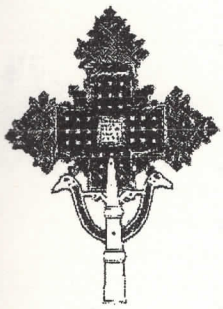
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CHRISTIAN RELIEF AND DEVELOPMENT ASSOCIATION



CCRDA

Seminar on "Health Sector Development Program (HSDP)"

April, 2000
Addis Ababa

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1. INTRODUCTION

A one-day seminar on Health Sector Development Program (HSDP), organized jointly by the Ministry of Health (MoH) and the Christian Relief and Development Association (CRDA), was held at the Ghion Hotel on April 11, 2000. The overall objective of the seminar was to popularise the five-year health sector development programs to CRDA members that are engaged in monitoring health care services.

In a welcoming speech, Ato Leulseged Asfaw, Head of the Training Department of CRDA, paid tribute to the contribution in general and to that of the health sector in particular. He also mentioned the various activities CRDA undertook in collaboration with the Ministry of Health. He noted the existence of problems related to standardisation of health institutions, access to drugs, trained manpower health system financing and other procedural issues.

In opening the seminar, Ato Yohannes Tadesse Head, Health Services and Training Department of the Ministry of Health, outlined the origins of NGOs in Ethiopia and their role in development. He also outlined the purpose of the Health Sector Development Program (HSDP) and its components. He stressed that all potential stakeholders including NGOs should be familiarised with the nature and scope of the HSDP.

Three papers were presented and discussed at the seminar which was attended by representatives of about seventy CRDA member agencies. At the end of the seminar, participants passed useful recommendations.

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2. SUMMARY

ISSUES ON POLICY AND HEALTH STRATEGY
Dr. Yohannes Kebede

The paper by Dr, Yohannes dealt with issues concerning policy and health sector strategy. Since a policy framework is essential for any organised and systematic activity, this aspect of the Health Sector Development Program (HSDP) occupied an important position.

The general policy of HSDP is based on decentralisation/democratisation and consists of

- Preventive/Promotive/Curative,
- Accessibility,
- Equity/Acceptability, and
- Affordability and sustainability aspects of health care provision.

The policy stresses collaboration with regional and international organisations as well as the private and NGO sectors. It also emphasises self-reliance by undertaking appropriate capacity building and resources utilisation activities within the framework of an efficient organisation and management system.

The HSDP policy also incorporates:

- Population policy
- HIV/AIDS policy
- Women Policy
- Drug Policy

Their policies have their own strategies, priorities and objectives.

Priorities of the Policy

The HSDP policy priorities include:

- Information education and communication (IEC),
- Communicable diseases, epidemics, diseases related to malnutrition and poor living condition, development of environmental health and rehabilitation of health infrastructure,
- Development of beneficial aspects of traditional medicine,
- Applied health research,
- Provision of essential medicines, medical supplier and equipment,
- Development of human resources, and
- Special affection to the health needs of the family women and natural disasters.

The Health Service Organisation and Management

A six-tier system, consisting of health posts, health stations, health centres, zonal hospitals, regional hospitals and tertiary hospitals has been in operation. This system is said to be highly centralised, undemocratic and has minimum community involvement. A new four-tier system, consisting of primary health care units, district hospitals, zonal hospitals and specialised hospitals is being implemented. Stage by stage.

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Objectives of the Health Sector Strategy

The main objective of the strategy is to give a comprehensive and integrated primary health care in health institutions at the community level. The approach emphasise the preventive and curative aspects of health care without neglecting essential curative services. Its main focus in on communicable diseases, environmental health, IEC about health and nutrition and human a material resources development.

Major Components of the Health Sector Strategy

The major components of the strategy consist of:

- Strengthening the federative/Promotive aspects of the health service,
- Essential curative/rehabilitative care,
- Drugs and medical supplies,
- Health information,
- Organisation and management of the health delivery system,
- Human resources development, and
- Financing the health care delivery system.

The Health Program

The health program consist of:

- Restructuring of the health service from a six to a five-tier system,
- Provision of drug and medical supplies,
- Human Resource development,
- Strengthening preventive and promotive health, and
- Health management information system.

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PERSPECTIVE OF HEALTH SECTOR DEVELOPMENT PROGRAM

Dr. Ermias Getaneh

Dr. Ermias, in outlining the health sector overview, noted that the past health service system was highly centralised, fragmented and encouraged little collaboration between the public and private sectors. Health services were also poorly allocated, inequitably staffed, under utilised and under-funded. The health service quality was also inadequate and the health infrastructure poorly maintained.

On the other hand, HSDP is sector-wide in scope, it has a coherent policy framework and institutional arrangement, encourages the participation of local stakeholders and sustainable partnership. This approach is adapted because of the failure of the project-based approach which disregards institutional and policy issue, duplicates efforts and does not promote ownership. Thus, a health sector reform is needed to bring about an improvement in the functioning of the health system, which ultimately improves the health status of the people.

The proposed changes include:

- Redefining the health service hierarchy, which is marked by decentralisation,
- Provision of health provinces marked by improvement of efficiency, better polices for human resources management, distribution and rational use of drugs.
- Financing of health survive which consists of identification and mobilisation of additional financial sources, orientation of health expenditure on criteria of equity and efficiency, improvement of the system of allocation are re-allocation resources to court-effective intervention.

Critical requirements of the sector approach include:

- A strategy,
- A budget,
- Organisation and management, and
- A package of Doug support.

The HSDP consists of the following eight component:

- Service delivery and quality of care, which include reorganising of the health system, promotion of equitable accessibility and integration of services, co-ordination of external partner and promotion of community partners;
- Health facility rehabilitation and expansion,
- Human resource development,
- Strengthening pharmaceutical services, which strive to have regular and adequate supply of essential drugs, a new pharmaceutical legislation and revision of the sitting drug policy;
- Information, education and communication;
- Strengthening health service management information system;
- Monitoring and evaluation;
- Health care financing to improve public health sector efficiency and to generate new sources of revenue. This envisages undertaking studies on user fees, community and employer based social financing/insurance scheme.

Indicators of HSDP among other things include life expectancy at birth, growth rate, maternal and infant mortality rates as impact, and coverage of primarily health care, contraceptive and immunisation as outcome.

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With respect to implementation constraints of HSDP, it was noted that some donors prefer to wait until everything has been tested and proven infallible. Decentralisation of planning and implementation exacerbate the capacity problems of weaker regions. Other constraints include limited experience, high turnover of senior staff ad sensitive and complex political situations.

Among the challenges that HSDP face:

- An ineffective system in place,
- Donors funding individual project,
- Attaching the collaboration of the private selector staff, and
- Acquiring well-trained and motivated management staff.
- Sustaining the initial financial commitment.

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ROLE OF NGOs IN THE IMPLEMENTATION OF HEALTH SECTOR DEVELOPMENT PROGRAM

Dr. Ermias Getaneh

Dr. Ermias said that the purpose of the Ministry of Health in organising the workshop jointly with CRDA war to seek the collaboration of NGOs by making clear the objectives and contracts of HSDP.

It was stressed that NGOs have a lot of potentials with respect to collaboration with the Government. These include:

- Filling the resource gap of the Government,
- Sharing their experience with the Government since they have better management efficiency,
- A better understanding and experience of community-based programs such as income-generating activities and management of revolving funds,
- Better capacity and skill than the Government in implementing health programs, and
- A positive attitude to collaborate with the Government.

With respect to the importance of collaboration to increase Government 's efficiency, it was noted that it:

- Avoids duplication of efforts,
- Helps to set appropriate priorities since government priorities are also NGO priorities as they are tackling the same problems,
- Maximises use of scarce resource,
- Expands coverage and accessibility of health services since NGOs are experienced in helping marginalised and disadvantaged groups.

Among the means to strengthen collaboration, the following were mentioned as the most important.

- Creating joint planning forums,
- Holding regular consultation to exchange experiences,
- Creating joint needs and impact assessment forms with local communities, NGOs and the Government.

NGOs can collaborate with the implementation of all the components of HSDP. These include:

- Expanding accessibility of health delivery in promoting preventive and curative services,
- Rehabilitation and construction of health services, and
- Human resource development by assisting in training front line health workers.

And undertaking other capacity building programs.

- Conducting research at all levels to improve the health information management system, and
- Participation in monitoring and evaluation activities.

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DISCUSSION

On the issue of challenges such as centralisation and poor co-ordination in the health system, it was noted that these challenges were inherited from the previous health system. However, these problem co-ordination is filing achieved and there is collaboration although improvements are needed with regard to coherence and synergy. It was stressed that HSDP is not inflexible. As a result, it accommodates even annual changes which are incorporated driving updating annual plans. Thus, every region is undertaking this activity.

Regarding the ambitiousness of program, it was stated that the target was approved by the Government and donors. Furthermore, it was noted that ambitious plans encourage working harder than usual. Although sustainability on a challenge in terms of factors such as lacks of qualified personnel, the Government is reported to have allocated the maximum fund in the history of the health development of the country.

On the inadequate consultation carried with NGOs regarding the HSDP, it was made clear that it was difficult to invite all NGOs. However, some NGOs were reported to have attended the donors meeting. In any case, the consultation will continue involving NGOs. Despite all this, it was noted that NGOs knowingly or unknowingly are implementing the HSDP since 90% of it is being implemented in the Regions.

With respect to lessons learned from reviewing the program, it was noted that the importance working with other institution such as the Ministry of Education and even with regional offices has been realised more clearly. Health coverage, contraceptive prevalence and constricted of health institutions have improved. Efforts are being made to improve the career structure for health personal which has an impact on quality of care provided. Management Information System and information, education and communication (IEC) were identified as weak areas in implementing the HSDP. The information received is largely inaccurate, untimely and hence not useful for decision-making. The help improve this aspect of the implementation, it was stated that both NGOs and the private sector should send experts to the Ministry of Health.

On the quality health call provided, the Ministry of Health was reported to give the service that matches the development level of the country. Quality is also a relative concept and the private sector is available to provide an option for quality care provision.

The HSDP was said to be on the right track for the moment, but this does not mean that changes will not be necessary. Since programs are dynamic, they have to be monitored all along and changer introduced when necessary.

Concerning target calculation for the HSDP, regional health bureaus were given the mandate to set the figures in terms of their resources. It was also stated that a health centre would serve twenty-five thousand people, a district hospital one hundred thousand, a zonal hospital one million and a specialised hospital five million people. On the functionality of health institutions constructed to implement HSDP it was noted that some require manpower equipment and other facilitator. But efforts are being made to make these institutions fully functional.

On flexibility, NGOs say Government bureaucracy is so inflexible that shared vision is affected. On the other hand, NGOs are said to be inflexible to accommodate changes such as epidemics in their programs. But NGOs say they are always flexible to the needs of the people including updating the treatment techniques of Malaria or Tuberculoses.

Among the criticisms cited against NGOs included that they:

- Do not share their knowledge and experience with Government bodies,
- Serve the already served community,

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- Give less attention to filed local capacities,
- Fail to accommodate their projects into Government health programs, and
- Do not provide reports to the Ministry of Health.

It was, however, noted that NGOs provide their reports to their respective local line ministry representatives local line ministry representative which do not reach the Federal Ministry of Health. Hence, there is an information flow gap. To alleviate the program, it was suggested to establish a better system of information inflow.

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RECOMMENDATIONS

At the end of the workshop participants passed the following recommendations:

- To continue the consultation process in the form of workshop/seminars between the NGOs and the Government are HSDP implementation at the regional and zonal levels. It was suggested that this could be handled by the CRDA Secretariat through its Health Working Group and to include non-CRDA member NGOs in the consultation phases.
- To represent NGOs through CRDA in the National Steering Committee for the implementation of HSDP. NGOs should also be represented at the regional and zonal level steering committees.
- To strengthen and improve the flow of information between NGOs and the Ministry of Health in implementing HSDP.
- To encourage NGOs to undertake action-oriented research.

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3. FULL TEXT

WELCOMING ADDRESS
Ato Leulseged Asfaw, Head, Training Department, CRDA

Dear Participants
Ladies and Gentlemen

On behalf of the Christian Relief and Development Association and on my own behalf, I wold like to extend a warm welcome to all of you gathered here to deliberate on a most timely issue, Health Sector Development Programme, workshop organized jointly by the Ministry of Health and CRDA.

At the outset, I would like to thank the Ministry of Health for its initiative to organize this workshop.

The operation of NGOs in Ethiopia, as well all know, goes back to well over two decades. It also goes without saying that during the past two decades, NGOs in Ethiopia made outstanding contributions in the efforts towards the alleviation of the socio-economic problems of the people. However, despite several achievements being recorded by the NGO sector, we still believe that further conducive environment should be developed that will provide the necessary forum for partners to engage in dialogue towards working in unisio of the development of the nation.

The contribution of NGOs in the health sector, especially during those bad days of drought, is still fresh in our memory. NGOs have mobilized huge amount of medicines and other medical supplies to save the lives of millions, for which we Ethiopians are grateful. Similarly we do expect NGOs to play a significant role in improving the health sector. As stated in the different national policies and strategies, Ethiopia needs the support of others to overcome its deeply rooted poverty.

CRDA, since its establishment, has accomplished various activities in collaboration with the Ministry of Health. Just to mention a few, EPI plus ORT, Polio Eradication, Reproductive Health, and different relevant programmes.

It is true that the different organizations represented here today, despite the fact that we work for common good of our people and country, have in most cases, set different priorities and gone separate ways to attain the same goal. The convergence of interest, this time, will be around the "Health Sector Development Programme" whereby, all parties involved or intend to get involved in the health sector are expected to follow this programme.

In Ethiopia, the major causes of morbidity and mortality are communicable diseases and malnutrition and consequently, preventive and curative measures are very important. This is why CRDA and its individual members, conscious of the situation, have increasingly given more and more of their attention, time and resources to improve the general health conditions of the Ethiopian people. Major areas of intervention include:

- Health education
- Treatment of common diseases
- Health post construction and improvement of existing health infrastructure
- Immunization and nutritional improvement preventive and control of HIV/AIDS
- Community health service and
- MCH programme which incorporates family planning

As we, CRDA members involved in the health sector, have benefited from the different policies formulated by the Ethiopia Government, including the Health Policy and Strategy, we have also faced some difficulties in materializing the Health Policy and Strategy in its totality which is the basis of the Health Sector Development. We strongly believe that it is our responsibility to give feedback to the Ministry of Health for better performance of the sector.

As many of CRDA member operate in deep rural areas, serving the poorest of the poor, there are related to standardization of health institutions, access to drug, trained manpower, health system financing and other procedural issues.

The overall objective of this workshop is to popularize the five-year Health Sector Development Programme to CRDA members that are engaged in providing health care services. It is our sincere hope that this workshop will reinforce the strengths of the Health Sector Development and similarly, identify practical problems and will come up with workable recommendations that could be easily addressed by the Ministry of Health through different measures for the betterment of the sector.

I would finally like to thank the resource persons who are willing to introduce the Health Sector Development Programme.

I wish you frank and fruitful deliberations.

Thank you very much.

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OPENING ADDRESS
Ato Yohannes Tadesse, Head, Health Service and Training Department, Federal Ministry of Health

Dear Participants,
Ladies and Gentlemen,

It is now eminently clear that popular participation in development is an essential prerequisite and a cornerstone of human-centred and self-sustaining development. Without the active involvement of people and their organisations in the development process, improvements of human conditions can neither be achieved nor sustained. The recongition only became clear to us not too long ago.[1] This is despite the fact that Civil Society Organisations (CSOs), in particular non-governmental orgnisations (NGOs), devoted to socio-economic development issues have been with us for a long time contrbuting in divers ways, to Africa's development in political, social and economic sphere.

In the 1950s after the Second World War, the concept of participatory development, nurtured by CSOs resulted in extensive mobilisation of civil society in Africa, to pressurise for decolonisation. Other areas of activity by civil society included health service provision. We know too well the contributions, in terms of educational and health service of various religious groups towards development in variuos parts of the continent as these activities mission schools and hospitals and other social services outlets mushroomed, to provide services in rural committee. These organizations were led predominantly by expatriates.

After independence, and for a while, the pressure for strong central government control and leadership, devoid of outside competition led to governments staying a courteous distance away from the CSOs. But declining economic perfomance of most Sub-Saharan African countries in the mid 1970s and 1980s was to lead to a review of this policy, as the economic situation of large segements of the continent's population deteriorated. In order to address the economic decline governments were forced to take harsh reform measures, which included strinent fiscal discipline and other structural adjustment measures. This effectively underminded the politics of development based on strong central governments. It gave way to the use of community development programmes to fill the gaps. A consequence of this was heightened awareness and acceptability of community involvement. The use of self-help community groups in search of a way out of Africa's economic and social crisis gained prominence. Today, we recognise the inherent relationship between people and development and we are folly aware of of the fact that the primary objective of development is to improve the living conditions of our people. We also fully understand the fact that the foundation for self-reliant and internally self-sustaining processes of development is participation by the people and their organisaitons.

While the idea of CSOs participation in the development process goes way back, the idea that they should be mobilised and organised to participate in local development has been formalised and popularised only during the last fifteen years. During this period a number of fora and platforms were organised to discuss the role of civil society organisations in Africa's development. Thus:

[1]The Copenhagen Declaration; The Programme of Action for Social Development; the Programme of Action of the International Conference on Population and Development (ICPD-PA),UNCED'S Agenda 21 and the follow-up, and Beijing Platform for action of the Fourth World Conference on Women]

- In Dakar, Senegal, 1987, African NGOs meeting considered the need for close association between NGOs and their governments, and for African governments to consider NGOs as partners and not competitors in development.

- The UN at large has kept discussion going on and together with other developmet partners have produced substantial argument, asserting that efforts should focus on strengtheining CSOs for mobilisation of popular participation in the development process and that people's active involvement in the development process accelarates economic and social progress. The views and proposals arising therefrom, aimed at furthering people's participation, were forcefully made at the various World conferences on social and economic developmnt and the Earth Sumits of the 1990s[1].

- The International Conference on Participation in the Recovery and Development Process in Africa, convened in Arusha, Tanzania, 1990 adopted the 'African Charter for popular Participation in Development and Transfromation.' Laying out the framework for promoting broad-based popular participation, the charter affirmed that the development process should be fundamentally reoriented towards greater broad-based participation on the part of Africa's people and their organisation. It was endorsed by the African Heads of State and Government, African Ministers responsible for Economic Development and Planning, and the United Nations General Assembly, thus providing consensus on the role of people's organisation in the development process.

CSOs, NGOs and CBOs in Ethiopia and their Role in Development

Here in Ethiopia, voluntary organisations based on social, religious, locality or kinship criteria are a relatively old phenomenon. They have traditionally played a role in supporting their members in times of hardship. More recently, missionary organisations and other legally recogised people's organisations with humanitarian agenda have emerged. First mainly of European origin and later also indigenous NGOs, the first NGOs, first started to appear in Ethiopia in the 1960s. Previously involved mainly in relief and rehabilitation efforts, they have gradually become more development oriented, and played an increasingly important role in the development of the country.

Community-based organisations (CBOs) are increasingly targeted as partners for international and local NGOs.

Development Goals and Strategy

When the TGE came into power in 1991, two decades of war, various droughts and famines, and bad policies of the previous had exacerbated the human development status of the country that was already poor. As a result, health and education indicators were exceptionally bad. The immediate challage for recovery, reconstruction, transformations and development was tremendous and huge.

Short to Medium Term

With the support of the international donor community, the government put in place an Emergency Recovery and Reconstructin Programme (ERRP). Also adopted was a New Economic Policy (NEP) to correct short to medium-term macro-economic imbalances. This has been remarkably successful.

Macro-economy is sound, and positive growth rates on the average have been registered. The structure of government expenditure has also been rationalised. Resource allocation to social sectors (education, health and welfare) and infranstructures have been increased.

Long-term

Based on critical analysis of the prevailing development problems, the government developed various sectoral and sub-sectoral policies and strategies as frameworks for different long-term development activities and to guide future priorities and resource allocation. Health and educatin were prioritised as part of an overall strategy for reconstruction and socio-ecomomic development.

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The Health Sector Development

After analyzing the national health development problems, a new national health policy was developed within the framework of the overall governmental policy of democratization and decentralization. The implementation strategy formulated for the realization of the overall national health policy goals, adopted a non-project approach to development. The result has been the Health Sector Development Plan, a sector-wide long-term implementation strategy designed to run in a series of medium-term investment programmes. We are already mid-way through the first medium-term Health Sector Development Programme (HSDP), covering the period 1997/98-2001/02.

HSDP seeks to develop a health care delivery system, which provides comprehensive and integrated primary health care services based at community-level health facilities. The foucus is on health promotion and disease prevention, without neglecting essential curative services and rehabilitation, primarily implemented and managed by appropriate mix of well-trained, and motivated frontline health personnel at regional, zonal and woreda levels. This peripheral level is to be supported by appropriate functioning referral system within a restructured, four tire health care delivery system.

For budgeting and implementation purposes, HSDP comprises eight programme components. They include service delivery and quality of care; infrastructure rehabilitation and expansion; adequate and reliable essential pharmaceutical and standard equipment supplies; human resource development; information, education and communication; health sector management and mangement information systems; monitoring and evaluation and health care financing.

HSDP has been prepared to encourage strong local ownership. It is therefore, considered a government programme whose implementation draws support from donors and lenders through a number of aid instruments, including recurrent as well as investement support. The successful implementation of HSDP will, however, depend greatly on the active participation of all potential actors within and without the health sector. The importance of the role of civil society organisations, and therefore, partnership-building with CSOs and NGOs in this rgard cannot be over-emphasised. The government of the Federal Democratic Republic of Ethiopia recognises this. Not only from the fact that it was partly to the consensus which adopted the 'African Charter for Popular Participation in Development and Transformation' but also from the tremendous challenge of development in Ethiopia, requiring a more extensive involvement of NGOs and community-based organisations in the development effort.

While acknowledging the growing importance of the contribution of NGOs to development efforts in Ethiopia, it is worth nothing that there are weaknesses and limitations to their overall impact. NGO interventions are in most cases project, that may or may not fit into the wider sectoral strategies. As such, their impacts tend to be restricted geopgraphically.

There are relatively few NGOs, given the size of the population and the scope of the development challenge. NGOs also face budget constraints. Many NGOs have been established only recently and have limited experience and capacity. "Buying" into the HSDP should be able to integrate the NGO contributions into the overall sectional development with "snow -balling" impact.

It is, therefore, essential to ensure that all potential stakeholders get to know the nature and scope of the HSDP. This is especially so when not all non-MoH partners were involved in the preparation phases, (for reasons of encouraging local ownership). It is essential not only in order to facilitate their meaningful participation in it, but also because active participation of civil society is essential for implementaiton and sustainabilitity of the HSDP objectives, and will meaningfully involve the NGO sector in the implementaiton process.

This seminar has been organised jointly by the Ministry of Health (MoH), CRDA and various aspects of the first medium-term HSDP will be considered in plenary by way of presentaiton and discussions. In order to popularize the NGO committee, your active participation in he dissussions is encouraged and most welcomed. The gathering is now offically open!

God bless you all!
Thank you,

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ISSUES ON POLICY AND HEALTH STRATEGY
Dr. Yohannes Kebede

General Policy

- Democratisation/ Decentralizations
- Health Care:
  - Preventive/promotive/curative
  - Accessible
  - Equity/ acceptability (under served)
  - Affordable/sustainable

- Inter-sectoral activities
  Inter-country activities
  Regional international organization
  - Share information
  - Strengthen collaboration

- Private Sector/NGOs participation
- Scheme of payment according to ability
- Self-reliance:
  - Appropriate capacity building based on assessed needs
  - Resources-Internal & external
  - Organization & Management (OM)

Priorities of the Policy

- Information, Education & Communication (IEC)
- Emphasis shall be given to:
  - Communicable diseases, epidemics & diseases related to malnutrition & poor living conditions (All)
  - Promotion of occupational health & safety
  - Development of environmental health
  - Rehabilitation of health infrastructure
  - Development of an appropriate health service management system

- Appropriate support to the curative & rehabilitative components of health including mental health
- Development of the beneficial aspects of traditional medicine including related research & its gradual integration into modern medicine
- Applied heath research addressing the major health problems
- Provision of essential medicines, medical supplies & equipment
- Development of human resources with emphasis on:
  - Expansion of front-line & middle level health professionals with community-based, task-oriented training
  - Special attention to the health needs of
    - The family-women & children
    - Those in the forefront of productivity
    - Rural populations, pastoralists, the urban poor an national minorities
    - Victims of man-made and natural disaster

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General Strategies

- Democratization
- Decentralization
- Inter-sectoral collaboration
- Health education
- Preventive & promotive activities
- Human resource development
- Availability of drugs, supplies of equipment
- Traditional medicine
- Health systems research
- Family health services
- Referral system
- Diagnostic & supportive services for health care
- Health management information system
- Health legislation
- Health service organization
- Administration & management of the health system
- Financing the health services

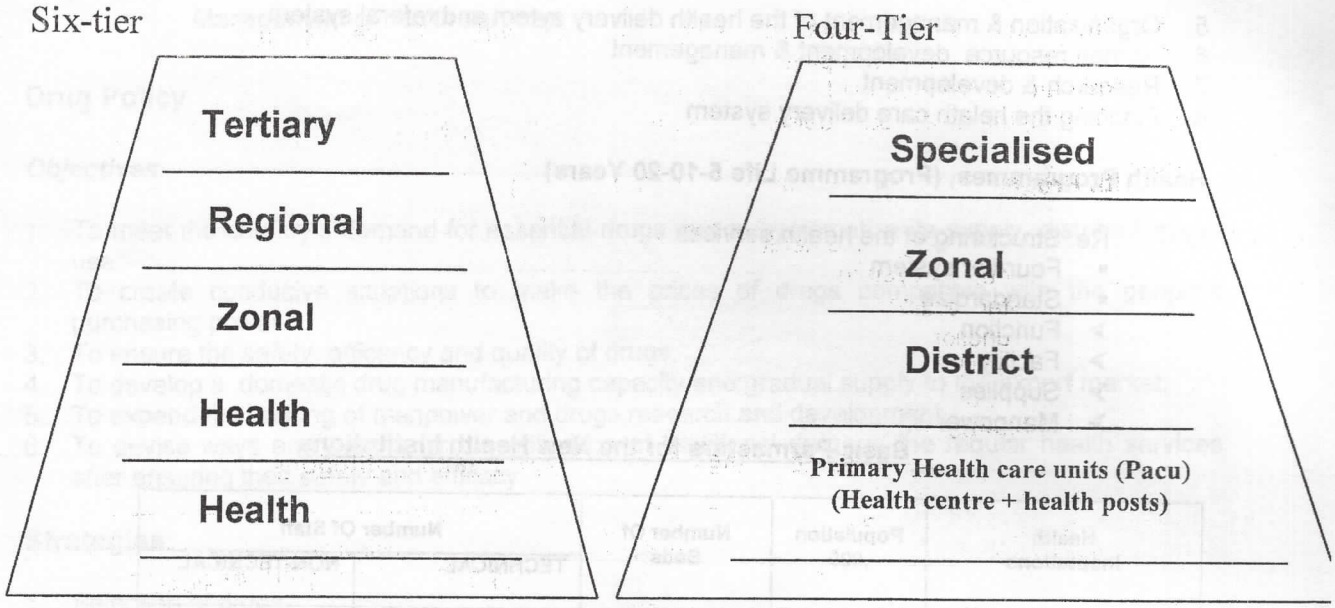
Health Sector Strategy

- One of the worst health status in the world:

1mr	=	110/1000LB
CMR	=	99/1000C
MMR	=	5.6/1000LB (560 – 850/100,000)
Life expectancy at Birth (LEB)	=	53.4 YRS
Fertility Rate (FR)	=	7.56/10 etc

- Nutritional disorders important causes for morbidity & mortality
- The health service system with specialized vertical programmes functioning at various degrees of involvement & effectiveness
- Health professional training & specialized health research institutions are very few, under funded & over crowded.
- Health education is rudimentary & in many ways lacks a clear objective, focus & a cohesive direction
- The health care infrastructure has been crippled by the proceeding two decades of civil war, under funding & neglect
- The health service organization & management very centralized, undemocratic & unprofessional with very minimal community involvement

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Health

Problem in human resource development and utilization in the health sector

- Under Funded Health Service

Objectives of the Health Sector Strategy

Main objective

- To give a comprehensive and integrated primary health care in health institutions at the community level.

Approach

- Emphasis on the preventive and promotive aspect of health care without neglecting essential curative services.

Focus

- Communicable disases, common nutritional disorders, and on environmental health and hygiene,
- IEC about health and nutrition
- Human and material resources will be developed, deployed and managed
- Problem in human resource development and utilisation in the health sector.
- Under funded health service

Major Components of the Health Sector Strategy

1. Strengthening the preventive/promotive health service:
   - 1.1 Community health service
   - 1.2 Family health care
   - 1.3 Environmental & occupational health & sefaty
2. Essential curative/rehabilitative care
3. Drugs & medical supplies
4. Health information, documaetaion and processing

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5. Organization & management of the health delivery sytem and referal system
6. Human resource development & management
7. Research & development
8. Finacing the helath care delivery system

Health Programmes, (Programme Life 5-10-20 Years)

I. Re. Structuring of the health services
   - Four-tier system
   - Standardize
     - Function
     - Facility
     - Supplies
     - Manpower

Basic Parmaeters for the New Health Institutions

Health Institutions	Population ,000	Number Of Beds	Number Of Staff	
			TECHNICAL	NON-TECNICAL
HC	25	10	13+(15)	12+(5)
DH	250	50	33	35
RH	1000	100	60	30
SH	5000	250	120	50

I. Drug & medical supplies provision
   - improve quaiity of care
   - Public confidence

II. Human resource development (HRD)
   - Appropriate team of staff
   - Motivated staff
   - Realistic career structure

III. Strengthening preventive & promotive health
   - Reduce burden of diseases
   - Vertical health programmes phase out

IV. Health management information system (HMIS)
   - Documentation-processing-analysis
   - Availability for consumption at all levels

Priorities

- Women, children
- Productive force
- Underserved population groups (rural population)
- Communicable diseases
- Information, education, communication(IEC)
- Front line and mid-level human resource
- Essential commodity supply
- Systematic health service organization

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- Management of health services

Drug Policy

Objectives

1. To meet the country's demand for essential drugs and to systematize its supply, distribution and use.
2. To create conducive situations to make the prices of drugs compatible with the people's purchasing power.
3. To ensure the safety, efficency and quality of drugs.
4. To develop a domestic drug manufacturing capacity and gradual supply to the export market.
5. To expand the training of manpower and drugs research and development.
6. To devise ways and means for the utilization of traditional drugs in the regular health services after ensuring their safety and efficacy.

Strategies

1. Selection of drugs
2. Drug supply
3. Stock management & distribution
4. Drug administration & control
5. Manpower training & utilization
6. Drug information & promotion
7. Trading agencies & scientific bureaux
8. Drug use
9. Traditional drugs
10. Research & development
11. Drug pricing
12. National, regional & international relations
13. Policy enforcement

Population Policy

Specific Objectives

1. Reducing the current total fertility rate of 7.7 children per woman to approximately 4.0 by the year 2015;
2. Increasing the prevalence of contraceptive use from the current 4.0% to 44.0% by the year 2015;
3. Reducing maternal, infant & child morbidity & mortality rates as well as promoting the level of general welfare of the population;
4. Significantly increasing female participation at all levels of the educational system
5. Removing all legal & customary practices
   - Property rights
   - Access to gainful employment
6. Ensuring balanced population distributioon patterns;
7. Improving productivity in agriculture & introducing off-farm non agricultural activities
8. Mounting an effective country wide population.....

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Strategies

1. Expanding clinical & community-based contraceptive distribution services by mobilizing public & private resources;
2. Promoting breastfeeding
   - Childhood malnutrition
   - Time span between earlier and subsequent pregnancies
3. Raising the minimum age at marriage for girls from the current lower age limit of 15 to at least 18 years
4. Planning of implementing counseling services in the educational system;
5. Providing career counseling services in the educational system
6. Long-term policy integration of women in th modern sector of the economy;
7. Undertaking feasibility studies of experiment in respect to micro enterprises;
8. Making population and family life related education & information widely available via formal & informal media;
9. Production & effective distribution of low cost radio receivers & information materials such as posters, flyers and all kinds of promotional materials;
10. Access of women to all social, economic and cultural resources & their control over them including the ownership of property & businesses
11. The advertisement, propagation & popularization of diverse conception control methods;
12. Encouraging governmental & non-govrnemtal agencies involved in social & economic development programmes;
13. Establising teen-age of youth counselling centers in reproductive health;
14. Facilitating research programme development in reproductive health;
15. Developing IEC programmes specially designed to promote male involvement in family plannining;
16. Diversifying methods of contraception with particular attention to increasing the availability of male-oriented methods.

Priorities

1. Improving the quality & scope of service delivery.
2. Population research, data collection, analysis & dissemination.
3. Expansion & strengthening domestic capacity for training in population.
4. Expansion of IEC of social mobilization

Woman Policy

Objectives

1. Facilitating conditions conducive to the speeding of equality between men of women;
2. Facilitation of the necessary condition whereby rural women can have access to basic social services & to ways of means of lightening their workload;
3. Eliminating, step by step, prejudices as well as customary & other practices that are based on the idea of male supremacy.

Strategies

1. All appropriate measures shall be taken to ensure that the democratic and human rights of women are respected
2. The government shall facilitate conditions conducive to the participation of woman in both the elaboration and decision making process;
3. All appropriate measures shall be taken to ensure that women are made beneficiarieson an equal basis with men of
   - Equal pay

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- Equal work
- Promotions
- Appointments
- Desireable transfers
- Termination of empoyment
- Training

4. Women to work in the civil service in any capacity they prove to be competent for;
5. The right of women to get career & vocational guidance at any institution of education;
6. Informing and education of concerned communities about such harmful practices as circumcision or the marriage of young girls before they reach puberty
7. Access to basic health care facilities, information about tradiional and modern family planning methods;
8. Eliminate, step by step, prejudices of customary practices such idea as women are inferior to men;
9. The necessary conditions whereby women can have effective legal protection ot their rights shall be facilitated;
10. Women who have particular problems as a rsult of natural & man-made disasters shall be given special aid prommtly;
11. A department of women affairs in all ministries of governmental organizaitons;
12. Research shall be done on some ways and means of lightening the work-load of women;
13. The necessary conditions whereby women can obtain training and education shall be facilitated
14. Approprate support shall be extended to all women's associations formed with their intiative and full consent and those that will be fomed in the future;
15. Women are the beneficiaries of the aid that donor countries and international NGOs send to them. No duplicaiton of activities instead coordinated;
16. Implementation of the policy shall be facilitated;
17. The right of women to the same retirement age and benefits as those of men-a fair tral in a court of law.

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SECTOR WIDE APPROACH SENSITIZAIOTN SEMINAR ON HEALTH SECTOR DEVELOPMENT PROGRAMME (HSDP)

Dr. Ermias Getaneh

1. Health Sector Overview, Ethiopia

- Past health service system

Background

- Highly Centralized
  Fragmented vertical Programmes
  Little public-private mix
- Rapid Population Growth

  Poor economic performance
  Low educational level
- Health status
- Services were:
  Poorly allocated
  Inequitably staffed
  Under utilized
  Under funded

Vital indicators

- Ethiopian burdens of diseases
- 75 – 80% preventable disease
- Dominated by MCH/comminicable disease problems
- Emergency health problems
- Health service utilization
- Limited access and unequal health fasility HF
- distribution
- Health service quality
- Inadequate/poorly maintained infrastructure
- Health personnel Shortage
- Poor distribution
- Under-utilized

2. Concept and approach of sector investment program

Features

- Sector-wide in scope
- Coherent to policy framework and institutional arrangement
- Local stakeholders drive the process
- All donors participate
- Common implementation arrangement
- Minimize the use of long-term foreign technical assistance

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Principles

- a sustainable partnership
- in the context of coherent sector
- achieving in improvement

Adopted due to project-based approach failed, which :

- disregards institutional and policy issues
- Has the risk of duplication, overlap, inchoherent
- makes donors coordination difficult
- Is not conducive to promoting ownership

3. Health Sector Reform

- It is an extension of Sector inventor proform

- A *sustained* process of fundamental change in national policy and institutional arrangements
- Guided by government
- Designed to *improve* the functioning and *perfomance* of the health sector and ultimately the health status of population
- A deliberate and planned political process intended to make long term and permanent changes.

Taking in to account

- Political changes
- Increasing *democratization*
- Greater *participation* of the community and privet sector in social changes
- Greater awareness of persistent and exacerbated *inequities*
- Greater education of the population and awarness of *basic rights*

Economic changes

- Economic reforms, including *structural adjustment* programmes
- *Cutbacks* in social spending, particularly health and education

Democratic changes

- Increasing urbanization and industrialization
- Change in lifestyle

Epidemiological changes

- Coexistence of epidemiological profiles characteristic of developing countries, with prevanlence of transmitable and deficiency diseases and other conditions as chronic diseases and accidents

Weakness of the health system

4. Common orientations of proposed changes:

4.1 Major Orientation

- Management of health service and systems
- *Redefinition* of health service hierarchy
- *Decentralization*
- Management of support sytems

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4.2 Provision of health services

- Improvement of efficency and productivity of services
- Human resources management
- Policies for registry, financing, distribution and rational use of drugs
- Procedures for evaluation and control of technologies

4.3 Financing of Health Services

- Identification and mobilization of additional financial sources
- Orientation of health expenditures on criteria of equity and efficiency
- Improvement of the allocation sytems, and the use and control of services and resources at the national and health facility levels
- Re-allocation of resources to cost effective intervention.

5. Critical requirement of sector approach

- a strategy
- a budget
- a set of management arrangement
- a package of donor support

6. Ethiopia's Health sector development Programme (HSDP)

- A 20-years strategic horizon
- A 5-years rolling plan
- A result of critical examination
- Accords by government
- Realistic goals and measures
- A component approach
- Mobilizing all accessible resources
- Founded on decentralization and democratization

Appropriate use of traditional medicine

1. Developing the Preventive and Promotive

- Family planning services
- Controlling common endemic, epidemic and newly emerging diseases and prevention of environmental pollution
- Strengthening health education

2. Strengthening Capacity for Health Service Planning and Management

- Decentralization and democratization

3. Ensure Financial Sustainability

- develop equitable and acceptable standard of health services
- Maximiz utilizing internal and external resources
- develop scheme of payment according to ability
- promote partnership with private sector

4. Scope and physical targets of HSDP

- Reorganized in 8 components
- For budgeting and implementation
- Indicate relative priorities
- Responsible to the health delivery system

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- Well co-ordination during implementation

1. **Service Delivery and Quality of Care**
   - To improve coverage and quality Organization of health systems
   - Four tier system

     Extension of coverage
     Promotion of public, private mix
     Equitable access to health care services
     Integration of services
     Provision of comprehensive services
     Intersectional collaboration action for health
     Promotion of community participation
     Defining basic packages of health
     Services, based on prevailing epidemiological profiles, availability of resources, etc
     Co-ordination of external partners

2. **Health Facility Rehabilitation and Expansion**
   - To improve access and quality of health service
   - To increase health facility to population Ration

3. **Human Resource Development**
   - Man power development strategy
   - Adequate and motivated staff
   - Focus of community oriented fl and ml health personnel

4. **Strengthening Pharmaceutical Services**
   - Regular and adequate supply of essential drugs
   - New pharmaceutical legislation
   - Revision of drug policy

5. **Information, Education and Communication**
   - To improve health KAP
   - To promote political and community support

6. **Strengthening Health Service Management Information system**
   - Improve skill in the area of policy formulation and programme implementation
   - Revise training manuals
   - Conduct generalized management training

7. **Monitoring and Evaluation**

   Objective
   - To monitor improvement and performance
   - To evaluate the effectiveness of HSDP

8. **Health Care Financing**
   - To improve public health sector efficiency and to generate additional and new sources of revenue
   - Design HC and FS after series studies on revolving drug fund, user fees, community and employer-based social financing/insurance scheme

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9. Monitorable Indicators of HSDP

Impact

- Life expectancy at Birth
- Population growth rate
- Maternal mortality rate
- Infant mortality rate

Outcome

- PHC service coverage
- Contraceptive coverage
- Immunization coverage

Recent setbacks experienced

- Limited experience
- High turn over of senior staff
- Some regional governments take SWAP lightly
- Non - adherent once to agreed management
- Protocols (procurement, financing, auditing)
- Sudden pull out of donors
- "Wait and see" strategy of donors
- Complex sensitive political reasons

Bottlenecks/Constraints Observed

- Some donors who would prefer to wait until everything has been tested and proven infallible
- Donors could use the opportunity to undermine governments stand
- The approach requires persons with high capacity to deal with the (PIM) of the whole sector
- Different channels of fund disbursement
- Decentralizing of planning and implementation exacerbate the capacity problem of the weaker regions

Challenges

- Ineffective system in place
- Poorly organized accountable management body
- Donors continue to direct funds to individual projects
- Structural adjustment policies
- Collaboration with the private sector
- Refitting vertical programs
- Well-trained motivated management staff
- Sustaining the initial financial commitment
- Establishing systems of finance, auditing and procurement
- Management of committee in the use of pooled resources and monitoring performance

Advantages of SWAP

- Donors and governments partnership
- Holistic approach to the health sector
- Common implementation procedures
- Regular formal discussion and exchange of information between donors and implementing body
- Resource and service gaps are closed
- Minimise efforts dealing with different donor requirements
- Commits the governments to allocate more resources
- Gives donors a stronger voice influencing (negotiate) changes

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- Standardising and quality improvements are built into health care delivery
- Transparency
- Enables regional planning and implementation

Sector Wide Approach (SWA)

- It is response to the need for more stable and longer term financing framework
- For adjustment/coherent programme approach
- Realistic partnership

Principles of SWA- (Andrew Cassels)

- A sustainable partnership
- Achieving improvements in peoples health
- In the context of coherent sector

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ANNEX I

CHRISTIAN RELIEF AND DEVELOPMENT ASSOCIAITON IN COLLABORAITON WITH THE MINISTRY OF HEALTH

Seminar on
Health Sector Development Programme (HSDP)
April 11, 2000
Ghion Hotel, Addis Ababa

Programme

Tuesday – April 11, 2000

08:30 - 09:00	Registration
09:00 - 09:15	Keynote Address *Ato Leulseged Asfaw* *Head, Training Department, CRDA*
09:15 - 09:30	Opening Address *Ato Yohannes Tadesse* *Head, Health Services and Training Department, MoH*
	CHAIRPERSON : Ato Yohannes Tadesse
09:30 - 10:30	Issues on Policy & Health Sector Strategy *Dr. Yohannes Kebede* *Health Service and Training Department, MoH*
10:30 - 11:00	***Coffee Break***
11:00 - 12:00	Perspectives of HSDP *Dr. Ermias Getaneh* *Planning and Project Department, MoH*
12:00 - 12:30	Discussion
12:30 - 02:00	***Lunch Break***
	CHAIRPERSON : Dr. Agonafer Tekalegne
02:00 - 03:00	Role of NGOs' in the Implementation of HSDP *Dr. Ermias Getaneh* *Planning and Project Department, MoH*
03:00 - 03:30	***Coffee Break***
03:30 – 04:30	Discussion
04:30	Closing – Ato Yohannes Tadesse, MoH

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ANNEX II - LIST OF PARTICIPANTS

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CRS, Ato Bekele Abaire
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EGT, Sr. Mulunesh Aga
En. Pr. A. O, Ato Fesseha Gedamu
ENA, Ato Tesfaye Dessalegne
ENA, Ato Tsegaye Zewdie
ERSHA, Ato Teshome Negash
Eth. Isalmic Affair, Ato Nuredin Jemal
Ethiopian Aid, Ato Yitbarek Yohannes
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