The Ethiopian Health Extension Program (HEP) is Still Relevant After 15 Years of Implementation Although Major Transformation is Essential to Sustain Its Gains and Relevance

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Universal health coverage is one of the global agendas (1) and different counties have been following diverse modalities to address this agenda (2). The HEP is one of the modalities Ethiopia has followed and launched in 2003 to deliver 16 packages (latter increased to 18 packages) of essential health services organized under 4 major areas, including hygiene and environmental sanitation, disease prevention and control, family health services, and health education and communication (3). The program involves more than 40 thousand health extension workers (HEWs) serving from more than 17 thousand health posts (their work stations within the community). The program has contributed to the major gains registered in the country over the past two decades.

From 2015 to 2017, dissenting ideas about the program started to emerge. Some groups said the program is maturing, while others claimed it was showing signs of decay. The lack of consensus on the status of the program was becoming clearer by the day. The existing studies related to the program did not examine it comprehensively. The paucity of the evidence was overt when the existing evidence proved to be insufficient to make major decisions, even when the government wanted to do so. The national HEP assessment (4) conducted by MERQ from March to May 2019 was the timely response to the understanding of the status of the program.

The findings of this major assessment were put into use immediately after completion, informed several government decisions and have been the main sources for the 15-year roadmap that the Ministry of Health developed and endorsed (5).

The seven papers in this special issue are among the many that are in the pipeline and developed using data from the national HEP assessment. In this special issue, the study protocol, relevance of HEP, mental health and burnout of HEWs, logistics status at the health post, community health information system, current status of HEWs training Institutions and quality of service delivery modality are addressed. From the findings of these papers you will learn that

a) Although the relevance of the HEP packages remains high, community members tend to bypass the health posts when they seek care.

b) The HEWs believe they possess the competence to deliver the key services, but basic services and facilities in the HEWs training institutions are inadequate to produce competent graduates. There are also gaps in teaching methods in these institutions, including individual learning, case analysis, and problem solving. The HEWs have a high prevalence of burnout and depression, and the risk is relatively higher in rural compared to urban settings.

c) Implementation of CHIS paired with data quality checks improve utilization of key maternal and child health services. Combining provision of ANC at both HCs and HPs has resulted in provision of higher quality of ANC, and this is
believed to also increase the linkage between HCs & HPs.

d) Although preventive and limited therapeutic services are provided at the HP level, there are major gaps in drug supplies, storage facilities, and documentation of the supplies.

**Call for action:** The HEP program is still a relevant program for ensuring access to essential health services, but mechanisms to ensure that it evolves with changes in the community must be put in place. Health post and HEWs centered quality improvement strategies should be strengthened. Regular assessments of large programs are pivotal in making timely decisions. Optimizing the utilization of survey data and routinely collected data through different mechanisms, including publications, is pivotal.

This special issue of Ethiopian Journal of Health Sciences on Ethiopian Health Extension Program, the first special issue for the year 2023, contains an editorial, seven original articles.

We invite readers to read through these articles and appreciate or utilize the contents. I also urge readers to forward comments and suggestions to the editor or the corresponding authors.

**REFERENCES**

1. WHO. Declaration of Alma-Ata. in International Conference on Primary Health Care. 1978. AlmaAta, USSR.