



Federal Democratic Republic of Ethiopia
Ministry of Health



IMPROVING THE PERFORMANCE OF THE HEALTH SYSTEM:
A FOUNDATION FOR UNIVERSAL HEALTH COVERAGE



ANNUAL HEALTH SECTOR PERFORMANCE REPORT:

EXECUTIVE SUMMARY

Version -1 2009 (2016/2017)

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TABLE OF CONTENTS

Introduction	1
HSTP Transformation Agendas	2
Health Service Delivery	3
Health Extension Program	3
Reproductive, Maternal, Neonatal, Child, Adolescents and Youth Health Services	5
HIV/AIDS Prevention and Control	5
Tuberculosis and Leprosy Prevention and Control	6
Malaria Prevention and Control	7
Neglected Tropical Diseases	8
Prevention and Control of Non-Communicable Diseases	8
Public health emergency preparedness and response	9
Health Care Quality Improvement and Assurance	10
Leadership and Governance	10
Evidence Based Decision Making.....	11
Health and Health Related Surveys and Operational Research	11
Regulatory System	12
Gender, Youth and People with Disability Mainstreaming	12
Health System Capacity	13
Health Infrastructure	13
Human Resource for Health	14
Pharmaceutical Supply and Services	15
Resource Mobilization	15
Conclusion	18





INTRODUCTION

This Annual Performance Report represents the second year of the Health Sector Transformation Plan (HSTP) (2015/16-2019/20) performance, and mainly focuses on the progress made in the implementation of the Woreda-Based Annual Core Plan and on the overall health sector performance against the targets set for EFY 2009 (2016/17).

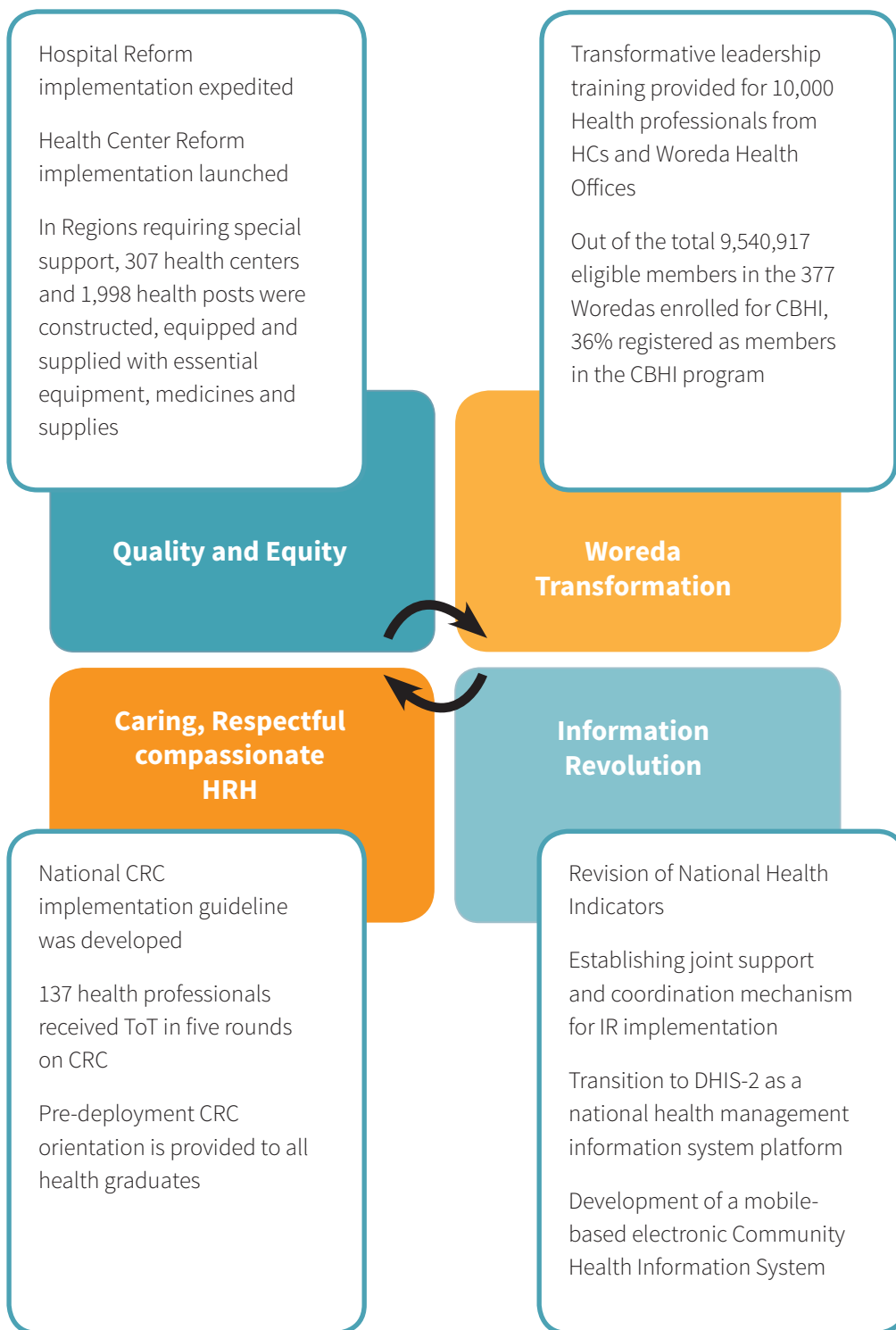
The performance report highlights the four pillars of HSTP: (i) Health Service Delivery; (ii) Quality Improvement and Assurance; (iii) Leadership and Governance; and (iv) Health System Capacity. It also covers the progress on the Strategic Objectives of the health sector.

As one of the core agenda items at the ARM, the Annual Performance Report highlights progress, challenges, lessons learned and way forward for the health sector for the forthcoming year. In particular, the report provides information on:

- Overall priority health service coverage levels;
- Performance against target set in the core plan, using national and regional level indicators;
- Trends of achievements;
- Regional comparisons;
- Status of implementation of the health sector support systems as well as leadership and governance;
- Financial report for EFY 2009, including health sector expenditure analysis and donor-expenditure analysis.

This performance report is prepared based on data from HMIS/PHEM, CSA, application of accountability scorecard, etc. The Health Management Information System (HMIS) aggregated monthly, quarterly and annual institution-based reports for the EFY 2009, with some exceptions of data for certain program areas such as administrative reports and surveys undertaken by different institutions. Population figures are used based on the projection estimates for the fiscal year provided by the Central Statistical Agency (CSA) and conversion factors from the same source. The report contains data represented in the form of tables, figures and maps that represent regional comparisons, geographical distributions, and trends over time

HSTP TRANSFORMATION AGENDAS



HEALTH SERVICE DELIVERY

HEALTH EXTENSION PROGRAM



39,497 Women development army and 2,125,190 one to five network



5,553,105 (38%) Model Households and 5,051 (30%) open deification free kebeles



39, 878 Health Extension Workers of which 9588 (24%) are level IV

The Health Extension Program (HEP) is a community health system designed primarily to deliver disease prevention, health promotion and selected high-impact curative services at the community and household level

The Health Development Army (HDA) was launched in 2011 to further strengthen the HEP and sustain the gains the country has registered. The HDA leaders are selected from model families and they complement the work of HEWs with network of 1:5 and 1:30 households.

The Ministry aspires to stay abreast of the needs of the communities' through continually shaping the HEP. To this end,

Comprehensive HEP Program adequacy assessment was conducted

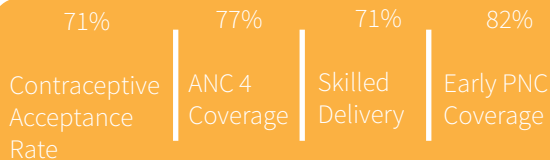
- Competency based training curriculum was developed to train women development army (HDA) team leaders as Level-I HDA leaders
- 412 health workers from regions were trained on Level-I HDA curriculum
- 4500 Urban HEWs received refresher training on SBCC, WASH and RMCH
- Sanitation market was initiated in 103 woredas
- Health literacy and communication material development guidelines were developed

REPRODUCTIVE, MATERNAL, NEONATAL, CHILD, ADOLESCENTS AND YOUTH HEALTH SERVICES

REPRODUCTIVE AND MATERNAL HEALTH



Maternal Mortality Ratio reduced by 39% from 676 in 2011 to 412 per 100,000 live births in 2016



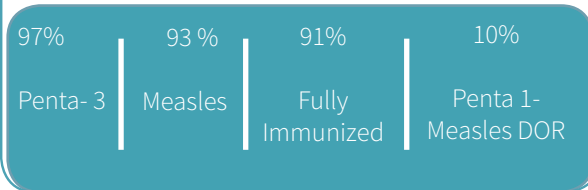
NEONATAL AND CHILD HEALTH



Neonatal Mortality decreased from 37 in 2011 to 29 in 2016

Infant Mortality decreased from 59 in 2011 to 48 in 2016

Under-5 Mortality decreased from 87 in 2011 to 67 in 2016



The contraceptive prevalence rate among married women in Ethiopia has increased from 28% in 2011 to 36% in 2016 and the TFR has been reduced from 4.8 to 4.6 children per women during the same time. Long term family planning account 29% from the total FP users.

The performance for ANC-4, Skilled Delivery, and Early PNC were well short of the targets set for the EFY 2009.

National AYH strategy developed and school health program with different service package designed as one means to reach this group.

The cumulative number of health facilities providing IMNCI service increased from 3,302 (87%) in 2008 to 3778 (100%) in 2009 EFY. In addition, HPs providing ICCM services has increased form 15,551 (94%) in 2008 EFY to 16,367(99.42 %) in 2009 EFY. Total number of hospitals with NICU facility has reached 190, of which 80 started the service in the 2009 EFY.

HIV/AIDS PREVENTION AND CONTROL



7,721,556 (57% of the target) people were tested for HIV



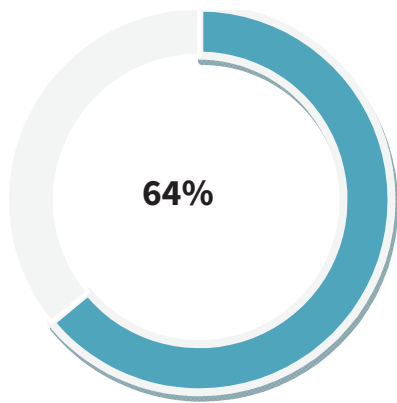
426,472 (59% of the target) are currently receiving treatment



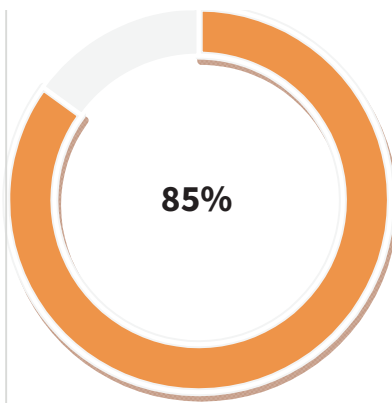
174,810 (87% of the target) clients have viral load < 1000 copies/ml out of 201,293 tests performed

- HIV testing has decreased by 8% when compared to last year performance
- HIV positivity yield has increased by about 22%.
- Adult PLHIVs are almost twice more likely to be on ART than
- Children, 405,002 (62%) and 21,470 (33%), respectively.
- To meet the 90-90-90 target set for the year 2020, the FMOH adopted the targeted testing and “test and treat” approach that aims to raise the proportion of people who know their HIV status to 90% in 2020 and to increase number of HIV positive people on ART
- FMOH is working to strengthen the regional laboratory with further expansion to perform viral count for patients who are on ART

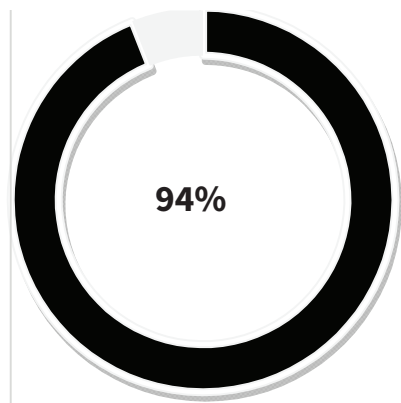
TUBERCULOSIS AND LEPROSY PREVENTION AND CONTROL



TB DETECTION RATE

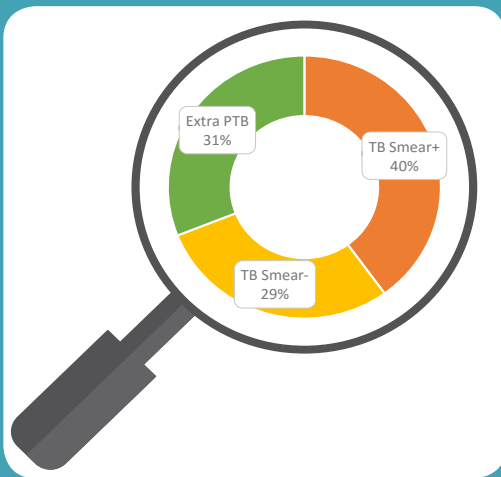


TB CURE RATE



TB RX SUCCESS RATE

The pie chart below shows proportion of the types of TB detected from a total of 116,105 all forms TB cases.



- The contribution of HEWs in TBN detection in 2009 EFY was 24 %,
- A total of 706 RR/MDR-TB cases are diagnosed and enrolled to second line anti TB drug; the treatment success
- rate of MDR TB reached 71.3%.

LEPROSY

In EFY 2009, a total of 3,101 new leprosy cases were detected which was slightly higher than 2008 EFY and Grade II disability among new leprosy cases is 12.9%, which is close to meeting the 12% national target and showed improvement from 2009 EFY baseline.

MALARIA PREVENTION AND CONTROL



From the total malaria case diagnosed Plasmodium Falciparum (PF) accounts for 1,059,829	61%
From the total malaria case diagnosed Plasmodium accounts for 216,542	12%
5.8 million unit structure were sprayed	97% Of the targeted area
Number of LLIN`s were distributed	2.8% Million

NEGLECTED TROPICAL DISEASES

More than 420,000 (60%) trachoma cases cleared from nearly 700 thousand backlog cases

Over 13.8 million people took drugs for the prevention of onchocerciasis

A total of 17.7 million children received deworming service for Soil Transmitted Helminthiasis

Lymphatic Filariasis treatment was given for more than 3.5 million people

Leishmaniasis treatment has been provided to 2,499 Visceral leishmaniasis patients in 24 health facilities

PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

Hypertension & Diabetics

- Totally 188,862 screened for hypertension
- Among the total individuals screened 47,633 (25%) were found with raised BP
- Out of these 8,877 were enrolled to care
- Totally 318 health professionals were trained on DM

Cancer

- 200 health facilities are providing VIA screening and cryotherapy treatment
- More than 52,000 women were screened for Cervical Cancer

Hepatitis

- 42,214 individuals received screening test for HBV, 17,579 individuals were screened for HCV with RDT
- Among them, about 929 and 346 patients have been
- and/or are on treatment for HBV and HCV respectively

Mental Health

- Only 13,035 patients were reported to be diagnosed and treated for mental illnesses.

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

CASE REPORTED

- 2,237 laboratory confirmed and epidemiologically linked measles
- 320,700 dysentery cases were reported from all regions
- 1,865 suspected meningitis cases were reported.
- 676 anthrax cases were reported with CFR of 1.0%.
- 3,521 suspected rabies cases were reported

DEATH REPORTED

- 13 deaths by measles with CFR of 0.6%.
- 19 deaths by dysentery with CFR of 0.01%.
- 74 deaths by meningitis with CFR of 3.91%.
- 7 deaths by anthrax with CFR of 1.01%.
- 30 deaths by rabies with CFR of 0.85%.

Ethiopia has been accepted as Polio Free Country after a verification visit from ARCC in EFY 2009. Similarly, the country also was validated on the elimination of maternal and neonatal tetanus and become one of the 42 countries that eliminated MNE in the same fiscal year



HEALTH CARE QUALITY IMPROVEMENT AND ASSURANCE



Hospital and HC reform

- National EHSTG 20 LEAD Hospitals of the 19 chapters (excluding federal and teaching hospitals management chapter) reached 53% ranging from 14 % in palliative and rehabilitative service management to 78% in monitoring and reporting system. In addition, the HC reform implementation on 10 selected chapters reached 46 % in 2009 EFY.
- 2000 and 2300 health workers and managers trained on CASH
- / IPPS and nursing service standards from different hospitals.



ICU Services

- According to report collected from 20 hospitals a total of 4,275 patients admitted to ICU,
- 2,541 (59.4%) were recovered and 1,249 (29.2%) were died.



Blood Safety

- In EFY 2009, it was planned to collect 202,000 units of blood and 169,744 units (83.6%) was collected, of which 168,776 units
- (99.4%) were collected from voluntary donors.



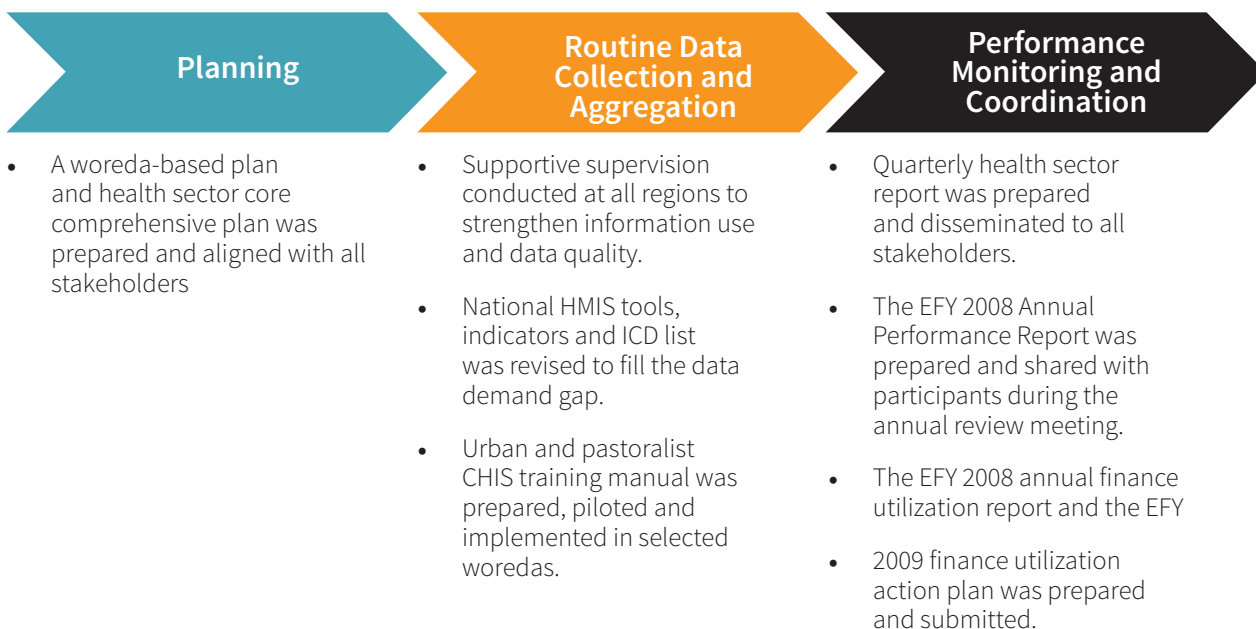
Clinical Services

- In 2009 EFY, total of 70,510,347 visits were made
- to health facilities with an average of 0.7 OPD visit per
- person per year
- In EFY 2009, there were a total of 1, 022,362 inpatient discharges with an average length of stay (ALOS) of 4 days.
- In EFY 2009, the Bed
- Occupancy Rate (BOR) was 40% with slight increment
- from baseline performance

QUALITY IMPROVEMENT AND ASSURANCE

LEADERSHIP AND GOVERNANCE

EVIDENCE BASED DECISION MAKING



HEALTH AND HEALTH RELATED SURVEYS AND OPERATIONAL RESEARCH

HEALTH AND HEALTH RELATED SURVEYS

- The 2016 Ethiopia Demographic and Health Survey (EDHS) is the fourth Demographic and Health Survey conducted in Ethiopia.
- The 2016 Service Availability and Readiness Assessment (SARA) for Ethiopia was conducted to assist the health sector in assessing and monitoring service readiness and capacity at region and health facility levels on a regular basis.
- The 2016 EmONC assessment conducted to provide up-to-date information for policy-makers, planners, researchers and program managers, which would allow guidance in the planning, implementation, monitoring and evaluation of maternal and newborn services in the country

OPERATIONAL RESEARCH

- Case based surveillance for HIV in Ethiopia;
- National TB/HIV sentinelle surveillance (July 2015-June 2016);
- Sentinel surveillance of sexually transmitted infections based on syndromic case reporting, (July 2015-June 2016);
- Evaluation of Schistosomiasis/STH diseases monitoring and control program;
- Biomarker study on patients with onchocerciasis disease;
- Onchocerciasis disease sentinel surveillance;
- Community based non-communicable diseases (NCD) national survey;
- Sustainable under-nutrition reduction in Ethiopia (SURE) program evaluation (2016-2019): Cross-sectional baseline survey;

REGULATORY SYSTEM

Control of Food Quality and Safety	Control of Health Service Inputs	Health Professional Competence and Ethics	Ensuring Health Service Quality
<ul style="list-style-type: none"> A total of 839 licenses were issued for manufacturers, exporters, importers, and distributors. 15,647 licenses were issued for retailers. Post-licensing inspection was conducted at 1186 (88.6%) food manufacturers, importers, and distributors as well 	<ul style="list-style-type: none"> A total of 25 health input manufacturing and 339 import and distribution licenses were issued during the fiscal year 555 (48.8%) new licenses were issued for medicine retail outlets. 	<ul style="list-style-type: none"> 22,948(94%) new health professionals were registered 11,870 (84%) professional license renewal done 	<p>5,485 facilities including public health facilities were licensed at regional level.</p>

GENDER, YOUTH AND PEOPLE WITH DISABILITY MAINSTREAMING

- Training was provided for 664 Women’s who are working at different leadership and expert position at federal and regional level on “leadership and decision making skills”, self-confidence and team building and on revised family law.
- Training on sexual violence was provided to 150 professionals from all regions and 279 victims of sexual violence received treatment at St. Paul hospital and Jugole hospital.

HEALTH SYSTEM CAPACITY

HEALTH INFRASTRUCTURE

HOSPITALS

- Construction of one new and expansion of two federal hospitals started
- The number of functional regional hospitals has increased by 25
- Construction of additional 125 regional hospitals started

HEALTH CENTERS

- 70 new HCs constructed
- Total number of health centers reached 3622

HEALTH CENTERS

- 180 new HPs constructed
- Total number of health posts reached 16,660

OTHERS

- Construction of blood bank building in Gondar and Jigjiga have reached over 95% completion and the one in Arbaminch has been completed
- Nekemte blood bank building was started in the fiscal year and has reached 35% completion.
- The construction of malaria center in Adama has reached 80% completion
- Pre-service training: In the fiscal year;
- A total of 2500 students were enrolled in 28 medical schools and 933 physicians were deployed

HUMAN RESOURCE FOR HEALTH



Enrollement

- The cumulative number of enrollment reached 18,342 Medicine, 1226 B.Sc. Anesthesia 671 biomedical engineering, 840 Specialty nurses, 9858 level IV and 24914 level III replacement HEW in the fiscal year.



Deployment

- 933 general practitioners, 1,137 health officers, 78 anesthetists, 1,121 BSc nurses, and 1039 midwives and other health professionals have been deployed during EFY 2009



In-service Training

- Total in service training center is 52 and
- 49,275 health care providers were trained through this centers in past four
- years of which 22, 354(45%) trained in
- 2009 EFY.

PHARMACEUTICAL SUPPLY AND SERVICES

Auditable Pharmaceutical transaction and service

- In 2009 EFY, nationally there are 123 Hospitals that implement Auditable pharmaceutical transaction and service (APTS) system.

Quantification and Essential Drugs Availability

- Vital and essential pharmaceuticals stock status have been on average reached 60%.
- 862 pharmaceuticals (2253 drugs with different dosage form), 1158 medical equipment items, 946 medical supplies and 947 laboratory reagents and chemicals have been defined and integrated into one list for the first time in the country.

Procurement and distribution

- A total amount of 6.84 billion worth of pharmaceuticals and medical equipment's procured, which accounts for 80% of the planned procurement in the year.
- 799,492,018 ETB worth of pharmaceuticals and medical supplies were procured from in country manufacturers which is 63.38% of the planned target.
- 5.17 billion worth pharmaceuticals, medical supplies and equipment were donated by Development partners.
- A total of 13.56 billion ETB pharmaceuticals medical supplies and Equipment's have been distributed (61.6% of the planned distribution) in the fiscal year.

RESOURCE MOBILIZATION

Revenue Retention and Utilization

In EFY 2009, a total of 253 hospitals and 3,329 health centers were retaining and utilizing their respective internal revenue.

Fee waiver for Equitable Access to Health Services

745,768 of them got the necessary health services and

29,098,875 ETB disbursed for the health facilities for the service they provided.

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Provision of Exempted Services

Services such as diagnosis, treatment and follow-up of malaria, TB/Leprosy, prenatal, delivery and postnatal services, immunization, HIV/AIDS services, fistula management and treatment are some the services that are provided to general public free of charge.

Private Wing

In EFY 2009, a total of 58 hospitals were running their respective private wing and 127 hospitals outsourced some of their non-clinical services such as security, food for patient, maintenance.

Community based health insurance

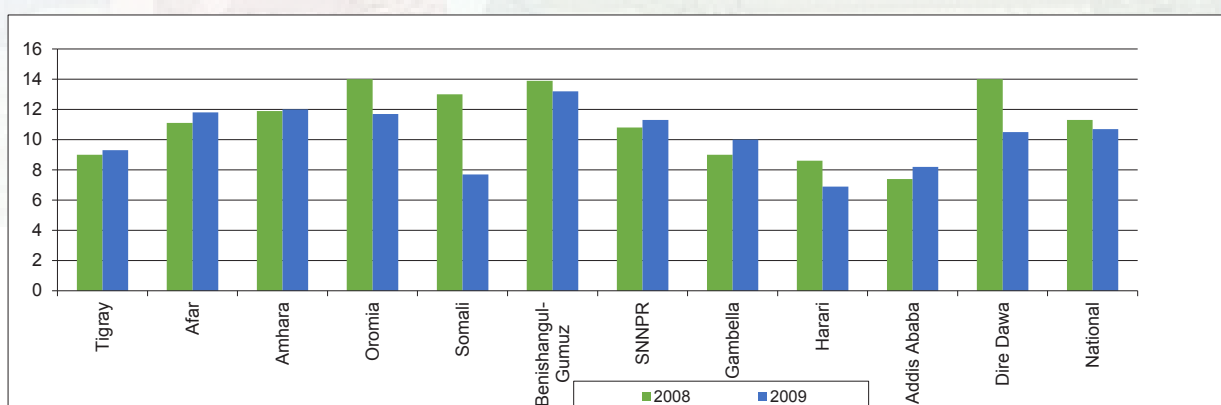
A total of 9,539,483 eligible households from 377 CBHI woreda

A total of 3,474,569 households (36%) are members of CBHI and total beneficiaries reached 15,638,789

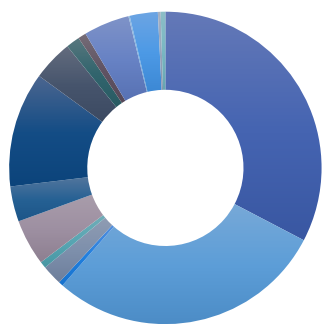
Contribution collected from paying members in the fiscal year was 593,790, 260 ETB

PUBIC BUDGET ALLOCATION

In EFY 2009, the percentage of total budget allocated for the health sector at regional level was 10.7% and has slight decrease from last year performance. The regional block grant budget allocated to the health sector ranged from 6.9% in Harari to 13.2% in Benshangul Gumuz Regions in the same year.



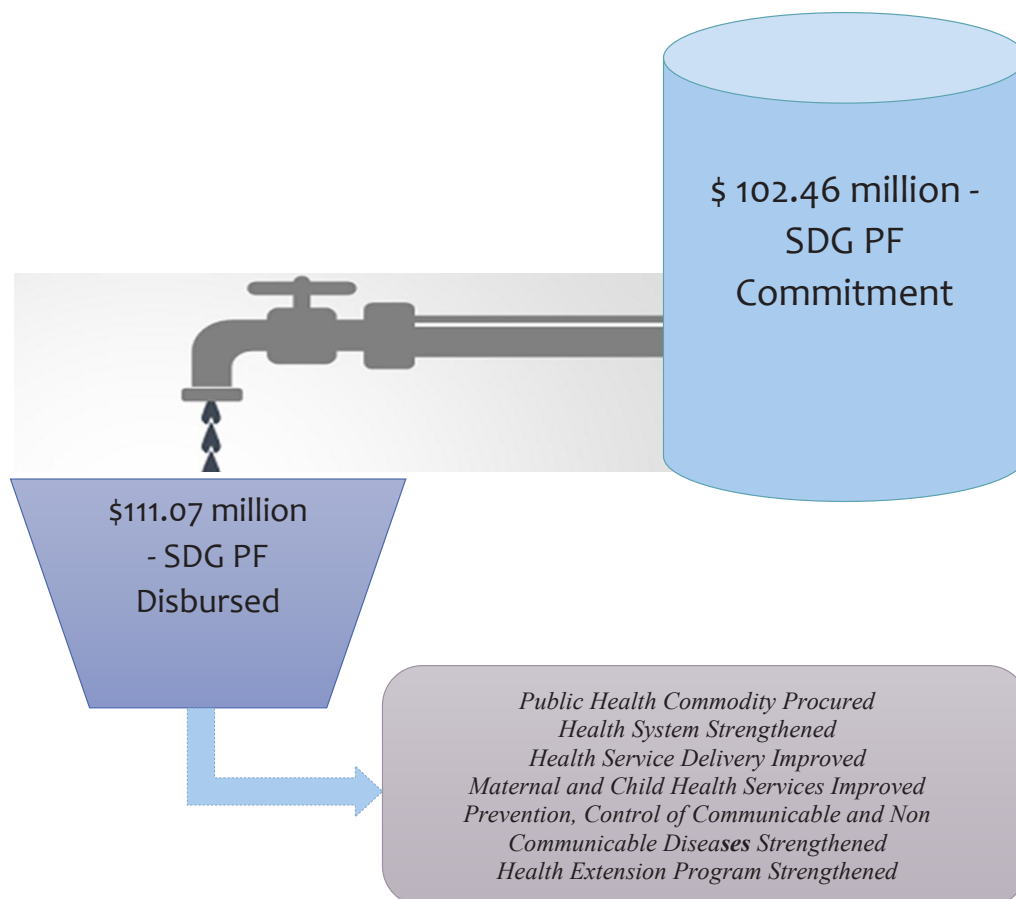
DPS DISTRIBUTION FOR HEALTH



- Global Fund
- DFID
- Spanish Aid
- Irish Aid
- Italian Co.
- EKN
- UNICEF
- World Bank
- GAVI
- EU
- UNICEF
- CDC
- WHO
- UNFPA
- CIFF- SURE
- End Fund
- GSF

In the fiscal year, a total of 255,026,932 USD was committed by DPs. Out of which, 226,734,672 USD (89%) disbursed. From total disbursements to FMOH by DPs in the budget year, Global Fund's share was 33% (USD 74.06 million) followed by DFID 29% (USD 65.26 million) and GAVI 12% (USD 27.03 million).

SDG PERFORMANCE FUND



N.B.

The disbursed amount is greater than the commitment due to some DPs disbursed more than their commitment for emerging needs and emergency response.

Channel III contributors are not included in the above financial contribution by DPs.



CONCLUSION

In EFY 2009, despite all the hurdles posed by various emergency situations, the health sector has performed with notable gains. However, this encouraging performance is also characterized by a rather slow progress towards the targets set for the year.

With the aim of accelerating progress and building momentum towards realizing the HSTP targets, the FMOH identified four transformation agendas and reviewed all health programs with focus on the four agendas. There has been a huge drive to improve quality and equity of care; ensure woreda transformation; produce a compassionate, respectful and caring health workforce and realize the Information Revolution. Thus far, quality has been given due attention and the national quality framework has been developed and rolled-out. Encouraging results have been registered in hospital and health center reform activities that need to be scaled up in the coming years. Implementation of the transformation agendas revealed that woreda transformation is a long term process. To date, despite progress on each of the components of the woreda transformation, no single woreda has been entirely transformed. The Information Revolution has also demonstrated concrete progress in transforming the routine and population based data sources, but a poor culture of information use and data quality remain one of the major challenges of the health sector.

In most cases, the health sector performance in 2009 EFY is characterized by sustaining previous year's gains or slight progresses in most of the HSTP strategic objectives. The observed steady progresses compared to the annual targets are mainly attributed to the primary attention awarded to improving health care quality as well as the efforts exerted to use a better quality routine data. Overall, the report indicates that numerous initiatives were launched during the fiscal year that will need to be sustained and implemented with renewed rigor in the coming fiscal years.



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