



Federal Ministry of Health

ADDRESSING THE GAP: EQUITY AND QUALITY IN HEALTH CARE TO ENSURE HIGHEST POSSIBLE LEVEL OF HEALTH FOR ALL IN ETHIOPIA

EXECUTIVE SUMMARY ON KEY ACHIEVEMENTS



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EFY 2008 (2015/16)

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EXECUTIVE SUMMARY



INTRODUCTION

1. INTRODUCTION

In the last two decades, the Government of Ethiopia (GOE) has worked on health system strengthening by applying pro-poor policies and strategies which resulted in bringing significant gains in improving health status of the citizens. At this end, Ethiopia was remarkable well in meeting most of the MDG targets. As a continuum effort, the successful implementation of this pro-poor policies and strategies has continued in bringing further gains in the era of Health Sector Transformation Plan. This executive summary of the annual performance report of the first Health Sector Transformation Plan (HSTP)) gives an overview of the performance of the health sector in the EFY 2008.

The summary report includes the major achievements of the health sector in line with flagship initiatives in the fiscal year by highlighting the three key features of quality and equity, universal health coverage (UHC) and transformation under four pillars of excellence of HSTP: (i) Health Service Delivery; (ii) Quality Improvement and Assurance; (iii) Leadership and Governance; and (iv) Health System Capacity.

2. KEY ACHIEVEMENTS BY HSTP PILLARS

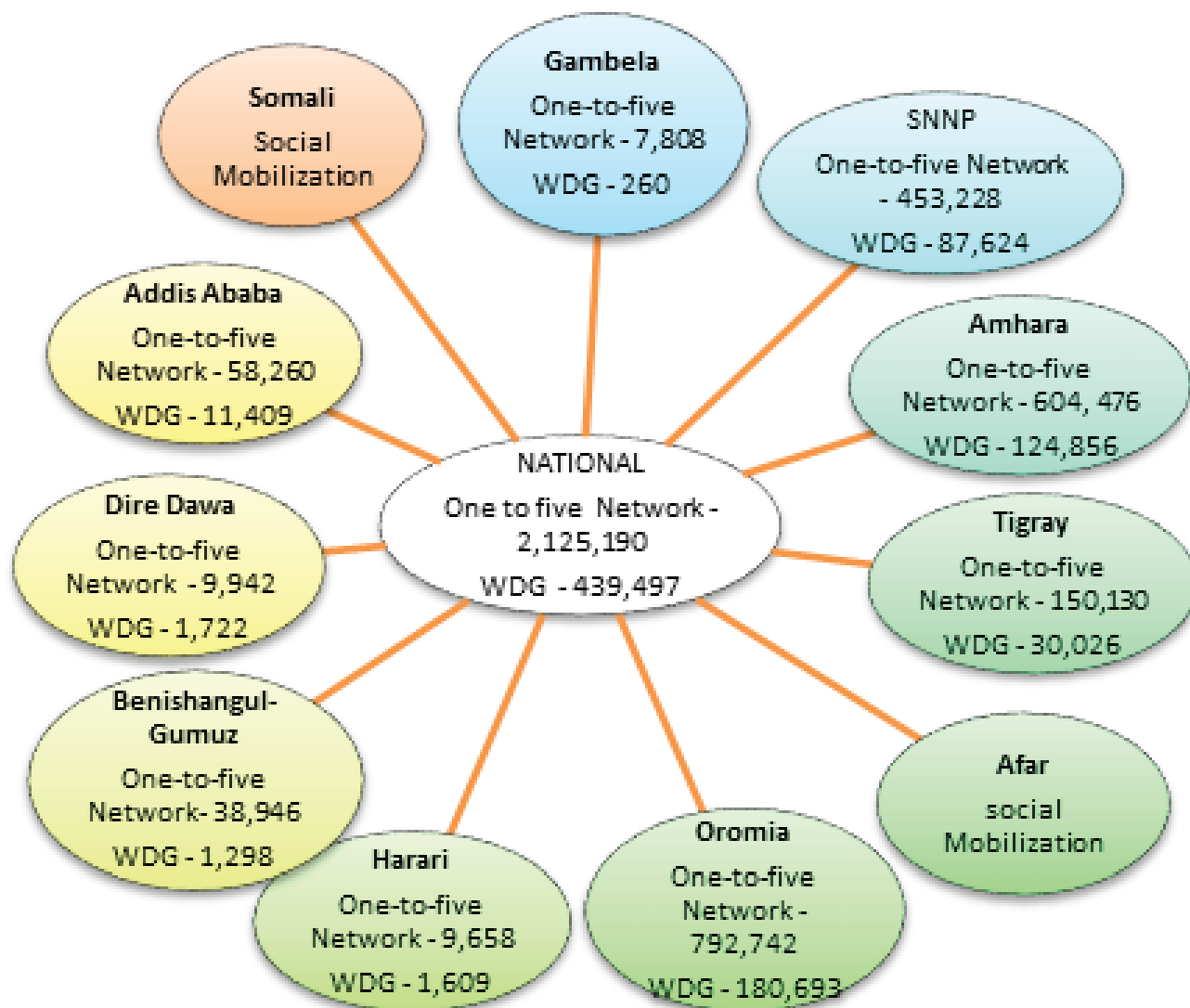
2.1. HEALTH SERVICE DELIVERY

2.1.1. HEALTH EXTENSION PROGRAM

Health Development Army

Health Development Army (HDA) is the major initiative undertaken to promote community ownership of health programs and adoption of health lifestyles. The progress made in terms of organizing women

development groups and one to five network, which is the preparatory work, was great. A total of 439,497 development Groups with 2,125,190 one-to-five network were formed at national level in EFY 2008.



Contribution of HDA movement to overall health improvement of women and children in EFY 2008



The health development army structure contributes for health improvement through community engagement. During the fiscal year, the community Constructed and equipped maternity waiting homes in Amhara, Oromia, SNNP and Tigray regions. And in some regions, they collect foods for pregnant mothers waiting in MWHs. A total of 900 quintals of cereals in oromia, 22,604 quintals of cerlas in Amhara and additional land was availed in 19 kebeles to supplement food for MWHs.



The community engagement also extends to contributing funds for procurement of ambulances. In 2008 EFY, 115 million Birr was mobilized in oromia region, out of these 45 ambulances that worths about 45 Million birr were procured and distributed. In Amhara region 74 million birr was mobilized and procuriment of 132 ambulance is underway.

In EFY 2008 a total of 666,217 additional model Households were graduated and this makes the cumulative number of graduated model households to 6,045,595 at national level. A total cumulative number of kebeles delared as ODF increased from 5,177 in EFY 2007 to 6,830.

Flagship initiatives performance: HEP

Level 1 HDA Training

- Pilot training was started to upgrade HDA to level 1 and 2 in Oromia and Tigray regions. As a result 1255 were trained of which 99% of them complete training, 85% were assessed and 89% of them become competent

Urban Health Extension Program

- Urban HEP implementation manual was revised and Urban HEW generic training initiated in Addis Ababa,

Improving urban hygiene & Sanitation

- Integrated urban hygiene and sanitation strategy was finalized in consultation with all stakeholders. In addition, implementation guideline and 5 years strategic plan was prepared
- Sanitation marketing curriculum and sanitary construction standard was designed in collaboration with technical and vocational training agency.

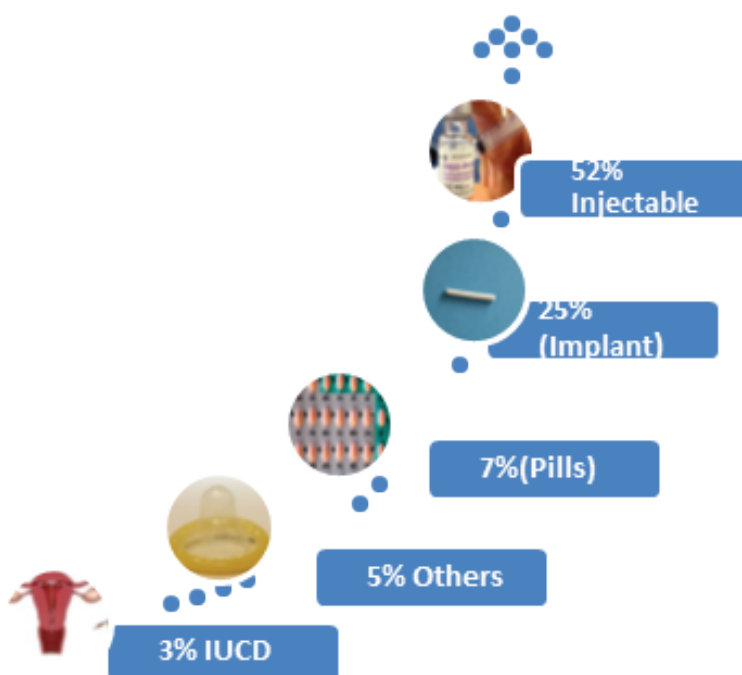
2.1.2. Reproductive, Maternal, Neonatal, Child, Adolescence and Youth Health Service

The government of Ethiopia reaffirms its commitment in improving and maintaining the lives of women, neonates and children, adolescents and young People in the country.

The national Reproductive health strategy which is part of the HSTP encompasses five implementation areas (i) improving maternal and newborn health (MNH), (ii) improving family planning, (iii) improving adolescent and youth reproductive health, (iv) prevention and management of reproductive organ health problems, and(v) addressing the social determinants of reproductive health through improving equitable access to full spectrum of essential and quality health services to mothers, neonates, children, adolescents and youth.

The country made good progress in 2008 EFY in RMNCH major performance in core indicators and flagship initiatives summarized below:

13,063,543 (71%) Women accepted Contraception in 2008 EFY



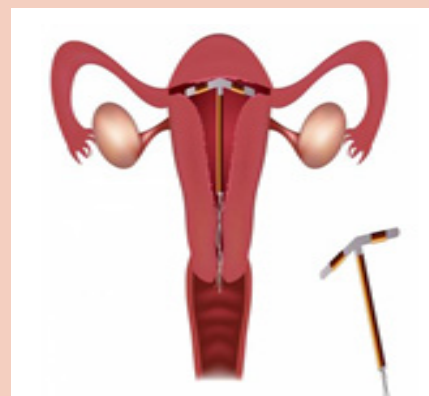
Flagship initiatives performance: MCH

Expansion of IUCD Service

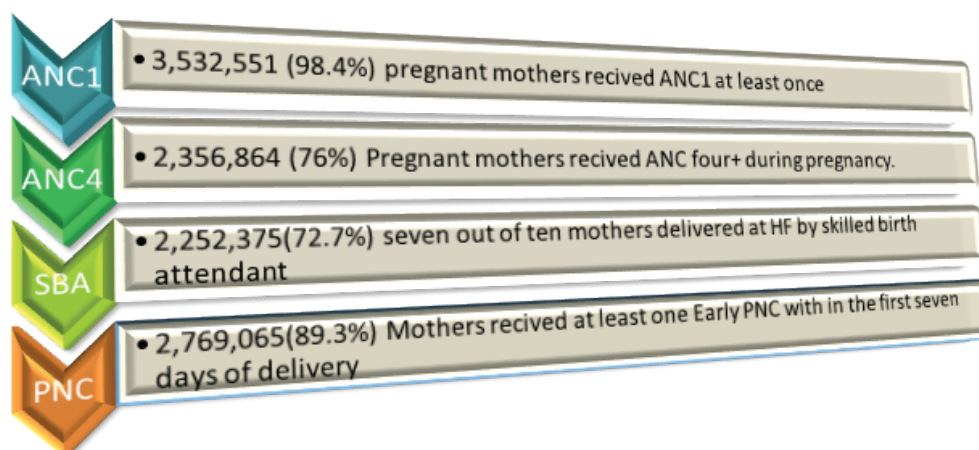
Initiating IUCD service by Level IV HEW and after delivery at HC & HSP

Taking lessons from the implanon service delivery by HEW the FMOH initiated IUCD service provision by level IV HEW and Post-delivery IUCD service by Hospitals and HCs. To this end:

- 326 clients received IUCD insertion and 38 IUCDs were removed by level IV HEW
- 100 HF have started IUCD service after delivery



Encouraging results were attained during EFY 2008 EFY in ANC, delivery by skilled birth attendant, and early postnatal care at national level as illustrated below:



Flagship initiatives performance: MCH

Maternal Death Surveillance and Response

The country has made good progress in reduction of maternal mortality by expansion of primary health coverage and identifying and taking actions on bottlenecks with the lead role of community participation. This year out of ten pregnant mothers seven of them give delivery at HF by assistance of trained health professionals and all pregnant mothers have at least one visit for ANC. In addition to service provision to tackle maternal mortality death surveillance and response is one of the areas of intervention to know cause of death, to take action and to prevent other maternal deaths. In 2008 EFY totally 535 maternal deaths were reported from regions and necessary action was taken at each level by identifying cause of death. To further strengthen the MDSR capacity building training, supportive follow up and monthly feedback was sent to lower administrative health units.

Reducing Mother to newborn HIV transmission in urban town

- 50 towns with high burden HIV were identified to prevent MTCT
- training was provided for health professionals from 100 health facilities
- quality improvement package & dashboard to follow mother & newborn implemented also referral from ART to ANC clinic improved

Neonatal child, adolescent and youth health

HSTP articulated several activities for intervention of neonatal child, adolescent and youth health service including strengthening routine immunization, expanding community and facility-based Integrated Management of Neonatal and Childhood Illnesses (IMNCI), establishing new-born corners and Neonatal Intensive Care Units (NICU), capacity building on program management for child health services and implementing locally relevant and effective child health interventions.

EPI Performance

- 2,708,872 (94.3%) Rota 2
- 2,804,729 (97.6%) Penta 3
- 2,793,770 (97.2%) PCV 3
- 2,709,956 (94.3%) Measles
- 2,622,740 (91%) Fully Immunized



CHILD HEALTH FLAGSHIP INITIATIVES

Reducing Immunization Drop Out

- National Penta 1 to measles DOR was reduced to 9% and 75% of woredas at national level have penta 3 coverage above 80%
- 105 woredas with high dropout rate were identified and one third of woredas manage to reduce the DOR below 10%

Expansion of NICU & NBCC

- Totally 184 Hospitals are providing NICU service of which 94 started the service in 2008 EFY.
- Total of 2,782 of health centers started the Neonatal care corner package

First 1000 Days of Nutrition to Reduce Stunting

- Advocacy workshops were conducted at National Regional and lower administrative units
- 54% of under two children received growth monitoring and underweight children was reduced to 2% from 4% in 2007 EFY.

2.1.3. PREVENTION AND CONTROL OF DISEASES

2.1.3.1. COMMUNICABLE DISEASES

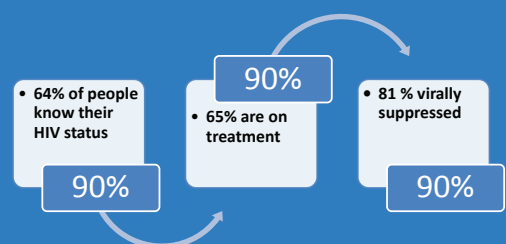
HIV/AIDS Prevention and Control

The number of HCT services provided in 2008 EFY was 8,485,379 and it was below the national target (13.024 million) set for the year at the national level. Shortage of rapid diagnostic kit is the major reason for the low performance in the budget year and to fill the performance gap catch up plan testing and counseling campaign was prepared to test additional 2.7 million target clients.

From a total of 515,963 planned, 393,609 (76%) clients are on ART of which 21,028 (5%) are children.

Different strategies including target testing approach were adopted to raise the proportion of people who know their HIV status to 90%.

As a result, percentage of people who know their HIV status reached 62% nationally. Through expanding ART sites, and strengthening regional laboratories with further expansion to perform viral load test, the second and third 90's target also reached to 65% and 81%, respectively.



FLAGSHIP INITIATIVES PERFORMANCE: HIV/AIDS

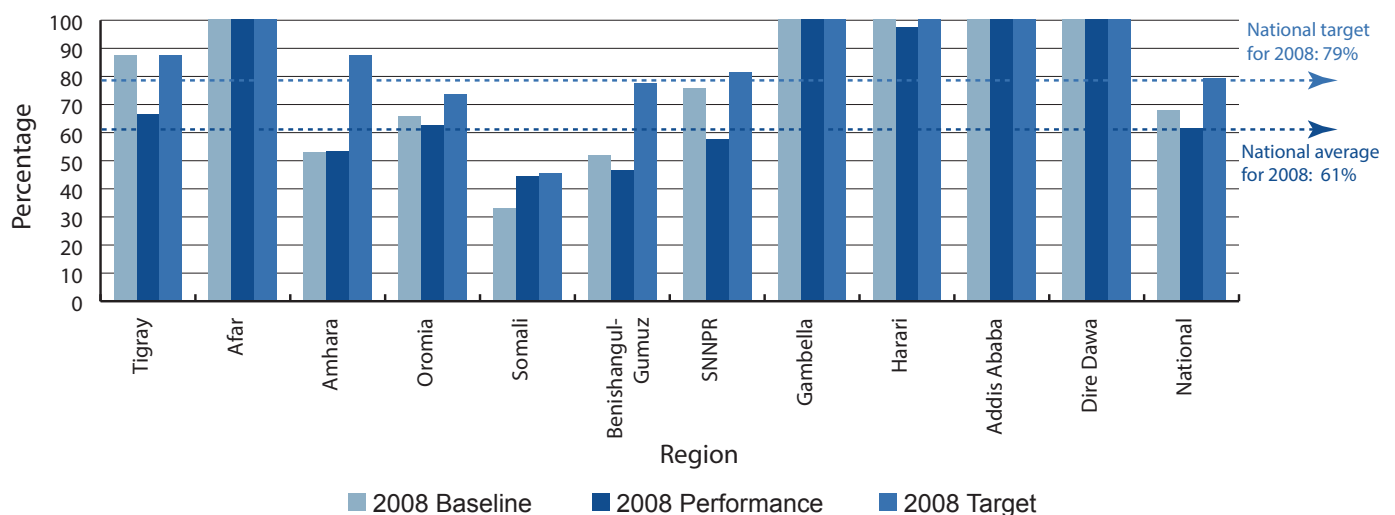
- Revitalization of multi-sectorial HIV/AIDS response and national AIDS council was done in response to the set target for 2020 and 2030.
- 148 woredas with high burden of HIV was identified and woreda level micro plan was finalized to counsel and test 4 million people in three rounds.

Tuberculosis Prevention and Control

Ethiopia is among the 30 high burden TB, TB/HIV, MDR-TB burden countries with annual estimated TB incidence of 207/100,000 populations and death rate of 33 per 100,000 population for 2014(WHO 2015 report). And to decrease and control the burden of tuberculosis, different strategic initiatives were implemented during the fiscal year. The performance of strategic initiatives were.

TB Detection Rate

In EFY 2008, the TB case detection rate was 61%, which was less than last year (67.3%) and also below the target set for the year (79.0 %). Performance differences were observed across regions, ranging from 44% in Somali Region to 100% in Gambella, Afar, Addis Ababa and Dire Dawa.



TB RX Cure rate

TB cure rate increased from 77.9 % in EFY 2007 to 81.2 % in EFY 2008; however, it was below the target set for the year (84%).

The best performance was observed in Harari Region (92.1%) and the lowest performance in Afar Region (38.1%).

TB RX Success Rate

TB cure rate increased from 77.9 % in EFY 2007 to 81.2 % in EFY 2008; however, it was below the target set for the year (84%).

The best performance was observed in Harari Region (92.1%) and the lowest performance in Afar Region (38.1%).

A total of 733 MDR patients were identified and initiated second line anti TB drug. The treatment success rate of MDR TB reached 68.7%.

Leprosy Prevention and Control

In EFY 2008, a total of 3,076 new leprosy cases were detected, which was lower than EFY 2007 (3,817) and the majority of whom being detected in Oromia and Amhara Regions.

Proportion of Grade II disability among new leprosy cases was 14% at national level and showed improvement from 2007 EFY baseline which is 18% but doesn't meet the 12% national target.

Flagship initiatives performance: Tuberculosis

Strengthening Community TB prevention & Control

- Revision of integrated TB/Leprosy training manual for rural health extension workers was conducted. Following, the training was provided in 10 regions.
- To strengthen and expand community based TB prevention and control program, different reference materials and brochures were prepared and distributed to regions. Besides, registration tools and follow-up cards were designed using local languages and distributed to respective regions

Strengthening MDR TB prevention & Control

- A total of 45 health facilities provide MDR TB treatment services and additional four health facilities are under process to start the service in the coming year.
- For those MDR TB patients who fail to treat on second line anti-TB drugs new anti DR TB drug implementation guideline was prepared.
- Totally 733 MDR TB cases were detected and initiated on second line anti TB treatment with treatment success rate of 69.5%
- 110 Health facilities are conducting MTB/MDR diagnosis by using GeneXpert machine.

Malaria Prevention and Control

In EFY 2008, the total number of laboratory confirmed plus clinical malaria cases were 2,320,135 and 87.6 % of which were confirmed by either microscopy or rapid diagnostic tests (RDT). A total of 489 deaths were recorded in the same period, with a Case Fatality Rate (CFR) of 0.02%.

A total amount of 7.3 million doses of artemisinin-based combination therapy (ACT), 40,000 vials of Artesunate injection, 1.17 million doses of chloroquine and 8.4 million RDTs were distributed to respective regions.



In 2008 EFY, 5.4 unit structures were sprayed and this makes total coverage 91.8% which has increment from last year 89%.



In EFY 2008 a total of 29.8 million LLINs were distributed which was more than the amount distributed in EFY 2007 (17.2 million). This makes the LLIN coverage to 100%. On top of these distribution additional 459,600 LLIN was distributed for specific woredas affected by the El Nino disaster

Flagship initiatives performance: MCH

- Malaria elimination strategy was prepared in line with world malaria elimination technical document and Africa Malaria elimination strategy.
- From 18 zones 209 woredas with low malaria burden were selected for malaria elimination and implementation guidelines, community advocacy, vector control and other complimenting manuals were prepared.
- Site selection was done for insecticide resistance study and insecticide resistance management strategy was prepared and cascaded to regions for implementation.

Prevention and Control of Neglected Tropical Diseases

Eight neglected tropical diseases (NTDs) require serious attention since they are among the main impediments for poverty reduction and some targeted for elimination by 2020. The performance of the sector in prevention and control of neglected tropical disease was presented as follows.

Over 10.5 million people took drugs for the prevention of onchocerciasis.

Trachomatous Trichiasis surgery was conducted for 119, 197 patients and 55,409,469 people living in endemic woredas took drugs for the prevention of the trachoma.

Lymphatic Filariasis treatment was given for 3.6 million people



Integrated hydrocele and lymphedema prevention and control service for LF and Podoconiosis was expanded to health centers in four endemic regions (Amhara, Benishangul Gumuz, SNNP, Oromia) through training of 234 health workers



A total of 13 million children received de worming service for Soil Transmitted Helminthiasis in 450 woreda's and Schistosomiasis treatment was provided for 6.5 million people

2.1.3.2. NON-COMMUNICABLE DISEASE

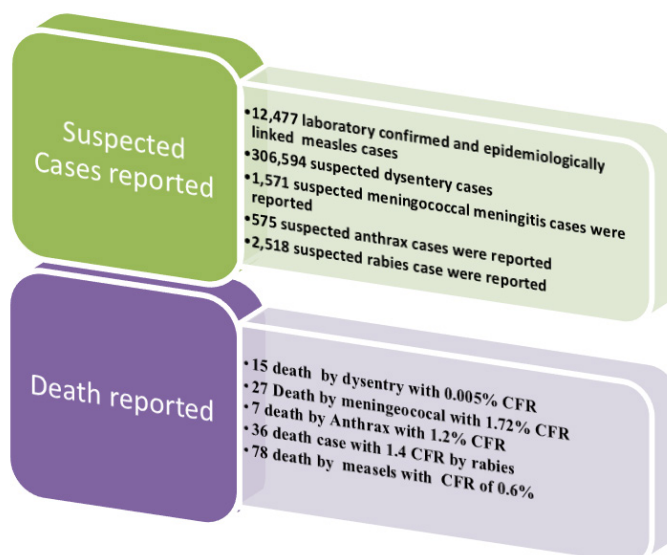
Considering the vast amount of financial resources required treating NCDs and the limited capacity that the country, emphasis has been given to strengthening prevention and control of NCDs from the very onset. In this regard, the major activities accomplished during the fiscal budget were:

- Different activities promoting healthy life styles and awareness creation efforts were carried on NCDs and risk factors
- DM and hypertension prevention, care and treatment service integration to primary health care was launched in the presence of State Minister of FMOH, RHB representatives, and partners.
- To improve the cervical and breast screening service, capacity building trainings were provided and IEC materials were distributed to health facilities. Cancer chemotherapy was availed at subsidized cost at Black Lion hospital and to further improve accessibility of the service, woreda 8 health center in Lideta sub-city was renovated. Thereby, the waiting time for patients to get treatment decreased for 6 months to 1 month.
- Cryotherapy machines were procured and distributed to 118 health facilities to facilitate screening and treatment of cervical cancer. Among this, 15 machines were given to special support regions. Alongside, training was provided and 64 sites started the service.
- Hepatitis treatment was launched in Addis Ababa in selected public and private health facilities. Medicines were procured at subsidized prices in collaboration with stakeholders.
- The strategic documents prepared were
 - » A guideline on prevention and control of major NCDs developed
 - » National cancer control plan launched;
 - » A national strategy on prevention and control of viral hepatitis
 - » A guideline on prevention and control of viral hepatitis



2.1.4. PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

Public Health Emergency Management (PHEM) aims to improve how the health system copes with existing and emerging disease epidemics, acute malnutrition, and natural disasters of national and international concern. At this juncture, HSTP assumes to improve health risk identification, early warning, response and recovery from the disasters. Therefore, the strategies were set towards an effective early warning, preparedness, response, recovery and rehabilitation system.



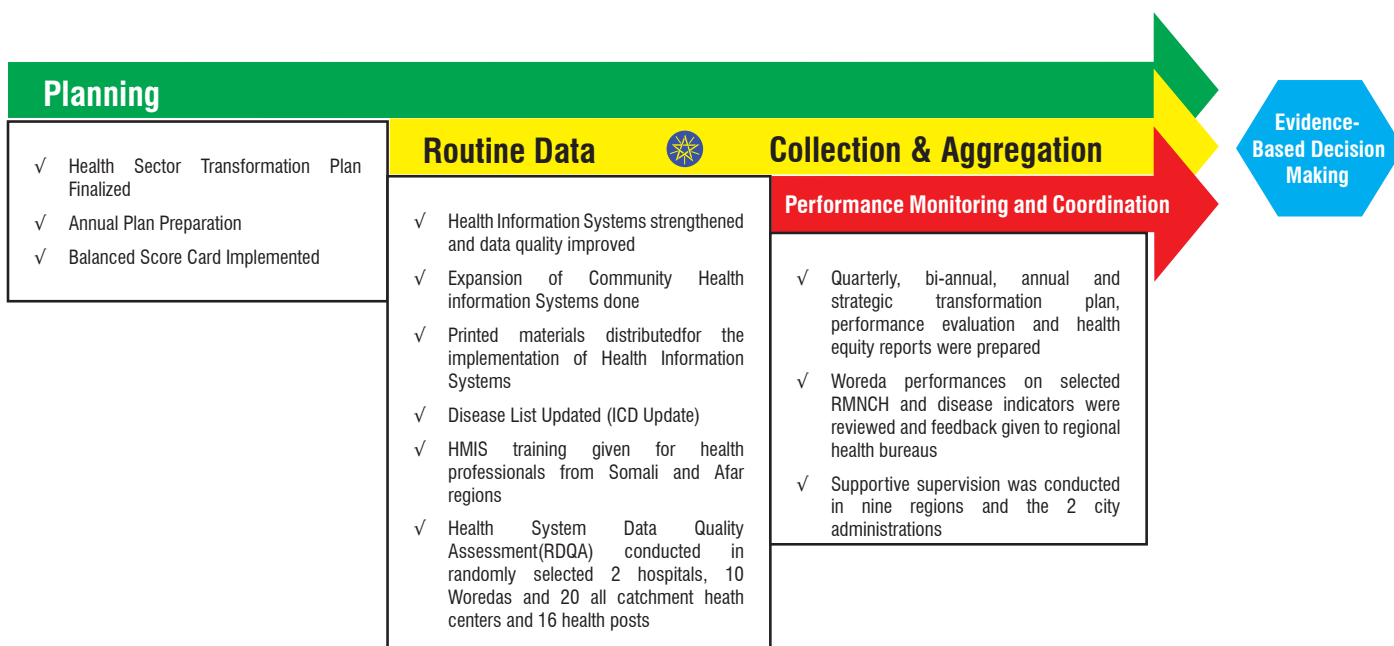
2.2. QUALITY IMPROVEMENT & ASSURANCE

Despite the progress made in improving service access on major indicators there is a lot task remained in improving quality of care. Quality health care refers to care which is safe, reliable, patient-centered, efficient, and provided to all in need in an equitable and timely manner.



2.3. LEADERSHIP AND GOVERNANCE

2.3.1. EVIDENCE-BASED DECISION MAKING BY ENHANCED HARMONIZATION AND ALIGNMENT

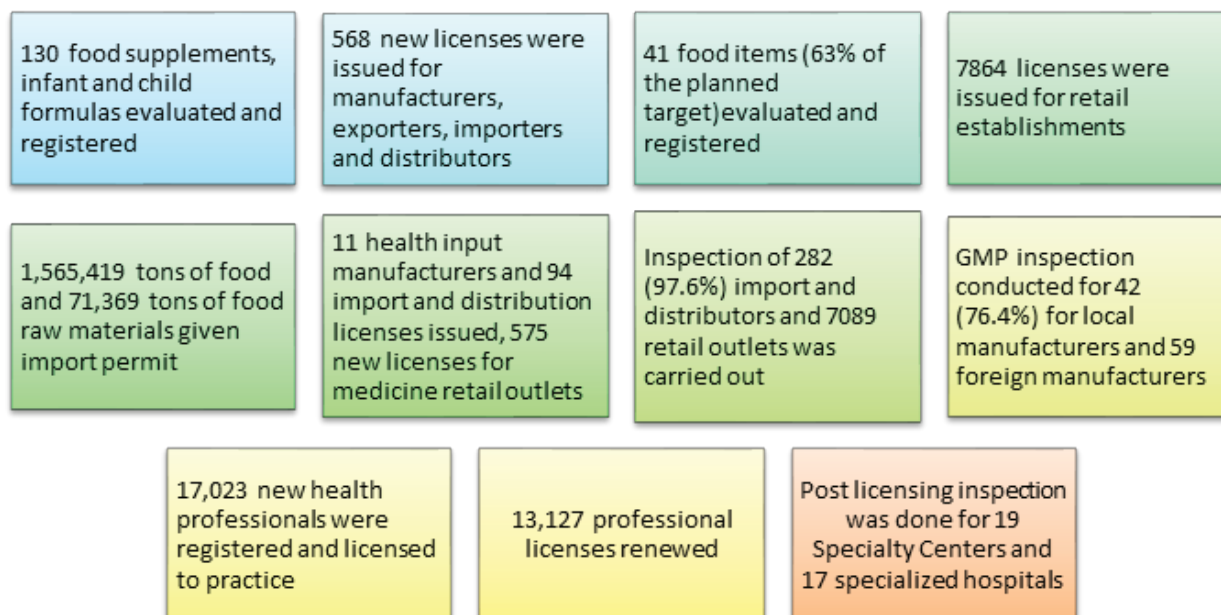


2.3.2. OPERATIONAL RESEARCH

Operational researches on HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, NCD, nutrition and health service availability and readiness were performed to identify and study priority problems. Thereby, evidences that would help decision-makers improve services and develop realistic health sector policies and strategies were generated and utilized.



2.3.3. REGULATORY SYSTEM



2.3.4. GENDER MAINSTREAMING

Gender mainstreaming within the health sector has been implemented with the objective of promoting gender equality and the empowerment of women in the utilization of health services. And the major accomplishments during the fiscal year were

- Institutionalizing gender mainstreaming in collaboration with stakeholders;
- Enhancing Coordination and Partnership;
- Mobilization and Awareness Creation Activities;
- Enhancing empowerment of women in the health sector;
- Strengthening Monitoring and Evaluation

2.4. HEALTH SYSTEM CAPACITY

2.4.1. HEALTH INFRASTRUCTURE AND RESOURCE



In EFY 2008 a total of 33 new HPs were constructed throughout the country. Accordingly cumulative number of health posts increased to 16,480, from that of 16,447 in EFY 2007.

- A total of 3,562 HCs are functional. In addition, a total of 165 HCs are under construction.
- In EFY 2008 a total 241 public hospitals are functional. 153 hospitals are under construction.

Physicians Training

- 3,256 new medical students were enrolled in 29 public medical schools in EFY 2008
- 16,389 medical students currently on training
- Physician to population ratio increased to 1 physician per 14,045 populations in EFY 2008

Health Officers Training

- 67 health professionals completed the training program and deployed
- 112 health professionals were enrolled in 11 existing and new training institutions

Anesthetist & anesthesia Training

- A total of 381 level V nurse anesthetist and 96 anesthesia trainees were graduated and deployed in BSC program
- 447 professionals were enrolled in BSC program in 18 existing and new training institutions, making a total of 1010 professionals being under training in BSC

HEWs Training

- A total of 4,642 level III HEWs were enrolled to be upgraded to level IV
- Level III replacement training has been continued in line with the upgrading program in all regions and a total 5,005 HEWs enrolled in EFY 2008.

Others

- 265 Emergency Medical Technicians, 1,356 HIT students, 80 Biomedical Technicians and a total of 974 new nursing specialty trainees were enrolled
- A total cumulative number of nurse specialty trainees increased to 1,415.

2.4.2. PHARMACEUTICAL SUPPLY AND SERVICES

During this fiscal year, the following activities to strengthen pharmaceuticals and medical supplies were conducted

National vital and essential pharmaceuticals

- Average stock status reached 86%
- The stock difference of essential drugs between the center and branch warehouses has brought down to 4.1% below the planned target of 5%.
- National vital and essential drug list increased to 713 to accommodate drugs included in the national CBHI scheme

Pharmaceuticals and medical supplies procurement

- A total amount of ETB 6.4 billion worth of pharmaceuticals and medical supplies procured which is 72% of the planned target for the year

Pharmaceuticals and medical supplies aid

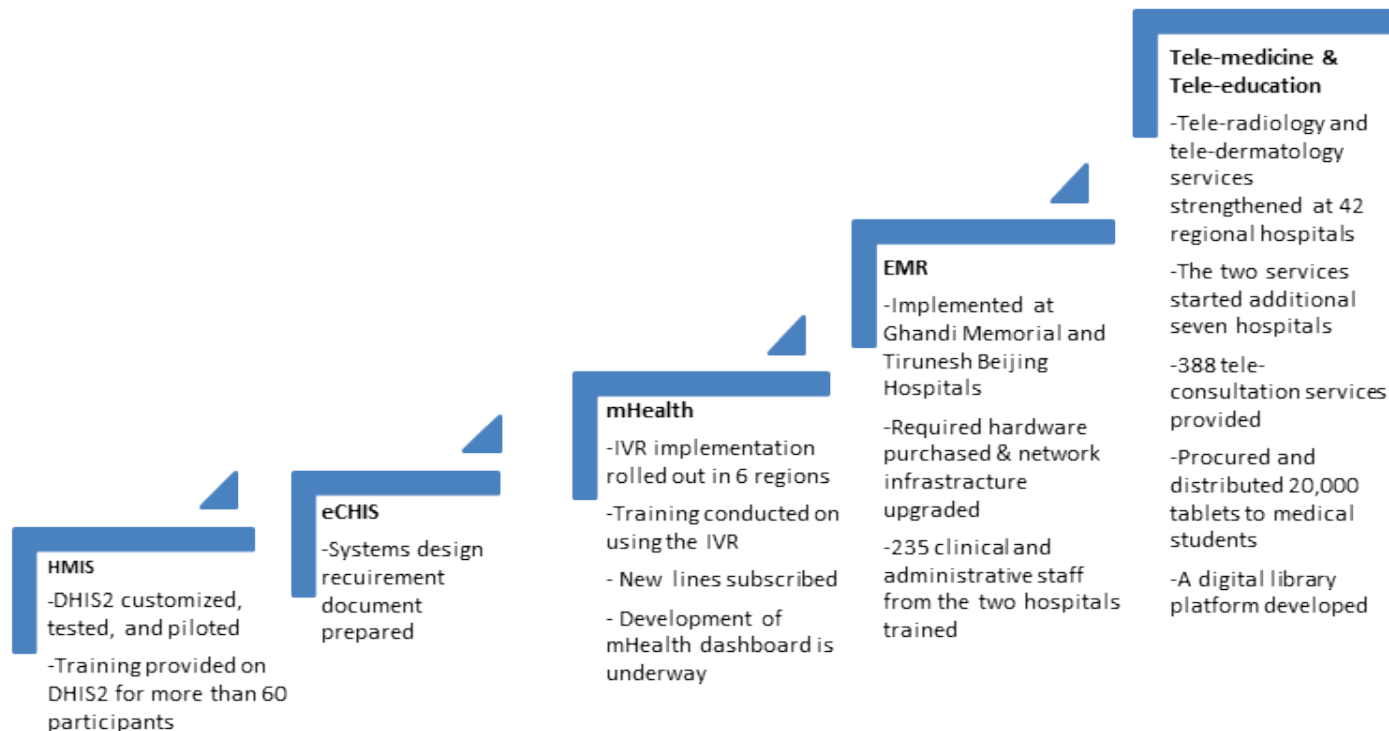
- Pharmaceuticals and medical supplies aid that worth ETB 7.6 billion were received

pharmaceuticals and medical supplies Distribution

- Direct deliveries of pharmaceuticals and medical supplies were done in every two months to 292 hospitals, 1473 health centers, 644 woreda health offices and 49 zone health offices nationwide following the predetermined delivery schedule in an integrated manner.

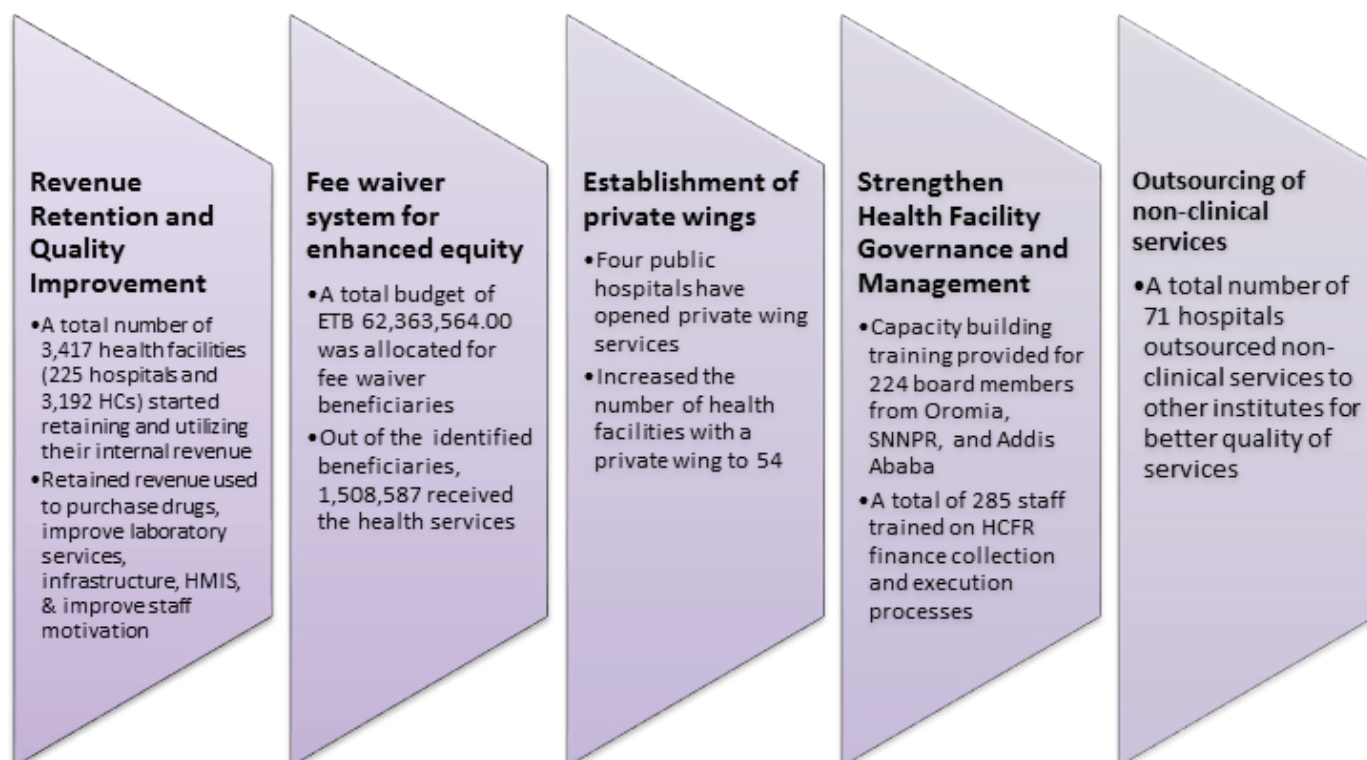
2.4.3. HEALTH INFORMATION TECHNOLOGY

FMOH has prioritized the introduction and scale up of new innovations and technologies in the health sector with the aim of transforming the data collection, management, and data use processes to support evidence-based decision making as well as to improve the quality and efficiency of health service delivery. The figure below shows summary of progress of some of the digitization initiatives.

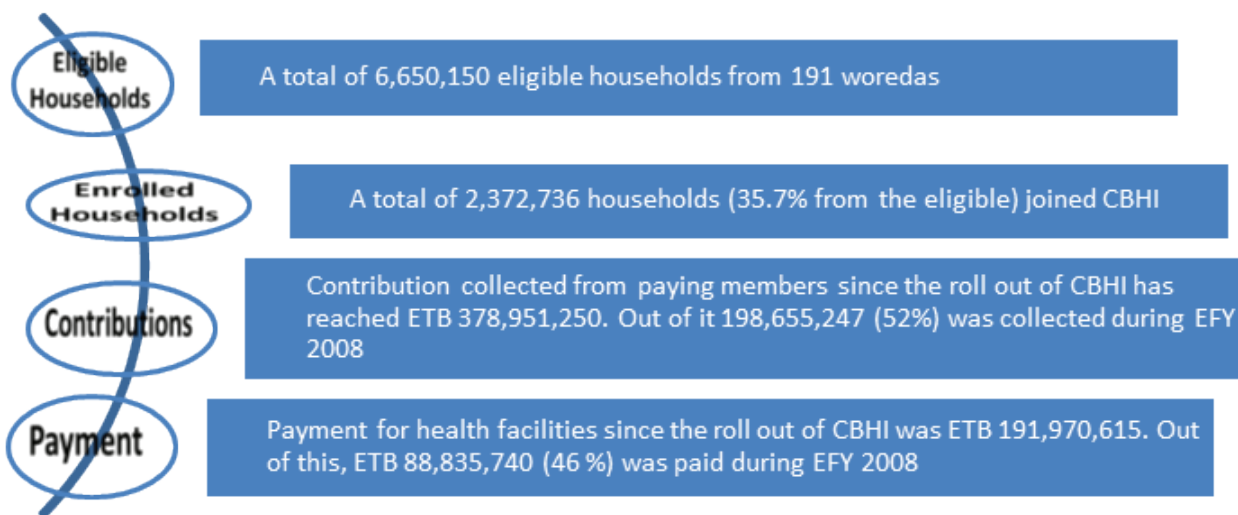


2.5. FINANCE AND RESOURCE MOBILIZATION

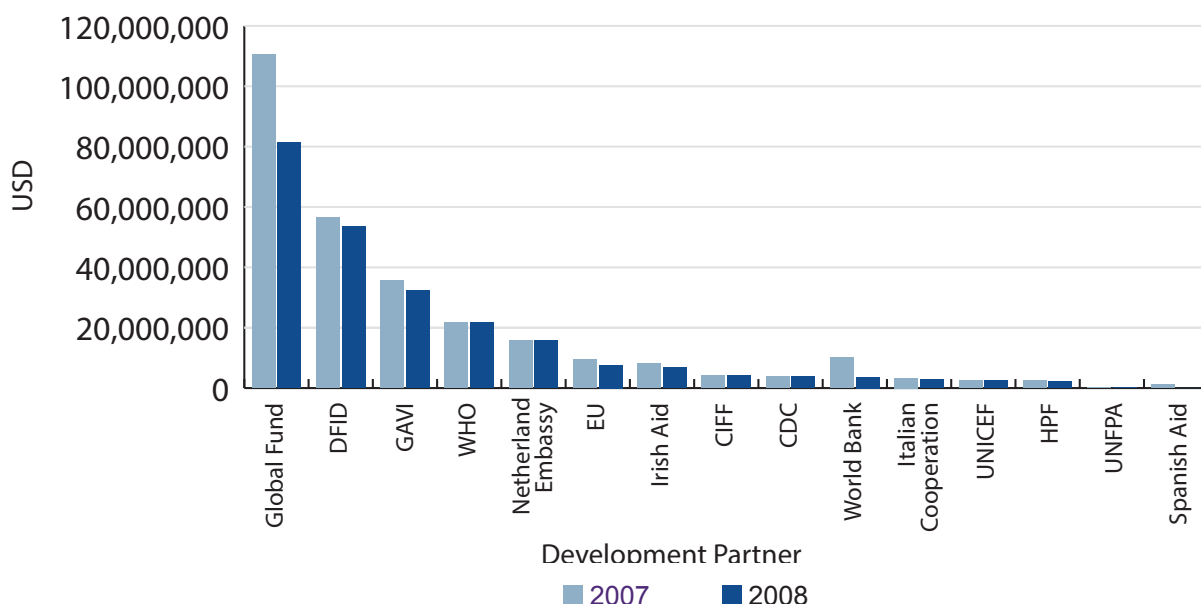
2.5.1. HEALTH CARE FINANCING



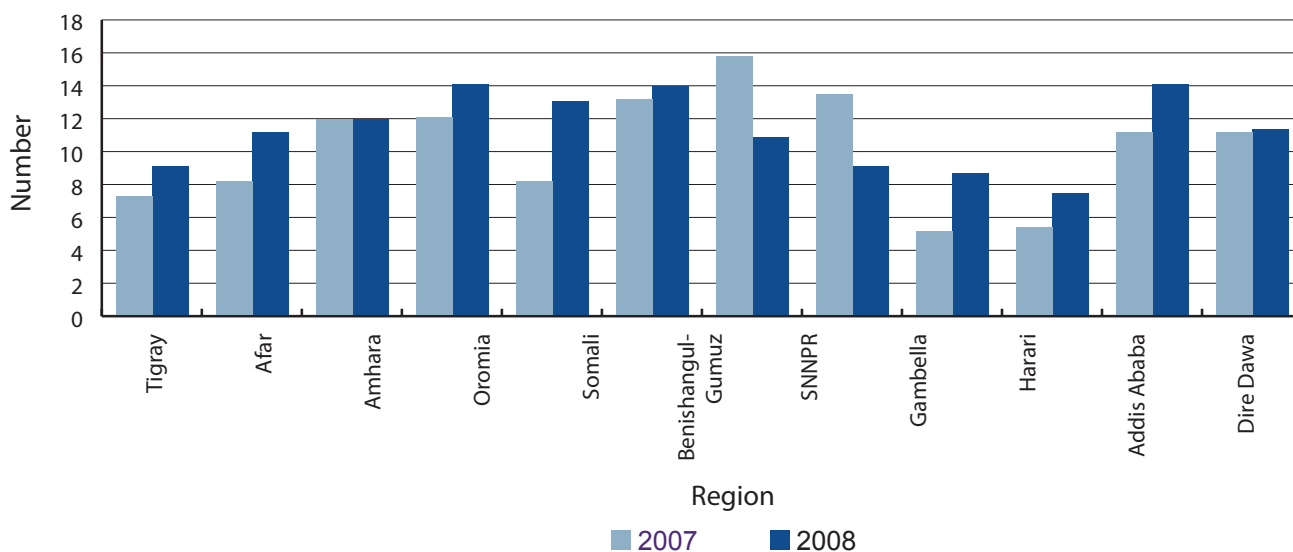
2.5.2. COMMUNITY BASED HEALTH INSURANCE



2.5.3. RESOURCE MOBILIZATION AND UTILIZATION

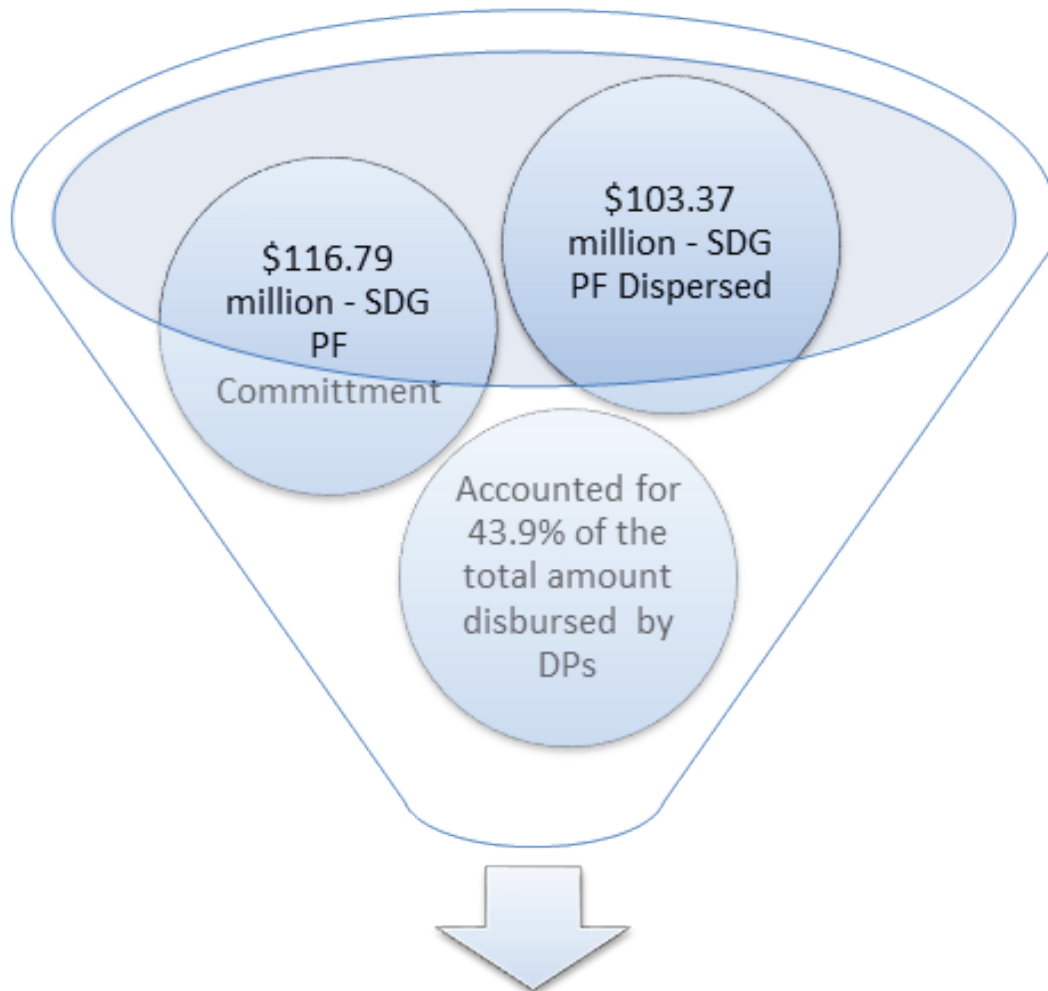


Distribution of Amount Committed and Disbursed by Development Partner (EFY 2007 and 2008)



Distribution of the Percentage of Total Budget Allocated in the Health Sector by Region (EFY 2007 and 2008)

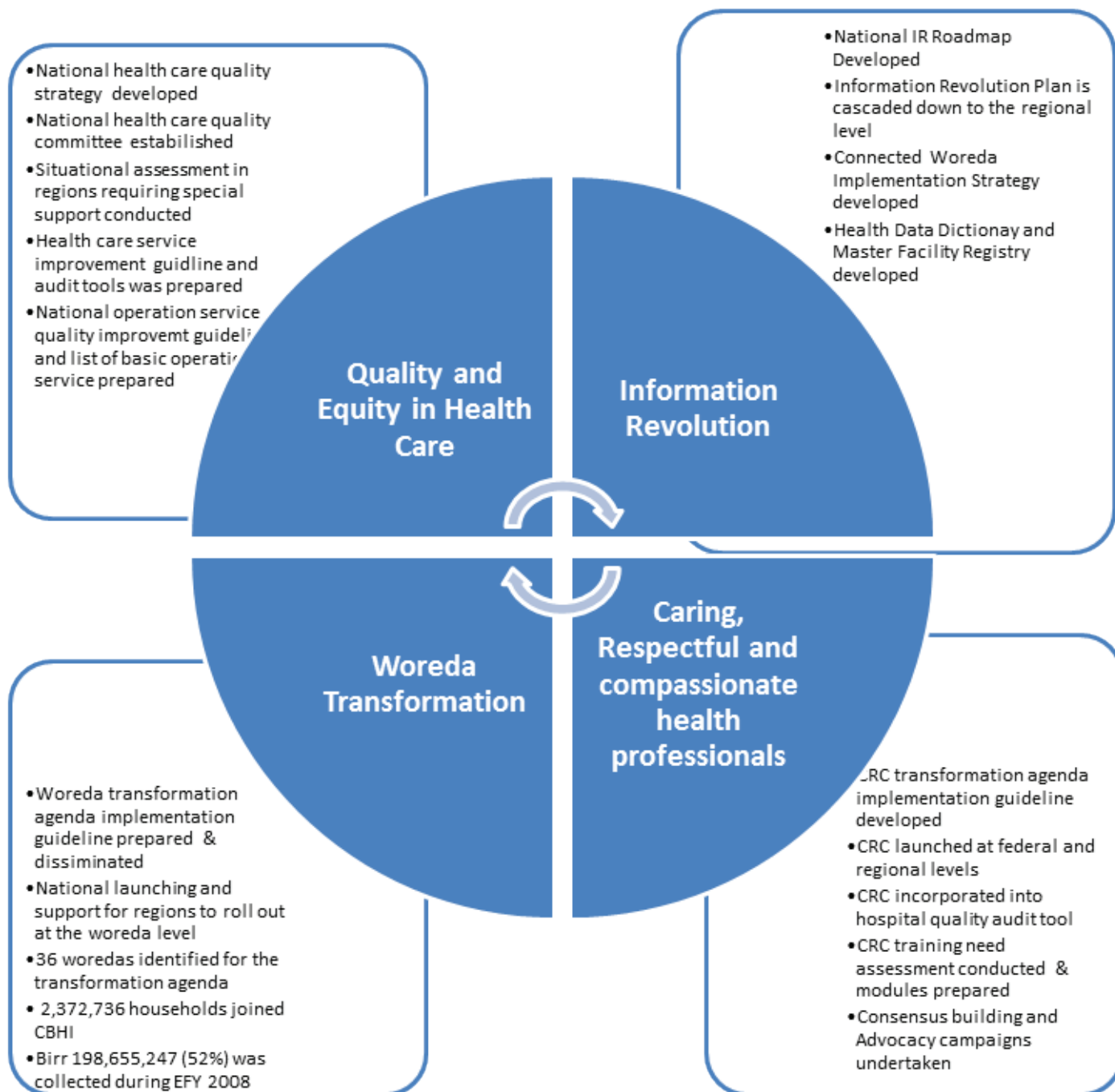
2.5.4. SDG PERFORMANCE FUND



Public Health Commodity Procured
Health System Strengthened
Health Service Delivery Improved
Maternal new-born Health and Nutrition Service Provided
and Expanded
Child Health Services Improved
Prevention, Control of Communicable and Non Communi-
cable Diseases
Health Extension Program Strengthened

2.6. HEALTH SECTOR TRANSFORMATION AGENDAS

Building on the impressive gains in health outcomes so far, the health sector has set ambitious but achievable targets for the 2008-2012 E.C cycle. To help achieve the targets HSTP has identified transformation agendas for the strategic period. In 2008, EFY ground works have been done and depicted



3. CONCLUSION

Ethiopia has demonstrated encouraging strides and a leap forward in priority areas such as maternal and child health, nutrition program, communicable and chronic diseases, infrastructure, human resource development and pharmaceutical supply services.

Despite the significant progress in health care delivery in recent years, a lot needs to be done to provide consistent and reliable high quality care to clients of the health care system. There are still gaps to make the

health care services truly patient and family centered, caring, compassionate and respectful.

In the years to come, the registered encouraging progress must be accelerated in order to achieve the goals laid out in the HSTP to significantly improving the health outcomes in the next five years and meeting the expectations of the Ethiopian people.

To this end, the FMOH is committed to mobilize and allocate increased share of public financial resources through CBHI and SHI to bring sustainable development. SDG agendas will also be effectively mainstreamed into lower administrative levels development strategies and programs. Furthermore, platforms will be established to enable sharing experiences and scaling-up of best practices. There must be collaboration and coordination among various partners to harmonize interventions. Finally, a robust monitoring and evaluation framework that tracks progress; identifies areas of concern; and monitors financial resources allocated to the set priorities, and assesses the overall impact of the key policies, is crucial to the attainment of HSTP.



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