# ‘Good health at low cost’ 25 years on
## What makes an effective health system?


# Ethiopia. Placing health at the centre of development


**First published in 1985, the Good health at low cost report sought to describe how some developing countries were able to achieve better health outcomes than others with similar incomes. An iconic publication of its day, it highlighted the linkages between the wider determinants of health and their impact on health outcomes using country case studies. In an extension to the original analysis, recent research explores five new countries asking why some developing countries are able to achieve better health outcomes. With chapters focusing on Bangladesh, Ethiopia, Kyrgyzstan, Tamil Nadu (India) and Thailand, ‘Good health at low cost’ 25 years on has identified a series of inter-linking factors, within the health system and beyond. This second briefing in the series focuses on findings from Ethiopia.**

## ‘Good health at low cost’ 25 years on

Just over two decades ago Ethiopia was beset by war, famine and corruption and the situation seemed hopeless. However, two decades of peace and stability have resulted in significant progression in health care. Since the late 1980’s a stable and participative government has placed a high priority on improved health, viewing it as a key element of policies to alleviate poverty. Another important factor in Ethiopia’s success is participation from all levels of the multi-tiered health care system. Primary health care is now accessible to 85% of the population. Access has increased rapidly in the past few years following the implementation of the ambitious Health Extension Programme.

Ethiopia spends considerably less per capita on health than other countries in east Africa, with over 80% of health expenditure being out-of pocket. Ethiopia’s other health investments have come largely from the international community, so the share of overall health expenditure from external resources has grown rapidly. Development partners have assisted Ethiopia in building the capacity to develop realistic plans, accountable and transparent procedures and workable strategies, all of which have contributed to Ethiopia’s health care success.

## Achieving better health in Ethiopia

Research findings shows that from a very poor starting point in 1990, Ethiopia has made considerable progress in improving health outcomes. Ethiopia was once among the worst performers in the region for under-5 mortality but this has improved rapidly, overtaking neighbouring Sudan, Tanzania, and Uganda. Importantly, these gains have been seen in all parts of Ethiopia. Between 2004 and 2008, the percentage of births with a skilled attendant present doubled, and the percentage of women receiving antenatal care and of infants fully immunized increased by over 50%.

There has been a decrease in malaria related deaths due to early diagnoses, scaling up of treatment and prevention education. In

### Key messages

- Ethiopia has demonstrated that low-income countries can achieve improvements in health and access to services through strong political leadership and will.
- The Health Sector Development Programme is an example of good governance, based on inclusiveness, participation, shared ownership and accountability.
- A clear vision and strong leadership combined with the ethos of anti-corruption has strengthened Ethiopia’s internal and external relationships and driven the health care programme forward.
- Ethiopia has been proactive in working with the international community securing substantial development assistance for health.
- Donor funding has enabled Ethiopia to develop participatory and data-driven planning systems at district level which feed into the national plan.
- Other contributing factors to Ethiopia’s good health outcomes have been improvements in basic sanitation, primary school enrolment and investment in female empowerment.

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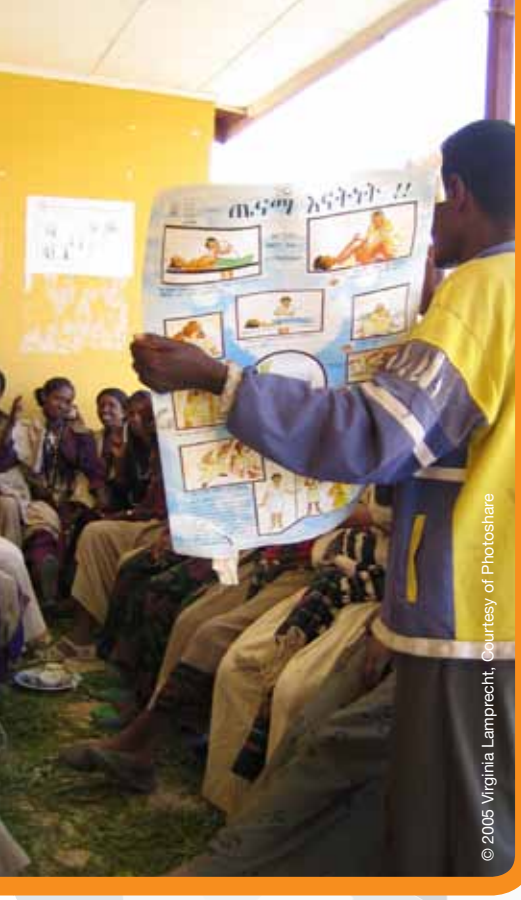
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2007, malaria related deaths in children had fallen by 51%, with a 30% increase in the use of insecticide-treated bed nets. There has been considerable progress in tackling many of the underlying determinants of health, especially access to water and sanitation. Nutrition has also improved: the prevalence of stunting among children fell from 52% in 2000 to 27% in 2005, while the proportion of underweight children declined from 47% to 38%.

## Paths to Success

Ethiopia's success is due to a range of activities that have been implemented within an overall framework that sees improving health outcomes as central to poverty alleviation. The 2003 Health Extension Programme was designed to address the severe shortage of trained health care workers. By 2009, 30 000 women had been trained to work as health extension workers, delivering prevention interventions, such as vitamin A supplementation, bed net distribution, management of childhood illness and basic obstetric and neonatal care to their communities. There have also been investments in implementing and developing information systems to improve data gathering for management and evaluation purposes.

District planning has played an important role in mobilising communities and promoting grassroots participation. Planning at district level considers local needs within the framework of national targets, with a strong focus on maternal and child health and the prevention of communicable diseases. Targets are defined by engaging communities, leaders and grassroots groups. Village and regional plans are fed into the national plan, which is presented to a Joint Steering Committee, which includes the participation of development partners. The Committee identifies national priorities and indicators, which are then monitored at district level using routine data. The process has been successful in designing health responses to meet real needs and building capacity and local buy-in.

Drawing on assistance from development partners, Ethiopia has successfully modernised the health workforce. Innovative approaches such as task shifting have been introduced, enabling nurses to perform tasks traditionally assigned to doctors, and extension workers now offer health promotion and prevention services. Private high schools are approved to train mid-level health professionals and training programmes for physicians have been expanded. This has led to the scaling up of HIV/AIDS treatment and prevention programmes in settings where doctors are absent.

The Government's focus on accessibility and service uptake has resulted in major investments to bring health facilities to within 10 km of people. The percentage of the population who have access to a local health facility has increased from 38% in 1991 to 89% in 2010. In recent years, a significant scaling up of HIV/AIDS services have been achieved, from limited facilities in 2000 to 483 antiretroviral therapy centres, 1469 voluntary counselling and testing sites, and 877 sites that provide services for the prevention of mother-to-child transmission. Other incentives such as salary top-ups are offered to doctors in remote settings.

The creation of the Pharmaceutical Fund and Supply Agency has resulted in more efficient drug procurement. Close working relations with the Global Fund to fight AIDS, TB and Malaria and the Presidents Emergency Fund for AIDS Relief have ensured adequate supplies of medicine for HIV, tuberculosis and malaria which are available either at heavily subsidised prices or are free of charge. Distribution hubs are within a maximum distance of 160 km from health facilities and USAID assistance has enabled standardised distribution systems across the country.

## Lessons learned and future challenges

Although still one of the poorest African nations, Ethiopia has shown that cost effective and innovative health investments can result in significant population health gains, often surpassing other countries in the region. Ethiopia's better health achievements have been possible because of peace and stability and a policy that values health as a human right and seeks participation from all major ethnic groups and partners. Ethiopia's new generation of political leadership has used its clear vision and strong will to engage communities, non-state actors and development partners. Their participation in the design and implementation of reforms has ensured effective inter-sectoral linkages and shared ownership.

The series of inter-linking factors, as in the other study countries, that have made Ethiopia's health system successful in realising better health for its population can be expressed by four words all beginning with C – referred to as the 4 C's. They are Capacity (the individuals and institutions necessary to design and implement reform), Continuity (the stability that is required for reforms to succeed), Catalysts (the ability to seize windows of opportunity) and Context (the ability to take context into account in order to develop appropriate and relevant policies).

While Ethiopia's successes should be celebrated there are, inevitably, many challenges that remain. These include: on-going food insecurity; improvements to road infrastructure; access to clean water and sanitation; and stability of neighbouring countries and most importantly a sustainable system of paying for effective health care for all.



## Further reading

*Chapter 4, Ethiopia. Placing health at the centre of development. In Balabanova D, McKee M and Mills A (eds). 'Good health at low cost' 25 years on. What makes an effective health system? London: London School of Hygiene & Tropical Medicine, 2011. Available at http://ghlc.lshtm.ac.uk*

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