Ethiopia

September 2018

In 2018, more than 620,000 consultations were provided in primary health care centres while more than 27,000 refugees were counselled and tested for HIV. More than 2,900 patients were referred to secondary level health facilities for further diagnostics and treatment. More than 10,700 mothers delivered with the help of a skilled birth attendant.

HIGHLIGHTS

- Forty-four primary health care centers and health posts provide services free of charge for refugees and host communities in all 26 refugee camps where health programmes are implemented jointly with the Government of Ethiopia’s Administration for Refugee and Returnee Affairs (ARRA) and NGO partners. Close linkages have been established with the Ministry of Health (MoH) and UN partners to enable refugees to benefit from national health programmes.
- From January to September 2018, a total of 620,509 consultations were provided in all health centers, 9% of whom were for members of the host communities. 38% of the consultations were for children under the age of five.
- The most common health problems seen are upper respiratory tract infections, diarrhea, lower respiratory tract infections and malaria. The health facility utilization rate to date is 1.1 consultation per refugee per year which is within the standard of 1-4 consultations. The mortality rate in children under five is 0.1/1,000/month and remains less than the emergency threshold of 3/1,000/month.
- UNHCR has commenced the roll-out of the mobile tablet based Health Information System (HIS) in an effort to improve the ease, efficiency and accuracy of health data collection. A UNHCR team provided training and 300 tablets to ARRA and other health partners in field locations. ARRA pharmacy staff at the central medical warehouse in Addis Ababa received training on HCMIS (Health Commodity Management Information System). UNHCR advocated for inclusion of refugees in the planned national roll-out of Human Papilloma Virus (HPV) vaccination for adolescent girls to prevent HPV infections and cancer of the cervix.
STRATEGIC PRIORITIES

- The Ethiopia Refugee Programme Public Health Sector Strategic Plan 2014–2018 covering health (including HIV and reproductive health), nutrition and food security and WASH, forms the basis of programme planning and implementation in all regions where refugees are hosted.

- Key objectives of the public health response are to improve access to quality primary health care; strengthen disease prevention and health promotion; improve childhood survival; ensure access to integrated prevention services of non-communicable diseases, including mental health; reduce the transmission of HIV and facilitate universal access to antiretroviral therapy; improve access to comprehensive reproductive, maternal and newborn health.

- Linkages: Strengthen the multi-sectoral approach between health, nutrition, WASH and livelihood programmes for cross referral to enhance the intake of complimentary services, as well as preventive health services. Community-based outreach activities are being reviewed with the aim to have a united workforce addressing topics in health, nutrition and WASH, reduce existing overlaps and enhance efficiency of the programmes.

- Enhancing health service quality: Capacity building continues to be conducted in cooperation with Regional Health Bureaus for health providers in all refugee camps. Assessments of the quality of care in the health centres are being conducted in several camps using UNHCR’s revised Balanced Score Card. The mobile Health Information System will be rolled out before the end of 2018 to enhance the timeliness and quality of health data. Emergency preparedness plans are being updated.

CHALLENGES

UNHCR is grateful for the direct contributions to the UNHCR Ethiopia Operation from:
USA| CERF| Netherlands| UK (DFID)| Denmark| IKEA Foundation | European Union (ECHO)| Japan| UN Children Fund| Germany| Educate A Child Programme-EAC/EEA| Sweden| Country-Based Pooled Funds| Ireland| "la Caixa" Banking Foundation| Canada |Republic of Korea| Private Don Spain| UN Dept. of Economic and Social Affairs| UN Program on HIV/AIDS

Special thanks to the major donors of unrestricted and regional funds:
Sweden 98.2 M | Private donors Spain 52.8 M | Norway 42.5 M | Netherlands 39.1 M | United Kingdom 31.7 M | Denmark 25.5 M |Private donors Republic of Korea 25.4 M | Switzerland 15.2 M | France 14 M |Germany 13.7 M| Priv Don Italy 13.5 M| Priv Don Japan 13 M| Italy 11.2 M | Priv Don Sweden 10.2 M

CONTACTS: MICHAEL WOODMAN, SENIOR PUBLIC HEALTH OFFICER, WOODMAN@UNHCR.ORG, +251 116170590