

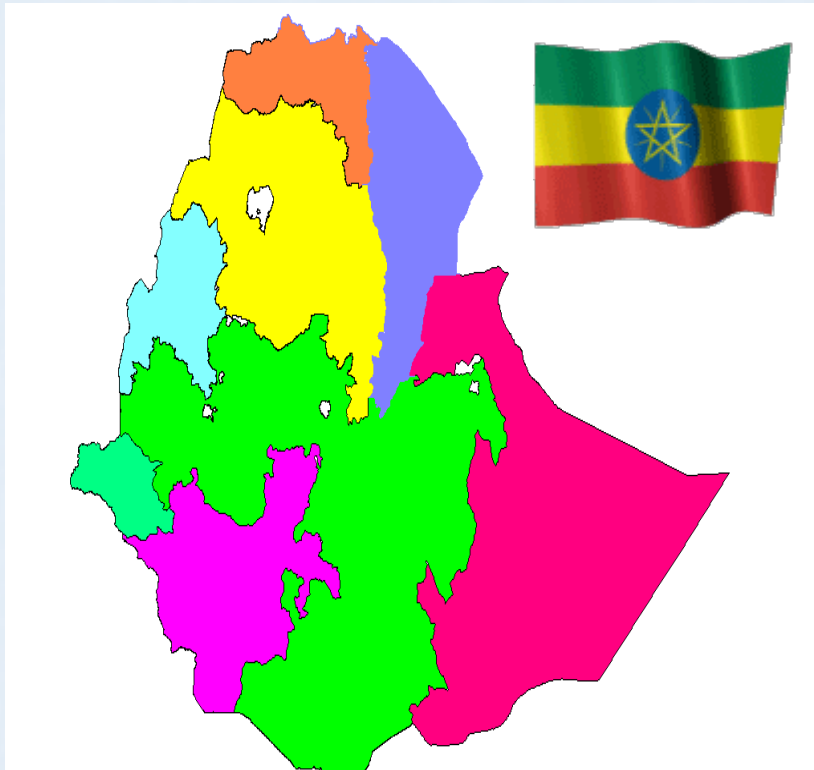
GHIs and HRH in Ethiopia: The role GHIs are and should be playing

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Outline

- Background
- HRH situation in Ethiopia
- Which are the main GHIs in Ethiopia?
- What are GHIs doing?
- What should GHIs be doing?
- Conclusion.

Background



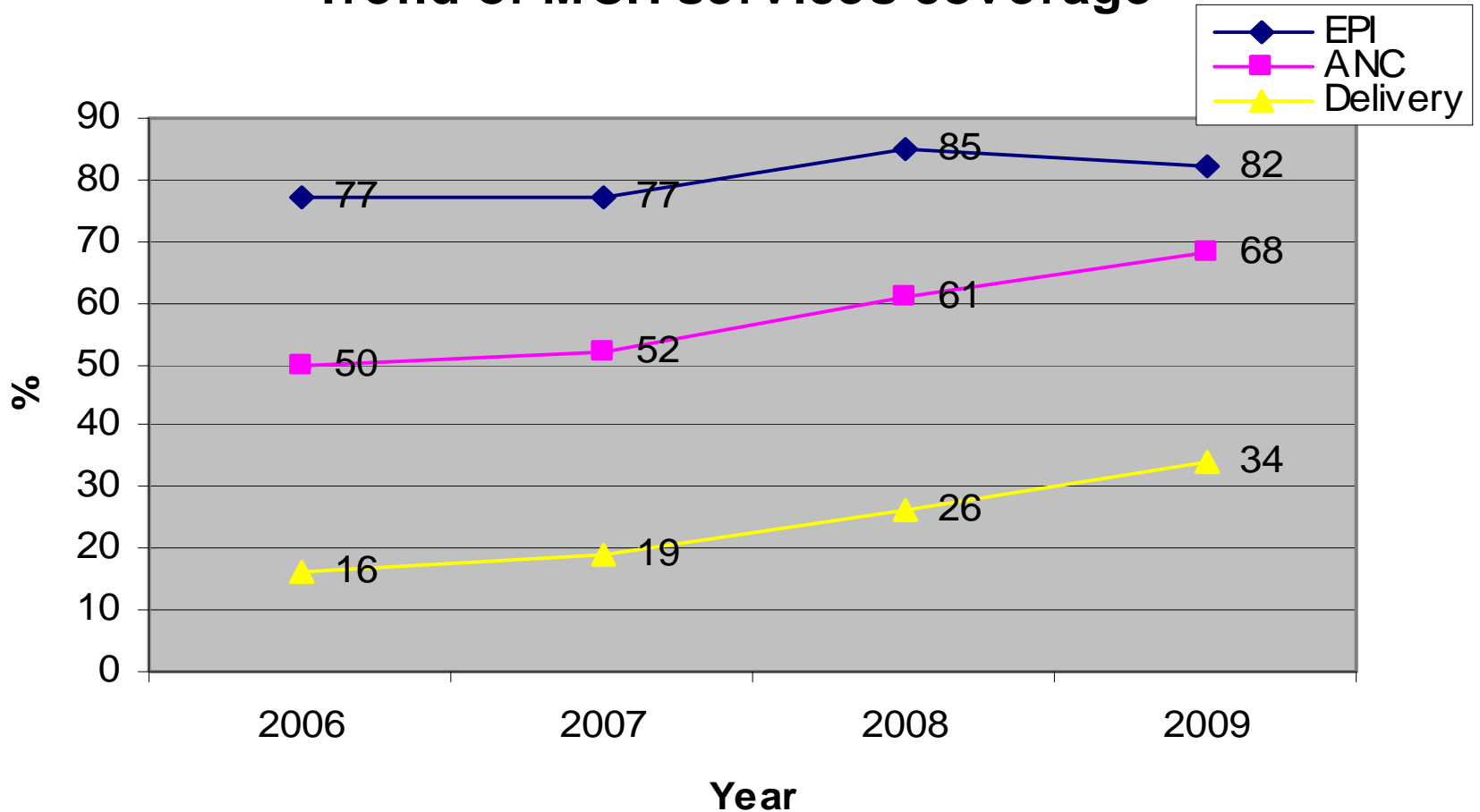
- 80 Million population.
- Pop Growth rate 2.7%
- 85% of the population lives in the rural areas.
- Life expectancy at birth is 53.4 years for men and 55.4 years for women
- Infant mortality is about 77/1,000 LBs.
- Maternal mortality at 673/100,000 LBs.

Background

- Total health expenditure is 4.4 % of GDP
- A total of 195 hospitals, 1,360 health centers, 1,517 nucleus health centers and 12,488 health posts
- Potential health service coverage 89.6%.

Background

Trend of MCH services coverage



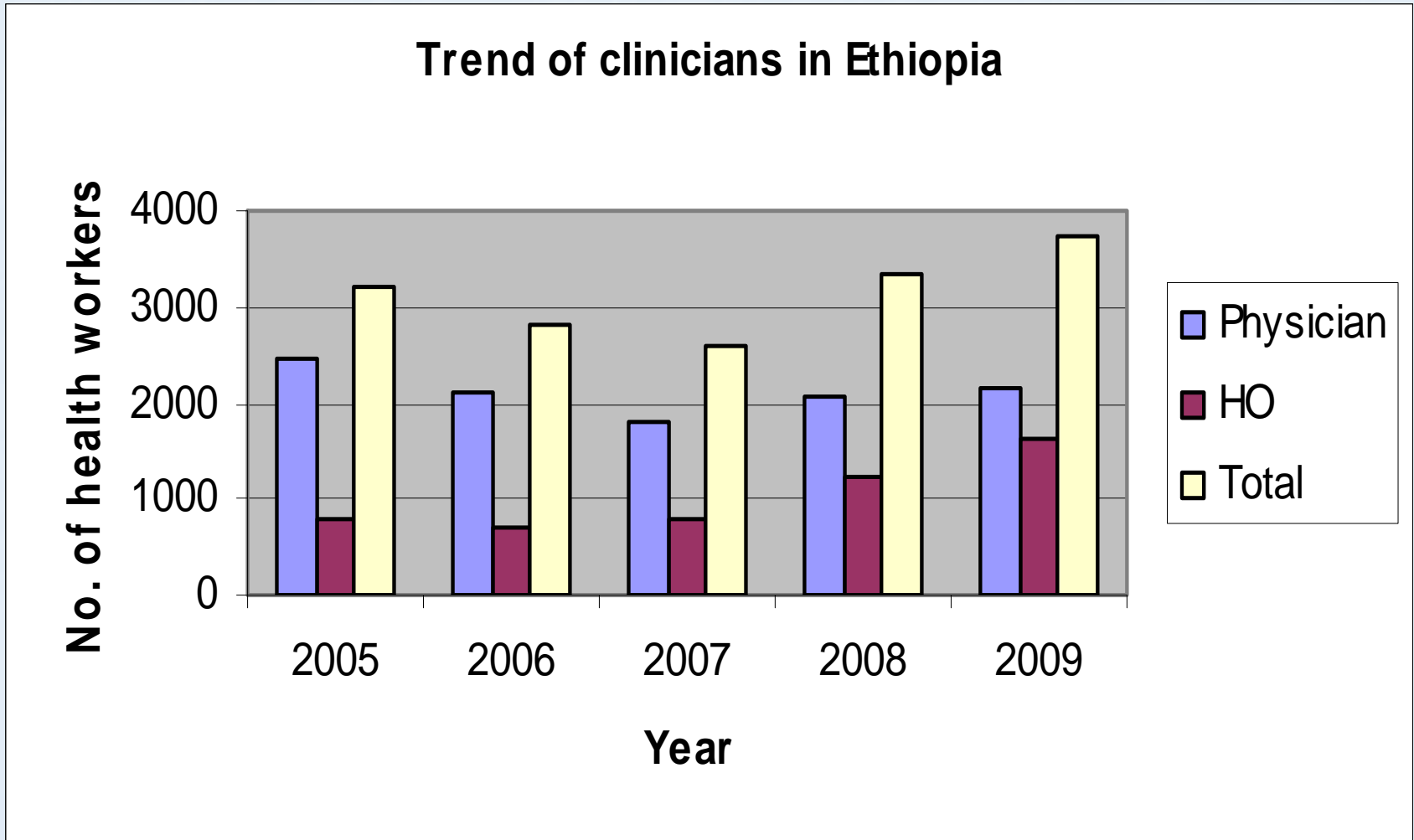
HRH situation in Ethiopia

- Total health workforce is 66,314 including HEWs
- About 0.7 health workers per 1,000 populations
- Physician to population ratio is 1 per 42,706
- Lower than the WHO recommendation of 2.3/1000 Population.
- Nurses to population ratio is 1 per 5,000.

HRH situation in Ethiopia

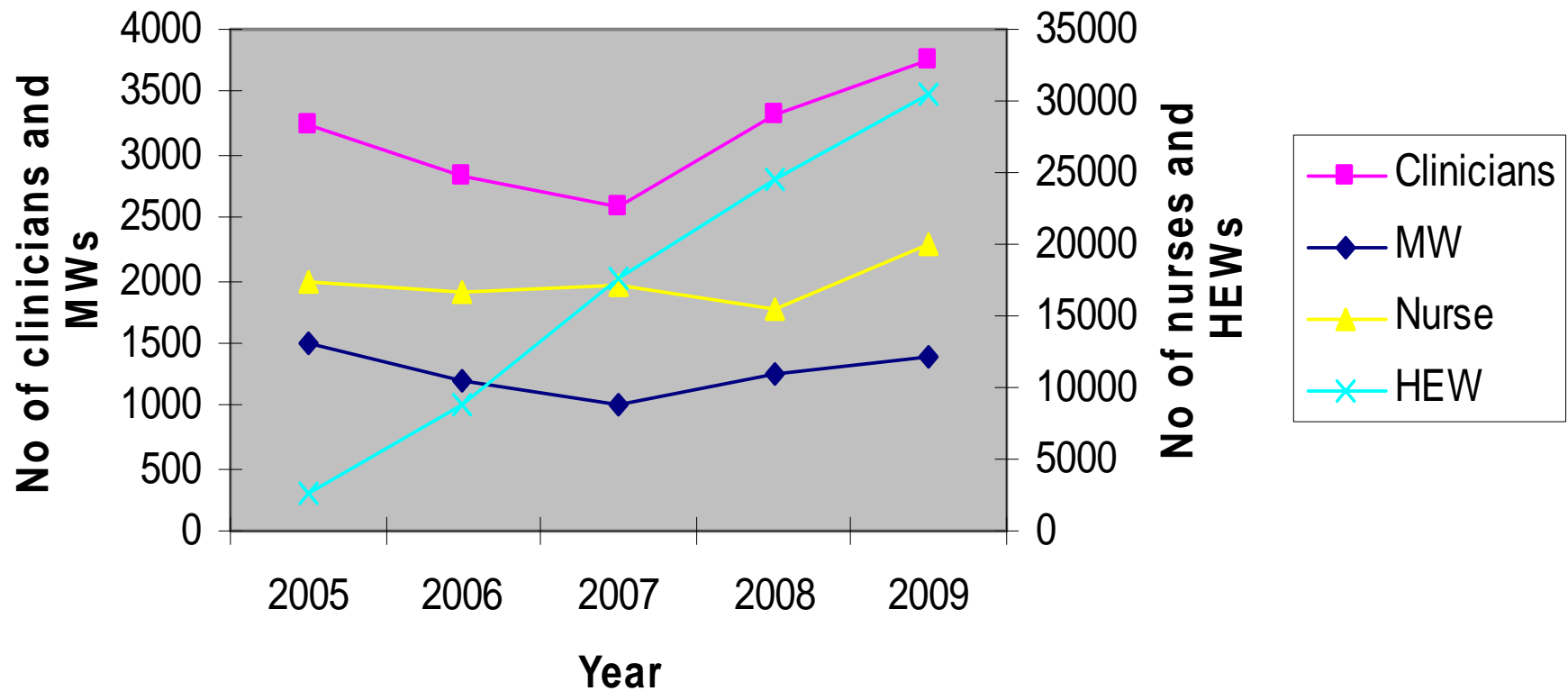
- In 2002, around 17% of nurses and 30% of doctors left the country
- Intention to migrate 72% of medical students and 62% of nursing students
- The number of doctors working in the private sector has doubled between 2001 and 2009
- While no major increase for the public sector over the same period.

Trend of clinicians in Ethiopia



Trend of health workers in Ethiopia

Trend of health workers in Ethiopia



The common GHIs in Ethiopia

- GFATM
- PEPFAR
- GAVI
- World Bank

What are GHIs doing in Ethiopia?

- GHIs are supporting the country in the development of capacity building materials for health workers
- GHIs supported task shifting approach among available health workers
- The role of community health workers has been getting due attention because of:
 - Lack of formal health workers
 - Critical role of community based interventions.

What are GHIs doing in Ethiopia?

- PEPFAR supported the training of M and E specialists
- PEPFAR and GF pay the salary for community counselors and data clerks.
- GHIs are supporting the ministry in the construction of health workers' residential rooms
- GHIs are providing lap tops to physicians willing to work in remote areas
- Revealed the weakness of the health system that it lacked adequate HRH

What are GHIs doing in Ethiopia?

- GHIs focus on training of the existing health workers
- They have mostly funded in-service trainings focused on specific DCPs activities.
- Some GHIs provide salary top-ups to public health workers for the extra work

What are GHIs doing in Ethiopia?

- The scale-up of DCPs (supported by GHIs) has not been matched by a corresponding expansion of HRH.
- Increased urban-rural imbalance of HRH
- Attrition of the HRH from the public sector to projects funded by GHIs.

What should GHIs be doing in Ethiopia?

- GHIs should have health system “mindset”.
- Support the training, deployment and retention of health workers
- Provide more support to train new health workers
 - More pre-service training than in-service training
- Give priority to financing for new health worker hires rather than providing top-ups
- Minimize top-ups for the available health workers working in specific DCPs care, unless it is for the general health system workers

What should GHIs be doing in Ethiopia?

- Advocate against the international health workforce market and migration which leaves the country's health system with more harm than good.
- Support the country HRIS and broader health workforce surveillance
- Align with the national HRH policy and strategic plan
 - Support the public sector human resource for health strategy
 - Ethiopia has developed an HRH strategy
 - Start the implementation of IHP+ compact.

Conclusion

- GHIs are doing a lot of good things in terms of building the capacity of HRH for their program implementation.
- However, this has disrupted somehow the functioning of the general health service.
 - Rural-Urban
 - Public-NGO
 - Pouches the highly skilled health workers from training institutions
- The recent approach doesn't seem to be sustainable
 - In-service trainings
 - Top-ups for the program-specific workers
- GHIs should have a health system "mindset"
- Hence, GHIs could do more good than harm to the health system by investing on long-term HRH development.
 - Support National HRH Strategic Plan and IHP+ compact.