

23 - 27 April, 2012 Addis Ababa, Ethiopia

#### "Towards Global Health Equity:

Opportunities and Threats"

# SPECIAL SESSION COUNTDOWN TO 2015 IN ETHIOPIA

INTRODUCTION: CONTEXT, POLICIES AND STRATEGIES

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# Outline of the overall session "Countodown to 2015 in Ethiopia"

## Objectives:

- To describe progress and challenges towards the achievement of MDGs in Ethiopia
- To explain factors underlying successes and challenges

## Six presentations

- 1. Introduction: context, policies and strategies
- 2. Progress, challenges and perspectives in achieving MDGs
- 3. Provision of preventive and basic curative care at the community level
- 4. Integration of building blocks of the health system
- 5. Aid effectiveness
- 6. Conclusion and way forward





# Outline of the Presentation "Introduction: context, policies and strategies"

#### Objective:

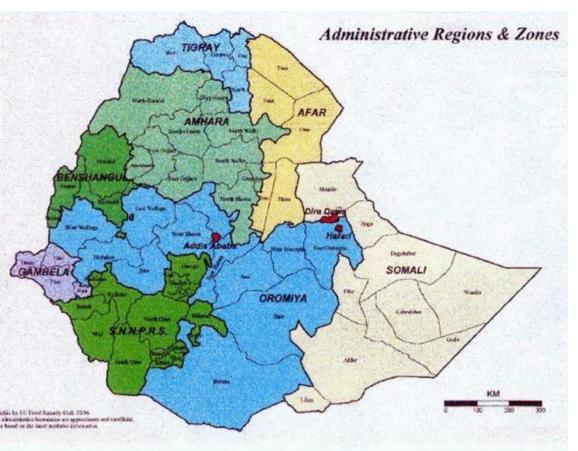
 To describe context, policies and strategies aimed at achieving MDGs by 2015

#### Three sections:

- 1. Ethiopia's context
- 2. Health policy
- Strategic plan: Health Sector Development Program (HSDP) currently in its fourth phase (2010/11-2014/15) (HSDP IV)



## **Context**



Africa's second most populous with about 82 million population

84% rural, among the highest in Africa

Growth rate: 2.6% per year (2 million people added per year)

11 regions, >800 districts (woredas)

Landlocked

GNI per capita (2010): 390 USD

GDP growth per annum of 11% over the last 6 years





## **Context**

#### Summary at a glance:

Life expectancy: 59 years

Adult literacy: 30%

Ratio girls to boys in education: 88%

- Health expenditure per capita: 16 USD (NHA 2007/08) with increase from 7 USD (NHA 2004/05), but below the minimum per capita spending recommended by WHO in 2001 (34 USD)
- Decentralized health system, now with three tier system





# **Policy**

# Health Policy

- Prevention and control of communicable diseases
- Women and children
- Those in the forefront of productivity
- Those most neglected regions and segments of the population and rural population
- Victims of man-made and natural disasters





# **Policy**

## General direction of the Health Policy

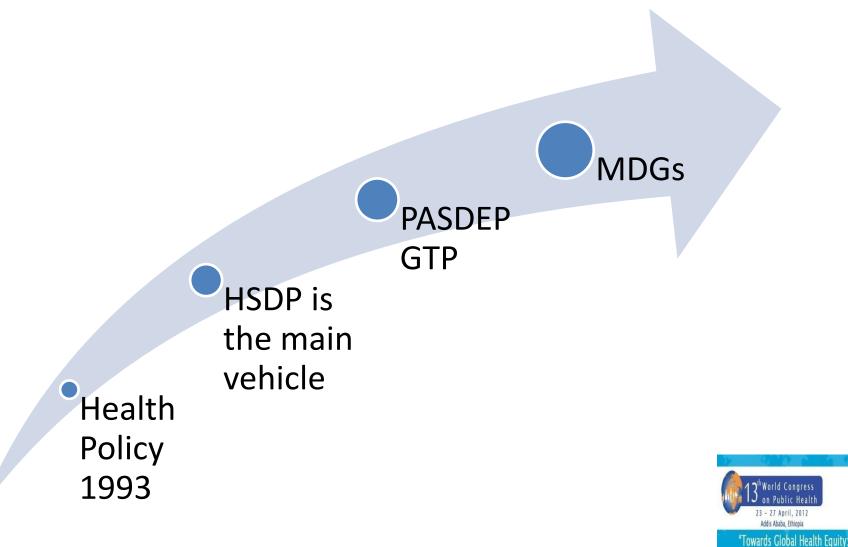
- Democratization and decentralization
- Access to all, equitable and acceptable standard
- Development of promotive and preventive components [communicable diseases, cigarette, obesity, pollution]
- Intersectoral collaboration
- Self reliance through maximizing resource utilization
- Capacity building [HR, infrastructure, research, information]
- Financing [tax, insurance, external sources]
- Public-Private Partnership





# **Policy**

# Policy linkages





# Policy Framework of HSDP-IV

#### GTP: national framework for growth and transformation

 Decentralized, rural centered development with accelerated development and rapid expansion of primary health care, primary education, food security and sanitation in rural areas

#### **HSDP IV**

- is part of the GTP;
- Builds on health policy, different national strategies and international goals (MDG)





## Vision and Mission

#### Vision

To see healthy, productive and prosperous Ethiopians

#### Mission

 To reduce morbidity, mortality and disability and improve the health status of the Ethiopian people through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services via a decentralized and democratized health system





## **Core Values**

#### Core values

- Community first
- Collaboration
- Commitments
- Change
- Trust
- Continued Professional Development





# **HSDP IV Strategic themes/pillars**





**Engaged Leadership** 

Summary of GTP & HSDP IV MDG-oriented Targets				
<b>Priority Areas</b>	Impact	Outcome	Vehicles	Bloodlines
Maternal and New born Health	MMR 267/100,000	CPR= 66% Deliveries attended by skilled birth attendants= 62%	Health Post 1:3,000-5,000 population  Health Center 1:15,000-25,000 population Rural) 1:40,000 population (Urban)  Primary Hospital 1: 60,000-100,000 population  General Hospital 1: 1,000,000-1,500,000 population	<ul> <li>Health Extension Program</li> <li>Health Development Army</li> <li>Supply chain management</li> <li>Regulatory system</li> <li>Harmonization and Alignment</li> <li>Health Care Financing</li> <li>Human Resource Development</li> <li>Health Information System</li> <li>Continuous quality</li> </ul>
Child Health	U5MR 68/1000 IMR 31/1000	Fully Immunized= 90% Pneumonia treatment 81%		
HIV/AIDS	HIV incidence 0.14	ART =484,966 PMTCT= 77%		
ТВ	Mortality all forms of TB= 20/100,000	TB case detection (All Forms) 75%		
Malaria	Lab confirmed Malaria incidence <5 per 1000	Pregnant women who slept under LLIN the pervious night= 86%		•Referral system
		Increase proportion of U5 children who slept under LLITN the pervious	Comprehensive Specialized Hospital 1: 3,500,000- 5,000,000 population	

night = 86%

Wasting prevalence 3%

Nutrition

## **HSDP IV Directions**

- Health Extension Program (HEP)
- Quality of health care
- Scaling up of civil service/health reform
- Special attention to critical programs (skilled attendance at birth, PMTCT, TB, Community IMNCI)
- Human Resources for Health
- Health infrastructure (hospital expansion, ICT, etc)
- Special support to emerging regions
- Gender mainstreaming
- Climate change





# The case of Ethiopia

- Are we achieving MDGs in Ethiopia?
- What are the areas of successes and those of challenges?
- What are the strategies in place to achieve MDGs?
- What's new and different in Ethiopia?





# The case of Ethiopia

#### Focus of next presentations on:

- Patterns and trends in achieving MDGs in Ethiopia
- Factors explaining successes and challenges
- Strategies to achieve MDGs:
  - Health Extension Program as flagship of HSDP
  - Integration of six building blocks of health systems strengthening
  - Aid effectiveness





# Thank You

