13th World Congress on Public Health
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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Addis Ababa, 24 April 2012

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Ministry of Health

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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

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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
3. 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

Health Policy 1993

HSDP is the main vehicle

PASDEP
GTP

MDGs

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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

Mission
Vision
Customer Values & Needs
Enablers
Challenges/Pains
Strategic Results

Perspectives
Community
Finance
Internal Processes
Capacity Building

Excellence in Health Service Delivery
Excellence in Leadership & Governance
Excellence in Health Infrastructure & Resources

Engaged Leadership : Core Values : Interactive Communications

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Health Sector Strategic Map

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Summary of GTP & HSDP IV MDG-oriented Targets

Priority Areas	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 Comprehensive Specialized Hospital 1: 3,500,000-5,000,000 population	•Health Extension Program •Health Development Army •Supply chain management •Regulatory system •Harmonization and Alignment •Health Care Financing •Human Resource Development •Health Information System •Continuous quality improvement program •Referral system
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%		
TB	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% Increase proportion of U5 children who slept under LLITN the pervious night = 86%		
Nutrition	Wasting prevalence 3%			

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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

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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

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Thank You

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