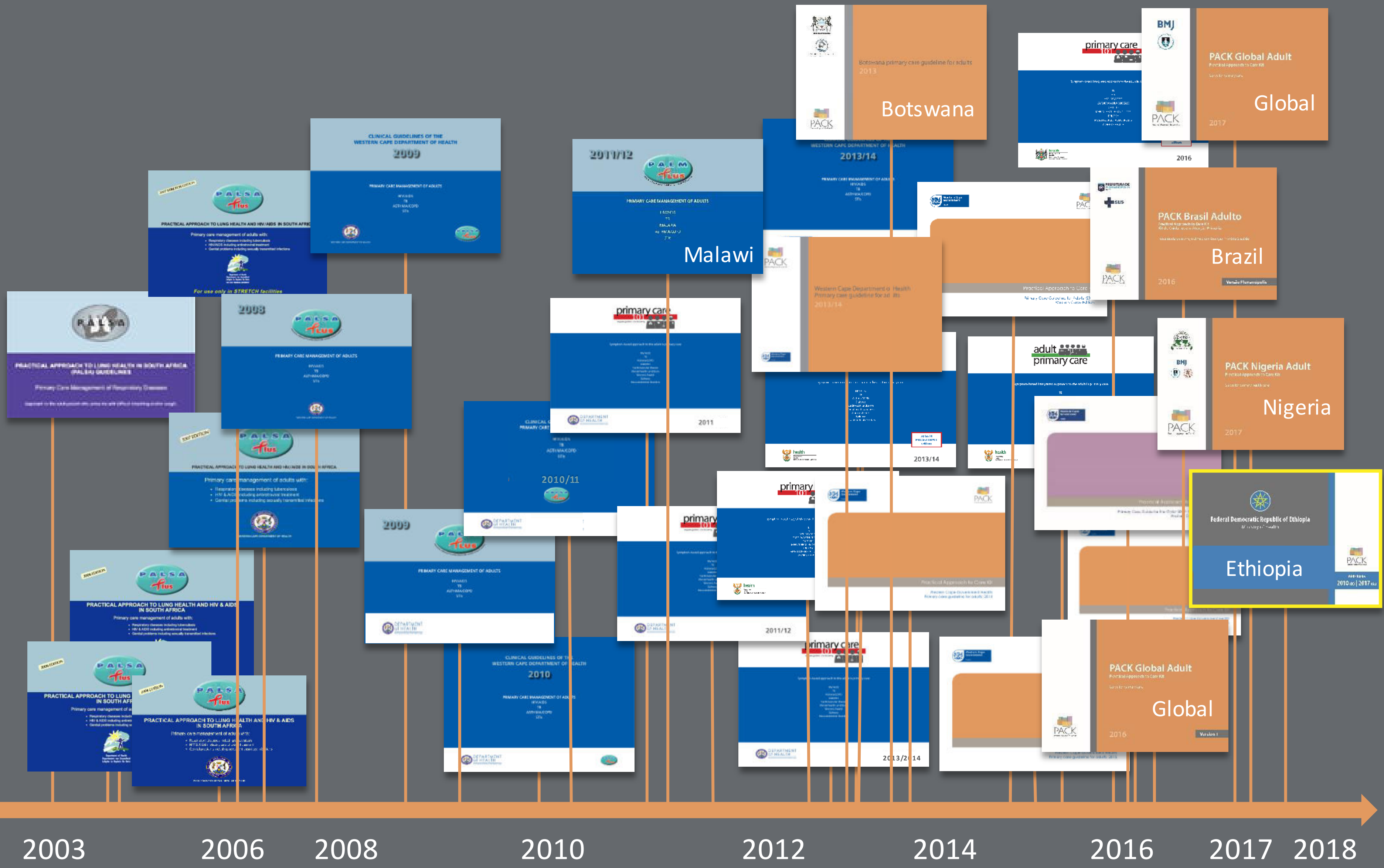
Federal Democratic Republic of Ethiopia

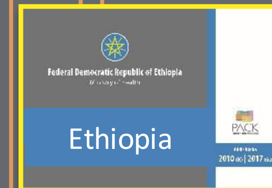
Ministry of Health

An Overview

Guide editions in 18 years



Localised guides



2003 2006 2008 2010 2012 2014 2016 2017 2018

What is PACK ?

There are 4 pillars to the PACK programme

1 The PACK guide

2 Training programme

3 Health Systems improvement

4 Monitoring and evaluation

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PACK
Practical Approach to Care Kit

Pillar 1: PACK guide

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Ethiopian primary health care clinical guidelines

Care of Children 5-14 years and Adults 15 years or older in Health Centers

Addis Ababa

2010 (EC) | **2017** (GC)

PACK guide: What you need to know

- Organised to reflect the way patients present to primary care (symptoms *or* follow-up of a chronic condition *or* both)
- Prompts the clinician to consider a chronic condition diagnosis at every opportunity
- Integrates multiple guidelines into one concise comprehensive tool
- Evidence-informed

The Ethiopia PHCG Principles

comprehensive and integrated care

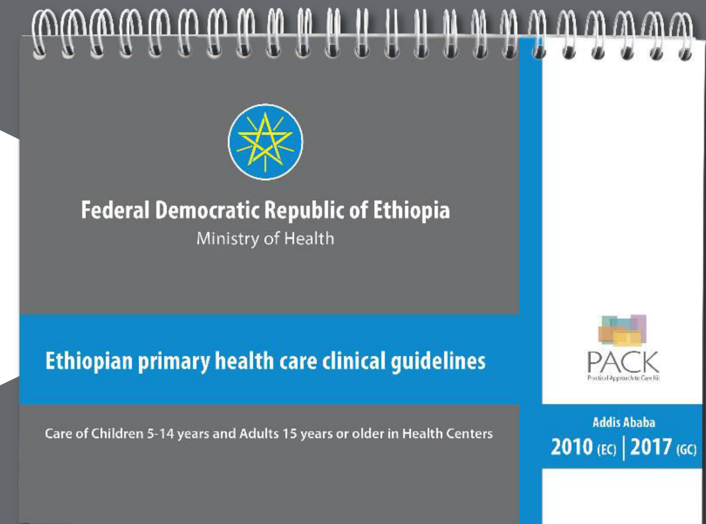
dealing with the whole patient,

provision of various services at a service delivery point ("one stop shop")

continuity throughout the lifecycle, as well as between types of care providers

provide services that are safe, respectful to the user

Too many guidelines



Linking PACK to BMJ's Best Practice

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Gestational diabetes mellitus	Ichthyosis
Paraphimosis	Tricuspid regurgitation

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Stroke: diagnosis and routine care

Sudden onset of one or more of the following suggests a stroke or a transient ischaemic attack (TIA):

- Weakness or numbness of the face, arm or leg, especially on one side of the body
- Blurred or decreased vision in one/both eyes or double vision
- Difficulty speaking or understanding
- Difficulty walking, dizziness, loss of balance or co-ordination

If patient has one or more of: hypertension , diabetes, heart disease, on warfarin, > 60 years and has no history of head trauma, **stroke** likely. If not, refer to hospital to confirm the diagnosis of stroke.

Give urgent attention to the patient with a stroke/TIA:

- If oxygen saturation < 95% or oxygen saturation machine not available, give face mask oxygen.
- If glucose < 70mg/dL or unable to measure, give 25mL glucose 40% IV over 1-3 minutes. Repeat if glucose still < 70mg/dL after 15 minutes.
- Keep patient nil by mouth until swallowing is formally assessed.
- Give normal saline 1L IV 4-6 hourly. If glucose ≥ 70mg/dL, avoid fluids containing glucose/dextrose as raised blood glucose may worsen a stroke.
- If BP ≥ 220/120, give single dose of nifedipine 20mg PO.
- Refer urgently.

Assess the patient with stroke/TIA

Assess	When to assess	Note
Symptoms	Every visit	• Manage symptoms as on symptom pages. • Ask about symptoms of another stroke/TIA. Also ask about chest pain ⊃94 or leg pain ⊃96.
Depression	Every visit	In the past month, has patient: felt depressed, sad, hopeless or irritable or worrying a lot, had multiple physical complaints, felt little interest or pleasure in doing things? If yes to any ⊃99.
Rehabilitation needs	Every visit	Refer to physiotherapy for mobility.
BP	Every visit	• Check BP ⊃89. If new hypertension, avoid starting treatment until > 48 hours after a stroke. • If known hypertension ⊃90.
Glucose	At diagnosis, then yearly	Check glucose ⊃86. If known diabetes ⊃87.
Random total cholesterol (by referral to hospital)	3 months after starting simvastatin and then after 3 months if ≥ 190mg/dL	• If cholesterol ≥ 190mg/dL: increase simvastatin to 40mg. If already on 40mg daily, refer to hospital. • If cholesterol < 190mg/dL, no need to repeat.
HIV	At diagnosis or if status unknown	Test for HIV ⊃75.

Advise the patient with stroke/TIA

- Advise the patient to seek medical attention immediately should symptoms recur. Quick treatment of a minor stroke/TIA can reduce the risk of major stroke.
- Help patient to manage his/her CVD risk ⊃85.
- If patient is < 55 years (man) or < 65 years (woman), advise the first degree relatives to have CVD risk assessment ⊃84.
- Avoid combined oral contraceptive. Advise other method such as IUD, injectable, progestogen-only pill or subdermal implant ⊃110.

Treat the patient with an ischaemic stroke/TIA

- Give aspirin 75-150mg PO daily for life. Avoid if haemorrhagic stroke, peptic ulcer, dyspepsia, kidney or liver disease. If heart valve disease or atrial fibrillation, refer for warfarin instead.
- Start simvastatin 20mg PO daily. If repeat cholesterol > 190mg/dL increase to 40mg daily. If already on 40mg, refer to hospital.

Evidence Database

Recommendation from PACK

Website link to BP reference

Reference Text from Best Practice

WHO reference text

Comments for the adaptor

Column for "Other" references

BP Level of evidence (A,B,C)

Recommendation

Rec Nr: 3

RecommendationID: 723

Recommendation for Page | Additional info | Structure/Section | Drugs/Tests

Recommendation: Glucose < 3.5mmol/L with/without symptoms:
Give oral glucose orally. If decreased consciousness or glucose ≤2.8mmol/l, give 50mℓ 50% glucose IV over 1-3 minutes instead. Repeat if glucose < 3.5mmol/L after 15 minutes.
Give the patient food as soon as s/he can eat safely.

Add Recommendation

Focus: Management of hypoglycaemia:

Paraphrase text:

Note1 - Adaptor: If 50% glucose not available, substitute with 50% dextrose or other hypertonic glucose solution.

Note2 - Adaptor:

Categorisation: Management

Incomplete:

2014/11/07

2014/11/12

References (Single entry)

Date Accessed: 2015/06/10

...ay be given for mild hypoglycaemia in patients ... n patients unable to take orally, 50% glucose sh... losely for the next hour. Some clinicians prefer ... solution to reduce the risk of post-treatment hyperglycaemia or extravasation injury. Alternatively, glucagon

Incomplete:

Reference:

Ref used:

Web link: http://bestpractice.bmj.com/best-practice/monograph/1086/treatment/step-by-step.html

Evidence level: nil noted

Article ID: 1086

References (Table format)

Reference	RefText	AdditionalRefInfo	Weblink	EvidenceLe
BP	Oral glucose or orange juice may be given for mild hypoglycaemia in patients taking orally. For severe or refractory hypoglycaemia, or in patients unable to take		http://bestpractice.bmj.com/best-practice/monograph/1086/treatment/step-by-step.html	nil noted
WHO	Unconscious diabetic patients on hypoglycaemic agents and/or blood glucose ≤2.8 mmol/L administer intravenously 20 to 50ml of 50% glucose (dextrose) over 1 to 3 minutes. If	Prevention and Control of Noncommunicable Diseases: Guidelines for primary health	http://apps.who.int/iris/bitstream/10665/76173/1/9789241548397_eng.pdf	
Other	c Glucose (15-20 g) is the preferred treatment for the conscious individual with hypoglycemia, although any form of carbohydrate that contains glucose may be used. If SMBG 15	Executive Summary: Standards of Medical Care in Diabetes--2014. Diabetes Care 37, no.		
Other	A single threshold value for plasma glucose concentration that defines hypoglycaemia in diabetes cannot be assigned because glycemic thresholds for symptoms of hypoglycaemia	Seaquist, Elizabeth R., John Anderson, Belinda Childs, Philip Cryer, Samuel Dagogo-	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3631867/pdf/1384.pdf	nil noted

Pillar 2: Training programme - What you need to know

- Educational Outreach
- Onsite training
- Train the team
- Roles and responsibilities

Educational Outreach: Onsite sessions

Health Sector Transformation Plan (2015/16 to 2019/20)

Strategic pillars

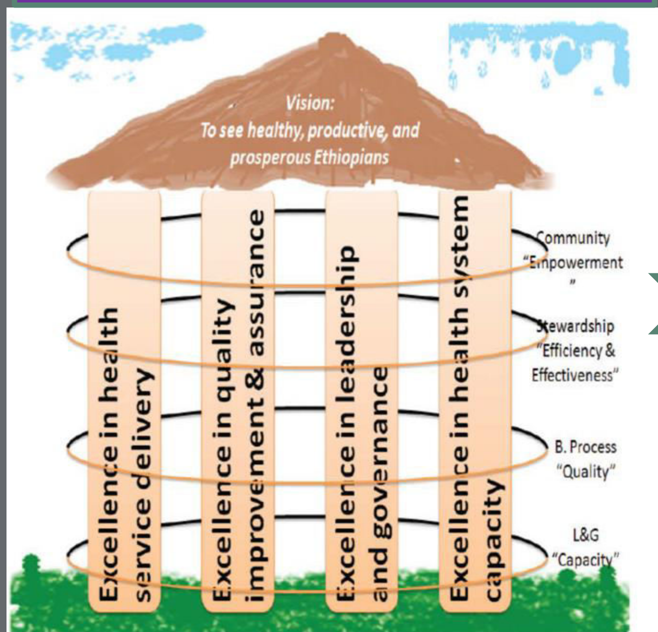


Figure 7: The health sector strategic management house

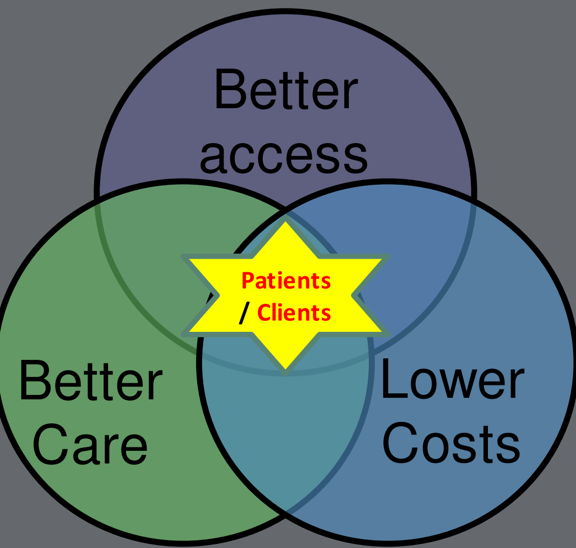
Transformation agendas

- CRC Compassionate HR
- Quality and Equity
- 'Woreda' transformation
- Data Revolution

PHCG

Transformation in Quality of Health Care

AIM



STRATEGIC FOCUS

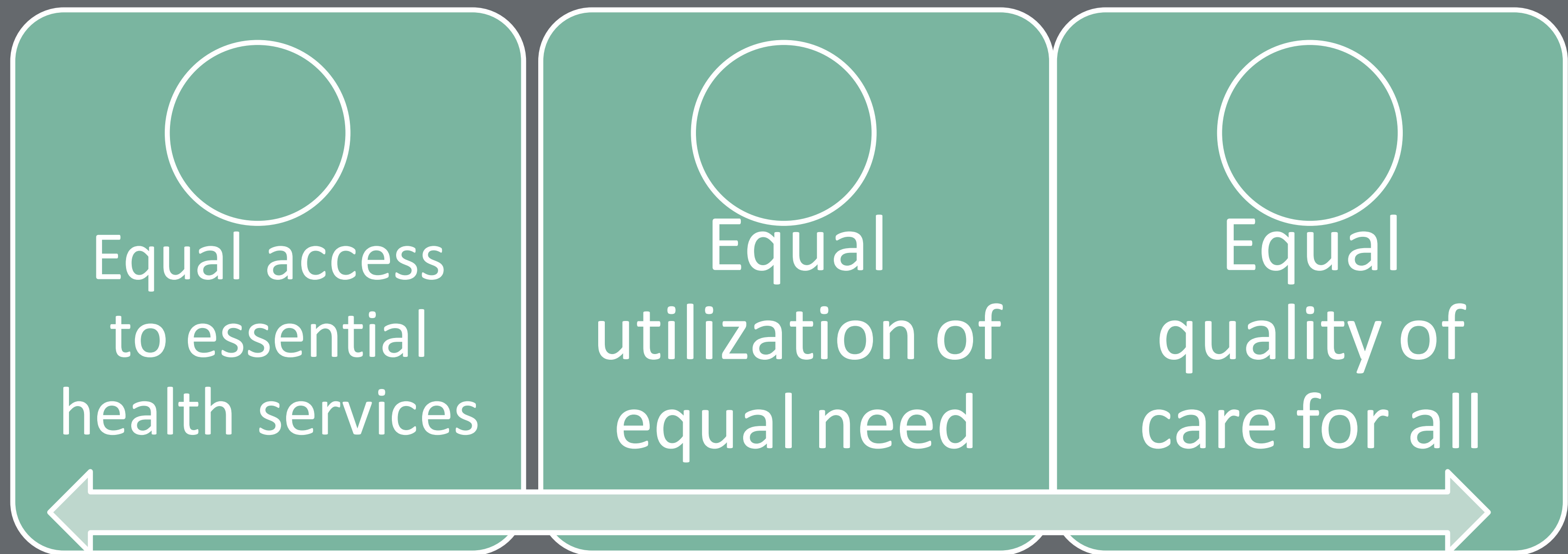
- **DEVELOP** an integrated approach to planning, improving, and controlling quality
- **ACTIVATE** key constituencies
- **DRIVE** improvement in quality
- **SUPPORT** strong **DATA SYSTEMS** and feedback loops

PRIORITY AREAS

- **MNCH**
- **Malnutrition**
- **NCD**
- **CD**
- **Clinical & surgical services**

Equity of Health Care

Elements of Equity for Health Care



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Woreda Transformation

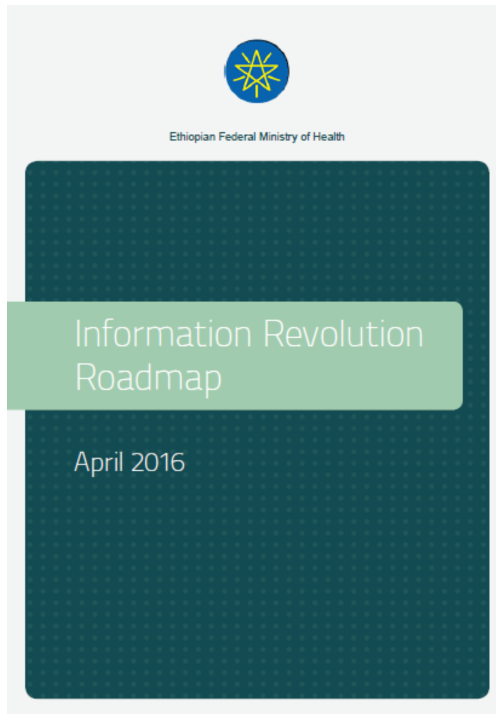
Goal

To create a Woreda with quality and equitable heath service delivery and ascertain comprehensive health coverage in all areas of our country

Expected Outcomes

- Create model Kebeles
- Create high performing primary healthcare units (health posts and health centers)
- Enable all households of the Woreda to enroll in the community based health insurance scheme

Information Revolution Goal



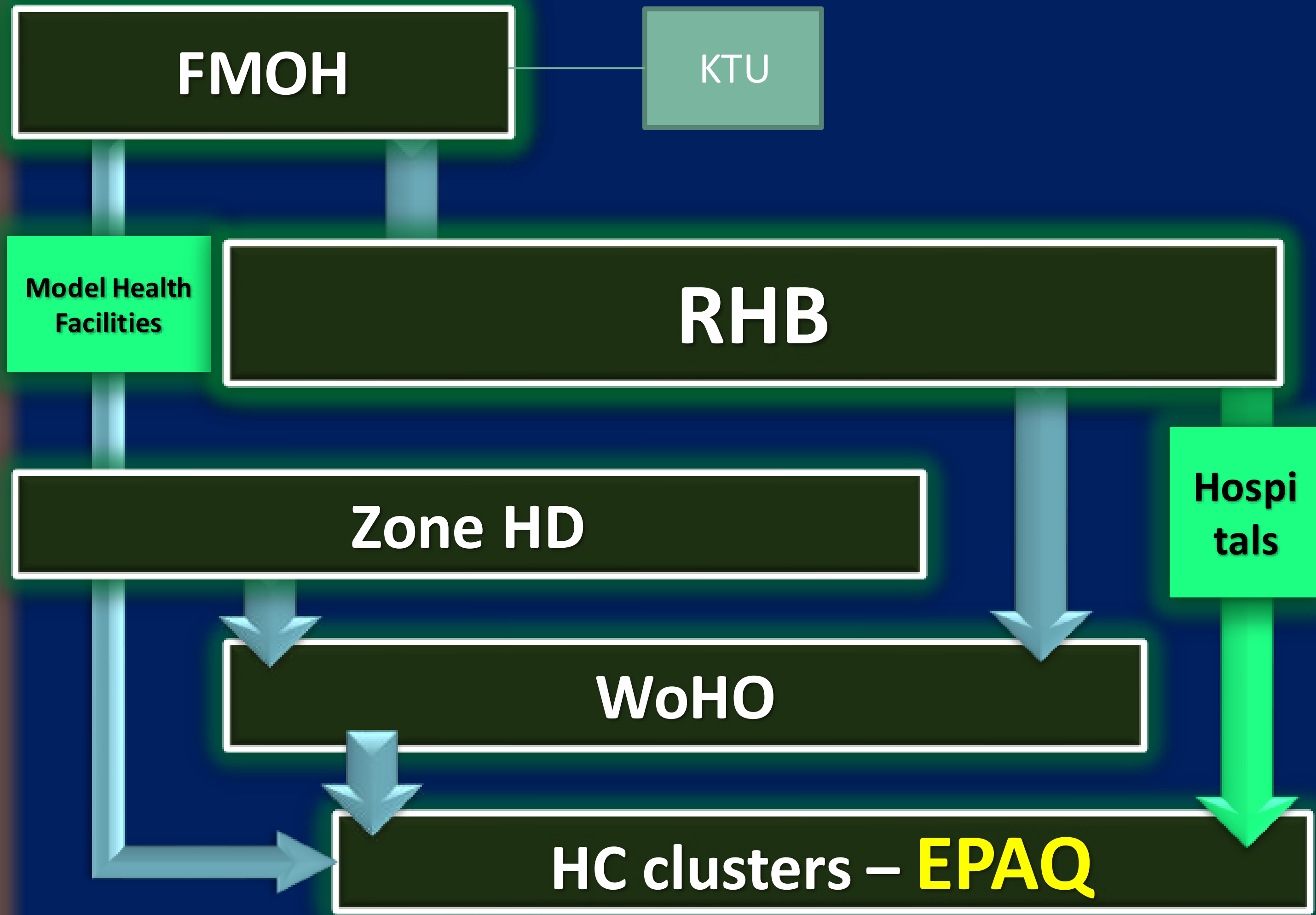
To improve the use of high-quality routine information in the health sector, contributing to improved quality, efficiency and availability of primary health and nutrition services at all levels.

Implementation

The PHCG initiative will be implemented aligned to

- **Health Development Army (Clinical forums)**
- **Woreda Transformation**
  - High performing PHCU--through the Ethiopian Primary Health Care Alliance for Quality (EPAQ) collaborative network
- **Quality Transformation Agenda**
  - **Using the EHAQ**

Implementation Collaboration and learning



EPAQ Standards

1. Ethiopia Health Center Reform Implementation Guidelines (EHCRIG)

- To be used as the main reference for management performance improvement of health centers.

2. Key Performance Indicators (KPIs)

- To be used to measure success in health service performance improvement , promote a culture of accountability and data driven decision making.

3. Woreda Management Standards

- To objectively measure the management capacity of the woreda health office that contributes toward performance improvement efforts in PHCUs.

4. Change Package

- Based on the focus of national FMOH initiatives such as; PHC clinical guideline, CASH, Model Kebeles, Community Based Health Insurance (CBHI).

Monitoring and Evaluation

- EPAQ committees will be set up at federal, regional, zonal and woreda levels.
- Performance monitoring and evaluation will mainly be based on: EHCRIG, KPIs, change packages, PHCG, woreda management standards.
- Recognition and awards for best performance based on EPAQ at PHCU, Woreda, Zonal and Regional levels.

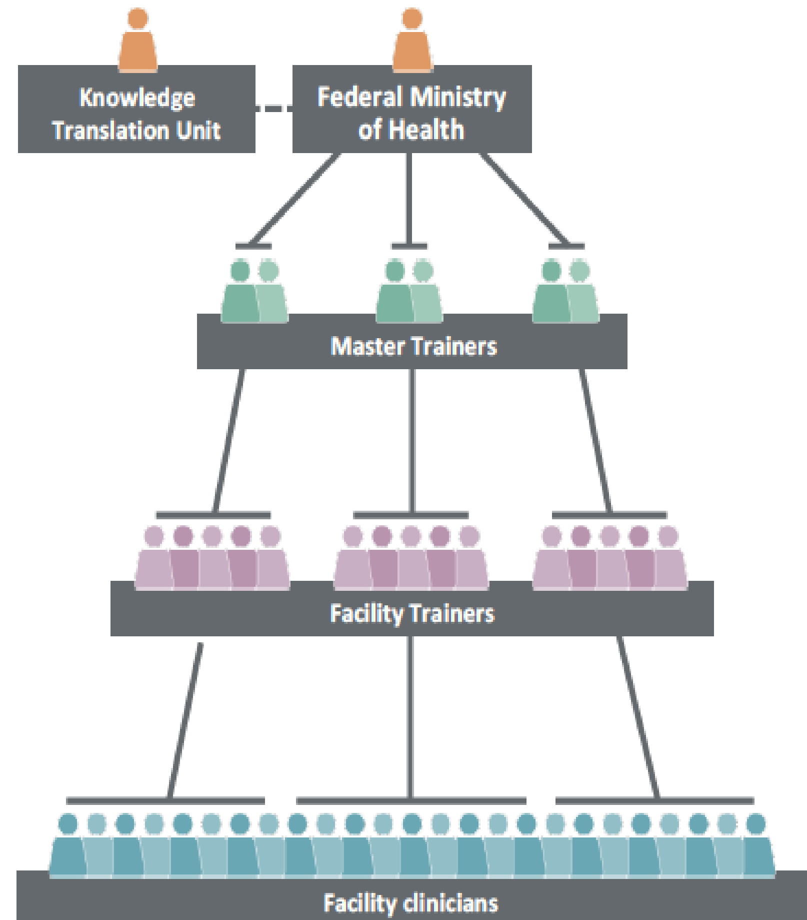
BPR (Best Improved Region)	BIZ (Best Improved Zone)	BIW (Best Improved Woreda)	BIP (Best Impoved PHCU)
• Federal Level • Annually	• Regional Level • Annually	• Zonal Level • Semiannually	• Woreda Level • Quatrely

The Cascade Model

Implementation and Training Plan

KTU & FMoH	Equip PHCG National team and Master-Trainers to comprehensively plan, deliver and manage the PHCG in a country	Equip
PHCG Master Trainers	• Attend a 5-day Master Trainers workshop • Plan and deliver the PHCG training for Facility Trainers in the region/zone/woreda • Equip, train, support and mentor the PHCG Facility Trainers to deliver the PHCG onsite training in a facility • Monitor and evaluate PHCG training and implementation	Train, support & mentor Facility-Trainers
PHCG Facility Trainers	• Attend a 4-day Facility Trainers workshop • 2 PHCG Facility Trainer per facility (Doctor, health officer, nurse or midwife) • Know how to use the PHCG materials • Plan and deliver the PHCG training for clinicians at your Facility • Equip, train, support and mentor the clinicians at the facility using the PHCG • Monitor individual and group learning activities	Train, support & mentor Clinicians in the PHC Facilities
Health Facility clinicians	• Attend the PHCG onsite training sessions weekly/fortnightly • Use PHCG consistently in PHCG care • Embrace a culture of ongoing clinical learning	Use PHCG

Cascade Model



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Pillar 3: Health Systems engagement and

Pillar 4: Monitoring and Evaluation

will be discussed in more detail
as the training proceeds.

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Thank you