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
Institutional Capacity Developed

- Supported the Ethiopian Public Health Association to become a national training hub for government officials, academics, 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


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.