



Formation of the International Institute for Primary Health Care –Ethiopia: An Important Step Forward on the Road to Health for All

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Note: Further information about International Institute for Primary Health Care – Ethiopia can be found at: www.iifphc.org

From a global perspective, enormous gains have been made in disease control, reducing mortality, and increasing life expectancy. Yet, still more than 1 billion people have never seen a health care provider.¹ Still almost 9 million mothers and their young offspring die each year, the great majority from readily preventable or treatable conditions.² Of countries with a high burden of maternal and child mortality, only a small minority reached Millennium Development Goals (MDGs) 4 and 5³ with sub-Saharan Africa lagging behind the rest of the world in achieving the health-related MDGs.⁴ AIDS, TB and malaria – all readily preventable and treatable diseases – still claim almost 3 million lives a year.⁵⁻⁷ Moreover, non-communicable diseases are rapidly becoming a more dominant part of the disease burden in low- and middle-income countries.⁸ And this burden of disease is inequitably distributed among and within countries.⁹ For all of these reasons, the world requires a strong and equitable system of primary health care.

The time is ripe for a revitalization of the primary health care movement. “Health for All through Primary Health Care” was first envisioned at the 1978 International Conference on Primary Health Care, sponsored by the World Health Organization and UNICEF, and attended by virtually all member nations. This goal, enshrined in the Declaration of Alma-Ata,¹⁰ was to be achieved by the year 2000. The world has not met this goal.

But the Alma-Ata concept of primary health care – bringing essential, affordable, scientifically sound, socially acceptable health care provided by health workers who are trained to work as a health team and who are responsive to the health needs of the community, guided by strong community engagement – has not vanished. Instead, the vision of Alma-Ata has taken root, sprouted and flourished in a number of locations.

Thanks to the vision and intellectual and political leadership of Dr. Tedros Adhanom Ghebreyesus, the then Minister of Health of Ethiopia and recently elected Director General of the World Health Organization, Ethiopia is an outstanding example of

the Alma-Ata legacy. Over little more than a decade (1993-2005), access to primary health care services has greatly expanded through the training of 40,000 Health Extension Workers (women from the local area with one year of training, each of whom serve 2,500 people and receive a government salary), recruitment of 3 million community female health volunteers (called the Health Development Army), and engagement with communities to enable them to take responsibility for improving their health.¹¹ This expansion of primary care has had a huge impact on the health of Ethiopia's population.

By 2015, Ethiopia achieved its health-related MDGs – one of only a handful of sub-Saharan African countries to do so, and by far the largest. It achieved MDG 4 (for children).¹² The mortality of children younger than 5 years of age declined from 166 deaths per 1,000 live births in 1990 to 67 in 2016. Significant progress was achieved in reducing levels of childhood malnutrition as articulated in MDG 1.¹³ MDG 5 (for mothers) was almost reached, with a decline in maternal mortality of 72%, versus the goal of 75%, and the percentage of mothers obtaining a delivery by a skilled provider increased 6-fold between 1995 and 2016.¹⁴ The prevalence rate of modern contraceptive use increased from 6% in 2000 to 35% in 2016.¹⁵ MDG 6 (for HIV, malaria and tuberculosis) was also reached.¹³ The number of new HIV infections declined by 90%, and the number of AIDS-related deaths by 53%. Between 1990 and 2015, the tuberculosis incidence and mortality rate declined by 48% and 72%, respectively. The malaria incidence rate declined by 50% and malaria mortality by 60%. Ethiopia's primary health care system has been acknowledged as being the major factor leading to these impressive health gains.

Representatives from more than half of sub-Saharan Africa countries have come to Ethiopia to see its primary health care system in action. Because of this interest, in 2016 the Federal Ministry of Health of Ethiopia established the International Institute for Primary Health Care – Ethiopia, with seed funding from the Bill & Melinda Gates Foundation and technical support from the Johns Hopkins Bloomberg

School of Public Health. Our goal is for the Institute to become a global center of excellence for training, knowledge dissemination and research in primary health care, supported by multiple donors.

This goal will be achieved in three ways. First, the Institute will provide formalized short-term training to high-level policy makers and officials, program planners and managers, as well as to those engaged in service delivery, to see first-hand how an effective national primary health care system functions. Trainees will come from within Ethiopia and around the world. Second, the Institute will conduct and support research that will guide ongoing strengthening of the Health Extension Program. Third, it will provide and rapidly disseminate open access information about recent advances in primary health care.

Trainees will return to their home country with renewed energy and new vision and skills to revitalize their own primary health care system. Through research, the Institute will help Ethiopia to continually build an even stronger primary health care system that ensures high standards of care, widespread population coverage, and use of evidence-based interventions. Three-day and two-week trainings are already underway that provide a broad overview of emerging successes around the world in the implementation of the Alma-Ata vision of primary health care. The trainees also visit communities, meet their leaders, and observe primary health care providers at work.

The creation of this Institute and the Bill and Melinda Gates Foundation's strong commitment to strengthening primary health care systems in high mortality, resource-constrained settings marks a significant step forward on the road to achieving the Alma-Ata vision of Health for All.

Attaining universal coverage of primary health care services and ending preventable child and maternal

deaths by 2030 are important milestones that are within our reach. This new Institute will be an important global resource for achieving these milestones and for attaining the final destination of Health for All sooner rather than later.

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