# Ethiopia's Multi-Front Health Gains!

*(Belay Alebachew 05/10/15)*

The long-awaited National Human Development Report 2014 for Ethiopia was released by the United Nations Development Program (UNDP) last month.

The Report, which analyzed the socioeconomic strides made in the past two decades, attested that:

> *"Long-term trends in health access and health gains show dramatic improvements in the past 10 years.*
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> *The Government has shown strong political commitment and leadership, which has resulted in impressive health service coverage, including enhanced responsiveness to community health needs. Health planning and interventions are based on extensive consultation and consensus-building with multiple stakeholders.*
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> *As a result, Ethiopia has achieved multi-front health gains."*

Indeed, as the report observed the overall gain has led to increased life expectancy for both men and women, which is a key component of the human development index.

These gains had been elaborated on the World Health Organization (WHO) report last year on May. It's to be recalled that WHO's report had underlined:

> *"At the national level, 24 countries gained more than 10 years in life expectancy (both sexes combined) between 1990 and 2012. Of these*

*countries, 12 were in the WHO African Region and five in the WHO South-East Asia Region, along with Afghanistan, Cambodia, the Islamic Republic of Iran, the Lao People's Democratic Republic, Lebanon, South Sudan and Turkey.*

*The top six individual gains recorded were in Liberia (19.7 years) followed by **Ethiopia**, Maldives, Cambodia, Timor-Leste and Rwanda. Among high-income countries, the average gain was 5.1 years, ranging from 0.2 years in the Russian Federation to 9.2 years in the Republic of Korea."*

Life expectancy is important because it tells much more than the estimated length of life. It also summarizes the mortality pattern that prevails across all age groups in a given year – children and adolescents, adults and the elderly.

However, with regard to Ethiopia, the decrease in mortality rate had been registered in specific areas as well.

As the Human Development Report confirmed:

*Ethiopia is making noteworthy improvements in maternal and child health. Children are now vaccinated against major diseases and most pregnant women get antenatal and post -natal care.*

*"...between 2005 and 2010 contraceptive prevalence increased to 29 per cent from 15 per cent and good improvements were achieved in the under-five mortality rate, which fell from 123 (per 1,000 live births) in 2005 to 88 per 1000 live births in 2010.*

*Infant mortality dropped from 77 to 59 per 1,000 live births during the same period. According to the Welfare Monitoring Survey, the prevalence*

*of general illness dropped from 23.8 per cent in 2004 to 16.9 per cent in 2011.*

The progresses in terms of reduction of under age 5 mortality rate had been confirmed by several international organs.

Last year, the UN IGME - the UN Inter-agency Group for Child Mortality Estimation, stated in its international report that:

> *"Many countries have made and are still making tremendous progress in lowering under-five mortality. Of the 61 high-mortality countries with at least 40 deaths per 1,000 live births in 2012, 25 have reduced their under-five mortality rate by at least half between 1990 and 2012.*
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> *Of them, Bangladesh (72 percent), Malawi (71 percent), Nepal (71 percent), Liberia (70 percent), Tanzania (68 percent), Timor-Leste (67 percent), and* ***Ethiopia (67 percent)*** *have already reduced the under-five mortality rate by two-thirds."*

Similar gains have been registered in other areas from 1991 to 2015.

Maternal mortality ratio (per 100,000 live births) declined from 1,400 to 420; the proportion of population without access to improved drinking-water sources declined from 13% to 52%; and proportion of population without access to improved sanitation rose from 2 to 24% and the figure of underweight children (aged < 5 year) decreased from 43.3% to 29.2%.

These are impressive figures when compared to what had been two decades ago.

In 1990, 204 children in every 1,000 in Ethiopia died before the age of five. In that regard, Ethiopia was among the bottom six countries in the world.

The progress is observed in terms of Adult mortality rate as well. Adult mortality rate, or the probability of dying between 15 and 60 years of age per 1000 population, declined from 478 to 212.

The source of this impressive progress in health was nothing but the government's health policy and its political commitment to the sector.

The Human Development Report attested that:

> *In line with the Growth and Transformation Plan and Health Sector Development Programs (HSDP), the Government has been making strong efforts to expand and provide health services at all levels.*
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> *The Government's health policy emphasizes preventive measures as most health problems in the country are related to communicable diseases. Hence, the Government has had comparable success in expanding health services at the community level.*

Indeed, the achievement attests the quality of leadership and policies applied both in the health sector and the nation in general as demonstrated in the rapid growth in the construction of health facilities, the training of health professionals and the budgetary resources allocated to the sector.

Indeed, since the 1993 national health policy, the government has always emphasized the importance of achieving access to a basic package of quality primary health care services by all segments of the population, using the decentralized state of governance.

In order to achieve the goals of the health policy, a twenty-year health sector development strategy has been formulated, which is being implemented through a series of five-year plans.

The implementation of the first health sector development program (HSDP) was launched in 1997, and now the second HSDP is under way. The main trust of the HSDP implementation is based on sector-wide approach, encompassing the following eight components: Service delivery and quality of care; Health facility rehabilitation and expansion; Human resource development; Pharmaceutical services; Information, education and communication; Health sector management and management of information systems; Monitoring and evaluation and Health care financing.

The HSDP introduced a four-tier health service system which comprises: a primary health care unit, (a network of a health center and five health posts), the hospital, regional hospital and specialized referral hospital. A health post is now being staffed by two health extension workers. These new cadres are trained for one year and their training emphasizes disease prevention measures. A health center is at the highest level of a primary health care unit. It includes services such as in-patient and out-patient services including surgery, and with laboratory services.

A health station used to give services that a health center does, but at a smaller scale. Health Station is now being phased out. According to the current health sector development program (HSDP), a primary health care unit comprises of 5 health posts and a health center serving as a referral point. Therefore, when the HSDP is fully implemented, a health center will serve 25,000 people.

Indeed, the achievements demonstrate the quality of leadership and policies applied both in the health sector and the nation in general.

The Human Development Report listed down that:

> *The number of health posts rapidly increased to reach 16,048 in 2013, up from 4,211 in 2005 and 6,191 in 2006.*
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> *At present, the Government is planning to expand the health service system further through constructing more than 15,000 health posts, 3,056 health centers, and 800 new primary hospitals.*

Data from other agencies similarly demonstrate the progress:

- The government have trained and deployed more than 4,500 midwives. This number is expected to reach more than 13,000 by 2015.
- The number of public medical schools increased from 3 to 25 over the past five years. The enrollment capacity has grown from 600 to 3200.

One of the most innovative approaches had been the deployment of health development army.

As the Human Development Report summarized it:

> *A Health Development Army has also been formed as a means to meet priorities set in the HSDP and GTP.*
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> *The Army consists of 2,026,474 one-to-five peer networks that have been established nationwide. Priority is given to mass mobilization in pastoral areas.*

The Human Development Report observes the progress in several other areas. It reported w*ith respect to immunization, its coverage at the national level in 2012/13 was 87.6 percent for Pentavalent-3 vaccine and 71.4 per cent for full immunization coverage. This compares with 70.1 per cent for Pentavalent-3 and 44.5 percent for full immunization in 2004/05.*

> *In terms of the quality of health care, apart from achieving the global MDG 4 target of declining child mortality, improvements can be observed in malnutrition, anaemia, and immunization rates. The percentage of children vaccinated against DPT3 reached 87.6 per cent in 2013, up from almost 85 per cent the previous year.*
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> *Antenatal service coverage has improved. The number of pregnant women receiving antenatal care for the first time from a health provider raised from 89 per cent 2012 to 97.4 per cent in 2013. This is a very promising trend given that only 82 per cent of women were receiving such care in 2011. The percent -age of skilled health care deliveries increased from 20 to 23 per cent. However, there is great variation between regions, ranging from 14 percent in Gambella to 73 per cent in Addis Ababa.*

*Expounding the coverage vaccination the Human Development Report pointed out that: Girls are slightly more likely to be fully vaccinated (26 per cent) than boys (23 per cent). Urban children are more than twice as likely as rural children to have all basic vaccinations (48 per cent compared with 20 per cent). Children whose mothers have secondary education are more likely to be fully immunized than those born to mothers with no education (57 and 20 percent, respectively). Similarly, 51 per cent of children in the highest income quintile are fully immunized, compared with 17 per cent of children in the lowest income quintile.*

Another area Ethiopia had registered strides is in HIV/AIDS. The Human Development Report commended Ethiopia as follows:

> *With respect to HIV and AIDS, over the last two decades Ethiopia has taken strong measures to address the epidemic, as a result of which HIV incidence has declined by 90 per cent. Death from HIV and AIDS has also declined by 53 per cent. HIV prevalence has also declined from 2.4 percent in 2009/10 to 1.3 per cent in 2012/13.*
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> *Moreover, the number of people who get **HIV tests** has increased from fewer than half a million to 12 million. HIV prevalence is now 3.8 percent in urban areas and 0.5 per cent in rural areas. HIV prevalence varies from region to re -gion. Prevalence rates are highest in Gambella (5.5 per cent) and Addis Ababa (4.4 per cent).*

As development experts say, the most challenging part of a government's commitment is the financing aspect. Governments set big goals but they are not committed to allocating the necessary budget.

In this aspect, the government of Ethiopia stands out as an exemplary one.

Since 1992 there have been several major changes in the structure of the government budget to the health sector.

First, the proportion of salaries in the recurrent budget has declined to 53 percent in 1996 as a large share of the recent increases in health spending has gone to drugs and other non-salary items.

Second, there has been a reallocation of resources away from facilities in Addis Ababa and to primary care facilities. Since 1994, capital expenditure on health centers and health stations has risen from 17 to 40 percent of the capital budget.

Third, support for public health services has increased with more than half of total regional recurrent expenditures focused on Primary Health Care-related services.

Fourth, control over health expenditure has shifted to the regions, which have, since 1994, controlled between 83 and 88 percent of the health expenditure and which in 1996 controlled 83 percent of the recurrent budget and 95 percent of the capital budget.

As public treasury data indicate:

> *"The increased share of government financing is the result of a sustained effort to increase the share of health sector expenditure in the total national budget:*
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> *Between 1989 and 1996, health expenditures rose from 2.8 percent to 6.2 percent of the total budget.*
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> *Between 1991 and 1996, the Government health budget has increased from about 1 percent of GDP to about 2.7 percent of GDP.*
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> *During this period, the real value of the health budget has increased by 35 percent."*

The Human Development Report gave its testimony in this regard as follows*:*

> *"In sum, increased health-related expenditure has led to significant improvements in the health status of the population.*
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> *With respect to the health budget, the health-related share increased from 5.6 per cent to 8.5 percent between 2005 and 2010, and has remained at the same level for the past three or four years.*

*Health expenditures per capita have been rising for a longer period, but especially rapidly since the mid-2000s.*

*Total public health expenditures now average around 2.5 per cent of GDP, which is in line with the average for a country of Ethiopia's income level."*

By way of conclusion, we would like to cite a recent remark made by the World Bank leadership regarding Ethiopia.

*Ethiopia has achieved high levels of economic growth, and made substantial progress on social and human development over the past decade.*

*Economic growth, however, has helped reduce poverty in both urban and rural areas. Since 2005, 2.5 million people have been lifted out of poverty, and the share of the population below the poverty line has fallen from 38.7 percent in 2004/05 to 29.6 percent in 2010/11 (using a poverty line of close to US$1.25/day).*

*Ethiopia is among the countries that have made the fastest progress on the Millennium Development Goals (MDGs) and HDI ranking over the past decade. It is on track to achieve the MDGs for gender parity in education, child mortality, HIV/AIDS, and malaria. Good progress has been made in universal primary education, although the MDG target may not be met.*

The famous Bill Gates, who is CEO of Bill & Melinda Gates Foundation, took time to visit Ethiopia's health services and put his observations in detail. Mr. Bill Gates said that:

*"I've made many trips to Africa, but my recent visit to Ethiopia was definitely one of the most exciting. With effective governance and coordinated support from our foundation and other donors, the advances I saw in health and agriculture may be the key to unleashing Ethiopia's potential and that of other African countries.*

*What Ethiopia is doing in health is really a model system because it reaches everyone in the country. I visited the Germana Gale Health Post, where I talked to several of the more than 30,000 health extension workers who have been trained in recent years to deliver basic health education, prevention, and treatment. Most of the health workers are women, and those I met were energetic and well-trained."*

*Similarly, Dr Peter Salama, UNICEF country representative for Ethiopia, noted that:*

*"The government has set some very bold and extremely ambitious targets. It has then backed them up with real resources and real commitment sustained over the last 10 years,"*

*"...the fact that the health extension programme has been government-owned rather than donor-led has contributed to its success, and means the gains made are sustainable in the longer term."*