



Ethiopia has the second largest population in sub-Saharan Africa numbering over 80 million, with 45% under the age of 15 and 84% living in rural areas. Recognizing that a healthy, educated workforce is needed to achieve and sustain economic development, the Government of Ethiopia (GOE) is leading an ambitious health sector development program.

HEALTH SYSTEM CHALLENGES

Ethiopia’s population has poor access to safe water, housing, sanitation, food, and health care. These factors result in a high rate of communicable diseases including tuberculosis (TB), malaria, respiratory infections, diarrheal diseases, and nutritional deficiencies; in fact, 29% of women are malnourished and 38% of children suffer from chronic under-nutrition. Ethiopia has the seventh highest TB burden in the world; one third of Ethiopia’s population is infected. Additionally, Ethiopia has too few health professionals and a weak health delivery system to service a rapidly growing population spread across vast distances.

Although positive results over the past decade can be ascertained from the Demographic and Health Surveys (DHS), a high fertility rate and low contraceptive prevalence contribute to an annual population growth rate of 2.6%, with resulting high levels of maternal and neonatal mortality. Although there has been a steady reduction, Ethiopia has one of the world’s highest rates of maternal deaths and disabilities in the world. Each year, 19,000 women die from childbirth-related causes and it is estimated that over 100,000 women currently suffer from obstetric fistula, and an additional 9,000 new cases occur each year. Current HIV prevalence is 2.4%; HIV infections are largely concentrated in urban areas (7.7%) and in high risk populations. Malaria is the primary cause of illness and the leading cause of outpatient visits, hospital admissions and inpatient deaths.

DHS HEALTH RESULTS			
Indicator	2000 DHS	2005 DHS	2011 DHS (preliminary)
Infant mortality rate per 1,000 live births	97	77	59
Under 5 mortality rate per 1,000 live births	140.1	123	88
Contraceptive prevalence rate	8%	15%	29%
Total fertility rate per 1,000 women	5.9	5.4	4.8

COUNTRY LEADERSHIP: NATIONAL HEALTH PLAN PRIORITIES

Ethiopia has taken an active role in addressing the country’s health challenges, and doubled the budget for health over the past five years. This budget emphasizes maternal and child health, prevention of communicable diseases, and health systems strengthening. A main feature is the Health Extension Program, which promotes primary health care at the community level and is supported by over 34,000 health extension workers. While the private sector is relatively small, it is growing with a larger network of service providers and will be increasingly important.

GLOBAL HEALTH INITIATIVE ACTIVITIES IN ETHIOPIA

Through GHI, the U.S. will continue to increase the capacity of the GOE to deliver essential health services through existing mechanisms, while mainstreaming GHI principles throughout U.S. programming. A focus on women and girls is prominent, addressing the varied aspects of development that affect the females’ health. GHI enhances support for Ethiopia’s top health priority—to reduce maternal, neonatal and child mortality. Specifically, the U.S. supports the Ethiopian Government’s goal to increase access to contraception by integrating family planning and HIV services in all U.S. supported sites. The U.S. will expand support for antenatal, maternal, and neonatal services. Under GHI, the U.S. will also increase its coordination of key health system activities, such as addressing critical

human resource constraints and increasing coordination with other critical investments like the U.S. Feed the Future initiative, as well as the education and democracy and governance sectors.

GHI ETHIOPIA: FOCUS AREAS

Together with the GOE, the U.S. outlined a GHI country goal: **Improve the Health Status of Ethiopians through Increased Use of Quality Health Services to Reduce Maternal, Neonatal and Child Mortality.**

The achievement of the goal is dependent on the success of three focus areas: 1) improve access to health care services, 2) increase demand for health service, and 3) improve health systems

GHI PRINCIPLES

- Investing in gender equality for women and girls important for maternal and child health, but also for social status, livelihood, and participation of women in the economy
- Enhancing support to local and existing well-performing partners
- Increasing integration in planning and implementation of U.S.-supported activities
- Improving coordination with other bilateral and multilateral partners
- Supporting strategically aligned systems strengthening across all health programs
- Increasing linkages with other sector programs and “wrap-around” opportunities including the U.S. Feed the Future program and other development sectors
- Strengthening monitoring and evaluation to know what works, and what doesn’t



CURRENT U.S. HEALTH SECTOR PROGRAMS

Ethiopia remains among the top recipients of U.S. health resources with a total 2010 funding level of \$400 million for HIV/AIDS, malaria, maternal and child health, family planning, tuberculosis, food and nutrition, and water and sanitation programs. The U.S. had aligned its health programs with the current GOE Health Sector Development Program III (HSDP III) and has played an integral part in the development of the HSDP IV.

The U.S. has robust and comprehensive health interventions in Ethiopia, which:

- Support to the GOE’s Health Extension Program, reaching over 32 million people (40% of the Ethiopian population) in 300 districts in four regions
- Assistance to over 13,000 Health Extension Workers and thousands of community volunteers
- Support HIV prevention care (including TB), treatment and mitigation in all nine regions and two city administration regions with integrated PMTCT in 1,352 hospitals and health centers
- Provide Antiretroviral Therapy (ART) at 146 hospitals, including all public hospitals, and 386 health centers; as of September 2010, 207,333 individuals were receiving ART.
- Reach over 500,000 Orphans and Vulnerable Children through family-centered approaches
- Maintain the long standing fistula program that is reaching 1,000 women
- Provide insecticide treated nets, indoor residual spraying, Artemisinin-based Combination Therapies, and policy and system support through malaria programs
- Strengthen health systems to respond to public health threats through commodity logistics, public health emergency management system, health management information systems, laboratory systems, human resources, and health facility and laboratory infrastructure
- Invest in health financing reforms that have resulted in health facility retention of fees, national health accounts surveys and current piloting of community and social insurance
- Build the capacity of public and private health science and social work educational institutions to deliver quality pre-service education, and support in-service education for health professionals
- Engage the private sector in provision of counseling testing and TB/PMTCT services
- Assist with prevention, care and treatment for refugee populations and the uniformed services.



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