International Institute for Primary Health Care in Ethiopia

The Government of Ethiopia, in collaboration with its partner, the Johns Hopkins University Bloomberg School of Public Health, is pleased to announce the formation of the International Institute for Primary Health Care. We aim to make the Institute a world-class center for training and research on primary health care (PHC) and to contribute to accelerating progress in improving the health of people in Africa and beyond through the strengthening of PHC services.

Background

Primary Health Care (PHC) was defined at the 1978 International Conference on PHC, in its Declaration of Alma-Ata, as: "Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."(1) The Conference also called for the achievement of 'Health for All' through PHC by the year 2000– a goal still not met but which will remain with us for the foreseeable future to achieve hopefully sooner rather than later(1).

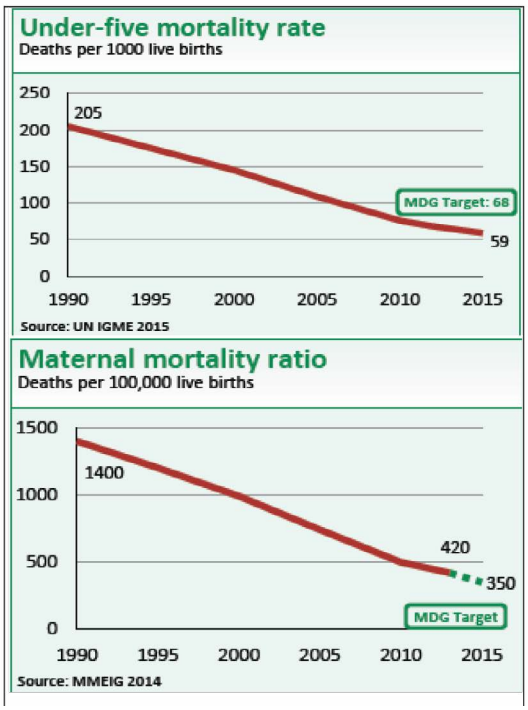
Primary Health Care is composed of three types of activities(2): disease-oriented PHC, services-oriented PHC, and community-oriented PHC. Disease-oriented PHC consists of local efforts to control diseases which constitute a significant disease burden in the population and for which disease-control interventions exist. Services-oriented PHC consists of efforts to extend basic personal health care services to the entire population so that they are readily and locally available and perceived as high-quality, respectful of clients, and meeting local health care needs. Community-oriented PHC consists of efforts to work in partnership with communities to improve their health. These domains are not mutually exclusive and overlap in many instances.

Each of these three types of PHC is equally important, and together they function like the three legs of a stool on which the "seat" of PHC rests. If one leg is poorly developed, the PHC system suffers. In reality, disease-oriented PHC has been the strongest leg of this stool by far, with services-oriented PHC receiving less attention and community-oriented PHC receiving even far less attention than the other two legs. Ethiopia has been implementing all these three types of PHC in a balanced approach to achieve its targets for the health-related MDGs.

Ethiopia's progress in achieving health-related MDGs through the PHC approach

Ethiopia is one of the very few countries in sub-Saharan African that achieved the 2015 goals for child and maternal mortality(3). Moreover, according to the United Nations Development Program, Ethiopia has met its MDGs not only for mothers and children (as shown in Figure 1), but also for HIV, malaria and tuberculosis(4). Utilization of family planning has increased almost five-fold in only 11 years(5). Significant progress has also been made for reducing levels of childhood malnutrition.

Figure 1: Ethiopia's progress in reaching the Millennium Development Goals for children and mothers[4]



The introduction and full implementation of Ethiopia's Health Extension Program (HEP) beginning in 2003 has accelerated national progress toward achieving the health-related MDGs. The national under-5 mortality rate declined from 123 per 1,000 live births in 2005 to 59 in 2014, making it one of only 11 of 44 countries in sub-Saharan Africa to have already achieved MDG 4.3. Ethiopia is also one of only four African countries on track to achieve MDG 5.3. The maternal mortality ratio declined from 1,400 maternal deaths per 100,000 live births in 1990 to 420 in 2014(3).

Furthermore, Ethiopia achieved MDG 6 – control of HIV, tuberculosis, malaria, and other important diseases – well ahead of the 2015 deadline. The prevalence of HIV has declined in the adult population and the incidence has declined by 90%; malaria deaths have dropped by 50%; and the improvements in the detection and cure of tuberculosis were on track in 2014 to reach the 2015 target(4). In addition, the contraceptive prevalence rate has increased almost five-fold in only 11 years– from 6% in 2000 to 29% in 2011(5). Since 2001, there has been an annual increase of 2% in the contraceptive prevalence rate(3). This is one of the most rapid rates of growth in the utilization of family planning so far in the entire developing world.

There is widespread consensus that the significant progress in Ethiopia can be attributed to the development of PHC programs and systems that have strong community-based services provided by community health workers. Because of its demonstrated health achievements, Ethiopia has been receiving visits from ministers of health and other health officials from countries throughout Africa and beyond who want to learn, firsthand, how Ethiopia achieved these remarkable results. During the past two years alone,

ministerial-level health officials from more than 20 African countries have come to Ethiopia for this purpose.

Ethiopia has become a leader throughout the world in accelerating the achievement its approach of 'Health for All' through PHC. Through the government's HEP, major advances have been made in the expansion of coverage of community-based services provided by Health Extension Workers and the community-based women volunteers called the Health Development Army. Engaging the community more broadly also has been an important part of the overall PHC strategy.

Therefore, the time is right for the creation of an International Institute for PHC for the following reasons:

- After 10 years of operation, now is the opportune time to begin a rigorous examination, documentation and quality improvement program for the HEP to ensure its effectiveness going forward and to justify its role as a model for other countries;
- Because of Ethiopia's progress in improving the health of its population during the past decade, now is an appropriate time to establish Ethiopia as a hub for sharing experiences and conducting training for policy makers, government officials, and program implementers from African countries (including Ethiopia) and beyond; and,
- PHC as a focus of teaching and inquiry has been neglected by the global health community but is now widely seen as critical for improving the health of underserved populations.

The Health Extension Program in Ethiopia

The HEP is an innovative community-based health care delivery system aimed at providing essential health promotion, disease prevention and basic curative health care services in communities where higher-level PHC facilities are not readily accessible. It was designed in 2003 after recognition that existing models of care failed to deliver essential services to communities in rural, remote parts of Ethiopia.

The overall objective of the HEP is to expand access to essential health interventions at the village and household levels in an equitable manner. The philosophy of the HEP is a significant departure from the conventional way of health care delivery. Traditionally, PHC systems have been structured so that patients come to health professionals at a health center seeking health services. Major innovative and bold actions have been core features of the HEP. They include task sharing and task shifting to Health Extension Workers of some of the duties previously performed only by higher-level health professionals, such as immunizations, family planning services, including injectable contraception and provision of subcutaneous contraceptive implants, as well as treatment of uncomplicated childhood pneumonia, diarrhea, malaria and malnutrition.

The HEP is organized to bridge the gap between the communities and health facilities by ensuring community ownership and community participation and by using local technologies, skills and

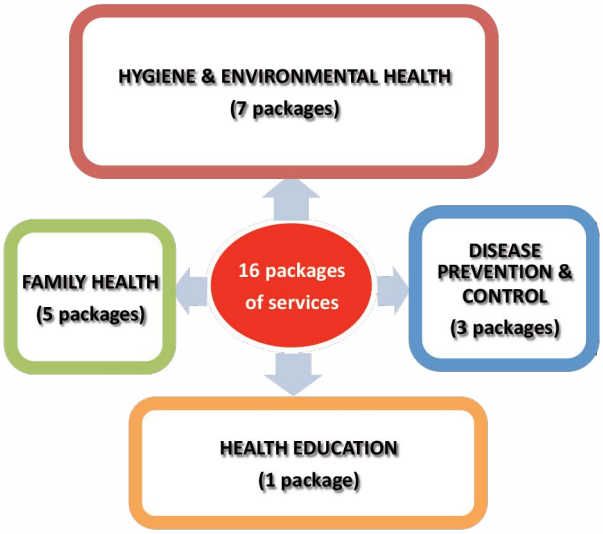
wisdom. The HEP is designed to ensure that health care services are brought nearer to individual households. The HEP also transfers responsibilities to these households– in line with the country's decentralized health care delivery system– to ensure community ownership and participation by increasing health awareness, knowledge, and skills among community members.

Moreover, the HEP promotes gender equality in accessing health services and improves the utilization of peripheral health services provided by Health Extension Workers (HEWs) at village-based Health Posts and through regular home visits. The HEP is designed to make households and communities become better producers of their own health (by strengthening the demand side and promoting healthy household behaviors) while at the same time health services are brought closer to the people where they are needed (by strengthening the supply side).

Health Extension Workers receive one year of training and provide 16 packages of services, from hygiene and environmental health to disease prevention and control to health education and family health care (Figure 2). Ethiopia has so far trained and deployed more than 38,000 HEWs– two per village– working from Health Posts throughout the country.

Since 2003, 6,800 PHC Centers and 16,300 Health Posts have been established in Ethiopia. Each PHC Center serves 25,000 to 30,000 people and each Health Post serves approximately 5,000 people. Each HEW spends one day in the Health Post (providing services to patients who come for treatment) and the following day making home visits. She alternates her work with her partner HEW so that there is always someone at the Health Post to attend to patients.

Figure 2: Components of the Health Extension Program Package of Services



The HEWs are salaried and are on the government payroll. They are part of the formal PHC system. The next level of the PHC system, the Primary Health Center, is linked to five surrounding Health Posts in the catchment of the Primary Health Center. The Primary Health Center provides support to these five Health Posts, and Primary Health Center staff members make weekly outreach visits to all Health Posts to support village-based health activities. Together with the District Hospital, the Primary Health Center and its associated Health Posts make up the PHC Unit.

Figure 3: Health Extension Workers in Health Post

Problem statement

Although notable successes have been registered in the expansion of PHC services in Ethiopia, the program needs further improvement to address current challenges and to shape and sharpen its implementation. There are variations in its implementation across regions of Ethiopia (and, likely, within regions), which require attention to improve equity in service provision, quality, and access. A number of areas of the PHC system need further investments, including: further tailoring of the urban PHC system to address the needs of urban communities, improved quality of PHC services, functionality of the PHC network, empowering communities to own the system to ensure sustainability, and evidence-based approaches to the planning, implementation and monitoring of primary care services is critical. As PHC remains the core of Ethiopia's health system, it is important to design a mechanism to sustain the gains made so far and to address the challenges that come with time as a result of the changing landscape.

The International Institute for PHC in Ethiopia will play a key role in developing a well-structured, proactive, flexible, problem-solving, and resilient PHC system by serving as a valuable resource for building capacity on technical, managerial, and programmatic matters, and to carryout PHC systems implementation research. Service providers, policymakers, program designers and managers will receive need-based trainings from the Institute during their initial deployment as well as while they are in service so that they have the necessary knowledge, skills, and tools to provide quality PHC services.

As many African countries have shown interest in learning from Ethiopia's successful community-based PHC program, the Institute will also play a role in helping other countries, particularly African countries, to develop resilient PHC systems and sustainable institutionalized community-based health programs by learning from Ethiopia's rich experience with the implementation of its HEP.

Every year Ethiopia's Federal Ministry of Health (FMOH) is hosting delegations from other African countries that are interested in learning about the HEP. This has become very demanding for the FMOH. In addition to hosting visits for the delegation, the FMOH has tried to provide ongoing follow-up support for these countries to put what they have learned in to practices. The Institute will make it possible to do this in an organized and systematic manner. The Institute will organize and consolidate efforts for cross-country learning and experience sharing on the HEP.

There is no other international institute in the world focusing on the expansion and strengthening of PHC programs at scale that is closely linked to a successful national program and grounded in exposure to fieldwork. The Institute will produce major benefits internationally by helping other countries in sub-Saharan Africa and beyond to design and implement PHC programs at scale that will accelerate progress in improving the health of their populations.

Vision, mission and core values

The vision of the Institute is to be a global center of excellence for training and research in PHC. Through the realization of this vision, the Institute aims to contribute to the revitalization of the global movement of 'Health for All' through PHC.

The mission of the Institute will be to provide need-based training on PHC for trainees from Ethiopia, Africa and the rest of the world. Through PHC research, the Institute will also be able to provide up-to-date information on the strengths and weaknesses of Ethiopia's own PHC program and contribute to continually build an even stronger PHC program that ensures fidelity to standards of care and high levels of population coverage of services.

Core values of the Institute will be:

- Innovation
- Flexibility
- Capacity for problem solving
- Focus on needs-based training and research
- Empowerment
- Practical approaches and skills-based training

Mandate and objectives

Using Ethiopia's rich experience and best practices in the implementation of innovative PHC approaches and community-based health programs at scale, the Institute will have the following key objectives, focusing on PHC and community-based health programs:

- Provide short-term capacity-building trainings on identified needs for national and international trainees: designing and strengthening PHC and CH programs;
- Provide short term trainings and support for managers at all levels of the PHC and CH systems on business process and management of systems.
- Provide short-term trainings in line with the "transformation agenda" of the Government's Health Sector Transformation Plan (HSTP) and woreda/district transformation;
- Carryout need-based health systems implementation research on PHC and community-based health programs;
- Serve as a resource center for the FMOH, its Regional Health Bureaus and other institutions in Ethiopia and beyond;
- Organize fora to communicate research findings, policy changes, and other updates;
- Launch and Issue an international Journal on PHC; and,
- Support host visits from other countries in Africa and beyond.

Focus areas and core functions

1. Training on PHC, community-based health care, and the Health Extension Program

The Institute will design a training curriculum, lasting for 1 -2 weeks, which will include field-based assignments. Trainees will be supported to develop proposals to facilitate ground-level implementation for their country context based in part on what they have learned in Ethiopia. This training will mainly target trainees from other African countries, but other interested participants from the rest of the world will be welcome as well. The Institute will provide a forum where health officials from other African countries can come to learn about PHC systems and community-based health service delivery and the HEP, using Ethiopia's successful PHC system, including its community-based health program as a model.

2. Training for middle-level managers on PHC systems program design, execution and monitoring and evaluation

Ethiopia aims to build district-level capacity in line with the decentralization process underway by providing further training to health officials at the woreda/district and PHC Unit levels. Courses will assist health officials to be able to assess the health needs of their community and to plan and execute key interventions to respond to these needs by engaging the community, different sector offices, partners, and other relevant stakeholders. The focus of the trainings for middle-level managers will focus on PHC systems program design, implementation, management, documentation, problem solving and monitoring, including how to conduct operational research and quick assessments. As most of these target groups have the basic required training, the focus will mainly be on refreshing these skills.

The training curriculum for this specific training will be prepared to integrate best practices from the rest of the world by engaging local and international academic institutions, program planners, PHC experts, and UN organizations including the World Health Organization, UNICEF and the United Nations Population Fund in the training design. This training is expected to last for two weeks.

3. PHC systems implementation research

As Ethiopia is passing through various changes and transitions– socio-economic, demographic, epidemiological, and technological– there is a need to carryout need-based PHC systems implementation research to better understand the current situation and respond accordingly by planning for an ever-strong PHC system. In addition, reviews of various types of global evidence and experiences will also be compiled to contribute lessons for further development of the health system in Ethiopia and to share with trainees form other countries.

4. Resource center for PHC

The Institute will develop a world-class resource center of documents, guidelines, strategic documents, policies, reports, studies, and other relevant documents concerning PHC, community health workers, community-based PHC, and

community health. These materials will be collected, organized and automated systematically and will be available publicly in electronic format. The resource center will be an automated system to allow easy collection and use of resources stored in the Institute. These resources will be available to anyone anywhere, but trainees will receive special orientation on the contents of the resource center and how to access them.

5. International Journal of Primary Health Care

The Institute will launch an International Journal of Primary Health Care and periodically issue publications and policy briefs on PHC. This will include contributions from policy makers, program managers, implementers and researchers all over the world. The journal will have an editorial board composed of PHC experts from all over the world.

6. Hosting visits from other countries

Based on requests from other countries, the Institute will host groups from various countries and regions in the country.

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