

Federal Democratic Republic of Ethiopia



This map is an approximation of actual country borders.

Ethiopia is a Federal Republic having nine Regional States, two city administration, 611 districts and a population over 77 million (2007). Eighty-five percent of the population lives in rural areas. Ethiopia is a low income country which ranks 169 out of 177 on the Human Development Index. The country experiences recurrent drought with its attendant famine due to irregular rainfall pattern. The total adult literacy rate is 38% (50% for male and 26.6% for female). The number of students in primary schools increased to 14 million taking the gross primary enrollment ratio (GPER) to 91.6%. The Government is fully committed to implementing its second Poverty Reduction Strategy, which aims at achieving all the Millennium Development Goals (MDG) targets.

HEALTH & DEVELOPMENT

The Ministry of Health (MOH) is demonstrating strong country leadership. The MOH has developed the national policy and its strategic plan in collaboration with its partners: the Health Sector Development Plan (HSDP) which has been in place since 1997/8. Its third phase covers a period of five years i.e. July 2005 to June 2010. The general goals of the HSDP III are to reduce child mortality, improve maternal health and combat HIV/AIDS, malaria, TB and other diseases.

Communicable diseases remain major health problems. Infectious and communicable diseases account for about 60-80 % of the health problems in the country. The national adult HIV prevalence is 2.2%. Data shows that relatively higher prevalence among females (2.6%) than males (1.8%). Ethiopia ranks 7th out of the world's 22 high burden countries for TB. The prevalence of all forms of TB is 643/100,000 population with TB mortality rate of 84 per 100,000 populations per year. In addition, malaria is one of the leading causes of morbidity and mortality in Ethiopia. Leprosy, onchocerciasis, leishmaniasis, schistosomiasis, soil-transmitted helminthiasis, lymphatic filariasis, and trachoma are also prevalent in different parts of the country in various extents.

Increased efforts are being focused on the health of women and children which remain an area of major concern. Although maternal mortality has decreased from 871/100,000 to 671/100,000, it still remains high. Skilled attendance at birth is only 6% and access to emergency obstetrical care is still limited. Violence against women and harmful traditional practices (female genital mutilations, abductions, early marriage, etc.) are prevalent, and are among the main factors that contribute to the high maternal mortality and disability. With the support of diverse partners, MOH is working to improve maternal health through a multi-pronged strategy, which includes expanding access to basic and emergency obstetric care through appropriate training of mid-level health professionals and expansion of the number of facilities that can provide such care. The country-wide community-based Health Extension Programme (HEP) is also having a significant impact in terms of providing services directly to women and developing an effective referral system for maternal care. Under-five mortality stands at 123 per 1,000 and the plan is to decrease it to 54 per 1,000 by the year 2015 to meet MDG4. Steady progress is being made to this end, including through the expansion of immunization; full immunization coverage had exceeded 80% by June, 2007.

Major MOH-led reforms and infrastructural expansion efforts are underway to address severe health system constraints service delivery Overall, utilization of health services remains low for a number of reasons, including limitations in the services and delivery capacities available, as well as the affordability and quality of the services. Huge disparities still persist in terms of access to health care among geographic areas and populations. In addition, shortage, uneven distribution, poor skill mix and high attrition of trained health professionals remain major impediments.

The health care facility expansion effort has significantly enhanced physical access to health services particularly at primary health care units, i.e. health centers and health posts. With a view to expanding primary health care at the grassroots, the government-led HEP completed the training and deployment of over 30,000 Health Extension Workers (HEWs) – two for each village health post -- whose main functions are health promotion and disease prevention. A new HMIS has also been designed and is being prepared for countrywide roll-out. With a view to removing the financial barrier to health care access, the government is also in the process of designing a social health insurance scheme. The ongoing sector-wide reform process is also expected to bring about improved and more efficient ways of working throughout the public health sector.

Total Population (2007)	77,127,000
Population Distribution (% rural)	85%
Immunization coverage by Pentavalent (2007/8)	81%
Infant Mortality rate (2005)	96.8/1000 live births
Under-5 mortality rate (2005)	123/1000 live births
Maternal mortality rate (2005)	673/100 000 live births
Estimated adult HIV prevalence for 2008	2.2%
% Government contribution on total Expenditure on Health (2004-5)	31%
Annual Per Capita Expenditure on Health (2004-5)	US\$ 7.14

PARTNERS

A number of players are found in the health sector contributing to the HSDP.

On the government side MOH and other sector ministries, Regional Health Bureaux and district health offices are the major players. The main bilateral partners are Austrian Development Cooperation, Japan, Ireland, Italy, the Netherlands, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland's DFID and the United States of America. UN agencies are UNAIDS, UNFPA, UNICEF, UNDP, WHO, World Bank and others. Other key partners that participate in the health sectors are nongovernmental organizations (NGOs) and professional associations. Over 280 NGOs work under the coordination of Christian Relief and Development Agency (CRDA), the umbrella organization that represents the NGOs in the HSDP coordination mechanism.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Revitalized PHC/Health Extension Program • Efforts to realize harmonization and alignment • Enabling environment for partnership • Strong national leadership and ongoing reforms • Ongoing national efforts • Efforts made by professional association 	<ul style="list-style-type: none"> • Huge burden of communicable diseases • Increasing burden of noncommunicable diseases and conditions • Weak health system (service provision, HR, infrastructure/logistic and finance)

WHO STRATEGIC AGENDA (2008-2011)

WHO strategic priorities for 2008-2011

Based on the analysis of health and development challenges of the country, existing WHO collaborative work, assessment of the country health policy and health development strategic plan and analysis of the work of development partners, the four strategic priorities have been identified:

1. Reduce the health, social and economic burden of communicable and noncommunicable diseases
2. Reduce infant, child and maternal morbidity and mortality, and promote responsible and healthy sexual and reproductive health behavior
3. Strengthen policies and systems to improve access and quality of services
4. Foster partnerships and coordination for national health developments



Vaccination for pastoralists in eastern Ethiopia (Somali region, Gode zone)

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/eth/en/>

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