

How to Strengthen Essential and Quality Health Service Delivery in Ethiopia?

Health policy and systems research is an international public good with potential to orient investment and performance at national level. A better understanding and strengthening of national health research system will also make a valuable contribution to global health research, by providing benchmarks and information on best practices and lessons learnt. Global policies, strategies and processes are increasingly influencing national health systems in LICs. This means that health improvements in LICs cannot be achieved without understanding the relationship between global policies and national plus regional policies, between traditional and western health care, and between public and private health care systems.

The huge challenge in the field of global health is to establish equitable, accessible and quality health systems that are able to provide cost-effective health promotion, disease prevention, curative and rehabilitative services responsive of real health needs.

Health systems strengthening interventions are those that address barriers and constraints at different levels of the health system. There are multiple systemic barriers that prevent health systems worldwide from reaching their goals and potential. The situation is worse in low income African countries like Ethiopia. There is large potential for improvement as the continent has the highest external resource flows, and there are numerous local and (inter)national health system development initiatives aiming to strengthen health systems and collaboration.

Ethiopia has a poor health status relative to other low-income countries. This is mainly attributed to preventable infectious diseases and nutritional deficiencies that account for about 60-80 % of the health problems in the country. Low levels education and income, inadequate access to clean water and sanitation facilities, lack of health awareness and poor access to health services have contributed to the high burden of ill-health in the country. Malnutrition, infections and a high fertility rate, coupled together with limited access to reproductive health and emergency obstetric services, contribute to Maternal Mortality Ratio (MMR) of 673/100,000 live births, Infant Mortality Rate (IMR) of

77/1000 live births, Child Mortality Rate (CMR) of 50/1000, under five Mortality Rate (U5MR) of 123/1000.

The Ethiopian health system has been in constant change in accordance with socio-economic and political changes that took place during the last couple of decades.

The government approved national health policy in 1993. Some of the major emphases given in the policy are: development of prevention and promotion components of health services, promoting inter-sector collaboration, involvement of NGOs and the private sector. There have been relative developments in terms of new health policy and programs that enabled the growth of the private sector in the context of the global paradigm of health sector reform.

Based on the health policy, the Health Sector Development Program (HSDP) was launched in 1998. HSDP aims to develop a health system which provides comprehensive and integrated primary health services at the community level. Eight major areas have been addressed through these program are: (i) health service delivery and quality of care; (ii) health facilities construction and rehabilitation; (iii) human resource development; (iv) strengthening pharmaceutical services; (v) IEC; (vi) health care financing; (vii) health management and HMIS; (viii) monitoring & evaluation.

Health extension service is an integral part of HSDP and it was introduced in 2002 with the objective of providing a package of essential health services focusing on preventive health measures targeting households particularly mothers/children at community level.

HSDP reflects commitment to the achievement of national health policy/strategy and MDGs.

Different types of intervention have been suggested for meeting the health care needs of the poor and for contributing to achieve the MDGs. However, there is little evidence of the impact of these interventions on accessibility, quality and utilization of health services, as well as on promoting equity and the health of the poor.

Ethiopia was one of the twelve LICs selected by WHO for an exploratory review of adopting and implementing innovative strategies in 2006. The study was an exploratory inquiry based largely on desk reviews. As part of the review of the country contexts, key

health services outputs were assessed and found that the changes tended to be small and gradual, rather than showing radical change. The findings of study undertaken show alarming results Health service output rates of antenatal coverage, full immunization, TB case detection rate between 1995 and 2002 found to be below 40%.

Furthermore, as Ethiopia is one of the countries supported by the Global Fund initiative to fight AIDS, TB and Malaria. Health impact evaluation study sponsored by Global Fund was undertaken in 2008. The study focused on tracking whether the multiple programs, inputs, and systems are improving the basic infrastructure and resources for health services at the facility level. Health facility survey was also conducted in 2008 as part of health impact evaluation study. According to the report of the health facility survey, the availability of a complete set of elements related with infrastructure, staff, guidelines, equipment and supplies were considered for various services offered at the facilities and found to be extremely low. Moreover, the report indicated regional disparity regarding availability of infrastructure and supplies at the sampled health facilities within the country.

Little is known about how best to address health system constraints through effective and efficient intervention. The key question of concern is how best to approach to strengthen and what specific types of action are appropriate to specific type of settings

References:

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