

Human Resources in Ethiopia: inequity in access to EmOC

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OUTLINE OF PRESENTATION

- I. Defining the context of ‘inequity’
- II. Inequity in access to EmONC services in Ethiopia
- III. Findings from EmONC Baseline survey
- IV. Existing efforts and initiatives



DEFINING THE CONTEXT OF 'INEQUITY'

- **Health inequity** refers to gaps in the quality of health and health care across racial, ethnic and socioeconomic groups. It is also defined as population-specific differences in the presence of disease, health outcomes, or access to health care¹



REASONS FOR INEQUITY IN ACCESS TO HEALTH CARE

- Financial source
- Structural barriers
- **Scarcity of number and diversity of providers**
- Cultural barriers
- Literacy barriers
- Age
- Quality of health care



INEQUITY IN ACCESS TO HEALTH CARE

“The situation here is different from what you people in the city face. If my husband does not have much money, then he may refuse to take me to a facility. He will take me there only when the illness is serious. If we had a facility nearby I could just go without him...” **Woman in South Wello, Amhara** (*Safe motherhood community assessment 2006*)

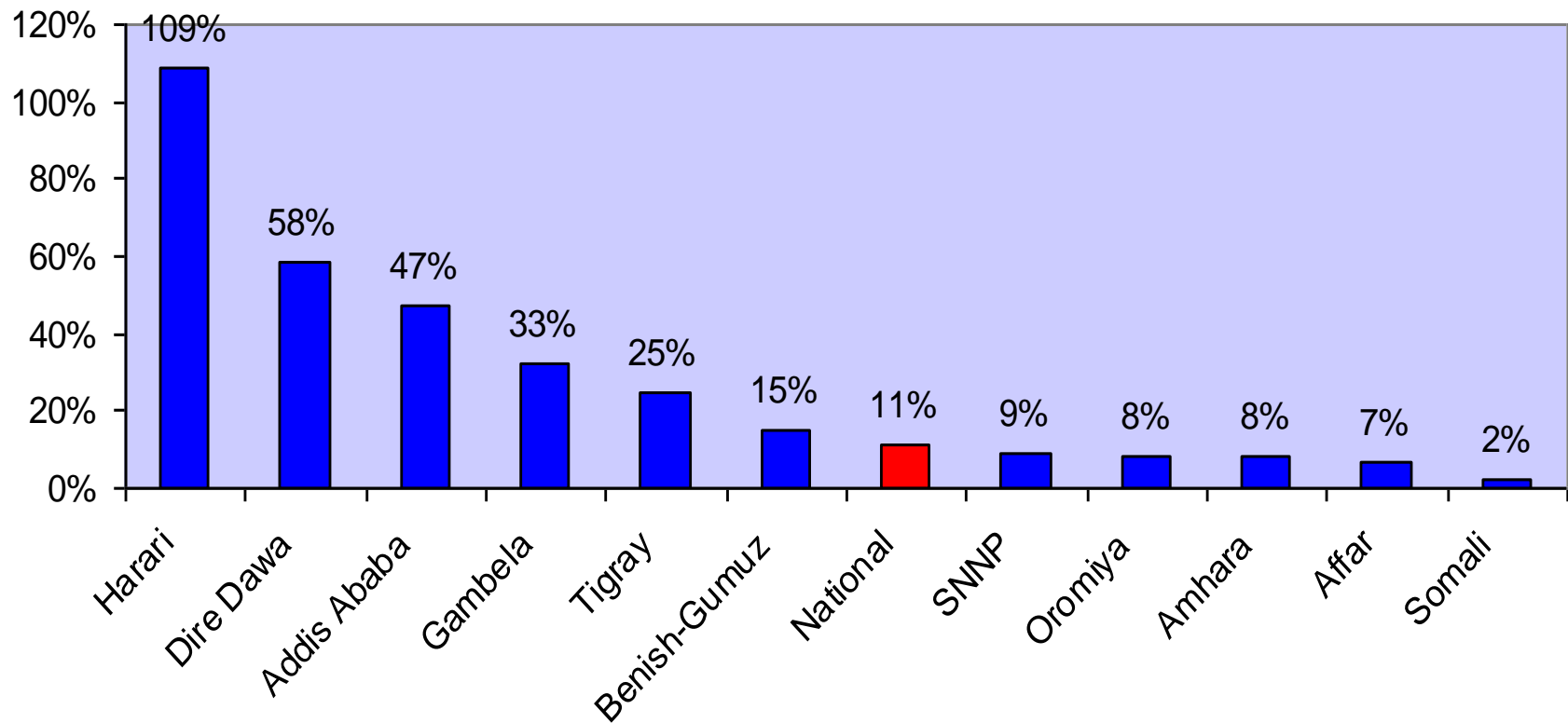


EMONC BASELINE SURVEY

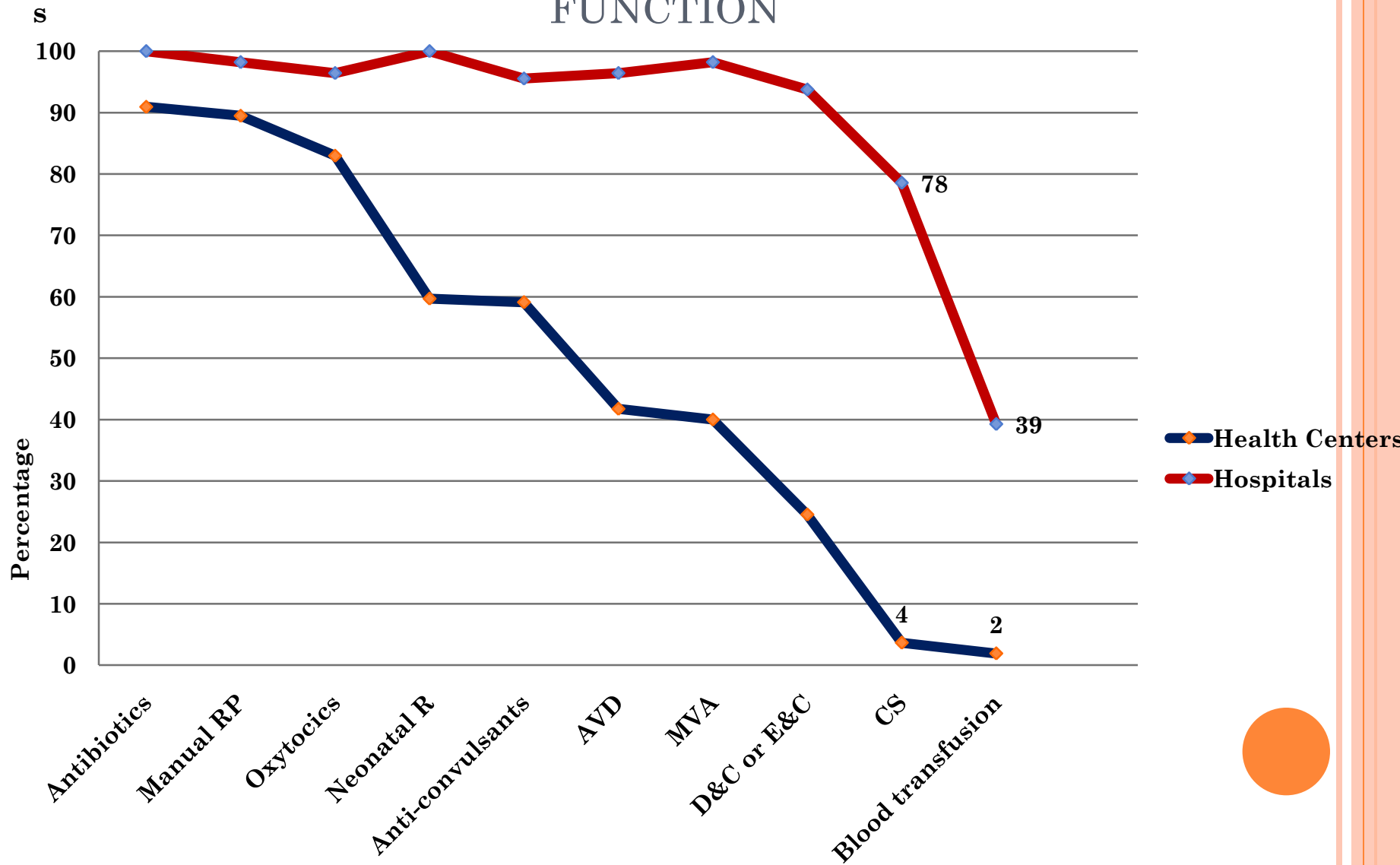
- Conducted in collaboration with MoH, WHO, UNFPA, UNICEF, AMDD
- Baseline information to monitor Health Sector Development Programme targets for EmONC
- 797 health facilities (112 Hospitals and 685 Health centers)



MINIMUM ACCEPTABLE LEVEL OF EMONC FACILITIES: 5 PER 500,000



PERCENTAGE OF HOSPITALS & HCs THAT HAVE AT LEAST ONE HEALTH WORKER AVAILABLE TO PERFORM SIGNAL FUNCTION



PERCENTAGE OF FACILITIES WHERE NO STAFF MEMBER CAN ADMINISTER SELECTED SIGNAL FUNCTIONS BY REGIONS

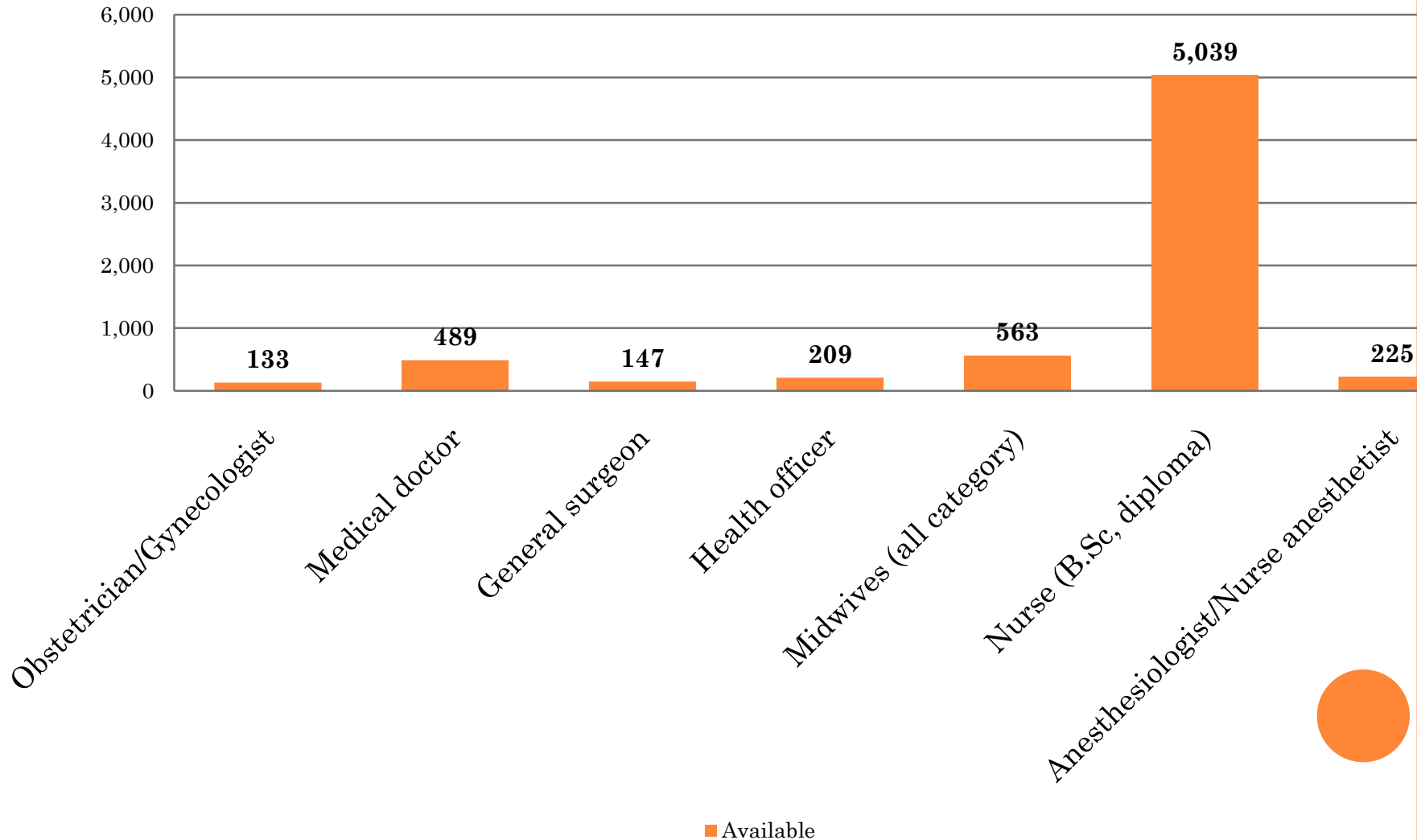
	Tigray	Affar	Amhara	Orom	Somali	Ben-Gum	SNNP	Gamb	Harari	Addis	Dire
Administer parenteral antibiotics	0	0	6	0	0	0	3	0	0	9	0
Administer parenteral anticonvulsants	14	20	46	29	0	31	35	33	14	5	44
Perform manual vacuum aspiration (MVA)	16	60	54	49	10	75	56	67	29	37	44
Resuscitate newborn	7	33	56	20	80	37	37	11	14	0	0
Blood transfusion	31	50	39	22	20	0	21	100	0	0	0
C/section	23	50	33	18	20	0	16	0	0	0	33

DISTANCE FROM NEAREST REFERRAL FACILITY WITH SURGICAL SERVICES IN KILOMETERS BY REGIONS

Regions	Median	Percentile 25	Percentile 75	IQR
Tigray	35	12	65	53
Affar	121	63	150	87
Amhara	65	31	105	74
Oromiya	54	28	110	82
Somali	60	4	75	71
Benishangul- Gumuz	90	41	213	172
SNNP	42	24	87	63
Gambela	78	45	110	65
Harari	2	1	4	3
Addis Ababa	5	4	7	3
Dire Dawa	4	3	17	14



NUMBER AND TYPE OF HEALTH WORKERS WORKING IN HOSPITALS AND HEALTH CENTERS IN THE LAST 12 MONTHS



NUMBER OF HEALTH WORKERS CURRENTLY WORKING, LOST AND POSTED IN THE LAST 12 MONTHS

	Hospitals			Health centers		
Health Workers	Currently working	Staff lost	Staff posted	Currently working	Staff lost	Staff posted
Ob/Gyn	133	20	30	12	1	2
Medical doctors	489	75	181	118	15	13
Midwives	563	63	161	690	84	185
Nurses	5,039	462	1000	4,423	735	1202
Anesthetist	225	26	63	13	1	3

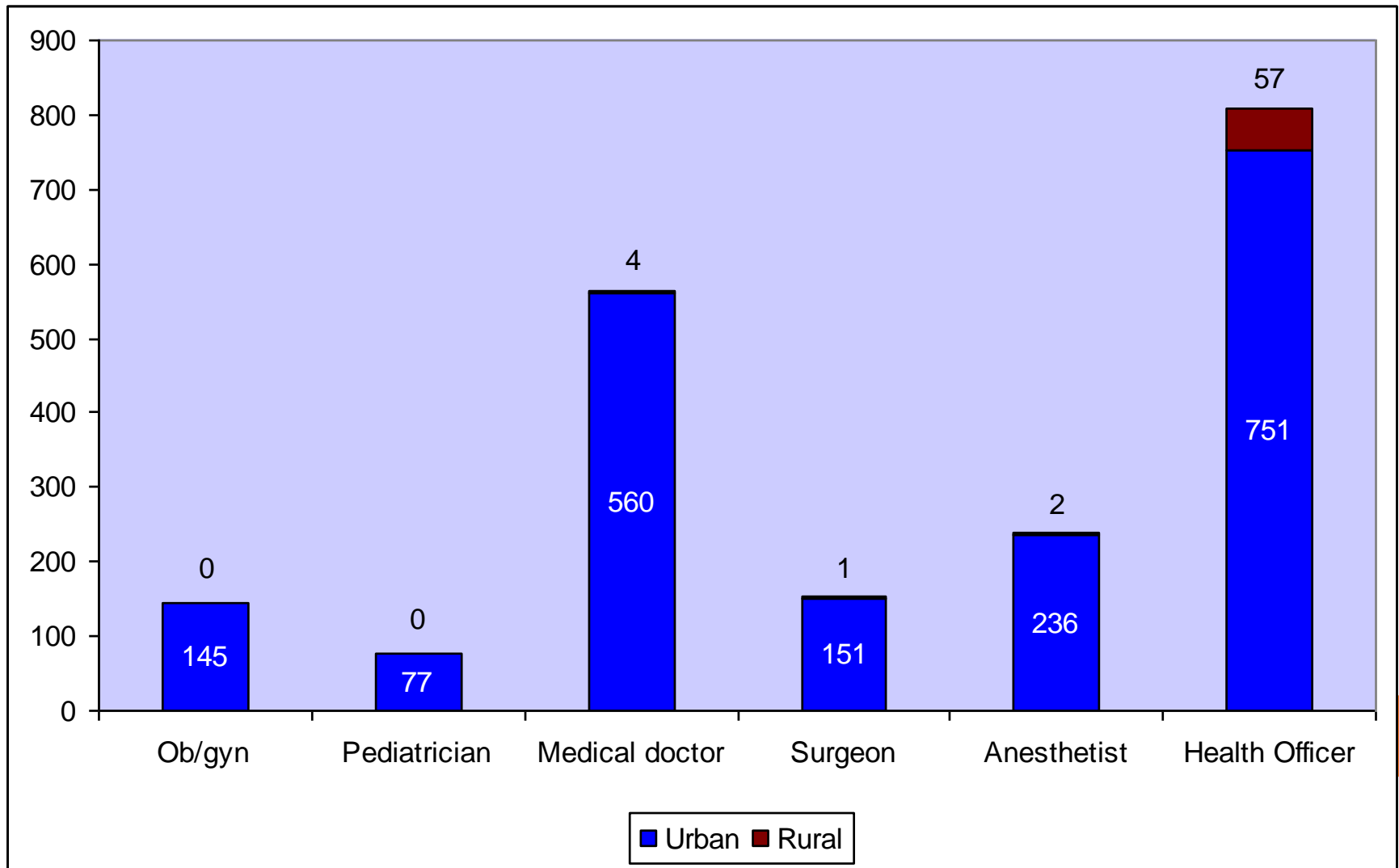


URBAN RURAL DISTRIBUTION OF HOSPITALS AND HEALTH CENTERS

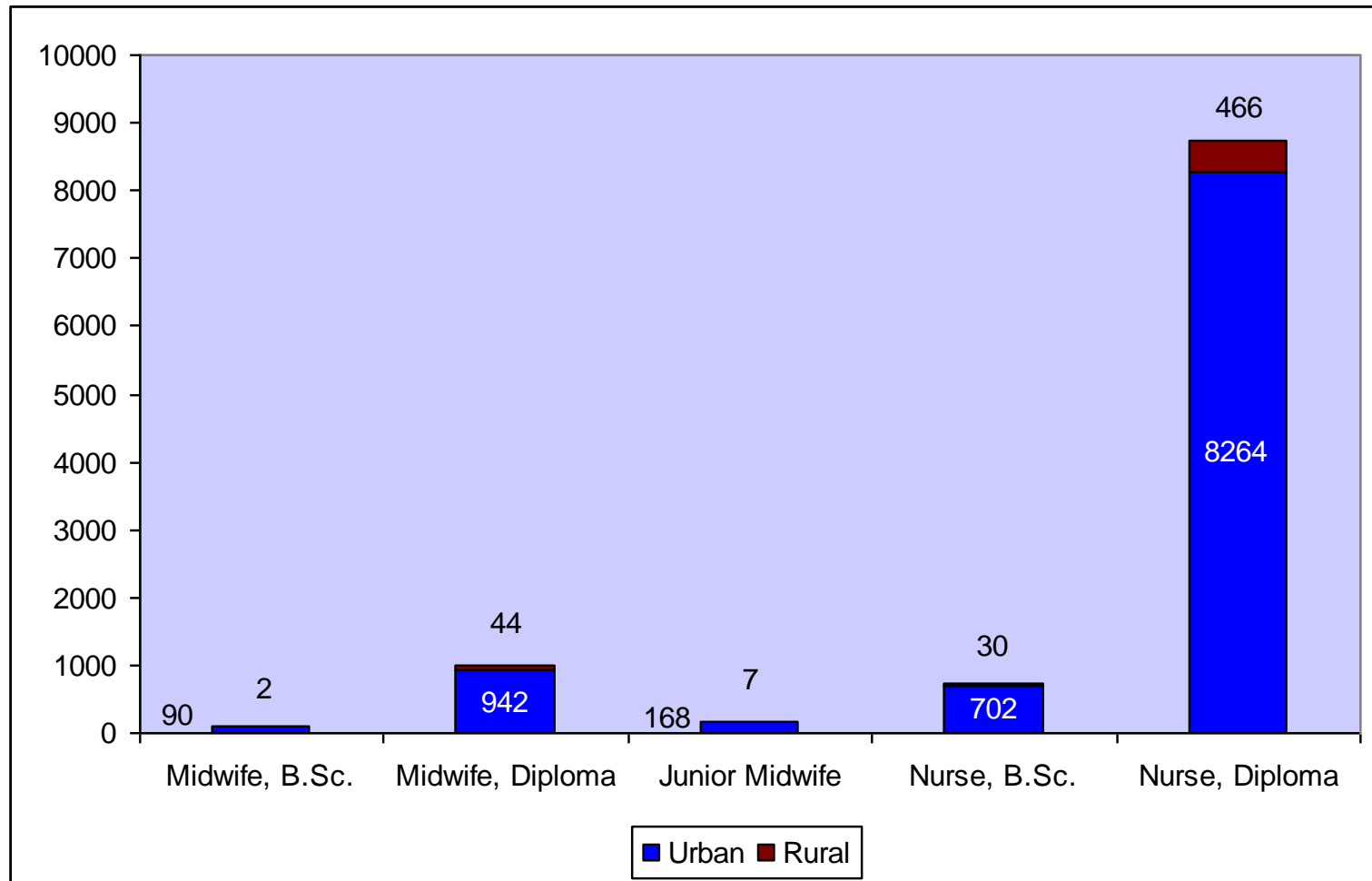
- In urban areas: 703 facilities
 - 109 hospitals
 - 594 health centers
- In rural areas: 94 facilities
 - 3 hospitals
 - 91 health centers
 - All are public/government facilities except for 1 private hospital



ABSOLUTE NUMBERS OF URBAN & RURAL HEALTH PROFESSIONALS



ABSOLUTE NUMBERS OF URBAN & RURAL HEALTH PROFESSIONALS



TARGET UNDER HEALTH SECTOR DEVELOPMENT PROGRAMME (HSDP 2005-2010)

Targets

- CEmONC in 87% of its hospitals and BEmONC in 100% of the HC
- Increase SBA from the baseline 12% to 32%

Human resource scale up

- Accelerated training of general practitioners
- In-service training
- Task shifting
- Skill building of HEWs
- Retraining

Investment on expansion of health system support

- Infrastructure
- Equipment and supplies
- HMIS

Health Delivery core process

- Disease Prevention and Health promotion
- Curative Health services
- Human Resource planning and management



IN CONCLUSION

- The core strategy for tackling inequities is to move towards universal coverage in a spirit of social justice and solidarity. Fairness and efficiency in service delivery are overarching goals.
- Health systems will not naturally gravitate towards greater fairness and efficiency. Deliberate policy decisions are needed. (WHP 2008)

