Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level

Community Health Roadmap

Ethiopia

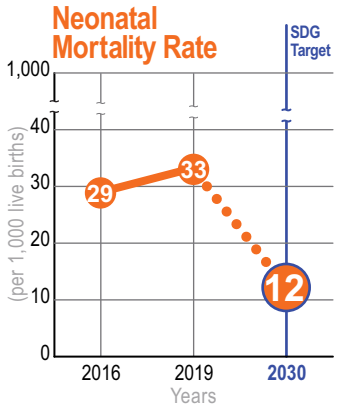
2021 Update

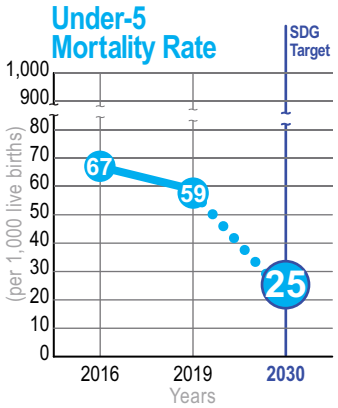
At a Glance: Country indicators

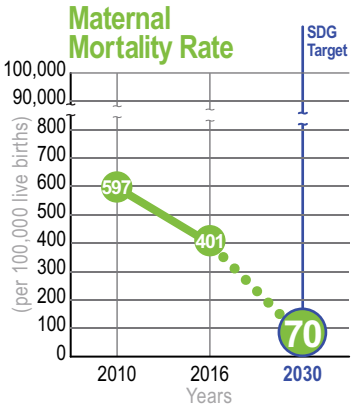
Population (2019/2020):
100,666,096

Total number of community health workers (CHWs) 2019/2020:
41,826

Gender disaggregation of CHWs:
Female: 96%
Male: 4%







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Community Health Overview

Ethiopia's Health Extension Programme (HEP) seeks to reach communities with a set of essential health services, both preventive and curative. HEP was introduced in 2003 based on primary health care (PHC) guiding principles; it was designed to address challenges inherent in earlier community health worker (CHW) initiatives.

VISION: Accelerate the realization of universal health care (UHC) through which all Ethiopians will have access to needed health services, including health promotion, disease prevention and treatment, rehabilitation and palliative care. These services will be of sufficient quality to be effective while preventing financial hardship from the use of these services.

STATUS OF NATIONAL PLAN: Ethiopia has developed its HEP Optimization Roadmap 2020-2035 in alignment with the second Health Sector Transformation Plan and national 10-year development plan. The roadmap contains several transformative initiatives that will be rolled out in phases towards the goal of achieving UHC.

Urgent Investment Actions

1. Close the human resources gap. Increase the number of CHWs, and improve the quality and diversity of CHWs; deploy at least five staff by 2025 and seven staff by 2035 at Comprehensive Health Posts, a new category of health post; ensure diversity of gender and a professional mix in these deployments.

2. Re-evaluate/update roles of CHWs. Re-stratify health posts into three categories to reflect changing needs:
(1) health post (existing category);
(2) Basic Health Post (BHP), within 5 km of the health centre, and
(3) Comprehensive Health Post (CHP), more than 5 km from the health centre.

3. Strengthen and ensure the quality of community health services. Offer the basic health package through the BHP, i.e., promotive, preventive and selected curative services provided by nurses and level 4 health extension workers; offer the comprehensive health package through the CHP, i.e., promotive, preventive, curative and rehabilitative services.

4. Strengthen the community health data system. Update, digitize and scale up electronic-based data registering within the framework of the community health information system (CHIS).

5. Update/develop national guidelines. Revise protocols and standards in accordance with the HEP Optimization Roadmap and the continued development of manuals and guidelines to aid roadmap implementation by community health professionals.

6. Enhance community engagement. Implement approaches that will increase community participation and ownership, are sustainable and will revitalize existing community mobilization platforms.

Description of Community Health Structure

Cadres: Currently, there are 41,826 health extension workers (HEWs) across rural, pastoral and urban parts of the country; and nearly 1 million Women's Development Army (WDA) volunteers who are recruited by their communities and trained in health promotion and disease prevention activities.

Scale-up: Maintain the current number of HEWs with focus on building their competencies. Additional health professionals (FHPs, Health Officer, midwives, nurses and environmental health professionals) will be deployed by 2035 as part of the Family Health Team approach.

Services offered:

- **Disease prevention and control:** HIV and AIDS, TB, malaria, neglected tropical diseases (NTDs), non-communicable diseases (NCDs).
- **Family health services:** Maternal and newborn health, child health [integrated management of newborn and childhood illness (IMNCI), growth monitoring, nutrition screening and treatment, etc.], family planning, immunization, adolescent reproductive health, nutrition.
- **Hygiene and environmental sanitation.**
- **Health education and communication** (cross cutting).
- **Treatment of common illnesses in adults and adolescents.**

User fees:

- **Adults and adolescents** treated at the CHP would be charged for these services.

Supervision:

- **HEWs are supervised** and mentored on a weekly basis by the Health Officer or other personnel at the Primary Health Care Unit (PHCU).
- **The supervisor is responsible** for approximately 10 HEWs and is expected to report weekly/monthly on supervision and mentoring.

Description of Community Health Structure

Training:

- **HEWs must have graduated from high school**; initially they receive the level 3 training (one-year course). Health Extension Professionals receive level 4 upgrading/training and an additional one-year course. Both groups receive a certificate of competency upon completion of training.
- **Family Health Professionals** (FHP) are recruited from level 4 Health Extension Professionals. They receive an upgrading / training at the college degree level, i.e., two years towards the Bachelor of Science degree in Family Health before deployment by the health post.
- **Volunteers in the Women's Development Army** (WDA) are offered an informal, competency-based training (52 hours), mainly on health promotion activities.

Renumeration:

- HEWs are government civil servants. Monthly salary ranges from US$90 to US$120.
- HEWs may also receive formal social recognition, opportunities for career advancement, benefits such as annual leave, and in some areas, housing.
- WDA and other community volunteers are usually unsalaried.

Data collection:

- CHIS is the primary information system for the collection, aggregation and reporting of health data about individuals, households and communities targeted by the HEP. HEWs use family folders / registers for collecting, organizing and reporting community health data.
- CHIS is in the process of being digitized.

Description of Community Health Structure

Health system linkages:

Health posts are linked to:

- District and town health offices for support on leadership and management (i.e., human resources management).
- Health centre for making referrals, participatory planning, reporting, supervision and mentorship support, M&E backing, and health logistics/supplies.
- *Kebele* (town) administrations for support on leadership and for political support from local governors. As a member of the kebele council, the health post has access to decision-making processes.

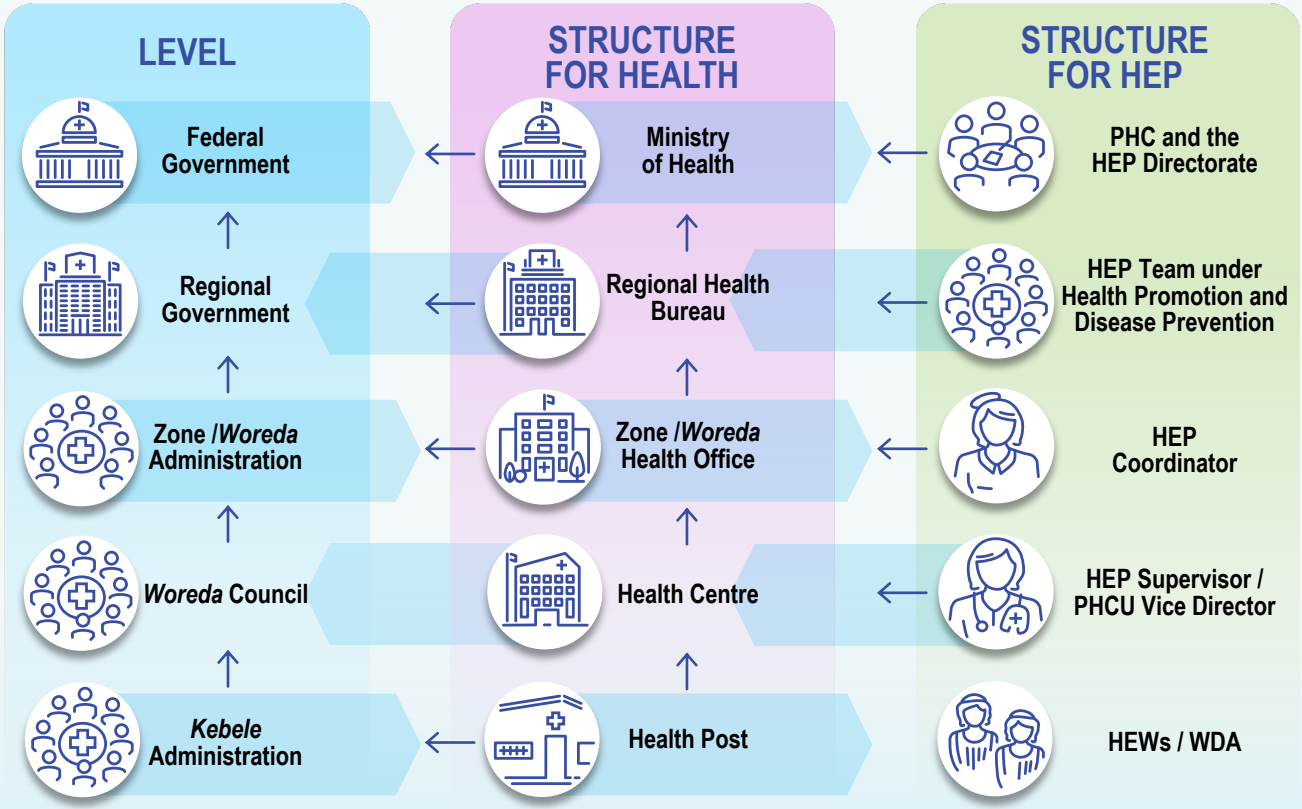
Community engagement:

Community engagement activities are organized by WDAs. A functional WDA requires the establishment of **health development teams** of up to 30 households in the neighbourhood. Teams are further divided into smaller groups of six members, commonly referred to as 'one-to-five' networks.

Primary Health Care Structure at Community Level: Supports service delivery, engagement and accountability

Ministry department responsible for community health: HEP and Primary Health Care Directorate, Federal Ministry of Health (FMOH).

HEWs receive logistical, managerial and technical support from focal points at the woreda health office, health centres and regional health bureau.



Primary Health Care Priorities and Progress at Community Level

Service Delivery

Service delivery structure, package and quality of care

Priorities (2021-2022)

- Ensure the delivery of **comprehensive health services** to people in hard-to-reach areas through CHPs
- Reach all age groups, genders and ethnic groups with the package of **essential health services**, per national service standards
- **Ensure the delivery** of essential health services through different outlets (static services at the health posts, household visits, outreach to communities and schools, mobile services)
- Assure the **safety of services** provided at facility and community levels
- **Raise awareness** among individuals, households and communities about the essential services available at BHP and CHP levels
- Ensure that individuals and households are **satisfied with the services** provided at BHPs and CHPs

Progress (September 2021)

- HEP service delivery scope and modalities restructured
- Health extension service packages expanded (adult and adolescent treatment services added)
- Quality improvement system embedded in health extension services

Health Workforce

Recruitment and accreditation

Priorities (2021-2022)

- Accredit about **400,000 WDAs**
- Provide certificate of competency (COC) to **15,000 level 4 HEWs**
- Provide COC **to 200 FHPs**

Progress (September 2021)

- Additional WDAs recruited; **382,171 WDAs accredited**

Training

Priorities (2021-2022)

- Provide competency-based training (CBT) to **233,452 WDA**
- Increase the number of **level 4 HEWs** through upgrading/training

Progress (September 2021)

- Adequate number of HEWs **trained and deployed at all health posts** (nearly 18,000 health posts)
- About 50% of rural HEWs received **level 4 upgrading/training**
- 10% of HEWs received **in-service training** (RMNCH and SBCC modules)
- About **666,548 WDAs** received CBT
- About **260 health extension** professionals trained as FHPs

Health Workforce *(continued)*

Supervision

Priorities (2021-2022)

- Strengthen HEP supervision system at all levels
- Strengthen a system of mentorship and coaching of health extension professionals by establishing strong linkages between the PHCU and health extension professionals Please remove

Progress (September 2021)

- HEWs are supervised twice a year by the *woreda* health office and weekly/monthly by the PHCU team

Remuneration/reward and advancement

Priorities (2021-2022)

- Develop/review and standardize a motivational package for HEWs, which may include performance-based payments and opportunities for promotion, training/education, transfers, etc.

Progress (September 2021)

- Job evaluation and grading system developed to determine HEW monthly salaries

Health Information Systems

Data reporting and information systems

Priorities (2021-2022)

- Ethiopia plans to **scale up its electronic data systems**, including through the use of electronic registers to **link community health data** directly to DHIS2
- Update the rural CHIS; implement urban CHIS; digitalize both rural and urban CHIS

Progress (September 2021)

- CHIS improvements are ongoing; system shortfalls continue to be addressed

Supply Chain Management

Supply chain management (including commodities)

Priorities (2021-2022)

- Establish strong health post/supply chain management system including digitalization

Health products

Priorities (2021-2022)

- Improve the supply of drugs and medical equipment for both BHP and CHP

Finance

Finance

Priorities (2021-2022)

- Allocate budget for health post construction and health supplies, HEW/WDA training and supervision, community health system evaluations
- Allocate earmarked recurrent budget for health posts
- Maximize external and domestic resource mobilization for HEP
- Initiate innovative mechanisms of revenue generation at community level
- Strengthen community-based health insurance to finance the HEP
- Recover costs from user fees introduced to CHPs

Leadership and Governance

System design and policies

Priorities (2021-2022)

- Develop HEP standards for CHPs and revise existing standards for BHPs
- Develop additional HEP service implementation protocols and guidelines
- Develop HEP delivery strategy for pastoralist communities

Progress (September 2021)

- HEP Optimization Roadmap finalized and launched
- HEP implementation manual and additional guidelines finalized
- Community health quality improvement manual developed

Leadership and Governance
(continued)

System management and leadership

Priorities (2021-2022)

- Develop health post reform guideline
- Revisit health post management arrangements and governance at all levels
- Provide support for sound leadership
- Effectively manage HEP optimization activities (planning, implementation and evaluation) according to the HEP optimization roadmap
- Strengthen supportive supervision at all levels

Political priorities

Priorities (2021-2022)

- Make HEP issues a priority on national and subnational political agendas
- Organize continuous advocacy platforms at national and subnational levels to maintain political commitment

Progress (September 2021)

- There has been proven political commitment at all levels to reform HEP towards achieving UHC

Community Engagement

Community engagement

Priorities (2021-2022)

- Finalize pilot testing of a new community engagement strategy
- Assess and revitalize existing community mobilization platforms

Progress (2021-2022)

- A new community engagement strategy designed and piloted in selected *woredas* of the country
- Implementation of the WDA approach increased demand for and utilization of health care services by mobilizing of individuals, families and communities

Roadmap Implementation: Costs to implement primary health care at community level

Estimated costs of HEP Optimization Roadmap, 2020-2035: US$12.6 billion

Estimated resource gap, 2020-2035: US$3.3 billion

The total cost of implementation over the 15-year period is estimated to be US$12.6 billion (Figure 1). Infrastructure, medicines and supplies are the major drivers of implementation costs (Figure 2). The HEP is financed by the government and donors; government contribution accounted for 40.3% of total HEP spending in 2017.

Figure 1.
Implementing the HEP optimization roadmap: Planned expenditure, 2020-2035 US$

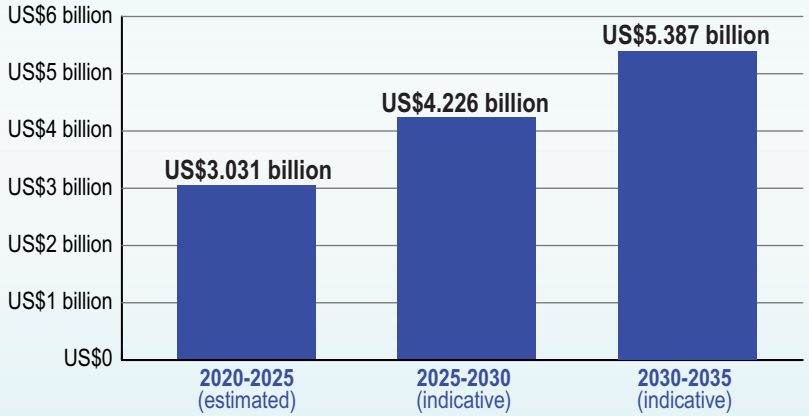
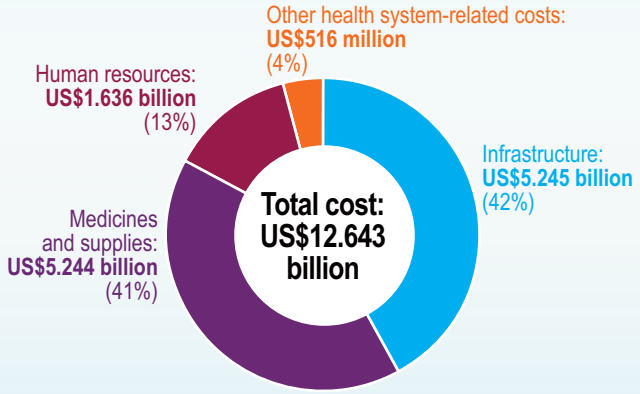
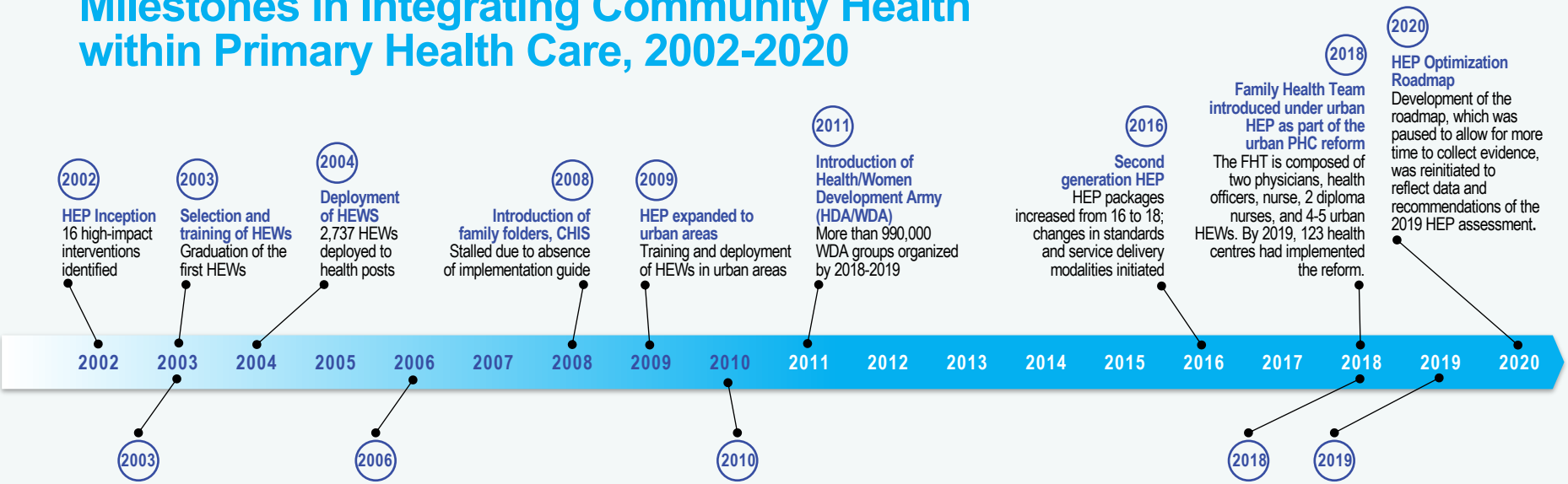


Figure 2.
Total cost of implementing the HEP optimization roadmap, 2020-2035, by category (%)



Milestones in Integrating Community Health within Primary Health Care, 2002-2020



Development Partners

Funders:

Bill and Melinda Gates Foundation
European Union
Department for International Development (DFID)
GAVI
The Global Fund
UNICEF
USAID
The World Bank
World Health Organization

Implementing Partners:

AMREF-Ethiopia
Clinton Foundation
Digital Health Activity (DHA)
Ethiopia Data User Partnership (DUP)
John Snow, Inc. (JSI): The Last Ten Kilometers (L10K))
John Snow, Inc. (JSI): Transform PHC
Johns Hopkins Center for Communications Programs
MERQ Consultency PLc
Pathfinder International
Project Hope

Acronyms and Sources Used

Acronyms:

BHP	Basic Health Post
CHIS	community health information system
CHP	Comprehensive Health Post
CHW	community health worker
COC	Certificate of Competency
FHP	Family Health Professional
FMOH	Federal Ministry of Health
HDA	Health Development Army
HEP	Health Extension Programme
HEW	health extension worker
HRH	human resources for health
IMNCI	integrated management of neonatal and childhood illness
M&E	monitoring and evaluation
NCD	non-communicable diseases
NTD	neglected tropical disease
PHC	primary health care
PHCU	Primary Health Care Unit
RMNCH	reproductive, maternal, neonatal and child health
SBCC	social and behaviour change communication
TB	tuberculosis
THE	total health expenditure
UHC	universal health care
WDA	Women's Development Army

Sources:

Original country roadmap at www.communityhealthroadmap.org and subsequent versions.

Federal Ministry of Health Ethiopia, *Realizing Universal Health Coverage Through Primary Health Care: A roadmap for optimizing the Ethiopian Health Extension Program 2020-2035*, first edition, July 2020.

Mortality: Federal Ministry of Health and Ethiopian Public Health Institute, *Mini Demographic and Health Survey 2019*.

Population: Federal Ministry of Health Ethiopia, *Health Sector Transformation Plan I: Health and Health Related Indicators 2019/2020*.