

1. Record Nr.	UNINA9910796686003321
Autore	Wang Huihui
Titolo	Ethiopia Health Extension Program : : An Institutionalized Community Approach for Universal Health Coverage // Huihui Wang
Pubbl/distr/stampa	Washington, D.C. : , : The World Bank, , 2016
ISBN	1-4648-0816-3
Descrizione fisica	1 online resource (118 pages)
Collana	World Bank Studies.
Disciplina	362.10963
Soggetti	Community Health Worker Ethiopia Health Health Extension Workers Health Policy Health worker training Human Resources for Health Primary Health Care Recruitment and retention Rural Health Universal Health Coverage Ethiopia Economic policy
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references.
Nota di contenuto	Front Cover; Contents; Preface; Acknowledgments; About the Authors; Abbreviations; Overview; Study Objective; Health Extension Program; HEP-UHC Conceptual Model; Methods; Results; Contribution of HEP toward UHC; Lessons for Other Countries; Notes; Chapter 1 Country and Sector Context; Overall Country Context; Health Sector Development Programs Overview; Institutional Arrangements for HSDP IV; Service Delivery System; Health Financing System; Notes; Chapter 2 Ethiopia Health Extension Program; Context; Key Actors; Financing; Notes; Chapter 3 Health Extension Program and Progress toward UHC ObjectivesA General Conceptual Framework on Social Determinants of Health; HEP and UHC Model Based on the General Framework; Methods; Data; Results; Note; Chapter 4 Discussions; Contribution of HEP to

UHC; Lessons for Other Countries; Challenges; Note; Appendix A Ethiopia Country Fact Data Overview, 2011; Appendix B Detailed Results; Appendix C Example of Occupational Standard for Health Extension Service Level III: Antenatal Care; Appendix D TVET Program Structure for Health Extension Service Level III Appendix E Example of Training Module for Health Extension Service Level III (Antenatal Care) Appendix F Selected Results on HEWs Competency, Based on HEP Midterm Evaluation; References; Boxes ; 1.1 Health Sector Goals, Objectives, and Targets Set under the Growth and Transformation Plan; 2.1 Packages Included for Model Family Training; 2.2 Model Family Graduation Criteria; 3.1 Observations from a Rapid Supervision of HDA in Tigray; 4.1 Challenges and Actions Taken in HEP Implementation; Figures ; 0.1 Health Extension Program and Universal Health Coverage Model in Ethiopia
0.2 Focus of the Health Extension Program over Time
1.1 Governance Arrangements for HSDP IV; 1.2 Structure of Ethiopia's Three-Tier Public Health System; 1.3 HSDP IV Financing Sources and Funds Flow; 1.4 Level of Health Expenditures over Time; 2.1 Proportion of HEW Expenditures Out of Woreda Recurrent Expenditures in 2010/11; 3.1 Conceptual Framework on Social Determinants of Health; 3.2 Health Extension Program and Universal Health Coverage Model in Ethiopia; 3.3 Cumulative Number of HEWs, by Year; 3.4 Population-to-Health Human Resource (HRH) Ratio in 2009/10, by Region and HEW Scenario 3.5 Coverage of Model Families as of 2010/11, by Region 3.6 Exposure to Family Planning Messages, from 2005 to 2011; 3.7 Access to Improved Sanitation Facilities, from 2005 to 2011; 3.8 Knowledge of Proper Ways of Disposing of Children's Stools, from 2005 to 2011; 3.9 Knowledge about HIV/AIDS, from 2005 to 2011; 3.10 Knowledge of HIV-Prevention Methods, from 2005 to 2011; 3.11 Women with Accepting Attitudes toward Those Living with HIV/AIDS, from 2005 to 2011; 3.12 Coverage of Vaccinations, from 2005 to 2011; 3.13 Use of Modern Contraceptive Methods, from 2005 to 2014
3.14 Initial Breastfeeding, from 2005 to 2011

Sommario/riassunto

As a low-income country, Ethiopia has made impressive progress in improving health outcomes. This report examines how Ethiopia's Health Extension Program (HEP) has contributed to the country's move toward Universal Health Coverage (UHC), and to shed light on how other countries may learn from Ethiopia's experiences of HEP when designing their own path to UHC. HEP is one of the government's UHC strategies introduced in a context of limited resources and low coverage of essential health services. The key aspects of the program include the capacity building and mobilization of more than 30, 000 Health Extension Workers (HEWs) targeting more than 12 million model families, and the mobilization of "health development army" to support the community-based health system. Using the HEP-UHC conceptual model and data from Demographic and Health Surveys, the study examines how the HEP has contributed to the country's move toward UHC. During the period that the HEP has been implemented, the country has experienced significant improvements in many dimensions: in terms of socioeconomic, psychological, behavioral, and biological dimensions of the beneficiaries; and in terms of the coverage of health care services. The study finds an accelerated rate of improvements among the rural, less-educated, and the poor population, which is leading to an overall reduction in equity gaps and improvements in the equity indicators including the concentration indices - that suggest a more equitable distribution of resources and health outcomes. The HEP in Ethiopia has demonstrated that an institutionalized community approach is effective in helping a country make progress toward UHC.

The elements of success in the HEP include the emphasis on community mobilization which identifies community priorities, engages and empowers community members, and supports their ability to solve local problems. The other aspect of HEP is the emphasis on institutionalization of the activities, which addresses the sustainability of community programs through high level of political commitment, and effective coordination of national policies and leveraging of support from partners. These findings may offer useful lessons for other low income countries facing similar challenges in developing and implementing a sustainable UHC strategy.
