



ETHIOPIA PUBLIC HEALTH TRAINING INITIATIVE

What is the Ethiopia Public Health Training Initiative?

From 1997–2010, at the invitation of Prime Minister Meles Zenawi, the Carter Center-assisted, Ethiopian Public Health Training Initiative worked successfully in partnership with seven Ethiopian universities and the Ethiopian government to improve the health of underserved Ethiopians by enhancing the quality of training that health staff receive before they begin work in the clinical setting.

Why was EPHTI necessary?

Ethiopia faces staggering health challenges, but the most common illnesses and deaths could be prevented or treated with access to basic health care.

The Ethiopia Public Health Training Initiative was one notable outcome of early-1990s talks between former U.S. President Jimmy Carter and Ethiopian Prime Minister Meles Zenawi about the devastating state of public health in the country; it also led to the establishment of additional Carter Center support and assistance for trachoma, river blindness, and most recently, lymphatic filariasis prevention activities.

During the 13 years of the program's existence, EPHTI has made critical progress in addressing the dangerous shortage of qualified health care workers, especially for underserved rural populations.

What made EPHTI unique?

Many health programs around the world are designed for broader regions and then instituted in different countries with little regard for their unique cultural

diversity. The underlying assumption of the Ethiopia Public Health Training Initiative was that Ethiopians fundamentally know the best way to deliver public health care to Ethiopians.

The program forged unique working relationships with the ministries of health and education, as well as seven Ethiopian partner universities and teaching hospitals.

International experts worked side by side with Ethiopian teaching staff to train health center teams and to develop learning materials based on Ethiopian experience, so that the materials are directly relevant to the country's health challenges. In turn, health center staff train and supervise community health workers, including traditional birth attendants and community health agents.

Ethiopians have created a public health education system specifically prepared by and for themselves.

What were the EPHTI partner universities?

The initiative included seven Ethiopian university partners enabling the nation's best minds to collaborate and contribute to improving their national public health: Addis Ababa, Defense, Gondar, Haramaya, Hawassa, Jimma, and Mekelle campuses.

What was the scope of the project?

Today, 26,000 EPHTI-trained health service professionals serve 90 percent of the Ethiopian population in more than 620 rural health centers.

In 2005, working closely with Ethiopia's Ministry of Education, Ministry of Health, regional health bureaus, and seven partner universities, the EPHTI helped launch the Accelerated Health Officer Training Program (AHOTP), to respond to the staffing shortage caused by the growing number of new government-built community health centers in the country.

Although the initiative focused on Ethiopia since it began in 1997, one of the long-term goals was to replicate EPHTI's methodology with other countries in need of public health infrastructure.

In 2007, EPHTI held a replication conference—the first of its kind—to showcase EPHTI as an adaptable and customizable



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pre-service health education program for other African countries with similar health challenges and limited resources.

After witnessing firsthand the progress being made in Ethiopia through EPHTI, several other African countries have expressed interest in adapting EPHTI's model.

How has EPHTI contributed to improving public health in Ethiopia?

From 1997 until the program's successful transfer to the Ethiopian government in 2010, more than 26,000 health

center professionals have been trained by EPHTI-assisted universities.

More than half a million copies of nearly 230 health learning materials have been distributed to Ethiopians and other African nations to facilitate their use and adaptation in resource-limited environments. The Ethiopian ministries of health and education have made the full collection of these materials available for other countries to learn from the Ethiopian experience. These materials are online for free download at www.cartercenter.org.

Through a partnership with the French Ministry of Foreign Affairs, French-language translations of eight, specific lecture notes and modules are available

to help facilitate adoption of the training model in African Francophone countries.

More than 2,500 Ethiopian faculty have been trained in pedagogical writing, supervisory, and reproductive health skills, and classroom materials in partner universities have been upgraded with US \$500,000 in computers, lab equipment, and teaching aids.

EPHTI efforts have begun to improve health care delivery for 75 million rural Ethiopians.

Since EPHTI began, life expectancy has risen from 41 years to approximately 56 years.