Background

- Ethiopia has a maternal mortality ratio of 412 per 100,000 live births and a neonatal mortality ratio of 29/1000 live births.1
- Institute for Healthcare Improvement (IHI) is working in partnership with the Ethiopian Federal Ministry of Health (FMoH) to use quality improvement (QI) methodologies to reduce mortality among mothers and newborns.

Project Design

National Quality Strategy

- Sets a vision for quality at all levels of the health system

Learning Collaborative Design

- Collaboratives are conducted at the woreda (district) level, bringing together hospitals, health clinics, and health posts.
- Clinical bundles centered around labor and delivery are the key focus of many PDSA cycles in these facilities.
- Clinical outcomes measured at the institutional and community level (when available) include maternal mortality, neonatal mortality, and stillbirths.

Phased Design

- August 2015: Preparation and Operational Start
  - Prototype Launch: Five regions

- April 2016: Prototype Launch*
  - Five regions

- Late 2017 – Early 2018: Test Scale Up
  - Four regions

- March 2019: National Scale Up
  - Eleven regions

Phased Design Aims

Prototype:
- Design and refine district-wide QI approach to catalyze change in the key priority area of maternal newborn health (move from theory to practice)
- Gain experience in different regions (varied administrative structures, population needs, cultures)
- Gain experience in different geographic archetypes (agrarian, urban, pastoralist)
- Produce contextualized change packages

Test of Scale:
- Test the scalability of the prototype-designed approach by integrating more completely into the routine system
- Ownership and implementation by existing staff from the start and at all levels with integrated capability building
- Prime the system for full-scale up and explore structures for scale-up (role of region, zonal leadership) and lay the plan for scale-up (phase 3)
- Examine the role of LEAD hospitals and university hospitals in the scale-up

Key Considerations in Planning for Scale Up

- Working toward MOH ownership from the start
- Incorporating new activities into existing structures
- Testing in different contexts before scaling up in that context
- Ensuring capability is built among MOH staff that will be responsible for carrying work forward

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References