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Policy Brief

It Is Time for a Paradigm Shift in Digital Health (DH) Policy Framework Development in Ethiopia

Ethiopia needs to develop a “dynamic, integrated and human centric” DH policy framework that leverages on learnings, implementation and value creation of existing innovations and DH solutions.



Why is DH important?

While digital health is a simple concept – using technology to help improve individuals' health and wellness – it is a broad and growing sector. Digital health is no longer a thing of the future. It is happening now, and it has become even more evident with the advent of COVID-19 and the urgent need to digitally engage and communicate with all levels of population and community. Digital technologies and accelerating technological changes are an essential component and an enabler of sustainable health systems and universal health coverage. DH offers real opportunities to improve medical outcomes such as quality, access, equity, and enhance efficiency.

Today a large majority of Africans still do not have access to essential health services at a primary level and with the large population and youth across the continent, there is more of an imperative for digital strategy as part of the agenda for economic transformation and job creation. Ethiopia provides for a strong, clear vision and leadership from the government, notably, a digital transformation framework from the PM office, encouraging banking, telecom, and business sector reforms. Furthermore, Ethiopia recognizes the need to leverage on private sector innovation, finance, and efficiency and is keen on ensuring strategic private sector engagement (PSE) for economic transformation as can be seen across the banking, telecom and manufacturing sector.

Although Ethiopia has prepared top-down DH policy framework, as a sector, DH is lagging behind and is even more notably “absent” when it comes to strategic private health sector engagement. We often consider DH as a promising tool and a facilitating factor for better societal health outcomes with regards to prevention and treatment of diseases. But it is essential to highlight that, depending on the execution, DH technology can increase health inequalities and generate more vulnerabilities unless a clear, inclusive DH policy is developed and enabled. Thus, this is a call for action to Ethiopian policymakers to be disruptive, inclusive, purposeful and intentional in their development of a DH policy framework.

We call for a paradigm shift in DH planning and policy making, a shift in purposeful resourcing of this sector in Ethiopia for impact and value creation for the small but growing private sector.

Current State of DH Policy in Ethiopia: Barriers and Opportunities

DH as a whole carries significant barriers including data sharing, security issues, consent, and the lack of interoperability. Our study in Ethiopia revealed several market specific challenges that are opportunities for action through careful policymaking.

- Most DH solutions rolled out to date across private and public sectors in Ethiopia have limited sustainability and are mainly supply (solution) driven.
- DH solutions developed so far failed, for the most part, to get past the “pilot stage” because policymaking has a top-down approach, with limited inclusiveness and not well-informed on the needs and gaps of the market demand.

- In Ethiopia, the DH ecosystem and DH policy remain fragmented - no encompassing DH policy and strategy under a clear governance.
- The Ethiopia DH interventions are limited in private sector engagement as there is not yet an inclusive dialogue and planning platform. There is a lack of incentives and regulatory tools to harness private sectors to incentivize and regulate them on data sharing and data analytics.
- Ethiopia DH ecosystem revealed limited financial resources, implementation capacity and leadership at sectoral levels – Need purposeful investment and resourcing of this sector as a whole.
- Significant market barriers remain in the limited human expertise (innovations, entrepreneurship, and education not targeted to technology) – HR policy incentives and investment policies targeted to DH are lacking.
- There is an underdeveloped digital literacy at the workforce and user level and heavy regulatory bureaucracy that needs to be addressed through careful HR policies and financial incentives for entrepreneurship, efficiency, and links to industry for employability.
- One reason for the fragmentation of DH solutions is Ethiopia’s programmatic approach to health information data, reinforced by development partner funds – there is a need for a “call to action” to development financiers and investors for an integrated investment scheme.

A New Paradigm Shift is Needed: Policy Implications and Recommendations

With the expanding youth population, Ethiopia has the opportunity to harness digital technology as a driver for economic growth, innovation, and job creation. A harmonized enabling environment and PSE can secure a role for Ethiopia in the digital single market in Africa that is today being created under the Africa Continental Free Trade Agreement (AfCFTA). The DH policy framework for Ethiopia needs to follow a dynamic process that builds on better understanding (and creating) the demand for DH through a patient-centric model. We believe the status quo is no longer acceptable, and a disruptive model is needed that addresses and enacts on the below recommendations and policy implications:

1. Develop an integrated (across sectors, actors, and market supply and demand) framework for DH policy and DH strategy with a clear roadmap.
2. Pave a clear way for effective and transparent governance in DH technology by identifying “champions” across the public and private sector (including development partners).
3. Establish a strong DH platform for inclusive and meaningful dialogue.
4. Integrate and standardize digital innovations for health and enable data analytics.

5. Cultivate DH financial sources and investments, including a call for action to development partners to invest under a common national framework.
6. Enhance DH capacity and literacy through HR policies and incentives.
7. Alignment of current fragmented DH policies to a broader national DH strategy and regional health policy is essential for sustainability and relevance.
8. Develop a patient-centric DH ecosystem.

While the above recommendations are identified, the study prioritizes a few for short term action for Ethiopia, including the development of a patient-centric model through the establishment of a DH learning lab that considers, as a priority, three key pillars: digital literacy, data integration and analytics, and innovations.

Conclusion

The proposed implementation of the DH policy framework for Ethiopia revolves around a dynamic policy development process that learns and adapts to the identified prioritized barriers. Status quo is no longer acceptable, and disruptive models such as establishing a DH “Learning Policy Lab”, are recommended in this instance. The three priority pillars for action for this lab require three enablers or a three-pronged approach to enable this paradigm shift:

1. **Governance:** Build a robust and unified governance, leadership and ownership at both public and private sector level as well as a platform for effective dialogue between public and private.
2. **Data and integration for system efficiency:** Ethiopia needs to make data available, encourage data sharing, and advocate for digital health inclusion and a system-level approach for building health information systems as part of key health interventions informed on data analytics.
3. **Investments into one ecosystem:** Resourcing with purpose. We need to ensure potential investors, donors, and grantors align with a DH ecosystem, and system-level support to support integration, innovation, and a common strategy for implementing DH policy.

We propose establishing a “DH learning policy lab” that conducts activities across the key prioritized DH sub-themes identified above. Examples of activities of the “policy lab” include:

1. Series of webinars (technical or advocacy in nature) around sub-themes of interest;
2. The creation of a DH platform and communication platform or inclusive dialogue and technical discussions;
3. The ability to technically support the development and scale-up of select DH projects for the “learning Policy lab”.



Note:

This document is an extraction and summary of key findings from a formal study conducted by Precise Consult International. Both primary and secondary data were used. While the former were collected via key informant interviews and focus group discussions, the latter were collected from different organizations as well as from internet resources. In addition, the study employed descriptive data analysis techniques and benchmarking of best-practice lessons for Ethiopia.

All data that were used in this brief are referred in detail in the full research document which can be found by visiting www.preciseethiopia.com or by email request to info@preciseethiopia.com.

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