



HEALTH POLICY PROJECT / ETHIOPIA

Building capacity for improved health policy, advocacy, governance, and finance

Overview

Ethiopia is the second most populous country in Africa, with an estimated population of 90 million in 2014—45 percent of whom are under the age of 15. Over the last decade, Ethiopia's macroeconomic performance has been impressive, with an average economic growth rate of about 10 percent per annum since 2003, compared with the sub-Saharan average of 5.4 percent.¹ The Government of Ethiopia has a strong commitment to socioeconomic development, and the country has made significant progress toward its Millennium Development Goals.²

The recent economic growth and advances in education, health, and poverty reduction have contributed to the overall improvement in the health of Ethiopians. However, the country's population is expected to rise to 104 million in 2015, further undermining the gains achieved.³

The country struggles with persistently high maternal mortality, and access to family planning and reproductive health (FP/RH) services is limited—particularly for the large proportion of people living in rural areas and youth. Sustaining social and economic gains will require strengthening Ethiopia's health systems and expanding access to FP/RH and maternal health services.

Evidence Generated to Inform Action

- Worked with and trained Federal Ministry of Health (FMOH) staff on a new costing model to support informed health budgeting and planning at the national and regional levels, thereby enabling the ministry to produce a strategic and costed Health Sector Transformation Plan (HSTP) and to carry the process going forward (see box to the left).
- Collaborated with the FMOH and the Family Planning Technical Working Group to develop Ethiopia's Costed Implementation Plan (CIP) for Family Planning 2016–2020. The CIP outlines the resources required to achieve the national FP2020 targets and aligns with Ethiopia's other key plans and strategies, including the HSTP.

Advocacy Capacity Strengthened

- Supported advocacy training for women leaders, national parliamentarians, and civil society organizations with institutional capacity for FP/RH program planning, implementation, and monitoring. The parliamentarians successfully advocated a 57 percent increase in the national FP/RH budget from 2013 to 2014.
- Enhanced the capacity of government and civil society to generate, interpret, and communicate FP evidence. Partners gained skills in using a series of Spectrum policy models and ImpactNow.⁴



Health Policy Project Ethiopia's senior technical advisor Senait Tibebe (right), USAID/Ethiopia's Gebeyehu Abelti (left), and workshop participants examine how the software models analyze the impact of investments in health programs. Photo by Rudolph Chandler/HPP

The Health Policy Project prioritizes knowledge transfer and the development of in-country capacity. This was accomplished through a multiphase process to transfer knowledge about the use of the OneHealth Tool to the FMOH staff.

The FMOH team members were first trained and then accompanied by the HPP staff for the first series of regional trainings, slowly assuming more responsibility for presentations and responding to participant questions.

The final set of regional trainings was conducted fully by FMOH staff, ensuring the long-term sustainability of use of the tool and reducing the cost of using the tool for future health transformation plans.

Selected Publications

Training and Pilot Mentorship Program on Family Planning Models: Participant Perspectives and Lessons Learned

Integration of the Spectrum Suite Model into the Reproductive Health and Population Studies Program Curriculum at the University of Gondar, Ethiopia

RAPIDWomen Ethiopia: Empower Women, Build the Future

Levels, Trends, and Determinants of Fertility and Family Planning in Amhara: In-Depth Analysis of EDHS 2011

ImpactNOW Demonstrates the Short-Term Benefits of Investing in Family Planning (Amhara)

The Benefits of Family Planning to Avert Infant and Child Deaths in Ethiopia

Institutional Capacity Developed

- Supported the Ethiopian Public Health Association to become a national training hub for government officials, academicians, and civil society partners to use analytic tools to improve FP/RH strategic planning, policy development, and monitoring and evaluation. More than 50 Ethiopians have used the expertise gained to develop evidence-based national policies.
- The University of Gondar integrated Spectrum models in its curriculum for reproductive health and population departments.
- Trained health extension workers to accurately collect, monitor, and report primary health data at the community level. Improved data are being used to inform strategies, plans, and services in the Amhara Regional Health Bureau. This has resulted in reported improvements in the quality of health service information gathered and provision of services by those trained and their clients.
- Strengthened the capacity of the Amhara Women Association through developing monitoring and evaluation guidelines to help the association effectively plan, implement, and monitor and evaluate its community-based FP/RH programs.

The Way Forward

Achieving Ethiopia's health and development goals requires continued efforts to strengthen the evidence base for increased financial and political support, improved capacity of both government and civil society, and greater investment in young people as key partners and actors in the country's development. Future efforts should include

- Supporting government to effectively implement and operationalize the various health policies and strategies at both the national and decentralized levels through generating evidence for sound decision making.
- Assisting government, post-HSTP, to address issues around health cost containment, cost utilization, and cost effectiveness, including assessing the out-of-pocket expenditure on health and barriers to accessing health.
- Capitalizing on the interest and energy of young people and engaging them in advocacy, policy design, and program implementation to enhance access to FP/RH services.

Notes

¹ United Nations Development Programme. 2015. *National Human Development Report 2014 Ethiopia*.

² Federal Democratic Republic of Ethiopia, Ministry of Finance and Economic Development. 2014. *Growth and Transformation Plan Annual Progress Report for FY 2012/13*.

³ United Nations, Department of Economic and Social Affairs—Population Division. 2012. *World Population Prospects*.

⁴ The Spectrum Suite of Policy Models can be accessed at www.healthpolicyproject.com/index.cfm?id=software&get=Spectrum. The ImpactNow model estimates the health and economic impacts of family planning in the near term (2–7 years) and can be accessed at www.healthpolicyproject.com/index.cfm?id=software&get=ImpactNow.

Contact Us

Health Policy Project
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004

www.healthpolicyproject.com
policyinfo@futuresgroup.com

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