ETHIOPIA

2016 IHP+ MONITORING ROUND
National performance review

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

PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy

100% of participating DPs confirm they align their support with the national (or sub-national /sector) Health Sector Strategy.

Was the national health sector plan jointly assessed?

DPs 92%
CSOs ✓
PS ✓

Stakeholders that supported the joint assessment

MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists?

77% of participating DPs only use national health sector indicators to monitor their support.

Target 100%

Target 100%

100% of participating DPs confirm they participated in the mutual accountability processes.

21% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

Target 79%

HEALTH AID IS ON BUDGET

% of DP funds reported on budget

2014/15 65%
2012/13 65%
2010/11 52%

Target 85%

100%

LEGEND

Data colour codes
Government
Private Sector
Development Partners
Civil Society
Symbols
Yes
No
Unknown or not applicable

HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE

Government funds disbursed according to agreed schedules

2005/07 0%
2010/11 25%
2012/13 100%
2014/15 50%

Target 100%

DP funds disbursed to the government according to agreed schedules

2005/07 0%
2010/11 25%
2012/13 100%
2014/15 75%

Target 100%

Predictability of funds for the future

Rolling 3 year budget or Mid-Term Expenditure Framework in place:

2005/07 X
2010/11 ✓
2012/13 ✓
2014/15 ✓

Source: WHO, National Health Accounts 2014

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NATIONAL HEALTH EXPENDITURE

Total health expenditure per capita

$26.65

Sources of national health expenditure

DOMESTIC 58%
PUBLIC 59%
EXTERNAL 42%
PRIVATE 41%

Source: WHO, National Health Accounts 2014
Government consults CSOs in the design, implementation or monitoring of national health policies.

80% of CSOs confirm they are consulted.

Government provides financial resources.

100% of CSOs receive financial resources.

77% of DPs consult CSOs when developing their cooperation programme.

80% of CSOs confirm they are consulted.

69% of DPs provide financial resources.

100% of CSOs receive financial resources.

38% of DPs provide technical assistance.

100% of CSOs receive technical assistance.

Government provides training support.

33% of CSOs receive training support.

46% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

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.

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

62% of participating DPs support South-South cooperation.

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.

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