

Rapid Review of Healthy Ageing and Long-Term Care Systems in East and Southern Africa



Country summary reports

Ethiopia



Ethiopia

Ethiopia is the largest country in East and Southern Africa (ESA) in terms of population size, with a total projected population of almost 115 million in 2020 (United Nations Department of Economic and Social Affairs, 2019). Of this population, approximately 5.3 per cent or around 6.1 million people are over the age of 60 years, making it the country in ESA with the largest population of older people. In-line with demographic trends elsewhere in the region, this proportion is projected to rise to 9.1 per cent by 2050.

The country's health expenditure was 3.2 per cent of Gross Domestic Product (GDP) in 2019 (World Health Organization, n.d.). Ethiopia is classified as a low-income country and has a Human Development Index (composite index of life expectancy, education and per capita income) ranking of 173 of 189 with a score of 0.485 (low). Absolute poverty is high with an extreme poverty rate (those living on under \$1.90 per day) of 31 per cent in 2015, and has a GINI coefficient (a measure of degree of inequality) of 35 in 2016. The service coverage of essential health services is low at only 38 per cent.

Ethiopia is particularly prone to natural and manmade shocks and stresses that affect households, infrastructure and system resilience. Presently, severe drought and ongoing conflict in Northern Ethiopia are causing significant disruption and displacement in the country, with food, water, basic services, and medical supplies being severely limited. Older people are particularly vulnerable in humanitarian settings, and Ethiopia provides a good example of the need to specifically address the needs of older persons in this type of context.

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Overarching frameworks and coordination at national level

The National Plan of Action on Older Persons 2016-2025 states that older people should be included in all national development plans and poverty reduction strategies. This goal seems to have been at least partially achieved.

- The Growth and Transformation Plan (GTP II) 2015-2020 makes several mentions of older persons in terms of development and social and health security, and also includes a focus on inclusion in governance and decision-making: "A system will be established to use the knowledge and experience of elderly people for the development of the county and building democratic systems." According to the Plan, efforts will be made to expand social services which are provided by non-government organizations (NGOs) and associations. Accordingly, each region in Ethiopia has its own plan of action.
- Ethiopia 2030: The pathway to prosperity - Government's Ten-Year Perspective Development Plan (2021-2030) does not include older persons.
- The major objective of the social welfare sub-sector development plan is increasing the benefits of disabled and elderly people as well as citizens by expanding social security service coverage.
- Homegrown Economic Reform agenda – fiscal policy is designed to increase expenditures for the poor via the Productive Safety Net Programme, which includes payments to older people.
- Health Sector Transformation Plan II (2020–2021 to 2024–2025) – older people are listed as a priority group, but no provisions are made for strengthening health-care access or delivery to older people.
- Ethiopian Federal Government ratified the African Union Protocol on the Rights of Older People on 9 July 2020, becoming the third country to do so.



Coordinating mechanisms

The Ministry of Labour and Social Affairs (MOLSA) is responsible for improving the standard of living of older people, and other disadvantaged groups. There are five teams under the Social Welfare Development Directorate that are dealing with aging related programmes: capacity building team, policy and programme department, safety net team, advocacy team, and rehabilitation team.

In terms of coordination, the MOLSA has a Memorandum of Understanding (MoU) with other ministries to promote the integration of aging in their action plans. This has not been documented in an official document.

Ethiopian Elderly and Pensioners National Association (EEPNA), an umbrella organization of older persons' organizations, and HelpAge International Ethiopia are active advocates for older people's rights at the national level. While HelpAge has a strong team on the ground in Ethiopia, EEPNA and older persons' organizations have limited capacity and financing, and Ethiopia lacks an effective institutionalized voice for older persons.

The health and social protection policies and strategies, though inclusive of care for older people, are fragmented, and the situational analysis of the government system points to the lack-of a multisectoral coordinating mechanism. Moreover, the lack of awareness on the rights of older people adds to the reduced accountability of the stakeholders for comprehensive care (Ethiopia Ministry of Health, 2021).

Social protection and development services

Prior to the COVID-19 pandemic, Ethiopia had made great strides in reducing poverty and improving living standards in urban parts of the country. However, older people who largely live in rural areas and who have not been able to benefit from the growth of the digital economy, which has driven much of this progress, remain in poverty in rural areas where climate change, population pressure and limited livelihood diversification has resulted in land fragmentation and reduced agricultural output (Alambo and Yimam, 2019). Ethiopia has one of the highest rates of malnutrition in sub-Saharan Africa (SSA), and a high proportion of older people are affected by food insecurity. One survey in Addis Ababa found that 26.6 per cent of persons age 65 years and older were malnourished (Abate et al., 2020). A series of studies commissioned by HelpAge International indicate that in rural areas of Ethiopia a large portion of older people have poor access to safe drinking water, experience frequent food shortages and have inadequate access to hygiene and sanitation facilities, with women and people with lower levels of education reporting significantly lower quality of life (HelpAge International, 2013; HelpAge International and EEPNA, 2013; Stefanoni et al., 2017).

Pension coverage is very low. There is no universal pension programme in place, and only 7.3 per cent benefit from a contributory pension, 90 per cent of which are men. The value of these payments is also very small, equating to around \$35 a month (60 per cent of the extreme poverty line of \$1.90 per day). This imbalance is mainly in the public sector scheme, as the new private sector scheme has low levels of active contributions and only pays 0.1 per cent of the population (0.17 per cent male and 0.05 per cent female). Future contributions are unlikely to grow

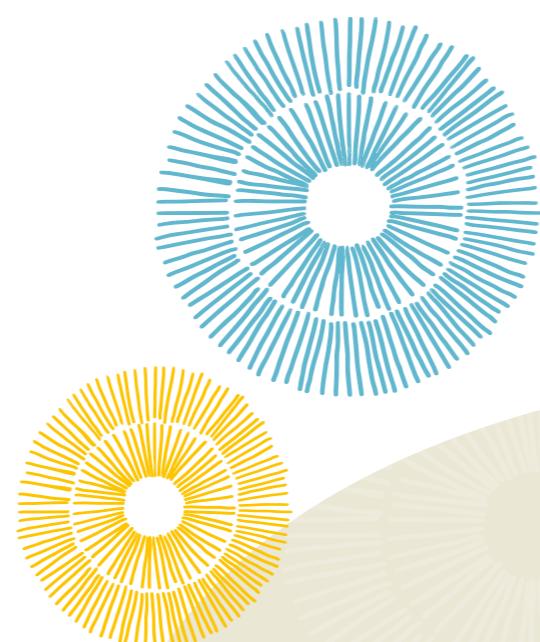
as 95 per cent of the population of working age are unemployed, working in the informal sector or studying (4.5 per cent of the workforce work for government and 1.4 per cent for the private sector).

The National Social Protection Policy (2014) and National Social Protection Strategy (2016-2020) recognize that older people are "amongst the most vulnerable and affected segments of society" and calls for the introduction of a universal pension.

The Rural Productive Safety Net Programme (RPSNP) and Urban Productive Safety Net Programme (UPSNP) are the flagship social protection programmes, and over eight million vulnerable households receive support via cash and food transfers and public works programmes, however 86 per cent of Ethiopians are not covered by any social protection intervention. Older people in food insecure "kebeles" (community-level administrative units in Ethiopia) are entitled to the Permanent Direct Support (unconditional cash transfer) component of the programme aimed at ensuring a minimum level of food consumption for them and their dependents, but coverage is poor (0.7 per cent covered by the urban programme and 6.3 per cent by the rural programme) due to strict quotas and targeting challenges, and the amount is insufficient to lift older people out of poverty – the amount equates to only \$7.20 per month (13 per cent of the international poverty line and 4 per cent of the minimum wage for construction) and payments are often unreliable. Kebeles, which are responsible for identifying recipients for aid during times of crop failure or participation in the Productive Safety Net Programme, reportedly deprioritized the needs of older people in distributing financial and material assistance (Zelalem et al., 2020).

There has not been much retargeting or other effort made to increase programme coverage. However, research has shown that despite significant limitations, there are benefits to the programme in terms of access to food as well as social and traditional events, and better access to health services via community-based health insurance (mainly in urban areas) (HelpAge International, 2019b). There has also been provision of joint client cards for husbands and wives benefitting from the RPSNP and UPSNP to encourage gender equality and decision-making in households.

"Idirs" (traditional communal saving schemes for emergencies – i.e. deaths) have been used by some communities to help elderly residents manage financially. Community Care Coalitions are locally established, community-led organizations which provide support to vulnerable populations, including older people, typically with the support of international development agencies. Like idirs, they collect money from households, generate income and redistribute to persons in need.



Health and long-term care

Health service utilization by older people is low due to cost, lack of affordable transport, as well as reluctant health-seeking behaviour or preference for traditional medicine (HelpAge International, 2013; Amente and Kebede, 2016). Clear gender disparities in access to care exist in Ethiopia and are visible in routine health information system data which show that women tend to receive health services less frequently than their male counterparts, possibly compromising their quality of life (Ethiopia Ministry of Health, 2021). Possible reasons for poor service utilization are most likely related to women's limited decision-making power in a highly patriarchal society. For example, women may need permission to visit a health facility, obtain money for treatment or be unwilling to (or not allowed to) travel to or visit a facility alone (Ethiopia Ministry of Health, 2021).

In 2011, Community-Based Health Insurance was introduced to give better access to the essential health services package. Over 20 million people are being targeted. The Indigent Fee Waiver programme allows the poorest patients access to specific health services in government centres and hospitals. The eligibility of an applicant is determined by the kebele administration, but very few seriously ill older people can access it due to low levels of information, meagre budget, bureaucratic hurdles, and reluctant health seeking behaviour, and few older people have been able to obtain free health services in practice (Alambo and Yimam 2019).

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Policy development and planning:

- In the Health Sector Transformation Plan II (2020–2021 to 2024–2025), older people are listed as a priority group, but no provisions are made for strengthening health-care access or delivery to older people.
- The Ministry of Health, with support from the World Health Organization (WHO) and civil society produced the National Healthy Ageing Strategy 2020–2025: Health Sector Response. This comprehensive strategy aligns with the Decade for Healthy Ageing and sets clear objectives around integrated care systems and quality service to older persons, outlines roles for different stakeholders and includes costing and performance indicators.

Non-Communicable Diseases

Despite the increasing burden of non-communicable diseases (NCDs), available health services to prevent or treat NCDs and mental health issues have been very limited until quite recently, and according to the Health Sector Transformation Plan II, the overall readiness score for these services is very low. Previously, the National Essential Health Services Package in Ethiopia did not include NCDs, but has now been revised and 21 per cent of the primary interventions are within this area. The Ministry of Health is now scaling up the Ethiopian primary health care clinical guidelines nationally, bringing care for common NCDs into primary care for the first time. Scale-up will include facility-based learning for primary care providers, mentoring from dedicated trainers and health system strengthening to support sustainability (Marx, 2019).

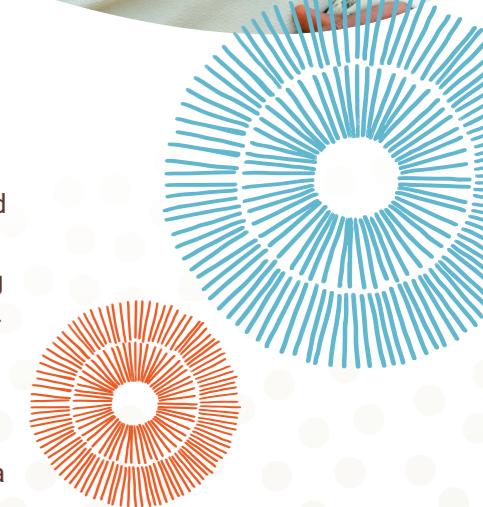
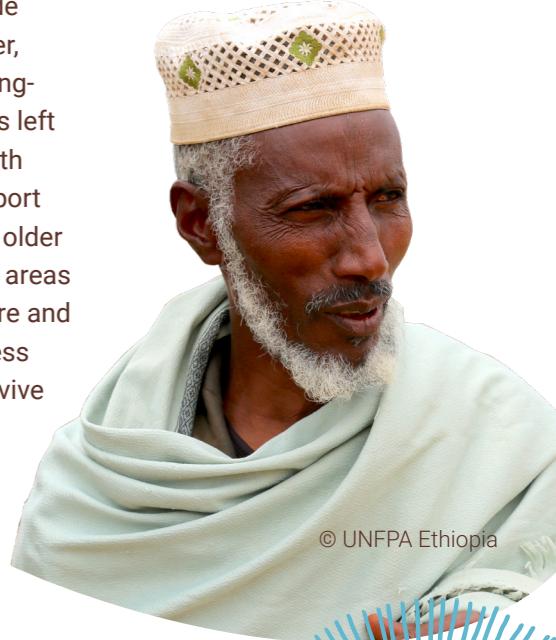
Long-term care

- Long-term care services for older people in Ethiopia are extremely limited. One 2014 study reported that the Bureau of Labour Affairs runs three homes in Addis Ababa, Oromia and Harare to support older people without family, but the conditions in these facilities are very poor with inadequate food, medical services and supplies, and no trained caregivers (Teka and Adamek, 2014).
- The Healthy Ageing Strategy (2020–2025) emphasizes the need to build a long-term care workforce and form partnerships to develop quality home-based care at the community level.

Disaster situations

Ethiopia has one of the world's largest internally displaced populations. In 2020, an estimated 8.4 million people needed humanitarian assistance, of which around 5.9 million have specific health needs (Government of Ethiopia and United Nations Office for the Coordination of Humanitarian Affairs, 2020). Among internally displaced people (IDPs), unmet need for health services for pre-existing and new disease conditions, physical and mental trauma, and sexual and gender-based violence (GBV) remains high. In the current Tigray conflict, Human Rights Watch has reported on numerous atrocities against older people and cases of older people being left behind in conflict zones because they were unable to flee with family (Human Rights Watch, 2022). HelpAge International's work in Ethiopia has found that older people are often the last people to receive assistance either in disaster areas or in resettlement areas.

Despite a clear need, older people are not adequately incorporated into disaster planning and responses. The National Policy and Strategy on Disaster Risk Management (2013) recognizes the specific vulnerability and needs of older people in disaster situations as part of a broader group of vulnerable people but does not specify any specific measures to be put in place to address older people's particular risks or needs. The Ethiopia Humanitarian Response Plan 2020 developed in collaboration between humanitarian organizations and the Ethiopian Government includes regional estimates of the percentages of older people and people with disabilities (PWDs), presumably in order to respond to their needs, but does not include older people in any of the targets or indicators in the plan, all of which are related to women and children (Government of Ethiopia and United Nations Office for the Coordination of Humanitarian Affairs, 2020). A review of the humanitarian response plans of various development agencies (United Nations Population Fund among them) makes no mention of older persons.





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