meet accreditation standards and achieve specific quality targets. This intervention involves defining performance metrics and incorporating them into contracts, with rewards tied to performance outcomes.
- **Benchmarking and Best Practices Sharing**: Creating platforms for benchmarking and sharing best practices among health facilities encourages healthy competition and knowledge exchange. This intervention involves facilitating peer learning forums, virtual communities, or conferences where successful strategies and experiences can be shared.
- **Public Recognition and Promotion**: Showcasing accredited health facilities through public awareness campaigns or promotional materials can enhance their reputation and visibility. This intervention may involve featuring accredited facilities in local media, government publications, or online platforms to inform the public about their quality achievements.
- **Professional Development Opportunities**: Providing opportunities for professional development and career advancement for healthcare professionals in accredited facilities can

serve as an incentive. This intervention may include scholarships, training programs, or mentorship opportunities that support ongoing learning and skill enhancement.

- **Feedback and Patient Satisfaction Surveys**: Collecting patient feedback and conducting satisfaction surveys are important interventions to ensure the quality of care. Publicly sharing positive patient feedback and high patient satisfaction ratings can enhance the visibility and reputation of accredited health facilities.
- Deliverables and Expected Outcomes:
- **Recognition and Incentive guideline:** A clear and transparent guidelines outlining the criteria for recognizing accredited facilities, award categories, nomination processes, and selection procedures, types of incentives available, eligibility criteria, and application procedures.
- **Increased participation in the accreditation program**: The recognition and incentives will motivate more health facilities to participate in the program and strive for accreditation.
- **Improved quality of care**: By encouraging participation in the accreditation program, this initiative will lead to a wider adoption of quality standards and improved patient outcomes.
- **Enhanced public trust**: Public recognition of accredited facilities will increase public trust in the healthcare system and encourage patients to choose accredited facilities.

3. Roadmap Implementation and Milestones

3.1. Roadmap

The program is scheduled to be implemented between 2023 and 2030. The first step will be to develop a national accreditation framework. This will be followed by the development of accreditation standards. Once the standards are in place, the program will begin to provide support to health facilities seeking accreditation. The program will also develop a system for monitoring and evaluating the performance of accredited facilities. Finally, the program will recognize and incentivize health facilities that achieve accreditation.

3.2. Targets

The table below outlines the outputs, outcomes, and timelines for the key strategic initiatives to establish and implement a national healthcare accreditation program. The goal of the program is to accredit (537) healthcare facilities by 2030.

Table 2: Roadmap Implementation Timeline

Activity	Baseline	Short-Term (2024-25)	Mid-Term (2026-2027)	Long-Term (2028-2030)
Program Establishment				
Support Ethiopian Healthcare Accreditation Program establishment	-	1	1	1
Develop accreditation standards and assessment tools	-	3	0	0
Develop incentive package	-	1	0	0
Capacity building (accrediting body staff, MoH, RHB, healthcare professionals, and relevant stakeholders,)	-	220	500	1480
Advocate health facilities to engage in the program	-	10	0	0
Accreditation Process				
Conduct facility readiness assessments	-	107	430	537
Provide technical support to health facilities	-	107	430	537
Accredit health facilities				

Comprehensive Specialized Hospitals (CSH)	0		7	21
General Hospitals (GH)	0		10	20
Specialized Clinics (SC)	0		7	18
Primary Hospitals (PH)	0		20	53
Health Centers (HC)	0		70	307
Total Accredited Facilities	0		114	419

4. Healthcare Accreditation Framework in Ethiopia

Establishing a National Accreditation Framework involves developing a comprehensive and standardized set of standards, criteria, and processes for health facility accreditation. Strategic interventions which can help to ensure the successful implementation of this initiative include:

1. **Stakeholder Engagement**: The MOH establishes an Accreditation System Advisory Committee engage key stakeholders, including Ethiopian Accreditation Service and other relevant government agencies, healthcare providers, professional associations, and patient representatives. This will ensure a collaborative and inclusive approach that takes into account diverse perspectives and expertise. This TWG is tasked with the Developing the Terms of Reference (TOR) for the accreditation program, creating comprehensive activities plan for the program's implementation and providing ongoing guidance and recommendations throughout the process.
2. **Gap Analysis**: Conduct a thorough analysis of the existing healthcare system, identifying gaps and areas for improvement in quality of care, patient safety, and overall healthcare delivery. This analysis helps inform the development of the accreditation standards, ensuring they address the specific needs and challenges of the country's healthcare system.
3. **International Best Practices Review**: Review international best practices in health facility accreditation to identify successful models, standards, and processes that can be adapted to the national context. Learning from global experiences can help inform and enhance the development of the National Accreditation Framework.
4. **Expert Consultation**: Seek input and guidance from subject matter experts in the field of healthcare quality and accreditation. These experts can provide valuable insights, share best practices, and contribute to the development of evidence-based standards and criteria. The MOH and IES collaborate to develop or adapt accreditation standards specifically tailored to the Ethiopian context, following the Joint Commission International (JCI) system. This process involves: Consulting with stakeholders, including health facility leaders, healthcare professionals, and patients, to gather feedback on the proposed standards and finalizing the accreditation standards to ensure they align with international best practices and address the unique needs of the Ethiopian healthcare system.
5. **Obtaining Local Accreditation from EAS:** The EAS conducts a thorough review of the accreditation standards to ensure they meet their requirements and adhere to international standards. Upon successful review, the EAS grants accreditation to the standards.
6. **Capacity Building**: Provide training and capacity building initiatives to accrediting body staff, healthcare professionals, and relevant stakeholders involved in the accreditation process. This includes training on accreditation standards, assessment methodologies, data collection and analysis, quality improvement principles, and effective communication and collaboration.
7. **Monitoring and Evaluation**: Establish mechanisms for ongoing monitoring and evaluation of the National Accreditation Framework. This can include regular review of the standards and criteria to ensure their effectiveness and relevance, as well as monitoring the performance of

accrediting bodies to ensure consistency, fairness, and adherence to the established processes. The MOH and EAS will collaborate to establish a robust monitoring and evaluation framework to assess the effectiveness of the accreditation program on an ongoing basis. These includes tracking the progress of accreditation assessments, gathering feedback from stakeholders, analyzing data to identify areas for improvement and making necessary adjustments to the program based on the evaluation findings.

8. **Continuous Improvement**: Foster a culture of continuous improvement within the National Accreditation Framework. Encourage feedback and input from stakeholders and establish processes for periodic review and revision of the framework to incorporate emerging evidence, changes in healthcare practices, and lessons learned from the accreditation process. This applies to regular review and amendment of accreditation standards to ensure their continued relevance and effectiveness.
9. **Granting Accreditation:** Healthcare facilities will be selected for accreditation based on their performance and willingness to participate. A phased approach will prioritize specific facilities and service areas, with ongoing technical support provided by the Ministry of Health, regional health bureaus, and partners. Healthcare facilities and services that successfully meet the accreditation standards are granted accreditation by the EAS.

5. Implementation Arrangement

5.1. Governance Structure for Healthcare Accreditation Program Implementation

To ensure the successful implementation of the healthcare accreditation program, a comprehensive governance structure will be established, encompassing:

1. **National Steering Committee**: At the national level, a high-level Steering Committee will oversee the overall implementation of the accreditation program (Annex 3). This committee will comprise representatives from the Ministry of Health (MoH), other relevant government agencies, professional bodies, patient organizations, and international partners. Ministry of Health (MoH) will establish an Accreditation Follow-Up Team to serve as the primary owner and leader of the accreditation plan. This team will track program activities, monitoring progress, and coordinate health facility support, learning activities, prepare reports and document best practices. Additionally, MoH will support the establishment or adaptation of a similar structure at regional health bureaus level.

Key Responsibilities:

- Provide strategic guidance and direction for the accreditation program
- Approve policies and procedures for the accreditation process
- Monitor and evaluate the progress of the program
- Ensure adequate resource allocation

2. **Regional Health Bureaus**: Regional Health Bureaus will play a crucial role in coordinating and supporting the implementation of the accreditation program at the regional level. Regional health bureaus will form a Program Management Team to oversee the implementation of the accreditation program at the regional level, and a Monitoring, Evaluation, and Learning Team to track program activities, monitor progress, and coordinate supportive supervision and learning activities. They will work closely with healthcare facilities and the Health Facility Quality Management Unit to ensure the smooth rollout of the program.

Key Responsibilities:

- Develop and implement regional accreditation plans
- Provide technical support and guidance to healthcare facilities
- Facilitate training and capacity building for healthcare staff
- Oversee the accreditation assessment process at regional facilities
- Provide ongoing support to healthcare facilities

3. **Health Facilities:** Healthcare facilities are the primary stakeholders in the accreditation program and will be directly responsible for implementing the accreditation standards. They will collaborate with the Regional Health Bureaus to achieve accreditation. The Health Facility Quality Management Unit will provide technical expertise and support to healthcare facilities throughout the accreditation process. They will also coordinate and manage the accreditation assessment process.

Key Responsibilities:

- Conduct self-assessments against the accreditation standards
- Develop and implement quality improvement plans
- Participate in accreditation assessments
- Maintain accreditation documentation
- Train and mentor healthcare staff on accreditation processes
- Conduct accreditation assessments
- Manage accreditation data and records
- Develop and implement quality improvement plans

5.2. Enhancing Resource Mobilization for Healthcare Accreditation Program

Mobilization of adequate and sustainable resources to strengthen healthcare safety and quality culture, build human resource capacity, and improve the infrastructure is required for accreditation. Encompassing both financial and non-financial resources, this strategic initiative aims to:

1. Resource Identification: Conduct a comprehensive assessment to identify the specific resources required for implementing the healthcare accreditation program.
2. Partnership Building: Establish strategic partnerships with potential funders, supporters, and advocates to secure financial and non-financial resources for the accreditation program.
3. Financial Management Strengthening: Enhance the accountability and transparency of the financial management system to ensure efficient utilization of allocated resources.

5.3. Establishing Digital Technology-Assisted Service Accreditation System

Integrating digital solutions throughout the healthcare accreditation process can unlock the power of data to empower healthcare facilities with actionable insights. This can then be used to make informed decisions, improve the delivery of care, and ultimately achieve accreditation standards. By integrating digital solutions into the accreditation journey, we can:

1. **Foster Evidence-Based Decision Making**: Empower healthcare facilities with data-driven insights to make informed decisions, improve care delivery, and achieve accreditation standards.

2. **Simplify Accreditation Management**: Automate and streamline accreditation workflows, reducing administrative burdens and enabling facilities to focus on quality improvement initiatives.

3. **Enhance Transparency and Accessibility**: Facilitate open and transparent access to accreditation information, fostering collaboration and trust among stakeholders.

5.4. Healthcare Accreditation Information Management Systems

Healthcare accreditation is a crucial mechanism for ensuring the provision of high-quality, safe, and patient-centered care. Effective information management is essential to support accreditation processes, track progress, and demonstrate the value of accreditation initiatives. A well-designed Healthcare Accreditation Information Management System (HAIMS) seamlessly integrates technological and paper-based information, providing a centralized repository for all accreditation-related data.

Core Functions of the Healthcare Accreditation Information Management Systems include:

1. **Data Collection and Aggregation**: Healthcare Accreditation Information Management Systems efficiently collects and aggregates data from various sources, including health facility applications, criteria, standards, assessor reports, and internal audits. This comprehensive data collection ensures that all relevant information is captured and readily available for analysis.

2. **Profiling of Participating Organizations**: Healthcare Accreditation Information Management Systems maintains detailed profiles of participating organizations, encompassing their background, accreditation status, and ongoing improvement efforts. These profiles provide a holistic view of each organization's accreditation journey.

3. **Tracking Implementation of Standards**: Healthcare Accreditation Information Management Systems tracks the implementation of regulatory and accreditation standards across participating organizations. This real-time tracking enables timely identification of gaps and areas for improvement.

4. **Performance Comparison and Trend Analysis:** Healthcare Accreditation Information Management Systems facilitates aggregated data comparison over time, service lines, and participating organizations. This comparative analysis helps identify trends, assess the effectiveness of accreditation initiatives, and inform future strategies.

5. **Professional Development and Capacity Building**: Healthcare Accreditation Information Management Systems tracks the status of professionals' training, certifications, and competencies, supporting continuous professional development and capacity building within participating organizations.

6. **Publication of Results and Impact Assessment**: Healthcare Accreditation Information Management Systems supports the publication of accreditation results, showcasing the achievements and improvements made by participating organizations. This transparency fosters accountability and demonstrates the value of accreditation initiatives to the healthcare system.

6. Healthcare Facility Eligibility Criteria for EHAP

To ensure the successful implementation of the national healthcare accreditation program and identify facilities that are well-prepared for accreditation, a set of eligibility criteria has been established. These criteria will guide the selection of healthcare facilities and services that will receive support for accreditation preparation from the Ministry of Health (MoH) and the national accreditation body. The criteria are;

1. **Legal Status and Regulatory Compliance:**
    - The health facility must possess a valid legal status that permits it to operate and provide healthcare services in Ethiopia.
    - The healthcare service must have the necessary competence certificate or license to operate within its scope of services.
    - The facility must comply with all applicable regulatory requirements related to healthcare provision in Ethiopia, including licensing, certification, and regulatory permits.
2. **Service Quality Standards Compliance:**
    - The health facility must demonstrate a minimum compliance of **80%** with overall facility standards.
    - The facility must maintain high-quality healthcare services that adhere to national standards, as evidenced by various quality indicators, such as regular clinical audits, death reviews, learning sessions, and continuous quality improvement initiatives.
3. **Dedicated Quality Management Office**:
    - The facility must have a dedicated quality management office responsible for implementing quality and safety strategies and overseeing the accreditation process.
    - The quality management office must demonstrate its effectiveness in ensuring patient safety and continuous quality improvement through well-defined policies, procedures, and ongoing training programs.
4. **Adequate Staffing Levels and Qualifications**:
    - The facility must have a sufficient number of trained and qualified healthcare professionals, including physicians, nurses, and other clinical and support staff, to meet the accreditation standard requirements and provide high-quality care.
    - All healthcare professionals must possess the necessary licenses, certifications, and training to perform their respective roles effectively.
5. **Financial Stability and Sustainability:**

- The facility must demonstrate sound financial management practices and a stable financial situation to ensure its sustainability and ability to provide high-quality healthcare services.
- The facility must have a clear financial plan that outlines its resources, expenditures, and strategies for maintaining financial stability.

7. Monitoring and Evaluation Plan for Healthcare Accreditation Program

7.1. Performance Monitoring

Effective monitoring of the accreditation service is crucial to ensure its ongoing success and continuous improvement. To achieve this, a comprehensive performance monitoring framework will be implemented, encompassing the following key elements:

1. **National Coordination**: The national accreditation body, in collaboration with the Health System Innovation and Quality LEO at the Ministry of Health (MoH), will oversee the overall coordination of performance monitoring activities.
2. **Regular Accreditation Service Activity Reports**: The MoH and the Ethiopian Accreditation Service (EAS) will jointly prepare regular accreditation service activity reports. These reports will provide detailed information on the progress of accreditation activities, including the number of facilities assessed, the number of facilities accredited, and the identified areas for improvement.
3. **Periodic Performance Review:** The MoH and the accreditation organization will conduct periodic performance reviews to assess the effectiveness of the accreditation service. These reviews will evaluate the achievement of program objectives, identify areas for improvement, and provide recommendations for refining the program.

7.2. Health Facility Assessment and Report

As part of the accreditation service, additional assessments will be conducted periodically to evaluate the readiness and suitability of healthcare facilities for accreditation. These assessments will focus on two key aspects:

1. **Organizational Readiness for Accreditation**: This assessment will evaluate the facility's organizational capacity to implement and sustain accreditation standards. It will assess factors such as leadership commitment, quality management systems, and staff training.
2. **Facility Assent for Accreditation**: This assessment will determine whether the facility is willing and prepared to participate in the accreditation process. It will involve discussions with facility leadership, staff, and patients to gather their perspectives and ensure their support for the accreditation initiative.
3. **Continuous Improvement**: The performance monitoring and review processes will serve as the foundation for continuous improvement of the accreditation service. Findings from these processes will be used to refine accreditation standards and assessment procedures, enhance training and support for healthcare facilities, strengthen resource allocation for program implementation and identify and adopt best practices from international experiences.

7.3. Monitoring and Evaluation Framework

Monitoring and evaluation framework is a comprehensive approach to assessing the implementation and effectiveness of the healthcare accreditation program. It outlines the key objectives, indicators, data collection methods, analysis procedures, and reporting mechanisms for monitoring and evaluating the program's progress and impact. It links program inputs, processes, outputs and expected outcomes of the accreditation program and used to identify and select indicators for tracking implementation key aspects of the program components.

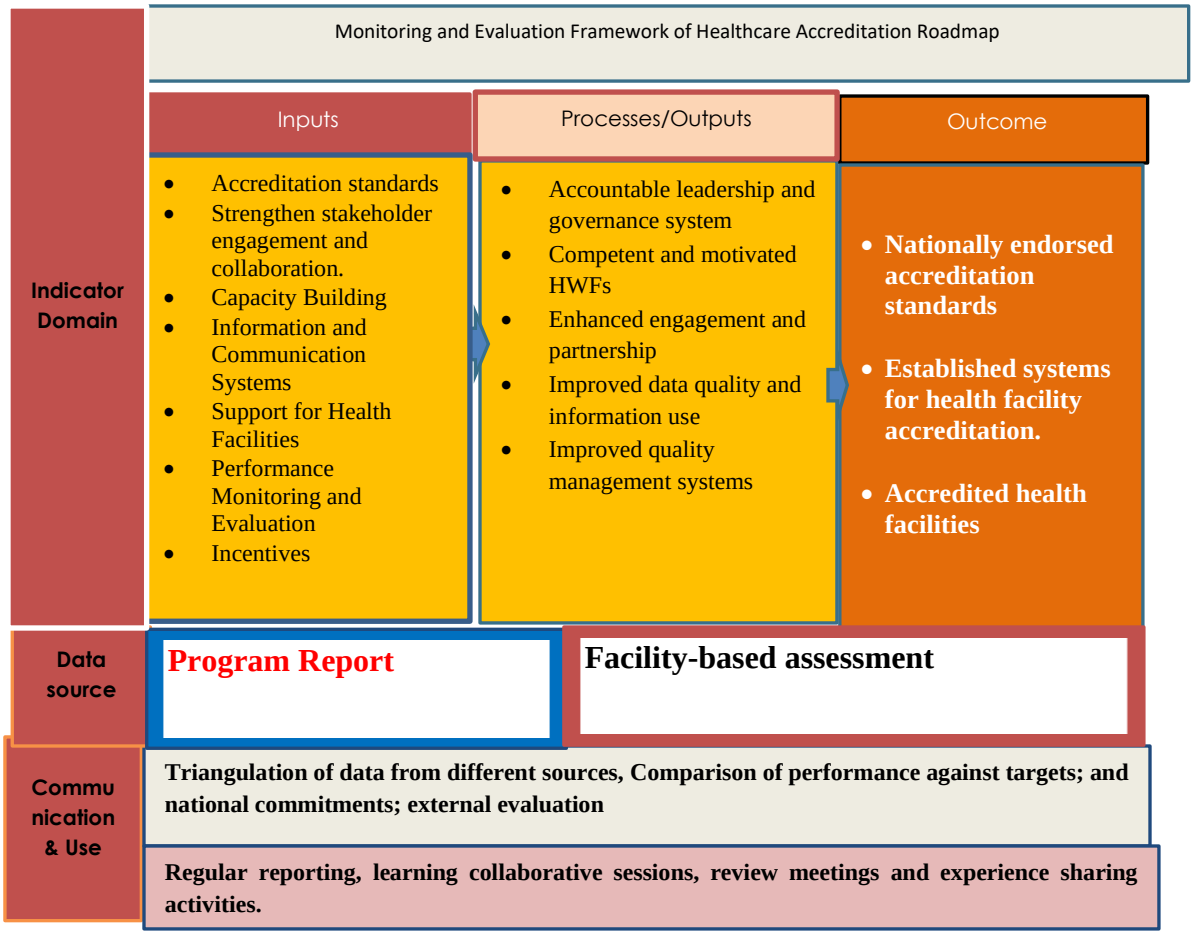


Fig. 2: Monitoring and Evaluation Framework

7.4. Indicators

The framework utilizes a set of relevant and measurable indicators to assess the program's progress and impact. These indicators are categorized into four key domains:

- **Program Implementation**: Indicators measuring the completion of planned activities, resource utilization, and stakeholder engagement.
- **Accreditation Uptake**: Indicators measuring the number of facilities participating in the accreditation process, the number of facilities accredited, and the percentage of healthcare services accredited.
- **Quality Improvement**: Indicators measuring the impact of accreditation on healthcare quality, including patient outcomes, process improvement, and staff satisfaction.
- **Sustainability**: Indicators measuring the sustainability of accreditation efforts, including the ongoing commitment of facilities and the availability of necessary resources.

Table 3: Indicators Matrix for Accreditation Program

Indicators	Expected Results	Data Source	Baseline	Target	Frequency of Measurement
Accreditation Development & Implementation					
Number of accreditation standards developed and endorsed	Nationally endorsed accreditation standards	MOH records	0	3	Annually
Number of accreditation manuals and policies in place	Established systems for health service accreditation.	Accreditation office	0	1	Once
Number of hospitals enrolled for accreditation processed		Accreditation office	-	100% of eligible hospitals	Quarterly
Number of MOH professionals trained for accreditation assessment	Competent and motivated HWF	Training records	20	500	Annually
Number of overseas experience sharing visits conducted	Sharing best practices	Accreditation office	6	1 visit per year	Annually
Number of health services accredited	Accredited health service areas	Accreditation office	0	100% of eligible health services	Annually
Number of accountability frameworks implemented	Accountable leadership and governance system	Accreditation office	0	1	Once

Number of healthcare provider training sessions on the revised standards and protocols	Competent and motivated HWFs	Training records	0	500 providers trained	Annually
Number of accreditation-targeted health facilities implementing benefit packages	Enhanced engagement and partnership	Accreditation office	0	All targeted facilities	Annually
Number of platforms for stakeholder engagement established	Improved communication and collaboration	Accreditation office	1	1 for each stakeholder group	Once
Number of private health facilities supported for accreditation	Increased private sector participation	Accreditation office	0	10% of private health facilities	Annually
Digitalization & Data Management					
Number of health facilities implementing EMR	Improved data quality and information use	EMR system reports	0	100% of accredited health facilities	Annually
Number of health facilities implementing the NCOD (ICD 11)	Improved data quality and information use	NCOD implementation reports	0	100% of accredited health facilities	Annually
Quality Management & Patient Safety					
Proportion of patients receiving healthcare services as per protocols and guidelines	Improved healthcare quality and patient safety	Patient satisfaction surveys	0	90%	Quarterly

Information use score	Improved decision-making based on data	Data management system	0	70%	Quarterly
Number of health facilities with quality management teams staffed with mixed trained professional expertise	Improved quality management systems	Accreditation office	0	100% of accredited health facilities	Annually
Number of health facilities implementing quality and safety plans for accreditation process	Improved quality management systems	Accreditation office	0	100% of participating health facilities	Annually
Resource Mobilization & Management					
Resources mobilized for accreditation	Sustainable funding for accreditation program	Financial reports	0	To cover program costs	Annually
Advocacy & Communication					
Number of advocacy sessions conducted using media outlets and workshops	Increased awareness and engagement	Advocacy reports	0	100 sessions per year	Annually
Digitalization & Technology					
Established web-based service accreditation	Improved efficiency and accessibility	Accreditation website	0	Fully functional system	Once

7.5. Estimated Budget: **Summary**

Table:4 The Ethiopian Accreditation Roadmap Costed Activities,

Activity	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Total Budget (Birr)
1. Leadership & Governance								
1.1 Develop & approve roadmap	3,298,104	-	-	-	-	-	-	3,298,104
1.2 Develop incentive package	6,596,208	-	-	-	-	-	-	6,596,208
1.3 Develop accreditation standards	16,490,520	16,490,520	-	-	-	-	-	32,981,040
1.4 Approve accreditation standards	-	-	-	-	-	-	-	0
1.5 Develop accountability framework	3,298,104	-	-	-	-	-	-	3,298,104
1.6 Create coordination mechanisms	-	-	-	-	-	-	-	0
2.Human Resource Development								
2.1 Advocacy & sensitization	6,736,392	6,736,392	-	-	-	-	-	13,472,784
2.2 Capacity building for HWF	2,671,311	4,452,185	4,452,185	4,452,185	4,452,185	4,452,185	1,780,874	26,713,110

2.3 Develop HR retention strategy	3,298,104	-	-	-	-	-	-	4,397,472
3.Resource Mobilization								
3.1 Identify accreditation resources	-	-	-	-	-	-	-	0
3.2 Identify potential partners	-	-	-	-	-	-	-	0
3.3 Strengthen financial management	7,610,308	7,610,308	7,610,308	7,610,308	7,610,308	7,610,308	7,610,308	53,272,153.85
4.Stakeholder Engagement								
4.1 Identify key stakeholders	-	-	-	-	-	-	-	0
4.2 Identify private health facilities	-	-	-	-	-	-	-	0
4.3 Engage steering committee & TWG	2,198,736	4,397,472	-	-	-	-	-	6,596,208
4.4 Engage professional societies	-	-	-	-	-	-	-	0
5. Digitalization								
5.1 Prepare digital manuals & protocols	4,397,472	-	-	-	-	-	-	4,397,472
5.2 Integrate digital technology	-	6,596,208	-	-	-	-	-	6,596,208
5.3 Support EHR implementation in selected facilities	64,415,886	32,207,943	32,207,943	42,943,924	42,943,924	-	-	214,719,620

6. Health Facility Quality Management System								
6.1 Train HWF on standards & assessment documents	-	-	-	-	-	-	-	29,682,936
6.2 Conduct internal assessments	842,382	2,246,352	3,650,322	5,162,292	6,596,262	8,603,820	-	27,101,430.00
6.3 Strengthen patient safety assurance	-	-	-	-	-	-	-	0
6.4 Ensure basic amenities & commodities	-	-	-	-	-	-	-	0
7. Monitoring & Evaluation								
7.1 Conduct supportive supervision & mentoring	-	-	-	-	-	-	-	0
7.2 Conduct review meetings	-	1,900,080	1,900,080	1,900,080	1,900,080	1,900,080	1,900,080	13,300,560
Grant Total	69,657,740	43,040,683	37,758,667	50,058,518	51,042,504	18,603,900	1,900,080	454,725,564

Annexes

Annex 1: SWOT Analysis of Health Service Accreditation Program

Category	Description
Strengths	
National Priority	National health quality and safety strategy is a HSDIP priority area.
Leadership	Leadership and political commitment exist.
Standards	National health facility standards are available.
Accredited Laboratories	Presence of accredited laboratory services in some facilities.
System Improvement	Institutionalized health system improvement and innovation under the Ministry of Health.
Quality Teams	Presence of quality improvement directorates/teams at health facilities.
Regulation & Review	Regular health facility regulation, clinical audit, and mortality review occur.
Licensure & CPD	Health professionals' licensure exams and CPD programs are in place.
Medicine & Device QA	Medicine and medical device quality assurance system is implemented.
Blood Services	Expansion of blood and blood product services exists.
Digital Health	Initiation of digital health initiatives (EMR) is underway.
Healthcare Financing	Implementation of healthcare financing and health insurance is ongoing.
Weaknesses	
Service Quality	Suboptimal healthcare service quality exists.
Standards Implementation	Weak implementation of national health facility minimum standards.
HWF Competency	Limited competency of healthcare workers.
HRH Motivation & Retention	Poor motivation and retention mechanisms for HRH.

Scope of Practice	Absence of scope-based practice.
Data Quality	Poor data quality and limited use of evidence-based decision making.
Equipment & Maintenance	Limited capacity of medical equipment, maintenance, and calibration.
Digital Health Infrastructure	Weak digital health infrastructure and utilization.
Supply Chain Management	Weak supply chain management system.
Accountability	No accountability mechanism exists.
Insurance Coverage	Poor insurance coverage exists.
Opportunities	
Medical Tourism	Government commitment for medical tourism development.
Quality Leaders	Production of health service quality leaders at post-graduate level.
Public Demand	Increased public demand for quality healthcare services.
Economic Growth	National economic growth and investment on infrastructure.
National Quality Infrastructure	Availability of national quality infrastructure (NQI) including EAS.
Public-Private Partnership	Implementation of Public-Private Partnership (PPP).
World-Class Airline	The presence of a world-class airline and aviation hub.
Globalization	Opportunities for leveraging globalization.
International Standards	The presence of readily available international health service standards.
International Experience	Presence of international experience on health service accreditation.
Advanced Medical Technology	New emerging advanced medical technology.
Health Science Colleges	Availability of adequate health science colleges.
Local Medical Supply Production	Government commitment for local medical supply production.

Threats	
Health Emergencies	Unpredicted health emergencies.
Multisectoral Collaboration	Poor multisectoral collaboration.
Competitive Health Insurance	Unavailability of a competitive health insurance system.
Infrastructure	Weak/poor infrastructure such as road, water supply, ICT, and electricity.
Rapid Population Growth	Rapid population growth.
Economic Inequality	Inequality in economic growth.
Public Trust & Satisfaction	Low public trust and satisfaction on the health service and health system.
Academic-Service Integration	Poor academic-service integration.
High Costs	High medical supply and service costs.

Annex 2: Stakeholder Analysis

Stakeholder	Desired Behavior	Needs	Potential Resistance	Institutional Response	Engagement Strategy	Strategic Impact
Community	Demand quality services, Confidence, Participation	Access to high-quality healthcare, Empowerment	Dissatisfaction, Lack of trust, Underutilization	Community engagement & ownership	Community forums, campaigns, patient associations	High Interest, Low Power
MoH & Entities	Mainstream quality & safety, Intersectoral collaboration	Access to cutting-edge knowledge & tools	Fragmentation, Short-term focus	Collaboration, Participation, Effectiveness	Meetings, communication, planning, M&E	High Interest, High Power
Health Workforce (HWF)	Deliver quality services, Participate	Safe work environment, Context-specific standards, Motivation & incentives	Mistreatment, Poor adherence to standards, Wastage	Participation & Transparency	Annual reviews, CPD/CME programs	High Interest, Low Power
Health Facilities	Provide quality services, Responsiveness	Adequate resources, Robust standards, Recognition & incentives	Poor adherence to standards, Mismanagement	Coordination & Transparency	Curriculum review forums, collaborative meetings	High Interest, High Power
Health Insurance	Purchase quality services for beneficiaries	Strong purchasing arrangements, Performance-based payment	Incoordination, Low transparency	Participation, Transparency, Efficiency	Continuous engagement & discussions	High Interest, High Power
Private Sector	Provide quality services & Build reputation	Incentives, motivations, Market creation	Ineffective services, Corruption	Participation & Transparency, Value for money	Partnerships	High Interest, Low Power

Development Partners	Journey towards UHC	Accountable & transparent governance	Declining funding, Fragmentation	Participation, Transparency, International partnerships	Strategy development, M&E, CPD/CME	Moderate Interest, High Power
Mo Trade & Regional Integration	Align quality activities	Goal-orientedness of initiatives	Redundant strategies & guidelines	Collaboration, Adherence to standards, Transparency	Meetings, engagement through facility assessments	High Interest, High Power
Institute of Ethiopian Standard	Coordinate standard development & training	Adherence to standard development process	Poorly designed standards, Inconsistent activity	Rule of law, Transparency	Meetings, engagement through facility assessments	High Interest, High Power
EAS	Adhere to standards & implement schemes	Coherent schemes, Rule of law, Transparency, Participation	Meeting & engagement through facility assessments	High Interest, High Power		
EFDA	Adherence to standards	Unaligned standards	Rule of law, Transparency	Meetings & engagement through facility assessments	High Interest, High Power	
Mo Finance	Goal-oriented, Return on investment	Collaboration, Transparency	Meetings	High Interest, High Power		
Mo Innovation & Technology	Align quality activities, comply with regulations	Unaligned procedures	Collaboration, Adherence to standards, Transparency	Meetings, engagement through facility assessments & calibration	High Interest, High Power	

Media	Awareness creation & advocacy	Document & information provision, media engagement	Limited media coverage	Collaboration, Adherence to procedures & policies	Meetings, continuous awareness & media coverage	High Interest, High Power

Annex 3: Member of Steering Committee

S/N	Organizations
1.	Health System Innovation and Quality LEO, MOH
2.	Medical Service LEO, MOH
3.	Health and Health Inspection and Regulation LEO
4.	Ethiopian Technology Authority- Assigned Professional
5.	Institute of Ethiopian Standards- Assigned Professional
6.	Ethiopian Accreditation Service- Assigned Professional
7.	Ethiopian Food and Drug Authority- Assigned Professional
8.	Ethiopian Pharmaceutical Supply Service- Assigned Professionals
9.	Ethiopian Public Health Institute- Assigned Professionals
10.	Ethiopian Health Insurance Service- Assigned Professionals
11.	Implementing Partners- Assigned Professionals
12.	Health Professional Societies - Assigned Professionals

13.	Private Health Facilities Association - Assigned Professionals
14.	Health Facilities Representative - Assigned Professionals
15.	Patient societies
16.	Ministry of Finance
17.	Ministry of Education
18.	Education and Training Authority
19.	Civil Service Commission
20.	Ministry of Revenue