**Summary of national priorities - Ethiopia**

**OVERVIEW OF COMMUNITY HEALTH SYSTEM AND SCALE UP PLAN**

**Community Health:** Ethiopia’s Health Extension Program (HEP) was introduced in 2003 based on the guiding principles of Primary Health Care (PHC) aiming at reaching the community with a set of essential promotive preventive and curative health services.

It was designed on the basis of experiences and challenges in the earlier community health workers’ initiatives, such as those involving traditional birth attendants and other voluntary workers.

**Scale-up plan and vision:** By 2030, to have a resilient and responsive community health system that realizes the principles of PHC and addresses the ever growing health demands.

**Links with broader PHC system:** HEP services are provided at the primary care level. The primary level of care includes Primary Hospital, Health Centers (HCs) and Health Posts (HPs).

**Leadership and Governance:**
- HEP is governed by the Directorate at Federal Minister of Health (FMOH); by sub processes at Regional Health Bureaus (RHBs) and by focal persons at the Woreda Health Offices (WoHOs)/Team of Health Offices (THOs)/HCs levels.
- These structures provide the required logistical, managerial and technical support to the front line implementers.

**MAIN DEVELOPMENT PARTNERS**

**Funders**

Transform PHCU

**Implementing partners / NGOs**

**NATIONAL PRIORITIES**

**Close the HR Gap:**
- High school graduate female candidates receive a one-year pre-service training on 16 health service packages, and became employee of the government as a level 3 rural Health Extension Workers (HEWs).
- Urban Health Extension Professionals (UHE-Ps) were selected from diploma holding nurses and deployed after having a three-month pre-service training on common public health programs.
- A total of 39,878 HEWs have been trained and deployed since 2004.

**Re-evaluate/update roles to reflect changing needs:**
- Based the ever growing health needs of the community, FMOH has designed and implemented the second generation HEP since 2015.
- The second generation HEP was envisioned to address health and health related challenges due to social, demographical and epidemiological transitions.
- Currently, national level rigorous program evaluation is being conducted to assess the current state of the health extension program, to comprehensively identify challenges of the program and determine key areas of intervention: document success, challenges and prospects.

**Strengthen and ensure the quality of community health services:**
- Currently, FMOH has developed a quality improvement manual for community health services.
- Furthermore, as part of HEP optimization endeavor, community health Quality Improvement initiative has been included in HEP optimization roadmap.

**National guidelines:** There are national HEP implementation manual and guidelines. The current manual and guidelines will be revised based on HEP optimization outcomes.
# Overview of community health system

## COUNTRY INFO

| Population: 98,522,176 | Region: Afor |


## KEYS FACTS

- **Cadres and #/cadre**: HEW 39,878 HEWs
- **Status of national plan**: with the highest possible production of HEWs
- **Ministry department responsible for community health**: Health Extension Program and Primary Health Care Directorate

## DESCRIPTION OF COMMUNITY HEALTH SYSTEM BY MAIN CADRES

### Element

**Services offered:** The services provided under second generation HEP by level 4 HEWs include:

- **Disease Prevention and Control**: HIV/AIDS prevention and control, TB prevention and control, malaria prevention and control, Neglected Tropical diseases prevention and control, and NCDs prevention.
- **Family health services**: (maternal and child health, family planning, immunization, adolescent reproductive health, and nutrition).
- **Hygiene and Environmental Sanitation**: (proper and safe excreta disposal system, proper and safe solid and liquid waste management, water supply safety measures, food hygiene and safety measures, healthy home environment, arthropods and rodent control, institutional hygiene, and personal hygiene).
- **Health Education and Communication**: (cross cutting).

**User fees:** All of the HEP services are being provided free of charge

**Supervision:**

- An Integrated HEP supervision is being carried out by HC teams, Zonal/ Woreda/ Town Health offices, Regional Health Bureaus and FMOH on regular basis.
- HC technical teams provide a scheduled weekly supervision and mentorship support to the HEWs.
- The Health Extension professionals in turn supervise heads of Health Development Team (HDT) under their catchment areas on weekly basis.

**Training:**

- Health Extension Professionals receive level 4 pre-deployment generic training or level 3 to level 4 in-employment upgrading training on community health services. Recently, they are trained as family health nurse, as well.
- Besides, they are provided a standard competency-based integrated in-service training based on their training needs.
- Likewise, the Health Extension Professionals organize a standard Level-1 training for WDA on health extension service packages.

**Compensation:** Regular monthly salary is paid for Health Extension Professionals. Whereas, volunteers in the community networks (WDA) serve their community without payment

**Data collection:** HEP consists of an imbedded Community Health Information System (CHIS) to collect and process Kebele/ households information and routine service data

**Health system linkages:**

- * HPs are linked to Woreda/ Town Health Offices to obtain leadership and managerial supports mainly HRM-related issues.
- * HPs are linked with the HC systems in terms of making referrals; participatory planning; reporting; having supervision and mentorship support as well as M&E backing; receiving health logistics/supplies from the HC team.
- * HPs are linked with the community networks such as HDAs to provide them the required technical support.
- * Besides HPs are linked with Kebele administrations to have leadership and political support from local governors and as a member of kebele council to get access to decision making processes.

**Community engagement:** Community engagement endeavors are being implemented by organizing WDA networks. A functional HDA requires the establishment of health development teams that comprise up to 30 households residing in the same neighborhood. The health development team is further divided into smaller groups of six members, commonly referred to as one-to-five networks.
Community health system structure and delivery channels

Public health system

1. FMoH (Federal Ministry of Health) provides guidelines and supervises
2. Regional Health Bureaus
3. Zonal Health Department
4. Woreda Health Offices
5. Health Centre Staff
6. HEWs (Health Extension Workers) provide health services

Alternate delivery channels

Private (for profit)
- Traditional medical healers, including country medicine doctors, tend to have no functional relationship with public and private health providers

Private (non profit)
- Individual private health professionals (e.g., doctors, nurses, midwives) and facilities (e.g., pharmacies, clinics, drug shops) tend to offer curative and preventative services
- Non Governmental Private Facilities mainly provide preventative and curative health services

Traditional & Community Structures
- Community leaders (e.g., local council leaders, religious leaders, teachers, youth groups) liaisons and organizations (e.g., mother peer groups, youth groups), conduct health promotion activities, primarily for family care
### Scale-up and financing

#### Scale-up plans

<table>
<thead>
<tr>
<th></th>
<th>From</th>
<th>To (by 2021/2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CHWs (Health Extension Professionals)</td>
<td>39878</td>
<td>Maintaining the current number by minimizing attrition</td>
</tr>
<tr>
<td>Establish functional linkages to PHC system</td>
<td>Existing community health system HPs are part of PHCU</td>
<td>Strengthening the existing linkage</td>
</tr>
<tr>
<td>Maternal mortality /100k</td>
<td>412 (CSA, 2016)</td>
<td>199</td>
</tr>
<tr>
<td>U5 mortality / 1k</td>
<td>67 (CSA, 2016)</td>
<td>30</td>
</tr>
<tr>
<td>TB detection rate</td>
<td>61% (HSTP 2014/15)</td>
<td>87%</td>
</tr>
<tr>
<td>Malaria cases per 1k</td>
<td>258 (HSTP 2014/15)</td>
<td>103</td>
</tr>
<tr>
<td>HIV+ women receiving ARVs for PMTCT</td>
<td>59% (HSTP 2014/15)</td>
<td>95%</td>
</tr>
<tr>
<td>Children below 5 years who are stunted</td>
<td>26%</td>
<td></td>
</tr>
</tbody>
</table>

#### Financing for Scale-up

***Country work in progress, to be updated following ongoing country dialogue***
<table>
<thead>
<tr>
<th>National levers</th>
<th>Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>Budget for: Health Post construction and health supplies, HEWs/ WDA training and supervision, community health system evaluations, establishing HEP center of excellency etc.</td>
</tr>
<tr>
<td>System design and policies</td>
<td>Development of HEP Optimization Roadmap and Roadmap implementation guidelines, tools, etc.</td>
</tr>
<tr>
<td>System management and leadership</td>
<td>Effectively manage HEP optimization activities (planning, implementation and evaluation) according to HEP optimization Road map.</td>
</tr>
<tr>
<td>Health products</td>
<td>Integrate HP supply chain with the broader “Integrated Pharmaceuticals logistics System” and strengthen community health logistics management system.</td>
</tr>
<tr>
<td>Political prioritization</td>
<td>Make HEP issues a priority agenda at national political platforms and Obtain a political buy-in from the parliamentarians to get the HEP optimization roadmap endorsed</td>
</tr>
<tr>
<td>Program Delivery</td>
<td>Needs</td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td>Community engagement</td>
<td>● Design, test and implement sustainable and contextualized community engagement approaches and assess and revitalize the existing community mobilization platforms</td>
</tr>
<tr>
<td>Recruitment &amp; accreditation</td>
<td>● Recruit as many as required generic entrants for level 4 community health training. Accredit those who pass COC exam as level 4 Health Extension Professionals</td>
</tr>
</tbody>
</table>
| Training | ● Level 1 WDA training for community volunteers  
● Level 4 pre-service training for generic HEW applicants  
● Need based in-service integrated refresher training (IRT) for level 4 Health Extension Professionals |
| Supervision | ● Strengthen HEP supportive supervision system at all levels (FMOH, RHBs/ Zonal Health Department (ZHDs), WHOs/THOs, Primary Hospital, HCs and HPs)  
● Strengthen PHCU mentorship and coaching system for the maximum benefit of Health Extension Professionals |
| Remuneration/Reward & Advancement | ● Standardize monthly salary for HEWs based on their educational background and year of experience  
● Develop and standardize Health Extension Professionals’ motivational package which may include designing and implementation of performance based payments, promotion, training and educational opportunities, transfer, etc. |
| Supply chain management (incl. commodities) | ● Establish strong HP- SCM system including digitalization. |
| Data reporting and information systems | ● Update rural CHIS; Implement Urban CHIS; digitalize both CHIS. |
### Landscape of main development partners

<table>
<thead>
<tr>
<th>National Levers</th>
<th>Funders</th>
<th>Implementing partners/NGOs</th>
<th>UN Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td><img src="image1" alt="Images of Funders" /></td>
<td>Transform PHCU. Transform DRS.</td>
<td><img src="image2" alt="Images of UN Agencies" /></td>
</tr>
<tr>
<td>System design and policies</td>
<td><img src="image3" alt="Images of Funders" /></td>
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<tr>
<td>System management and leadership</td>
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<tr>
<td>Health Products</td>
<td><img src="image5" alt="Images of Funders" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political prioritization</td>
<td><img src="image6" alt="Images of Funders" /></td>
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</tbody>
</table>

### Program Delivery

- Political prioritization
  - ![Images of Funders](image7)
## Integration Opportunities

### Existing coordination mechanisms

<table>
<thead>
<tr>
<th>Type of integration</th>
<th>Ongoing efforts</th>
<th>Opportunities going forward</th>
</tr>
</thead>
</table>
| Integration of community health with the broader health system | Community health is already integrated with the broader health system in Ethiopia. | • Reaffirmation of PHC (Astana declaration)  
• Efforts of moving towards UHC  
• WHA resolution on community health workers delivery PHC |
| Integration across programs, partners, and disease areas in community health systems | HEP systems are well integrated across programs, partners, and disease areas. | More integration opportunities will be explored during the implementation of HEP optimization |
| Integration across sectors and agencies | There are some system integrations with other sectors / agencies | HEP optimization would be good opportunity to maximize HEP system integrations with other sectors and agencies |