

HEALTH POLICY
OF THE
TRANSITIONAL GOVERNMENT OF
ETHIOPIA

Sept. 1993

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PREAMBLE

Ethiopia, an ancient country with a rich diversity of peoples and cultures has however remained backward in socio-economic and political development, and in technological advances. Conventional health parameters such as infant and maternal mortality, morbidity and mortality from communicable diseases, malnutrition and average life expectancy place Ethiopia among the least privileged nations in the world. In recent times, the country has experienced severe manmade and natural calamities and political upheavals which have caused untold suffering to its peoples. At no time in the past has the country enjoyed leadership of representative government with a defined mandate and accountability.

In the field of health there was no enunciated policy up to the fifties. Subsequently, references to the development of health with provision of basic health services through a network of health centers and health stations and the need to give due attention to prevention alongside curative services could be discerned. Towards the end of the Imperial period a comprehensive Health Services Policy was adopted through initiatives from the World Health Organization. However, the downfall of the regime precluded the possibility of putting this scheme to the test.

The Dergue regime that came into power in mid-seventies formulated a more elaborate health policy that gave emphasis to disease prevention and control, priority to rural areas in health service and promotion of self-reliance and community involvement. But in practice the totalitarian political system lacked the commitment and leadership quality to address and maintain active popular participation in translating the formulated policy into action. In addition, the bulk of the national resources were committed to the pursuit of war throughout the life of the regime which left little for development activities in any sector.

Therefore, in health as in most other sectors, in both of the previous regimes there was no meeting ground between declaration of intent and demonstrable performance. Furthermore, the health administration apparatus contributed its own share to the perpetuation of backwardness in health development because, like the rest of the tightly centralized bureaucracy, it was unresponsive, self-serving and impervious to change.

The ***Health Policy of the Transitional Government*** is the result of a critical examination of the nature, magnitude and root causes of the prevailing health problems of the country and awareness of newly emerging health problems. It is founded on commitment to democracy and the rights and powers of the people that derive from it and to decentralization as the most appropriate system of government for the full exercise of these rights and powers in our pluralistic society. It accords appropriate emphasis to the needs of the less-privileged rural population which constitute the over-whelming majority of the population and the major productive force of the nation. As enunciated in these articles, it proposes realistic goals and the means for attaining them based on the fundamental principles that health, constituting physical, mental and social well-being, is a prerequisite for the enjoyment of life and for optimal productivity. The Government therefore accords health a prominent place in its order of priorities and is committed to the attainment of these goals utilizing all accessible internal and external resources. In particular the Government fully appreciates the decisive role of popular participation and the development of self-reliance in these endeavours and is therefore determined to create the requisite social and political conditions conducive to their realization.

The Government believes that health policy cannot be considered in isolation from policies addressing population dynamics, food availability, acceptable living conditions and other requisites essential for health improvement and shall therefore develop effective intersectorality for a comprehensive betterment of life.

In general, health development shall be seen not only in humanitarian terms but as an essential component of the package of social and economic development as well as being an instrument of social justice and equity.

Pursuant to the above the health policy of the Transitional Government shall incorporate the following basic components.

GENERAL POLICY

1. Democratization and decentralization of the health service system.
2. Development of the preventive and promotive components of health care.
3. Development of an equitable and acceptable standard of health service system that will reach all segments of the population within the limits of resources.
4. Promoting and strengthening of intersectoral activities.
5. Promotion of attitudes and practices conducive to the strengthening of national self-reliance in health development by mobilizing and maximally utilizing internal and external resources.
6. Assurance of accessibility of health care for all segments of the population.
7. Working closely with neighbouring countries, regional and international organizations to share information and strengthen collaboration in all activities contributory to health development including the control of factors detrimental to health.
8. Development of appropriate capacity building based on assessed needs.
9. Provision of health care for the population on a scheme of payment according to ability with special assistance mechanisms for those who cannot afford to pay.
10. Promotion of the participation of the private sector and nongovernmental organizations in health care.

PRIORITIES OF THE POLICY

1. Information, Education and Communication (I.E.C) of health shall be given appropriate prominence to enhance health awareness and to propagate the important concepts and practices of self-responsibility in health.
2. Emphasis shall be given to:-
 - 2.1 The control of communicable diseases, epidemics and diseases related to malnutrition and poor living conditions,
 - 2.2 The promotion of occupational health and safety,
 - 2.3 The development of environmental health,
 - 2.4 The rehabilitation of the health infrastructure and
 - 2.5 The development of an appropriate health service management system.
3. Appropriate support shall be given to the curative and rehabilitative components of health including mental health.
4. Due attention shall be given to the development of the beneficial aspects of Traditional Medicine including related research and its gradual integration into Modern Medicine.
5. Applied health research addressing the major health problems shall be emphasized.
6. Provision of essential medicines, medical supplies and equipment shall be strengthened.
7. Development of human resources with emphasis on expansion of the number of frontline and middle level health professionals with community based, task-oriented training shall be undertaken.

8. Special attention shall be given to the health needs of:-

- 8.1 the family particularly women and children,
- 8.2 those in the forefront of productivity,
- 8.3 those hitherto most neglected regions and segments of the population including the majority of the rural population, pastoralists, the urban poor and national minorities,
- 8.4 victims of man-made and natural disasters.

GENERAL STRATEGIES

1. **Democratization** within the system shall be implemented by establishing health councils with strong community representation at all levels and health committees at grass-root levels to participate in identifying major health problems, budgeting planning, implementation, monitoring and evaluating health activities.
2. **Decentralization** shall be realized through transfer of the major parts of decision-making, health care organization, capacity building, planning, implementation and monitoring to the regions with clear definition of roles.
3. **Intersectoral collaboration** shall be emphasized particularly in:
 - 3.1 Enriching the concept and intensifying the practice of family planning for optimal family health and planned population dynamics.
 - 3.2 Formulating and implementing an appropriate food and nutrition policy.
 - 3.3 Accelerating the provision of safe and adequate water for urban and rural populations.
 - 3.4 Developing safe disposal of human, household, agricultural and industrial wastes and encouragement of recycling.
 - 3.5 Developing measures to improve the quality of housing and work premises for health.

- 3.6 Participating in the development of community based facilities for the care of the physically and mentally disabled, the abandoned, street children and the aged.
 - 3.7 Participating in the development of the day-care centres in factories and enterprises, school health and nutrition programmes.
 - 3.8 Undertakings in disaster management, agriculture, education, communication, transportation, expansion of employment opportunities and development of other social services.
 - 3.9 Developing facilities for workers' health and safety in production sectors.
4. **Health Education** shall be strengthened generally and for specific target populations through the mass media, community leaders, religious and cultural leaders, professional associations, schools and other social organizations for:-
- 4.1 Inculcating attitudes of responsibility for self-care in health and assurance of safe environment.
 - 4.2 Encouraging the awareness and development of health promotive life-styles and attention to personal hygiene and healthy environment.
 - 4.3 Enhancing awareness of common communicable and nutritional diseases and the means for their prevention.
 - 4.4 Inculcating attitudes of participation in community health development.
 - 4.5 Identifying and discouraging harmful traditional practices while encouraging their beneficial aspects.
 - 4.6 Discouraging the acquisition of harmful habits such as cigarette smoking, alcohol consumption, drug abuse and irresponsible sexual behavior.
 - 4.7 Creating awareness in the population about the rational use of drugs.
5. **Promotive and Preventive** activities shall address:
- 5.1 Control of common endemic and epidemic communicable and nutritional diseases using appropriate general and specific measures.
 - 5.2 Prevention of diseases related to affluence and ageing from emerging as major health problems.

- 5.3 Prevention of environmental pollution with hazardous chemical wastes.
6. Human Resource Development shall focus on:
 - 6.1 Developing of the team approach to health care.
 - 6.2 Training of community based task-oriented frontline and middle level health workers of appropriate professional standards; and recruitment and training of these categories at regional and local levels.
 - 6.3 Training of trainers, managerial and supportive categories with appropriate orientation to the health service objectives.
 - 6.4 Developing of appropriate continuing education for all categories of workers in the health sector.
 - 6.5 Developing an attractive career structure, remuneration and incentives for all categories of workers within their respective systems of employment.
7. **Availability of Drugs, Supplies and Equipment** shall be assure by:
 - 7.1 Preparing lists of essential and standard drugs and equipment for all levels of the health service system and continuously updating such lists.
 - 7.2 Encouraging national production capability of drugs, vaccines, supplies and equipment by giving appropriate incentives to firms which are engaged in manufacture, research and development.
 - 7.3 Developing a standardized and efficient system for procurement, distribution, storage and utilization of the products.
 - 7.4 Developing quality control capability to assure efficacy and safety of products.
 - 7.5 Developing maintenance and repair facilities for equipment.
8. **Traditional Medicine** shall be accorded appropriate attention by:
 - 8.1 Identifying and encouraging utilization of its beneficial aspects
 - 8.2 Coordinating and encouraging research including its linkage with modern medicine.
 - 8.3 Developing appropriate regulation and registration for its practice.

9. Health Systems Research shall be given due emphasis by:

- 9.1 Identifying priority areas for research in health.
- 9.2 Expanding applied research on major health problems and health service systems.
- 9.3 Strengthening the research capabilities of national institutions and scientists in collaboration with the responsible agencies.
- 9.4 Developing appropriate measures to assure strict observance of ethical principles in research.

10. Family Health Services shall be promoted by:

- 10.1 Assuring adequate maternal health care and referral facilities for high risk pregnancies.
- 10.2 Intensifying family planning for the optimal health of the mother, child and family.
- 10.3 Inculcating principles of appropriate maternal nutrition.
- 10.4 Maintaining breast-feeding, and advocating home made preparation, production and availability of weaning foods at affordable prices.
- 10.5 Expanding and strengthening immunization services, optimization of access and utilization.
- 10.6 Encouraging early utilization of available health care facilities for the management of common childhood diseases particularly diarrhoeal diseases and acute respiratory infections.
- 10.7 Addressing the special health problems and related needs of adolescents.
- 10.8 Encouraging paternal involvement in family health.
- 10.9 Identifying and discouraging harmful traditional practices while encouraging their beneficial aspects.

11. Referral System shall be developed by:

- 11.1 Optimizing utilization of health care facilities at all levels.
- 11.2 Improving accessibility of care according to need.

- 11.3 Assuring continuity and improved quality of care at all levels.
- 11.4 Rationalizing costs for health care seekers and providers for optimal utilization of health care facilities at all levels.
- 11.5 Strengthening the communication within the health care system.

12. Diagnostic and Supportive Services for health care shall be developed by:

- 12.1 Strengthening the scientific and technical bases of health care.
- 12.2 Facilitating prompt diagnosis and treatment.
- 12.3 Providing guidance in continuing care.

13. Health Management Information System shall be organized by:

- 13.1 Making the system appropriate and relevant for decision making, planning, implementing, monitoring and evaluation.
- 13.2 Maximizing the utilization of information of all levels.
- 13.3 Developing central and regional information documentation centres.

14. Health Legislations shall be revised by:

- 14.1 Up-dating existing public health laws and regulations.
- 14.2 Developing new rules and regulations to help in the implementation of the current policy and addressing new health issues.
- 14.3 Strengthening mechanisms for implementation of the health laws and regulations.

15. Health Service Organization shall be systematized and rationalized by:

- 15.1 Standardizing the human resource, physical facilities and operational systems of the health units at all levels.
- 15.2 Defining and instituting the catchment areas of health units and referral systems based on assessment of pertinent factors.
- 15.3 Regulating private health care and professional deployment by appropriate licensing.

16. Administration and Management of the health system shall be strengthened and made more effective and efficient by:

- 16.1 Restructuring and organizing at all levels in line with the present policy of decentralization and democratization of decision making and management.
- 16.2 Combining departments and services which are closely related and rationalizing the utilization of human and material resources.
- 16.3 Studying the possibility of designating under secretaries to ensure continuity of service.
- 16.4 Creating management boards for national hospitals, institutions and organizations.
- 16.5 Allowing health institutions to utilize the income to improve their services.
- 16.6 Ensuring placement of appropriately qualified and motivated personnel at all levels.

17. Financing the Health Services shall be through public, private and international sources and the following options shall be considered and evaluated.

- 17.1 Raising taxes and revenues.
- 17.2 Formal contributions of insurance by public employees.
- 17.3 Legislative requirements of a contributory health fund for employees of the private sector.
- 17.4 Individual or group health insurance.
- 17.5 Voluntary contributions.