OVERVIEW OF THE ETHIOPIA'S Health Sector Coordination and Governance Practice and HEALTH EXTENSION PROGRAM (HEP):

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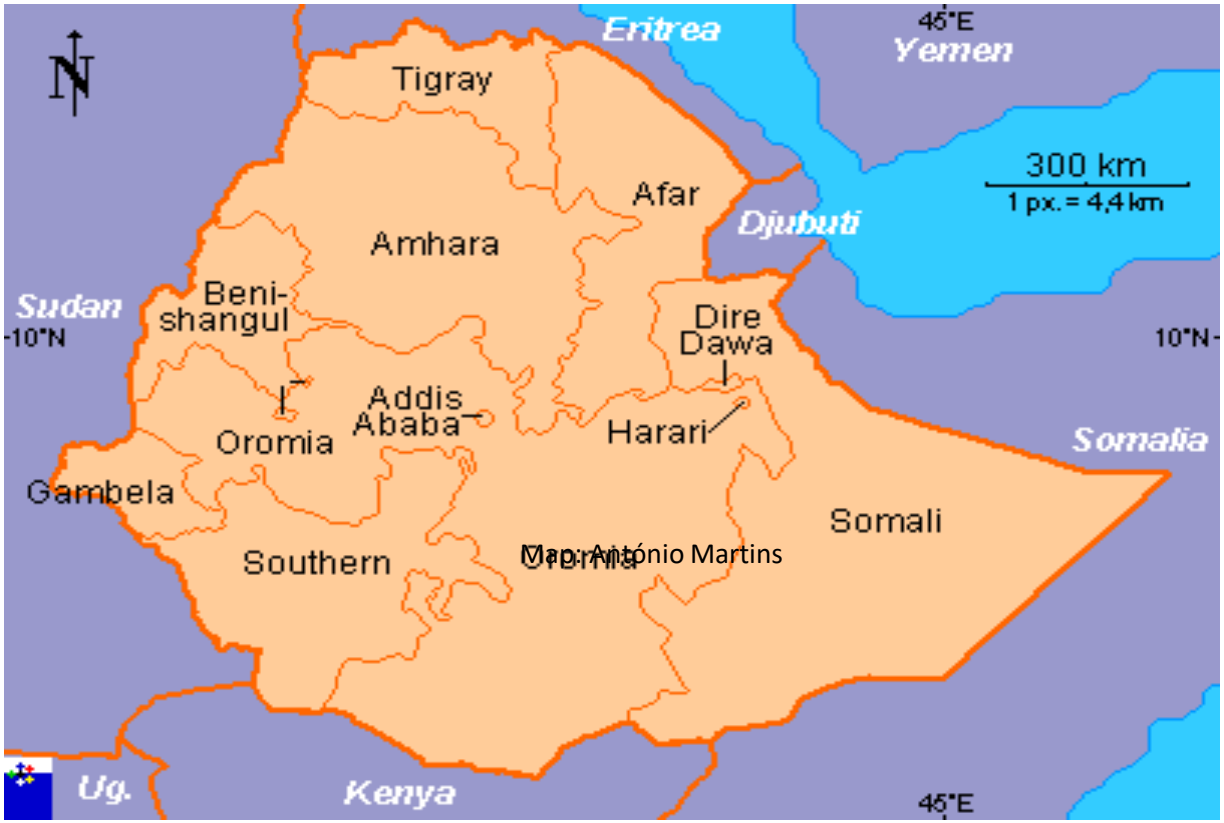
Background

Population 90 million
Population growth rate 1.8%

Nine Regional States
Two City Administrations

85% live in rural areas
Life expectancy 65 years

Economy=
Agriculture 42%
Industry 13%



Map: António Martins

.....Background

Indicator	Rate
PHS coverage	94.5%
Hospital	156
HC	3335
HP	16 251
MMR	676/100,000 (EDHS) 420/100,000 (WHO estimate)
U5MR	68/1000
HIV Prevalence	1.1%
PLWHA	769,602 (More than 300000 enrolled on ART)

Health policy

- The Government of Ethiopia formulated the National Health Policy in 1993.

- The policy emanated from commitment to democracy and gives strong emphasis to the fulfilment of the needs of the less privileged rural population that constitutes about 85% of the total population in Ethiopia.

The National Health Policy

- **Democratization and decentralization** of the health system;
- **Prevention** of disease and Promotion health
- Ensuring **accessibility** of health care to all population;
- Promoting inter-sectoral **collaboration**
- Promoting and enhancing national self- reliance in health by mobilizing and efficiently utilizing internal and external **resources.**
- The health policy has also identified the priority intervention areas and strategies to be employed to achieve the health policy issues.

The policy is translated to strategies

- The Health Policy is implmented through a consequetive five years strategic plans which are referred as the Health Sector Development Program (HSDP)

- The startegic plans are further operationalised using annual plan called the Woreda Based Health Sector National Annual Plan

Health policy in 5yrs HSDP cycle was designed:

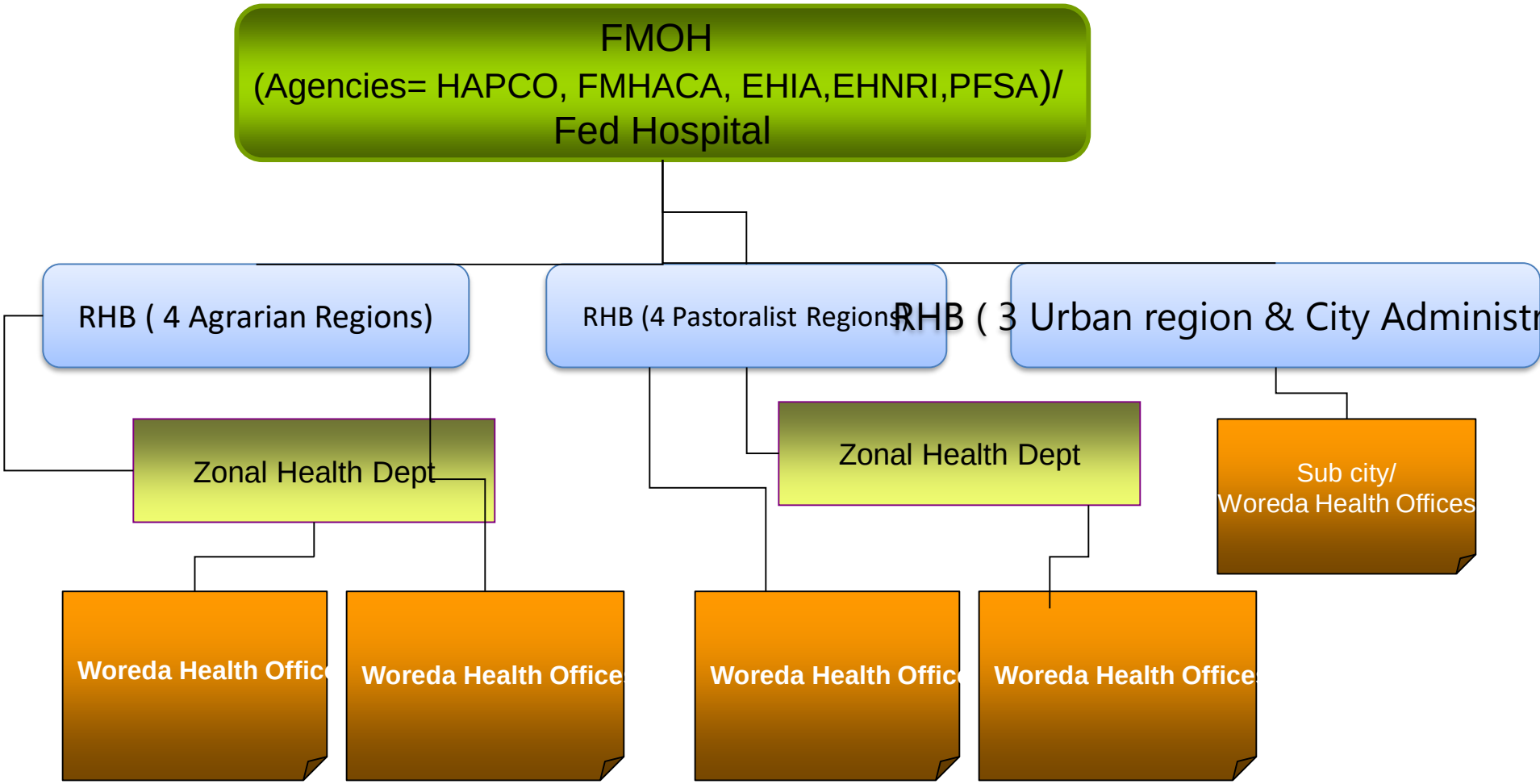
- HSDP I 1998 – 2002
- HSDP II 2003-2005
- HSDP III 2005/6 -2009/2010
- HSDP IV 2010/11 – 2014/15
- Health Sector Transformation Plan (HSTP under preparation)

Building blocks of Health system

Governance and Coordination

- The health sector is a decentralized structure
  - Federal level
  - Regional Level
  - Woreda (District Level)
  - Facility Level
  - Community Level
- There is a coordination mechanism starting from the planning to Monitoring and evaluation
- The coordination and governance practice embraces various levels of the health sector and development partners

Health system organization



9 Regions
2 City Administrations

The principles

- The health sector is governed based on the principles of Harmonization and alignment following the ihp+ principles which denotes
  - One Plan: All the stakeholders in the health sector should participate on planning
  - One Budget: Move towards polled financing arrangement where resources are jointly allocated and disbursed through government preferred channel
  - One Report: The monitoring and evaluation process should rely on a single source of information and the practice should aim for monitoring of joint results

How do we plan

- We plan through a top down bottom up approach
  - Resource mapping and indicative target setting at national level flows down
  - Resource mapping and indicative target setting at Regional level flows down to the woreda level comprising national priorities
  - Actual Planning done at Woreda level with costing (Facilities are involved)
  - Targets and costs aggregate to the national level
  - Resources are allocated at national level and gaps are filled contractual agreements enetered with resions
  - Regions enter to contract with woredas and woredas enter into contract with facilities

Top–down and Bottom up approach

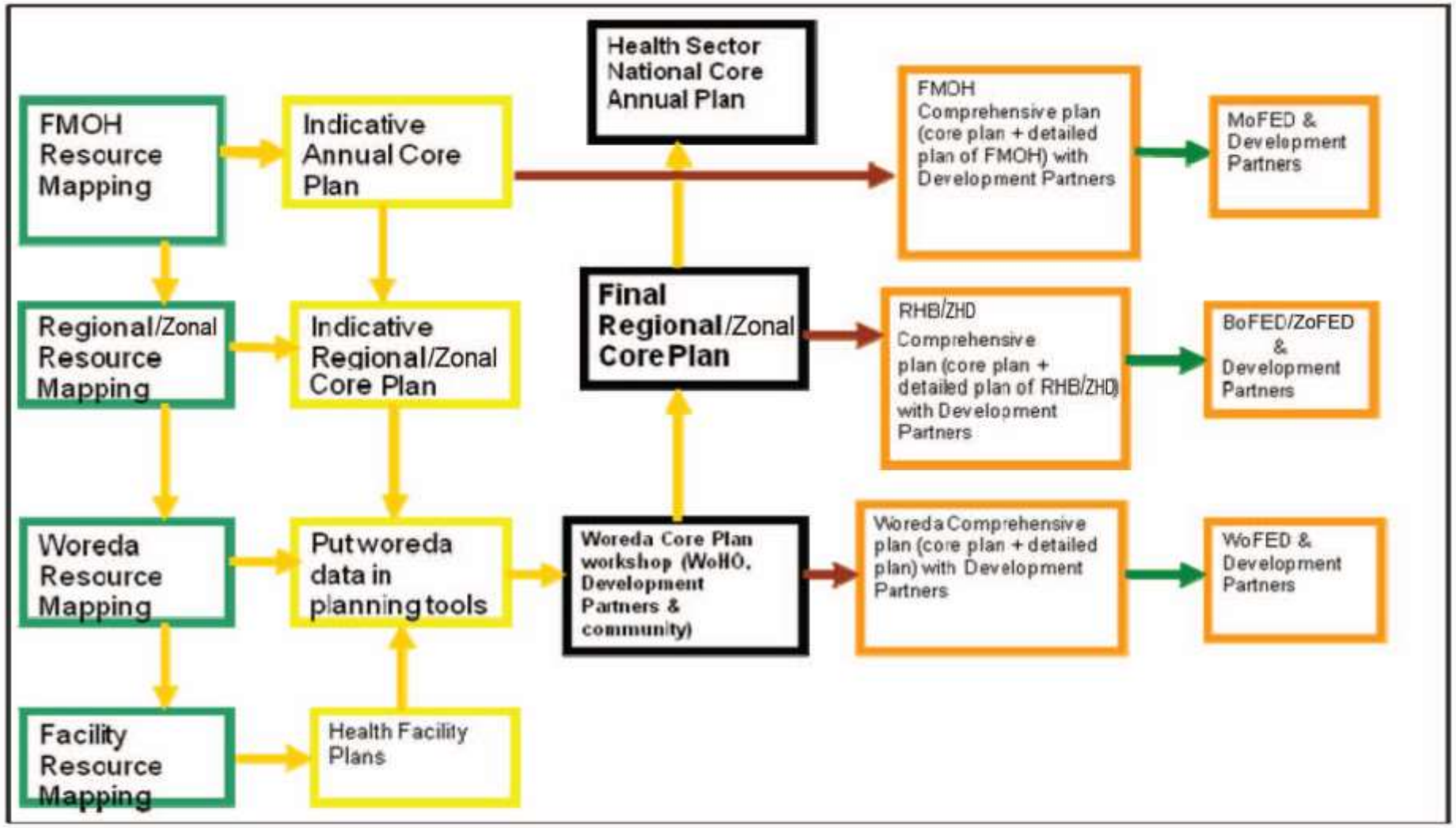


Figure 1: Annual Planning Cycle by Level.

How do we monitor

- We use a nationally unified Health Management Information System with 122 indicators stretching across the sector
- Woreda level Monitoring sessions with Woreda Health Managers and Facility Heads
- Regional level reviews where woredas and zones are involved
- National monitoring sessions where all regions are involved

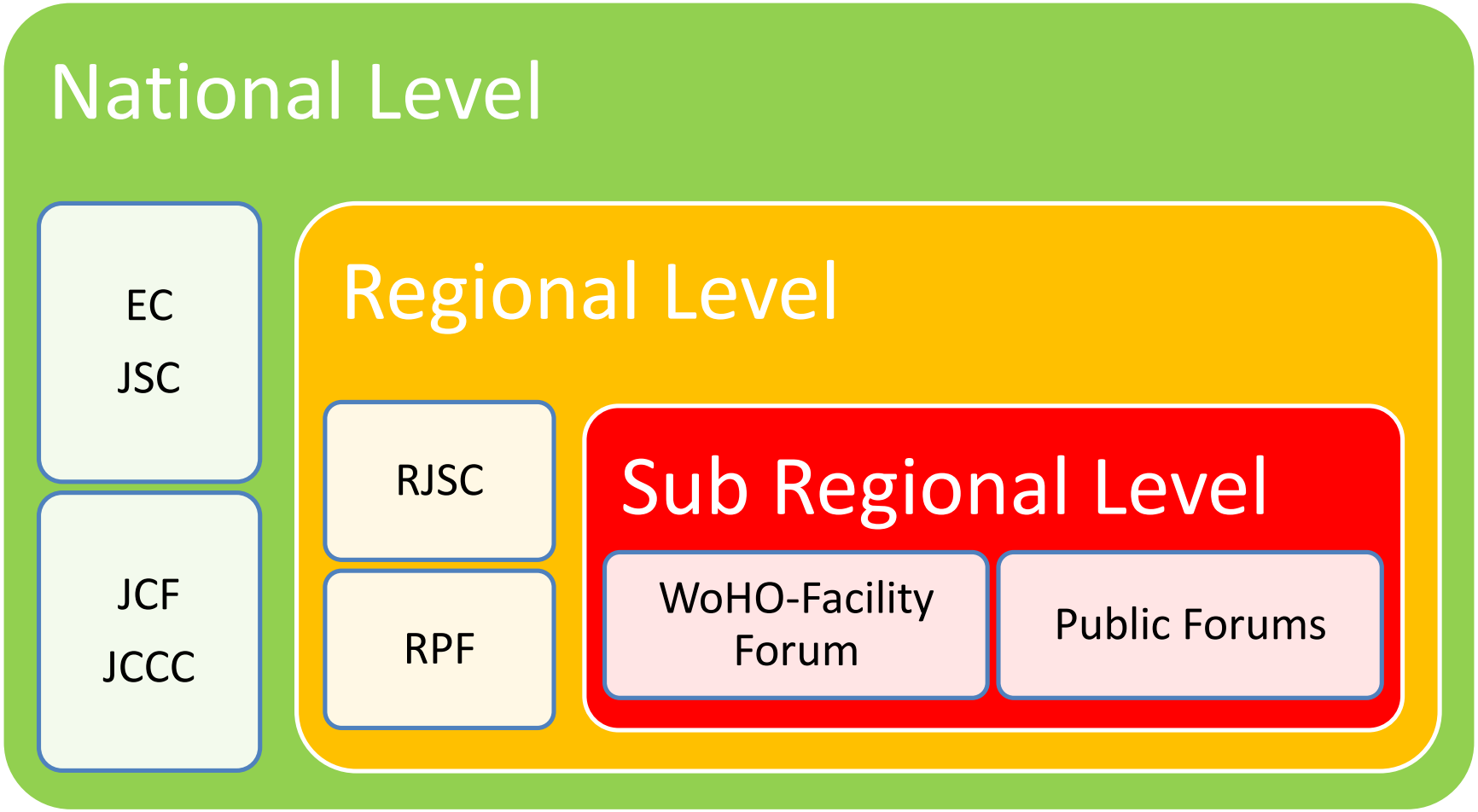
Governance structures

- Executive Committee (Federal Level)
- The Joint Steering Committee (RHB and MOH)
- Planning Forum (Technical arm of the JSC)
- Regional Joint Steering Committees (RHBs and WHO Heads)
- Joint Consultative Forum (MOH and DPs)
- Joint Core Coordination Committee (Technical arm of JCF)
- Annual Review Meetings (Where all stakeholders monitor annual performance and appraise next years plan)

Accountability Mechanisms

- Defining shared results and linking them to responsible implementers
- Reports are monitored and challenges identified in all the monitoring excursuses
- Scorecard accountability mechanism for MNCH and Disease Prevention and Control (a way the political structure holds the health sector accountable)
- Facility boards and public hall meetings (the people make facilities accountable and builds ownership)

Governance Structures

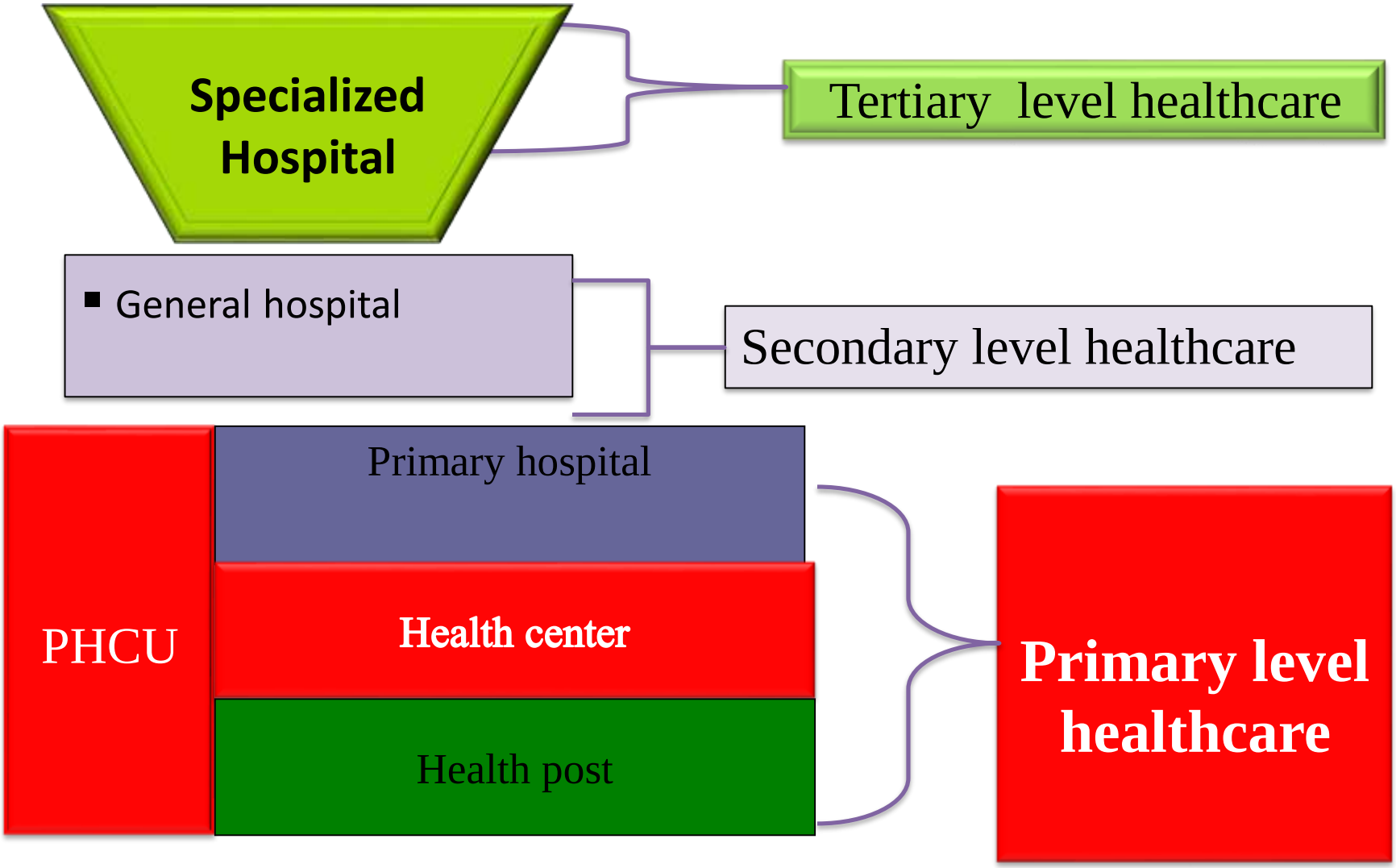


Lessons to take

- Government is on driving seat
- Well established and functional coordination mechanisms
- Wide consultation and participation (on planning resource allocation and Monitoring and evaluation)
- Accountability mechanisms in place
- Consistency of developing harmonization through a gradual process
- Result oriented actions

Primary Health Care and the Success of HEP in Ethiopia

Ethiopian health system organization/ tier system



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

Health extension program

is an innovative community-based health care delivery system making essential health care universally accessible to individuals and families in the community by means acceptable to them through their full participation and at the cost that the community and the country can afford,

- It is a service targeting households particularly women/mothers and children at the kebele / Community level,
- It is the mechanism of shifting health care resources to rural majority people,

.....HEP

- It is the smallest institutional framework for achieving development goals MDGs
- Empowers caretakers and produce model families, and communities
- Increases access and utilization of promotional, preventive, and essential curative care services
- Reduces opportunity cost for families; enhances participation.

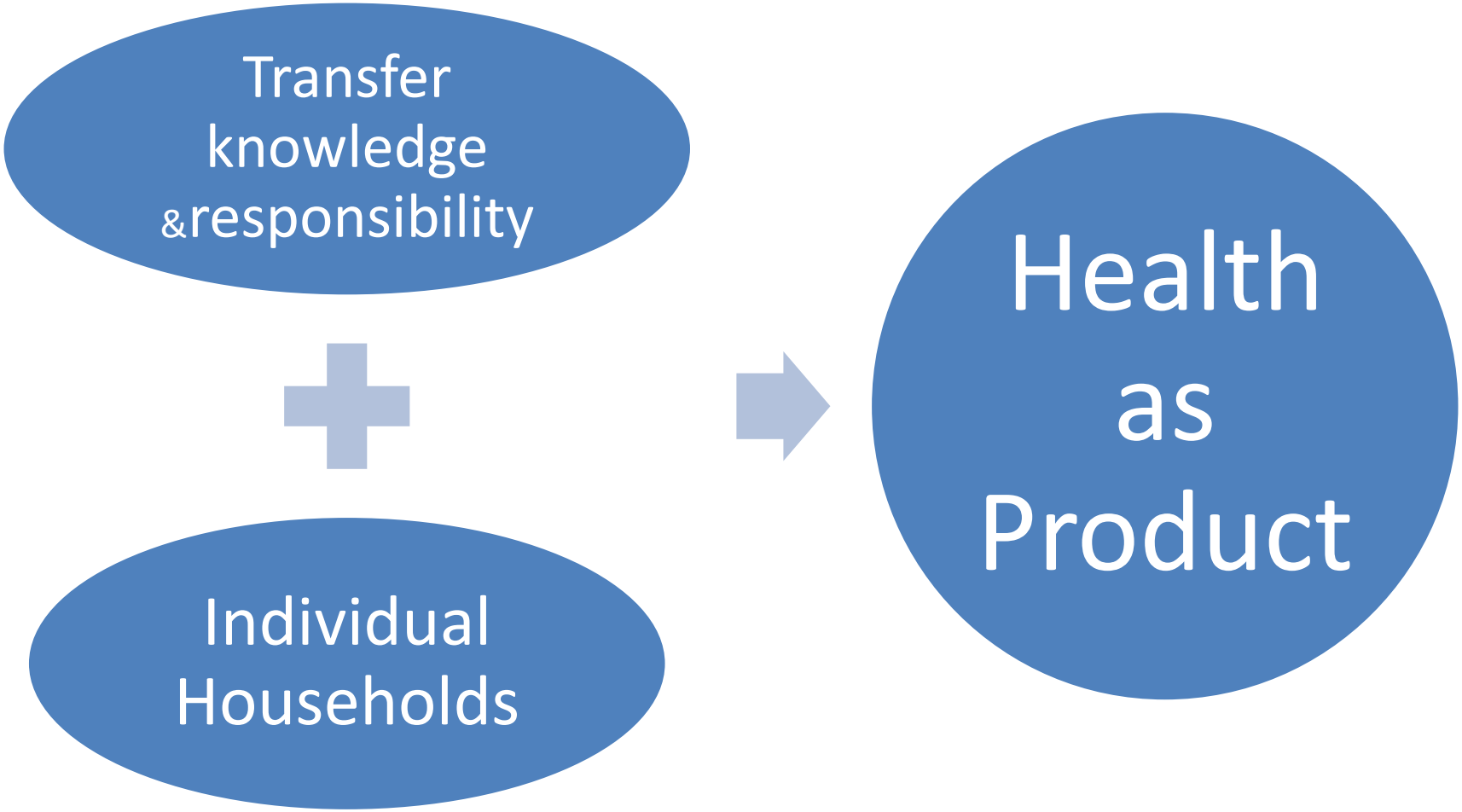
……Principle

- Women involvement in all decision-making process is the central,
- Preventive and promotive interventions are more cost effective and,
- HEP can be seen as a part of the wider commitment and reform from the more traditional forms of top-down development practice to the participatory development direction in the Health sector,

PRINCIPLES:

- Communities **can best identify and prioritize their own heart felt health needs** and problems,
- There is **untapped indigenous knowledge** and skills in the community,
- The **supremacy of the people's** priorities, interest, needs and wishes must be respected and accommodated in all aspects,

Philosophy of HEP



Implementation Strategy

- Recruitment criteria
  - Female
  - >17 yrs
  - 10 grade and above
  - Speak local language
  - Resident of the village
  - Volunteer to work for three years

Females are preferred for the provision of HEP because:

- *At the beginning it was part of an **Affirmative action,***
- *They are **more appropriate** to look after the health issues of mothers and children while males are engaged on agriculture,*
- *On cultural grounds female are more accepted in the society to discuss with women at house hold level,*
- They yield less attrition rate,

The Packages

1. FAMILY HEALTH SERVICE

- Maternal and child health
- *Family Planning*
- Immunization
- Adolescent Reproductive Health
- Nutrition

2. DISEASE PREVENTION & CONTROL

- HIV/AIDS and other STIs prevention and control
- TB prevention and control
- Malaria prevention and control
- First Aid emergency measures

3. HYGIENE &ENVIRONMENTALSANITATION

- Excreta Disposal
- Solid and liquid waste disposal
- Water supply and safety measurers
- Food hygiene and safety measures
- Healthy home environment
- Control of insects and rodents
- Personal hygiene

4. HEALTH EDUCATION & COMMUNICATION

Skill based

- Clean and safe delivery & provision of Mesoprostol
- Integrated Community Case Management of common childhood illness (Malaria, Pneumonia and Diarrhea)
- Task shifting-Implanon insertion by Health Extension Workers
- Community Directly Observed Treatment (DOTS)
- Lead the health programs
- Planner, coordinator, trainer
- Supervisor, M & E expert

Health Extension Worker inserting single rod Implant

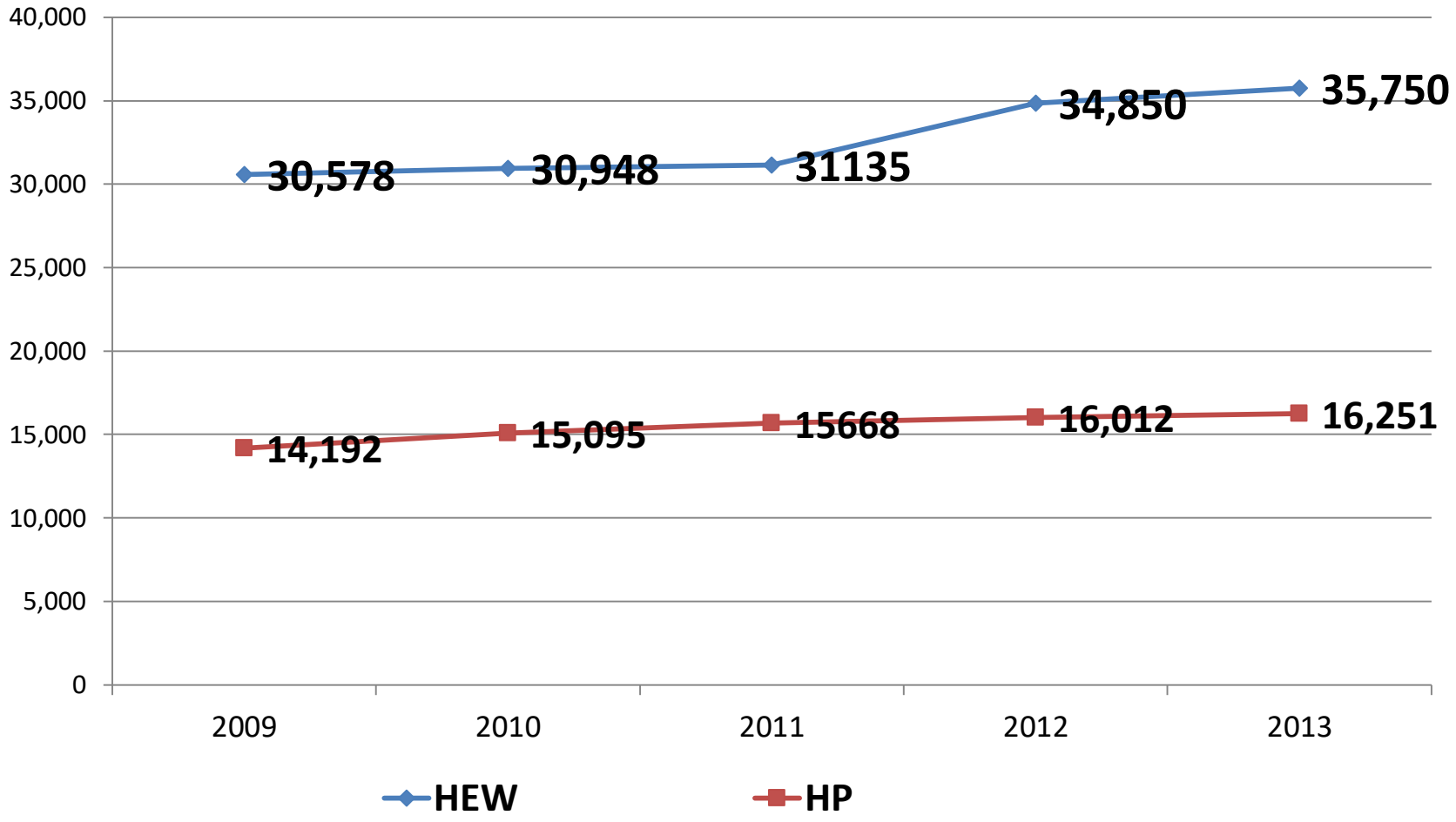
HEP Implementation Approach

- Operational centre of the HEWs is the HP
- There is a clear referral linkage between the health posts and to the health centers
- The health extension supervisors regularly supervise the HEWs.
  - Model families
  - HDA/ health development Army
  - Health Posts
  - Governance
  - M & E, Supportive supervision

The theory behind model families

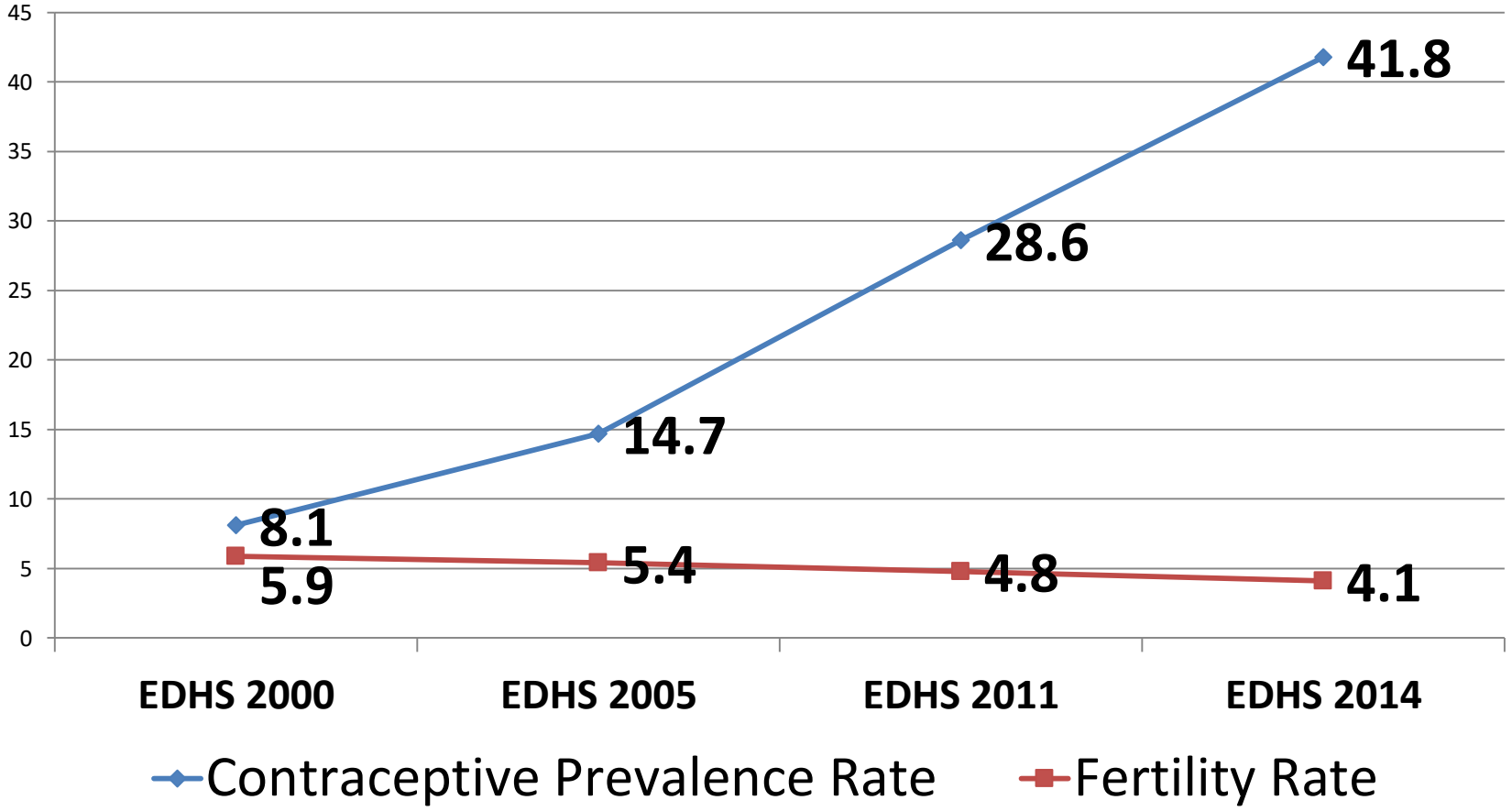
- HEP is an innovative strategy
  - To implement model families diffusion theory is adopted
- Families Will be trained for 96 hours
  - Hygiene and EH 30 hrs
  - Family Health 42 hrs
  - Prevention and control 24 hrs
- HEWs/ HDA leaders visit each HHs over the training course

Trend of Health Extension Workers deployment and HP construction 2009-2013

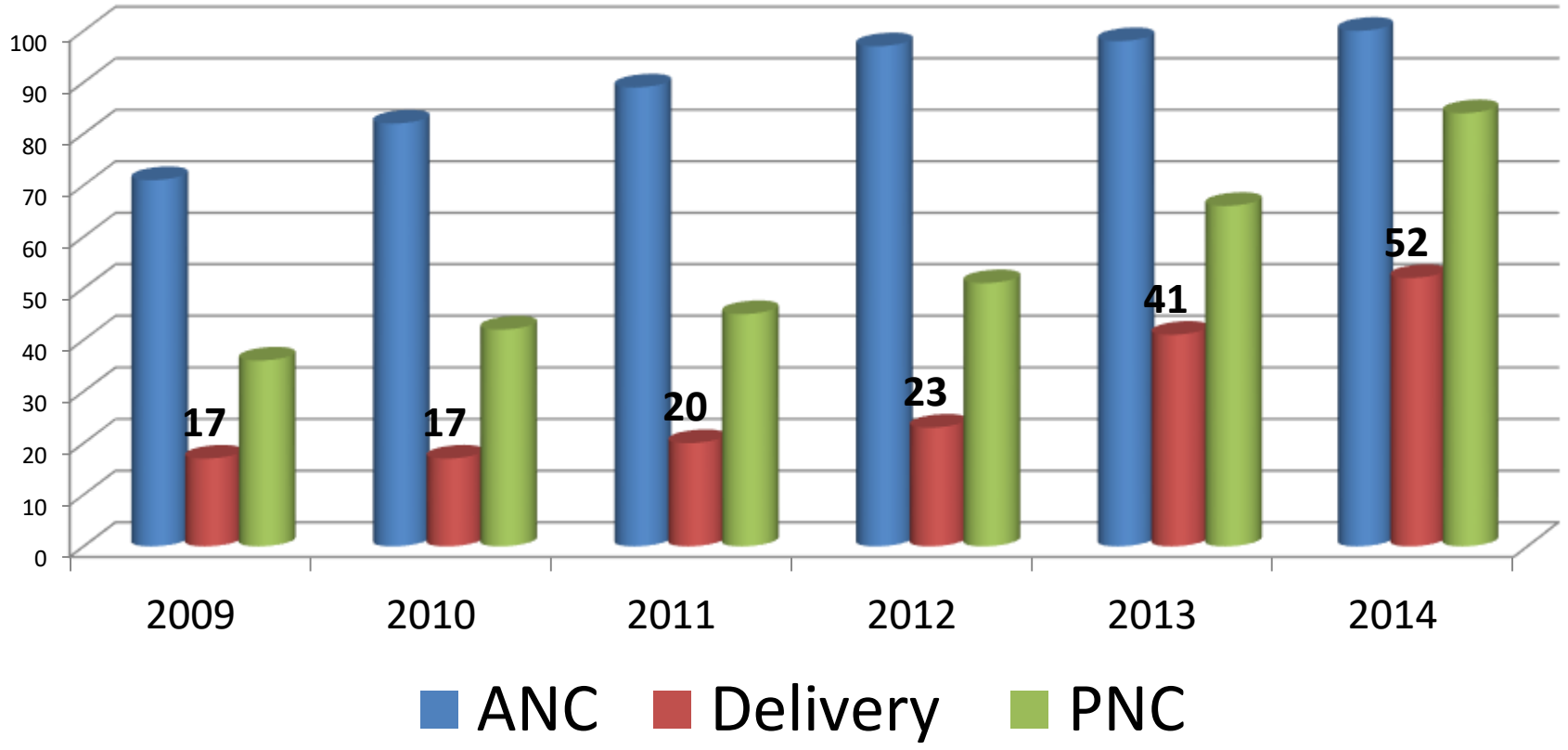


Success

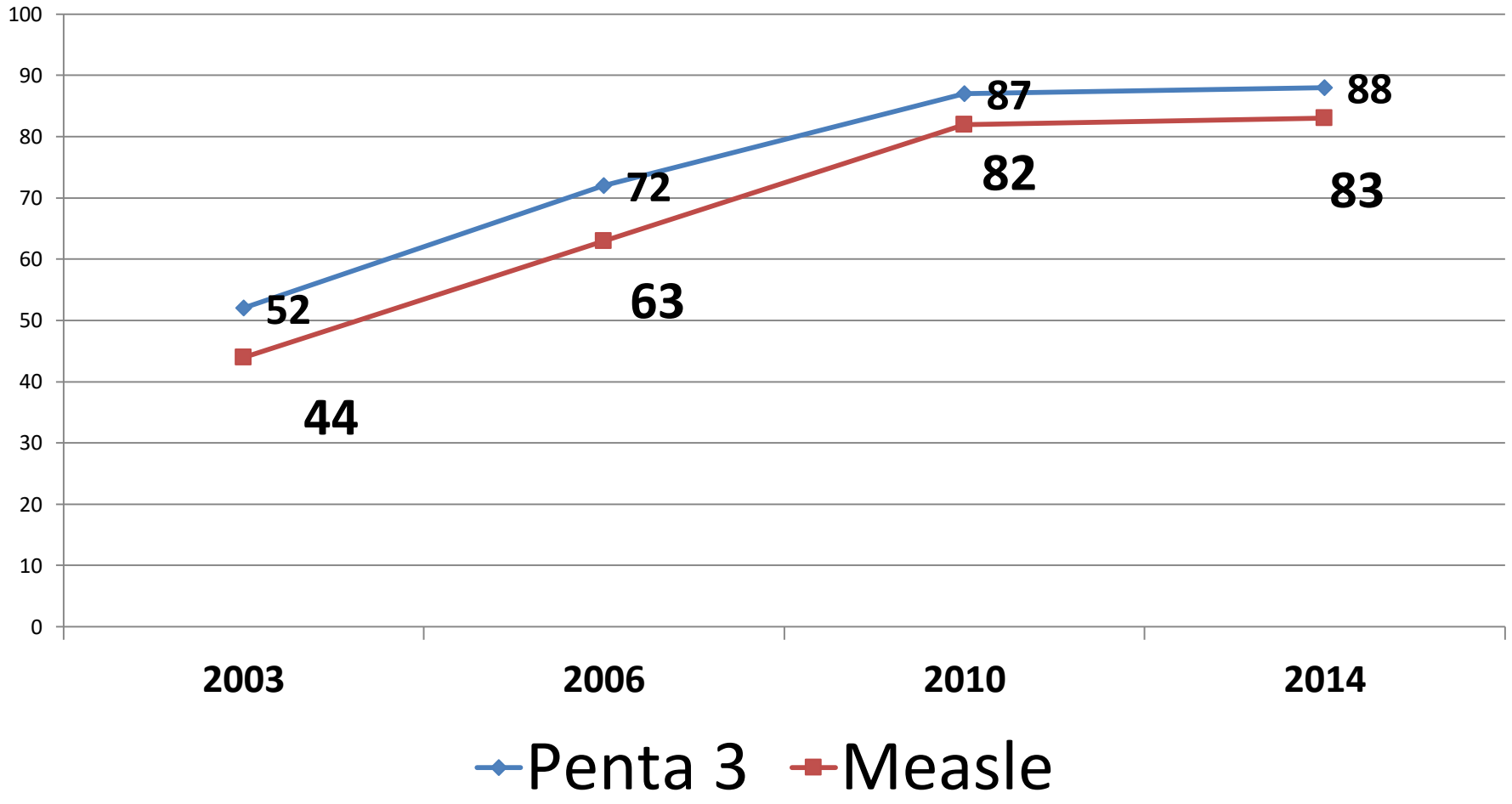
Trend in CPR and fertility rate from 2000 -2014



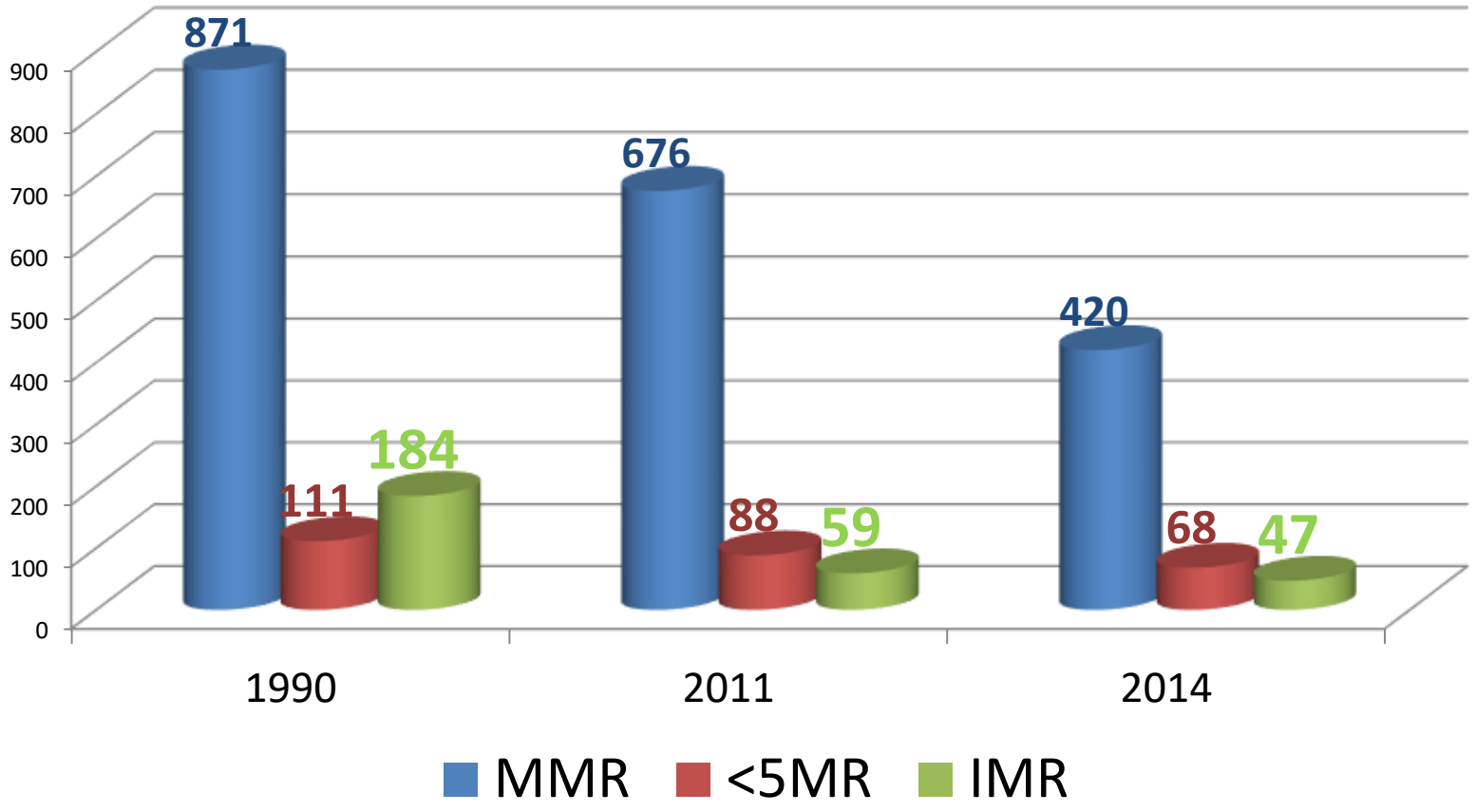
Trend in ANC, Delivery and PNC from 2009 -2014



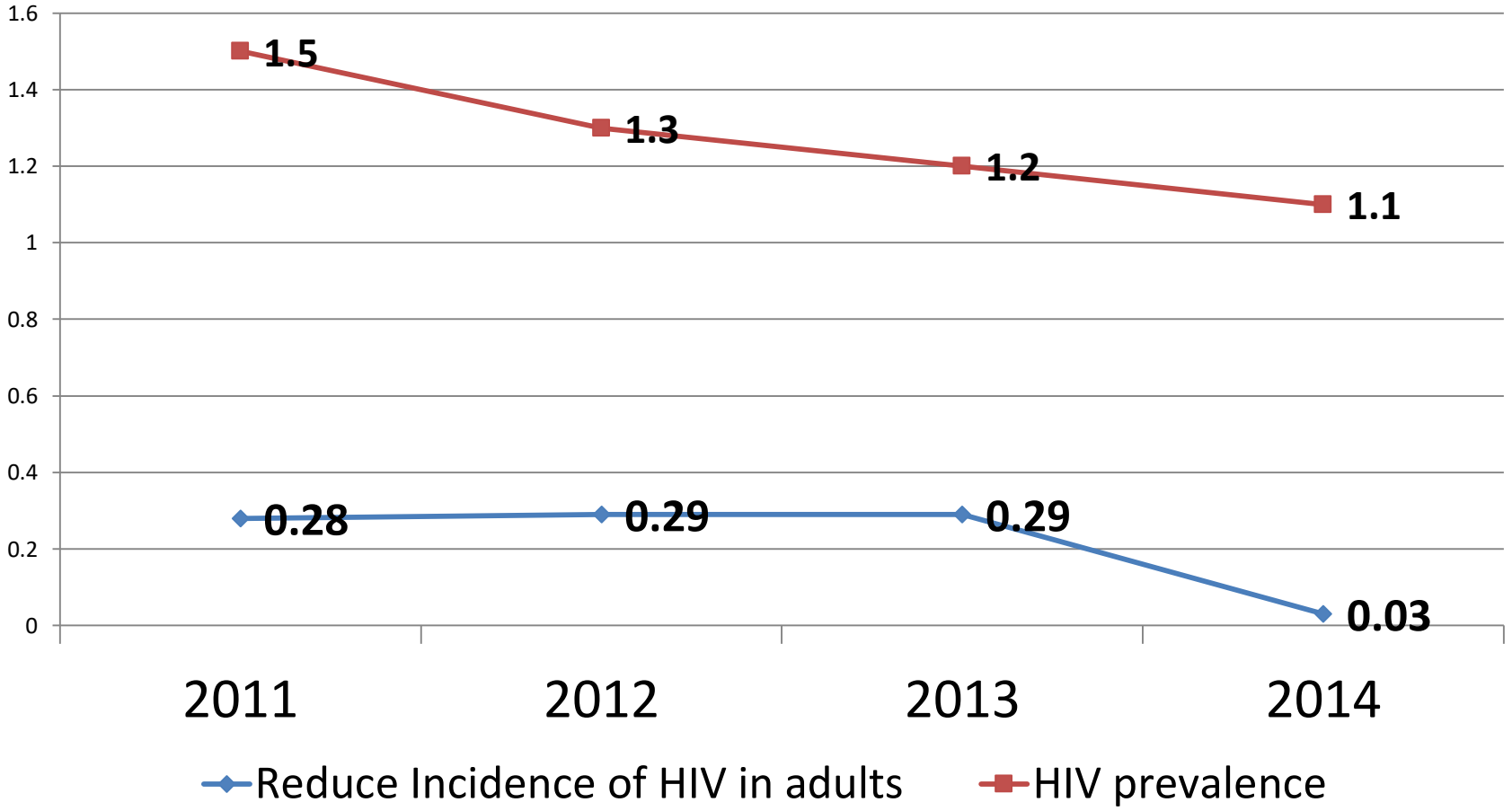
Trend in Immunization coverage from 2003 -2014



Trend in MMR,<5MR and IMR from 1990-2014



Trend in HIV incidence and prevalence from 2011 -2014



2005 – 38% children underweight
2014 – decreased to 25%

2005 – 47% of children were stunted
2014 – decreased to 40%

Lessons Learned

- Political leadership and champion at each level is critical
- HDA(health development Army is important for implementation of HEP at the community to produce and sustain their own health
- The HEP has created a unique model for partnership and collaboration between the govt and various actor in health system

Lessons Learned

- The HEP has been implemented in setting with significant diversity in socioeconomic, cultural and geographic condition .
- Implementation of HEP has shown encouraging results in short time.

Thank you

Asante