

REALIZING UHC THROUGH PRIMARY HEALTH CARE

A Roadmap for Optimizing the Ethiopian Health Extension Program 2020 - 2035

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Presentation Outline

- Background and rationale
- The roadmap goal and strategic objectives
- Strategic objectives – in details
- Major changes proposed and prioritization
- The way forward



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Background and rationale

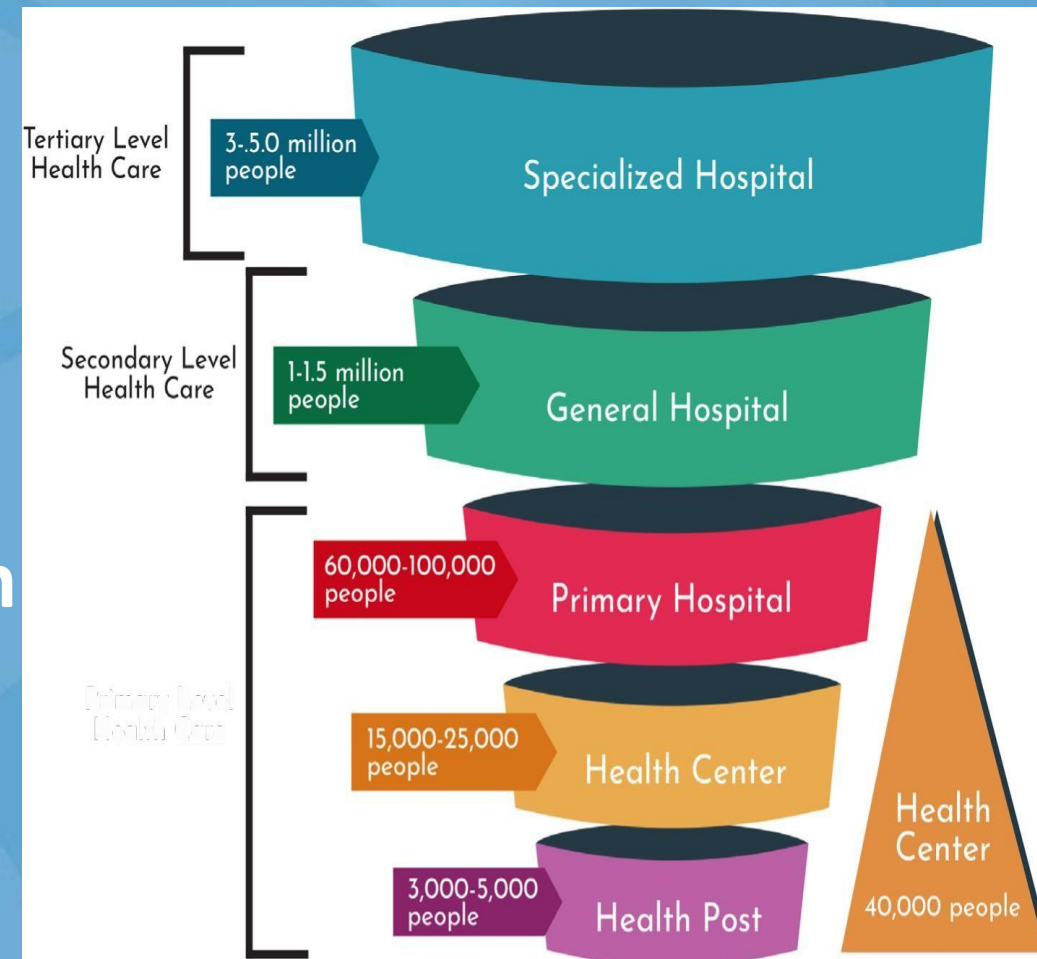
Health in Ethiopia

- Population – 100+ million, 22.3% urban
- Remarkable improvement in health indicators during the last two decades
- Prevention focused health programs
- **Prevention and control/elimination of diseases**
- **Programs and initiatives targeting health system strengthening**



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- **A three tier healthcare delivery model**



Evolution of the HEP: Key Milestones

2002: Inception of HEP

2003: HEP officially launched as part of HSDP II

Selection and training of HEWs

2004: Deployment of First batch HEWs

2006: Introduction of Model Family Training as part of defusing the program

Expansion of HEP to pastoralist regions



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Key Milestones, cont.....

2008: Introduction of Family Folder – CHIS

2009: HEP expanded to Urban centers

2010: Treating pneumonia in children initiated as part of HEP
First national HEP evaluation conducted

2011: initiation of scale up strategy: Women Development Army

2013: HEWs` upgrading (Level 4) Training started

2016: Initiation of second Generation HEP



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Key Milestones, cont.....

- 2018**
 - HEP optimization launched
 - CBT program initiated to capacitate WDA leaders
 - Family Health Team approach started in urban settings as part of PHCU reform
- 2019**
 - National assessment of the HEP completed
 - Family Health Degree program launched
- 2020**
 - HEP optimization Roadmap developed as part of implementing HEP optimization recommendations



Rationale for HEP Optimization Roadmap

- Changes in the HEP need a more structured guidance
- Socio-economic changes - challenges and opportunities
- Changes in causes of preventable morbidity and mortality
- Increasing community expectations
- Commitment to UHC and expansion in essential health service packages
- Need to address the implementation challenges of HEP

Increasing numbers and types of targets



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Roadmap 2020-2035

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Goal and strategic objectives

- **Overall goal:**



To accelerate the realization of UHC through which all Ethiopians will have reliable access to needed health services, including prevention, promotion, treatment, rehabilitation and palliation of sufficient quality to be effective while preventing financial hardship from the use of these services.



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Goal

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Goal



Ensure equitable access to essential health services

Improve quality of health services provided through the HEP

Ensure sustainable financing and eliminate financial hardship from HEP services

Strengthen community engagement and empowerment

Ensure resilience of HEP to natural and manmade disasters –

Strengthen political leadership & MSEP

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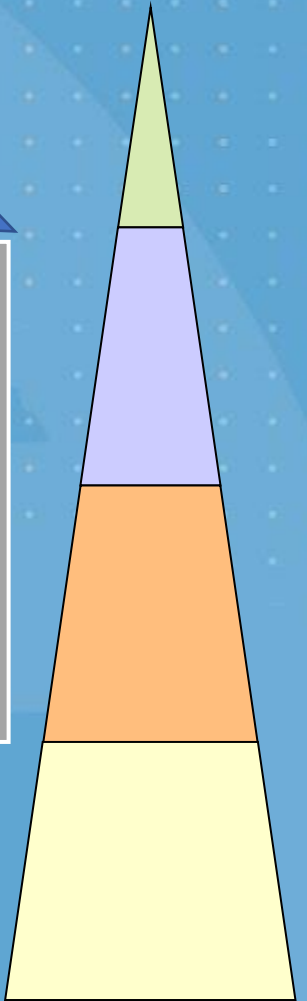
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Problems

Improvement Plan

Result

Sub- optimal delivery & utilization of existing HEP services (quality, equity, health literacy, financing)

Static / non-dynamic delivery of essential health & related services (not adapting to changing societal needs, epidemiological and demographic transitions)

Disruption of HEP services provision as a result of emergencies

Political Commitment

Equitable access comprehensive PHC services

Community engagement & empowerment

Multi Sectoral Engagement

Quality of health services

Sustainable financing

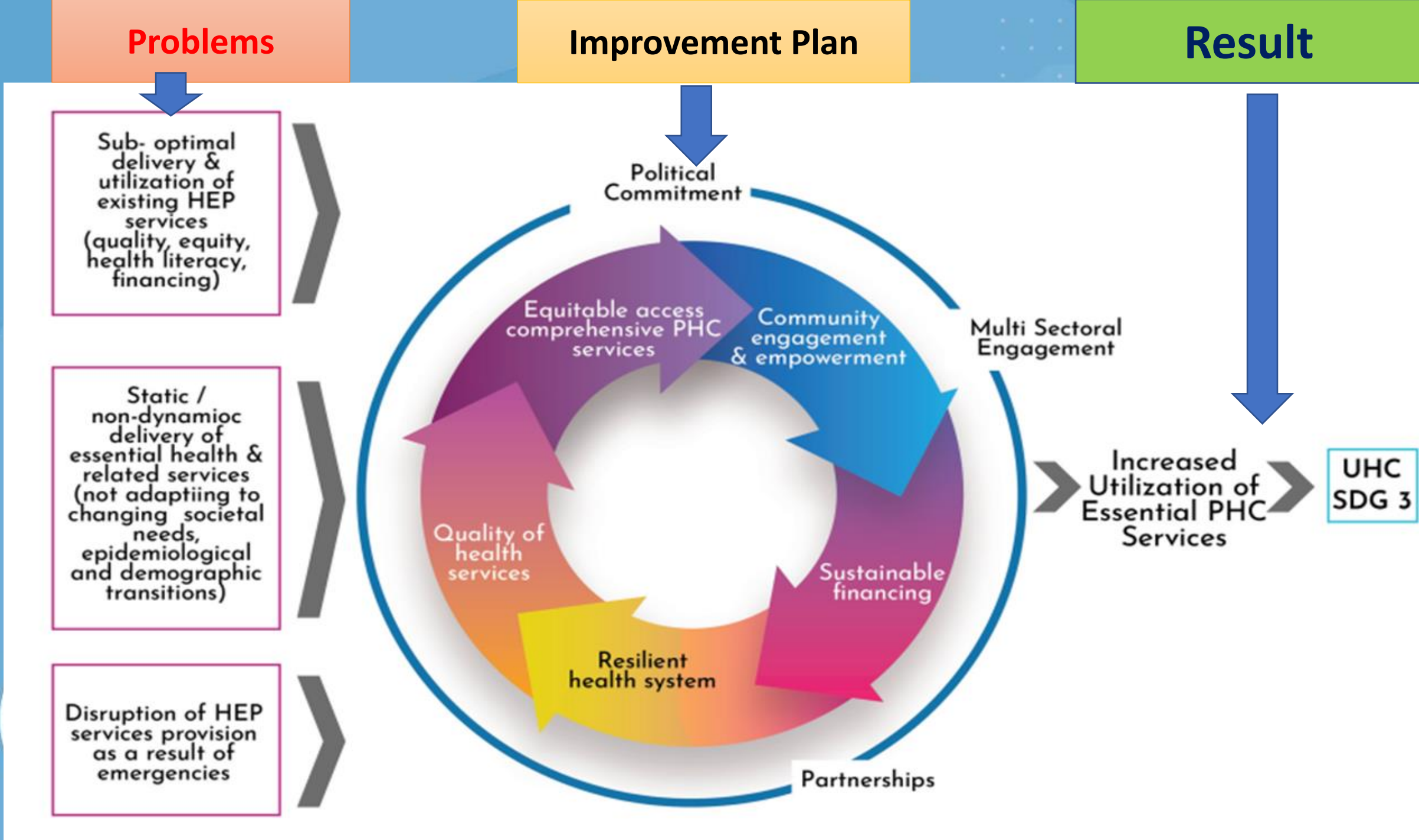
Resilient health system

Partnerships

Increased Utilization of Essential PHC Services

UHC
SDG 3

Theory of change



Strategic objectives

Strategic objective 1 : Ensure equitable access to essential health services

1. Expand HEP service packages
2. Establish community health program at all HCs and PHs
3. Restructure service delivery platforms for HEP
4. Contextualize service delivery modalities for communities in pastoralist and urban settings
5. Introduce a system to monitor and regulate addition, modification, and removal of HEP packages



Strategic objective 2: Improve the quality of health services provided through HEP

- **Workforce**

1. Introduce professional and gender mix
2. Build the capacity of HP staff
3. Strengthen pre-service education on HEP
4. Advance a career path for HEWs
5. Introduce comprehensive benefit packages and performance-based incentives



Improve the quality of health services provided through HEP;
cont....

- **Supplies**

1. Implement pharmaceutical supply chain improvement initiatives at HP level
2. Introduce a system of accountability to supply chain related problems

- **Infrastructure and basic amenities**

1. Phased upgrading and renovation of HPs
2. Fulfill basic amenities to HPs
3. Perform routine preventive maintenance of HP facilities



Improve the quality of health services provided through HEP; cont....



The Current status 60- 70% of HPEs



About 30-35% HPEs current status



Improve the quality of health services provided through HEP... cont..

◦ **Improve service delivery processes**

- 1.Revise SBCC strategies for the HEP
- 2.Introduce standards for HEP service delivery modalities
- 3.Introduce internal QI processes at HPs
- 4.Strengthen referral linkage

◦ **Revise and digitize health information system and M&E for HEP**

- 1.Revise and digitize CHIS
- 2.Strengthen data use capacity
- 3.Integrate information systems between HPs and HCs



Improve the quality of health services provided through HEP...
cont..

Improve governance and leadership processes

- 1.Ensure standards of HPs
- 2.Establish HP administrative structure at HC level and involve members of the community
- 3.Strengthen HC – HP linkage
- 4.Strengthen HEP leadership at all levels of health administration



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Strategic objective 3: Ensure sustainable financing and eliminate financial hardship from HEP services

1. Prioritize government spending at PHCU level
2. Cover the cost of curative health services at HPs through user fee and CBHI
3. Formalize and strengthen community contributions for HEP services
4. Introduce earmarked budget for HPs
5. Enhance resource mobilization from non-government sources
6. Expand social marketing for the supply of HEP related supplies



Strategic objective 4: Strengthen community engagement and empowerment

- 1.Redesign community engagement mechanisms for HEP
- 2.Introduce incentive mechanisms for volunteer community health workers
- 3.Design, test and scale-up capacity building strategy for voluntary community health workers
- 4.Enhance the role of multi-sectoral institutions in the implementation of HEP at kebele level



Strategic objective 5: Ensure resilience by maintaining the provision of essential services during any health emergencies

1. Define and standardize the role of HEP in emergency preparedness and response
2. Build the capacity of HPs to detect, report, and respond to local emergencies
3. Strengthen resilience of HEP to administrative changes



Strategic objective 6: Strengthen political leadership, multi-sectoral engagement and partnerships

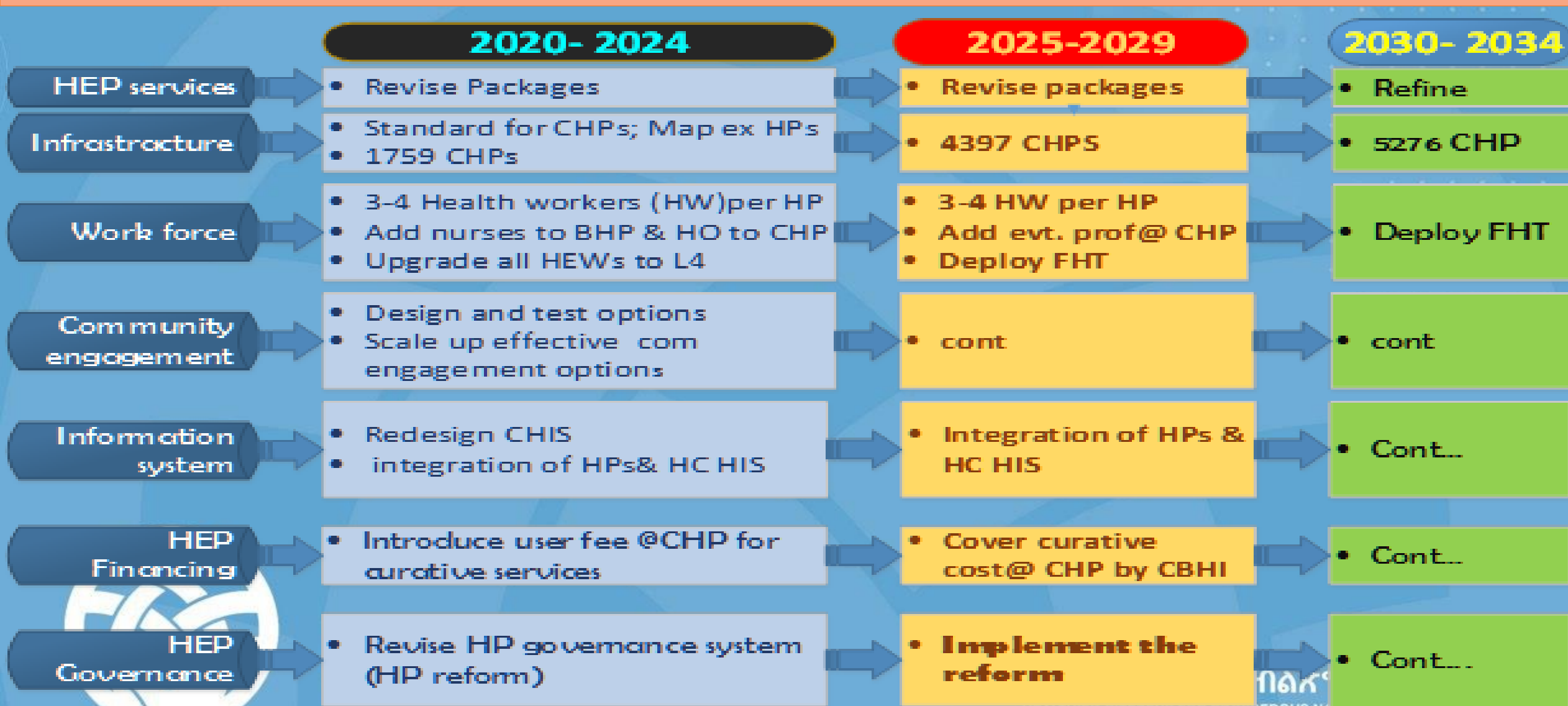
1. Create clarity and commitment through promotion and advocacy
2. Promote multi-sectorial engagement using existing platforms
3. Foster partner engagement and coordination



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Summary of Key Milestones



What are the major shifts?

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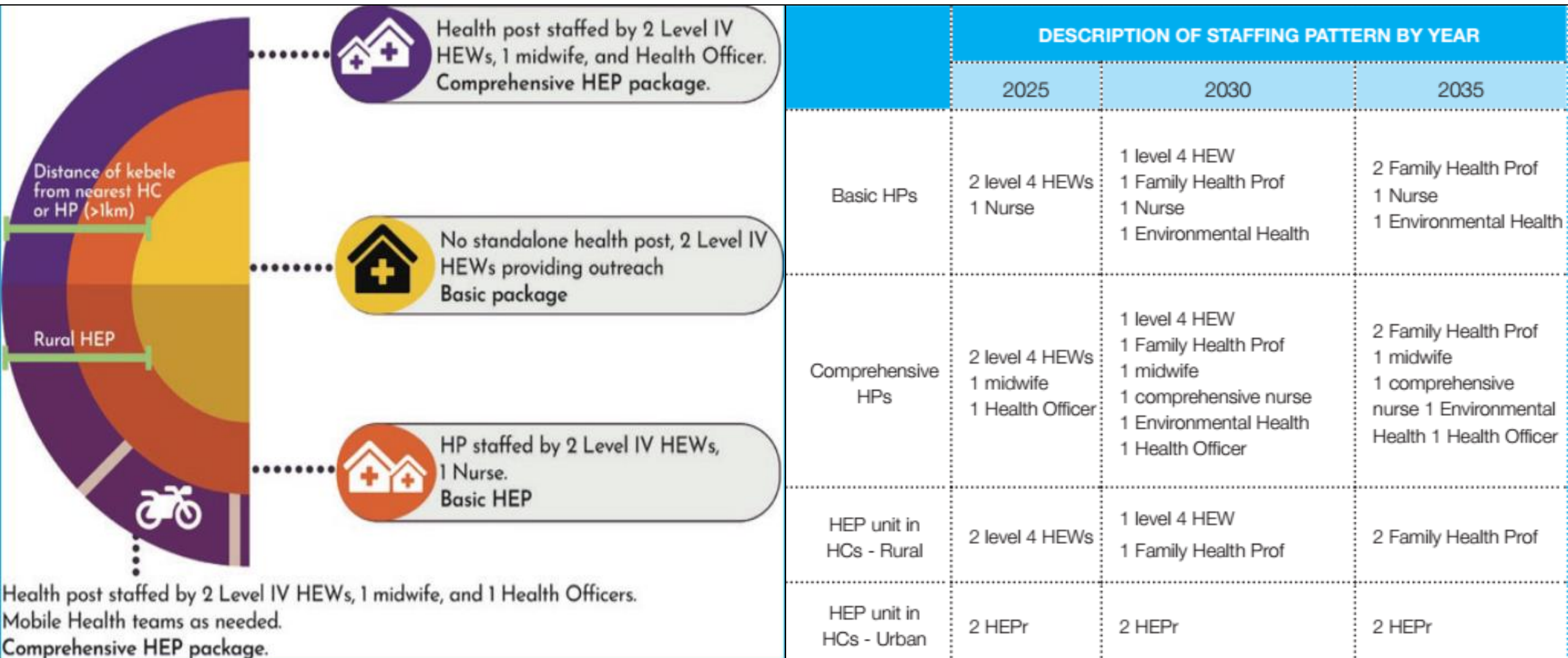


Expand HEP service packages

- Expand what?
 - Services covered through HEP
 - People reached through HEP
- How?
 - All population segments are eligible for HEP services but specific services may vary across context.
 - HEP will be designed for three categories of targets

	HEP Packages	Implementer
Kebeles located far from HCs/PHs	Comprehensive packages	Comprehensive Health Posts
Kebeles located in a reasonable distance from a HC/PH	Basic packages	Basic Health Posts
Kebeles where there is a HC/PH	HEP packages for communities with access to HC and PHs	Health Centers/Primary Hospitals

Restructure HPs into the three Categories



Revise inputs to meet the needs of the new service delivery arrangement

- Staff HP with a mix of professionals; HEP services need multi-disciplinary health team
- Further contextualization of HEP packages
- Transform health information system
- Expand financing schemes for HEP
- Redesign Community Engagement and Empowerment
- Optimal utilization multi-sectoral approach



Total cost of HEP Roadmap implementation, 2020-2035 (% share in parenthesis)

Category	2020-2025 (Estimated)	2025-2030 (indicative)	2030-2035 (indicative)	Total
Human resource costs	455,159,853 (3.6%)	533,045,292 (4.2%)	648,531,101 (5.1%)	1,636,736,247 (12.9%)
Infrastructure costs	1,024,316,471 (8.1%)	1,904,459,284 (15.1%)	2,317,065,915 (18.3%)	5,245,841,671 (41.5%)
Medicines and supplies	1,229,523,229 (9.7%)	1,645,620,829 (13.0%)	2,369,545,190 (18.7%)	5,244,689,248 (41.5%)
Other HEP Health system related costs	321,520,859 (2.5%)	142,890,675 (1.1%)	52,251,237 (0.4%)	516,662,771 (4.1%)
Total HEP all-cost	3,030,520,413 (24.0%)	4,226,016,079 (33.4%)	538,7393,444 (42.6%)	12,643,929,937 (100.0%)

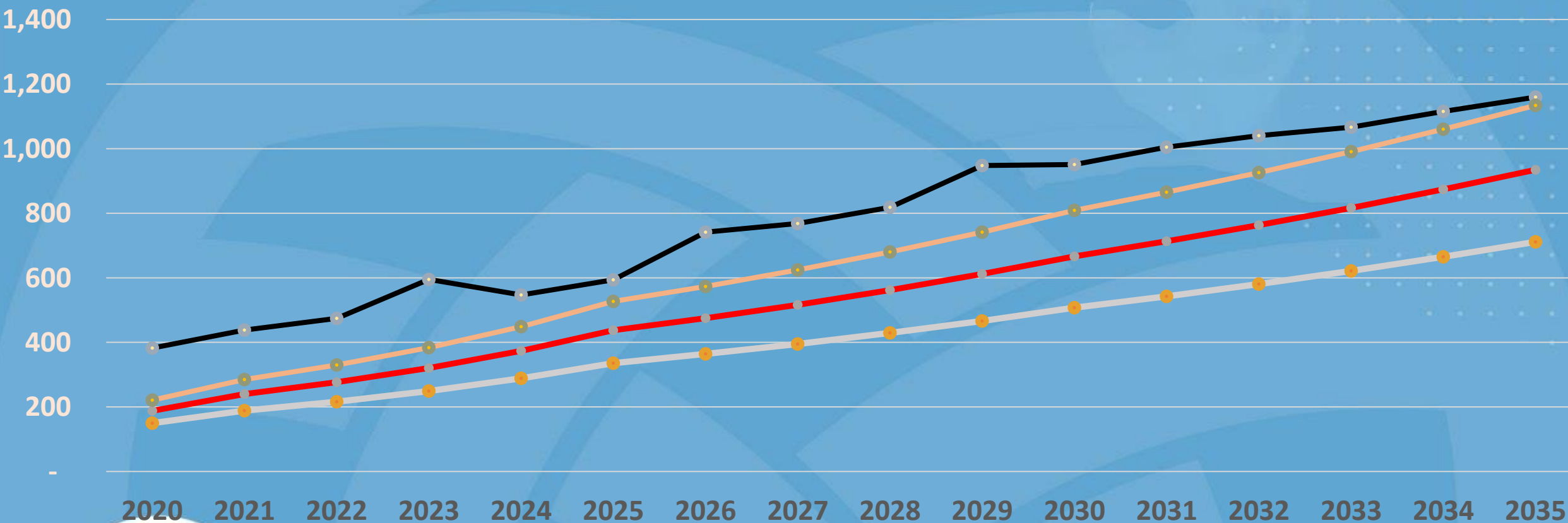


Cost estimates and financing gap

Gap - resource needed vs. available <i>(based on low, medium, and high scenario for resource availability)</i>	Planned expenditure in millions USD and %		
	2020-2025 (estimated)	2025-2030 (indicative)	2030-2035 (indicative)
	3,031	4,226	5,387
Low scenario	53%	49%	33%
Medium scenario	39%	33%	11%
High scenario	28%	19%	-7%
Average (%)	40%	34%	12%



Planned expenditures versus financial space (Total HEP expenditure in million USD)



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● Planned Expenditure ● Low variant ● Medium variant ● High variant

What is expected from Gov't, Stakeholders & Donors?

- Political support and follow up on the implementation of roadmap
- Assign budget code for HEP at federal & regional level
- Support the HEP Optimization actions – technical & resource;
- Harmonize all efforts towards the achievement of the HEP Opt objectives;
- Alignment of support with the other parts of the health system;



Thank you!

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