

## Annex VIII



# Primary Health Care: Ethiopia's Experience

**Presented to:**

Delegates from the Republic of Tanzania

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Addis Ababa

# Outline



- ❖ Country Background
- ❖ Ethiopian Health Policy... brief
- ❖ Primary Health Care in Ethiopia
  - Ethiopian Health Extension Program
    - Implementation Strategies of HEP
    - Approaches of Implementing the HEP Packages
    - Health Development Army
    - Achievements
    - Challenges

# Country Background



**Total Pop. ~ 90 + million**

**1.1 million sq km**

**Rural Population ~ 83%**

**9 regional states and 2 City Administrations**

**It is a diverse country with multi-ethnic**

**Primary health service coverage = 100%**

**Hospitals = 234**

**health centers= 3586**

**health posts= 16,447**

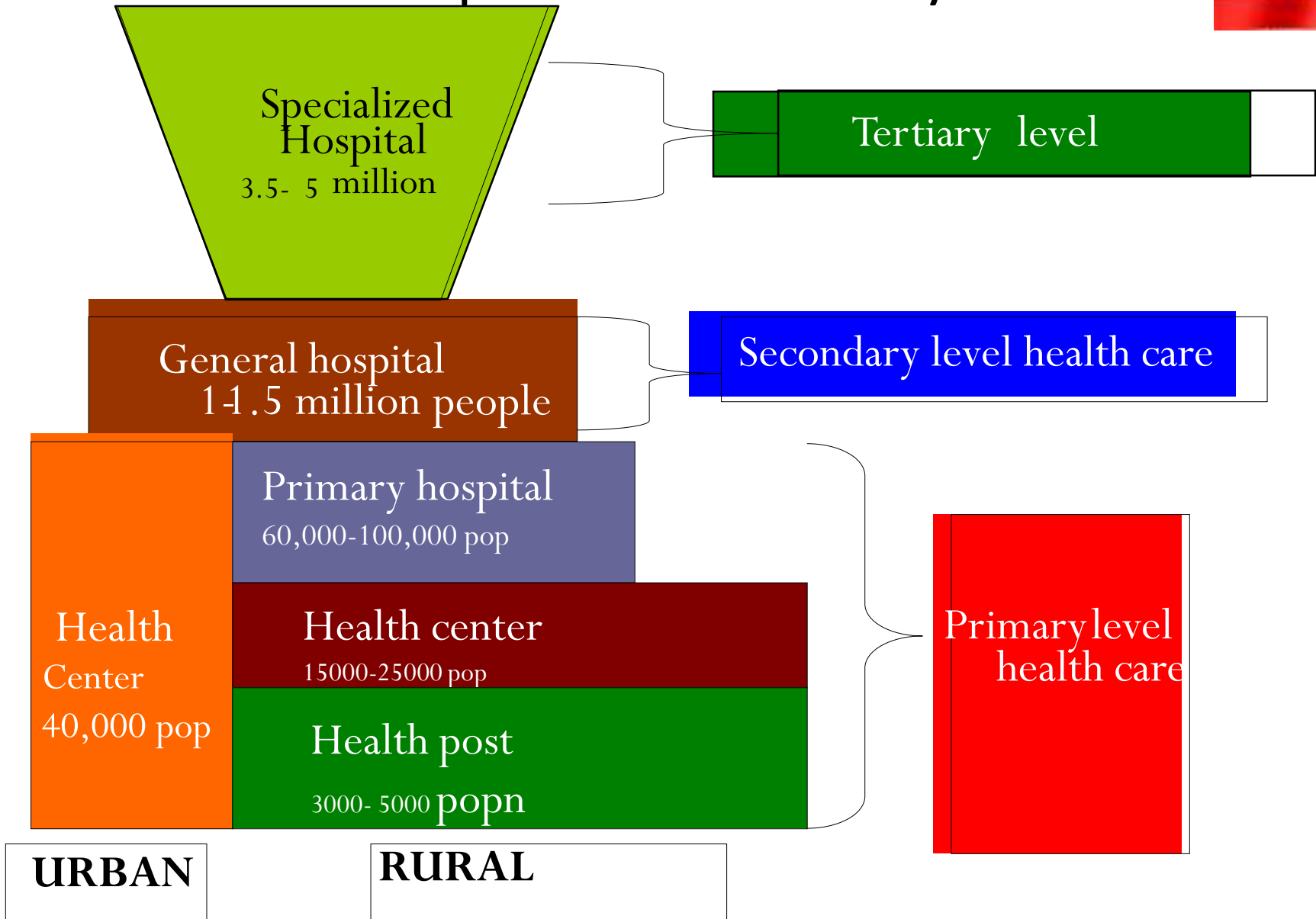


# Ethiopian Health Policy

## General Directions:

- **Democratization** and **decentralization** of the health system;
- Focus to **preventive** and **promotive** components of the health service;
- Ensuring **accessibility** of health care by all;
- Promoting **inter-sectoral collaboration**, involvement of the NGOs and the private sector;
- enhancing **national self-reliance** by mobilizing and efficiently utilizing internal and external resources.

# Ethiopian Health Tier System





# 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.

Serve as first referral point to PHCUs



## Primary Health Care...cont

- The PHCU provides services to a population of about 25,000 people.
- The closest to the people.
- Essential health care (EHC) is provided.
- A majority of prevailing health problems can be managed at this level.



# ETHIOPIAN HEALTH EXTENSION PROGRAM:

An Institutionalized Community  
Approach for Universal Health  
Coverage



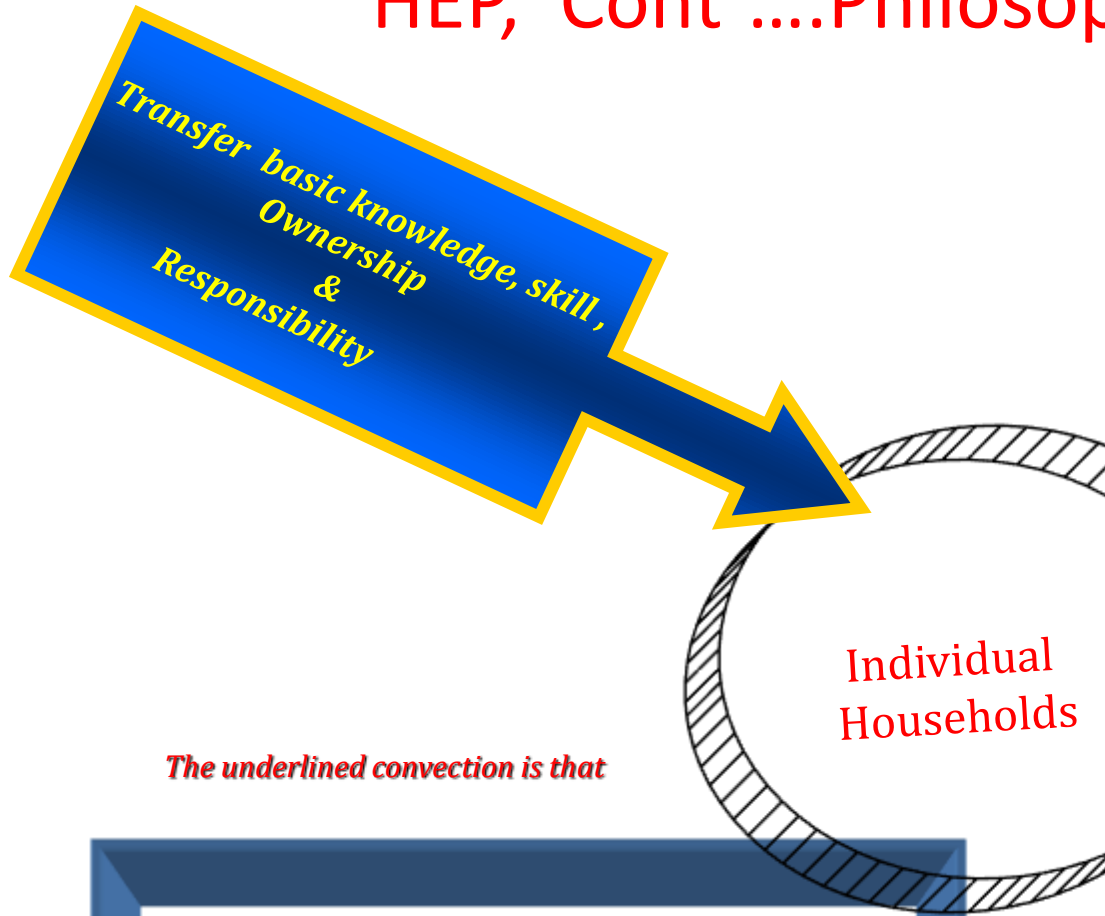
# Health Extension Program (HEP)



## Defining HEP:

- Introduced since 2004/5
- The **Health Extension Program** is a *flagship* strategy adopted to achieve **universal coverage** of primary health care to the Ethiopian population.
- **The HEP** is a defined package of basic and essential promotive, preventive and basic curative health services targeting households.
- The HEP packages are designed based on the major health problems and disease burdens in the country.

# HEP, Cont'....Philosophy of HEP



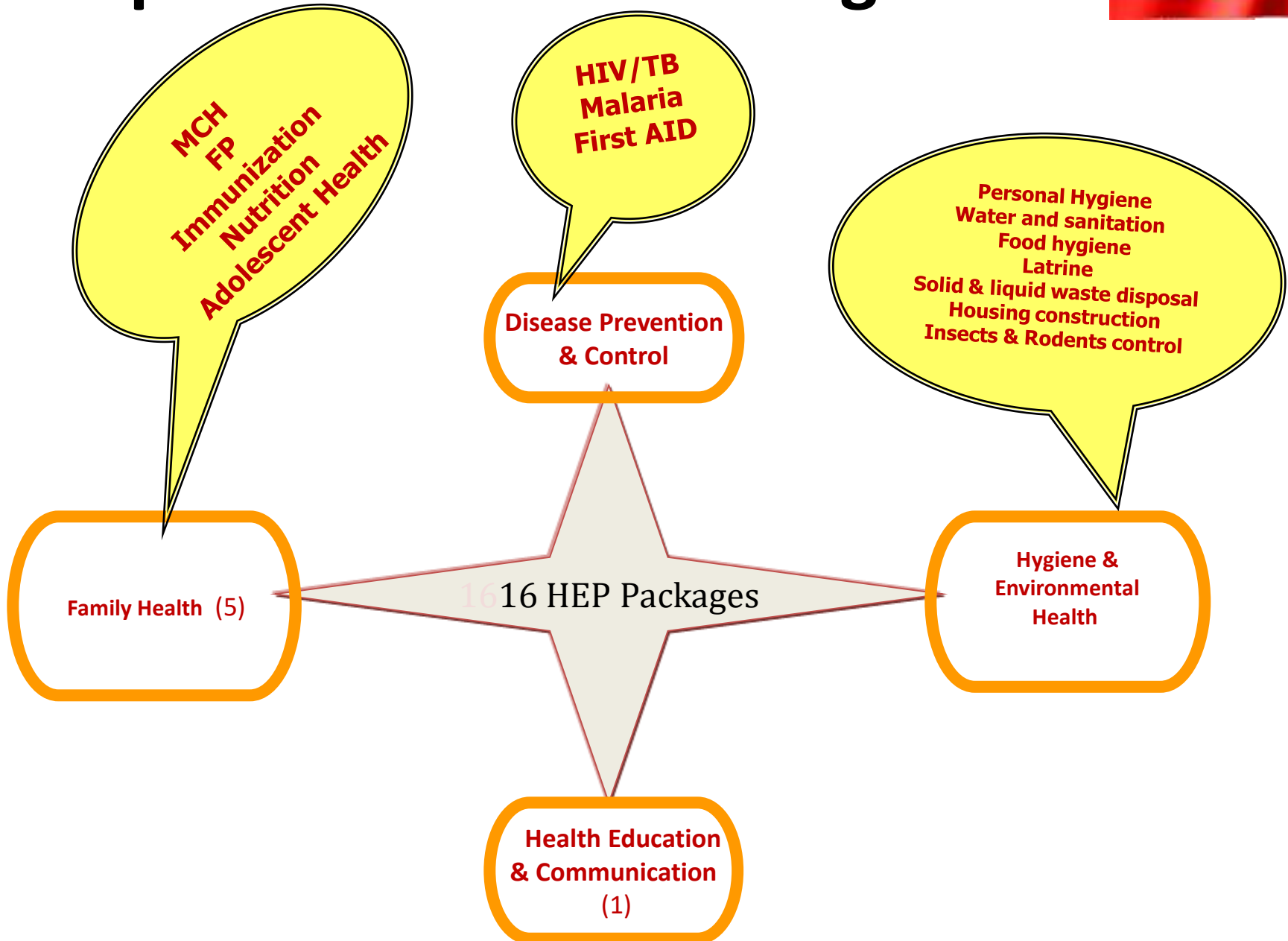
*The underlined convection is that*

Produce their own health the way they produce their agricultural products



Indrias Getachew, Ethiopia, 2010

# Components of HEP Packages





# Implementation strategies of HEP





# Imple.. strategy Cont...

## a). Human Resource (Health Extension Workers): Rural Areas

- Recruitment criteria
  - Female, age >18 yrs
  - Completed 10<sup>th</sup> grade and above
  - Speak local language and Resident of the village
- Training of HEWs
  - One-year course training at TVET centres or Health Science colleges (Course work + Field work)
- Deployment : 2 HEWs/5000 people, currently > 38,000 HEWs
- Salaried

## Urban

- 10 + 3 (Diploma) complete
- Three months training on UHE packages



# Imple.. strategy Cont...

## b). Construction of HPs/Health Infrastructure:

- The operational center of the HEP is the Health Post.
- Health Posts are located at Kebele/village level to serve a population of nearly 5000 people.
- ~ **16,447** HPs are constructed in the country through community participation.

## Health Post





# Imple.. strategy Cont...

## c).Procurement of Contraceptives, Medicine and Supplies

- HPs require to be equipped with materials and supplies required to deliver the different packages of essential services.
- Medicines and supplies are **procured** and **distributed** to the HPs by the FMOH, RHBs and District Health Offices-through HCs.





# Approaches of Implementing the HEP Packages

- Family based activities
- Community based/outreach/ activities
- Health post based services
- Activities conducted in youth centers and schools



# Approaches...



## 1. At Households Level and Home visits

- HEWs are required to **spend 50%** of their time visiting households.
- HEWs are expected to **teach by example** (e.g by helping mothers care for newborns, food demonstration, construction of latrines and disposal of pits etc).

## 2. Community Based Health Packages

- HEWs identify and train Women Development Army(WDAs) leaders
- HEWs utilize Women and Youth Associations, Schools and;
- Traditional Associations such as *idir, mehaber, ekub...*

# Approach.....



## 3. Health post

At HP HEWs provide;

- Antenatal care, delivery, post natal care, immunization, growth monitoring, nutritional advice, family planning etc.
- ICCM- Tx of Pneumonia , diarrhea uncomplicated malaria, malnutrition
- first Aid
- Referral services
- Health Education

# Realizing full community participation: The Health Development Army approach

HDA refers to an organized movement of the community through participatory learning and action meetings for health.

# HDA..cont'



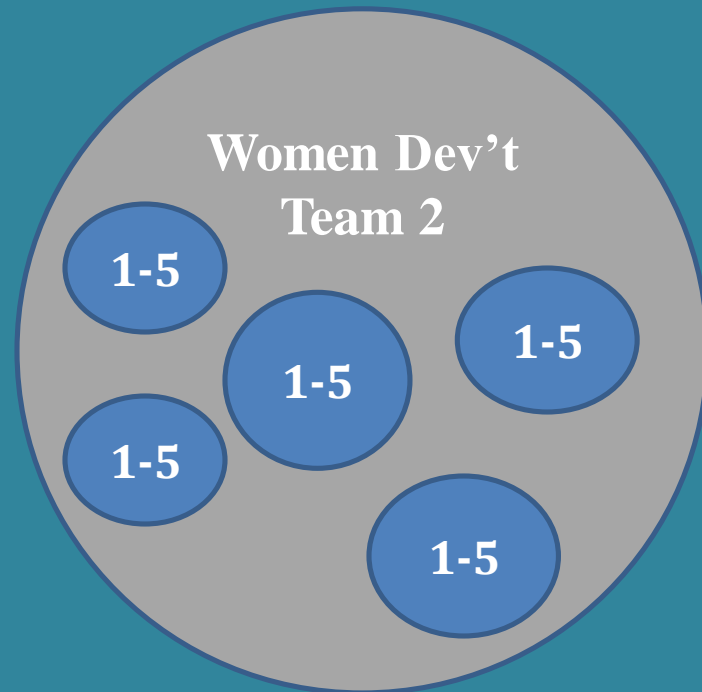
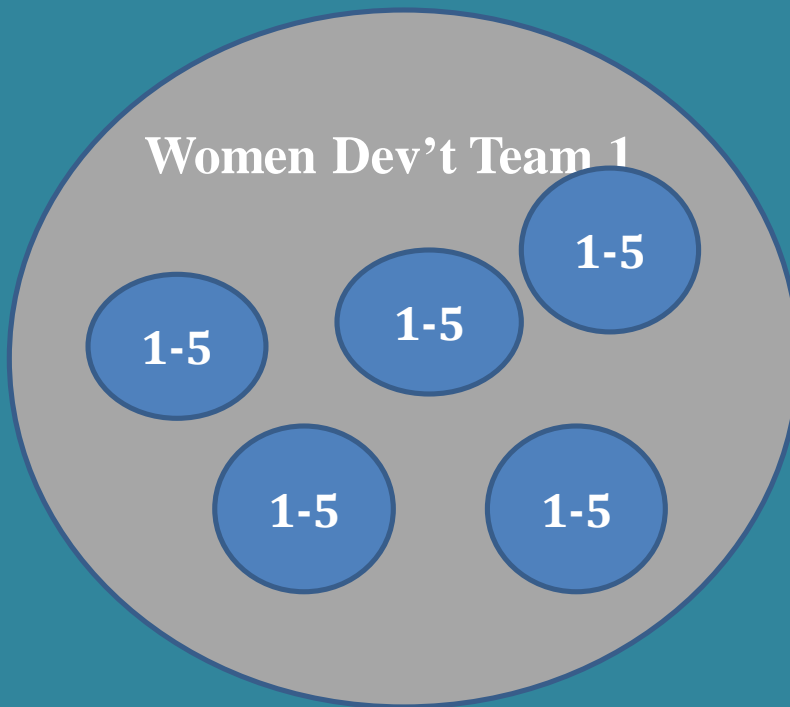
- ❖ HDA Requires Women Development Teams (WDT) that comprise of up to 30 households/women residing in the same neighborhood.
- ❖ Women development Team is further divided into smaller groups of **six members**, commonly referred as one-to-five linkage.
- ❖ Leaders of the health development teams and the one-to-five networks are selected by the team members.
- ❖ Selection **criteria** of leaders, mainly:
  - ✓ being a model family in implementing the 16 HEP packages; and
  - ✓ trust by the members in mobilizing the community.

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# Women Development Teams



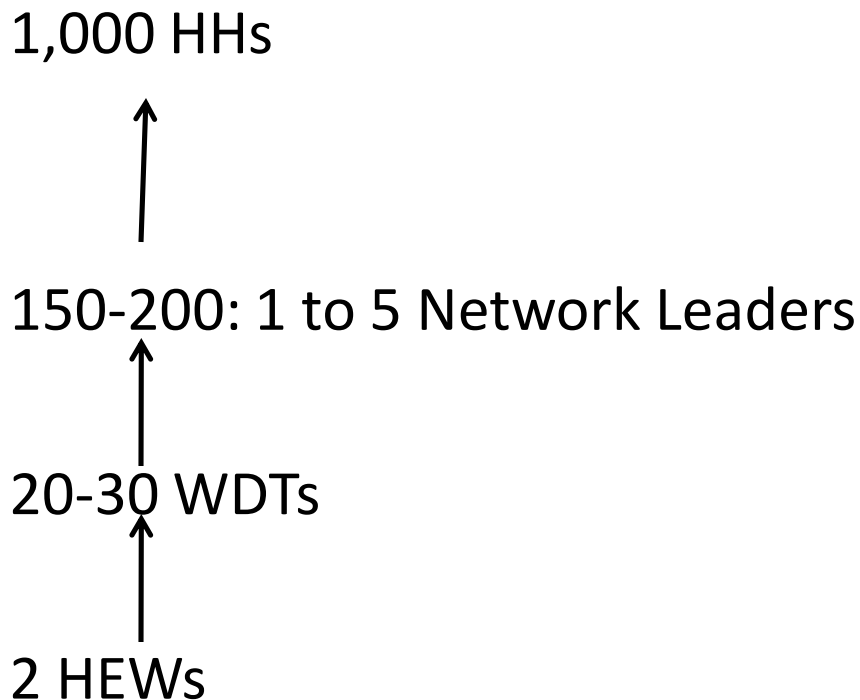
## Kebele/Village



## WDT...cont



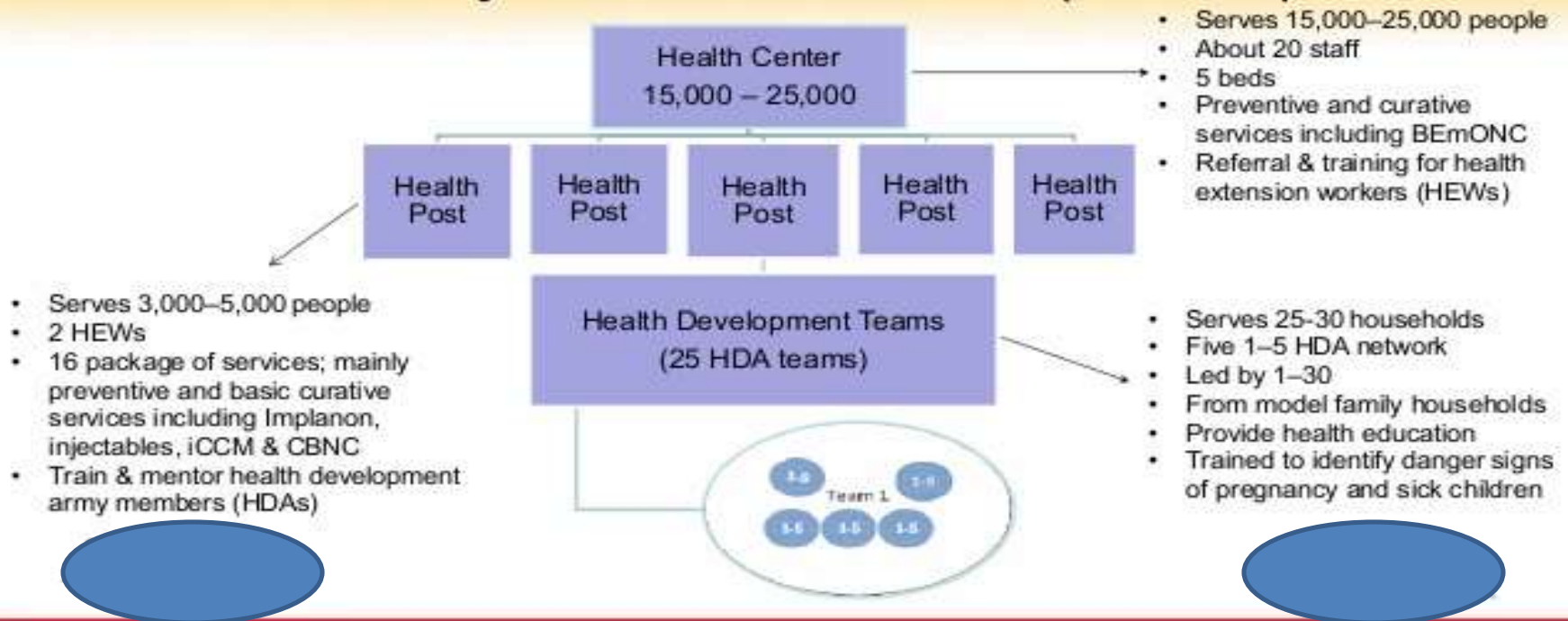
The formation of WDTs is facilitated by Health Extension workers and the kebele/Village administration.





# Linkage with the PHCU

## Primary health care unit (PHCU)







## Working Relation of HEWs and HDA Cont...

- The one-to-five network leaders receive training by HEWs.
- The training is both theory and more practice
- Regular supervision & performance review





# HDA Cont...Working Relation of HEWs



HDA's leaders demonstrate key health actions for their neighbours

# Achievements: What has been achieved so far?



In terms of service since the implementation of the program

- ♣ Increase access to basic health services
- ♣ Improvements in contraceptive prevalence rate
- ♣ Increase institutional Delivery
- ♣ Increase immunization coverage
- ♣ Increase latrine coverage





# **Achievements:** What has been achieved...

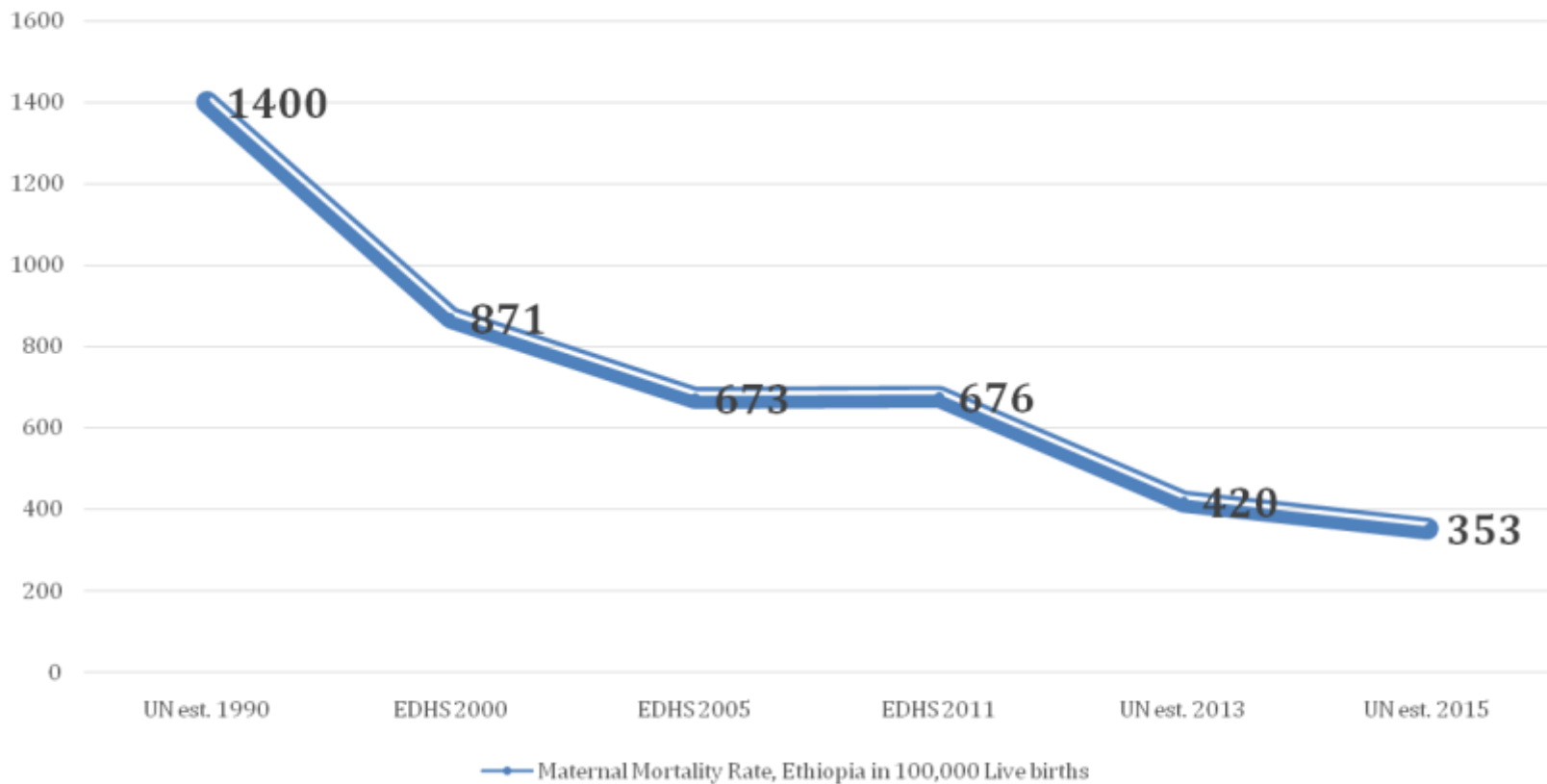
## **Impact level**

- MDG achieved
- Fertility rate decreases
- HIV incidence rate decrease
- Reductions in Morbidity and Mortality related to major communicable diseases has been achieved.
- life expectancy increased, (from 44-64)



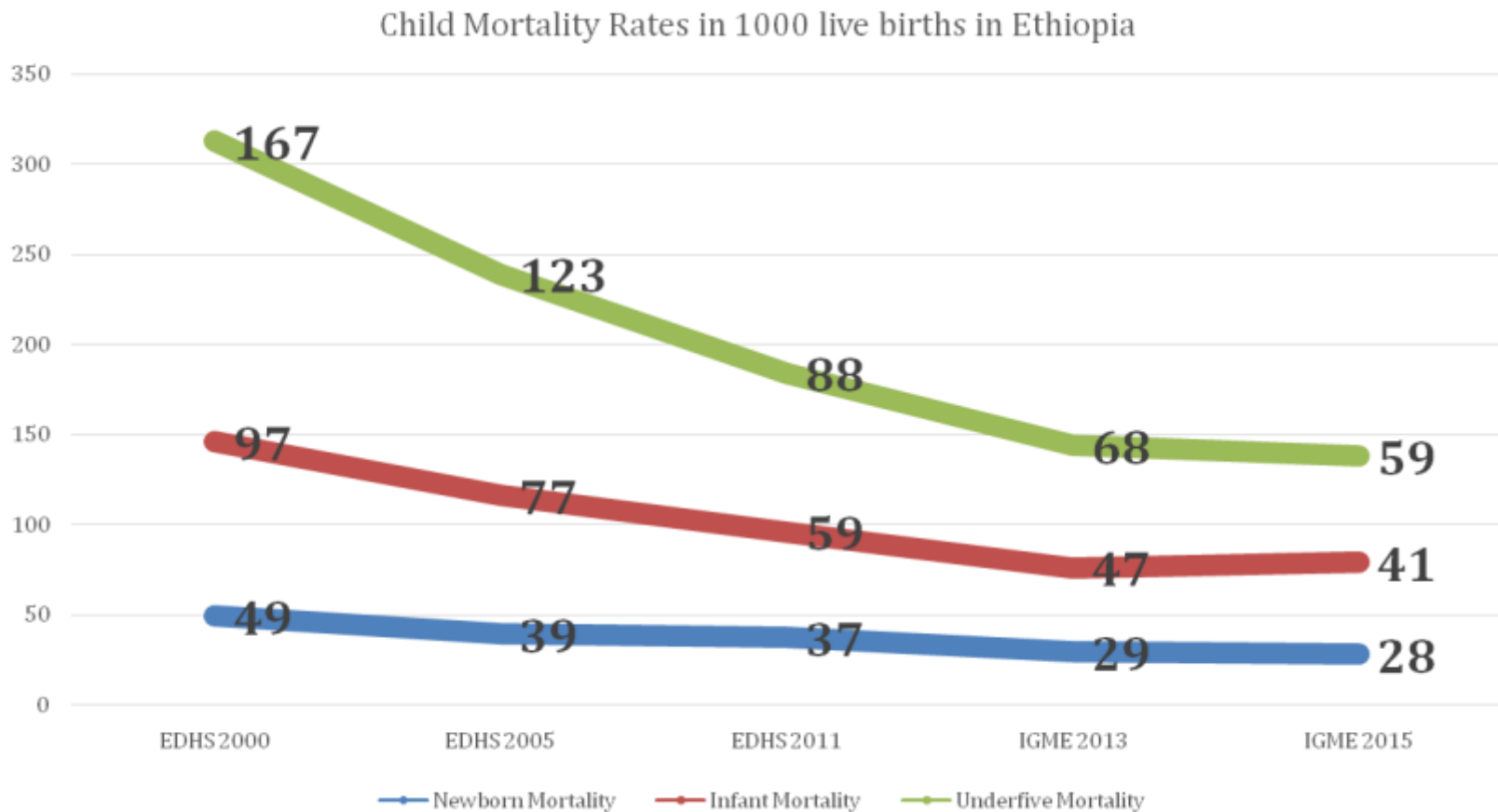
# MMR: Past to the PRESENT (~75% decrement)

Maternal Mortality Rate, Ethiopia in 100,000 Live births





# Under-five Mortality (71% decrement since 1990)





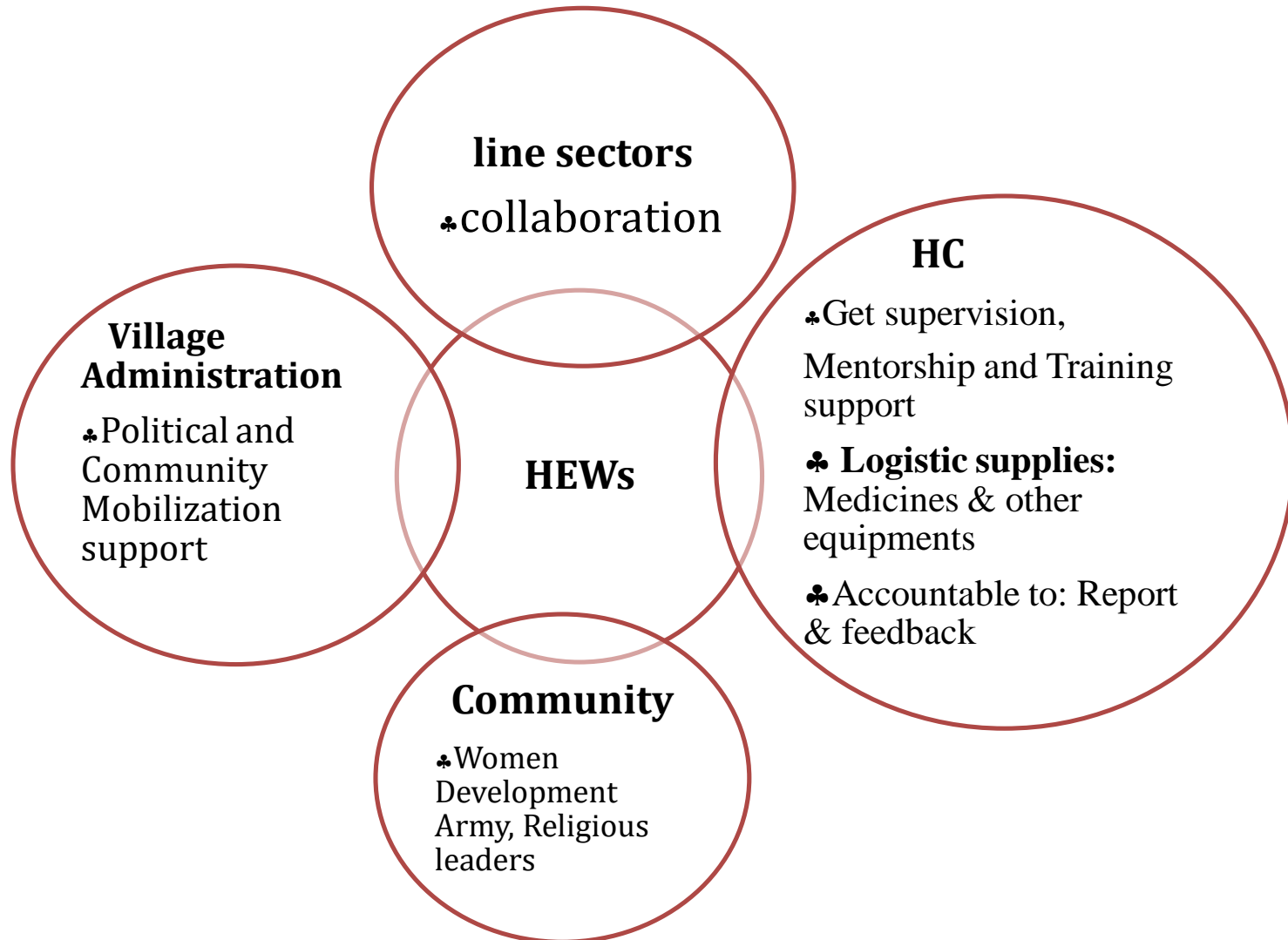
## Leadership and M & E of HEP

- Close supervision and support by the health centers and woreda/district health offices
- Regular review meeting
- Integrated supportive supervision at all levels
- Operational researches

# M & E cont...



## Who Supports the HEWs?







## Key drivers for successful HEP

- **Strong Political commitment:-** deployment of more than 38,000 salaried HEWs
  - Strong country leadership: HEP is priority
  - Policies and strategies aligned with national plans
  - More emphasis (focus) on expansion of primary health care
- **Strong Health Centre to Health Posts Linkage**
- **Excellent Community engagement & ownership**
- **Improved coordination, partnership and contribution from development partners**



# Future direction.... The second generation rural HEP

## Includes:

- Upgrading HEWs to level IV Community Health Nurses: additional one year training
- Revision of the Health Extension Packages
- Renovation and expansion of health posts,
- Equipping and supplying health posts with the necessary equipments and supplies,
- Enhance Community engagement and shifting basic services to the community level and institutionalizing the HDA platform.
- Share our experience to other countries

# Key Challenges



## Regional Inequity ....Pastoralist Areas



Photo: AMREF Canada

- Lower ratio of HEWs / population
- MOH needs to invest more resources in the 4 emerging regions
- Find innovative ways of adapting the HEP model so that it will work in a context of pastoralist / nomadic populations

# Context of urban to implement HEP



- Complex life style
- poor Housing condition
- Complex socio-economic setting

## Redesigning PHC

- ✓ Categorization based on income and health risk
- ✓ Family health team approach





**Thank You**  
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