Grand Challenges & Opportunities

Ethiopia: Health Care 2050

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Outline

I.   **Introduction**

II. The **need** challenge

III. **The** 'culture' **challenge**

IV. The **design** challenge

V.   **The** finance **challenge**

VI. The **leadership** challenge

VII. **The** health workforce **(HWF) challenge**

VIII.The **technology** challenge

IX. **Conclusions and call for action**

Introduction

"Long-range planning does not deal with future decisions, but with the future of present decisions" (Peter Drucker)

- The next 30 years to 2050 shaped by UHC & SDGs

- 'every aspect of government & economy potential to affect health' – identify priorities in context of heavy pressure to ensure improved availability, access & delivery

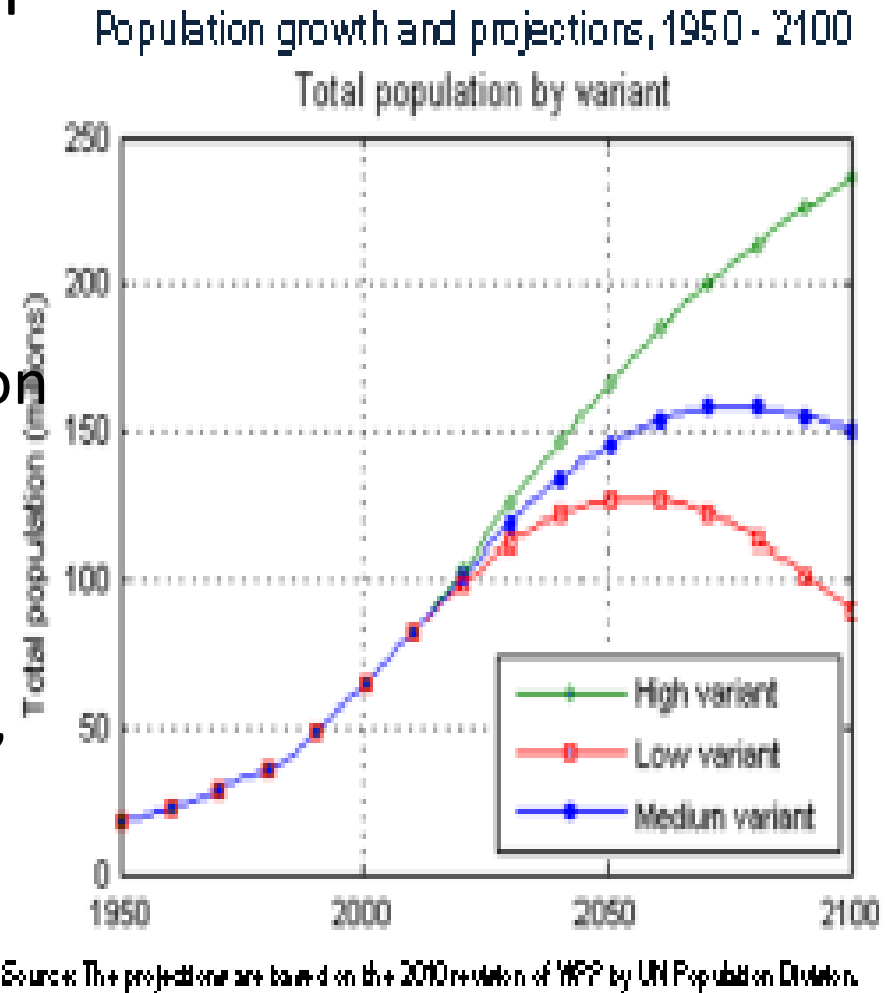- Challenging Ethiopian context – highly diverse, weak HMIS etc.

Model of the determinants of health

(Source: Cuff & Vanselow 2004)
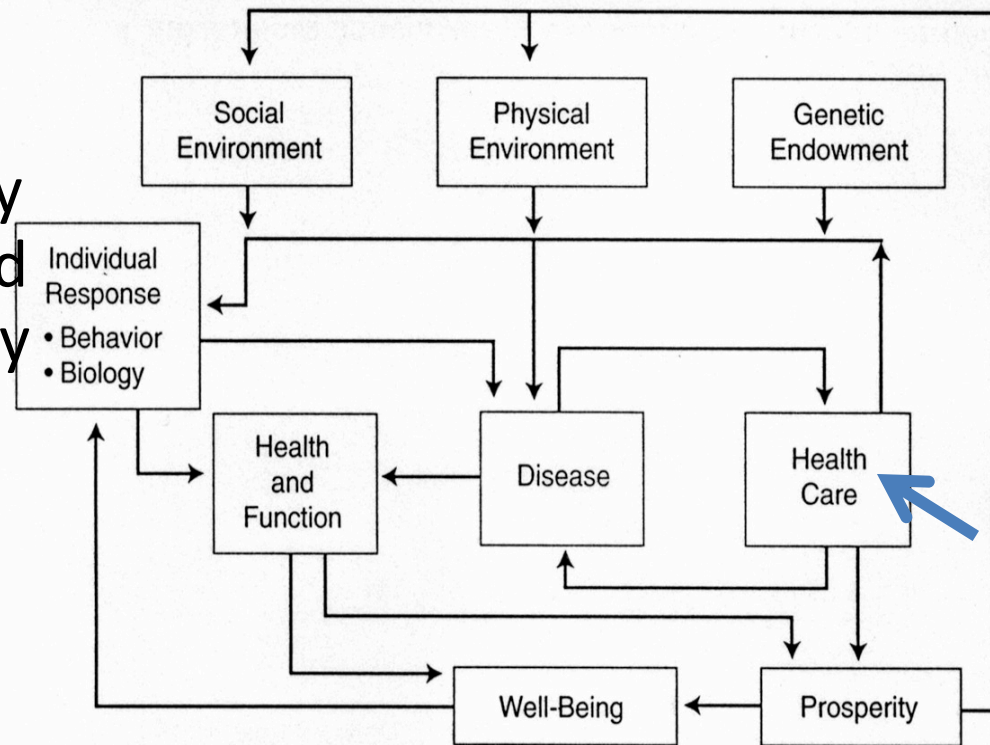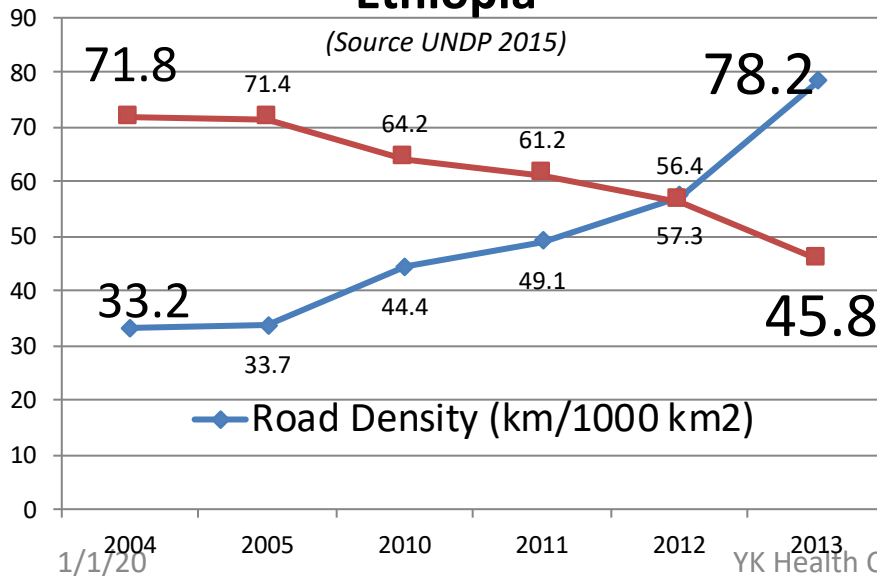
Introduction (cont.)

- The health care system will be different
  - rapid demographic, technological, financing, and behavioral & social changes
  - Lack of clean water & sanitation and burden of communicable diseases still high
  - increasing burden of NCD & injuries
- Required "future thinking" for the post-industrial/ network age

Population growth and projections, 1950 - 2100

Total population by variant

Source: The projections are based on the 2010 revision of WPP by UN Population Division.
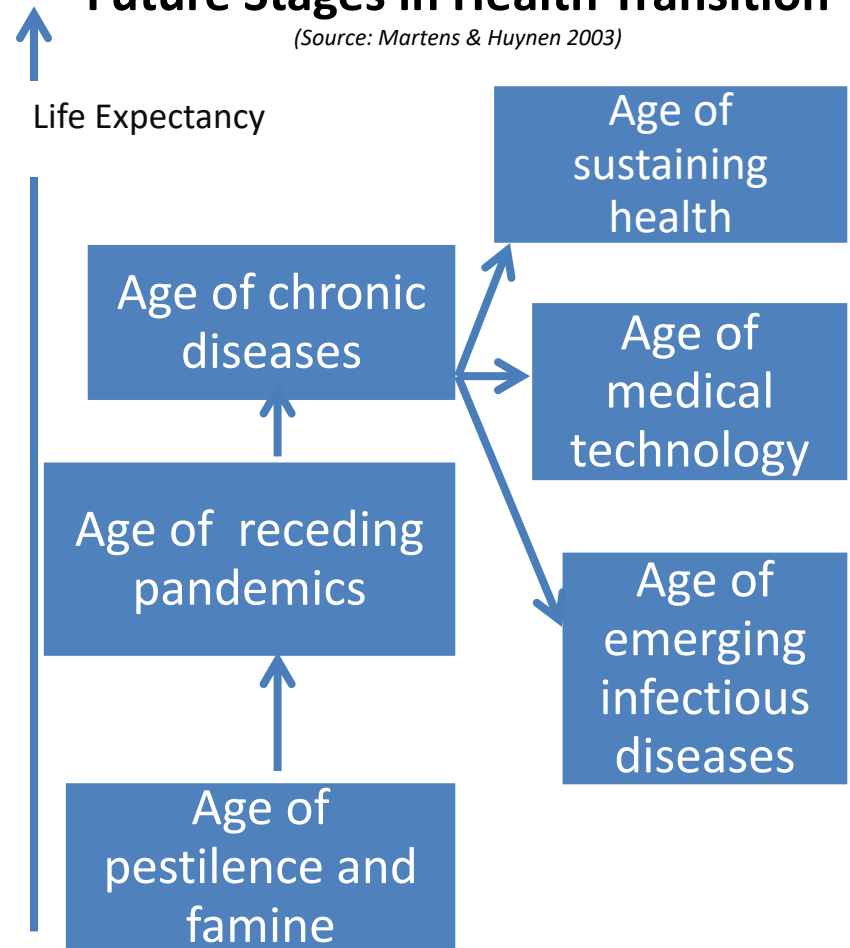
The need challenge

- Increasing: Population, Urbanization, threat of global pandemics, NCD
- more complex care needs
- compounded by
  - Poverty & inequity
  - large & rugged terrain & limited infrastructure

Road Expansion 2004-2013, Ethiopia

(Source UNDP 2015)

71.8   71.4   64.2   61.2   56.4   78.2

33.2   33.7   44.4   49.1   57.3   45.8

Road Density (km/1000 km2)

2004   2005   2010   2011   2012   2013

Future Stages in Health Transition
(Source: Martens & Huynen 2003)

Life Expectancy

Age of pestilence and famine

Age of receding pandemics

Age of chronic diseases

Age of sustaining health

Age of medical technology

Age of emerging infectious diseases
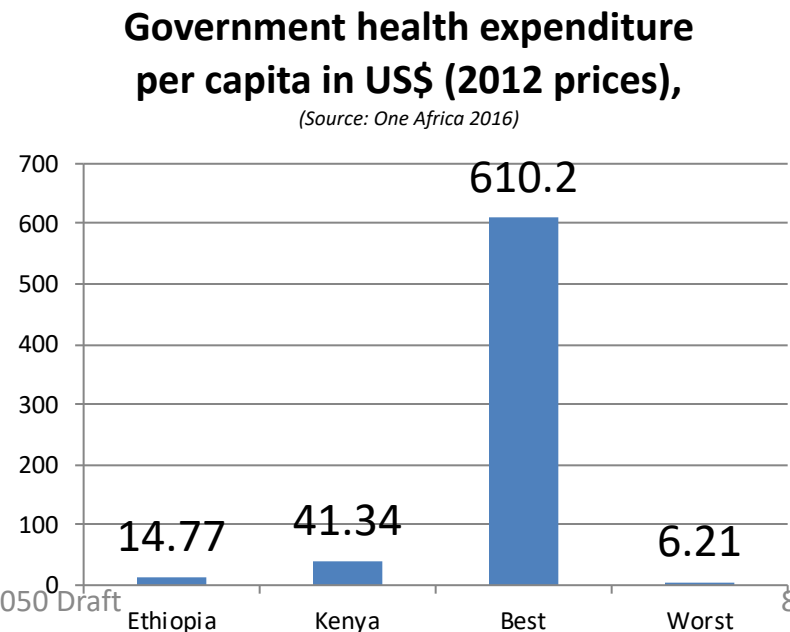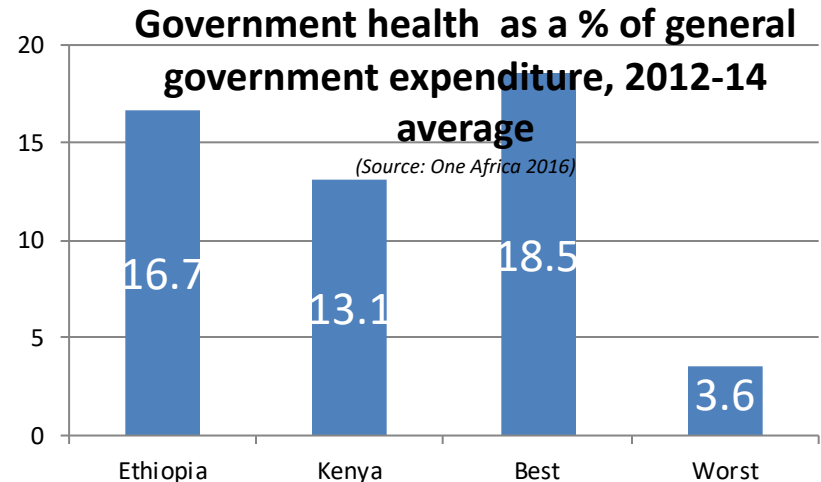
The 'culture' challenge

- cradle of humanity *["We are all Ethiopians"]*; long history of statehood; reputed for "continuity, change and "creative incorporation"; on its own terms

- Opportunities (not fully tapped)
  - rich biodiversity
  - traditional medicine

- Challenges
  - Unmet MDGs - gender equality & maternal mortality
  - harmful traditional practices (fatalism/superstition, FGM, EM etc.)

The design challenge

- Move from treating episodic disease & injury to providing long-term, often complex, care

- redesigned health care system –

  –"more integrated (health services strengthening rather than vertical programs), person-centered, coordinated, community-based and focused on supporting people's wellbeing and preventing crises"

  –emphasis on health promotion, disease prevention and integrated health service

- Designs that are

  – Participatory

  – evidence-based

  – anchored in context and relationships and support learning by doing

The finance challenge

- Ethiopia's health care financing
  - Financial accessibility major challenge
    - per capita US$31 2016
    - Highly donor dependent
  - CBI & Social Insurance
- Required move towards:
  - compulsory (i.e. public) funding sources
  - reducing fragmentation
  - strategic purchasing
  - Sustainable financing strategies...

Government health as a % of general government expenditure, 2012-14 average
(Source: One Africa 2016)

	Ethiopia	Kenya	Best	Worst
Value	16.7	13.1	18.5	3.6

Government health expenditure per capita in US$ (2012 prices),
(Source: One Africa 2016)

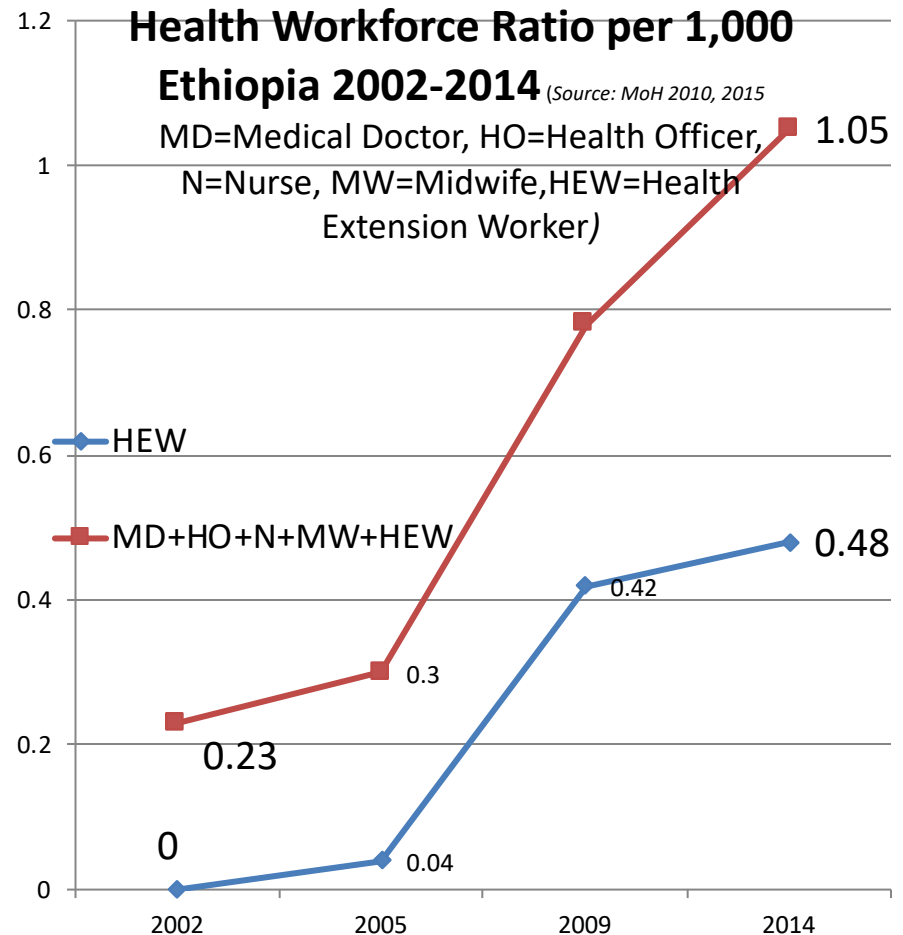|	Ethiopia	Kenya	Best	Worst
Value	14.77	41.34	610.2	6.21

The leadership challenge

- Strong & skilled leadership
- critical short supply at every level; district levels – 'a hidden crisis'
- digital health: new ethical & equity challenges
- Required, enhancing capacity of the healthcare system to think, study, research, discover, evaluate, teach, learn, improve
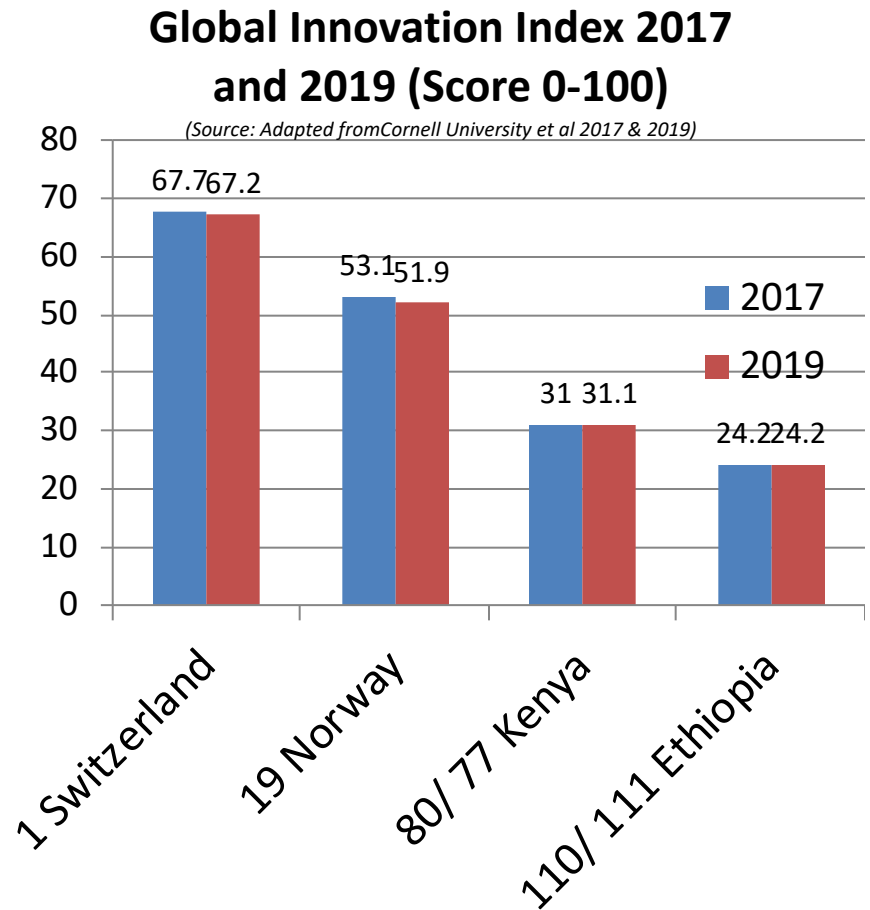
The health workforce (HWF) challenge

- determines efficiency of how others function
- Major global shortage
- Ethiopia
  - deep **HWF** crisis
  - 'the flooding strategy' -task shifting, accelerated training
  - quality of training; career structure & CPD; management, motivation & retention
- Required
  - factoring of population dynamics, globalization, (digital) technology & environmental & geopolitical
  - more coherent national system

Health Workforce Ratio per 1,000 Ethiopia 2002-2014 *(Source: MoH 2010, 2015 MD=Medical Doctor, HO=Health Officer, N=Nurse, MW=Midwife,HEW=Health Extension Worker)*

HEW

MD+HO+N+MW+HEW

1.05

0.48

0.42

0.3

0.23

0.04

0

2002 2005 2009 2014

The technology challenge

- Global:
  – post-industrial revolution/network age opening major avenues in health care
  – digital technology, AI^{++}
    - >100,000 healthcare apps
    - 2050 healthcare provision more proactive & continuous
- Ethiopia: Mobile phone – "Connected Woreda Program", HEW, HDA, eMed, eHMIS etc.
- Challenges
  – divergent goals & incentives
  – issues related to quality, safety & confidentiality; bias in algorithms
  – taking ownership

Global Innovation Index 2017 and 2019 (Score 0-100)

(Source: Adapted fromCornell University et al 2017 & 2019)

Bar chart showing Global Innovation Index scores for 2017 and 2019:
- 1 Switzerland: 67.7 (2017), 67.2 (2019)
- 19 Norway: 53.1 (2017), 51.9 (2019)
- 80/ 77 Kenya: 31 (2017), 31.1 (2019)
- 110/ 111 Ethiopia: 24.2 (2017), 24.2 (2019)

Conclusions and call for action

- By 2050, health care dramatically different: from sick to real health care for most vulnerable

- overcoming challenges in
  - highly complex, rapidly evolving & globalizing world
  - multiple motivations of ever growing actors; multi-sectoral; fraught with losers & winners

- Required some visualization of the future
  - Draw lessons from attempts in USA, Europe, globally
  - continuously revisit our own scenarios *(Visioning 2030)*
  - More adaptive, flexible implementation approaches, 'systems thinking'

"Based on decades of experience in health systems strengthening and confronting challenges in implementation and scale-up, the health systems community increasingly recognizes that interventions interact with the complex context in which they are implemented, often leading to unpredictable effects" (Bezold 1997)

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Thank You!