



IIPHCE

International Institute for Primary Health Care in Ethiopia

Federal Ministry of Health
(FMOH)

"Health for All" through Primary Health Care

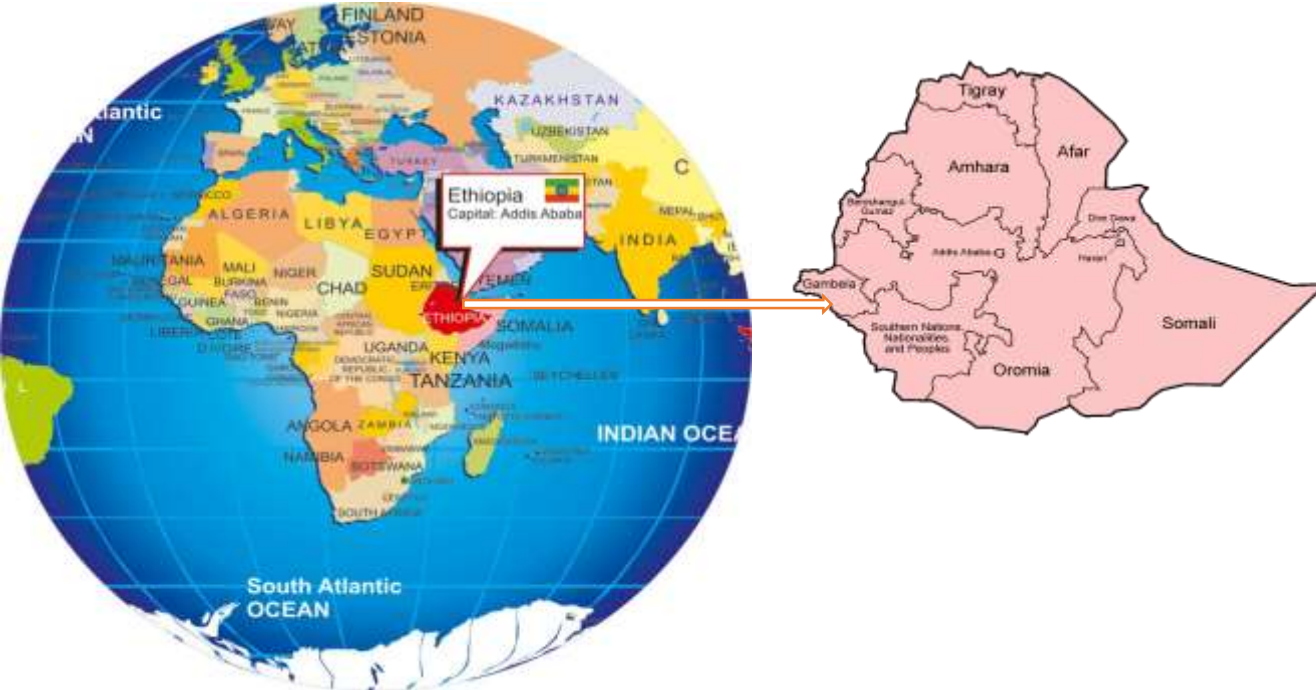
Ethiopian Health System

Sept. 14, 2016

Addis Ababa, Ethiopia

"Health for All" through Primary Health Care

Country Background



Total Pop. = 100 + million

1.1 million sq km

Rural Population = 83%

9 regional states and

2 City Administrations

It is diverse country with multi-ethnic

Primary health service coverage = 100%

Hospitals = 312

health centers = 3550

health posts = 16,447

Country profile

- **Young generation (45% < 15 yrs.)**
- **Reproductive age women 23.4%**
- **Average fertility rate 4.1%**
- **Poverty rate of 22%**
- **TB & malaria mortality reduced by 81 & 73 % respectively**
- **HIV infection reduced by 90% and mortality by 50%**

Ethiopian Health Policy

Vision

- “To see healthy, productive and prosperous Ethiopians”

Mission

To promote health and wellbeing of Ethiopians through:

- providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services of the highest possible quality in an equitable manner.”

INTRODUCTION

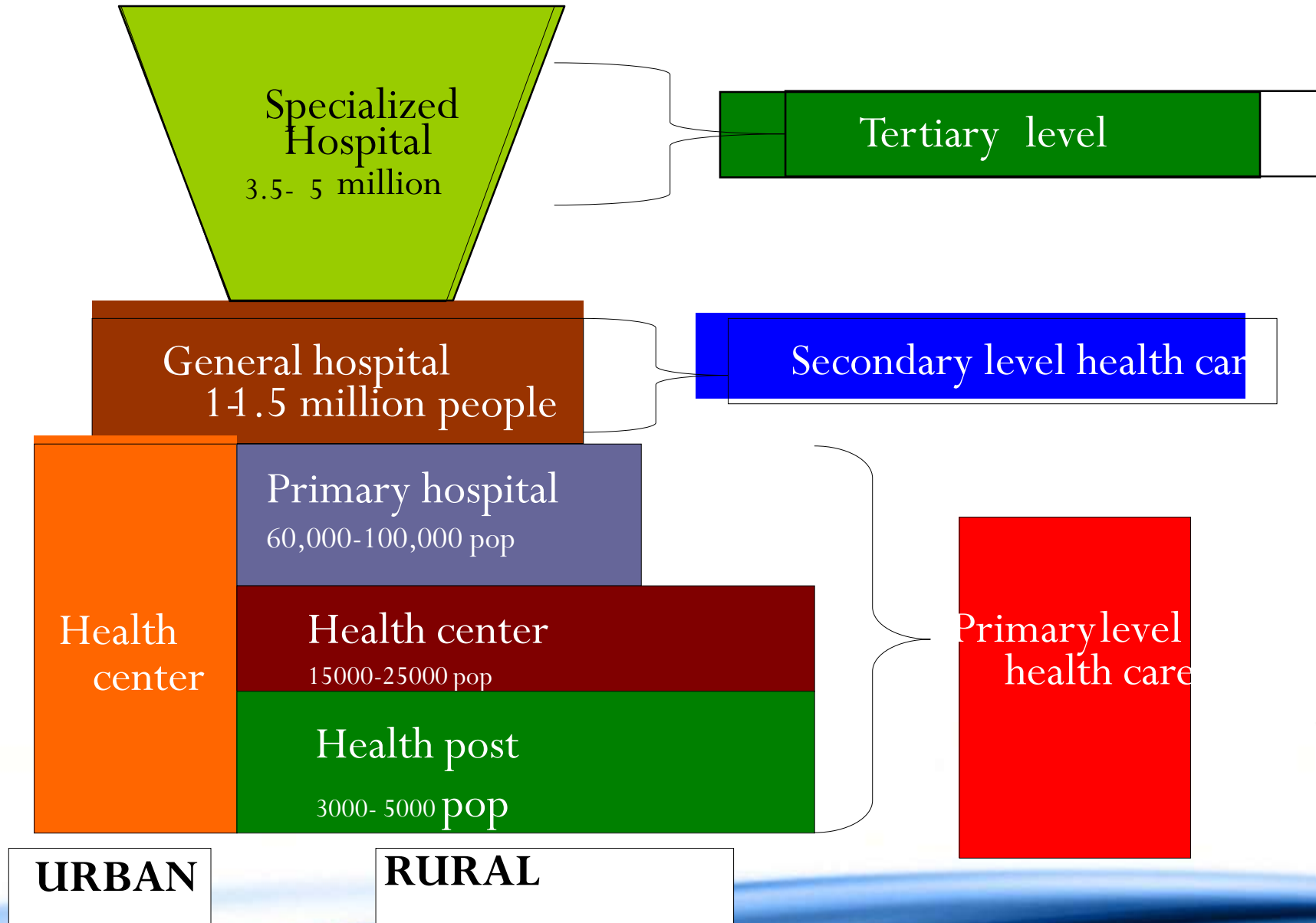
Purpose

- Recognising PHC as a nucleus of any HS
- Enhancing knowledge and skill
- Sharing Ethiopian's best practices
- Developing Cross country experiences

Significance

- Invested on pro-poor policy
- Improving health status of Ethiopia
- Achievement of MDG-4
- Gov., political commitment & support of devn't partners
- HEP as principal vehicle for the success

Country Background-Ethiopian Health Tier System



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Primary Health Care

- The primary care level health services include:
 - **Health posts (HPs)** = staffed with two HEWs, and is responsible for a population of 3-5,000 people.
 - **Health Centers (HCs)** = Rural HCs serve populations up to 15,000- 25,000 persons; urban HCs serve up to 40,000 people.

5HPs+1HC=PHCU

Primary hospitals = provides inpatient and ambulatory services to an average population of 100,000.

Provide referral service to PHCUs

Primary Health Care...cont'd

- **The PHCU provides services to a population of about 25,000 people.**
- **The closest to the people.**
- **Essential health care (EHC) is provided.**

Why HEP?

- HSDP I review showed that
 - Basic health services had not reached the needy at the grass root level
 - Limited expansion of facilities
 - Fundamental gap in applying the core principles and practices
 - The uneven distribution of facility based health services

This led to the development of new ideas and strategies

PHC

- Socially acceptable, scientifically proven
- Universally accessible
- Full participation of the community
- At a cost that the community and country can afford
- To maintain at every stage of development in the spirit of self-reliance and self-determination

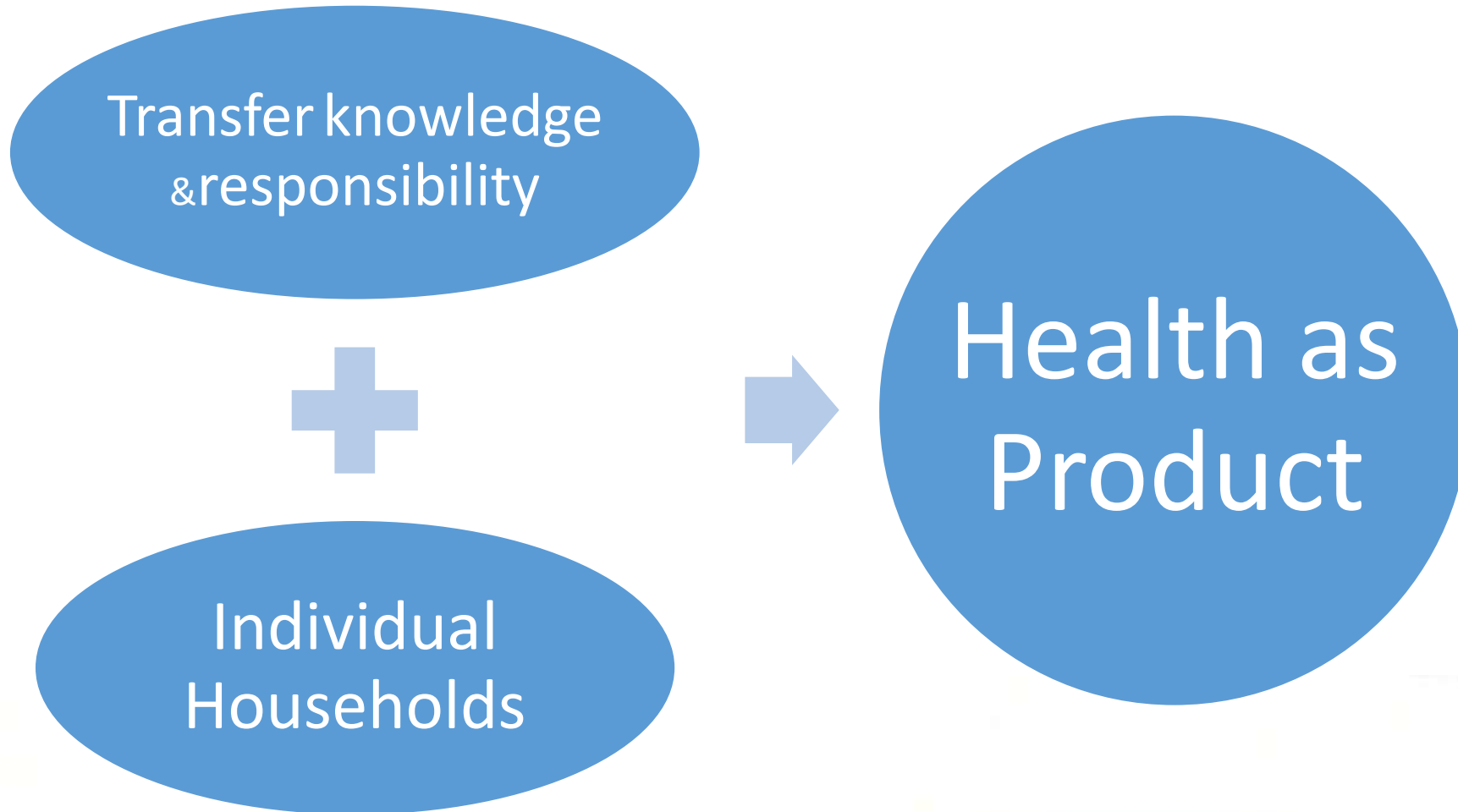
MDG

- 75% reduction of maternal mortality to 220/100,000
- Reduction of IMR by 2/3 to 42/1000
- Reduction of deaths due to malaria and TB
- Maintaining the current HIV prevalence rate



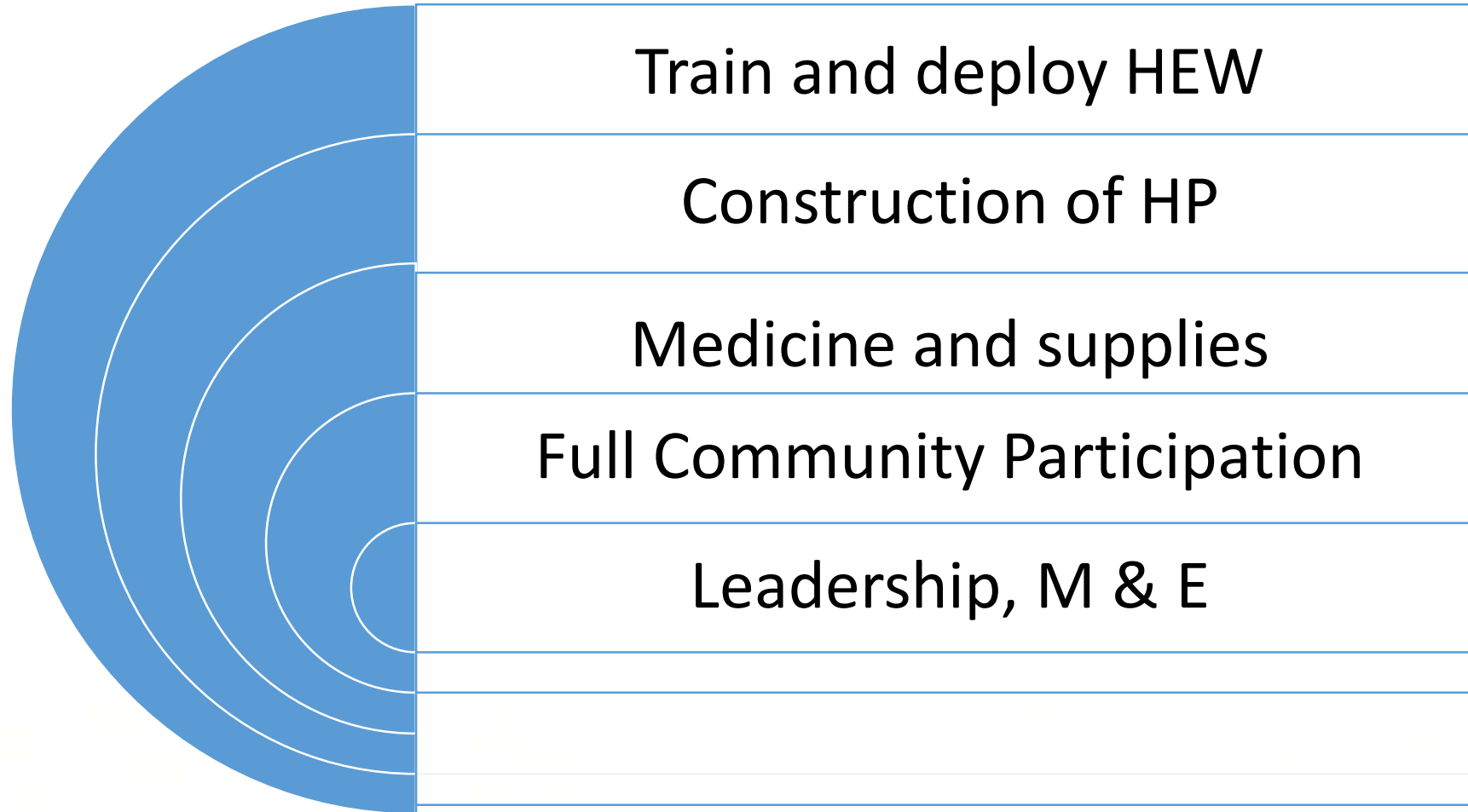
What should
be our pace?

Philosophy of HEP



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Effective Healthcare delivery



Health Extension Program (HEP) cont'd

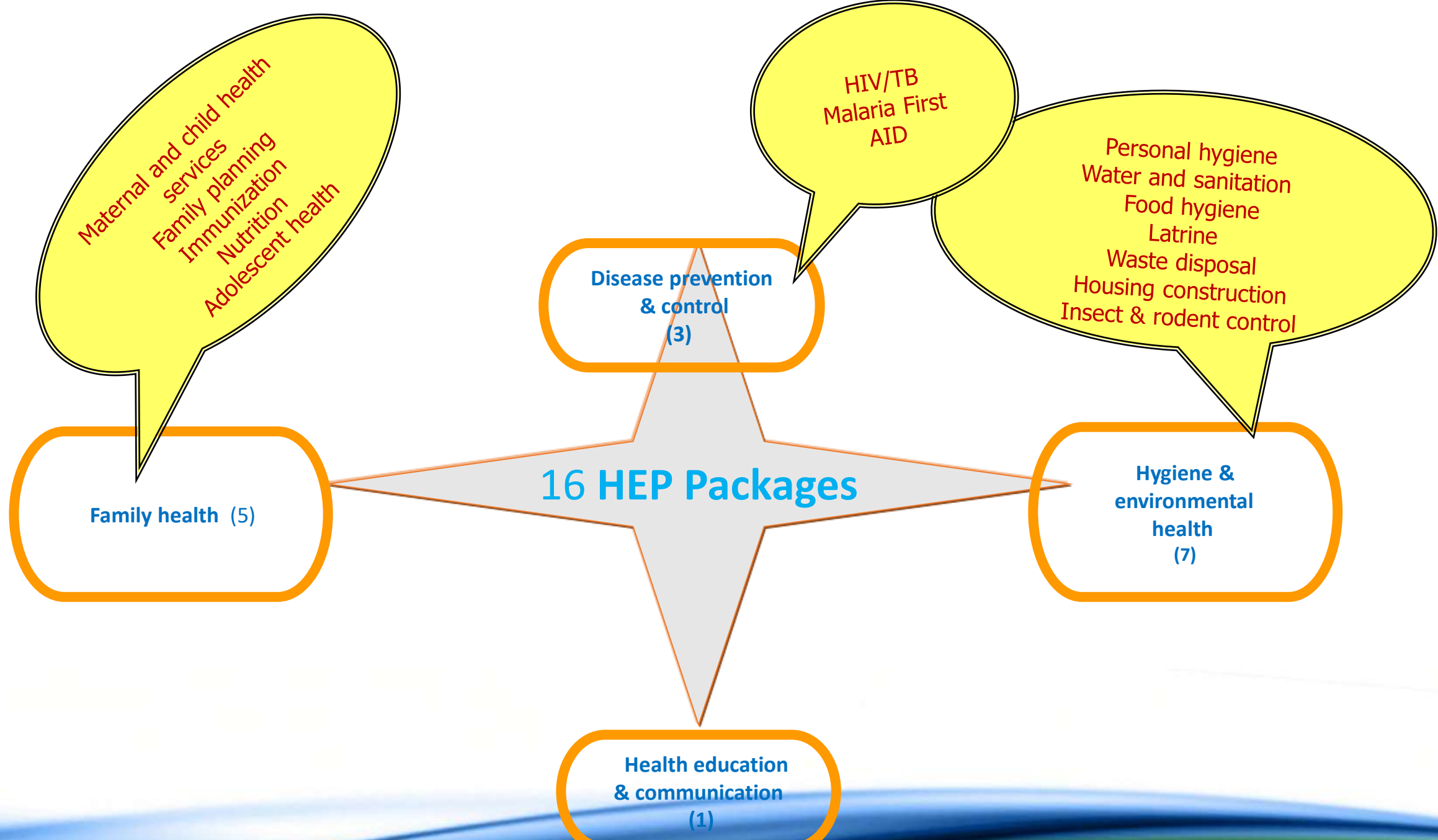
- **Introduced in 2004/5**
- **Two HEWs assigned in one health post to serve a population ranging from 3000 to 5000 population**
- **More than 38,000 government-salaried female HEWs are deployed in the country.**
- **There are 16 HEP packages**
 - **The HEP packages designed based on the major health problems and disease burdens.**

Health Extension Program (HEP) cont'd

- **The Health Extension Program (HEP) is the main strategy for achieving universal coverage of PHC to the Ethiopian population.**
- **The HEP is a defined package of basic and essential promotive, preventive and basic curative health services targeting households.**

Health Extension Program (HEP) cont'd

- **The Health Extension Program (HEP) is the main strategy for achieving universal coverage of PHC to the Ethiopian population**
- **The HEP is a defined package of basic and essential promotive, preventive and basic curative health services that reach to down to the household level through paid community health care workers (Health Extension Workers) and community health volunteers (the Health Development Army)**



Health Extension Program (HEP) cont'd

- Through the Health Extension Program (HEP), **major advances have been made** in the expansion and coverage of community-based services
- **Engaging the community** more broadly also has been an important part of the program

What are the HEP's achievements?

In terms of service since the implementation of the program;

- **Increased access to basic health services**
- **Improvements in contraceptive prevalence rate**
- **Increased rates of births occurring in facilities**
- **Increased immunization coverage**
- **Increased latrine coverage**

What has been achieved?

Impact level:

- **Major reductions in child and maternal mortality (and achievement of MDGs 4 and 5)**
- **Fertility rate decreased**
- **HIV incidence rate decreased**
- **Reductions in morbidity and mortality from major communicable diseases (and achievement of MDG 6)**
- **Life expectancy increased from 44 to 64 years**

What are the key drivers that made these achievements possible?

- **Political commitment (making it possible to deploy more than 38,000 salaried HEWs and recruit 3 million HDA members)**
- **Strong country leadership**
- **Policies and strategies aligned with national plans**
- **Emphasis on expansion of primary health care**
- **Strong coordination, partnership and contribution from development partners**

Mobilization and engagement of the community in health issues

Monitoring and Evaluation of HEP

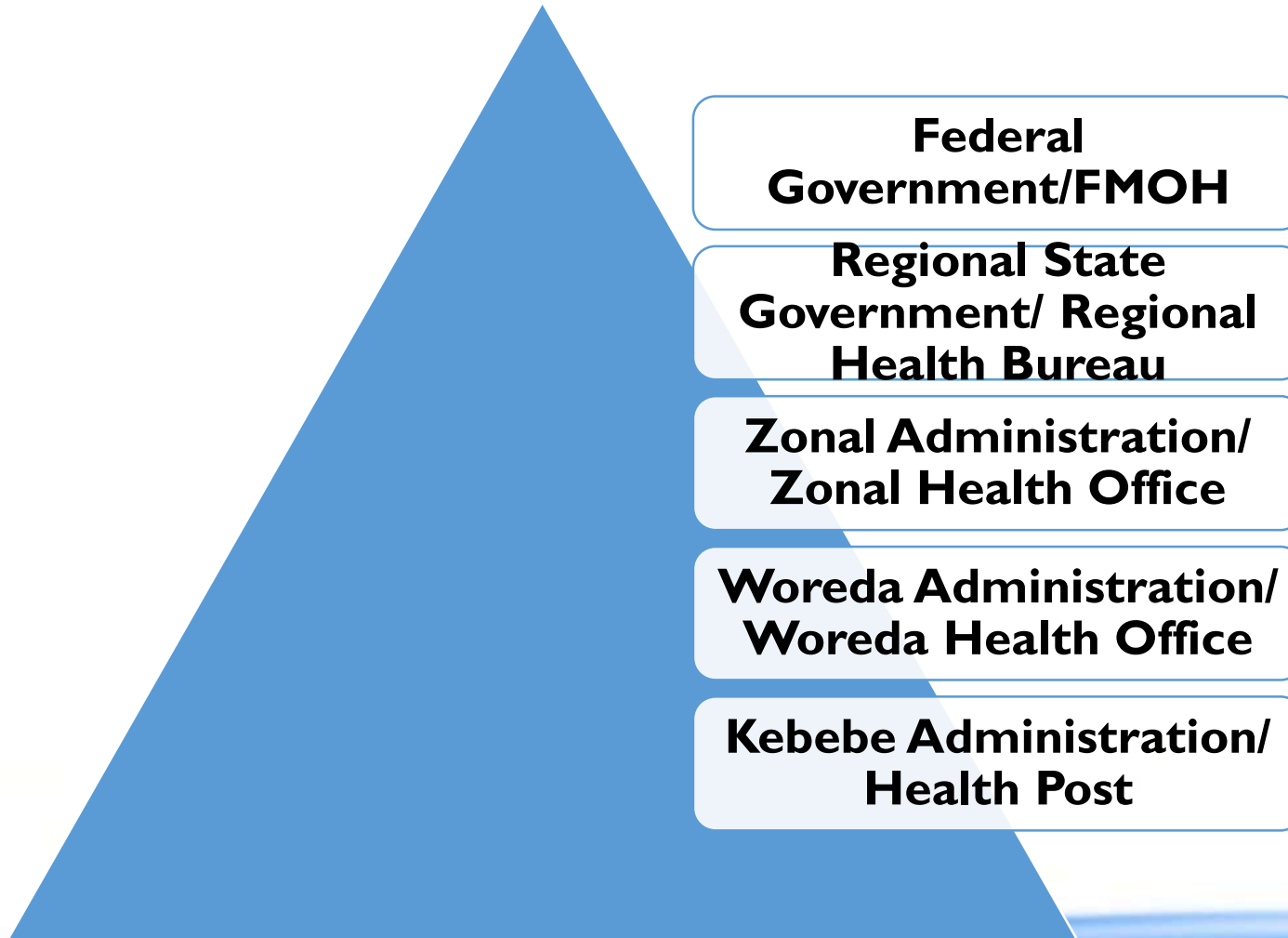
- **Close supervision and support by the health centers and woreda health offices**
- **Regular review meetings at all levels, integrated with other programs**
- **Integrated supportive supervision at all levels**
- **Operational research**

Future directions: The second-generation rural HEP

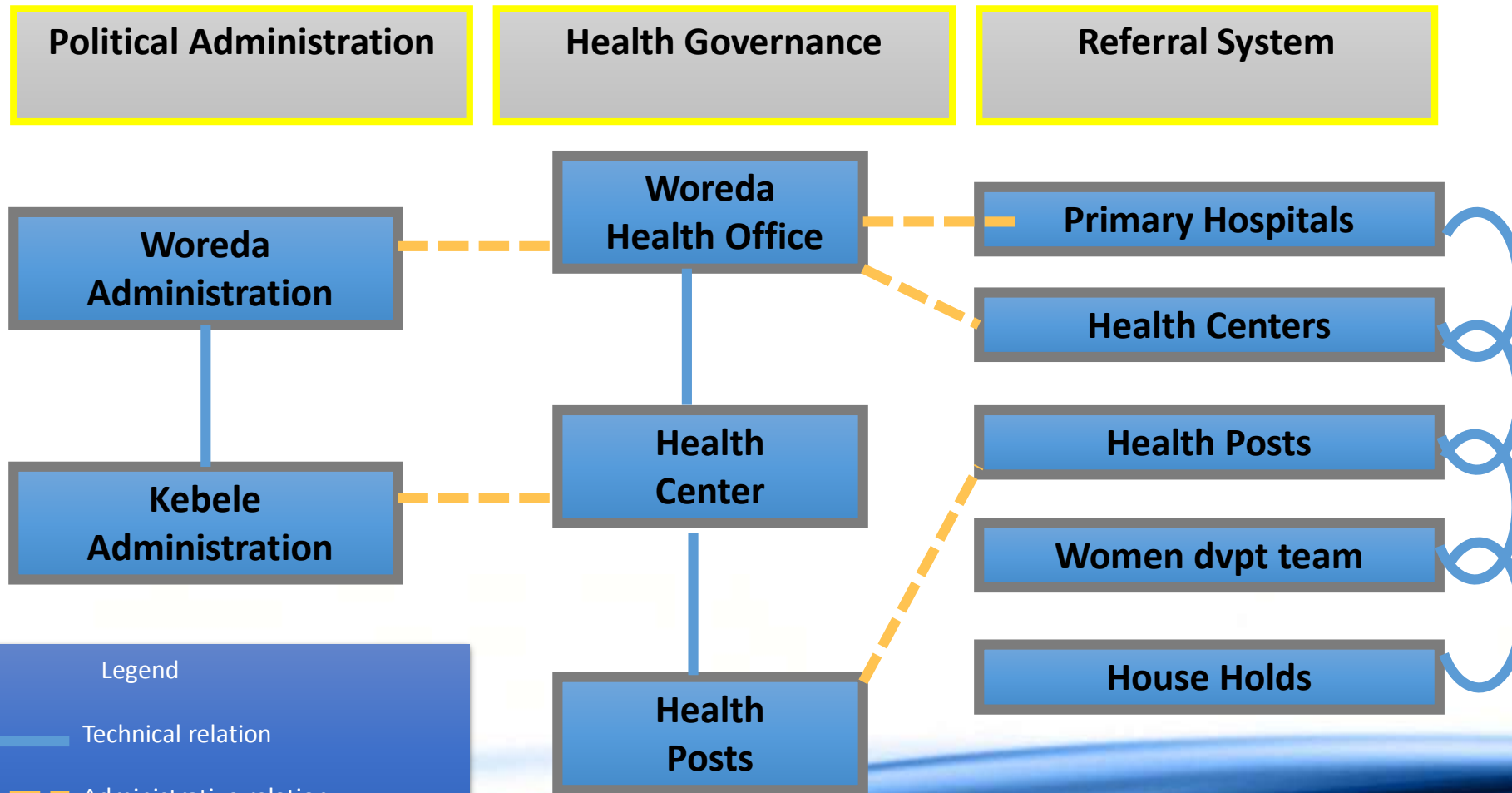
Includes:

- **Upgrading HEWs to Level IV Community Health Nurses**
- **Renovating and expanding health posts**
- **Equipping and supplying health posts with the necessary equipments and supplies**
- **Enhancing community engagement, shifting basic services to the community level, and institutionalizing the HDA platform**
- **Sharing our experience to other countries**

I. Governance and Leadership of the HEP of Ethiopia

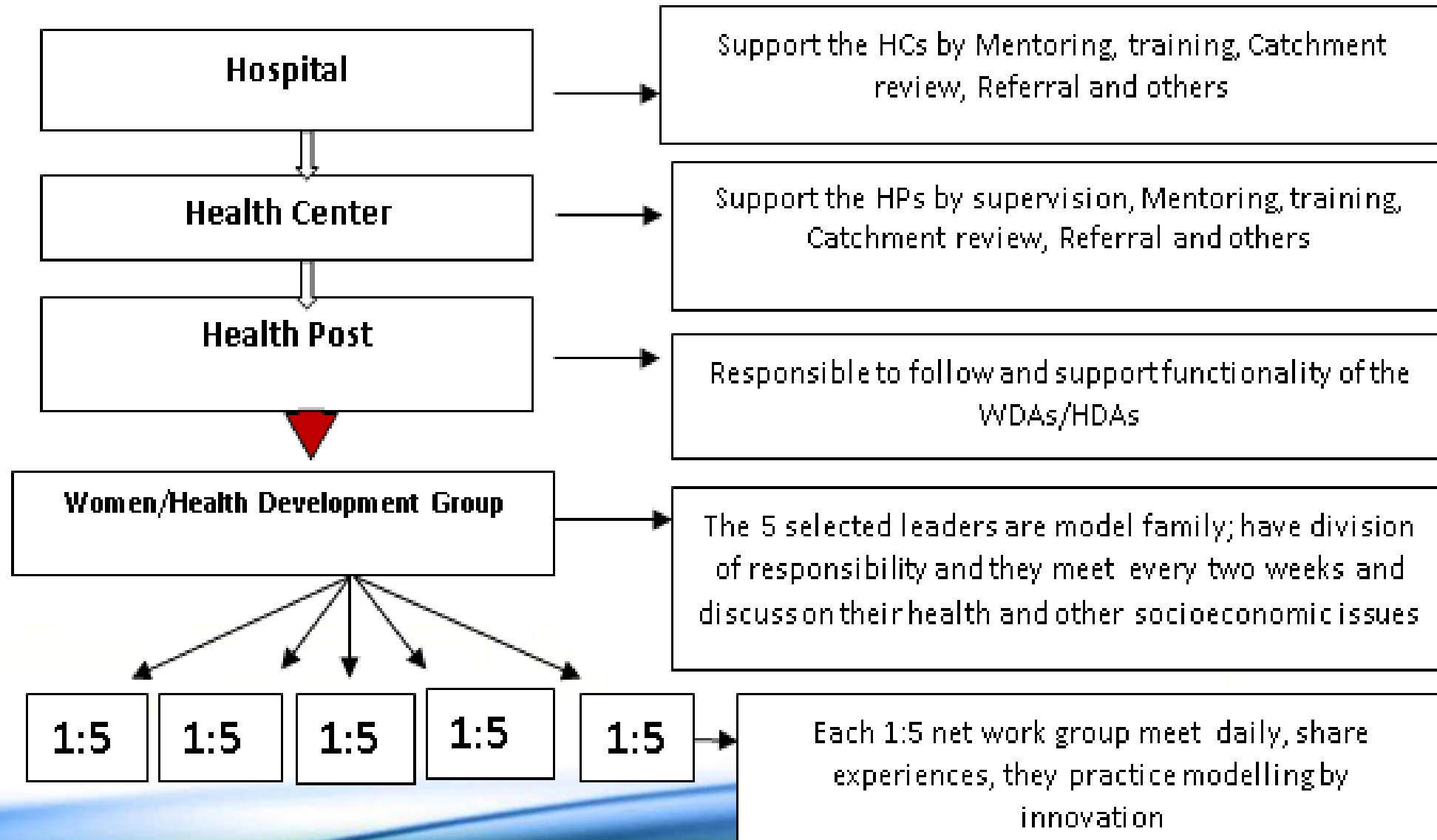


Administration, Governance and referral system



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Roles and Responsibilities of different actors in implementation of the health extension program...



Thank you

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