

Ethiopia - Towards ensuring all-rounded care for citizens

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Ethiopia has made tremendous progress in the health sector in the past two decades. As the prominent entrepreneur and philanthropist, Bill Gates observed, *"Ethiopia has helped set the standard – most notably with its groundbreaking Health Extension Program. The federal government identified the geographical gaps in health coverage, and went about filling those gaps, deploying more than 38,000 health-extension workers – nearly all of them women – in over 16,000 health posts nationwide. Since its inception in 2004, the Health Extension Program has provided a range of vital services in maternal and child health; disease prevention; sanitation and hygiene; and basic health education."*

The under-five mortality rate fell 67 percent from 1990 to 2012. 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%. Contraceptive prevalence increased to 35 per cent.

The figure of underweight children (aged < 5 year) decreased from 43.3% to 29.2%. 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 percent in 2011.

Indeed, Ethiopia is committed to sustain and consolidate these gains in the Second Growth and Transformation Plan (GTP II) by strengthening and implementing equity, access, and quality health care services. As in the past, emphasis will be given on improving maternal, children and youth by providing preventive, curative, emergency care and rehabilitative health services.

Nonetheless, as the World Health Organization cautions, "there is no health without mental health." Mental health is a state of well-being in which an

individual can realize his or her own abilities, interact positively with others, cope with the stressors of life and study, work productively and fruitfully, and contribute to his or her family and community. It should be noted the definition does not refer exclusively to the absence of “mental illness”, but also addresses the concept of “mental wellness”.

Mental illness comprised 13% of the total global burden of disease in 2000 – a figure that is expected to rise to 15% by the year 2020. Depression is the third leading cause of disease burden worldwide; representing 4.3% of total disability adjusted life years, and predicted to become the second leading cause of the global disease burden by the year 2020. Furthermore, depression is currently the leading cause of non-fatal burden when considering all mental and physical illnesses, accounting for approximately 10% of total years lived with disability in developing countries.

Mental illnesses are common in Ethiopia, they are associated with a high burden due to disability and mortality, they constitute important but largely unrecognized barriers to achieving socio-economic development goals and, despite the existence of affordable and effective treatments, fewer than one in 10 of the most severely affected people ever receive the treatment they need. In order to begin to meet the mental health needs within Ethiopia, a coordinated and sustained effort is required.

In Ethiopia, mental illness is the leading non-communicable disorder in terms of burden. Indeed, in a predominantly rural area of Ethiopia, mental illness comprised 11% of the total burden of disease, with schizophrenia and depression included in the top ten most burdensome conditions, out-ranking HIV/AIDS. These startling statistics show that mental illnesses have been overlooked as a major health priority in Ethiopia and other poor countries, and underscore the need for public health programs targeting mental illnesses.

Indeed, mental health relevant to many of the health-related development goals such as reducing child mortality, improving maternal health, and combating

HIV/AIDS malaria and other diseases, but also to social and economic development like eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empower women.

The disability associated with mental illness in Ethiopia is high: where people are already struggling for survival, the catastrophic impact of a chronic and disabling illness on the person and their family can be well appreciated. The lack of mental health services or any kinds of financial support for families with a mentally ill member are the biggest factors causing caregiver burden in Ethiopia.

Stigma, discrimination, and human rights abuses are part of the daily lived experience of the mentally ill and their families in Ethiopia. Increased availability of mental health services may be the single most important factor to improve this situation.

Community surveys in Ethiopia have shown consistently that severe mental illness, for example resulting from schizophrenia or bipolar disorder is recognized as an illness that needs intervention. However, severe mental illness is more often attributed to supernatural causes, for example spirit possession, bewitchment or evil eye, rather than as a result of biomedical or psychosocial causes. Consequently, affected individuals and/or their families often seek help from religious and traditional healers rather than health facilities.

Furthermore, other mental illnesses such as major depression are not well-recognized within the community, and are more often explained away as due to psychosocial problems, e.g. marital problems or poverty. Help-seeking for depression is most often limited to the family or local community, and depression usually remains undetected in general health settings, which leads to inappropriate prescribing of ineffective treatments and is a missed opportunity for suicide prevention.

Nonetheless, the problem did not receive attention until recently. The psychiatric nurse training program, started in 1983, has enabled the country to fill the void

created by the lack of high-level mental health professionals. The number of psychiatric units throughout the regional states has now grown to 57, each staffed by one or more psychiatric nurses. Psychiatrists and senior psychiatric nurses from Addis Ababa visit these units annually in order to provide support, discuss any problem cases, and facilitate resolution of administrative problems with the local health managers and administrators.

Addis Ababa University started training psychiatrists in-country in 2003. To date, 27 psychiatrists have graduated from the program, of whom almost all are still working within the public sector in Ethiopia. The neurology program has also produced 11 professionals.

The public is now more than ever aware of the importance of mental health. The level of awareness has grown to such an extent that a body by the name 'Mental Health Society - Ethiopia' (MHS-E) was established in 2003. Families of individuals with mental illness formed the organization and a large number of people have already requested membership. The program of MHS-E, amongst other things, includes education regarding prevention of mental illness and supporting individuals with mental illness and their families. Several psychiatrists contribute to regular radio programs and newspaper articles, aimed at raising awareness about mental health.

Under the guidance and sponsorship of the former first lady of Ethiopia, Ms. Azeb Mesfin, the National Initiative for Mental Health in Ethiopia (NIMHE) was established in 2005 to guide the overall development of national mental health in Ethiopia. In addition to providing high level advocacy and awareness regarding the stigma of mental illness, NIMHE spearheaded the initiation and the construction of the new Gefersa Psychiatric Rehabilitation Hospital which is a state-of-the-art facility. Families now are more readily seeking medical help for their family members who have mental illness.

For many years in Ethiopia, mental health services were limited to one hospital situated in the capital, Addis Ababa. Recently, a small number of psychiatric

inpatient facilities were established in different Ethiopian cities. The first of these regional psychiatric facilities embedded in a general hospital was established in Jimma in 1998. It opened a psychiatric unit with six inpatient beds within Jimma University specialized hospital. In 2008, the psychiatric facility within the general hospital was enlarged to 26 inpatient beds.

A number of research studies have been undertaken in the field of mental health in Ethiopia, and more are ongoing. These activities were or are being carried out by teams of professionals from Ethiopia and from countries like Sweden, the US, the Netherlands and the UK. Collaborative research is helping to improve the clinical and research capacity of local staff, as well as reducing the brain-drain of psychiatrists from (and within) Ethiopia.

The health policy acknowledges the importance of mental health service for the welfare of the public. The health sector plans of the government incorporate specific targets relating to the integration of mental health care at the different levels of the health care system in the country.

Psychiatrists are trained within Ethiopia in a three year post-graduate clinical program run by Addis Ababa University and supported by the University of Toronto (Canada). Approximately four to six psychiatrists enter the program per year. In 2009, in collaboration with Amanuel Specialized Mental Hospital, Gondar University established a Master's in Integrated Clinical and Community Mental Health. Currently, there are 50 students enrolled in this program, and the first batch graduated in September 2011. Jimma University has also started a Master's in Integrated Clinical and Community Mental Health in 2010, with 16 students currently enrolled in the program.

In 2011, Gondar University started a clinical psychology program with 9 students currently enrolled. Mekelle University established a bachelors program in psychiatric nursing and has enrolled 33 students. A number of postgraduate programs are currently being developed by various departments within Addis Ababa University, in the areas of mental health epidemiology (PhD), mental

health social work (MSc) and applied clinical psychology (MSc). This will help to expand a multi-disciplinary workforce to support scaling up of mental health care.

The PhD program will help to expand capacity to conduct service and policy-relevant studies, including clinical trials and health service research, and thus support development of an evidence base for effective treatments in Ethiopia. Currently, the PhD program has 7 students enrolled and anticipates admitting 8 students per year. Clinicians, such as physicians and health officers, while permitted, do not generally have the knowledge or education to prescribe complex psychotropic drugs. Recently, a training curriculum has been developed and pilot tested to increase the competence of physicians, health officers and nurses to prescribe psychotropic medications and deliver brief psychosocial interventions.

A total of 1470 urban health extension workers in Addis Ababa have been trained in mental health care. Also, as part of their upgrading to level IV nurses, rural health extension workers are studying additional topics, including a 10 session module on mental health care. The focus of this training is on mental health promotion and mental illness prevention activities, awareness-raising and anti-stigma campaigns, early detection of mental illness, referral and the ongoing needs of persons with severe mental illness.

A mental health training program for trainers of primary health care workers in Addis Ababa, including physicians, health officers, and nurses, has started and about 100 such workers have been trained to date. In collaboration with the WHO, Ethiopia will be piloting and implementing the Mental Health Gap Action Program (mhGAP) which provides evidence-based packages of care for various priority mental health conditions to be delivered in PHC. The Ethiopia mhGAP working group has adapted the proposed treatment guidelines to the Ethiopian setting and has started training PHC workers in 2011.

In the last five years, there has been a significant increase in the number of psychotropic medicines on the Health Ministry's Essential List of Drugs. The

National Drug List also contains additional medications to those specified on the essential list, namely: sertraline, risperidone, olanzapine, bromazepam, amantadine, orphenadrine hydrochloride, phenytoin sodium, methylphenidate, and disulfiram. However, there is a great need to ensure the consistent availability, accessibility, and affordability of psychotropic medications throughout the country.

In order to achieve scaling up of mental health care into primary health care services, it will be necessary to extend prescribing privileges to include general nurses and health officers of degree level. The government recognizes the significant contribution of mental health towards the well-being and functioning of an individual. Like any other health condition, persons suffering from mental illness and/or substance abuse should be able to access care that promotes their timely recovery, at the same time as promoting social inclusion and countering stigma, discrimination, and human rights abuses.

Indeed, there is clear political commitment for improving mental health care and increasing coverage at the highest governmental level. For the first time, a Mental Health Technical Working Group has been organized under the Health Promotion and Disease Prevention Directorate of the Federal Ministry of Health. Various fora have been organized to share this strategy, pulling together key stakeholders such as the Regional Health Bureaus, including policy makers, program managers from relevant areas such as FMOH's Medical Directorate and PFSA, communication experts, and experts from community and health systems. These activities are planned to ensure buy-in and commitment during the implementation phase.

Currently, in collaboration with the WHO Mental Health Gap Action Program (mhGAP), Program for Improving Mental Health Care (PRIME), FMOH is in the process of planning significant scale-up of mental health services. This plan was developed by soliciting inputs from critical stakeholders including psychiatrists, neurologists, primary care health professionals, social scientists, health economists and other key stakeholders.

The government's recognition of these fundamental precepts is demonstrated in its development of a National Mental Health Strategy to address Ethiopia's needs for accessible, effective, sustainable, and affordable mental health services in line with the overall national health policy regarding the delivery of preventive, rehabilitative and curative care.

Indeed, a National Mental Health Strategy is critical to the development of Ethiopia's health system. Mental health is an integral component of any efficient, well-functioning structure of health care. The strategy not only for the chronically mentally ill – who often represent a small part of a population – but also for the many people who suffer from common mental disorders and substance abuse.

The goal of the National Mental Health strategy is, therefore, to address the mental health needs of all Ethiopians through quality, culturally competent, evidence-based, equitable, and cost-effective care. These core components, along with accessibility, the need to protect human rights, efficiency and sustainability, and community involvement and participation, are the principles and values on which the health system is developed.

Indeed, the strategy provides a blueprint from which specific implementation plans will be developed subsequently. In addition, the details could be technical for the average reader. Nonetheless, we can highlight a few important points.

Ethiopia's National Mental Health strategy mandates that mental health be integrated into the primary health care system. In keeping with the overall health services development plan, the strategy promotes a decentralized approach in which mental health services are available at local hospitals, district and regional health centers and tertiary facilities. It also ensures that those who require services have access to treatment as close to their home as possible and in the least restrictive environment. It is developed with the aim of enabling health professionals to gain competencies at various level of care to enable them to readily identify, monitor and manage mental health disorders.

By integrating mental health services into the primary health care system, Ethiopia envisions that those with both physical and mental health related needs will be treated in a seamless and comprehensive manner. The strategy envisages the establishment of a National Institute of Mental Health to provide guidance towards the implementation of this strategy and, including the establishment of Centers of Excellence in Mental Health care.

Ethiopia's National Mental Health strategy also aims to assure the delivery of effective and quality services by:

- **Integrating mental health into the existing primary health care delivery system and utilize existing resources and coordinate these efforts so not to establish parallel structures of care.**
- **Creating a monitoring and evaluation system to implement and regulate mental health care.**
- **Defining mental health indicators to be collected and analyzed and use the results for informed planning and decision making.**
- **Conducting an audit and update the essential list of psychotropic drugs.**
- **Organize and launch and support anti stigma campaigns to educate about the causes and treatments of mental disorders.**
- **Developing close inter and intra-sectoral working relationships to plan and coordinate programs.**
- **Developing legislation to protect the human rights of the mentally ill.**
- **Working with professional associations and academic institutions to promote quality training and care.**

The strategy has been developed to provide a general blueprint for responding to the mental health services, training, and research needs within Ethiopia, to outline the broad objectives to be achieved, and to lay a foundation for future actions. The strategy also takes into account the substantial contribution of mental illnesses to the burden of global diseases, prioritizes the mental health services and activities to be initiated, identifies principal stakeholders, and designates clear roles for their engagement and responsibilities.

Mental health care will be for everybody, but with particular attention given to the special needs of particular vulnerable populations; namely, the severely mentally ill, those with substance abuse disorders, children and adolescents, persons living with HIV/AIDS, women, people in prisons, victims of violence and abuse, persons with epilepsy and the elderly.

Moreover, the expansion of the mental health workforce needed to support integration of mental health in primary health care is envisaged. This scaling up of training of mental health professionals will go hand-in-hand with a large-scale program of pre- and in-service training of general health workers in mental health care. In this way, all health workers will be equipped to deliver mental health care according to their level.

The National Mental Health strategy has been costed using a state-of-the-art tool developed as part of the WHO's mental health Gap Action Program and will be financed by a variety of mechanisms, including the Ministry's new social health insurance initiative. Creative means will be employed to try to avoid catastrophic out-of-pocket payments for persons with severe mental illness, who are already over-represented in the poorest sectors of society.

Monitoring and evaluation processes will be developed to enable effective management and optimum mobilization, allocation and use of resources. Mental health data recording and reporting will be included in the existing health information system. Similarly, supportive supervision activities in mental health care will be integrated into existing supervision structures. There will also be periodic performance monitoring and quality improvement activities, together with periodic population surveys that will be used to evaluate implementation of the strategy.

Indeed, Ethiopia has given due to attention to ensure all-rounded care of its citizens including mental wellbeing. A new hospital is in the process of being built in Addis Ababa, around the Kotebe area. The new hospital will be a general hospital with a large number of psychiatric beds. The number of trained mental

health professionals is wholly inadequate for providing services to Ethiopia's 80 million population. Currently, there are 40 practicing psychiatrists in the country, 461 psychiatric nurses (there is no accurate estimate of those still working in mental health), 14 psychologists (none of whom have training in clinical psychology), three clinical social workers, and no occupational therapists.