

Brief update on Ethiopia multistakeholder review - March 2014

Dr. Tewodros Bekele, Director of Maternal and Child Health (MCH) Directorate, Ministry of Health (MoH), authorized the multistakeholder meeting and in-country process for Ethiopia's Success Factor review. He requested WHO take the lead in planning the review and that five officers from various divisions within the MCH Directorate participate in the meeting.

The Ethiopia Public Health Institute (EPHI) is the lead organization for Ethiopia's 2014 Countdown (CD) process. The national lead and four EPHI CD consultants participated in the multistakeholder meeting to ensure coordination and consistency between the two activities. Overall support for the activity from government, UN agencies including the World Bank and UN Women, bilateral donors, professional organizations, national and international NGOs, was strong. The Ministry of Labour and Social Affairs was also represented but it was difficult to obtain participation from other sectors. Dr Sirak Hailu Bantiewalu, Child and Adolescent Health Officer, WHO/Ethiopia and Dr. Solomon Emyu Ferede, WHO national consultant coordinated the process with the MoH and provided strong and engaged leadership and support.

The multi-stakeholder review involved the following steps:

1. **Review of draft document by MoH, UN and development partners.**
2. **Key Informant (KI) interviews** were conducted prior to and following the multistakeholder meeting with informants within and outside of the health sector, including education, water and sanitation and infrastructure.
3. **Multistakeholder national review meeting** held on March 28 with 29 participants from MNCH, reproductive health, HIV/AIDS, human resources for health, nutrition, policy and planning, international development, finance, gender, and labour and social affairs.

Emerging findings (work in progress)

Since 2000,

- U5MR declined from 204 (in 1990) to 68 (in 2012) deaths per 1,000 live births, which is a 67% reduction achieving the MDG4 target (UN IGME, 2013).
- Stunting rates remain high at 44%, although the rate declined from 58% in 2000 (EDHS, 2011).
- The maternal mortality ratio was 676 per 100,000 live births (EDHS, 2011). This ratio is not significantly different from those reported in the 2005 EDHS and the 2000 EDHS and implies that Ethiopia is not on track to achieve its MDG 5 target. The World Development Indicator database shows a marked decline in maternal mortality, however, this was questioned by participants and the preference was to rely on EDHS data.
- Ethiopia has been prioritizing interventions to address maternal health, however, coverage of skilled birth attendants (10%) and antenatal care (4 visits) (19%) is still low (EDHS, 2011). Many participants highlighted recent HMIS reports which suggest that these two indicators have improved markedly in the past 2 to 3 years, since the last EDHS.
- Coverage of key child health interventions has increased, e.g. 65.6% of children age 12-23 months receiving DPT3 (Ethiopia National Immunization Coverage Survey, 2012) and exclusive breast feeding rate is 52% (EDHS, 2011), however, there remains much room for improvement.
- Key factors were identified as contributing to reductions in maternal and child mortality including:
 - Political will and leadership commitment, as seen in government health policy during the last two decades and exemplified by the launch of the national Health Extension Program (HEP) and recruitment and training of more than 35,000 health extension workers (HEWs). There has been a willingness to implement innovative policies, such as task shifting (with creation of new cadre of HEWs);

Success Factors for women's and children's health
Study group internal communication – Please do not circulate

- Expanding community based interventions such as iCCM and IMCI and implementing a priority nutrition program that was non-existent 20 years ago;
- Leveraging global initiatives, such as Scaling Up Nutrition (SUN), to strengthen existing programmes
- Financing for the poor, addressed through the provision of free maternal health services;
- Applying available funds to strengthen the whole health system, including expanding infrastructure (construction of over 3000 health centres) and the health workforce;
- Strengthening coordination with partners and donors, which could a model for other countries.

Next steps

Additional few stakeholder interviews will be completed in early April. The Success Factor policy analysis will be revised and edited based on all inputs and subsequently reviewed and approved by the MoH in April 2014.