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LAUNCHING POSTGRADUATE PROGRAMS FOR HEALTH MANAGERS IN ETHIOPIA

Achievements, Lessons Learned, and the Way Forward

Post-graduate training opportunities in health economics and human resources for health are now available in Ethiopia. To consolidate this achievement, stakeholders should collaborate on developing and applying relevant and transparent student selection criteria, address barriers to offering blended learning programs, and engage with employers to maximize utilization of the newly learned knowledge and skills.



NEED FOR ACTION

Over the past decade Ethiopia has succeeded in improving access to and the utilization of health services by constructing more health facilities and training more health care providers. Much less attention has been focused on improving the management of the country's scarce Health Resources, both financial and human, and strengthening the effectiveness and efficiency of public sector health managers. As a result, the health system continues to face challenges related to its capacity to plan, fund, and deliver quality health services. According to the Ethiopia's Fourth Health Sector Development Plan (HSDP 2011-15), inadequate implementation capacity, lack of human resource motivation and retention strategies and high attrition, inadequate and inequitable distribution of resources, poor financial management, and weak monitoring, evaluation and evidence-based decision-making were some of the main weaknesses of the health sector. Key to addressing these challenges is developing a cadre of health workers who have an advanced training in health economics and human resource management.

The Government of Ethiopia sought financial and technical support from the USAID-funded and Jhpiego-led Strengthening Human Resources for Health (HRH) Project (2012 - 2019) to address its health workforce challenges. The goal of the HRH Project is to improve health outcomes for all Ethiopians by improving human resources for health management, increasing the availability of midwives, anesthetists, health extension workers (HEWs), and other essential health workers, improving the quality of training of health workers, and generating evidence to inform HRH policies, and programs.

GOALS AND OBJECTIVES

Considering the absence of training programs locally and the need for a sustainable solution, the HRH Project sought to establish postgraduate training programs in health economics (HE) and human resource for health management (HRM) in local universities. Specific objectives were to:

- Build the professional competence of health managers so they can utilize scarce human and financial resources in a sustainable manner,
- Use blended learning to allow health managers to pursue an MPH while continuing to work in the health sector, and
- Strengthen the capacity of faculty at health education institutions to design and deliver quality, competency-based, applied learning.

Key Successes:

- *Two new Master of Public Health programs – in human resources for health and in health economics – were successfully established at three public universities and one private college.*
- *By March 2017, the two programs had enrolled 154 students, of whom 119 have graduated upto 2018.*



STRATEGIES AND INTERVENTIONS

Establishing new MPH programs at three public universities and one private college. The HRH Project partnered with four Ethiopian institutions of higher education (Gondar University, Jimma University, Addis Ababa University and Addis Continental Institute of Public Health [ACIPH]) to launch two MPH programs in 2014: one to train human resources for health (HRH) managers and the other to train health economists. However, Addis Ababa University started the program late and only in health economics. Both programs enrolled managers and healthcare providers currently working in the Ethiopian health system. Students continued in their jobs for the duration of the courses. To evaluate the programs, a confidential questionnaire was administered to the first cohort of students and semi-structured interviews were conducted with students' employers. We also checked-in with graduates in December 2018.

Employing blended learning. A mix of technology-supported distance learning and face-to-face instruction enabled students to fit their studies around their jobs, families, and other commitments. Study time was divided equally between structured independent study, using electronic and print learning resources, and concentrated periods of classroom learning. Tutors provided academic expertise, guidance, and feedback, and conducted group teaching. Students met and interacted at tutorials and informal study groups.



Creating a competency-based curriculum. The HRH Project led a needs assessment exercise to identify essential professional competencies for health economists and HRH managers, which were then used to inform and direct the teaching program. Competencies were organized in terms of knowledge, skills, and attitudes and formed the basis for a Curriculum Design Workshop, where teams of academics and practitioners worked collaboratively to design competency-based curricula

Developing a comprehensive package of teaching materials. Working under the guidance of experts from Open University, faculty members from partner institutions authored a full suite of learning, teaching, and support resources for each MPH program. Learning modules and instructional plans were customized to the local setting and sought to promote active participation by learners, in recognition of their professional experience and pre-existing knowledge. Guides for tutors promoted a shared understanding across different instructors and institutions as to how the MPH programs should be taught. Assessment guides, student guides, online handbooks, CDs with extra materials for each module, and a DVD case study supplemented the core materials.

Building the capacity of Ethiopian academics. Subject matter experts from Open University introduced faculty members from partner institutions to blended learning concepts for adults and updated them on current trends in their disciplines. Once the MPH programs were underway, these same experts made one-week co-teaching visits to classrooms and worked alongside Ethiopian tutors to deliver the modules. The Open University provided additional support for faculty in three workshops, which offered a technical training update, training for thesis supervisors, and training on applied research for tutors working with students on their theses.



Key Takeaways:

Ethiopian faculty increased their capacity to design high quality competency-based modules for post-graduate programs. However, additional investments are required to develop skills and systematic processes to implement blended learning.

RESULTS AND LESSONS LEARNED

By July 2018, 47 students had graduated from the HRM program and 72 from the HE program (in total 119, of which 19 are female), but HRM enrollments are declining. University of Gondar discontinued its HRM program due to lack of applicants. Addis Ababa University started only the HE program. This may account, in part, for lower graduation outputs in HRM compared with HE (47 versus 107 students overall), see Table 1.

With support, Ethiopian faculty were able to produce high-quality, competency-based content for postgraduate teaching. Faculty initially found it difficult to engage with such a different pedagogical approach but found success with additional support from Open University experts. They were able to meet standards for academic rigor, embraced plagiarism software, and developed the skills to produce case studies and scenarios with real relevance in an Ethiopian context.

Changes in teaching methods have been incremental and sporadic, rather than systemic. Partner universities did not fully understand the demands that a blended learning program places on instructors and undermined opportunities to transform postgraduate health teaching. They drafted instructors at short notice who had no exposure to the new materials and methods developed for the MPH programs. Unsurprisingly, they were not comfortable with a learning-centered, interactive approach to teaching and tended to fall back on older approaches and materials. Co-teaching visits by Open University experts were too brief to fundamentally alter teaching practices, and invitations to the additional faculty development workshops were not always directed to MPH instructors.

The selection process for MPH candidates was not standardized and did not necessarily identify those who could make best use of the knowledge and skills taught. When deciding who could apply for the MPH programs, employers generally rewarded good performers without considering strategic planning concerns. Partner universities developed different entrance exams that did not always test candidates' problem-solving abilities or readiness to undertake postgraduate study. Ultimately, the selection process resulted in a pool of candidates that was heavily skewed to males (from 154 total enrollment only 33 or 21% were female).

The work practices of all MPH candidates improved, but many are not assigned in departments that require their postgraduate qualifications. Of the 67 learners surveyed, nearly all identified connections between the MPH program and their work and described concrete changes in their practices, such as conducting program evaluations for evidence-based decision making. In addition, they shared new knowledge and skills with colleagues, so the MPH programs had a wider impact at the workplace. Employers observed improvements in confidence, thinking, and skills among MPH candidates and felt the organization benefited from increased motivation and enhanced knowledge and skills (Figures 1 and 2). HE students were more likely to use new knowledge and skills in the workplace; some HRM students complained that they had little opportunity to implement new knowledge and skills at work. In a recent check-in with first cohort graduates (51 out of 69), 49% reported that they were working in areas that do not match their postgraduate qualifications.

Table 1. Number of students who had enrolled in and graduated from MPH programs as of July 2018, by cohort

Higher Education Institution	HRH Management				Health Economics				Total
	First Cohort	Second Cohort	Third Cohort	Fourth Cohort	First Cohort	Second Cohort	Third Cohort	Fourth Cohort	
Number of Students Enrolled									
University of Gondar	15	--	--	--	17	10	10	8	59
Jimma University	6	16	--	--	9	16	--	--	47
ACIPH	15	--	--	--	17	--	--	--	23
Addis Ababa University	--	--	--	--	14	11	--	--	25
Total Enrolled	31	16	0	0	52	37	10	8	154
Number of Students Graduated									
University of Gondar	14	--	--	--	17	8	10	--	49
Jimma University	6	16	--	--	9	16	--	--	47
ACIPH	11	--	--	--	12	--	--	--	23
Addis Ababa University	--	--	--	--	--	--	--	--	--
Total Graduated	31	16	0	0	38	24	10	0	119

Figure 1. Employer observations of the positive impacts of MPH programs for the students (n=13)

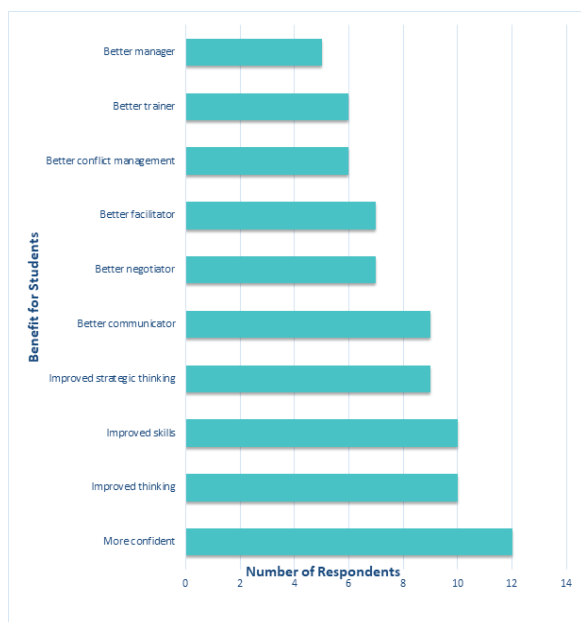
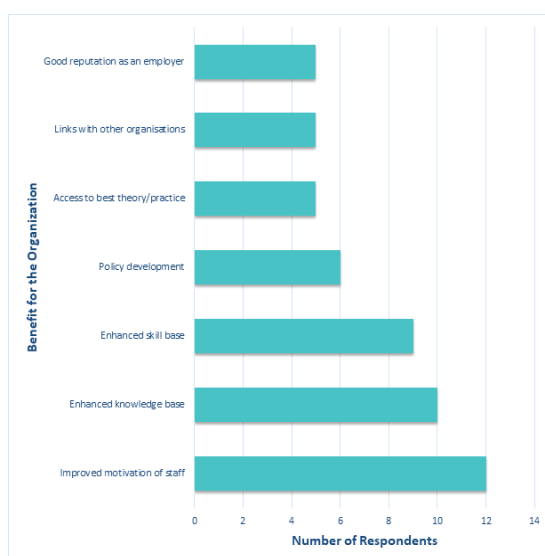


Figure 2. Employer observations of the positive impacts of MPH programs for the organization (n=13)



Blended learning allowed health managers to study while continuing to work and encouraged them to apply their learning on the job, but also created some stresses. Learners appreciated the flexibility of the blended learning approach and its direct applicability to their work, and learner engagement and commitment were high. However, MPH candidates noted some drawbacks to the blended learning approach. They complained about a lack of time to study, costs incurred to attend on-campus sessions, and managers' lack of understanding regarding their absences from work to attend university sessions.

NEXT STEPS

1 Revise and standardize the selection process for MPH candidate so that it is equitable, inclusive, and consistent: Employers should select MPH candidates based on their commitment, the line manager's assessment of their ability to study at postgraduate level, their potential organizational impact, and a commitment to gender parity. The entrance exam should test candidate's problem-solving abilities, readiness to undertake postgraduate study, and English language skills.

2 Encourage incremental pedagogic changes by appointing blended learning champions: New instructors should be trained on learner-centered, interactive pedagogy, and schools should be made aware of the importance of having trained faculty teach the programs.

3 Schedule on-campus teaching sessions carefully: Avoid busy work periods to reduce strains on the workplace caused by the absence of MPH candidates. If possible, schedule sessions when full-time students are not on campus so that learners can use student accommodations.

4 Engage with employers so they understand the benefits and demands of the MPH programs and can maximize benefits for the health system: Encourage employers to give MPH candidates time off for campus sessions and defray their travel and living expenses. In return, learners can commit to disseminating newly learned knowledge and skills throughout the organization and/or staying with the organization for some period of time after graduation.

5 Evaluate the potential role and effectiveness of digital technologies in delivering the MPH programs: Digital learning offers a promising opportunity for a cohort spread across a large country, but it must be carefully evaluated to ensure that the technology is robust, learners and teachers feel enabled, and the benefits justify the cost.

6 Place graduates in relevant departments so that they can effectively employ their new knowledge and skills: Although the skills taught by this program can be usefully employed in any management role, the complete suite of training in HRM and HE will be needed only by a manager or expert working in HR department and policy, plan, monitoring and evaluation department, respectively.

7 Investigate why the HRM program is unpopular and encourage universities to offer it: Institutions are not getting candidates for HRM, even though assessments have repeatedly flagged the need for better HRM practices in Ethiopia. The FMOH should investigate and address the disincentives for a career in HRM.

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