THE GOVERNMENT OF THE NATIONAL STATE OF TIGRAI

REPORT ON THE HEALTH STATUS OF TIGRAI REGION

AUGUST/2014
MEKELLE
Outline

1. Introduction
2. Health service coverage
3. Leadership and governance
4. Health service delivery and quality of care
5. Pharmaceutical services and supply
6. Regulatory system
7. Partnership
8. Role of the Diaspora community
9. Areas need to improve
1. Introduction

Capital City: Mek’ele

- Number of Woredas: 52
- Number of Tabyas [Kebeles]: 792 [Rural-722 & Urban-70]
- Total Population: *5,128,532*
- Estimated Area: 53,638 Km²
- Population Density: 95.61/Km²
- Total Households: 1,165,575
- Average Household Size: 4.4 persons [Rural-4.6 & Urban-3.4]

Introduction . . .

• Early 1990s Health services in Tigrai was in its lowest level
  ➢ Only 4 Hospital, 10 HCs and 102 clinics
    - Missionaries and charity owned and Mainly to urban communities
    - Small number of health professionals

• Health policy (1993) Focused on:
  ➢ Democratization and Decentralized
  ➢ Health promotion and Disease Prevention focused
  ➢ Inter- Sectoral collaboration
  ➢ Special attention to marginalized portion of community
  ➢ Equitable access

• Various strategies developed
  ➢ 20-year HSDP
  ➢ HSDP IV aligned to GTP/MDG being implemented
  ➢ Undergone various reforms (BPR, BSC)
Ethiopian health system organization/tier system

- Specialized Hospital
  - General hospital
  - Specialty center
  - Speciality clinic

- Primary hospital
- Medium Clinic
- Primary clinic

- Health center
- Health post

- Tertiary level healthcare
- Secondary level healthcare
- Primary level healthcare
2. Health Service Coverage

Primary Health care units in Tigrai

<table>
<thead>
<tr>
<th>Year</th>
<th>Health Posts</th>
<th>Health Centres</th>
<th>Primary Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>586</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>1999</td>
<td>589</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>2000</td>
<td>614</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>2001</td>
<td>538</td>
<td>70</td>
<td>0</td>
</tr>
<tr>
<td>2002</td>
<td>552</td>
<td>170</td>
<td>0</td>
</tr>
<tr>
<td>2003</td>
<td>552</td>
<td>183</td>
<td>0</td>
</tr>
<tr>
<td>2004</td>
<td>613</td>
<td>211</td>
<td>0</td>
</tr>
<tr>
<td>2005</td>
<td>650</td>
<td>214</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td>668</td>
<td>218</td>
<td>11</td>
</tr>
</tbody>
</table>

Availability of HFs in Tigrai, 2014

- **Tertiary Level Healthcare**
  - Specialized Hospital (1)

- **Secondary Level Healthcare**
  - General Hospital (16)
  - Primary Hospital (11)
  - Health Center (218)
  - Health Post (668)
Health Service Coverage...

DISTRIBUTION OF HEALTH CENTRES ACROSS TIGRAI REGION (1HC:13,500-25,000 pop)

DISTRIBUTION OF HEALTH POSTS ACROSS TIGRAI REGION (1HP:3,000-5,000 Pop)

*one primary hospital in every district (1 primary hospital to 100,000 pop)
Health Facilities at a glance...

Former Bizet Clinic

Bizet Health Center, Today
Health Facilities at a glance...

Former Sheraro Clinic

Maiani Hospital Sheraro, Today
Health Facilities at a glance...

Old building of Maichew Hospital

Lemlem Karl Hospital Maichew
Health Facilities at a glance...

Tigrai Regional Laboratory

Ayder University Hospital
Human Resources for Health

- Ensuring demand driven production of human resources (three Universities, 2 public and 15 private HSC)
- Training and integrated supportive supervision
- WHO standards ratio met (exception to physicians)

<table>
<thead>
<tr>
<th>Category</th>
<th>WHO</th>
<th>Tigray</th>
</tr>
</thead>
<tbody>
<tr>
<td>physicians</td>
<td>1:14,662</td>
<td>1:46,728</td>
</tr>
<tr>
<td>Midwife</td>
<td>1:6,759</td>
<td>1:6,426</td>
</tr>
<tr>
<td>Nurse</td>
<td>1:4,725</td>
<td>1:1,295</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Midwives</th>
<th>Physicians</th>
<th>Health Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>13</td>
<td>84</td>
<td>70</td>
</tr>
<tr>
<td>1999</td>
<td>52</td>
<td>47</td>
<td>69</td>
</tr>
<tr>
<td>2000</td>
<td>70</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>2001</td>
<td>84</td>
<td>77</td>
<td>77</td>
</tr>
<tr>
<td>2002</td>
<td>147</td>
<td>86</td>
<td>86</td>
</tr>
<tr>
<td>2003</td>
<td>217</td>
<td>107</td>
<td>107</td>
</tr>
<tr>
<td>2004</td>
<td>319</td>
<td>105</td>
<td>105</td>
</tr>
<tr>
<td>2005</td>
<td>639</td>
<td>117</td>
<td>117</td>
</tr>
<tr>
<td>2006</td>
<td>792</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Leadership and Governance

**Governance**

- Regional government’s firm engagement and committed political leadership:
  - Reasonable allocation of budget

- Governing Boards (Hospitals & HCs)
  - Community representatives
  - Representatives from local leadership

- Improved Revenue collection capability of facilities

- Introduction of Health care Insurance (CBHI & SHI)

**Government Allocated Regional Health Budget (EFY 1998-2006)**
Planning

• Top down and bottom up planning process
• Participatory annual Core Plans have been developed and they undergo revision bi-annually
  ➢ Set targets in line with the MDGs and HSDP
  ➢ Identify bottle-necks
  ➢ Prioritize interventions
  ➢ Mobilize resources, etc
• Community based planning(networks, WDGs)
Community Ownership

• **Health Development Army (HDA)** – the 3 Pillars:
  - Political leadership
  - The government and
  - Community

• **Women Development Groups (WDGs):** the cornerstone of community ownership:
  - Multi-sectoral Engagement
    (Education, Agriculture, Savings and Good governance)
Women Development Groups

RURAL

URBAN
WDG Areas of Support (Health) . . .

• Preparing a community profile and plan of action based on identified gaps in their households
• Conducting regular:
  ➢ Discussions about their health needs
  ➢ Review meetings to monitor and evaluate their day to day activities
• Follow up and support for pregnant women
• Supporting the community referral system by organizing traditional ambulances
• Providing need-based psychosocial support to the community
Community Ideas Scaled-up to the Region and the country

• Preparing porridge at the health facility level to encourage mothers to give birth in the health facility
• Celebrating dates like “Safe Motherhood Day” and “Pregnant Conference”
• “Traditional Ambulances” or a voluntary community transportation scheme
• Engaging religious leaders in improving health seeking behavior
4. Health Service Delivery and Quality of Care
4.1. Child Health (MDG-4)

- Strengthening of routine immunization and Supplementation Immunization activities (10 antigens)
- Expansion of community based integrated community based child illness management and nutrition and facility-based Integrated management of neonatal and child illness
- Establishing ‘newborn corners’ and Neonatal ICUs

N.B Ethiopia achieved MDG 4 three years earlier to the schedule, decrement of under five mortality from 204 in 1990 to 67/1000 live births in 2012

MU: 39.2/1000 Live births
Child health

- Ethiopian national immunization coverage survey 2013 (EHNRI,FMoH)
  - Penta 3: 88.3% Vs national 65.7%
  - Measles: 85.2% Vs national 68.2%
  - Full immunization: 77.9% Vs national 49.9%
- Immunization coverage survey in Eastern Tigray
  - Full immunization 99.8%
4.2 Maternal Health (MDG -5)

“No women should die while giving life”

• All types of maternal and newborn care services are **EXEMPTED** from payment at all levels of health facilities

• Various government efforts exerted:
  - **153 AMBULANCES** have been procured and distributed throughout the region, 2-3 ambulances in each district (35 of them were procured through community contribution)
  - **BLOOD BANKS** and distribution networks were established (Mek’ele; Hamle 2004) and (Axum; Miyazia 2005)
  - Expansion of Facilities offering **EMERGENCY SURGERY**
  - **MATERNAL DEATH SURVEILLANCE RESPONSE**

• Deploying of midwives and emergency obstetric-surgical officers
Maternal Health ...

- Contraceptive acceptance rate (CAR) peaked in EFY 2002 but the 2006 mid-year rate (57.1%) is only marginally higher than the rate in 1998 (54%)
  - Due to data capturing problem for long-acting contraceptive users

- Skilled birth attendance increased exponentially
  - In 2002 the definition of ‘skilled attendant’ was modified to exclude HEWs
Maternal Death Surveillance Response (MDSR)

- Maternal death Audit
- Maternal Death Surveillance Response (MDSR) was implemented as
  - Increase awareness,
  - Accountability, and
  - Capacity building mechanism

![Figure. MDSR data from 217 in EFY 2004 to 122 as of EFY 2006.](image)

* MM Decreased by 69% (UN, 2014)
* Study conducted in Tigrai indicated maternal deaths was 266/100000 (THB, 2005 EFY)
4.3 Communicable Diseases (MDG -6)

Malaria:
- Environmental sanitation
- Bed net coverage is 80% in 2006EFY
- Insecticide spray 75 %
- provision of anti malaria drugs
- Decreasing trend in malaria deaths

Tuberculosis:
- Tuberculosis case detection rate is very low
- Emergence of MDR-TB presents a challenge
Prevention and control of HIV/AIDS:

• Adult HIV prevalence in Tigrai decreased from 6.7% in 1997 EFY to 1.4% in 2006 EFY (EPHI, UNAIDS)

• Main Strategies:
  - Awareness creation
  - Mainstreaming
  - Counseling and testing
  - Prevention of mother to child transmission
  - Anti retroviral treatment and
  - Care and support
Trends on HCT and HIV Positivity Rate, (EFY 1998-2006)
Prevention of Mother to Child Transmission (PMTCT)

• The number of Health Facilities offering PMTCT:
  ➢ 10 in EFY 1998 EFY to 242 in 2006 EFY

• Number of ANC clients got HIV Testing and Counseling:
  ➢ 34,077 in 1998 EFY to 148300 in 2006 EFY (Positive 1852, 700 new)
  ➢ HIV-Exposed Infants tested NEGATIVE for HIV 1771 (95.6%)
    (positivity rate of 4.4 %) by 2006
Anti-retroviral therapy (ART)

- Number of HFs provide the service increased 102
- ART clients increased to 32,027 (1998-2006EFY)
4.4 Hygiene & Environmental Health (MDG 7)

- Improvements in access to safe water and excreta disposal
- 302 (41.8 %) out of 722 rural Tabias (Kebeles) have been declared “Open Defecation Free” (ODF) 2006 EFY
- Relatively low utilization of latrines (Local material made latrines)
Health management information system

- Facilities staffed with data managers (biostatisticians and Health Information Technicians)
- Electronic based reporting system
- At HP level, community health information system (CHIS) has been implemented since last year.
- Rural HHs were numbered and registered in the FF

*Basis for vital event registration
5. Pharmaceutical Supply & Services

• Following BPR the Pharmaceuticals Fund and Supply Agency (PFSA):

• Improved Capacity of health facilities in securing essential medicines
  - Revolving drug fund (RDF) scheme
  - Sustainable supply (70%)
  - Low Private sector engagement
6. Health Regulatory System

- Pillar of the health sector aimed at ensuring quality of services per the standard
- Focus on maintenance of quality to Food, medicine, health care, Health professionals, hygiene and sanitation
- Standards, guide lines, and various legal frameworks have developed
- Conduct Inspection and follow up to public and private health and health related facilities
7. Partnership (MDG 8)

• TRHB works in alliance with many local and international partners in attaining its goals
• There is a formal partnership forum called *Tigray Regional Health Partners consultative committee (RHPCC)*
  – 15 members technically supported by seven working groups

**Public private partnership:**
• The private health facilities providing public health services like PPM-DOTS/HCT, ART/PMTCT, RH and FP services, and Malaria
• In EFY 2005, a legal Tigray Private Health Facility Association was established to coordinate over 500 private facilities working closely with TRHB
8. Role of the Diaspora community

• Contributing valuable input to strengthen Tigrai Health system

• Provide support via different modalities;
  - TDA, Community organizations, Individual contribution,
  - Partnering organizations e.g Ethiopia-witten-Germany, Human Bridge-Sweden, AL-BASAR-Saudi Arabia, Starkey hearing Foundation -USA

• Major contributions made so far:
  - Equipping health facilities with high tech medical equipments
  - Constructing health facilities, availing text books
  - Organizing and involvement in campaigns (academia, service)
    • Eye care, Hearing aid, Medical care, Advanced Surgery
9. Major gaps which needs attention...

- Provision of quality health service
  - Skill and knowledge of health work force (Mid level)
  - Inadequate Professionals mix (rare professionals-senior physicians, biomedical professionals)
- Sustainable and affordable supply of pharmaceuticals
  - Medicines, Lab reagents, medical equipments
- Emerging of non communicable diseases
- Infrastructure
  - Space, Water supply, Electricity, Communications, Road access
- Inadequate research and laboratory (...TPHI)
- Health system: Regulation, HMIS, Health Insurance
“TOGETHER FOR A BETTER HEALTH SYSTEM”

Thank you!!
Contact Us:

• Tigrai regional health Bureau,
  Tell +251344 40 02 22
  Fax +251344 40 80 33
  website: www.trhb.gov.et

• Mr. Hagos Godefay, Bureau head
  email: hgodefay@yahoo.com

• Mr. Ebrahimi Hassen, focal person for communications
  email: ab.hassen@yahoo.com