EXECUTIVE SUMMARY ANNUAL PERFORMANCE REPORT 2016 EFY



The 26th Annual Review Meeting of the Health Sector

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Transforming primary health care to accelerate progress towards SDGs!



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Transforming primary health care to accelerate progress towards SDGs!

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Foreword



Mekdes Daba, MD, MPH
Minister, Ministry of Health,
Federal Democratic Republic of Ethiopia

As we reflect on the 2016 Ethiopian Fiscal Year (EFY), we stand at a pivotal moment in our journey towards transforming the health landscape of Ethiopia. This year marked the beginning of the Health Sector Development and Investment Plan (HSDIP), a comprehensive framework designed to enhance our health services and drive progress toward the Sustainable Development Goals (SDGs). It is with great pride that I present this annual performance report, which encapsulates our achievements, initiatives, and the challenges we have navigated together in the past year.

Our country, Ethiopia, has made remarkable progress in expanding access to and utilization of health services, as evidenced by the positive trends in key health performance indicators. Our primary health care (PHC) system has served as the cornerstone of service delivery, facilitating increased access to essential health services. We have witnessed notable improvements in maternal and child health services and made considerable strides in controlling major communicable diseases (CDs) such as HIV/AIDS and tuberculosis.

As we navigate an epidemiological transition marked by the simultaneous burden of communicable diseases, non-communicable diseases (NCDs), and injuries, we have intensified our efforts to integrate NCD and mental health services into our PHC system. The encouraging results of this integrated approach affirm our belief in a holistic health strategy tailored to the diverse needs of our population.

None of these accomplishments would have been possible without the collective dedication of health workers, leaders, and partners across all levels. I extend my heartfelt gratitude to our committed health professionals, donors, development partners, civil society organizations, academic institutions, the private sector, and our internal team, here at our ministry. Your unwavering commitment has been the backbone of our progress, strengthening Ethiopia's health system and enhancing the well-being of our citizens.

Looking ahead to the 2017 EFY, we remain steadfast in our strategic priorities. Our focus will be on fortifying our PHC system, addressing the rising burden of NCDs, improving our pharmaceutical supply chain through local manufacturing, and deepening collaborations with the private sector.

As we move I call upon all stakeholders to continue strengthening our partnerships and collaborations. I also call upon each and everyone of us who have the power to become a champion for our own health. Together, we can realize our shared vision of a healthier Ethiopia. Thank you for your dedication and commitment to improving the health of our people and I look forward to continue this vital journey alongside each of you.

Mekdes Daba, MD, MPH

Minister, Ministry of Health

1. Reproductive and maternal health

Family Planning



Contraceptive Acceptance Rate

More than 16.4 million **75**%

Women in the reproductive health received a modern contraceptive method

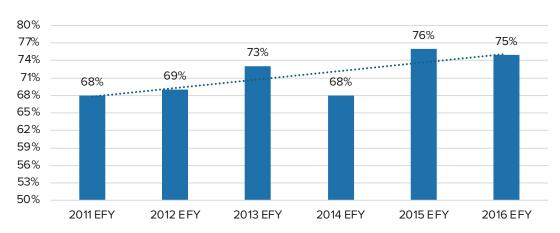


Figure: Contraceptive Acceptance Rate, trend from 2011 EFY to 2016 EFY

Contraceptive method mix







Oral Contraceptive Pills



1UCD 2.2% Others

Immediate Post-Partum Contraceptive Acceptance Rate

15%

Pregnancy care

Antenatal Care (ANC)

Early ANC initiation:

26%

of pregnant women-initiated ANC at or before 12 weeks of gestation

ANC 4+ coverage:

More than 2.88 million

78%

pregnant women attended four or more ANC contacts

ANC 8+ coverage:

>1 million

27%

pregnant women attended eight or more ANC contacts

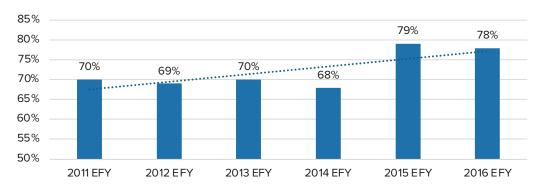


Figure: Trend of ANC 4+ coverage, from 2011 EFY to 2016 EFY

Iron folate (Fefol) supplementation during pregnancy:

100%

of expected pregnant women have received iron and folic acid supplement at least 90+

Syphilis screening:

More than 2.9 million

79%

pregnant women were tested for syphilis

Testing for Hepatitis B:

71%

of pregnant women were tested for hepatitis B virus

Delivery and Postnatal Service

Skilled Delivery Attendance

More than 2.7 million

74%

pregnant women attended delivery at health facilities and attended by a skilled birth attendant

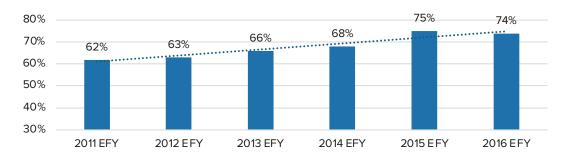


Figure: Trend of national skilled birth attendance coverage, 2011 EFY to 2016 EFY





Caesarean Section (C/S) service

6%

women delivered by a C/S



Early Post Natal Care (PNC) Service

89%

women received PNC within seven days after delivery

Abortion Care

Abortion Service



270,340

women received comprehensive abortion care service: 142,813 (53%) were safe abortion service while 127,527 (47%) were post-abortion care services)

Death



Institutional still birth rate:

10.2

still births per 1,000 births



Maternal and Perinatal death surveillance and response (MPDSR):

1,279

maternal deaths were notified through the MPDSR system, which is a notification of 13% of the estimated maternal deaths.

2. Immunization Service



PENTA 3 COVERAGE

More than 3.5 million

infants received the third dose of pentavalent vaccine

MEASLES 1 COVERAGE



infants were vaccinated with measles first dose

DROPOUT RATE

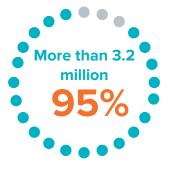


MEASLES 2



of children aged 15-23 months of age received the second dose of Measles

FULL IMMUNIZATION



infants received all types of basic antigens before celebrating their first-year birthday

ZERO DOSE CHILDREN

584,029

zero-dose children were identified and vaccinated with a catch-up vaccination campaign.

3. Neonatal and Child Health Service



Treatment of childhood illnesses

25%

of under 5 children with diarrhea received treatment with ORS and Zinc >3.5 million

82%

of children with pneumonia received treatment with antibiotics 63,036

neonates with asphyxia were resuscitates, among which 54,751 (87%) survived



Kangaroo mother care (KMC):

40,224 reported cases of underweight (< 2000 grams) or premature infants, 75% received Kangaroo Mother Care (KMC)



Neonatal Intensive Care Unit (NICU) services

157,094

neonates treated at NICU, with a mortality rate of 7%

4. Nutrition

Growth monitoring and promotion:

More than 3.7 million

66%

children under 2 years of age participated in growth monitoring and promotion service

Vitamin Supplementation

More than 13 million

90%

children aged 6-59 months received two doses of vitamin A

Deworming Service

More than 9.2 million

92%

children aged 24-59 months received bi-annual deworming service

Nutritional screening

More than 10.1 million under 5 children were screened for malnutrition

Seqota declaration expansion phase

- » The government committed by allocating more than 12.2 million USD
- » Implementation started in 240 Woredas; preparations completed to expand to 334 Woredas in 2017 EFY

5. HIV prevention and control

HIV/AIDS estimations in 2023

HIV prevalence in 2023: Estimated number of people

living with HIV/AIDS in Ethiopia:

604,238

Annual AIDS deaths: Estimated number of HIV positive pregnant and lactating women:

10,063 13,815

Annual new HIV infections:

7,428

PMTCT transmission

rate:

8.64%

PMTCT

Estimated number of HIV positive pregnant and lactating women:

13,815

0.87%

PMTCT transmission rate:

8.64%

PMTCT transmission rate:

- · More than 3.59 million (97%) pregnant and lactating women were tested for HIV and know their status
- $\bullet \ \ \, \text{11,637 (84\%) HIV-positive pregnant and lactating women received ART to reduce the risk of mother-to child transmission}$
- Early Infant Diagnosis: 10,016 (73%) HIV exposed infants received virological test within 12 months after birth
- ARV prophylaxis for HIV exposed infants: 9,021 (65%) of HIV exposed infants received ARV prophylaxis for 12 weeks



HIV testing and counselling service

6,863,703 individuals received HIV testing and counselling service, among which 37,239 (0.54%) new HIV positives were identified

People receiving ART

A total of 511,885 PLHIVs were on ART at the end of the fiscal year

First 95 performance

90%

From the total estimated PLHIVs in Ethiopia, 90% of them know their HIV positive status

Second 95 performance

94%

From the total PLHIVs who know their status, 94% were receiving Anti-Retro therapy (ART) service

Third 95 performance

97%

Among PLHIVs who were receiving ART, 97% of them had viral load suppression (<1000 copies/ml)

Pre-Exposure Prophylaxis of HIV (PrEP)

22, 488

individuals at high risk of HIV (17,942 female sex workers and 2,341 sero-discordant couples) were newly enrolled to PrEP in the fiscal year

Post-Exposure Prophylaxis of HIV (PEP)

6,819

individuals received PEP service: 2,467 (36%) were related to sexual violence, 1937 (28%) to occupational risk, and 2415 (35%) to other non-occupational risks.

6. Tuberculosis and leprosy prevention and control



TB Incidence

126 new TB cases per 100,000 population (WHO estimate)



TB notification rate

In the fiscal year, a total of 144,457 TB cases were notified, which is a notification rate of 132 cases per 100,000 population



TB treatment coverage

144,457 all forms of new TB cases were detected and treated



TB Cure rate

85.6% among bacteriologically confirmed new PTB cases



Treatment success rate

94.5% among bacteriologically confirmed new PTB cases





Drug resistant Tuberculosis (DR-TB)

975 drug resistant TB (DR TB) cases were detected and put on DR TB treatment

DR TB treatment initiation has been provided in 72 treatmentinitiating centers (TICs)





Leprosy

2517 cases were detected (a notification of 0.23 per 10,000 population)

Grade II disability rate was 10% among new cases of leprosy



7. Malaria prevention and Elimination



Number of malaria cases

In 2016 EFY, a total of 5,677,912 malaria cases were diagnosed and treated

Incidence: 74.9 malaria cases per 1,000 population at risk of malaria

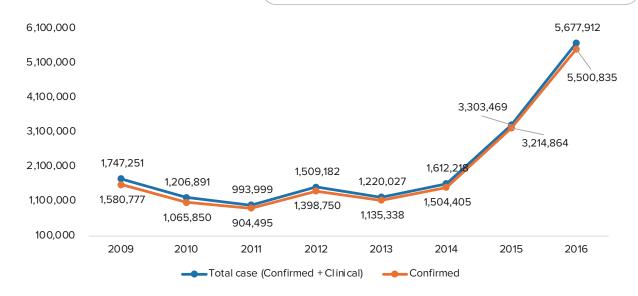


Figure: Trend of total number malaria and confirmed malaria cases, 2009 to 2016 EFY



Malaria deaths

766 deaths due to malaria in the fiscal year. This is 1.01 deaths per 100,000 population at risk of malaria



LLTIN distribution

More than 4.9 million LLINs were distributed in 273 Woredas



IRS spraying

1,822,771unit structures were sprayed, covering 1,829 kebeles in 177 Woredas



Malaria elimination activities

Implementation ongoing in 565 Woredas

Foci investigation and response activities conducted in 72,247 breeding sites

8. Prevention and Control of Non-Communicable Diseases

Hypertension



More than 20.1 million individuals were screened for hypertension.

225,866 newly diagnosed hypertension patients were enrolled to care

Diabetes Mellitus (DM)

More than 4.0 million individuals were screened for diabetes.

65,316 individuals were newly enrolled to DM care

Cervical Cancer screening



Cervical cancer screening and treatment sites: 1,450 provided sites

A total of 687,592 women aged 30-49 were screened for cervical cancer; among which 646,842 (94%) are screened by VIA while the remaining 6% are by HPV/DNA test

9. Neglected Tropical Diseases



Trachoma:

More than 20 million Zithromax treatment was administered

64,251 people received corrective eye lid surgery



Onchocerciasis

More than 21 million people treated with lvermectin drug



Schistosomiasis

More than 14 million school age children, adolescents, and women of reproductive age group were treated for soil transmitted helminths



Lymphatic filariasis

2.6 million people received mass drug administration in 41 endemic areas



Soil Transmitted Helminthiasis (STH)

More than 7 million school-age children were treated for Schistosomiasis



Leishmaniasis

1,759 visceral and 3,441 Cutaneous leishmaniasis patients received treatment

10. Community Engagement and Primary Health Care



Community engagement

- Number of woredas implementing re-designed community engagement approach: 123
- Cumulative number of Women Development Group members who completed competencybased training = 1,230,364; among which 663,242 (54%) passed competency test



Service provision at health posts (HPs)

- Number of merged health posts with health centers = 1,900
- Proportion of health centers with community health program units = 57%
- Numbers of basic HPs (staffed with a nurse and two HEWs) = 3,532
- Numbers of Comprehensive HPs = 107



Ethiopian health center reform implementation guideline (EHCRIG)

- Average EHCRIG on the fourth quarter of 2016 EFY was 76%
- The highest score Chapter 1 (leadership and governance) with a score of 85%; while the lowest performance score was for chapter 9 (medical equipment), with a score of 68%



Urban PHC reform

- 359 health centers implementing urban PHC reform
- 760,859 households visited and 2,304,833 people received basic health services



Ethiopian Primary Health Care Clinical Guidelines (EPHCG)

3,832 health centers implementing EPHCG



The Ethiopian Primary Health Care Alliance for Quality (EPAQ)

Implemented in 493 clusters/woredas (45% coverage)



Health Centers Emergency Surgery Service (OR-Block health centers)

Health centers with OR block = 430; but only 125 are providing surgical service

11. Hygiene and Environmental Health



Sanitation

- Proportion of households with access to basic sanitation: 28%
- Proportion of households with solid waste management: 29%
- Proportion of households with Liquid waste management: 22%
- Open defecation free kebeles: 42%



Sanitation marketing

 In 2016 EFY, 400 new sanitation marketing centers have been established. The cumulative number of sanitation marketing centers reached 951



TSEDU-Ethiopia Initiative

- TSEDU Health Facilities
 Pilot implementation
 started in Alert and St.
 Peter's Hospitals in Addis
 Ababa
- 50 Woredas from all regions were selected for the initial piloting phase

12. Medical Services



OPD attendance per capita

More than 186 million OPD visits, with an OPD attendance per capita of 1.7



Inpatient admission rate

13.2 per 1,000 population



Hospital Bed Occupancy Rate

68%



Average Length of Stay (ALOS)

4.6 days



Bed Density Per 10,000 Population

2.74



Inpatient Mortality Rate

1.04%

Emergency and Critical Care



- Emergency service for more than 4.8 million emergency attendants
- Emergency mortality rate = 0.2%
- Critical Care Services
 - » Intensive Care Unit (ICU) mortality rate was 25%

Road Traffic Injury



233,617 road traffic injuries

road traffic injuries were reported in the fiscal year

13. Blood Services





Blood banks

Number of blood banks that collect blood from voluntary blood donors: 49



Blood donation

349,360 units of blood was collected, of which 99.99% was collected from voluntary non-remunerated blood donors



Post donation counselling

25,117 (7.2%) blood donors received post donation counseling service



Blood Component Production

From the total blood donated, 52,585 units (15%) was converted to its components



Blood testing for transfusion transmissible infections (TTIs)

349, 360 (100%) of donated blood was screened for the four TTIs (HIV, Hepatitis B, Hepatitis C and Syphilis_

Positivity rate: HIV positives = 0.46%; Hepatitis B positive = 1.39%; Hepatitis C positive = 0.6%; Syphilis positive = 0.79%

14. Public Health emergency management

Prevention and control of epidemic prone diseases



Measles Outbreak Response

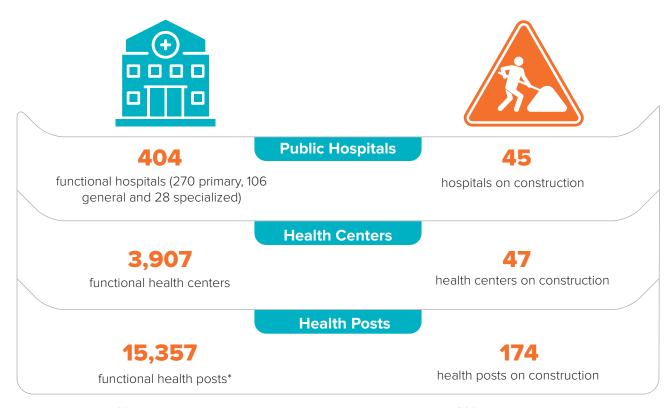
- Measles outbreak occurred in 413 Woredas
- 52,861 cases and 394 deaths due to measles
- Measles vaccination campaign done as part of outbreak response

Cholera outbreak



- Cholera outbreak was reported from 380 Woredas
- 38,616 suspected Cholera cases and 501 deaths were reported (Case fatality rate at 1.3%)
- More than 8 million population at risk vaccinated for cholera

15. Health Infrastructure



^{*}Total number of functional health posts has decreased this year because about 1,900 health posts were merged with health centers to become community health units at the HCs

16. Human Resource for Health



• 1,899 physicians (GP) were hired using matching fund



Number of Health workforce

- Total health workforce who are employed in public and private institutions: 490,016
- 328,951 (67%) are health professionals and 161,065 (33%) are administrative/supportive staff



Health Professional to population ratio

- Physician to population ratio: 1: 5,843
- Nurses to population ratio: 1: 999
- Midwives to population ratio: 1: 4,339
- Health Officers to population ratio: 1: 3,190



Continuing Professional Development (CPD)

- Accreditation has been granted to 37 accreditors and 307 CPD providers
- 12 regions integrated CPD with pre-licensing process

17. Health Information System and Digital Health



SERVICE REPORT COMPLETENESS

85%



SERVICE REPORT TIMELINESS

57%



Birth Notification

90%

of the expected births



Death Notification

4.3%

of the estimated deaths



Electronic Medical Record system implementation

implemented in 58 health facilities

DHIS2



Upgraded to version 40 and deployed at health facilities

eCHIS



8,011 health posts implementing eCHIS

6 million households and 25 million individuals registered in eCHIS



Unified Nutrition Information System for Ethiopia (UNISE)

Implemented in 131 Woredas



Interoperability

MFR/DHIS2 Interoperability successfully completed



Master Facility Registry (MFR)

Total number of registered facilities in MFR = 52, 645. Out of all registered facilities, 45,966 (87%) received approval

About 80% of health facilities have had their service domains populated in MFR

15. Regulatory Services

Quality and safety regulation of food



- · 49 dietary supplements, 14 baby foods (including infant-specific products) and other food products registered
- 438 market authorizations and 2,590 notifications given
- · Certificates of competency awarded to 121 new food manufacturers and 953 importers and distributors
- · Post-licensing inspections conducted for 576 food manufacturers and 1,207 importers and distributors
- After conducting 23 market assessments and 5 intelligence-led surveillance, food products worth 14,242,382
 Birr were collected from the market as they were expired and substandard

Regulation of medicine products



- Market authorizations approved for 776 new medicines
- Five intelligence-driven operations were conducted at 65 medicine facilities, which led to the discovery of unregistered and illegal medicines, and action taken on 14 pharmacies and 51 importers and distributors
- Issued import permits for medicines valued at 68.47 billion birr and for raw materials worth 993.33 million ETB
- Prevented the use of medicines and medical products valued at 126.76 million birr that were found to be unsuitable for human use

Regulation of medical devices



- New licenses issued for 663 for non-in-vitro diagnostic (NIVD) devices, and 384 in-vitro diagnostic (IVD) devices
- New licenses issued to three medical device manufacturers, four importers and distributors, and 18 low-risk medical device manufacturers
- At entry checkpoints, medical devices valued at 22.2 billion birr were inspected and permitted entry to the country



Control of tobacco and tobacco products

- Inspection of 58,447 public areas were inspected, and all were found to be smoke-free
- · Illegal tobacco products were seized and discarded

Regulation of health and health related facilities



- Inspections were conducted on 69% of federal health-related institutions
- Standard development: Six hygiene and environmental health standards developed for health-related institutions were approved by the Standards Council
- Compliance to standards: A national assessment of hygiene and environmental health standards implementation was conducted, with an overall optimal compliance rate of 11.5%

Ensuring Health Professional Competence and Licensure



- Computer-based competency assessment exams were administered for 21,227 health professionals, from which 7,467 passed the exam (A pass rate of 35.2%)
- A national assessment of health professionals' licensure practices was conducted. The assessment showed that 86% of health professionals held licenses, and 71% had active licenses

19. Health system Innovations



System Bottleneck Focused Reform (SBFR) project has been implemented in 42 high-load public hospitals since May 2022

Primary Healthcare Unit System Bottleneck Focused Reform (PHCU-SBFR) pilot project — 31 Woredas SBFR implementation in hospitals resulted in improvement of hospital key performance indicators

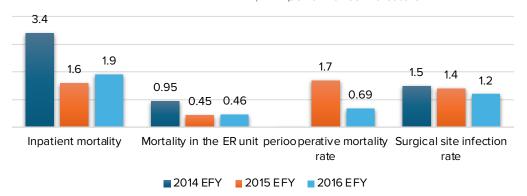


Figure: Performance of key outcome indicators in SBFR implementing hospitals, 2014 to 2016 EFY

20. Pharmaceutical supply and services

Procurement



More than 34.6 billion Birr worth of pharmaceuticals and medical supplies was procured



Distribution

Ethiopian Pharmaceuticals Supply Service (EPSS) has distributed pharmaceuticals and medical supplies worth of ETB 29.18 Billion Birr to health facilities



Availability of essential drugs

The availability of essential medicines at EPSS hubs was 88%

The availability of essential medicines at health facilities was 83%



Wastage rate

The wastage rate of pharmaceuticals at EPSS hubs was 0.99%



Procurement lead time

160 days



Medical equipment management

2,476 medical devices installed 7,870 medical equipment maintained

Auditable Pharmaceutical and Transaction Service (APTS):



Total APTS implementing facilities = 567

21. Health financing

Budget allocation



In 2016 EFY, 13% of the total government budget was allocated to health

Development partners contribution to the health sector



More than 574.5 million USD was committed from development partners (DPs), from which more than 372.8 million USD (65%) was disbursed to the health sector

Performance Based Financing



Piloting started in three regions (Addis Ababa, Central Ethiopia and Somali)

Public Private Partnership



- PPP for diagnostic services: In St. peter hospital for integrated diagnostic services. Major milestones: conducted pre-feasibility and feasibility study, the project is developed and appraised, and remaining activities are underway
- PPP for oncology service: Activities initiated to start PPP for oncology service at St. aul hospital

Coverage of CBHI implementing Woredas:

At the end of 2016 EFY, 1,052 (85%) Woredas were implementing CBHI

CBHI Membership

More than 11.1 million (73%) of the total eligible households were enrolled into CBHI program

CBHI Membership renewal

81% of CBHI members renewed their membership in 2016 EFY

Pooling

- **CBHI Membership Fee Collection:** More than 9.25 billion ETB was collected from CBHI members
- The sliding scale system ("premium payment based on income") is piloted in 13 CBHI schemes
- **Higher level Pooling:** established in Harari, Dire Dawa, 6 Zones of Oromia, 2 zones of Central Ethiopia, 2 Zones of South Ethiopia, 1 zone of Southwest Ethiopia, and in Hawassa city (Sidama region)

Provider payment mechanisms

- Capitation is piloted in 258 facilities found in 39 Woredas
- Performance-based financing piloting in 46 health facilities in three regions (Somali, Central Ethiopia and Addis Ababa)





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