The 2010 edition of UNICEF’s *Progress for Children* shows that despite advancement towards the Millennium Development Goals (MDGs), many of the poorest and most disadvantaged children are still missing out. UNICEF invited several experts to offer their insights on what can be done to realize the MDGs for all.

What have been the successes and challenges of implementing the Health Extension Programme in Ethiopia?

To date, our flagship Health Extension Programme (HEP) - a government-led, country-wide and community-based effort - has trained and deployed over 34,000 Health Extension Workers (HEWs) throughout the country – two for each village. Most HEWs are by design, locally recruited young women – high school graduates with a year of intensive training on the delivery of a package of primary health care services comprising, health promotion and disease prevention interventions. These include hygiene and environmental sanitation, family health services, as well as health education and communication. Using social mobilization and an innovative 'model family' approach, HEWs are helping to propagate healthy behaviours and improving access to and use of basic health services.

HEP's early success factors include:

- the fact that as women, HEWs are more trusted and accepted by local women and especially mothers who are the primary beneficiaries of their services;
- the engagement of HEWs as full-time, salaried civil servants has enabled HEP to nearly double the country's public health workforce in less than three years; and this move away from the previous 'volunteerism' model is viewed as key to HEP's long-term sustainability; and
- the referral system that HEWs are helping to develop at the local level is laying down a firm foundation for a comprehensive health information system and broadening access to a continuum of care at secondary and tertiary levels.

The programme's main challenges are largely related to broader health system issues, including:

- ensuring that all health posts are adequately equipped and have a reliable supply of all essential commodities;
- putting in place an effective support system for HEWs through appropriate supervision and reporting mechanisms, backed by reliable communication and transportation services;
- timely implementation of regular refresher courses and quality training programmes to ensure HEWs have the necessary skills to deliver their services, including newly introduced interventions;

These systemic constraints are being addressed by our ongoing sector-wide reform effort through which we are streamlining our business processes, expanding our health workforce and consolidating our institutional frameworks for key functions.

Why did the government decide to pursue this strategy?

Our Government recognizes that improved health is key to ending poverty and accelerating the country’s development. Health is thus a core priority of our cross-sectoral 'Plan for Accelerated and Sustained Development to End Poverty' (PASDEP). We have further committed to achieving universal access to primary health care, as a matter of priority, recognizing that the most pressing public health problems we face and those which affect the vast majority of our largely rural population. These are mainly preventable
communicable diseases, malnutrition and conditions that can be averted through access to basic health services.

Accordingly, our Health Sector Development Programme (HSDP) which is directly aligned with the health MDGs focuses on four key areas: HIV/AIDS, TB, malaria; maternal health and child health. Our aim is to build a robust decentralized health system from the bottom-up - one that is strong enough not only to save lives now, but also to continue to fight against new and emerging threats in future. And HEP is viewed as the foundation of this system.

This is why we have chosen to give priority to high-impact, cost-effective health system strengthening interventions needed to accelerate scale-up and coverage of key health services in these four core areas.

*What has it meant -- in terms of access to health interventions – for the most disadvantaged children and families in Ethiopia?*

Equity concerns are at the very heart HEP, as its overall aim is to achieve universal access to primary health care, with particular attention to mothers and children. This means that it is designed to ensure that all communities and especially the most vulnerable and previously underserved segments of our population are provided access to basic health care. And this of course includes disadvantaged families and children.

The underlying philosophy of HEP is that if the right knowledge and skills are transferred to families, they can take responsibility for, preventing disease and producing and maintaining their own health.

More specifically, HEP ensures that those most in need have free access to essential preventive interventions, including immunization, counseling, testing and treatment for HIV/AIDS and TB, prevention of maternal to child transmission of HIV. These essential services are helping to improve the health status of communities.

*Would you encourage other governments to pursue such a path?*

The HEP model we have chosen may well work for other resource-constrained developing countries with similar socio-economic and cultural characteristics, comparable demographics and disease burdens. In fact, a number of other governments already have in place similar community-based primary health programmes aimed at broadening access to basic health services, including, e.g. India and Pakistan. These programmes have also registered good results and I am sure many good practices can be gleaned from their experiences.

For developing countries with limited resources, it makes sense to invest in the type of high-impact, low-cost interventions we are expanding through HEP to address the most pressing health problems and health system challenges.

While I would encourage others to pursue the policy of universal access to primary health care, it is also important to stress that at the practical level, there is no 'one-size-fits all' approach. The particular needs and circumstances of individual countries will differ from country to country and it is the respective governments and people of those countries who are best-positioned to identify, prioritize and devise appropriate programmes to address them. This, in essence, is what country ownership is all about.

*Now that the MDG deadline is five years away, what "big message" can the international community take away from the new UNICEF report: ‘Progress for Children: Achieving the MDGs with Equity’?*
The year 2010 marks the start of the 'last lap' in the race towards our 2015 MDG targets. We must seize this moment in time to reaffirm our commitment to reinvigorate our efforts over the coming five years. The impressive gains made over the past decade have been precisely because the world came together as one to act decisively on health. The good news is that the progress chart clearly shows that the MDGs are in fact achievable. But steadfast commitment will be key.

In Ethiopia, in order to reach our 2015 MDG5 targets must further reduce the current maternal mortality ratio which is about 590 per 100,000 live births down to 267. And for child health, our MDG 4 target is to further reduce under-five mortality from 101 to 68 per 100,000 live births. This is an enormous challenge. But we believe that given the vast and still largely untapped, transformative potential of our HEP and other well-targeted interventions achieving these targets is possible.

We recognize also that if we are able to reach those in greatest need with key health services - the poor, and especially mothers and children, we will no doubt be also reaching the vast majority of the population. So the key message is that it can and must be done. Progress is already happening and with the steadfast commitment of the global community and the steady flow of adequate, predictable and flexible resources, it is possible to achieve our targets.

The last sprint towards 2015 will clearly require even greater energy and resolve. We must, therefore, reaffirm our commitment and work together to scale-up our efforts for success -- as failure is simply not an option.

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For more information, please visit www.unicef.org

*Progress for Children: Achieving the Millennium Development Goals with Equity*, underscores growing evidence that progress toward achieving many of the goals has been accompanied by persistent and in some cases widening disparities. The report examines the latest available data through an equity lens, focusing on three factors – poverty, gender and geographic location of residence – that greatly affect a child’s chances of survival.