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# **INCREASING ACCESS TO NON-COMMUNICABLE DISEASE SERVICES ACROSS ETHIOPIA**

**IMPACT REPORT | 2018-2021**





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## ACKNOWLEDGEMENTS

The Tropical Health and Education Trust would like to thank all partners who contributed to and made the Non-Communicable Disease project a success. In particular, we would like to thank Novartis Global Health for their funding support and our key implementing partners, the Federal Ministry of Health and Health Poverty Action. We would also like to express our thanks to our partners at the University of Southampton for their ongoing support and technical expertise. Finally, we would like to acknowledge the hard work and dedication of each health worker who took part in the project and whose effort was the foundation of the project's success.

## FOREWORD



I am pleased to be celebrating the latest phase of our work to widen access to non-communicable disease (NCD) services across Ethiopia. NCDs such as heart disease, chronic respiratory disease and diabetes are the leading cause of death worldwide and represent an emerging global health threat. In Ethiopia, they are a growing epidemic among the rural population. Delivered in partnership with Health Poverty Action, this project has built the capacity of health workers to respond to this threat, providing services closer to communities across the country. On behalf of THET, I would like to express my gratitude to the health workers and health extension workers whose commitment laid the foundation of this project's success, to Novartis Global Health for their generous funding support, and to our partners at the Federal Ministry of Health who continue to prioritise the management of NCDs.

- Dr Yoseph Mamo, THET Country Director, Ethiopia



# RESULTS AT A GLANCE

## PROJECT IMPACT



**30** master trainers trained.



**413** health workers and **610** health extension workers trained.



**6,714** community leaders involved in awareness raising activities.



**405,314** patients screened for NCDs.



**15** hospitals and **45** health centres reached.

*“Before the training there was no chronic OPD [NCD department] at this centre. Hypertension and diabetes were always treated elsewhere. There is now a separate chronic department, the chronic corner/screening centre. Since the training, our history taking process has completely changed. Now all patients have a registered intake form which covers their wider history and their blood pressure. We also have a regular follow up chart to ensure that we follow up with the patient every month. If it is far for the patient to travel to the health centre, we contact them by phone or we travel to their home to see them face to face. I think that this project will help to minimise complications, especially those related to stroke, because the community is becoming more aware of chronic diseases and a culture of coming in for regular screening and medical check-ups is developing. A check-up culture is gradually developing.”*

- Million Kumera

Public Health Officer, Nefas Silk Lafto Health Centre, Addis Ababa (pictured on front cover)

## NCDs IN ETHIOPIA

In Ethiopia, as in much of sub-Saharan Africa, the prevalence of NCDs is rising rapidly due to increasing life expectancy, population growth, rapid economic development and urbanisation and linked alterations in lifestyle and disease risk factors. Hypertension, diabetes and chronic respiratory diseases are three of the four most prevalent NCDs in the country, and they are a growing epidemic among the rural population.

In response, the Federal Ministry of Health has focussed on capacity building for health services to manage NCDs, together with a drugs access project to ensure the supply of essential NCD medications.

As part of this response, Novartis Global Health funded the Tropical Health and Education Trust (THET) and Health Poverty Action (HPA) to increase access to services for NCDs through training and capacity development at Primary Health Care facilities. Implemented in Oromia, Amhara, the Southern Nations and Nationalities and People's region (SNNPR), Tigray, Benshangul-Gumuz, Afar Regional States and Addis Ababa city administration, a total of 15 hospitals and 45 health centres were selected by the ministry to take part in this project.



Religious and community leaders dialogue in Bambasi.

## PROGRAMME OVERVIEW

In partnership with Health Poverty Action and the Federal Ministry of Health (FMoH), THET delivered a comprehensive, phased training and capacity building package to 60 selected sites, allowing services for hypertension, diabetes, epilepsy and chronic respiratory diseases to be offered closer to communities across Ethiopia.

### Key Project Activities & Achievements:

- Improved uptake of and access to quality NCD services for urban, semi-urban and rural populations served by three general and 12 primary hospitals, plus 45 health centres in six regions and one city administration.
- Increased number of patients screened through community-based activities by **135%**, reaching a total of **405,314** patients.
- Trained **30** Master Trainers and **413** health centre and hospital staff to deliver quality diagnosis, treatment and education to NCD patients in accordance with FMoH guidelines. Participants received training, supervision and mentoring throughout the lifetime of the project.
- Conducted **305** mentorship and supportive supervisions to identify problems and challenges faced by health workers in their workplaces.
- Trained **610** health extension workers on the risk factors, symptoms and diagnosis of NCDs, and the referral systems.
- Delivered community-level awareness raising activities. In total, **6,714** community leaders received training and a further **352,000** individuals were reached through community-based awareness raising events to improve health seeking behaviour.
- Distributed **30,000** educational materials across the target locations on NCDs, risk factors, and available services in nearby health facilities.
- Ensured effective NCD information management systems in operation at each project site to improve overall data management.

# THE CHALLENGE OF COVID-19

The COVID-19 pandemic was a central feature of our work from mid-2020 onwards. Our response involved building strong communication links with the health care workers, and encouraging telephone communication with patients who missed appointments to prevent the interruption of NCD services. Hospitals and health centres in many of the intervention sites were encouraged to prescribe NCD drugs for longer durations (at least 2 months) to reduce the need for patients to attend NCD clinics. Health Extension Workers were also active in locating patients who had defaulted from clinic appointments.

## LESSONS LEARNT

- **Engaging decision makers** such as medical directors and health office leaders is vitally important in drawing their attention to NCD services and the need to address gaps in provision. Those health facilities where the project team was able to engage decision makers had much better NCD services. We plan to continuously strengthen this area of work in the next implementation period.
- **Catchment area as well as stakeholders' meetings** have created a sense of ownership and helped us to make significant progress towards our objectives.
- **Integrating the COVID-19 response with NCD services** will remain important into the future as NCD patients are more vulnerable to the virus. Integrating awareness raising, providing PPE and other required services at health facilities is important to minimize the risk of contracting/transmitting the virus. This not only helps patients and health facilities to prevent the transmission of the virus, but also encourages patients to visit health facilities and access quality NCD treatment.
- In areas with security issues, the project team facilitated mentorship and supportive supervision with local staff. **Engaging local government staff** in these processes should also strengthen the sustainability of the intervention and create ownership of the project.

*I think that decentralising care through NCD training is a good way to extend healthcare to the community because producing excess human power like medical doctors, for example, can take six years.*

*I enjoy seeing patients and I enjoy solving problems. As a physician your official role is to see patients and prescribe medicines, if you take your job as only this you can't work here. I believe as a physician, leadership is not optional, it is mandatory because everywhere you go, responsibility is awaiting you. Through the NCD training, I developed skills that will help me to lead the health sector.*

**Lamessa Kumera**

GP & Quality Officer, Ras Desta Damtew Hospital, Addis Ababa



## NEXT STEPS

Despite the overwhelming challenges posed by COVID-19 and a lack of investment in NCD services within the Ethiopian healthcare system, this project's achievements have been significant. The holistic approach of NCD awareness across the healthcare sector has yielded successes which will continue to affect the lives of patients who would not otherwise have been reached.

This model of decentralised and integrated NCD care is one that has seen taken root over the course of this project, and should be further replicated. Our work with the FMoH and key decision makers has fostered further ownership of NCD services and strengthened their capacity to carry out these services after the project's lifetime. Important lessons were learned about community engagement – we have only scratched the surface of what can be achieved through this work for NCDs due to COVID-19 and its associated limitations.

Nevertheless, this pushed us to think more about the role of digital tools and technology in NCD awareness and treatment in the pandemic and beyond. For example, in 2020 where awareness

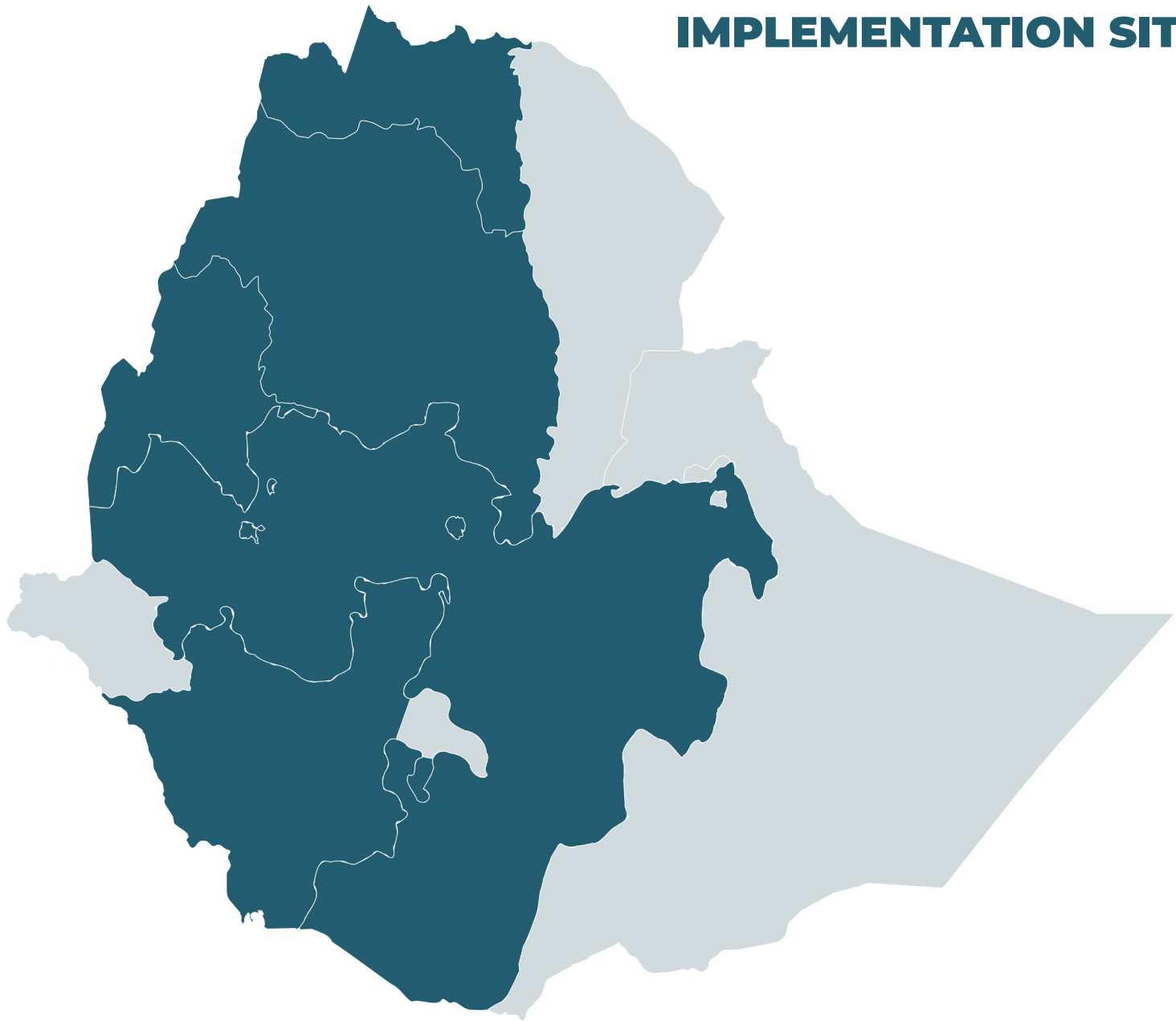
raising events had to be cancelled, we used radio broadcasting to reach patients across the country, encouraging them to be screened for NCDs. The reach of this was significant and is a tool that can be used in future.

Similarly, to ensure NCD patients could continue being treated, we funded and supported health workers to call patients and offer remote consultations. This informed our thinking about the much wider potential and applicability of technology in this context. Armed with this learning, trained health workers, project data and strong partnerships, this life-saving NCD work can be built upon to ensure that many more patients receive much-needed treatment.



Healthcare facility, Ethiopia  
Photo Credit: Andrew Mortimore

## IMPLEMENTATION SITES



Oromia, Amhara, the Southern Nations and Nationalities and People's region (SNNPR), Tigray, Benshangul-Gumuz, Afar Regional States and Addis Ababa city administration.



### ABOUT THET

Today, one billion people will never see a qualified health worker in their lives. For over thirty years, THET has been working to change this by supporting health workers both in the UK and overseas to improve patient care through targeted training programmes. We work with diverse partners to build a world where everybody, everywhere has access to affordable and quality healthcare.

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