

Leadership brings change for mothers and children in Ethiopia

by *Tedros Adhanom, Minister of Health, Ethiopia*

Ethiopia's experience with child survival shows that strong political leadership can bring about dramatic results. In 2004, Prime Minister Meles Zenawi challenged the Government and its partners to join him in charting a road map for universal health care, despite the enormous obstacles that stood in its path. While more than 80 per cent of child deaths are preventable, coverage and utilization of preventive services remained low, with less than 30 per cent of women receiving antenatal care and only 49 per cent of children receiving a full course of immunizations by their first birthday.

The Health Extension Program

The Government and its partners are tackling these challenges head-on through the Health Extension Program, a national strategy designed to promote community-based child and maternal health. Grounded in the philosophy that health is a product that can be produced by individuals, the Health Extension Program empowers communities to make informed decisions about their own health by equipping them with appropriate skills and knowledge.

To make this plan a success, the Government is deploying 30,000 female Health Extension Workers (HEWs) – a huge commitment of financial and human resources – to promote 16 basic interventions that address the major causes of child and maternal mortality. More than 17,000 HEWs have been employed to date, and an additional 7,000 are in training. Each *kebele* (the lowest administrative unit) is staffed by HEWs, who are locally recruited and trained by the Ministry of Health. The Government has also put in place an Enhanced Outreach Strategy, a transitional programme that delivers emergency and basic care to communities while they await the arrival of trained health workers.

At the same time, initiatives are under way to strengthen the infrastructure that supports referral-level hospitals. The Government is investing in a Health Management Information System designed to collect data at all levels, including the health post. In October 2006, the Government adopted a national Health Commodities Supply System to ensure that vaccines, essential drugs and other health commodities are readily available to public sector health facilities. These initiatives are vital to ensuring the sustainability of the progress made to date with vertical and community-based health initiatives.

Lessons learned

The Health Extension Program has taught a number of valuable lessons. The first is that scaling-up requires speed, volume, and quality. Robust planning processes have helped to ensure speed and volume. For instance, when the Government organized a national campaign for the distribution of insecticide-treated mosquito nets, donor partners, particularly the Carter Center, the Global Fund, UNICEF and the World Bank, coordinated their support for the national campaign, helping to achieve the target of 20 million nets within two years. Each household received two bed nets, which are used to protect primarily women and children against malaria.

The second lesson is that speed and volume do not necessarily ensure quality. Extra effort is needed to ensure that households know when and how to use health resources, including mosquito nets. The female HEWs are working to bridge communication gaps between the health sector and the communities it serves by winning the confidence of communities and talking directly to mothers.

The third, and perhaps most vital, lesson learned is the paramount importance of political leadership. Genuine political leadership requires active and meaningful engagement in every step of the process – from identifying the problem and setting targets, to mobilizing resources, and fostering community participation. Public discussion on health-care needs and priorities, and cooperation among all stakeholders, including donors, health-care providers, and communities, has helped foster broad ownership of the Health Extension Program.

Our partners, including UNICEF and other donors, support the national planning process, harmonizing their activities and support for Ethiopia's priorities. It is a tremendous achievement that all donor partners have signed a code of conduct and endorsed a single harmonization manual, which aims to create one plan, one budget and one final report. This is an ambitious objective that we are working together to achieve over the long term.

Ethiopia's road map to achieving MDG 4 still faces a number of hurdles, but the progress made to date demonstrates that our vision for universal access to affordable health care can be a reality.