



# Measuring progress towards Universal Health Coverage: national and subnational analysis in Ethiopia

## Summary

Universal Health Coverage (UHC) is achieved at a country-level when everyone has access to quality and comprehensive healthcare services. At an individual level, UHC is achieved when someone can receive comprehensive and quality care without experiencing catastrophic financial hardship. Achieving UHC in Ethiopia requires a better understanding of healthcare utilization and effectiveness of the overall healthcare system. Currently, there are no studies that estimate the extent of UHC in Ethiopia.

## Background

Inequality in service coverage across Ethiopia contributes to issues of access and low utilization of health services<sup>2</sup>. While UHC is recognized as a country-level goal, there needs to be a realistic understanding of feasibility in the resource constrained.<sup>1</sup> To achieve UHC successfully, there need to be studies that demonstrate the subnational variations in universal health services coverage<sup>1</sup>.

November 2019

### AUTHORS

 Getachew Teshome  
Eregata<sup>1,2</sup>

 Alemayehu Hailu<sup>1,2</sup>

 Solomon Tessema  
Memirie<sup>1,3</sup>

 Ole Frithjof Norheim  
<sup>1,4</sup>

### AFFILIATION

<sup>1</sup>Department of Global Public Health and Primary Care, University of Bergen, Norway

<sup>2</sup>Ministry of Health of Ethiopia, Addis Ababa, Ethiopia

<sup>3</sup>Department of Pediatrics and Child Health, College of Health Sciences, Addis Ababa University, Addis Ababa, Ethiopia

<sup>4</sup>Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, MA, USA

### Disease Control Priorities-Ethiopia (DCP-E)

This policy brief is based on preliminary work from the DCP-E project funded by the Bill & Melinda Gates Foundation. DCP-E is a partnership between Ethiopia's Federal Ministry of Health, the Harvard T.H. Chan School of Public Health and the University of Bergen.

## Methods

Teshome et al<sup>1</sup> assessed healthcare delivery in Ethiopia by considering the three tiers of the health system:

1. Primary Care Unit (serving up to 100,000 individuals)
2. General Hospitals (serving up to 1.5 million individuals)
3. Specialised Hospitals (serving up to 5 million individuals)

The authors tracked progress towards UHC using local data sources. Selected indicators were informed by Ethiopia's health priorities and grouped into the following four categories:

1. RMNCH
2. Infectious diseases
3. NCDs
4. Service capacity and access

## Analysis

The authors constructed a UHC coverage index from geometric means of the four major component indicators above.<sup>1</sup>

For measurement of RMNCH, indicators such as immunization, prevalence of births attended by skilled attendant, and prevalence of antenatal care were used.<sup>1</sup> For measurement of infectious diseases, indicators such as TB case detection rate and cure rate were used.<sup>1</sup> For measurement of NCDs, indicators such as fasting blood glucose level and cervical cancer were used.<sup>1</sup> For measurement of health service capacity and access, indicators such as in-patient discharge per capita and health professionals per capita were used<sup>1</sup>.

## Results

The findings indicate that the overall UHC service coverage for the year of 2015 was 34% across the four major categories.<sup>1</sup> This average was based on regional rates ranging from 10% in the Afar region to 52% in Addis Ababa<sup>1</sup>.

The service coverage variations across the four major categories were as follows:

1. 38% = RMNCH
2. 53% = Infectious diseases
3. 35% = NCDs
4. 20% = Service capacity and access

The 2015 overall UHC coverage for Ethiopia (34%) is very low compared to the SDG country-level target goal of 80% to be achieved by 2030<sup>1</sup>. There are various explanations to low UHC coverage in Ethiopia from low-literacy rates, a quarter of the country living below the absolute poverty line, and poor health-seeking behavior<sup>1</sup>. Furthermore, minimal resources and investment into health infrastructure and human resources could further contribute to low UHC coverage<sup>1</sup>.

## Next steps

It is recommended that policymakers in Ethiopia take into consideration the regional variation in UHC service coverage when addressing gaps across the country. There should also be efforts to measure UHC at subnational levels as well as scale up coverage of comprehensive primary care.

## References

1. Teshome Eregata G, Hailu A, Memirie ST, et al. Measuring progress towards universal health coverage: national and subnational analysis in Ethiopia. *BMJ Global Health* 2019; 4:e001843. doi:10.1136/bmjgh-2019-001843.
2. Misganaw A, Melaku YA, Tessema GA, et al. National disability-adjusted life years (DALYs) for 257 diseases and injuries in Ethiopia, 1990–2015: findings from the global burden of disease study 2015. *Population Health Metrics* 2017; 15:28.
3. World Health Organization. What is universal health coverage? 2014. Available at: [http://www.who.int/features/qa/universal\\_health\\_coverage/en/](http://www.who.int/features/qa/universal_health_coverage/en/) [Accessed 04 Jun 2019].