One Health case study: Ethiopia

The Ethiopian National Mental Health Strategy was published in 2012 and embraced a plan to scale-up mental health care based on the WHO mental health Gap Action Programme (mhGAP) and utilizing the mhGAP evidence-based packages of care for priority mental, neurological and substance use disorders. In 2014, the Ministry of Health of Ethiopia launched an ambitious 12-year plan to scale-up mental health care across the whole country. The Federal Ministry of Health of Ethiopia adopted the One Health tool to support planning for its Health Sector Transformation Plan (2015/16 to 2019/20).

The selection of packages of care for each of the selected disorders (psychosis, epilepsy and depression) was informed by the availability of appropriate human resources and learning from ongoing research programmes, including the Programme for Improving Mental health carE (PRIME) and the EC-funded Emerging Mental Health Systems in Low- and Middle-income Countries (Emerald).

The mental health scale-up plan for Ethiopia aimed for 44% coverage (at the health facility level) by the end of 2019. Given the challenges experienced by the mhGAP pilot in Ethiopia and by the PRIME Ethiopia project with respect to demand for mental health care for depression, a more modest coverage target of 30% by 2020 was set. For psychosis, the target coverage was 30%, and for epilepsy, the target coverage was 50%. Information on the programme-specific staff inputs required for scale-up were obtained from the National Mental Health Strategy; for example, to include a new mental health co-ordinator at each level of the health system (district, regional and national). Furthermore, information on the training plans, in terms of the number of health workers per health centre per year were obtained from Ministry of Health plans developed within the noncommunicable diseases unit. Information on human resource costs, training costs for mhGAP and infrastructure costs were obtained from the planning department of the Ministry of Health.

The results shown below are for the expected costs and associated health impacts of mental health service scale-up in Ethiopia over the coming five years. The estimated cost per capita of scaling up this package at current coverage rates was estimated at US$ 0.11, compared to US$ 0.39 at target levels of coverage. These analyses were used and discussed in the national health planning process, with final estimates of scale-up published in the Health Sector Transformation Plan.

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