

# FP2030 ETHIOPIA GOVERNMENT COMMITMENT



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## COMMITMENT

### ETHIOPIA'S FAMILY PLANNING 2030 VISION:

To see a healthy and prosperous society through increased access and utilization of contraceptive service.

### COUNTRY COMMITMENTS

- Commitment 1:** Increase Family planning financing
- Commitment 2:** Improve contraceptive commodity security
- Commitment 3:** Improve access to adolescent and youth responsive health system for contraceptive use
- Commitment 4:** Ensure availability of quality Family Planning information and services

### COMMITMENT OBJECTIVES

#### COMMITMENT 1: FINANCIAL COMMITMENT

**Objective:** By 2030, the Ethiopian government will proportionally increase financing of family planning services, by continuing to earmark funds from its treasury and SDG pool fund; and track the financing for FP using the Ethiopian National Health Account.

### RATIONALE:

The review of national health account (NHA) report and real annual allocation of past years shows that there was no visible improvement on funding for family planning program. Moreover the current pattern of donor funding shows a declining trend of financing for family planning (FP). Assessments of donor financing of FP services indicates that while disbursements increased steadily from 2012 to 2016, became stagnant for some years and then, it is declining since 2018. The key finding of subsequent reports of national health account (NHA) showed that, spending on reproductive health/FP accounts for 14% in 2010/11, 9% in 2013/14 and 8% in 2016/17 of the government's spending on health overall. These data of consecutive NHA imply that, the share of RH/FP funding in recent years shows a declining trend from total health expenditure. Generally, while the growing demand for voluntary family planning requires a substantial increase in financial resources, current allocations and expenditure for FP is insufficient and there is heavy reliance on donor financing for family planning.

Therefore, the governments' FP 2030 commitment and HSTP II should take into account the current gap of financing for FP and increase allocation of internally generated & SDG pool fund that can match with external financing to reduce risk of budget shortage for family planning commodities and services. The current financing gap is 60%.

## STRATEGIES:

- ❖ Increase government allocation at all level / Public financing/ from general tax revenue.
- ❖ Enhance Public private partnership and translate the national PPP directive into action.
- ❖ Discuss and revise the current health benefit package of CBHI to include FP services
- ❖ Strengthen cooperation with Development partners & international NGO support to improve funding for FP.
- ❖ Strengthen collaboration and involvement of local NGOs such as regional development associations.

## COMMITMENT 2: CONTRACEPTIVE COMMODITY SECURITY COMMITMENTS

### OBJECTIVE:

By 2030, the government of Ethiopia is committed to increase the “*no stockout*” status of at least three modern contraceptive methods from 63% to 90%.

### RATIONALE:

Contraceptive commodity security involves all stakeholders (public, private and non-profit sectors) working in a coordination. Achieving contraceptive commodity security has been a challenge for the Ethiopian health system. In addition to difficulty of securing adequate capital (financing) for commodity procurement, shortage of human resources to forecast, lack of efficiency in procurement and transportation and delay in distribution of commodities to the regional hubs and facilities are the main bottlenecks to contraceptive commodity security. Furthermore, monitoring of the status of commodities at facilities is weak. According to the national health facility assessment of commodities and services 2020, the “no stock out” status of at least three modern contraceptive methods in health facilities in Ethiopia is 63%, (NHF assessment 2020).

### STRATEGIES:

- ❖ Building the capacity for human resources involved in the supply chain and logistics management system
- ❖ Strengthening forecasting, supply planning and logistics management information system
- ❖ Enhancing RHCS coordination mechanism public private and non-profit sectors working on commodities and logistics
- ❖ Strengthening monitoring and evaluation system for effective and data driven decision making for proper and efficient supply chain and logistical management

### **COMMITMENT 3: Improve access to adolescent and youth responsive health system for contraceptive use**

#### **OBJECTIVE:**

By 2030, the government of Ethiopia committed to reduce teenage pregnancy among adolescent girls from 13% to 7% by 2025 and 3 % by 2030

#### **RATIONALE:**

Adolescent and youth constitute 33% of the population in Ethiopia. Healthy adolescents are a key asset and resource, with great potential to contribute to their families, communities and the nation both at present and in the future. However, there is a significant knowledge gap among adolescents and youth on sexual and reproductive health issues. This resulted in increased engagement in risky behaviors and unsafe sexual practices. According to EDHS 2016 report, teenage pregnancy and child marriage is highly prevalent in Ethiopia (13% and 40% respectively) which contributed for high maternal morbidity and mortality. Furthermore, the unmet need for FP among 15-19 years women was 20.5% and among 15-24 women was 18.5%. Uneven capacity and technical skills among health providers to deliver quality SRH services, including understanding of youth-inclusivity and negative social norms are barriers to address the SRH needs of adolescent and young people in Ethiopia. Due to these facts, Ministry of health and its stakeholders committed to reduce teenage pregnancy among girls. This is supported and prioritized in the current HSTP II plan and other strategic documents.

#### **STRATEGIES:**

- ❖ Expand and strengthen adolescents and youth friendly health service at all public health facilities including developmental corridors and youth centers
- ❖ Enhance the competency of providers on adolescent and youth sexual and reproductive health issues
- ❖ Conduct targeted national and regional advocacy campaigns on prevention of teenage pregnancy and child marriage
- ❖ Strengthen multi-sectoral coordination and collaboration to prevent/reduce teenage pregnancy
- ❖ Enhance the development and dissemination of tailored SRH information and education
- ❖ Enhance innovation and digital technology to increase access to contraceptive information and uptake

## COMMITMENT 4: QUALITY FAMILY PLANNING INFORMATION AND SERVICES

### OBJECTIVE:

Ensure availability of quality and safe FP information and services to decrease unmet need for FP from 22% to 17% by 2030.

### RATIONALES:

Over the last 15 years modern contraceptive use among married women increased by 37%, from 8% in 2000 to 41% in 2019(2019 mini DHS). Despite the significant progress in CPR, Unmet need for contraception didn't show significant decline over a decade, it is reported to be 22%. Additionally, there is a huge variation of contraception uptake among urban and rural communities (50 percent versus 38 percent respectively, different regions (only 3.4 percent use FP in Somali compared to 50 percent in Addis Ababa) and across socio demographic status. There is a need to address the quality of counseling, As per the national PMA survey from 2014 - 2018, the overall quality of family planning counseling was low with only 30% of women reporting receiving sufficient information during counseling Availability of broad range of quality and safe contraception and information and service at all facilities deemed central to improve CPR.

### Strategies:

- ❖ Increase demand for quality FP information and services through tailored SBCC
- ❖ Ensure access to quality counseling and informed family planning information and services with full method mix at all levels of health care delivery system.
- ❖ Ensure the availability of motivated Competent and Compassionate health workforce for FP through VCAT, catchment-based mentorship and supportive supervision.
- ❖ Improve availability of quality post-partum and Post Abortion Family planning service.
- ❖ Ensure FP service Integration at health service delivery point.

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## COMMITMENT CONSULTATION PROCESS

For transparency and accountability purposes, briefly describe the consultative process used to develop this commitment. This should include any parties (organizational or individual) that participated in the consultative, development, and review processes of this commitment, as well as any specific stakeholders that were involved in the development of each commitment objective.

Ministry of Health Ethiopia	Pathfinder International
UNFPA	World Health Organization
USAID	Engender Health Ethiopia
Consortium of Reproductive Health Association Ethiopia	Plan Monitoring for Action Ethiopia
The David and Lucile Packard Foundation	Family Guidance Association Ethiopia
Marie Stopes International Ethiopia Youth Champions Initiative, PH Institute	Planning commission, population office

## COMMITMENT ACCOUNTABILITY APPROACH

**Mutual accountability** where governments are obligated to deliver on the commitments they have made and civil society partners are engaged to support the government to deliver on the commitments and monitor progress:

Ethiopia FP 2030 commitment adopt mutual **accountability approach** where the government of Ethiopia in collaboration with key development partners and stakeholders, are obligated to deliver on the FP2030 **commitments** the country has made, and civil society will be galvanized to support the implementation of agreed action plans and engaged to monitor the progress towards achieving the **commitments** on regular bases. Different focal points designated for FP2030 will also be playing a leading role in ensuring government's, stakeholders and donor community join hands for effective implementation and success of the FP2030 commitments. National, regional and community-based platforms are formed so as to provide opportunities for dialogue and cooperation between various government actors, civil society, and other key stakeholders to implement, review and monitor the progress of the FP2030 country commitments.

**Visibility and transparency** in sharing information on country progress towards meeting the commitments:

Utmost efforts will be made so that all stakeholders of the FP2030 program will be updated with the progress of the FP2030 implementation at all levels. Lessons learnt and challenges encountered in due course of the implementation process will also be shared among stakeholders through various forums and platforms. Regular national and regional level discussion forums will also be organized whereby all stakeholders will share their thoughts, experiences and leanings. The forum will enable to review strategies used and activities implemented and their effectiveness in facilitating the implementation of the FP2030 program. Civil society and other partners utilize the media and social media platforms to hold policymakers to account for public commitments and to encourage inclusivity.

**Alignment with other national processes** for monitoring other country commitments such as EWEC, ICPD+25, etc.:

Ethiopia FP2030 commitment designed as an integral component of various national commitments which includes the Health Sector Development II plan (HSDP II), National sustainable Development Goals (SDGs) and the country aspiration to become middle income country by 2030 plan.

Ethiopia has implemented successive Health Sector Development Plans (HSDPs) and resulted substantial gains in the improvement of the health of the population including reduction in maternal and child mortality as well as increased the life expectancy. The health sector transformation plan, in line with the Growth and Transformation Plan (GTP) phase II, has set ambitious goals to improve equity, coverage and utilization of essential health services. The plan also set targets to improve quality of health care and enhance the implementation capacity of the health sector at all levels of the system. The HSDP II has therefore give due emphasis on the pivotal role that the FP2030 play towards the success of the HSDP.

1. Describe the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.  
The FP2030 partners and stakeholders will be reviewing the progress of the implementation process on regular bases. All focal points will have their own respective communication platform to measure their contribution and the progress of their FP 2030 implementation. Every quarter CSO and youth focal points will convene progress update meeting while MOH led overall review meeting will be held every six months. Apart that all stakeholder sharing updates and progress reports regularly using internet bases platforms.
2. Describe remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately:

A thorough analysis of available data will be made to measure the progress of the FP2030 implementation. Data and evidence-based decisions will be used to measure the progress of the FP2030 against the plan. Advocating for policy change will be part of the action to be considered if the policy itself or its implementation identified as a barrier. Due attention will also be taken to monitor and follow whether women and girl's rights are violated, and immediate action will be considered whenever it happens.

3. Please define technical assistance needed to fully implement the above accountability approach:  
Financial and technical support is crucial for effective implementation of the accountability frameworks. Leveraging the resource at hand within the government and stakeholders are also considered. CSO and youth led activities are the most important part of the accountability framework for regular and timely support in terms of technical and financial support.

Any additional information:

#### **COMMITMENT LAUNCH TIMELINE**

The FP 2030 commitment launched on December 23<sup>rd</sup>, 2021 nationally



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