RESULTS UK Parliamentary Delegation Report

February 2013

From 16-21 February 2013, five UK parliamentarians visited Ethiopia to gain insight into how Ethiopia is addressing major health challenges, with a particular focus on how investments into health system strengthening is affecting tuberculosis (TB) and how it is improving child survival through vaccination and nutrition programmes. The delegation also examined the impact of UK support to Ethiopia on these key issues through different bilateral and multilateral channels.

Ethiopia

EXECUTIVE SUMMARY

The purpose of this delegation was to learn more about key global health issues impacting on international development, in particular the global tuberculosis (TB) epidemic and child health. Delegates found that progress achieved to date owes much to Ethiopia's strong planning and its innovative response to its human resources crisis through its Health Extension Programme (HEP). Funding to support these successful interventions has been provided by key multilateral organisations, including the Global Fund to Fight AIDS, TB and Malaria and TB REACH. Delegates also observed the very positive impact of UK Government funds supporting health system strengthening, which has improved access to diagnosis, care and treatment for TB and a range of childhood diseases including malnutrition and pneumonia.

KEY HEALTH RECOMMENDATIONS FOR THE UK GOVERNMENT:

- **UK support to the Global Fund to Fight AIDS, TB and Malaria**
  - The UK Government should step up its contribution to the Global Fund to £512 million over two years (2014-2015) and make a substantial pledge at this year's replenishment in September to encourage other countries and institutions to similarly increase their pledges.

- **UK support to TB REACH**
  - The UK Government should contribute £30 million for 2013-2015 to enable TB REACH to scale up its existing programmes and fund new programmes for case finding and treatment in hard to reach populations. DFID should also make sure the successful lessons learnt from TB REACH in Ethiopia are shared with the London office and with other offices around the world.

- **DFID support for child health programmes**
  - DFID and other donors should support the Ethiopian Government and other bilateral country programmes to apply the following recommendations:
    - **Integration**: Programmes need to be planned and linked together to build maximum integration – especially health, water, sanitation and nutrition.
    - **Inequality**: Programmes need to target the poorest and the most vulnerable, especially rural families and disabled people.
    - **Human Resources for Health**: Like many other countries, Ethiopia continues to face severe shortages in their healthcare workforce. Efforts should be made to improve the terms and conditions of health professionals by financially and technically supporting national country plans to scale up and retain health workers.

- **UK leadership on nutrition**
  - We support the initiative of the UK Government to hold a 'Nutrition Summit' before the G8 in June. The UK Government should make a significant new pledge for malnutrition programmes in Ethiopia and other high-burden countries. We encourage the Government of Ethiopia to attend the summit and to share their experiences.

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INTRODUCTION

Tuberculosis

TB is a public health emergency in Africa. The disease unnecessarily kills hundreds of thousands of people globally each year. In 2011, nearly 9 million people got sick from TB and 1.4 million people died from TB worldwide. Although the African continent makes up only 12 percent of the world's population, it accounts for nearly a quarter of the global TB burden.

TB is responsible for a quarter of all AIDS-related deaths and is the biggest killer of people living with HIV/AIDS. Without treatment 90 per cent of HIV positive patients who get TB will die. TB stalls development progress and undermines global investments across all the MDGs.

Child survival & nutrition

The world is still off track to reach the Millennium Development Goal of reducing child mortality by two thirds between 1990 and 2015. Today, one in five children is still not receiving even the most basic vaccines. Vaccination is a proven and cost-effective health intervention that can provide life-long protection from disease. By preventing disease before it occurs, vaccines save lives and substantially reduce costs associated with on-going treatment and care.

Globally, 165 million (26%) of children under the age of five are chronically malnourished and another 52 million (8%) suffer from acute malnutrition. One-third of all child deaths stem from under-nutrition, a total of 2.6 million every year. Those who experience under-nutrition between conception and age 2 have a higher risk of physical and mental disability and are often not able to make a full social or economic contribution as adults. The economic costs of under-nutrition are significant—ranging from 2 to 3 percent of GDP in some countries.

UK investment in global health

In this time of austerity, there is a need for the UK Government to show value for money for their development investments. Not addressing TB and child health issues adequately will directly affect the outcomes of UK development aid. Through this delegation, participants were able to investigate how UK aid is currently being utilised in addressing these key global health issues in Ethiopia and the potential areas where the UK can continue to play a significant role tackling this dual epidemic.

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DELEGATES

Sir Tony Cunningham MP
Heather Wheeler MP
Kevin Barron MP
Baroness Gloria Hooper
Lord Qurban Hussain

Jessica Kuehne	Health Advocacy Officer, RESULTS UK
Aparna Barua	Health Advocacy Officer, RESULTS UK
Steve Lewis	Global Health Advocacy Manager, RESULTS UK

KEY FINDINGS

GLOBAL FUND AGAINST AIDS, TB AND MALARIA

Since its creation in 2002, Global Fund has financed more than 1,000 projects in 151 countries. It finances 82 percent of international funding for TB programmes, 50 percent for malaria and 21 percent for AIDS. It also supports health systems strengthening, as inadequate health systems are one of the main obstacles to scaling up interventions to secure better health outcomes for HIV, TB and malaria.

The delegation visited St Peter's Hospital in Addis Ababa which is currently is one of the only hospitals that treats MDR-TB in the country and receives funding from the Global Fund. The delegation learned that the Global Fund provides all first and second line drugs to treat tuberculosis in Ethiopia, as well as a large majority of the antiretroviral (ARVs) for HIV/AIDS and treatments for malaria. The UK Government described the Global Fund as "very good value for money" in its 2011 multilateral aid review, and our visit to Global Fund supported programmes in Ethiopia has reinforced this view. The Global Fund is changing its structures and procedures in 2013 and stakeholders we spoke told us that the new funding model will bring about increased efficiency in Global Fund delivery.

Recommendation:

The Global Fund is going through a 'replenishment' process which culminates in September this year, designed to raise funds from donors for the next three years (2014-2016). The UK has been a strong supporter of the Global Fund in the past, providing £1 billion between 2008 and 2015. To show that the UK is serious about supporting transparent, effective aid, it should make a strong financial commitment to the Global Fund.

The UK Government should step up its contribution to the Global Fund to £512 million over two years (2014-2015) and make a substantial pledge at this year's replenishment to encourage other countries and institutions to similarly increase their pledges.

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TB REACH

TB REACH is a results-driven funding mechanism, which has proven itself to be a cost effective mechanism for investment through its mid-term evaluation launched in November 2012. TB REACH's goal is to find and treat the 3 million TB cases that aren't reached by the Global Fund and national governments every year. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading and halt the development of drug-resistant strains.

The delegation visited an outreach programme to increase TB detection and coverage in the rural area of Awasa. The project is integrated within the Ethiopian Ministry of Health's existing Health Extension Programme which has been successful in delivering primary healthcare to communities by training 36,000 Health Extension Workers. The current TB REACH programme has already doubled TB detection rates compared to its control area during the two year pilot period.

Recommendation:

By providing small, short-term grants, TB REACH allows programmes to build their capacity and demonstrate success. Small investments such as these open up funding from other multilateral donors or national government in order to scale up successful interventions. TB REACH is currently funded by the Canadian Government, which means it is limited in scope and is vulnerable to changing donor priorities.

The UK Government should contribute £30 million for 2013-2015 to enable TB REACH to scale up its existing programmes and fund new programmes for case finding and treatment in hard to reach populations. DFID should also make sure the successful lessons learnt from TB Reach in Ethiopia are shared with the London office and with other offices around the world.

CHILD SURVIVAL

Globally, under-five deaths fell from nearly 12 million in 1990 to 6.9 million in 2011. In Ethiopia, significant progress has been made in bringing the under-five mortality rate down by 28 percent. Vaccines have been one of the most powerful tools to achieve this success. Nevertheless, one in every five children worldwide is still not receiving even the most basic vaccines. In Ethiopia an estimated 40 percent of children do not even have access to the most basic vaccines.

The delegation heard about the successful work over that has been carried out over the last ten years to strengthen health systems in Ethiopia. The main vehicle for improving access to primary healthcare around the country has been the recruitment and training of 36,000 Health Extension Workers (HEWs) who are stationed in community health posts and trained to deliver integrated health packages encompassing family planning, water and sanitation, basic nutrition programmes and control of infectious diseases, including TB. The delegation was highly impressed with the HEWs' commitment and engagement within their communities.

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Recommendations:

Although progress has been made there are still many gaps in the response. The delegation learnt that three things are essential for future progress. **DFID and other donors should support the Ethiopian Government and other bilateral country programmes to design and lead programmes to make the following recommendations achievable:**

- **Integration**: Programmes need to be better linked together and planned for integration – especially health, water and sanitation, and nutrition.
- **Inequality**: Programmes need to target the poorest and the most vulnerable, especially rural families and disabled people. For instance, while immunisation coverage rates in Addis Ababa have reached around 90 percent, in the region of Afar only 10 percent of children are immunised.
- **Human Resources for Health**: Although the HEWs programme has been very successful, Ethiopia continues to face severe shortages in their healthcare workforce and lacks enough doctors, nurses, midwives and other health workers. Efforts should be made to improve the terms and conditions of health professionals by financially and technically supporting national country plans to scale up and retain health workers.

NUTRITION:

The delegation learnt that across Africa progress has been made on reducing infant mortality but there has been little improvement in nutrition statistics in the last 20 years. The disappointing progress means that 44% of Ethiopian children are still malnourished. We spoke about nutrition with various levels of staff from the Minister of Health down to HEWs who showed us how they can treat mild malnourishment with simple technologies. It is clear much more needs to be done.

Recommendation:

The delegation supports an increase in global attention and funding to reduce malnutrition, which will in turn support economic growth in future years. We support the initiative of the UK Government to hold a 'Nutrition Summit' before the G8 in June. **The UK Government should make a significant new pledge for malnutrition programmes in Ethiopia and other high-burden countries. We encourage the Government of Ethiopia to send a high level delegation to the summit and to share their experiences.**

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OTHER FINDINGS:

AID WORKS

Overall, the delegation was impressed with the progress made by the Government of Ethiopia in the last ten years on almost all indicators of global health (and other areas). The infant mortality rate has been cut by half over this period and Ethiopia is currently on track to meet MDG 4. The UK is the second largest bilateral donor to Ethiopia, and the delegation was pleased to learn of the strong working relationship between the Government and DFID. DFID aid was described as 'high quality, strategic and flexible'. We are convinced that UK aid is effective and provides value for money.

Recommendation:

The UK is to be congratulated on moving towards allocating 0.7% of GNI towards international aid. We applaud the UK Government and the cross-party consensus that has made this possible. More should be done to publicise the success of the UK aid programme with the media, the public and in Parliament.

COUNTRY OWNERSHIP

The delegation was pleased to hear that the Ethiopian Government feels they 'own' their planning and development process. The Government has developed a strong country plan and accept donor support on their own terms. DFID contributes to the 'Sector Wide Approach' in most of its programmes and the Ministry of Health thanked the UK for this flexible and efficient approach. The delegation also heard that Ethiopia is gradually increasing national spending on health programmes and is slowly being able to increase revenue from tax collection.

Recommendation:

DFID should continue to contribute funds into ministry-wide baskets, which puts ownership into the hands of government ministries. Other countries should join with DFID in supporting these basket funds where possible. Ethiopia and other African countries should continue to increase spending on health programmes from their national budgets until they meet the Abuja target set in 2001 to spend 15 percent of the national budget on health. Nevertheless, as countries approach the 15 percent mark, future discussions are needed to review these commitments and combine them with per capita investments to make sustainable progress.

EDUCATION

Although education was not the main focus of this trip, we learnt that the Ethiopian Government is making steady progress in education enrolment but that education quality is usually to a low standard. Completion of a full term of education is rare and drop-outs are high, especially among girls. The delegation learnt that due to funding constraints many new schools are built without adequate toilet blocks. This is particularly

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problematic for girls who stay at home when they are on their period, which reduces their attendance rates.

Recommendation:

DFID should support Ministries of Education and Health to ensure that school buildings include adequate sanitary facilities. This has been proven to increase the attendance of girls and keep them in school in their teenage years.

CIVIL SOCIETY

The delegation heard contrasting views of the role NGOs play in contributing to the health effort in Ethiopia. The Ministry of Health wants to ensure that NGOs act in a coordinated manner with ministry plans and strategies. We learned that NGOs can play important support roles in delivering training and health interventions to reach remote areas, and by introducing innovative programmes.

Recommendation:

NGOs state that the Civil Society Act introduced three years ago is restricting their ability to operate. This is especially true of guidelines known as 70%/30% which limits NGOs from spending more than 30 percent of their income on administration costs, although the definition of this is quite restrictive. Some international and local NGOs have complained that these guidelines were poorly thought out and can prevent NGOs from carrying out programmes such as training and capacity building. We encourage the Ministry of Health to reconsider the wording of these guidelines so that NGOs are not restricted to the simple delivery of commodities.

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