



# ETHIOPIA: A HEALTH SYSTEM PROFILE

Ethiopia has a three-tier health care delivery system. Ethiopians have a system that offers essential and comprehensive health care services depending on the level of care.

(Wang & Ramana, 2014)



## Primary

This includes primary hospitals, health centers and health posts. These facilities provide primary care and essential services.



## Secondary

This includes general hospitals. These facilities provide inpatient and ambulatory services, and serve as referral centers for primary hospitals.



## Tertiary

This includes specialized hospitals. These facilities perform major operations and sophisticated intensive care services.

To afford health care services, Ethiopians can enroll in one of two kinds of health insurance programs.

(Federal Ministry of Health, 2019)

## Community-Based Health Insurance

This option is available for individuals employed in the agricultural and informal sectors of the economy. It is not mandated that citizens enroll in the program.



## Social Health Insurance

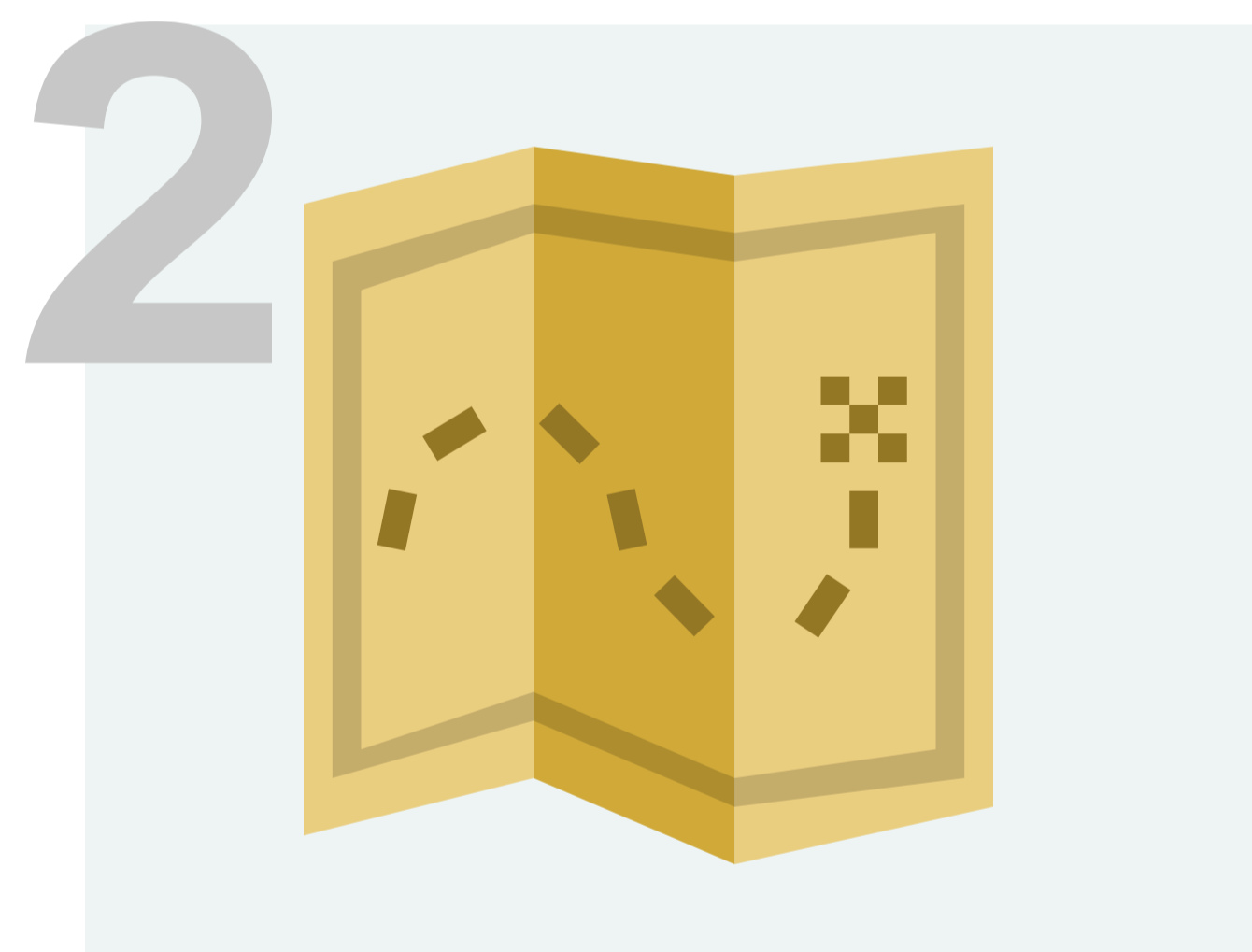
This option is available for individuals employed in the formal sector, and it is mandated that employees of the Ethiopian government must enroll in the program.

Challenges remain that inhibit access to health care for most of the Ethiopian population. Once these issues are addressed, Ethiopia's health care system will be more efficient and effective.



### 1 Low Government Expenditure on Health

Health care financing in Ethiopia is low in comparison to other developing countries, given that general government expenditure on health is **5.4% of total government expenditure** (Federal Ministry of Health, 2014).



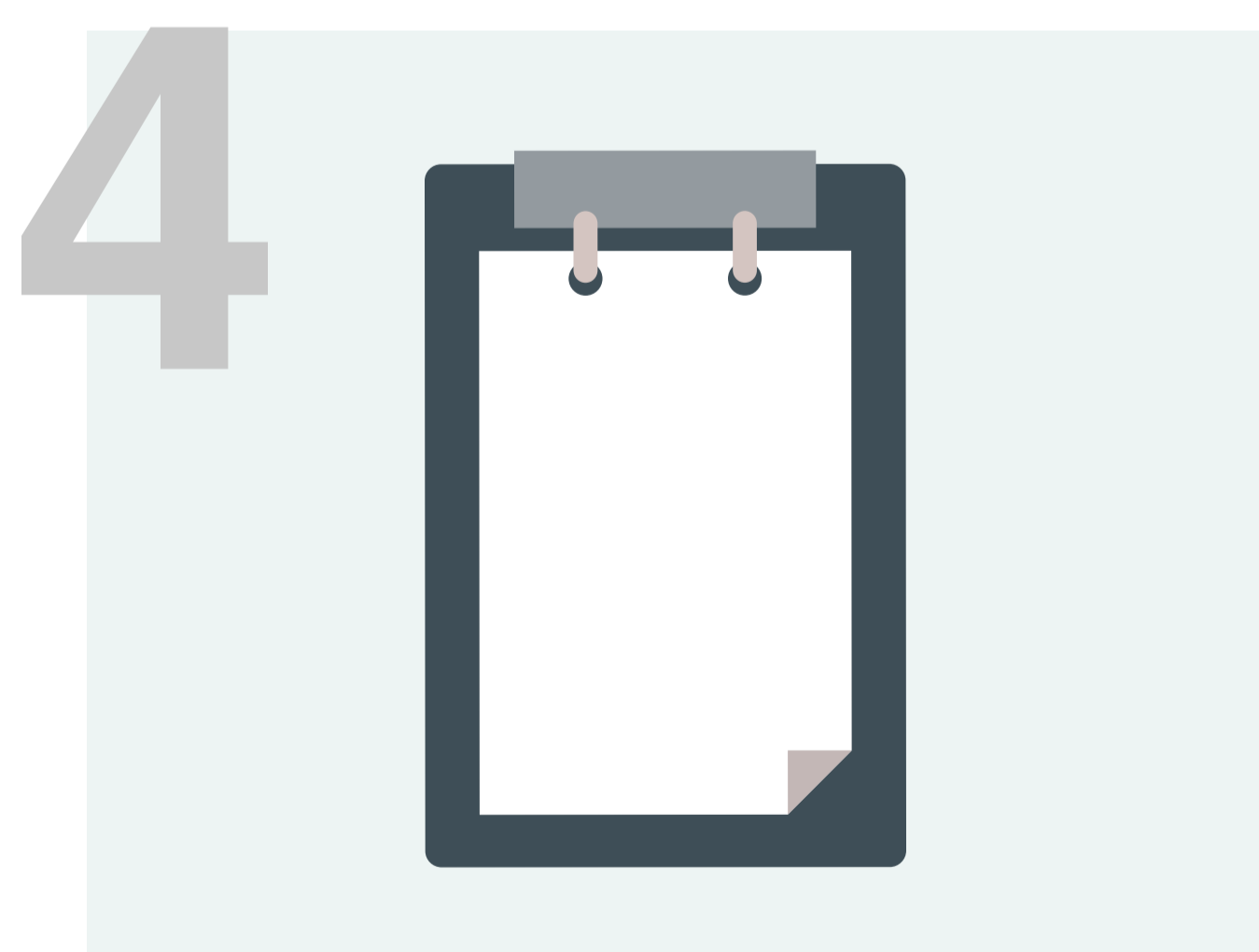
### 2 Uneven Distribution of Health Facilities

The scattered settlements of agricultural communities make it challenging to access care. WHO estimates that over half of Ethiopia's population lives more than **10km away from the nearest health facility** – usually in areas with poor transportation (WHO, 2014).



### 3 Donor Fluctuation

Donors may not be supportive of national priorities and mechanisms, and cash flow may be unreliable for future projects which could financially inhibit the healthcare economy.



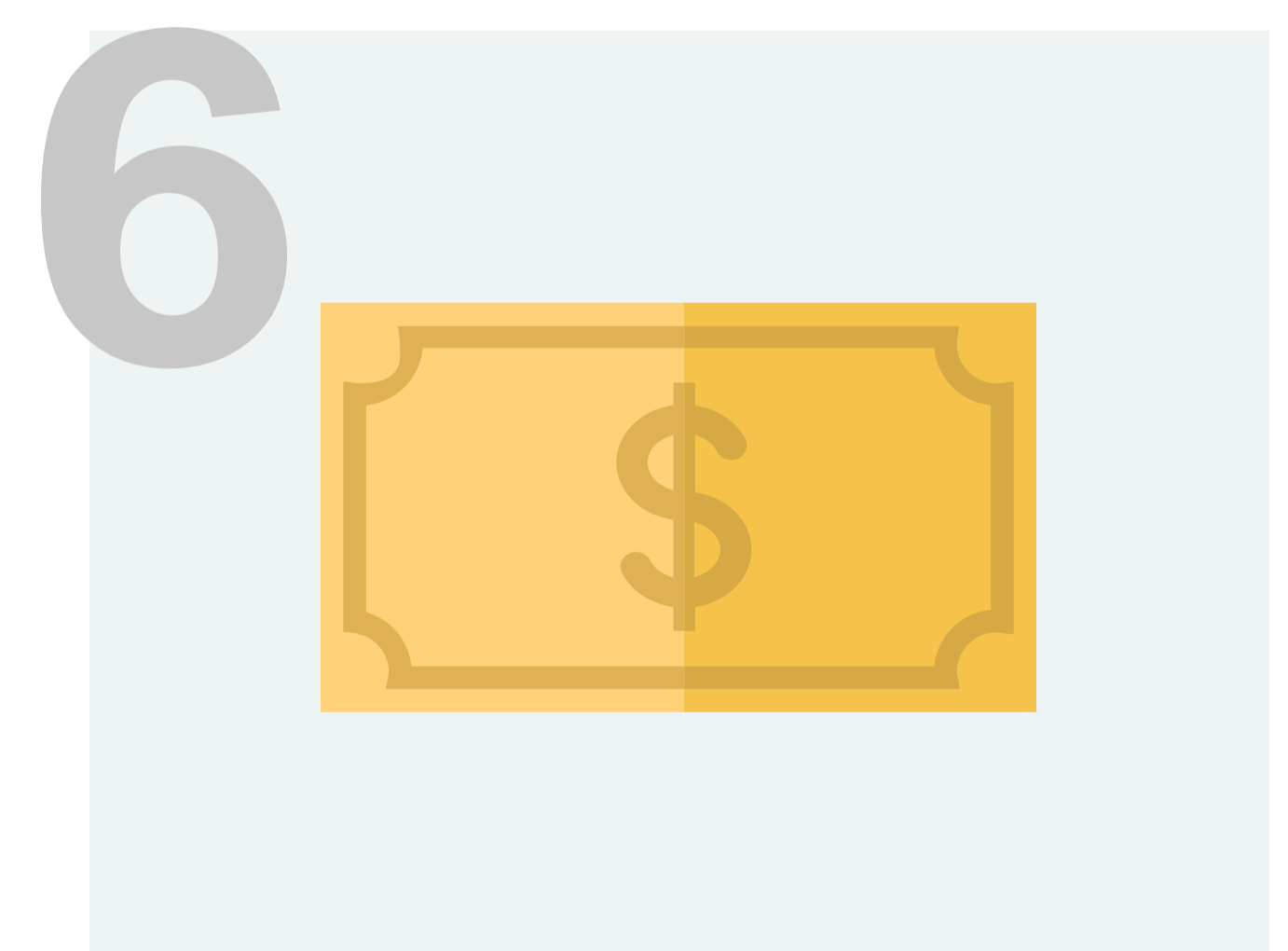
### 4 Low Number of Health Insurance Enrollees

Only a meager **7%** of citizens have community-based health insurance. This means that **93%** of non-government employed individuals are uninsured (WHO, 2014).



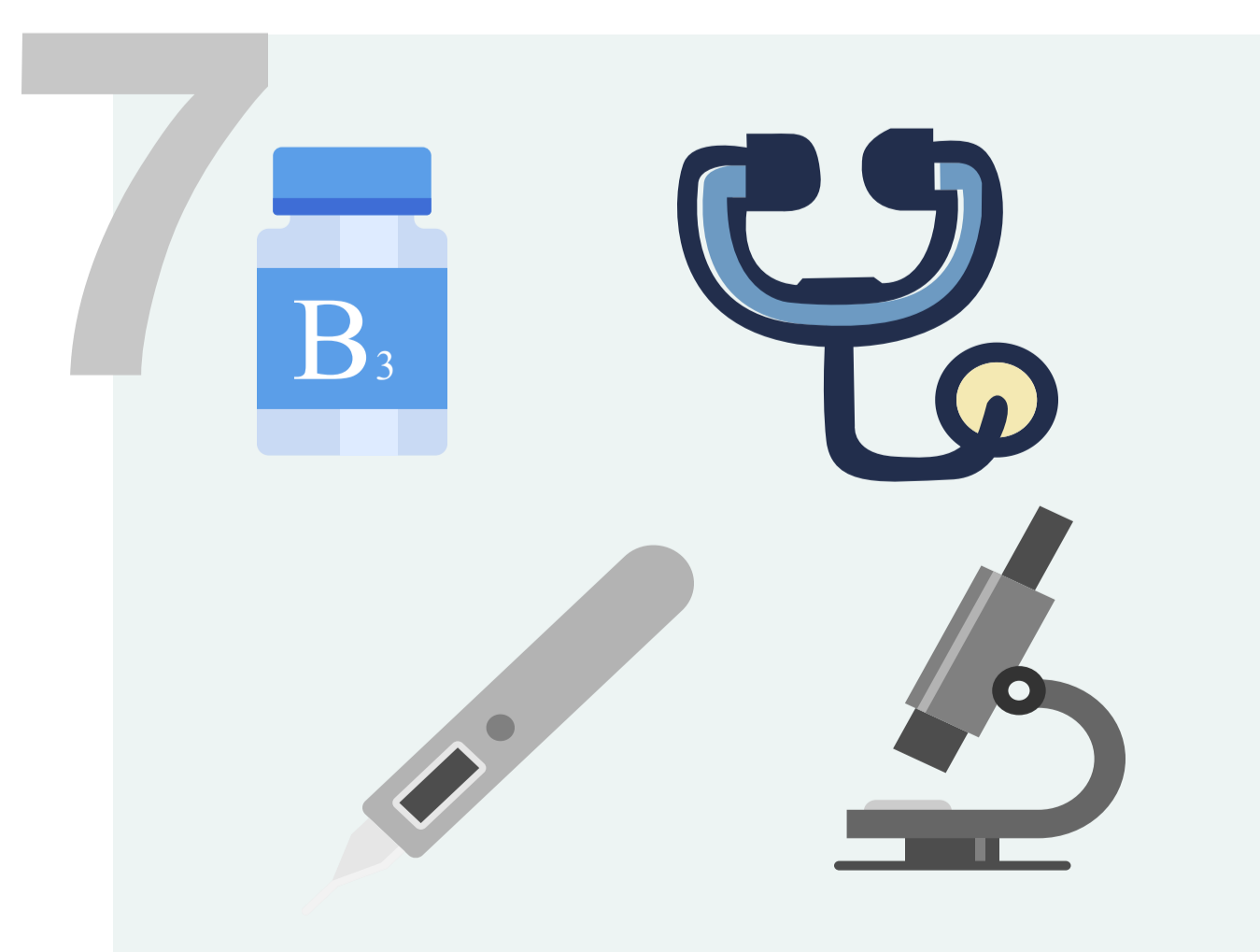
### 5 High Out-of-Pocket Payments

Approximately **90%** of the population pays out-of-pocket, making up **35%** of total health expenditures (WHO, 2014).



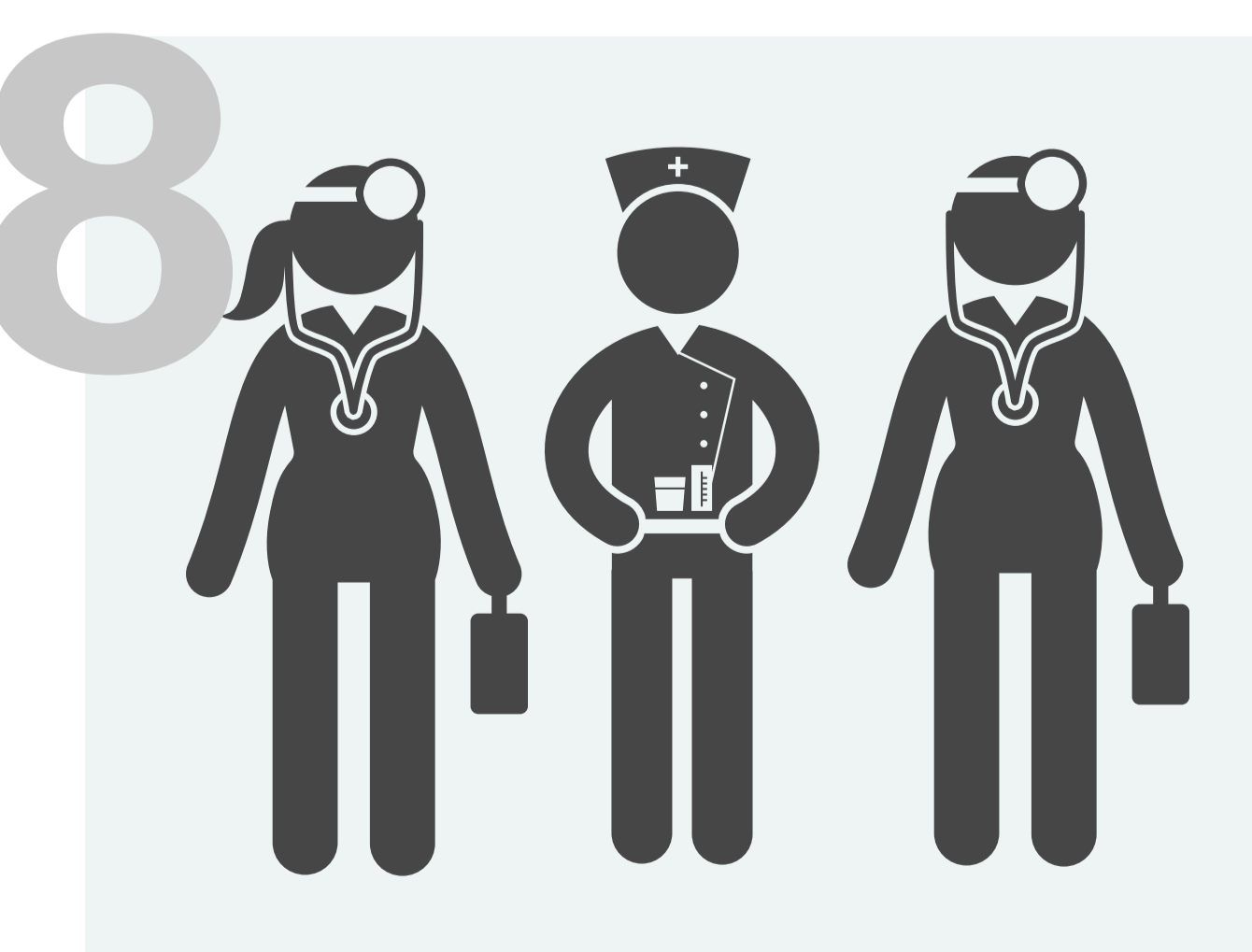
### 6 Seasonality of Income

As most rural communities are agents of the agricultural economy, household earnings tend to fluctuate due to political and economic influences as well as environmental changes; thus, limiting affordability.



### 7 Scarcity of Medical Supplies

This illustrates how a poor health service infrastructure with limited resources is negatively impacting the quality of care given to citizens.



### 8 Lack of Trained Personnel

For every 10,000 people, there are only **2.5 doctors and 2.5 nurses and midwives** (WHO, 2014). There is a severe shortage of health providers in Ethiopia, which has led to patients succumbing to long waiting times and brain drain among providers.

## Sources

Ministry of Health. (2015). Health Sector Transformation Plan (pp. 1-159) (Ethiopia, The Ethiopia Ministry of Health, The Ethiopia Ministry of Health). Addis Ababa, Ethiopia: The Federal Democratic Republic of Ethiopia Ministry of Health.

Wang, H., & Ramana, G. (2014). Universal Health Coverage for Inclusive and Sustainable Development: Country Summary Report for Ethiopia (pp. 1-22, Rep.). World Bank.

WHO. (2014). Health Financing for Universal Coverage. (pp. 1-65, Publication). World Health Organization.