EDITORIAL

From Access to Quality: The Next Step toward Universal Health Coverage in Ethiopia

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Over the past two decades, Ethiopia has made remarkable progress in expanding access to healthcare services. Through the Health Extension Program (HEP), expansion of primary healthcare facilities, strengthened maternal and child health interventions, and investments in communicable disease control, millions of Ethiopians have gained access to essential health services. These achievements have contributed substantially to improved health outcomes and positioned Ethiopia among the leading examples of primary healthcare expansion in sub-Saharan Africa (1–3).

As Ethiopia advances toward Universal Health Coverage (UHC), however, the principal challenge is no longer access alone, but the quality of care delivered. The Lancet Global Health Commission on High-Quality Health Systems highlighted that expanding coverage without improving quality yields limited health gains and weakens public trust in health systems (4,5). Access is meaningful only when health services are safe, effective, timely, equitable, and responsive to people's needs.

This changing focus is reflected in Ethiopia's recent health-sector reforms. The Health Sector Transformation Plan II (HSTP-II), National Healthcare Quality and Safety Strategy, Primary Health Care Transformation Agenda, and HEP Optimization Roadmap all emphasize quality, patient safety, equity, and people-centered care as priorities for the next phase of health-system development (5). These reforms recognize that increasing service utilization alone is insufficient to achieve sustained improvements in population health.

The urgency of this transition is heightened by the increasingly complex challenges facing the health sector. Internal conflicts, humanitarian emergencies, disease outbreaks, climatic shocks, population displacement, and economic pressures have disrupted healthcare delivery in many settings. These challenges have affected service availability, strained supply chains, reduced workforce capacity, and exposed persistent weaknesses in health-system readiness and performance (3). Consequently, health systems must do more than expand coverage; they must remain capable of delivering quality services under difficult and rapidly changing conditions.

Recent evidence suggests that Ethiopia's progress toward UHC may be slowing. A modelling study published in the Bulletin of the World Health Organization reported considerable gains in UHC service coverage during the early 2000s, followed by slower progress in recent years (3–5). The study underscored that expanding health-system inputs alone will not be sufficient to achieve UHC targets without broader improvements in health-system performance, governance, and quality of care.

Encouragingly, evidence from Ethiopia demonstrates that quality improvement can generate measurable health gains. Implementation experiences from the National Healthcare Quality and Safety Strategy documented reductions in maternal mortality, neonatal mortality, stillbirths, and inpatient mortality, together with improvements in patient experience and service performance (3–5). These findings demonstrate that quality improvement is not simply a managerial exercise; it is a population-health intervention that can save lives and improve healthcare outcomes.

Despite these gains, significant quality gaps persist. Shortages of essential medicines, diagnostic limitations, workforce constraints, infrastructure deficiencies, and weaknesses in continuity of care continue to affect service delivery across many primary healthcare settings (3). National assessments have similarly identified readiness gaps that limit the effectiveness of frontline services despite improvements in physical access (2,3,5). Access without readiness, and coverage without quality, cannot deliver the health gains envisioned by UHC.

Quality is also a cornerstone of health-system resilience. Resilient health systems are those capable of maintaining essential services before, during, and after crises (4). Strong clinical governance, reliable information systems, competent health workers, effective supply chains, and continuous quality-improvement mechanisms are therefore investments in both quality and resilience. In settings affected by conflict, outbreaks, displacement, or climate-related emergencies, maintaining service quality may be as important as restoring service availability.

The future success of Ethiopia's Health Extension Program similarly depends on quality. While HEP successfully expanded access to previously underserved populations, changing disease patterns, the growing burden of non-communicable diseases, mental health conditions, urbanization, and recurring humanitarian challenges require greater attention to continuity of care, referral effectiveness, and service quality (3–5). Expanding coverage alone will not be sufficient to address these evolving health needs.

Maternal health offers a clear example of this challenge. A woman may successfully reach a health facility for delivery, yet poor clinical care, delayed referral, shortages of essential medicines, inadequate monitoring, or disrespectful treatment can still compromise outcomes. In such circumstances, access has been achieved, but quality has failed.

Similar situations occur across emergency care, child health, surgery, and chronic disease management. Patients may reach and utilize health services, but deficiencies in clinical practice, timeliness, continuity of care, or patient-centeredness can undermine health outcomes. These examples illustrate that access alone is insufficient; healthcare must also be safe, effective, timely, and responsive to patients' needs.

The next generation of health-sector reforms should therefore make quality the defining measure of health-system performance. Monitoring systems should place greater emphasis on outcomes, patient safety, experience of care, and equity. Investments in the health workforce should prioritize competency, motivation, and retention, while digital health initiatives should strengthen clinical decision-making, continuity of care, and accountability. Communities must also be engaged as active partners in designing, monitoring, and improving healthcare services.

Ethiopia has largely succeeded in expanding access to healthcare. The challenge now is ensuring that access consistently

translates into better health outcomes. Achieving UHC by 2030 will depend not only on whether services are available, but also on whether they consistently deliver safe, effective, equitable, and trusted care. In this context, quality of care is no longer an optional aspiration; it is the defining requirement for sustainable progress toward Universal Health Coverage.

REFERENCES

1. FMoH-Ethiopia. Health Sector Translaformation Plan II (HSTP II). Ethiop Minist Heal. 2021;25(February):96.
2. Assefa Y, Gelaw YA, Endalamaw A, Wolka E, Zewdie A. Trend analysis and modelling of universal health coverage, Ethiopia. Bull World Health Organ. 2026 Jan 1;104(1):8-16. doi: 10.2471/BLT.24.292995.
3. Tesfaye S. Mengistu, Aklilu Endalamaw, Anteneh Zewdie, Eskinder Wolka, Yibeltal Assefa. Strengthening primary health care in Ethiopia: A scoping review of successes, challenges, and pathways towards universal health coverage using the WHO monitoring framework. PLOS Glob Public Health. 2025. 5(4): e0004470. https://doi.org/10.1371/journal.pgph.0004470
4. Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-dewan S, et al. The Lancet Global Health Commission High-quality health systems in the Sustainable Development Goals era: time for a revolution. 2018;6:1196–252.
5. Report C. Ethiopia Health Sector Transformation Plan. 2024; I (June 2023).