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# INCREASING ACCESS TO NON-COMMUNICABLE DISEASE SERVICES ACROSS ETHIOPIA

IMPACT REPORT | 2018-2023





## CONTENTS

Foreword	1
Results at a glance	2
Programme overview	3
The challenge of COVID-19	4
Lessons learnt	4
Next steps	5
Annex: Implementation sites	6

## 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 and Southampton University, 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

**692,384** people screened for NCDs.

**621** primary health care workers from hospitals and health centres trained.

**610** Health Extension Workers trained.

**47** master trainers trained.

**693,302** individuals reached through health education outreach.

Improved access and availability of quality NCD Services in **15** hospitals & **45** Health Centres.

**237** mentorship and supportive supervisions visits conducted.

*“Peter is a 24-year-old man who started experiencing concerning symptoms like excessive thirst, frequent urination, and overwhelming weakness. He visited a local clinic, but was incorrectly prescribed hypoglycemic agents instead of insulin. As his health declined, Peter was referred to a chronic disease nurse at Gondar Teaching Hospital. Recognising the urgency, she suspected type 1 diabetes and swiftly secured specialised treatment for Peter. Her timely expertise ensured that Peter received proper diagnosis and care. He is now getting the correct insulin therapy and support he needs to manage his diabetes going forward. While misdiagnosis caused hardship, Peter is grateful to once again be in control of his health. With continued treatment, he can still pursue his dreams.”*

- Peter

## 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.

## PROGRAMME OVERVIEW

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.



Religious and community leaders dialogue in Bambasi.

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.

As a result, a comprehensive, phased training was delivered, allowing services for hypertension, diabetes, epilepsy and chronic respiratory diseases to be offered closer to communities across Ethiopia.

### Key Achievements:

- Improved access and availability of quality NCD services in 15 hospitals and 45 health centers in six regions and one city administration.
- A total of 692,384 people were screened for NCDs and 54,824 were newly enrolled to treatments. Among those enrolled, hypertension was the most common diagnosis (74.4%) followed by diabetes (12.2%).
- Trained 47 GPs and 208 nurses and health officers from all project supported health facilities to deliver quality diagnosis, treatment, and care to NCD patients.
- Conducted 237 mentorship and supportive supervisions to share skills between GPs and other primary health care workers, identify problems and challenges faced by health workers in their workplaces.
- Trained 602 health extension workers on the risk factors, symptoms, and diagnosis of NCDs, and the referral systems.
- A total of 582,101 individuals were reached with health education to improve health seeking behavior.
- Distributed a total of 25,000 brochures and 1,000 posters across the target locations on NCDs, risk factors, and available services in nearby health facilities.
- The findings of the terminal evaluation indicate that the project was relevant, effective and efficient based on the achieved results. We recommend to sustain and scale up NCD screening, care and treatment to additional PHC facilities

# 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.
- **Catchment area as well as key 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** was vitally important, as NCD patients are more vulnerable to infectious diseases. Integrating awareness raising activities, providing PPE and other required services at health facilities is important to minimize the risk of contracting/transmitting diseases
- **Decentralization** of health services for NCDs closer to the community is an approach that addresses access, quality, and coverage. It does not only bring services near to the people's homes but also aids in achieving high coverage and removal of barriers to access.
- **Primary care interventions** produce more health seeking behavior, resulting in more screening and earlier detection. So, this intervention should be scaled up and we have witnessed that this will work. Engagement of leadership at all levels (starting from FMoH to facility and community) is key in creating ownership, smooth implementation and improving quality of services on NCDs.
- **Mentorship** has been key to sustain the learned, encourage exchange of experience, skills learned and provide on-going support. Following a successful pilot FMoH requested THET to develop a national NCD Mentorship Guideline to incorporate into future engagement.
- **Engaging local government** staff in these processes will 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

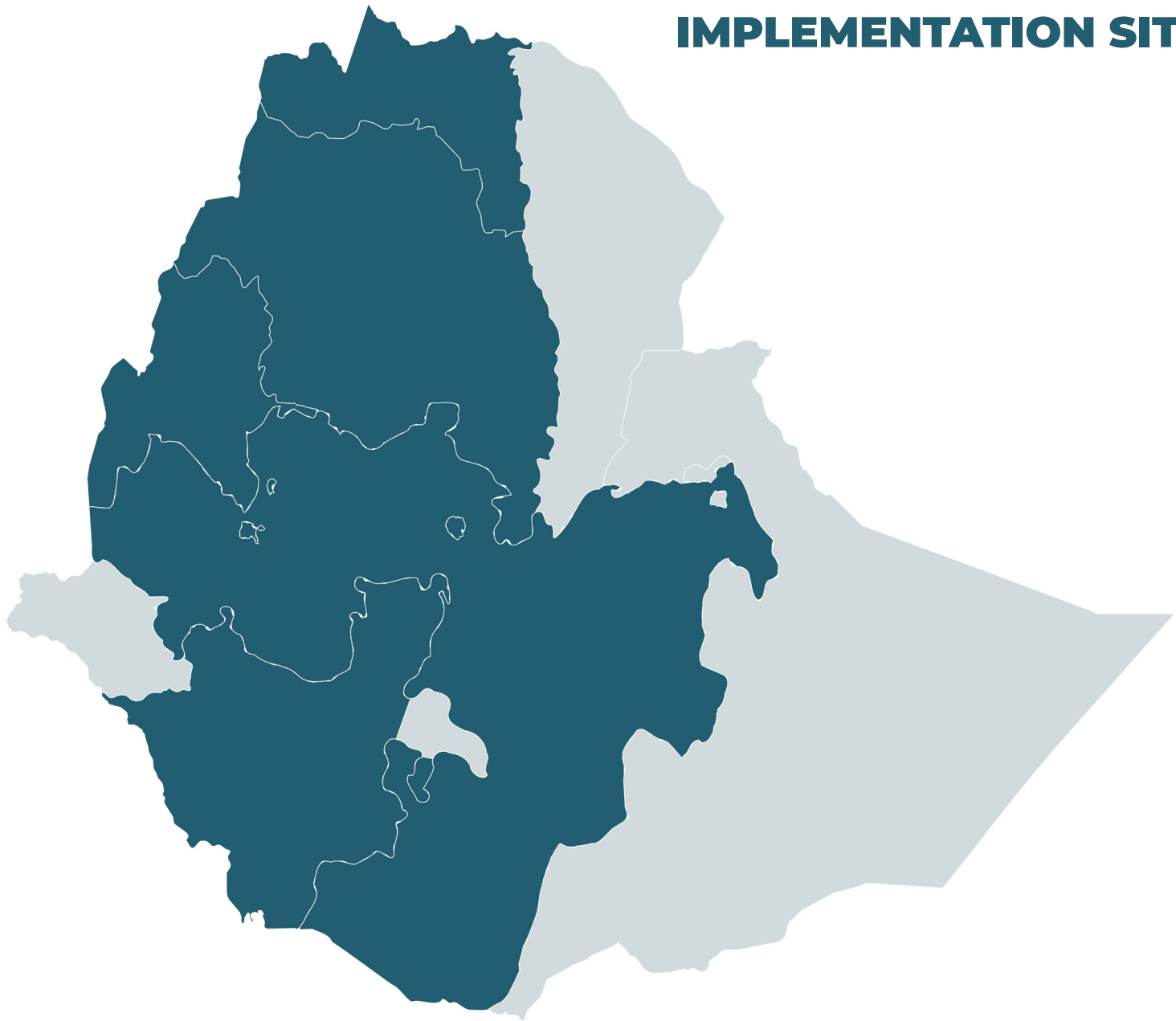
The project has been instrumental in improving access to and quality of NCD services in the supported health facilities. The support has enabled health facilities and health workers to strengthen their confidence and knowledge to deliver services, leading to improved service provision and increased access for the patient. However, given that NCDs have historically been widely overlooked, major gaps remain. To further support the FMoH in strengthening NCD care, THET proposes the following next steps;

- 1) Expand to new sites, especially those with low NCD service capacity. Particularly exploring opportunities for NCD integration into national communicable disease programmes.
- 2) Explore and pilot digital solutions to improve learning opportunities (e.g. through self-directed learning applications) and NCD patient data collection tools (eMR systems).
- 3) Further explore capacity development for national and regional authority to strengthen national ownership by embedding a national mentorship scheme at all levels of the health system.
- 4) Increase community awareness and understanding on prevention, treatment, and on-going support, through community-led interventions at all levels, incl. schools.
- 5) Support the FMoH in reviewing and improving the national drug supply chain by understanding the availability of essential NCD medication and equipment, as well as develop a patient centered NCD referral pathway.



Healthcare facility, Ethiopia  
Photo Credi: 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.

THET  
3rd Floor,  
86-90 Paul Street,  
London  
EC2A 4NE

Charity Registration No. 1113101  
Company Registration No. 5708871

[www.thet.org](http://www.thet.org)

