Abt Associates in Ethiopia

Delivering on a Promise: Better, Accessible Health Care

For two decades, Abt Associates has worked through successive USAID-funded projects to improve the health of Ethiopians—particularly those traditionally underserved. A stronger Ethiopian health system delivers higher quality, sustainably financed, and more accessible services, setting the stage for universal health coverage that reduces early mortality and raises the quality of life. Because our Ethiopian partner organizations are best placed to sustain gains, Abt supports their capacity strengthening for long-term success.

Abt collaborates with the Government of Ethiopia to initiate and institutionalize health care financing reforms that have two important benefits: They *increase health facility autonomy* to deliver quality services and *enable citizens to get the care they need* without financial hardship. We engage the private sector to identify opportunities for expanding affordable health service options in priority areas like HIV, TB, family planning, malaria, and maternal, neonatal, and child health (MNCH). And we enable local partners and communities to improve clinical services and business operations and tackle chronic threats like malaria. Abt's in-country staff are all Ethiopian, contributing to a growing pool of talented leaders in health care reform, including for priority health areas and private sector engagement.

Accelerating Financing Reforms for Improved Care.

All levels of Ethiopia's health system--the Ministry of Health (MOH), Regional Health Bureaus (RHBs), district (woreda) health offices, health facilities and communities—are designing and implementing health care financing reforms. Abt provides the expert technical analysis and support to these country-led efforts. Institutionalized health care financing reforms at scale have collectively widened access to health care for all Ethiopians, especially poor and marginalized people. And they are accelerating and sustaining progress toward the Ethiopian Government's goal of universal health coverage.

Before financing reforms, the government budget allocation to health facilities was insufficient to deliver the quality care Ethiopians needed. With Abt's technical support, health financing structures are now in place, increasing the ability of hospitals and clinics to offer improved and specialized services to more people. Of Ethiopia's 4,095 functional government health facilities, 94 percent currently augment their government budgets with retained patient user fees. This retained revenue makes up an average 20 percent of annual facility budgets to purchase essential drugs and laboratory equipment and renovate facilities. Rather than conducting all aspects of hospital management, 40 percent of public hospitals have outsourced at least one non-clinical service, which saves costs and enables them to focus on service delivery. Meanwhile, 13.5 percent of public hospitals have established a private wing, raising further revenue. A full 91 percent of all public health facilities have established functioning governing boards

or management committees, which bring in important community perspectives and allow for active community participation in decision-making.

Institutions and staff at the woreda level are also boosting domestic resources for health, improving governance, and strengthening evidence generation after receiving training in planning, budgeting, budget execution, and reporting. These public financial management improvements at the primary care level are the first of their kind in Ethiopia. Woreda and health facility finance staff can exercise local autonomy and decision-making to purchase medical commodities and finance improvements for higher-quality services.

Protecting Ethiopians from Financial Hardship.

Ethiopia also has expanded its community-based health insurance (CBHI) program. Ethiopians working in the informal sector can pay an annual CBHI membership fee that covers services from contracted health facilities. When enrollees or their family members get sick, they can access services and medication without paying out-of-pocket. CBHI members can also access private facilities to acquire essential drugs and diagnostic services that are not available in contracted public sector facilities. The insurance schemes pool membership fees from community members, so those requiring fewer health services in effect support others who need more services.

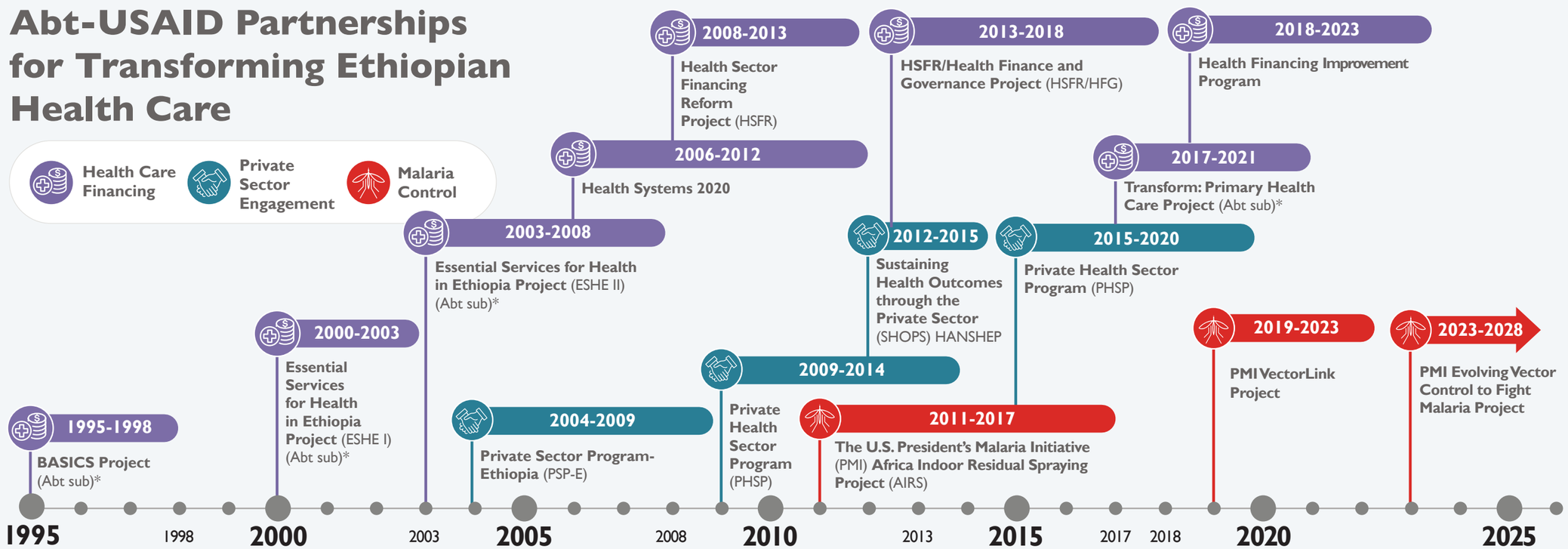
The Ethiopian government conceptualized and initiated the CBHI program with technical and analytical support from Abt. Abt then supported creation of the Ethiopian Health Insurance Service (EHIS) to generate the evidence needed to demonstrate the program's impact and scale it up throughout the country. At EHIS's request, Abt undertook analyses and brought best practices from other countries to help determine and establish organizational structures and staffing configurations within EHIS at the national and regional levels, and within RHBs, woreda and kebele structures, and CBHI schemes. EHIS oversight of CBHI helps ensure the financial viability of CBHI schemes and protects Ethiopians from potentially catastrophic health expenses.

"Before CBHI started in our district, we had to sell whatever we had, even our precious cattle, when one of us got sick. Now, because of our CBHI membership, we can get appropriate health services when a family member gets sick... Some people in our village got surgery for serious illnesses. Had it not been for CBHI, it would have been unthinkable to get such kinds of services without impoverishing ourselves."

— Behonelegn Desalegn, CBHI Beneficiary

Today, 43 percent of all Ethiopians are covered by CBHI, radically improving prospects for better health. Among enrolled families, visits to health facilities for early treatment and preventative care have improved to almost double the national average. At the same time, people's share of out-of-pocket costs for health has fallen. And domestic resources mobilized for health have grown as health facilities retain and use CBHI reimbursements for new and enhanced clinical services. The Ethiopian government is now expanding CBHI nationwide—including recently to pastoral and urban communities—with Abt playing a supporting role.

Abt-USAID Partnerships for Transforming Ethiopian Health Care



Over two decades, Abt Associates has partnered with USAID on multiple fronts to expand and improve health care services for all Ethiopians, including the poor and marginalized. These joint efforts have advanced financing reforms, engaged the private sector, and prevented debilitating diseases like malaria. Together, they pave the path toward a healthier population that can access better health care services with reduced financial risk.

** Abt led the health care financing components of these broader health projects.*

Multiplying Private Options for Priority Health Services.

The demands of Ethiopia's growing population exceed the capacity of its public health facilities. Since 2004, the government has increasingly engaged the private health sector to offer priority services previously only available at public facilities. The services include family planning, HIV, TB, malaria, and maternal, neonatal, and child health (MNCH) services. Abt helped create connections between the MOH, RHBs and private health providers to build partnerships that promote a more resilient health system and give Ethiopians more options for affordable, high-quality care.

Impact of Abt's Private Sector Engagement

- By 2020, **862 private health facilities** were providing priority health services to **over 2 million patients** in FP, HIV, malaria, MNCH, and TB.
- **Over 300 private facilities** were networked to the national laboratory sample transportation system and External Quality Assurance program for improved diagnostic services.
- Private facilities now have **access to free supplies of essential drugs and vaccines** through the public sector.

Ethiopia's government has supported these partnerships through implementation of a more favorable and inclusive regulatory environment for private health services, including enforcement of quality standards. Catalytic achievements included building trust between government and private health providers and transferring technical capacities to both government and private facilities to enhance their role in delivering affordable and high-quality services. Abt's Public-Private Mix model forged and guided collaboration between the private health sector and the government to maximize private sector contributions to Ethiopia's health goals. Abt coordinated dialogue among national and subnational government entities, private health providers, and associations, helping to define roles, responsibilities, and conditions, and ensuring all collaborators met their agreed commitments.

Through technical assistance and grants, Abt supported the launch and growth of national and regional private health facility associations to advocate for further private sector engagement in the health sector. We also helped private providers fill self-identified gaps in financial and business management skills, setting them up for financial viability and sustainable operations. To expand access to finance for private

health providers, Abt worked with Ethiopian banks so they could access a U.S. Government-supported loan guarantee program, which enabled them to approve 86 loans totaling $11.4M for private health facilities. Abt also worked through the HANSHEP Health Enterprise Fund, supported by the US and UK governments, to help private providers get small grants paired with customized technical assistance. The grantees provided health services to nearly 10,000 people and established Ethiopia's first medical waste management service, a phone-based medical consultation and patient tracking system, and the country's first private ambulance service.

Guarding Ethiopians Against Malaria.

All-Ethiopian Abt teams have supported MOH programs since 2008 to protect millions of Ethiopians a year from malaria. The teams conduct annual life-saving indoor residual spraying (IRS) efforts for vector control, pilot and evaluate new vector-control tools, and collect critical entomological data to support the strategic deployment of limited resources. We also make broad strategic guidance available to local governments so that they can plan and implement malaria prevention programs.

Abt has increasingly shifted vector-control activities in Ethiopia to a community-based model. This highly sustainable solution is particularly suited to resource-constrained and unstable security settings. In addition, expanding mobile data capture for community mosquito collectors strengthens community-level data capacity and supports real-time access to data by local decision-makers.

Abt actively promotes equity and female empowerment at all levels of its operations, which improves vector control outcomes through higher morale and staff retention. Abt's practices also serve as an example for other Ethiopian organizations to follow. We identify barriers to women's employment and implement policies and practical solutions to overcome them, such as sexual harassment training and private showers and changing rooms for female sprayers. Government staff manage recruitment of seasonal labor. Local government stakeholders collaborate with Abt to identify disadvantaged population groups previously unreached by vector control.

Ethiopia's 2022 IRS Campaign

- Protected 2 million Ethiopians -- including over 58,000 pregnant women and 245,000 children under five
- Reached 54,120 previously underserved individuals in three refugee camps; seven more camps have been added to the 2023 IRS campaign.

Abt and the Ethiopian government are at the forefront of testing new tools for malaria prevention, particularly as new and increasingly complex threats emerge. In 2022, Abt partnered with district health authorities to rapidly launch larval source management, which prevents mosquitoes from breeding in water sources, such as water storage containers. The district's government's malaria focal person handles recruitment and participates in every aspect of this activity, which employs hundreds of community workers. With support from local health bureaus and/or local universities, Abt analyzes data from larval source management to develop global guidance on the potential of this approach to control the invasive and insecticide-resistant An. Stephensi species, detected in several African countries, including Ethiopia. Abt documents and updates best practices and is developing a toolkit to help other countries introduce this method more rapidly in coming years.

Learn More

https://www.abtassociates.com/where-we-work/sub-saharan-africa/ethiopia

Abt Associates applies a multi-sectoral, evidence-based approach to deliver resilient, sustainable and equitable solutions to complex problems in health, social and economic policy, environment and climate change,

BOLD THINKERS DRIVING REAL-WORLD IMPACT

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