Part IV Health Issues in Ethiopia

Topic one: Overview of the Ethiopian Health Policy

The current Health Policy of Ethiopia was issued in Nov., 1993. The health policy gives much more emphasis on prevention and the health promotion components of healthcare that should be able to resolve most of the health problems of the population. The main features of this policy include a focus on decentralization, expanding the PHC system, and encouraging partnerships as well as the participation of the whole community in health activities. Below is a discussion on the policy based on the sections in the policy document.

The Policy has the following major parts: Introduction, General Policy statements, Priorities of the Policy, and General strategies. There are ten general policy statements. The statements focused on the following issues: decentralization issues, prevention and promotion of health, development of standard of health service system, strengthening inter-sectoral activities, self-reliance in health development, information exchange and collaboration, capacity building, payment schemes for healthcare, and participation of the private sector and the civic society in health care.

The Policy identified eight major priorities. These are listed as follows: Information, Education and Communication (IEC) of health; control of communicable diseases, promotion of occupational health and environmental health, rehabilitation of health infrastructure, development of health service management system; curative and rehabilitative health care services; developing the use of Traditional Medicine; promotion of applied health research; provision of essential medicines, medical supplies and equipment; development of human

resource; and identification of segments of the population who are in need of special attention for health care.

The Policy document identified and detailed out 17 strategies for the implementation of the policy. The first and the second strategy focus on decentralization and how to implement it. The third strategy is on intersectoral collaboration. The collaboration will be made on several issues. These include: family planning, food and nutrition, safe and adequate water, disposal of wastes and recycling, quality housing and work premises, development of community based facilities, development of day-care centers, in disaster management, and health and safety in production sectors.

The fourth strategy is on health education where several areas are identified to conduct the education. The areas include: self care and safe environment, health promotional life style including personal hygiene, on communicable and nutritional diseases, community health development, discouraging harmful traditional practices, on harmful habits, and on appropriate drug use. The fifth strategy is on promotional and preventive activities to address issues such as prevention and control of different endemic and epidemic diseases. The sixth strategy is about the development of human resources that would work at different levels in a team spirit approach. The strategy indicated the need to provide trainings and continuous education with the development of attractive career structure.

The seventh strategy is on availing drugs, supplies and equipments. This strategy includes: preparation of lists of essential drugs and equipments; encouraging national production of drugs; developing a standardized system for procurement, distribution, storage and utilization of products; developing quality control mechanism; and developing maintenance and repair

capacities. The eighth strategy focuses on the need to give attention to Traditional Medicine. The strategy elaborates the need to identify and encourage its use; conducting research on it and linking with modern medicine; and the development of appropriate registration and regulation mechanism.

The ninth strategy is on the emphasis that should be given to health systems research. The strategy indicated the need to prioritize areas for research; conducting applied research on major health problems and health service systems, enhancing research capability; and assuring the observance of ethical principles in research. The tenth strategy focuses on the promotion of family health services. These include: maternal and child health, family planning, adolescent health, and identifying and addressing harmful traditional practices while encouraging beneficial aspect of the tradition.

The eleventh strategy mentions about the development of referral system. These include utilizing the health care services optimally by improving accessibility, improving quality and strengthening the communication between health care systems. The twelfth strategy revolves on the development of diagnostic and supportive services. The strategy includes strengthening the scientific and technical bases of health care; facilitating prompt diagnosis and treatment; and providing guidance. The thirteenth strategy is organizing health management information system. The fourteenth strategy focuses in the revision of health legislations and the development of new strategies, laws and regulations.

The fifteenth strategy is on systematizing and rationalizing health service organization. This includes standardization, licensing and development of referral systems. The sixteenth strategy focuses on strengthening the administration and management of the health system to make it

effective and efficient. This includes restructuring, creating new organs, assigning leadership and placement of qualified personnel. The seventeenth strategy focuses on financing the health care services. It indicates that various sources of finance will be considered and evaluated.

Topic two: Healthcare systems in Ethiopia

In the mid-1990s, prior to the implementation of Health Sector Development Programme I (HSDP I), the public healthcare system was structured into a six-tier system. Later on, it became a four-tier healthcare system,; now it of three levels or tiers, which is organized into Primary Health Care Units (PHCUs), General Hospitals and Specialized Hospitals.

The health service in Ethiopia is covered by

1-Public establishments

2-Private (for-profit sector)

3-Non-governmental organizations

Three-tier health care delivery system (HSDP IV, p.4)

1-First level- The Woreda/District health system; it comprises of the following three which form Primary Health Care Unit (PHCU). It includes a primary hospital (with population coverage of 60, 000 – 100, 000 people), Health Centers (1/15,000 – 25, 000 population) and their satellite Health Posts (1/3, 000 – 5,000 population) connected to each other by a referral system. Health centers and health posts form a primary health care unit with each health center having five satellite health posts. The Health Centre under PHCU surrounded usually by five satellite Health Posts. Each Health Post serves approximately 5,000 people and the five together total 25,000 people who are looked after by each Health Centre.

2-Second level-this is a General Hospital with population coverage of 1- 1.5 million people.

3-Third level- this is a Specialized Hospital covering a population of 3.5 – 5 million.

The rapid expansion of the private-for-profit and non-governmental organization sectors is playing a significant role in expanding health service coverage and utilization of the Ethiopian Health Care System, thus enhancing the public/private/NGO partnerships in the delivery of health care services in the country.

The Health Extension Program at rural and urban settings

Primary Health Care in Ethiopia

Ethiopia is one of the countries in the world which has adopted PHC as a national strategy since 1976. This strategy focuses on fair access to health services by all people throughout the country, with special emphasis on prevention and the control of common diseases, self-reliance and community participation. Since this time the concept of Health Posts and the development of rural health services has been further developed. The government of that time started to construct

Health Posts, train Traditional Birth Attendants (TBA) and Community Health Agents (CHA), and assign them to Health Posts. However, this was not sustained due to factors such as insufficient managerial support, lack of in-service training, lack of remuneration and mainly due to centralized health service management and the shift to vertical health programs.

Vertical health programs are centralized, non-integrated and disease-specific health programs. They are designed to tackle single diseases, such as malaria. Although vertical programs used to be popular, it is now widely thought that they are not very effective and may even undermine the rest of the health services by using too many resources. In late 1997, the Federal Ministry of Health in Ethiopia started to decentralize the health delivery system from Regional to *woreda* and *kebele* level, while still maintaining the vertical health program approach. This approach has not brought the required health outcomes. A new initiative, the Health Service Extension Program (HSEP), was therefore launched in 2003 together with the Health Sector Development Program II (HSDP II). This new initiative will be discussed in detail in the next section.

Health Services Extension program

The Health Service Extension Program, (HSEP) is an innovative, community-based program that was first introduced in Ethiopia in 2003. This program was launched after realizing that the basic health services were not reaching the majority of the population. The objective of HSEP is to improve equitable access to mainly preventive health services through community (*kebele*) based services. These services all have a strong focus on health promotion and preventive health activities, as well as increased community health involvement. The principle behind this program is to transfer ownership and the responsibility of maintaining health to individual households. This program has required a sustained political commitment from the government and continued investment that has led to the construction of several Health Posts and the training of over 35,000 female Health Extension Workers (two for each Health Post/kebeles) and their deployment in each village.

This includes all the key activities of the Health Extension Program (HEP) and in particular: i) the rapid vocational training of health extension workers and construction and equipment of health posts; ii) volunteer/private sector community promoters/TBAs providing support to households for behavior change (e.g. breastfeeding, supplementary feeding, use of bed nets, clean delivery etc..) iii) strengthening the quality of and demand for clinical care -particularly treatment of Acute Respiratory Infections (ARI) and malaria in children and assisted delivery, HIV testing and counseling as well as prevention of Mother To Child Transmission - in existing health stations and health centers.

The strategy of the Ethiopian health policy has been to expand healthcare delivery at the grass roots level through the implementation of the Health Service Extension Programme (HSEP). The primary aim of the HSEP approach is to bring health service delivery to the rural community at family level where such a big percentage of the total population lives.

The role of the Health Extension Workers and Practitioners is to work with the community and help them acquire the knowledge and skills that enables them to ensure their own health.

Components of Health Service Extension Program

The HSEP is an approach that brings healthcare down to the household level. It has been designed to provide a number of health packages which are categorized under four main topics: Disease Prevention, Family Health Service, Hygiene and Environmental Sanitation, and Health Education and Communication. These packages have been developed to tackle the main health problems of the country, such as TB, HIV/AIDS, malaria, and maternal and child health, in order to be able to achieve the Millennium Development Goals which the country aspires to achieve by the year 2015 (the year 2008 in the Ethiopian calendar).

1-Disease Prevention and Control- Under this component the most dominant communicable diseases are addressed

a) HIV/AIDS and other STI prevention and control

b) Malaria prevention and control

c) TB prevention and control

d) First aid and emergency measures

2- Family Health Services-

a) Maternal and Child health

b) Family planning

c) Immunization

d) Adolescent reproductive health

e) Nutrition

3-Hygien and Environmental Sanitation- excretal disposal

a) Solid and liquid waste disposal

b) Water supply and safety measures

c) Food hygiene and safety measures

d) Healthy home environment

e) Control of insects and rodents

f) Personal hygiene

4-Health Education and Communication- This is part of all the packages

Topic three: Health Sector Transformation Plan (FMOH, 2015)

-It is a 184 pages document serving the years 2015/16 to 2019/20 (2008-2012 EFY)

*It documents some points in relation to the previous HSDP (I to IV)

-Achievement in reducing under-five mortality significantly (by 76%)

-Life expectancy in 2014 was 64

-69 % decrease in maternal mortality

-Contraception prevalence 42% (in 2014)

-Total fertility rate 4.1 (in 2014)

-declining figure has been recorded regarding effect of HIV/AIDS, Malaria & TB

-More than 38, 000 HEWs deployed

-Health Development Army established at various level

-Over the last 20 years 16, 440 health posts; 3, 547 health centers; and 311 hospitals have been constructed

-It was possible to rescue/save lives of millions of children and was possible to avert millions of new infections and deaths from communicable diseases such as HIV, Malaria and TB

-Despite successes and progresses, Ethiopia still has high rates of morbidity and mortality

-In the Forward section, it says “we still need the following issues to be resolved in Ethiopia as far as health care is concerned”

1-Improving equity, coverage and utilization of essential health services

2-Improve quality of health care

3-Enhence the implementation capacity of the health sector at all levels of the system

-There is higher rate of health inequality in Ethiopia that needs political attention and calls for accountability as the document indicated

-HSTP targets are in line with the global Sustainable Development Goals (SDGs) and hence focus is given to intensifying efforts on the following as top priorities

-Reproductive health

- Maternal health and nutrition

- Newborn health and nutrition

-Child health and nutrition

-Adolescent health & nutrition

-Youth health and nutrition

*In short RMNCAYH interventions to end preventable maternal and child deaths by 2030.

-Fighting communicable diseases will continue, this includes

1-Combating HIV

2-Detecting and curing all forms of TB (including drug resistant TB; improving detection and cure rates)

3-Achieving substantial elimination of Malaria (Malaria free Ethiopia by 2030)

4-Investing to reduce the burden of neglected tropical diseases (NTDs)

-Guinea-worm

-Trachoma

-River blindness

-Lymphatic filariasis (podoconoiosis)

-Schistosomiasis

-National scale-up and integration of mental health services into primary health care (this is the focus of GTP II)

-The promotion of hygiene and sanitation through the health extension program (strengthening efforts)

-Urban sanitation emphasized

-Construction of improved latrines (what can you say about the general conditions of our toilets as a nation? How we are managing it? Does it tell us something by just simply looking at it?)

-Improving health emergency risk management

-Investment on creating capability to prevent, detect and contain potential out breaks/epidemics

-Building the workforce

-Four interrelated **transformation agendas** in the HSTP

1-Quality and equity of healthcare

2-Woreda transformation

3-A movement towards compassionate, respectful and caring health professionals

4-Information revolution

-The document talks about **"triple burden of diseases"** where the is country facing problems from

1-Communicable diseases

2-Non-communicable diseases

3-Injuries

-Focuses of the government

-addressing equity in access to health care

-quality in health service provision

-strengthening community engagement

-ownership in health decision-making and management

-HSTP has three features

-quality and equity

-universal health coverage

-transformation

-The HSTP sets out **four pillars of excellence**

1-Excellence in health service delivery

2-Excellence in quality improvement and assurance

3-Excellence in leadership and governance

4-Excellence in health system capacity

-The four excellence areas are decomposed in to **15 strategic objectives** (which are categorized **four Perspectives**.) Two of the Perspectives are Driver perspectives: 1-Business Process & 2-Learning and growth. The other two Perspectives are Results perspective: 3-Community Perspectives & 4-Financial Stewardship

I-Community perspective

1- Improve Health Status
2- Enhance Community Ownership

II-Financial Stewardship Perspective

3-Improve efficiency and effectiveness

III-Internal Process Perspective (Integration and Responsiveness)

4-Improve equitable access to quality health services

5-Improve health emergency risk management

6-Enhance good governance

7-Improve regulatory system

8-Improve supply chain and logistics management

9-Improve community participation and engagement

10-Improve resource mobilization

11-Improve research and evidence for decision-making

IV-Learning and Growth Perspectives (capacity building)

12-Enhance use of technology and innovation

13-Improve development and management of HRH

14-Improve health infrastructure

15-Enhance policy and procedure

-The impact-level targets of HSTP by 2020 is

-to reduce MMR to 199/100, 000 Live Births

-reduce under five years, infant and neonatal mortality rates to 30, 20 and 10 per 1,000 live births respectively

-reduce stunting, wasting and under-weight in under-5 years to 26 %, 4.9% and 13 % respectively

-reduce HIV incidence by at least 60 % compared with 2010

-achieve zero new infections among children

-reduction in number of TB deaths and incidence rate by 35 % and 20 % respectively

-reduce malaria case incidence and mortality by at least 40 % each compared with 2015

-stabilize and then reduce deaths and injuries from road traffic accidents

-The overall costing for HSTP implementation is prepared in two scenarios

1-Base case scenario…….with a total cost of **15.6 billion USD**

2-High case scenario…….with a total cost of **22 billion USD**

Question- What can we do as individuals and social workers to realize the HSTP goals? This is an assignment for each one of us.

GTP II (Volume I- Main Text)

By- National Planning Commission (2015/16- 2019/20)

-Health related issues are mentioned in pages 43 and 189 (the later one is under Part VI Human Development)

Page 43 (reporting previous achievements)

-38, 000 Health Extension workers have been deployed

-PHC service coverage has increased to 98 percent by 2014/15

-engagement and community ownership of health system improving

-Contraceptive Prevalence Rate (CPR) reached to 42 percent by 2014/15

-Deliveries attended by skilled health personnel 60.7% by 2014/15

-Post natal care coverage reached 90 % by 2014/15

-Under five mortality rate 64/1000 Live Births by 2014/15

- Maternal mortality 420/100,000 by 2014/15

Page 189 (6.2 Health Sector Development)

-Health Extension Program- provides equitable, accessible and quality primary health service

-***Community participation and engagement*** at the center of the Primary health care delivery system

-Realize excellence in health service delivery

-Strengthening the health sector leadership and governance system

-Ensuring quality service delivery in hospitals

-Improvement in pharmaceutical supply service and

-Ensure institutions are capacitated in terms of human resource and equipment according to the **standard** set***. Remember, Standards for Hospitals require social work services***

-Improve the proportion of households with access to improved latrines and open defecation free kebeles will be increased

-Page 90 "The general objective of the health sector development plan is to improve the health outcomes of citizens through provision of equitable, accessible and quality health services, enhance awareness of the public so that they protect themselves from various health hazards"

Major Targets (GTP II Health Sector)

1-Implementing the national nutrition strategy

-ensuring household food security

-maternal and child care

2-Reduce Maternal Mortality Rate (MMR) from 420/100, 000 live births in 2014/15 to 199/100,000 live births by 2019/20

3-Reduce under 5 Child Mortality Rate (U5 CMR) from 64/1000 live birth in 2014/15 to 30/1000 live births by 2019/20

4-Reduce infant mortality rate from 44 in 2014/15 to 20 per 1000 live births by 2019/20

5-Increase contraceptive prevalence rate from 42 percent in 2014/15 to 55 percent by 2019/20

6-Increase deliveries attended by skilled health personnel from 60.7 percent in 2014/15 to 90 percent by 2019/20

7-Expand primary health care service coverage from 98 percent in 2014/15 to 100 percent by 2019/20.

1-Improving access to quality health services

2-Implementing preventive health policy

3-Strenghtening implementation of nutrition program

8-Increase life expectancy from 64 in 2014/15 to 69 by 2019/20

Implementation Strategies (GTP II Health Sector)

-Improving the number and skills, the right mix of professionals and the management of health workers

-Increase the participation of private sectors/investors in the establishment of hospitals, pharmaceuticals and others

-Implementing the health insurance system

-Mobilize additional foreign resource

-Strengthening the health care financing system development

-Delivery of quality health service

-Revolutionizing information management system

-Bringing Woreda transformation

-Model kebeles

-social insurance

-developing high performing primary health care units

Topic Four: Stakeholders in the Health Sector

Governmental organizations (MOH, FMHACA, PFSA, EHNRI etc)

Offices at different levels of the health sector, from the Federal Ministry of Health (FMOH) to Regional Health Bureaus (RHBs) and Wereda health offices, share decision making processes, powers, and duties where FMOH and RHBs focus more on policy matters and technical support while Wereda health offices focus on managing and coordinating the operation of district health system that includes a primary hospital, health centers, and health posts under the Weteda's jurisdiction. Regions and districts have RHBs and district health offices to manage public health services at their levels. The devolution of power to regional governments has resulted in a shift of public service delivery, including health care, largely under the authority of the regions.

The major health sector organizations in the government structure are mentioned below. Important steps have been taken in the decentralization of the health care system in Ethiopia. Decision making processes in the development and implementation of the health system are shared between the Federal Ministry of Health (FMoH), the Regional Health Bureaus (RHBs) and the Woreda Health Offices. As a result of recent policy measures taken by the Government, the FMoH and the RHBs are made to function more on policy matters and technical support, while the woreda health offices have been made to play the pivotal roles of managing and coordinating the operation of the primary health care services. This Wereda level health system includes primary hospital, health centers, and health posts. All are under the wereda's jurisdiction.

Ministry of Health

The vision of FMOH is to see healthy, productive and prosperous Ethiopians. Its mission has been stated as "to reduce morbidity, mortality and disability and improve the health status of the Ethiopian people through providing a comprehensive package of promotive, preventive, curative, rehabilitative and regulating health services via a decentralized and democratized health system in collaboration with stakeholders." The following are part of its values: Community first, Collaboration, Commitment, Change, Trust, and Continued Professional development.

In association to the Millennium Development Goals, the FMOH has the following strategic objective: to minimize maternal mortality rate during pregnancy and delivery; to minimize infant mortality rate; and to prevent and control HIV/AIDS, TB, Malaria and other diseases.

The Ministry has major responsibilities of promoting the expansion of health services, determining standards to be maintained by health services, establish and administering referral hospitals as well as study and research centers (e.g. St Paul, St. Peter, Ammaunel and ALERT). It has also a duty of determining the qualifications of professionals required for engaging in public health services at various levels; issue certificates of competence to same. Undertaking the necessary quarantine controls to protect public health is the other major duty. For example, we can cite here the recent Ebola surveillance around the entry gates.
It is also responsible for the study of traditional medicines and experiments on those.

Ethiopian Health and Nutrition Research Institute (EHNRI)
This organization is renamed currently as Ethiopian Public Health Institute (EPHI). It is the result of the merger of the three Institutes: National Research Institute of Health, Ethiopian Nutrition Institute, and Departments of Traditional Medicine. EPHI conducts research on nutrition, traditional medicines, and medical practices as well as on the causes and spread of diseases.

The main objectives of the institute are to: contribute to the development of health science and technology; provide referral medical laboratory services relating to the causes, prevention and diagnosis of major diseases of public health importance; and establish and support National Laboratory Quality Assurance Programs and systems.

Ethiopian Health Insurance Agency
Ethiopian Health Insurance Agency has the following major responsibilities. It is responsible for establishing and implementing efficient and effective health insurance system in the country. For this to happen it has to undertake public education and sensitization on health insurance. It is responsible to create conducive conditions to expand and strengthen health insurance, encourage and coordinate those engaged in the field.
It has the duty of ensuring that health insurance is being implemented in all institutions required to implement it. For this purpose it collects and administers the monthly contributions of the social health insurance system from employees. It concludes contracts with and effect payment to accredited health service providers and monitors their performances.

Food, Medicine and Health Care Administration and Control Authority
Food, Medicine and Health Care Administration and Control Authority (FMHACA) was established by proclamation to ensure the safety and quality of products & health services. FMHACA's mandates include the registration, licensing & inspection of health professionals, pharmaceuticals, food establishments, and health institutions. Products controlled by FMHACA include human and veterinary drugs, radiopharmaceuticals, traditional medicines, pesticides, medical supplies and instruments, sanitary items, cosmetics and raw and packaging materials.

Pharmaceuticals Fund and Supply Agency
The main objective of the agency is to enable public health institutions to supply quality assured essential pharmaceuticals at affordable prices in a sustainable manner, to the public. Its focus is in ensuring enhanced and sustainable supply of pharmaceuticals. To ensure the realization of the objectives it has created enabling conditions for enhancing the accumulation of the Fund in its revolving and cost recovery process.

National Blood Bank Services Office
National Blood Bank Services Office's mission is to ensure the availability of safe and adequate supply of blood and blood products to all Transfusing Health facilities in Ethiopia. National Blood Bank Services Office is the nonprofit governmental organization established with core function of community mobilization & education on voluntary blood donation, blood collection,

laboratory processing, testing & production of blood, distribute to health facilities, promote appropriate clinical use of blood, research & capacity building in BTS.

HIV/AIDS Prevention and Control Office

The Federal HIV/AIDS Prevention and Control Office (HAPCO), established by proclamation in July 2002, is an agency of the Federal Ministry of Health and the executive arm of the National AIDS Council (NAC). NAC, chaired by the President of the Federal Democratic Republic, spearheads the multi-sectoral forum composed of government, private, non-governmental, religious and civic society representatives and people living with HIV/AIDS.

The Federal and Regional HAPCOs are directly accountable to the Federal Ministry of Health and Regional Bureaus respectively. Both the national and regional HAPCOs focus on national and regional level coordination, resource mobilization and multi-sectoral monitoring and evaluation. It coordinates interventions at zonal, wereda and kebele levels through the health structures at these levels.

Hospitals under the FMOH

1-All African Leprosy Rehabilitation and Training Center (ALERT)

It was initially established in 1934 G.C. to address leprosarium. Currently, it is named ALERT. The mission of ALERT is to serve as a specialized treatment, research and training center for Ethiopia, Africa and beyond. The hospital under it has an international Training Center on HIV, TB and leprosy issues. In addition it has a research center named Armaur Hansel Research Institute (AHRI). The Center is currently providing hospital services on leprosy, TB (MDRTB), ART and other relevant infectious diseases such as tropical dermatology. The hospital functions to provide services in rehabilitation, orthopedics physiotherapy, occupational therapy, reconstructive and plastic surgery, ophthalmology, dermatology and general medical care.

2-St. Peter's Specialized Hospital

It was established in 1953 E.C. It has a mission to become center of excellence and model TB general specialized Hospital in East Africa.

3-St Paul's Millennium Medical College

St. Paul's Hospital Millennium Medical College is a referral hospital in Addis Ababa under the Ethiopian Federal Ministry of Health (FMOH). It is the second largest public hospital in the nation (next to Black Lion Hospital), built by the Emperor Haile Selassie in 1961 with the help of the German Evangelical Church. The hospital was established to serve the economically under privileged population, providing services free of charge to about 75% of its patients. In 2007 it became a medical college and its core services include the provision of medical care, teaching and research. It has 800 clinical and non-clinical staff members that provide medical specialty services to an estimated 110,000 people annually who are referred from all over the country.

4-St. Amanuel Mental Hospital
It has the following missions to improve mental health, give treatment and health education. It has objectives to improve mental health psychological problem

International organizations and global actors

UN Organs

There are several organs under the UN functioning in the health sector. These include: World Health Organization (WHO), UNAIDS (United Nations AIDS Program), the Global Fund to Fight HIV/AIDS, TB and Malaria.

Bilateral Organizations

There are bilateral organizations investing on health issues. Some of them include: United States Agency for International Development (UNAIDS), Department for International Development (DFID), President's Emergency Plan for AIDS Relief (PEPFAR), Center for Disease Prevention and Control (CDC).

International NGOs

There are international non-governmental actors such as Clinton Health Access Initiatives, The Gates Foundation and so on.

-Two global trade agreements that have direct health effects are

1-The General Agreement on Trade in Services (GATS) and

2-the Agreement on Trade Related Intellectual Property Rights (TRIPS)

-TRIPS introduced global minimum standards for the protection of patents, trademarks, copyrights and other intellectual property rights.

-The main impact of this agreement has been to increase drug prices in countries introducing drug patents and restricting the possibility of producing or importing essential drugs in developing countries

-The WHO monitors the health consequences of international trade agreements

Civic Societies (including activist groups and social workers)

There are different Charitable Societies and activist or interest groups working in the area of health. They are either local or international organizations. For example, we can mention Family Guidance Association of Ethiopia (FGAE), Save Your Generation, Malaria Prevention and Eradication Society etc.