

The Health Sector: The Ground Zero for Success in meeting the MDGs

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May 2013

There have recently been widespread positive reports of the improvements of the health sector in our country and the international recognition they have earned. News of the World Bank mobilizing 120 million US dollars to help Ethiopia achieve far-reaching improvements in maternal and child health, and continue its progress towards meeting the 2015 Millennium Development Goals (MDGs) for health received a great deal of coverage.

The news stated that the Bank's Board of Executive Directors approved the Ethiopia Health MDGs Program-for-Results (PforR). Under the terms of the new approval, a 100 million US dollars zero-interest credit will be disbursed to Ethiopia over the next four years on the completion of specific health results, particularly those that improve the health of the country's women and children.

Ethiopia will also get a 20 million US dollars grant from the Health Results Innovation Trust Fund, managed by the World Bank and funded by the United Kingdom and Norway. The Trust Fund supports the use of results-based financing to improve the coverage of essential maternal and child health services.

The news further stated that the new Ethiopia Health MDGs PforR operation marks the World Bank's first use of its new Program-for-Results lending window for improving health in a country supported by its zero-interest lending facility called the International Development Association (IDA).

Under PforR financing, funds are released when better development results have been verifiably achieved. Established in 1960, the World Bank's International Development Association (IDA) helps the world's poorest countries by providing zero-interest financing and grants for projects and programs that boost economic growth, reduce poverty, and improve poor people's lives. IDA is one of the largest sources of assistance for the world's 81 poorest countries, 39 of which are in Africa.

Although the news is very delightful for all of us Ethiopians, I wanted to go beyond the face value of it and find out more about the Millennium Development Goals (MDGs) for health, the conditions of maternal and child health, tuberculosis, malaria and HIV/AIDS along with other related health issues in our country.

For starters, let's see what the Millennium Development Goals (MDGs) are and what their health component entails. The Millennium Development Goals (MDGs) are eight interlinking goals that tackle the global plagues of poverty, hunger, lack of education, and ill health and provide a unique opportunity to accelerate progress for the world's poorest families. At the United Nations Millennium Summit in 2000, 189 member states, including 147 heads of state, committed to the Millennium Development Goals (MDGs). The eight goals have 18 targets under them which were set to be achieved by 2015 on the basis of the global situation during the 1990s. The eight Millennium Development Goals (MDGs) include:

1. Eradicate extreme poverty and Hunger
2. Achieve Universal Primary Education
3. Promote gender equality and empower women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria and other diseases

7. Ensure Environmental Sustainability
8. Develop a global partnership for development.

A number of countries have adopted these goals as part of their development plans. Although goals 4, 5 and 6 are directly related to health, it is very apparent that all the goals are either directly or indirectly related to it.

The hefty assistance for Ethiopia from the World Bank has come to complement our country's effort to achieve the goals. As mentioned earlier, under P for R financing, funds are released when better development results have been verifiably achieved. Accordingly, the World Bank has verifiably found out and recognized that Ethiopia is already on track to reach some of the targets by 2015, including those for reducing child mortality, HIV/AIDS and malaria.

So now, without further to do, let's see what has been done in our country with regard to health, especially in light of the MDG goals. The first one of the MDG goals that directly deals with health is goal number four – Reduce Child Mortality. The target set under this goal is to reduce under-five child mortality rate by two thirds in the year 2015.

MDG Four

Infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life (UNDP, 2007). Accordingly, it appears obvious enough to guess that Ethiopia's child mortality rate would be among the worst. Between 1990 and 2010, under-five mortality dropped by 35% worldwide. Yet, every day, nearly 21,000 children under-five die mostly from preventable causes, according to the World Health Organization (WHO). Close to 99% of all under-five deaths occur in developing countries.

About three-quarters of all child deaths happen in two regions – Africa (46%) and South-East Asia (28%). More than 50% of these deaths are clustered in only six countries: China, Democratic Republic of the Congo, Ethiopia, India, Nigeria and Pakistan. Under five mortality is higher in rural areas and among poorer and less educated communities. More than 70% of almost 11 million child deaths every year are attributable to six causes: diarrhea, malaria, neonatal infection, pneumonia, preterm delivery, or lack of oxygen at birth.

A couple of years back, an Ethiopian child used to be 30 times more likely to die by his or her fifth birthday than a child in Western Europe. At that time, the under five mortality was reduced to 88 per 10,000 live births from 217 deaths a few more years ago. However, recent development efforts in the country in general and the health sector in particular have helped change things for the better. The 2011 Ethiopian Demographic and Health Survey (EDHS) shows a rapid decrease in infant and under-five mortality during the five years prior to the survey compared to the period 5-9 years prior. The levels are also considerably lower than those reported in the 2005 EDHS. For example, infant mortality has decreased by 23 percent, from 77 to 59 deaths per 1,000 births, while under-five mortality has decreased by 28 percent, from 123 to 88 per 1,000 births.

The United Nations Children's Fund (UNICEF) has recently announced that Ethiopia has reduced its child mortality rate by 40 percent over the last two decades. The report confirms that Ethiopia has laid a solid foundation to sustain and accelerate the decline in child mortality. Ethiopia also became the fourth out of 10 African countries which managed to reduce preventable deaths of children under the age of five. Senegal is currently leading the decline in the under five mortality rate followed by Malawi and Zambia. The

Ethiopian Radio and Television Agency (ERTA) has recently reported that the under five mortality rate in the country is 80 per one thousand births.

Strengthening the health system and integrating the interventions into packages of care that can be delivered at all levels – from home to hospital – during pregnancy, childbirth, neonatal period, and childhood will be key to increasing the coverage of health interventions and saving the lives of under-five children. UNICEF highlighted a national immunization programme against measles and the distribution of millions of insecticide-treated bed nets enough to protect over 10 million families in malaria-prone areas since 2005. Ethiopia has already deployed a large national network of more than 35,000 trained health workers and expanded the network of health centers to quickly scale up the government’s delivery of basic health services, in close alliance with international donors, organizations and NGOs.

Most people associate this success to the Health Ministry’s endorsement of Integrated Management of Childhood illnesses developed by the government in 1997. This includes training and empowering village members and caretakers to standardize and institutionalize “village” health care delivery. The widespread use of bed nets, prevention of mother to child transmission of HIV and increased access to safe drinking water have been instrumental in bringing about the change.

MDG Five

The second one of the MDG goals that directly deals with health is goal number five – Improve Maternal Health. A January article by IRIN on maternal mortality in Ethiopia provides a good picture of existing conditions and therefore, has been used as a source for this one. Ethiopia has made progress in lowering maternal mortality rates, but a weak health system means many women are still succumbing to preventable complications before,

during and after childbirth.

Each year, an estimated 25,000 women die of complications during childbirth, and another 500,000 suffer long-term disabilities from pregnancy and childbirth complications, according to the UN Population Fund (UNFPA).

“There must be efforts to ensure that health facilities are not just available but that they are also functional by, for instance, fitting them with electricity and piped water.”

According to a 2010 report, Ethiopia is one of five countries that together account for 50 percent of the world’s maternal deaths. In 2011, the country recorded 676 maternal deaths for every 100,000 live births, up from 673 in 2005. Ethiopia intends to bring this down to 267 by 2015.

The number of expectant mothers who delivered with the help of a skilled provider rose from 6 percent in 2005 to 10 percent in 2011, according to the 2011 Ethiopia Demographic and Health Survey (EDHS).

Studies show that abortion complications, ruptured uterus, puerperal sepsis, postpartum hemorrhage and preeclampsia/eclampsia were the five major causes of maternal mortality in Ethiopia.

The government says it has established measures to curb maternal deaths, such as the use of a scorecard to measure the effectiveness of the health system for mothers and children.

Ethiopia's Health Extension Programme, through which the government has

trained over 30,000 lay extension health workers, is also expected to improve women's access to skilled attendants during delivery.

So far, however, just 1 percent of expectant mothers deliver with the assistance of a health extension worker, according to the 2011 EDHS, largely because there are so few of them. According to the Ministry of Health, these workers each serve an estimated 2,500 people.

New approaches are particularly needed in rural areas, where 83 percent of the country's 87.1 million people reside. While 45 percent of births in urban areas of Ethiopia are attended by skilled health personnel, this is true of only 3 percent of births in rural areas.

In these remote areas, women face a lack of adequate health facilities and harmful traditional practices - such as child marriage and female genital mutilation - that can increase risks during pregnancy and delivery. The underutilization of existing health facilities has made matters even worse.

“Reducing maternal deaths, especially in rural areas, will require not just medical care but a whole societal engagement. Significant would be reducing early pregnancies, early marriages, and ensuring that health facilities are accessible” UNICEF's Pearson said.

A 2009 University of Addis Ababa assessment of the rural Tigray Region found that 80 percent of all maternal deaths happened at home, and 50 percent of these deaths were the result of delayed transportation to a health facility.

Many rural Ethiopians are still attached to traditional practices that normally accompany home births but are usually unavailable in health

facilities. Pearson believes integrating some of these practices into the formal healthcare system would increase health facility deliveries.

Ethiopia could also greatly improve maternal health by increasing investment in emergency obstetric care. A 2012 Médecins Sans Frontières (MSF) study conducted in Sierra Leone and Burundi revealed that investing in simple and affordable emergency obstetric care had the potential to decrease maternal deaths by up to 74 percent.

Improved uptake of family planning services would also reduce the number of unwanted and adolescent pregnancies, in turn lowering maternal deaths. According to the 2011 EDHS, just 23 percent of women in rural Ethiopia had ever used a family planning method, compared to 53 percent in urban areas.

MDG six

The last of the MDG goals that directly deals with health is goal six – Combat HIV/AIDS, Malaria and other diseases. The positive achievements being registered in the previous MDG goals are also apparent in this one.

HIV/AIDS

Ethiopia's record a decade ago of the highest number of new HIV infections in Africa has been radically changed with exemplary achievements to take the number down dramatically. It has recently been noted for a remarkable decline in the number of new infections in Africa along side Malawi and Botswana. It was long ago that the UNAIDS congratulated the country on its success and recognized its exemplary role in showing the world that it is possible to minimize the prevalence rate from its double digit record to 4.2 in cities and 0.6 in rural areas. HIV/AIDS related deaths have gradually reduced too.

HIV/AIDS Prevention and Control Office (HAPCO) said new HIV infection in Ethiopia has declined by 90% over the past decade. AIDS-related death has also dropped to 53%. The United Nation's assessment of global cases of HIV/AIDS shows there has been a further drop in new infections among children. There were 330,000 new infections in children in 2010 and the figure was 24% lower than the number for 2009.

HAPCO has attributed the decline in infection rate to the concerted effort of the government in providing medicines and organizing various awareness raising programs. The office has managed to integrate the people in HIV prevention and control activities. The wide range of media campaigns to inform the public about the disease has definitely paid off as it has helped achieve behavioral change. Prevention measures like the use of condoms have shot up starkly with increased awareness on the disease. The government's collaboration with local and international governmental and non-governmental organizations has also positively influenced access to HIV/AIDS related service centers. Accordingly, the only three antiretroviral therapy (ART) centers in 2001 increased to 838 a decade later while voluntary counseling and testing (VCT) centers rose to 2,896 from 638 in the specified time.

Various activities aimed at sustaining the glorious achievements registered thus far are also under way with other plans on ensuring a brighter future. The National Accelerated Plan for Scaling up Prevention of Mother to Child Transmission (PMTCT) launched by HAPCO in collaboration with partners at the end of 2011 is a good instance of such endeavors. The plan aims at ensuring an HIV free generation in our nation. With big leaps in the fight against HIV/AIDS in our country, HAPCO's daring plans to meet the MDGs regarding HIV prevention ahead of the 2015 deadline seem to be deep rooted.

Malaria

As with its other efforts to alleviate health conditions in the country, Ethiopia has gained international recognition in malaria prevention. In line with that trend, The World Health Organization (WHO) has come up with a statement that acknowledges Ethiopia's exemplary role in the efforts to prevent and control malaria.

The Ministry of health has recently made a statement that the enrollment of malaria patients in health institutions has gone down by 54% in the country. In Ethiopia, the number of childhood malaria cases reported at clinics fell by 60% and the death rate was halved within two years - from 2005 to 2007. This was the result of a massive bed net distribution undertaken by the Ethiopian government with support from programs like the Global Fund, the World Bank and the U.S. President's Malaria Initiative (PMI). In 2004, less than 5% of households in Ethiopia owned a bed net to protect against malaria. The government set an ambitious target to ensure that every household in a malaria-risk area owned two long-lasting, insecticide treated nets by 2008, which required distributing a total of 20 million nets. By January 2008, Ethiopia had exceeded this target by delivering approximately 20.5 million nets.

Ethiopia's strategic plan for malaria prevention, control and elimination involves the provision of life saving anti-malarial drugs, diagnostic kits and long lasting insecticide treated nets along with spraying of anti-mosquito chemicals on residential houses. Health extension workers also provide a house to house education on malaria prevention across the country.

Despite all the notable work done to control the disease, Malaria remains the leading communicable disease in Ethiopia, with around one million clinical cases of malaria reported annually. Large-scale epidemics occur every five to eight years in certain areas, aggravated by climatic fluctuations and drought-

related nutrition emergencies that weaken children's immune systems. The last major epidemic occurred in 2003, when there were an estimated 6 million cases and more than 40,000 deaths. The country currently has plans to eliminate the disease from specific geographic areas of the country.

Tuberculosis (TB)

As an official of the Ministry of health recently put, TB is one of the major health hazards that need due prevention programs and curative treatments in our country. Currently there are 2700 health posts that give TB treatment services across the country. The intention is to make all rural health stations give the treatment where and as it is needed.

There are also around 7 diagnosis and treatment offering health posts. Saint Peter Hospital, Alert Hospital, Gondar Hospital, Borumeda Hospital, Neqemte Hospital, Dilchora Hospital and Mekele Hospital are for now the ones offering such treatments in the country.

During the commemoration of the International TB Day in March 2013, the Ministry of health disclosed that Ethiopia will meet its TB targets of the MDGs through preventive and curative treatment.

Conclusion

As has been shown above, Ethiopia has made very significant strides towards achieving the health related MDGs. The 40% reduction in child mortality rate, encouraging recent results in the prevention of maternal mortality along with the 90% decrease in HIV new infections all show that the country's efforts are finally paying off significantly. The 54% reduction in the enrollment of malaria patients in health institutions also complements the success in the health sector.

Such hefty improvements in societal health can be taken as prongs of the general economic development in the country. They can also be accounts of how well founded the development in the country is. Considerable growth in agriculture, industry, infrastructure and other sectors have directly or indirectly contributed to the surge in health conditions in the country. The increase in access of all season weather roads, for instance, at every village in recent years coupled with expansion of health centers to get within reach of villagers would help stabilize the achieved results while pushing child and maternal mortality even further down.

The success is also a result of sound preventive and curative policies in the health sector. The training and deployment of 35,000 health extension workers to attend to the needs of villagers in rural areas that would otherwise be so hard to access has proved very effective. The health extension workers help decrease the number of unattended births in rural areas, attend neonatal babies, raise awareness and provide advice on health related issues to the community.

The combined use of fruitful policies and rapid development in other sectors would ensure the sustainability of present achievements while contributing to the further fall in health hazards in the country.