



Ethiopia Health Extension Program: An Institutionalized Community Approach for Universal Health Coverage (World Bank Studies)

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As a low-income country, Ethiopia has made impressive progress in improving health outcomes. Ethiopia Health Extension Program examines how the country's Health Extension Program (HEP) has contributed to the move toward Universal Health Coverage (UHC), and it sheds light on how other countries may learn from Ethiopia's experiences of HEP when designing their own path to UHC. One of the government's UHC strategies, HEP was introduced with limited resources and few essential health services. The key aspects of the program include the capacity building and mobilization of more than 30,000 health extension workers (HEWs), more than 12 million model families, and a health development army to support the community-based health system. Using the HEP-UHC conceptual model and data from Demographic and Health Surveys, the study examines how the HEP has contributed to the country's move toward UHC. While the HEP was being implemented, the country experienced significant improvements in terms of socioeconomic, psychological, behavioral, and biological dimensions of the beneficiaries; and in terms of the coverage of health care services. The study finds an accelerated rate of improvement among the rural, less-educated, and the poor population, which is leading to improvements in the equity indicators including the concentration indices. The HEP in Ethiopia has demonstrated that an institutionalized community approach is effective in helping a country make progress toward UHC. The elements of success in the HEP include the emphasis on community mobilization, which identifies community priorities, engages and empowers community members, and supports their ability to solve local problems. The other aspect of HEP is its emphasis on the institutionalization of activities, which addresses the sustainability of community programs through a high level of political commitment, and effective coordination of national policies and the leveraging of support from partners. These findings may offer useful lessons for other low-income countries facing similar challenges in developing and implementing a sustainable UHC strategy.

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