

Annex III

# International Institute for Primary Health Care in Ethiopia (IIfPHC-E)

FEDERAL MINISTRY OF HEALTH  
(FMOH)

# Outline

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- **Background and the MDGs**
- **The Primary Health Care approach**
- **The Health Extension Program**
- **Health Development Army**
- **International Institute for Primary Health Care**
  - **Vision and mission**
  - **Objectives**
  - **Approach**
  - **One year plan**

# Background and MDGs

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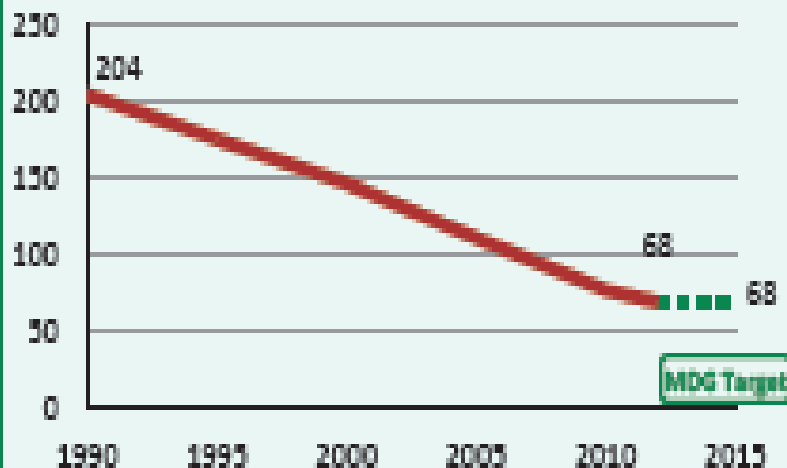
- **Africa and other developing regions of the world have been striving to improve the health of their populations**
- **In sub-Saharan Africa, only Ethiopia, Rwanda and Eritrea met the MDGs for mothers and children by 2015.**
- **Only 5 of the 44 sub-Saharan countries have already achieved MDG-5; and only 14 of the 44 achieved MDG-4.**

# MDG-4 and MDG-5 in Ethiopia

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## Under-five mortality rate

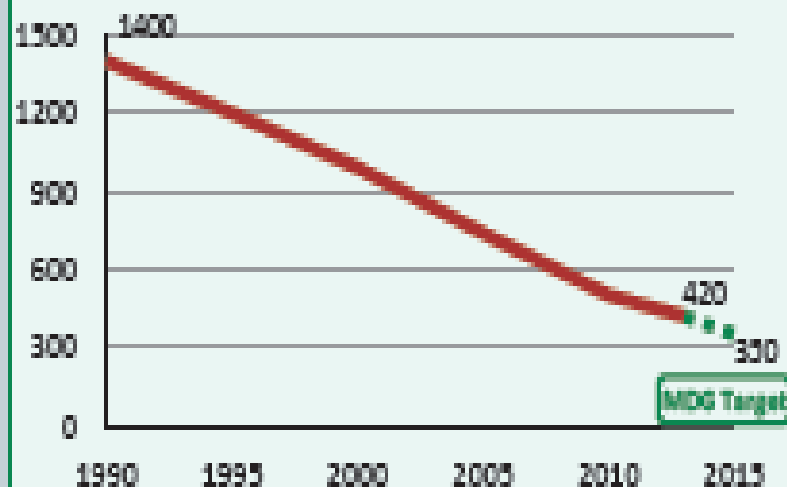
Deaths per 1000 live births



Source: IGME 2013

## Maternal mortality ratio

Deaths per 100,000 live births



Source: MMBIG 2014

# MDG-6 in Ethiopia

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- 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%.

# Primary Health Care in Ethiopia

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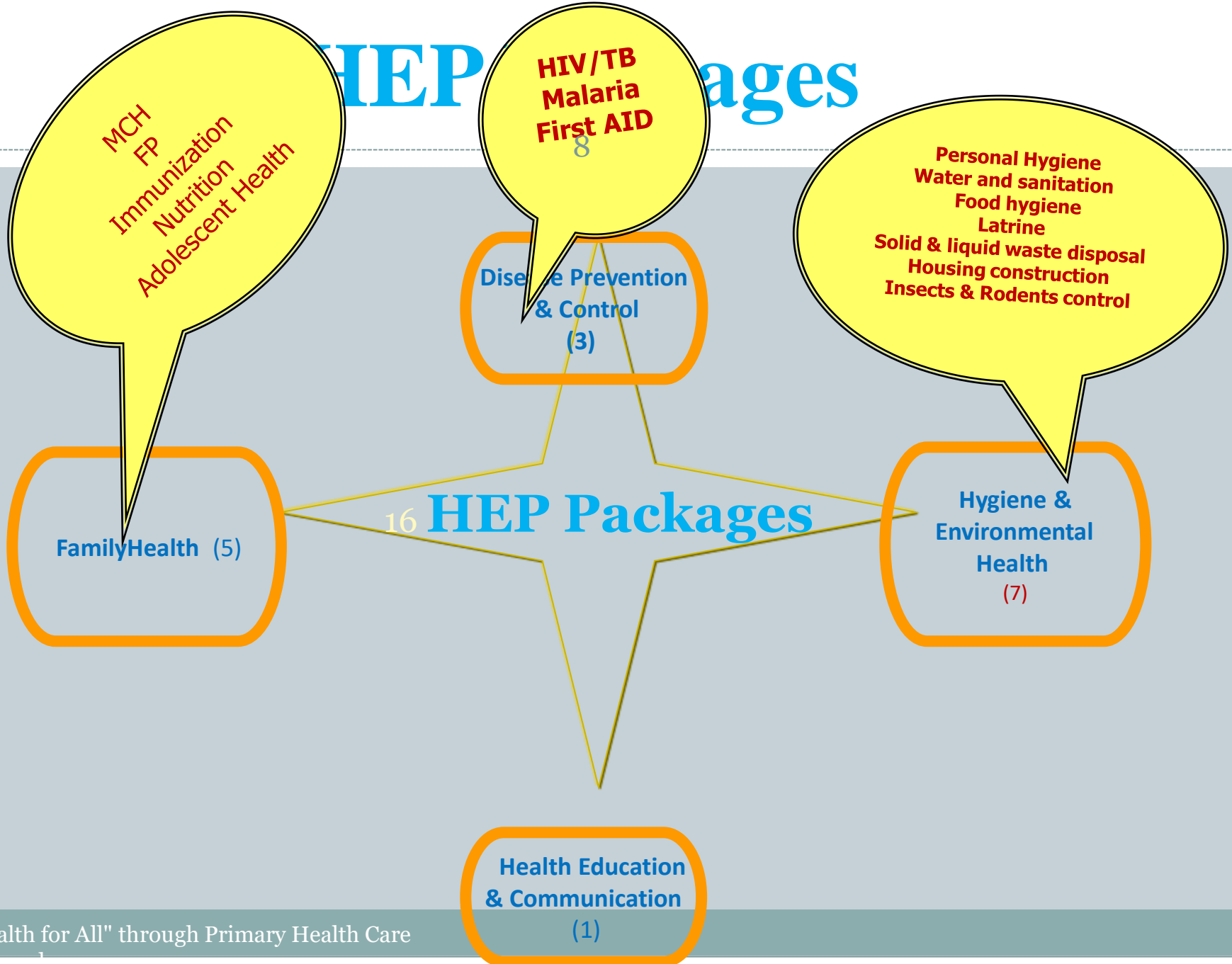
- The significant progress in Ethiopia can be attributed to the strong community-based services provided by community health workers.
- Ethiopia has become a leader throughout the world in accelerating the achievement of 'Health for All' through the primary health care approach.

# Health Extension Program

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- **The Health Extension Program (HEP) is the main strategy for achieving universal coverage of PHC to the Ethiopian population.**
- **The HEP is a defined package of basic and essential promotive, preventive and basic curative health services targeting households.**

# HEP Packages





# HEP...



- Through the Health Extension Program (HEP), **major advances have been made** in the expansion and coverage of community-based services
- **Engaging the community** more broadly also has been an important part of the program.

# Health development Army (HDAs)

## Introduction of Health development Army

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**The Health Development Army approach:- Realizing full community participation:**

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

# HDA..cont

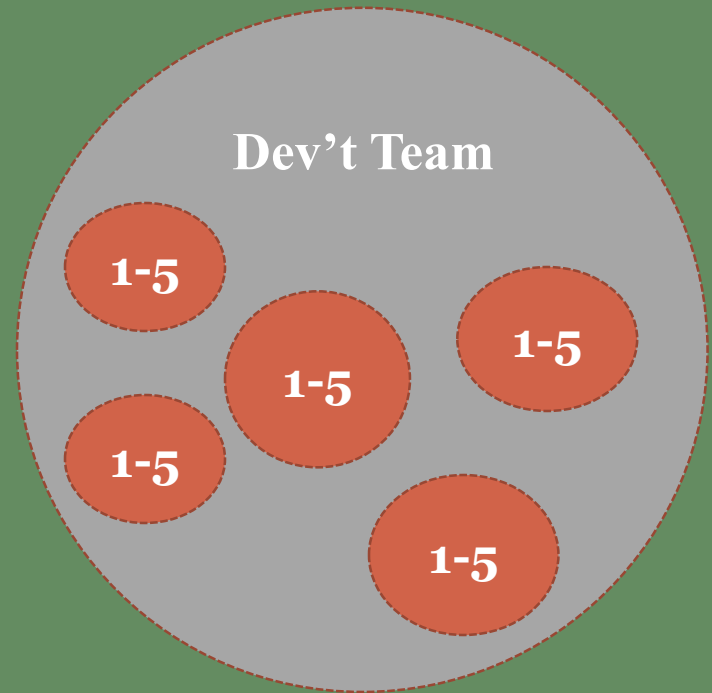
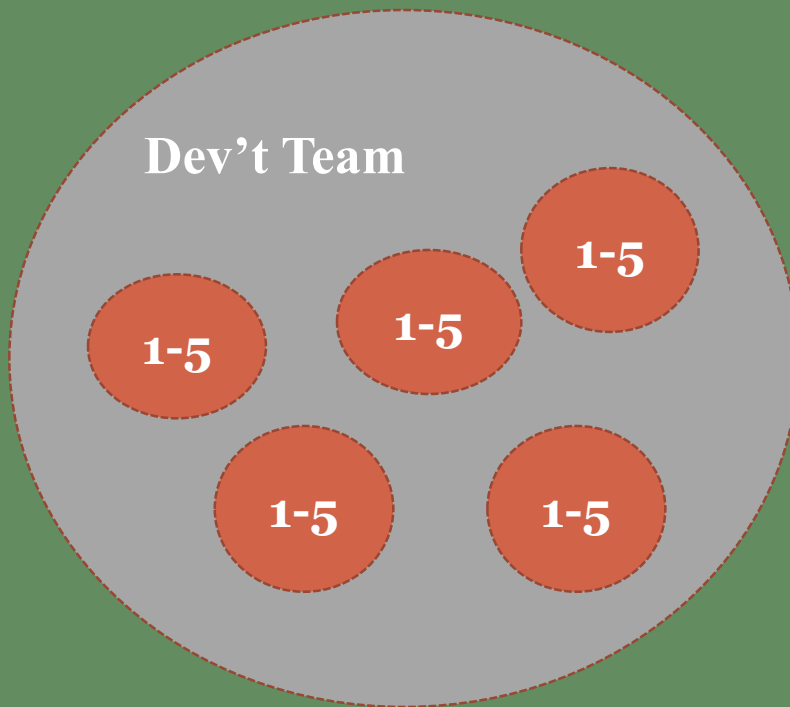
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- ❖ **HDA Requires the establishment of Women Development Teams (WDT) that comprise of up to 30 households residing in the same neighborhood.**
- ❖ **WDT is further divided into smaller groups of six members, commonly referred as one-to-five linkage.**
- ❖ **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 and trust by the members in mobilizing the community.**

# HDA structure..cont'

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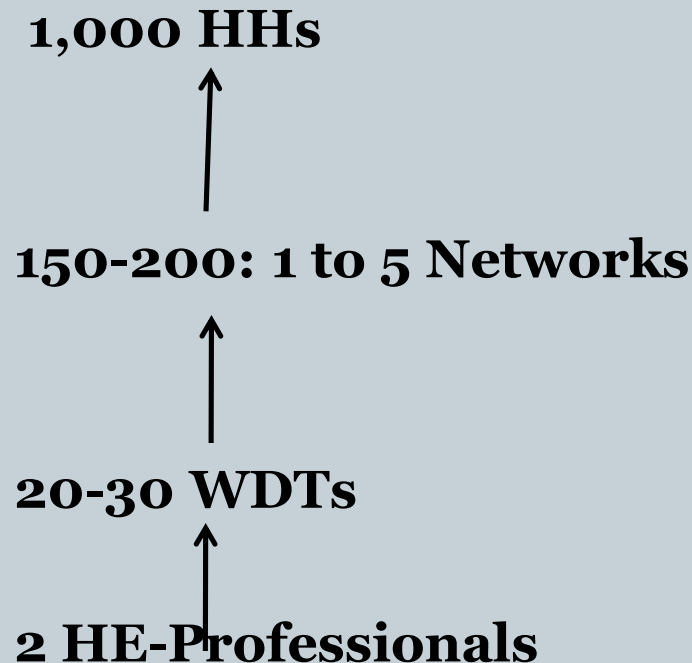
## Kebele



# HDA...cont

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**The formation of HDAs facilitated by Health Extension Professionals and the kebele administration.**



# What are HEP achievements?

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- ❖ **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**

# What has been achieved?

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## **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)**

# What are the Key drivers to improve health status?



- **Political commitment:- deployment of more than 38,000 salaried HEWs**
- **Strong country leadership**
- **Policies and strategies aligned with national plans**
- **More emphasis (focus) on expansion of primary health care**
- **Improved coordination, partnership and contribution from development partners**

**Mobilization and engagement of community in health issues**



# M & E of HEP

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- **Close supervision and support by the health centers and woreda health offices**
- **Regular review meeting at all level integrated with other programs**
- **Integrated supportive supervision at all levels**
- **Operational researches**

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

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## **Includes:**

- **Upgrading HEWs to level IV Community Health Nurses**
- **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**

# Visits from other countries

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- **Ethiopia has been hosting ministers of health and other health officials from countries throughout Africa and beyond:**
  - to learn firsthand how Ethiopia achieved these remarkable results.
- **During the past three years alone, ministerial-level health officials from around 20 African countries have come to Ethiopia for this purpose:**
  - This has become very demanding for the FMOH.
- **The FMOH has also tried to provide ongoing follow-up support for these countries to put what they have learned into practices.**

# International Institute for Primary Health care(IIPH)

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- **There was no international institute that is closely linked to a successful national program and grounded in exposure to fieldwork.**
- **An investment in the establishment of this Institute will produce major benefits internationally by:**
  - helping other countries design and implement primary health care programs at scale

# IIfPHC...



- **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**
  - **By carrying out PHC systems implementation research.**

# IIfPHC...Vision and mission

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- **The **vision** of the Institute is to contribute** to the revitalization of the global movement of 'Health for All' through primary health care.
- **The **mission** of the Institute will be to provide** training on primary health care and to conduct PHC research.

# Objectives

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- 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** 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;**

# Objectives

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- **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,**
- **Host visits from other countries in Africa and beyond.**



# Who will be trained?

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	Who are they?	How many?	How long?
<b>Policy makers</b> (lawyers, economic advisors & parliamentarians)	International & national	25	3 days (2 days class & 1 day field visit)
<b>Health Programmers</b> (regional, Provincial, bureau heads)	International & national	25	2 weeks (10 days class and 2 days field visit)
<b>PHC implementers</b> (professionals at woreda and health centre levels)	International & national	25	6 weeks (5 weeks class & 1 week field visit)
<b>Health officers</b>	Only national	25	2 weeks

# What is the purpose of the training?

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	<b>Purpose</b>
<b>Policy makers</b>	<b>Understanding the magnitude of the health problem and developed a political commitment for PHC implementations</b>
<b>Health Programmers</b>	<b>Sharing of Ethiopian best practices on how to implement PHC at the community level.</b>
<b>PHC implementers</b>	<b>Sharing of Ethiopian best practices and hands on training on PHC implementations and lessons from case studies</b>
<b>Health officers</b>	<b>Strengthening HSTP implementation &amp; leadership capacity</b>

# Overall approach

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- It is a collaborative endeavor led by the **Ministry of Health of Ethiopia** and supported technically by the **Johns Hopkins Bloomberg School of Public Health**.
- At the end of the course, a **certificate in primary health care** will be issued to trainees by the Ministry of Health of Ethiopia and the Johns Hopkins University jointly.
- There will be a **governance board** from its key stakeholders
- The establishment is funded initially by **the Gates Foundation**
- A **one year plan** is developed based on its objectives

# One year plan

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<b>Activities</b>	<b>Status</b>
<b>Launching</b>	Done
<b>Providing trainings</b>	Partly done
<b>Recruiting full-time staff</b>	Partly done
<b>Developing a five –years strategy plan</b>	Not yet
<b>Marketing and resource mobilization</b>	Not yet
<b>Establishing advisory group</b>	On the process
<b>Establish a resource center</b>	Not yet
<b>Establishing an international journal of PHC</b>	Not yet
<b>Hosting visits requested by countries</b>	Started

# What are useful to know for our visitors ?

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Activities	Responsible	Potential Sponsors
<b>Visa on arrival for some of the delegates</b>	Delegates	GOV/NGO
<b>International transport</b>	Delegates	GOV/NGO
<b>Accommodations</b>	Delegates	GOV/NGO
<b>Local transport*</b>	Delegates	Each Delegates
<b>Tuition fee*</b>	Delegates	Each Delegates
<b>Health Break services*</b>	Delegates	Each Delegates
<b>* Once the delegates pay for the package ( 150 USD/ day/person) ahead of time, the IifPHC will take the responsibility</b>		

# Thank you

**“Health for all” through Primary  
health care approach!**

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