





#### HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (14 DPs out of 24 participated), civil society organisations (7 CSOs participated) and private sector representatives (5 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please **visit www.internationalhealthpartnership.net/ethiopia** 



# COMMITMENT

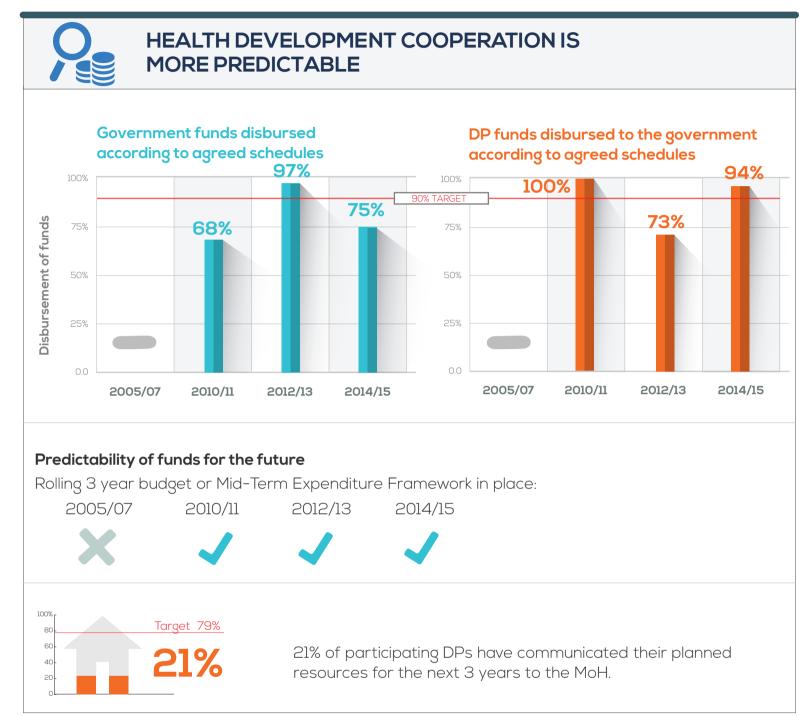
TO ESTABLISH STRONG HEALTH SECTOR
STRATEGIES WHICH ARE JOINTLY ASSESSED,
AND STRENGTHEN ACCOUNTABILITY

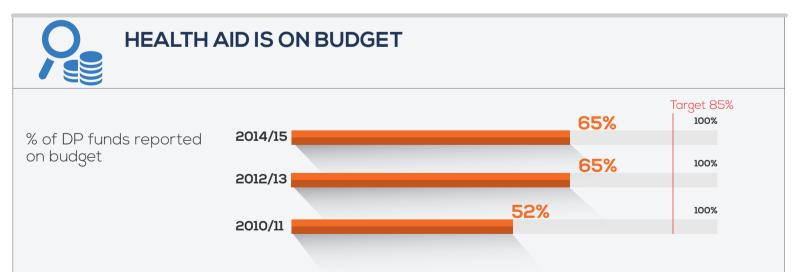




## COMMITMENT

TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR

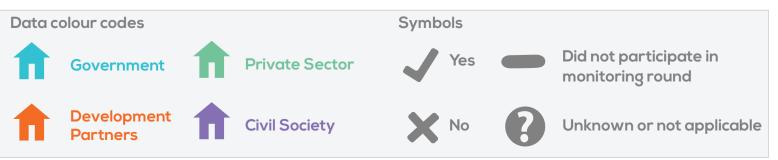




## 2016 IHP+ MONITORING ROUND

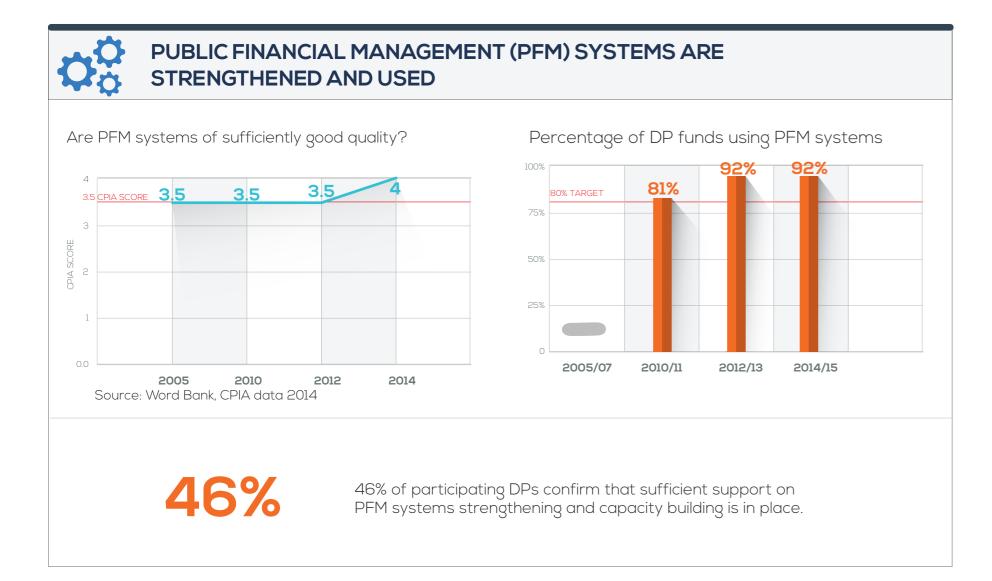






# COMMITMENT

### TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS





### PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

A government plan for national procurement and supply exist?





54% of participating DPs use the national procurement and supply systems.

31% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.



### TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH **COOPERATION SUPPORTS LEARNING**

An agreed national TA plan exists?





23% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation?

Always



62% of participating DPs support South-South cooperation.

# COMMITMENT

### TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR



### CIVIL SOCIETY ORGANISATIONS ENGAGEMENT

What space does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)



Government consults CSOs' in the design, implementation or monitoring of national health policies



80% of CSO's confirm they are consulted



Government provides financial resources



100% of CSO's receive financial resources



Government provides training support



33% of CSO's receive training support

How effectively is the participation of CSOs in national health policy processes supported by **development** partners? (Sources: DP qualitative surveys and CSO online survey)



77% of DPs consult CSOs when developing their cooperation programme



69% of DPs provide financial resources



38% of DPs provide technical assistance



80% of CSO's confirm they are consulted



100% of CSO's receive financial resources



100% of CSO's receive technical assistance



### PRIVATE SECTOR ENGAGEMENT



Though representatives of the private health sector recommended the establishment of a medical professional council that has a say in a systematic manner in policy dialogue, resource allocation and monitoring, to date this has not materialized.



Health professionals practicing in the private sector are not given opportunities in higher educational institutions as their colleagues serving in the public sector.



'Medical Association of Physicians in Private Practice Ethiopia' (MAPPPE) confirmed that it is not getting any support from development partners and that DPs don't engage it in any of their health development endeavours.



Some medical professional associations are labelled as Ethiopian Charities and Societies and this has made fund soliciting very difficult limiting the capacity of these professional associations to conduct researches, health related surveys and to strengthen the associations.



Public protection will not be safeguarded because WHO claim forms are not strictly practiced and drugs and clinical diagnostic inputs are not going through clinical trial before being disbursed.



Even though the 22 health professional associations (HPAs) have been requesting the establishment of a strong consortium having a seat at the FMOH which would enable them to engage more proactively in health policy, planning and monitoring as well as protect the interest of member associations it has not been founded.



www.internationalhealthpartnership.net/ethiopia