



USAID
FROM THE AMERICAN PEOPLE



ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: ETHIOPIA

July 2015

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared by Jenna Wright for the Health Finance and Governance Project. The author's views expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

July 2015

Cooperative Agreement No: AID-OAA-A-12-00080

Submitted to: Scott Stewart, AOR
Jodi Charles, Senior Health Systems Advisor
Office of Health Systems
Bureau for Global Health

Recommended Citation Health Finance & Governance Project. July 2015. *Essential Package of Health Services Country Snapshot: Ethiopia*. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

Photo Credit: Ethiopia Private Sector Health Program (PSHP)
©Jessica Scranton



Abt Associates Inc. | 4550 Montgomery Avenue, Suite 800 North | Bethesda, Maryland 20814
T: 301.347.5000 | F: 301.652.3916 | www.abtassociates.com

Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI) |
| Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D)
| RTI International | Training Resources Group, Inc. (TRG)

CONTENTS

Acronyms	i
About the Essential Packages of Health Services Country Snapshot Series..	1
The Essential Package of Health Services in Ethiopia	2
Priority Reproductive, Maternal, Newborn and Child Health Interventions.....	2
Use of Selected Priority Services	3
How the Health System Delivers the EPHS	3
Delivering the EPHS to Different Population Groups.....	3
Providing Financial Protection for the EPHS	4
Sources	5
Annex A. Ethiopia's EPHS	7
Annex B. Comparison between the EPHS and the Priority RMNCH Services.....	17
Annex C: Ethiopia Health Equity Profile.....	21

ACRONYMS

EPHS	Essential Package of Health Services
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGES OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Packages of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



THE ESSENTIAL PACKAGE OF HEALTH SERVICES IN ETHIOPIA

The government of Ethiopia published its “Essential Health Services Package for Ethiopia” in 2005 (Federal Ministry of Health 2005). This package was published with the intention to have public sector facilities provide a minimum standard of care that fosters an integrated service delivery approach essential for advancing the health of the population. For the complete list of services, see Annex A.

The major components of the Essential Health Services Package for Ethiopia are classified building on the Health Service Extension Program, which was launched in 2002 as an essential health services package at the community level, in recognition of the failure of essential services to reach remote communities in the country. By 2010 over 33,000 trained health extension workers were serving both rural and urban areas throughout Ethiopia. The country is currently working to scale up the urban health workers component of the program (Federal Ministry of Health 2010b).

In 2011, the Federal Ministry of Health and Regional Health Bureaus launched a series of blended learning modules to improve the knowledge of the country's Health Extension Workers to the same level as that of the Health Extension Practitioners, and to train new entrants to the service (The Open University 2015).

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Ethiopia's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included..	50
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	0
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	0
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	10

None of the priority RMNCH services were excluded from Ethiopia's EPHS.

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2005		6.4	0.8
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2011		51.6	4.8
BCG immunization coverage among one-year-olds (%)	2013	71		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	72		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

Services from the EPHS are delivered at the community, primary, and referral levels. Health extension workers are based at health posts, but are expected to spend 80 percent of their time in the community visiting households.

Health centers are primary and general hospitals, which in turn may refer to specialty hospitals. They serve as referral facilities for health extension workers. They average around 20 staff, and provide both preventive and curative services.

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Ethiopia based on data from a 2011 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ Coverage of reproductive health, maternal health, and immunization services appears to be associated with wealth, education level of the mother, and rural versus urban place of residence, suggesting inequity in service coverage.
- ▶ Coverage of at least one antenatal care visit was 75 percent for people with urban place of residence, compared to only 26 percent for people with rural place of residence.
- ▶ Coverage of family planning needs satisfied is approximately 30 percent among the poorest households and 80 percent among the wealthiest.

The *Health Sector Development Program IV 2010/11–2014/15* includes special strategies to improve access to the EPHS for the following populations: mothers, children, pastoral and rural populations, adolescents and youths, and the poor.

Providing Financial Protection for the EPHS

- ✓ Community-based insurance is available in parts or all of the country.
- ✓ Some services included in the EPHS are legally exempt from user fees on a national scale.

Services from the EPHS that are legally exempt from user fees include care for tuberculosis (sputum diagnosis, drugs, and follow-up); maternal care (prenatal, delivery, postnatal); family planning services; immunization services; HIV/AIDS (voluntary care and treatment, and prevention of mother-to-child transmission); leprosy; fistula; and epidemics. The government subsidizes the remaining essential health services, allowing health centers and hospitals to charge a minimal user fee. Additionally, poor people eligible for the fee waiver program are exempted from all user fees for services from the EPHS. Regional governments set the user fees to be charged at the facility level (Alebachew et al. 2014).

Health insurance coverage is not currently widespread in Ethiopia, and the government does not currently sponsor health insurance schemes, but it has recently signaled movement in this direction with its health insurance initiative. The government plans to sponsor social health insurance for the formal sector, as signaled by the Parliament and Council of Ministers in 2010 and 2012, respectively. The government also plans to support community-based health insurance for the informal sector on a national scale, but this is currently in a pilot phase (FMOH 2014).

SOURCES

- Alebachew, A., Hatt, L., Kukla, M., and Nakhimovsky, S. April 2014. Universal Health Coverage Measurement in a Low-Income Context: An Ethiopian Case Study. Bethesda, MD: Health Finance & Governance Project, Abt Associates.
- Drug Administration and Control Authority of Ethiopia. 2008. *Ethiopian National Drug Formulary*. First Edition.
- Ethiopia: EquityProfile - Reproductive, Maternal, Newborn and Child Health Services. World Health Organization. Accessed April 2015 at http://www.who.int/gho/health_equity/countries/en/
- Federal Ministry of Health, Government of Ethiopia. 2005. Essential Health Services Package for Ethiopia. Addis Ababa, Ethiopia.
- Federal Ministry of Health, Government of Ethiopia. 2010a. Ethiopia Expanded Program on Immunization Comprehensive Multi-Year Plan 2011-2015. Addis Ababa, Ethiopia.
- Federal Ministry of Health, Government of Ethiopia. October 2010b. Health Sector Development Program IV 2010/11–2014/15. Addis Ababa, Ethiopia.
- Federal Ministry of Health, Government of Ethiopia. April 2014. Ethiopia's Fifth National Health Accounts 2010/2011. Addis Ababa, Ethiopia.
- Partnership for Maternal, Newborn & Child Health. 2011. A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH). Geneva, Switzerland: PMNCH.
- The Open University. 2015. Ethiopian Health Education and Training Modules. Accessed in April 2015 at <http://www.open.edu/openlearnworks/mod/page/view.php?id=349>.

ANNEX A. ETHIOPIA'S EPHS

Essential Health Services Package for Ethiopia



**Federal Ministry of Health
August 2005**

Acronyms

ABC	Abstinence, Be Faithful, Condom use
AFS	Acid Fast Staining
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
APH	Ante Partum Haemorrhage
ARH	Adolescent Reproductive Health
ARM	Annual Review Meetings
ART	Anti Retroviral Treatment
BEOC	Basic Emergency Obstetric Care
CBRHA	Community Based Reproductive Health Agents
CD	Communicable Disease
CEOC	Comprehensive Emergency Obstetric Care
CMR	Child Mortality Rate
D&C	Dilatation and Curettage
DH	District Hospital
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment with Short course Chemotherapy (for TB)
EHSPP	Essential Health Services Package
ENA	Essential Nutrition Actions
EPI	Expanded Program of Immunization
ESHE	Essential Services for Health in Ethiopia Project
FBS	Fasting Blood Sugar
FMOH	Federal Ministry of Health
FP	Family Planning
GDP	Gross Domestic Product
GM	Growth Monitoring
HC	Health Centre
HEW	Health Extension Worker
HF	Health Facility
HH	Household
HIV	Human Immunodeficiency Virus

HMIS	Health Management Information System
HP	Health Post
HSDP	Health Sector Development Program
HSEP	Health Service Extension Program
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
ITN	Insecticide Treated Net
IYCF	Infant and Young Child Feeding
JRM	Joint Review Mission
LB	Live Births
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MTR	Mid Term Review
MVA	Manual Vacuum Aspiration
NGO	Non Governmental Organization
NMR	Neonatal Mortality Rate
OPD	Outpatient Department
ORS	Oral Rehydration Solutions
PCP	Pneumocistis Carini Pneumonia
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Post Natal Care
RF	Relapsing Fever
RH	Reproductive Health
RHB	Regional Health Bureau
RNI	Rate of Natural Increase
SDPRP	Sustainable Development and Poverty Reduction Program
STI	Sexually Transmitted Infections
TT	Tetanus Toxoid
TTBA	Trained Traditional Birth Attendant
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund

USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WHOs	Woreda Health offices

Annex 1. EHSP for Ethiopia, by category of services and by level of deliver.

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
FH/ ANC	<ul style="list-style-type: none"> ▪ ANC and follow up of pregnant women ▪ TT immunization ▪ Provision of iron and folate supplementation ▪ Treatment of malaria and hook worm in pregnancy ▪ IEC on balanced diet, HTP, breast feeding, FP, care and activities during pregnancy 	<ul style="list-style-type: none"> ▪ Comprehensive ANC services on daily basis ▪ Screening and management of syphilis and other problems in mothers ▪ Provision of PMTCT services ▪ Management of cases of pre-eclampsia, eclampsia, & malaria in pregnancy ▪ Management of abortion including MVA ▪ Diagnosis, referral & transportation of APH cases 	<ul style="list-style-type: none"> ▪ Skilled intervention of high risk mothers including in-patient and at maternity waiting area
FH/ Delivery & Newborn Care	<ul style="list-style-type: none"> ▪ Clean and safe delivery at HP and/or at home ▪ Birth weight recording of all newborns ▪ Basic resuscitation, prevention of hypothermia, ophthalmia neonatorum, & cord infections of new born ▪ Initiation of breast feeding by immediately putting the newborn on breast ▪ Identification, referral & facilitation of transfer of prolonged labour, foetal distress, bleeding, and retained placenta ▪ Immunization of newborn 	<ul style="list-style-type: none"> ▪ Clean and safe delivery (BEOC) at HC ▪ Where there is no DH in the district one HC will be upgraded to give CEOC ▪ Provision of assisted delivery (episiotomy, instrumental delivery) services ▪ Manual removal of placenta ▪ Management of PPH in mothers ▪ Management of complications in the neonate (sepsis without severe manifestation, local infections, etc) ▪ Identification, referral and facilitation of transportation of mothers of complicated labour 	<ul style="list-style-type: none"> ▪ CEOC ▪ Destructive delivery ▪ Treatment of premature births & those with birth injury ▪ Management of neonatal hypothermia & all forms of neonatal infections ▪ Management of all forms of retained placenta including hysterectomy
FH/ PNC	<ul style="list-style-type: none"> ▪ Promotion of ENA ▪ Promotion of breast & complementary feeding ▪ Provision of iron and Vitamin A supplements 	<ul style="list-style-type: none"> ▪ Treatment of breast infections & puerperal sepsis ▪ Diagnosis, referral and facilitation of early transfer of severe forms of infection and puerperal problems 	<ul style="list-style-type: none"> ▪ Treatment of all forms of puerperal problems including infections, psychosis & fistula

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
FH/FP	<ul style="list-style-type: none"> ▪ Promotion and advice on FP and EPI ▪ IEC and counselling on FP ▪ Provision of condom, mini pills, combined pills & injectable contraceptives 	<ul style="list-style-type: none"> ▪ Provision of long term contraceptives including Norplant, IUD and injectable ▪ Post abortion care including MVA 	<ul style="list-style-type: none"> ▪ Provision of all forms of FP including permanent methods ▪ Treatment of abnormal menstruation including D&C
FH/ Child Health/EPI/ IMCI	<ul style="list-style-type: none"> ▪ Immunization of mothers & children ▪ Treatment of malaria, ▪ Treatment of eye & skin infections with ointments. ▪ Treatment of common intestinal helminths with broad spectrum drugs ▪ Assessment and classification of common childhood illnesses using the IMCI guideline and provision of treatment for malaria and diarrhoea. with new ORS and zinc ▪ Promotion of appropriate feeding practices 	<ul style="list-style-type: none"> ▪ Treatment of all forms of febrile illnesses referred from HPs (including malaria, pneumonia, meningitis, and measles complications) ▪ Treatment of anaemia, diarrhoea, intestinal helminths based on laboratory diagnosis 	<ul style="list-style-type: none"> ▪ Out patient and inpatient treatment of all complicated and/or referred cases of infections supported by laboratory and X-ray diagnosis
FH/ GM & ENA	<ul style="list-style-type: none"> ▪ Growth monitoring based on national guidelines ▪ Vit A and iron supplementation ▪ Promotion of ENA ▪ Rapid test of edible salt for iodine ▪ Promotion of complementary feeding including demonstration of food using locally available items ▪ Vit A supplementation to mothers and children ▪ Supplementary feeding during emergencies 	<ul style="list-style-type: none"> ▪ Conduct regular growth monitoring ▪ Promotion of ENA ▪ Treatment of children with moderate to severe malnutrition ▪ Supplementary & therapeutic feeding ▪ Micronutrient complementary supply ▪ Test household salt for iodine at outreach sites 	<ul style="list-style-type: none"> ▪ In patient treatment of all forms of malnutrition
FH/ Immunization	<ul style="list-style-type: none"> ▪ Surveillance of vaccine preventable diseases ▪ Vaccination according to national guideline ▪ Defaulter tracing 	<ul style="list-style-type: none"> ▪ Daily integrated immunization services at HC and at outreach sites 	<ul style="list-style-type: none"> ▪ Initial immunization at birth & follow up doses to those coming for other services and from catchment
FH/ ARH	<ul style="list-style-type: none"> ▪ IEC and counselling on sexuality related issues, including the problem of HIV/AIDS and HTP ▪ Provision of condom 	<ul style="list-style-type: none"> ▪ Screening and counselling on STI/HIV/AIDS ▪ Post abortion care including MVA 	<ul style="list-style-type: none"> ▪ Management of referred complicated cases

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
CD/ TB and Leprosy	<ul style="list-style-type: none"> ▪ IEC, and referral of suspected cases to HC ▪ Follow and support to leprosy patients ▪ Defaulter tracing of both ▪ Follow up treatment to TB and leprosy patients ▪ Follow up for reactions & complications, timely transferral 	<ul style="list-style-type: none"> ▪ Case diagnosis (clinically & AFS) and initiation of treatment of TB and leprosy ▪ Free treatment of all TB & leprosy patients OPD level ▪ Training, advice & treatment of leprosy patients on disability prevention 	<ul style="list-style-type: none"> ▪ Case diagnosis with AFS, X-ray support. ▪ Inpatient treatment of complicated TB and leprosy patients, and those who develop reactions
CD/ HIV/ AIDS and STI	<ul style="list-style-type: none"> ▪ Support & guidance to families on home based care ▪ IEC, encouragement & transfer to HC including individuals planning marriage for VCT ▪ Condom promotion and distribution ▪ IEC and encouragement of contact treatment for STI ▪ Advice, counselling and linking of STI cases to HC 	<ul style="list-style-type: none"> ▪ VCT testing services ▪ PMTCT and counselling ▪ Treatment of opportunistic infection in diagnosed HIV/AIDS cases ▪ ARV Rx of diagnosed AIDS patients ▪ Syndromic Rx of STI based on laboratory tests ▪ Individual advice, counselling contract tracing of STI and treatment 	<ul style="list-style-type: none"> ▪ VCT services ▪ Diagnosis & ARV treatment ▪ Treatment of all forms opportunistic infections. ▪ PMTCT ▪ Laboratory diagnosis & treatment of STI
CD/Epidemic diseases	<ul style="list-style-type: none"> ▪ Surveillance, reporting & organizing epidemic control ▪ Malaria clinical diagnosis and treatment ▪ IEC on suspected epidemics, and surveillance 	<ul style="list-style-type: none"> ▪ Epidemic investigation ▪ Free treatment of epidemics ▪ Immunization and chemoprophylaxis 	<ul style="list-style-type: none"> ▪ Confirmatory investigations on epidemics
CD/Rabies	<ul style="list-style-type: none"> ▪ IEC and monitoring of the occurrence of rabies ▪ Organizing control of rabid animals in collaboration with agriculture sector during epidemics 	<ul style="list-style-type: none"> ▪ Provision of full course of anti rabies vaccination 	<ul style="list-style-type: none"> ▪ Inpatient isolated care to clinical rabies cases ▪ Provide anti-rabies vaccine

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
Basic Curative Care & Treatment of Major Chronic Conditions	<ul style="list-style-type: none"> ▪ School health education & screening students for major chronic problems and disability ▪ IEC on oral hygiene and referral of patients ▪ Public education on common emergency conditions ▪ IEC on DM, hypertension ▪ Application of splint for fractures & referral ▪ Provision of anti pain to cases of severe pain ▪ Treatment of acute eye infections with eye ointment ▪ Treatment of diarrhoea with some dehydration using ORS ▪ Treatment of malaria with oral drugs ▪ Treatment of intestinal parasite infestation with broad-spectrum antihelminthics 	<ul style="list-style-type: none"> ▪ Antibiotic treatment of acute gingival periodontal infections and tooth extractions ▪ Stabilization of fractures with splint ▪ Antibiotics and fluid treatment of acute abdomen, referral and facilitation of transportation ▪ Arresting bleeding of all cases ▪ Oral or IV rehydration of all stages of dehydration ▪ Removal of foreign body in the eye, nose & ear ▪ Treatment and follow up of epilepsy patients ▪ Antihistamine treatment & follow up of victims of snake and insect bite ▪ Clinical diagnosis & antibiotic Rx of trachoma and other eye infections ▪ Treatment of allergic conjunctivitis ▪ Laboratory diagnosis of malaria, RF, typhoid fever and helminthiasis and proper treatment, including short time inpatient care of RF and malaria ▪ Urine test and antibiotic treatment of UTI ▪ Diagnosis of new cases of Diabetes with FBS, referral for initial treatment, follow up and drug refill ▪ Diagnosis of hypertension and treatment of uncomplicated cases on ambulatory basis ▪ Diagnosis & treatment of Bronchial asthma ▪ Clinical Dx and treatment of pneumonia. 	<ul style="list-style-type: none"> ▪ Treatment of all forms of dental problems including tooth extraction ▪ Specific diagnosis of fractures with X-ray support and immobilization including by POP application ▪ Surgical treatment of acute abdomen and injury ▪ Removal of foreign body in the eye, ear and nose ▪ Blood transfusion services ▪ Management of complicated eye infections including minor surgical intervention ▪ Clinical diagnosis and treatment of complicated cases of sever pneumonic bronchial asthma with O2 support and steroid if needed ▪ Clinical and X-ray Dx of all forms of respiratory infections including pneumonia at inpatient and OPD ▪ Diagnosis, initiation of treatment and follow up of diabetes patients ▪ OPD and In-patient Management of complicated hypertension

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
Hygiene and environmental health	<ul style="list-style-type: none"> ▪ IEC & Demonstration of small do-able environmental health actions ▪ School health education ▪ Delousing during epidemics ▪ Water source identification, management of contamination and monitoring ▪ Site selection & demonstration of protection, purifications & handling of water ▪ IEC and demonstration of proper housing. ▪ Organizing & coordination of sanitation campaigns ▪ Promotion and demonstration of proper solid waste disposal ▪ Inspection of household sanitation practices ▪ Demonstration of appropriate drainage ▪ Education on personal and food hygiene ▪ Education, inspection and screening of students for contagious eye and skin diseases and provision of appropriate treatment 	<ul style="list-style-type: none"> ▪ School health education ▪ Prison health service, control of rodents and insects, & delousing when needed ▪ Demonstration on insecticide handling & use ▪ Water quality control ▪ Collection & testing at (public health lab) of food samples during food borne outbreaks and remedial actions according to the result ▪ Organization and follow up of regular medical and physical examination, of food and drink handlers working in food and drinking establishments, and at mass catering places ▪ Inspection, screening and treatment of students for contagious eye and skin diseases 	<ul style="list-style-type: none"> ▪ Disease surveillance and feedback to HP and HC ▪ Inspection of food and drinking establishment
Health Education & Communication	<ul style="list-style-type: none"> ▪ Community mobilization & sensitization ▪ Counselling service ▪ Distribution of IEC materials ▪ Group and individual IEC in community and at home 	<ul style="list-style-type: none"> ▪ Counselling service ▪ Provision of IEC ▪ IEC material development and provision to HP 	<ul style="list-style-type: none"> ▪ Counselling service ▪ IEC to individual patients & clients and to groups

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

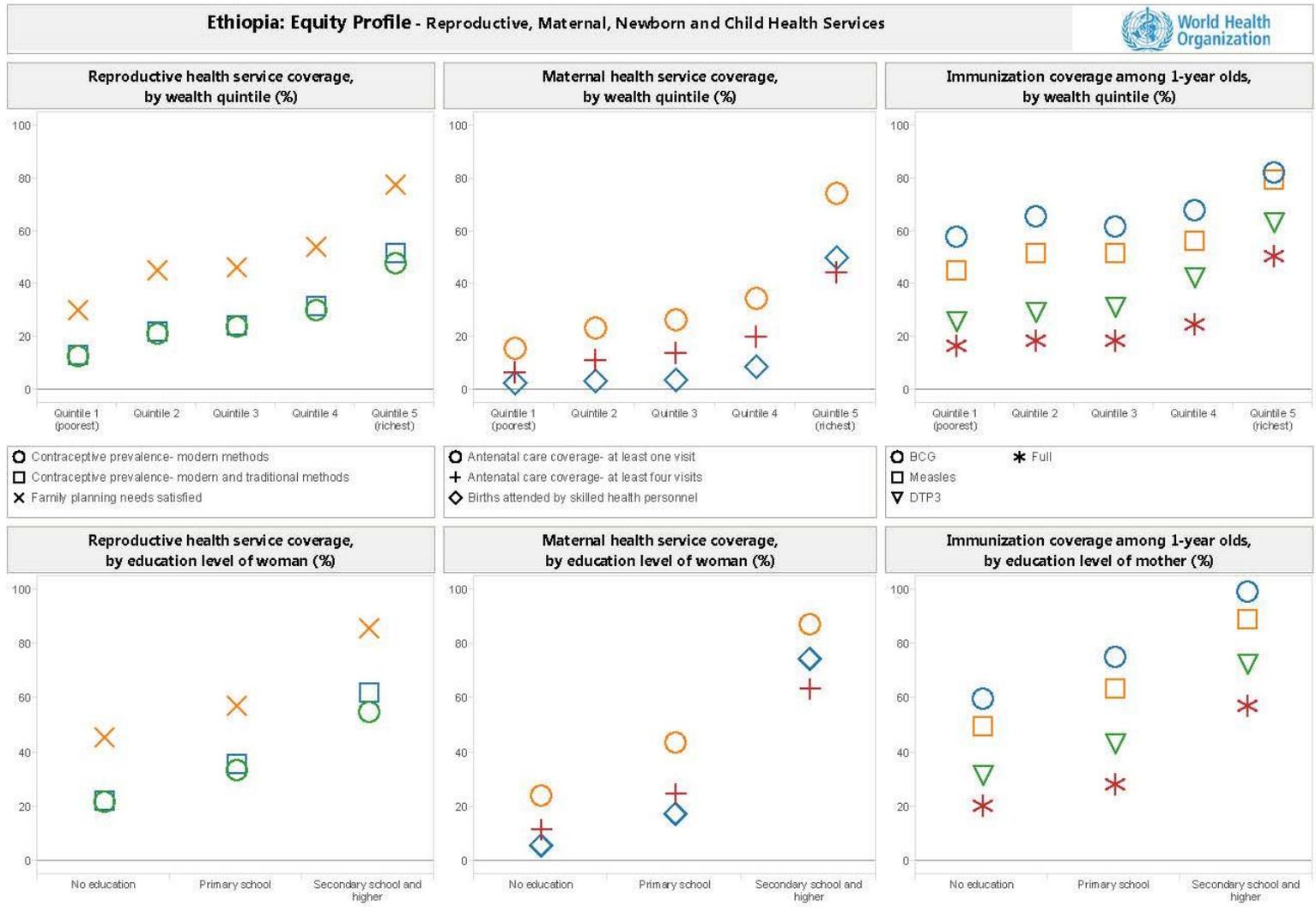
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	Level: Community Primary Referral		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Folic acid fortification/supplementation to prevent neural tube defects	Yes	Source: <i>Ethiopian National Drug Formulary 2008</i>
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Referral		
	Family planning (surgical methods)	Unspecified	This service was not specified in reviewed documents
Pregnancy (antenatal)	Level: Community Primary Referral		
	Iron and folic acid supplementation	Yes	Source: <i>Ethiopian National Drug Formulary 2008</i>
	Tetanus vaccination	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Calcium supplementation to prevent hypertension (high blood pressure)	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Interventions for cessation of smoking	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: <i>Ethiopian National Drug Formulary 2008</i>	

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Magnesium sulphate for eclampsia	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Post abortion care	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
Childbirth	Level: Community Primary Referral		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Manage postpartum haemorrhage using uterine massage and uterotonics	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Social support during childbirth	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (<i>as above plus controlled cord traction</i>)	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Management of postpartum haemorrhage (<i>as above plus manual removal of placenta</i>)	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Screen and manage HIV (if not already tested)	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (<i>as above plus surgical procedures</i>)	Yes	Source: <i>Ethiopia EHSP 2005</i>

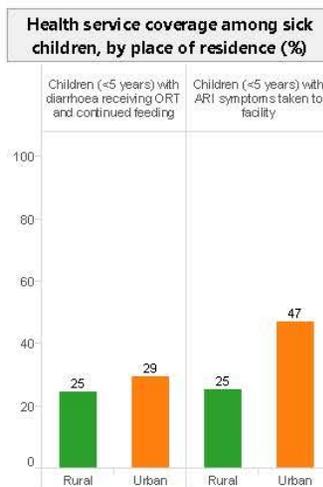
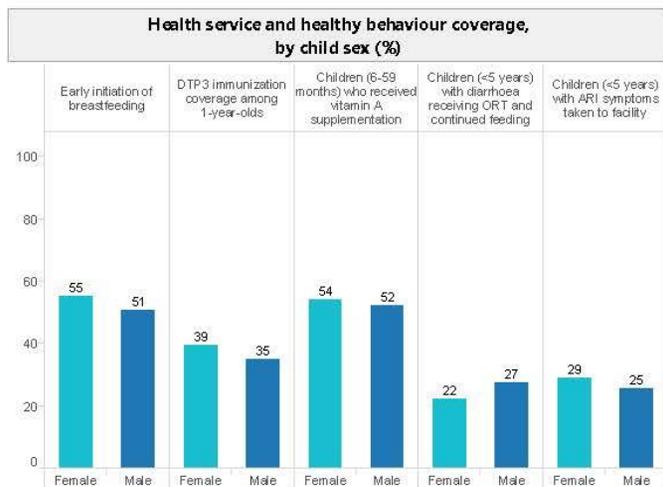
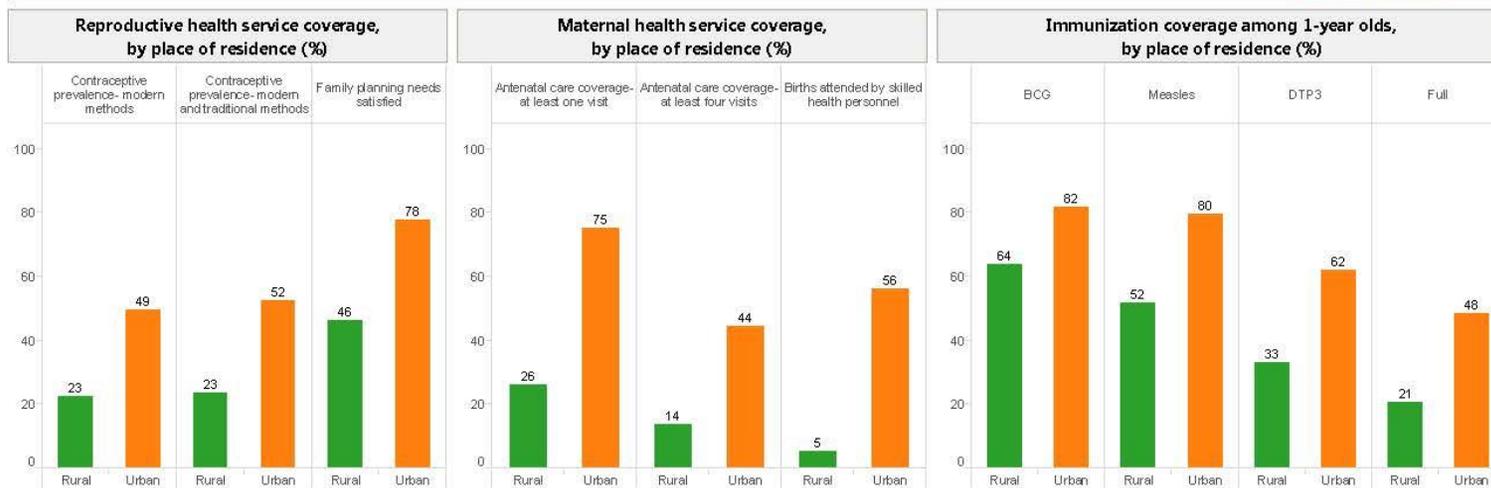
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Postnatal (Mother)	Level: Community Primary Referral		
	Family planning advice and contraceptives	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Nutrition counselling	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Treat maternal anaemia	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Yes	Source: <i>Ethiopia EHSP 2005</i>
Postnatal (Newborn)	Level: Community Primary Referral		
	Immediate thermal care (to keep the baby warm)	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Initiation of early breastfeeding (within the first hour)	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Hygienic cord and skin care	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Extra support for feeding small and preterm babies	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Management of newborns with jaundice ("yellow" newborns)	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	This service was not specified in reviewed documents
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Yes	Source: <i>Standard Treatment Guidelines for General Hospital 2014</i>
Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents	

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Case management of neonatal sepsis, meningitis and pneumonia	Yes	Source: <i>Ethiopia EHSP 2005</i>
Infancy and Childhood	Level: Community Primary Referral		
	Exclusive breastfeeding for 6 months	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Prevention and case management of childhood malaria	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Vitamin A supplementation from 6 months of age	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Routine immunization plus <i>H.influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	Yes	Source: <i>Ethiopia Expanded Program on Immunization Comprehensive Multi-Year Plan 2011-2015</i>
	Management of severe acute malnutrition	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>
	Case management of childhood pneumonia	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Case management of diarrhoea	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Primary and Referral		
Across the continuum of care	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Referral		
	Case management of meningitis	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Level: Community Strategies		
	Home visits for women and children across the continuum of care	Yes	Source: <i>Ethiopia EHSP 2005</i>
	Women's groups	Yes	Source: <i>Ethiopian Health Education and Training Modules 2011</i>

ANNEX C: ETHIOPIA HEALTH EQUITY PROFILE



Ethiopia: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services



Contraceptive prevalence- modern methods	27
Contraceptive prevalence- modern and traditional methods	29
Family planning needs satisfied	53
Antenatal care coverage- at least one visit	33
Antenatal care coverage- at least four visits	18
Births attended by skilled health personnel	12
Early initiation of breastfeeding	53
BCG immunization coverage among 1-year-olds	66
Measles immunization coverage among 1-year-olds	56
DTP3 immunization coverage among 1-year-olds	37
Full immunization coverage among 1-year-olds	25
Children (6-59 months) who received vitamin A supplementation	53
Children (<5 yrs) with diarrhoea receiving ORT and continued feeding	25
Children (<5 yrs) with ARI symptoms taken to facility	27

Source: DHS 2011

Antenatal care coverage at least 1 visit, antenatal care coverage at least 4 visits, births attended by skilled health personnel, and early initiation of breastfeeding are based on data from the five years prior to survey.

For more information, please see Global Health Observatory "Health Equity Monitor" page: www.who.int/gho/health_equity/en/index.html



**BOLD THINKERS DRIVING
REAL-WORLD IMPACT**