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MINISTRY OF HEALTH - ETHIOPIA

ANNUAL CORE PLAN OF 2017 EFY

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**The 26th Annual Review Meeting
of the Health Sector**



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**Transforming primary health care to accelerate
progress towards SDG!**

October 2024



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Acronyms

DSD	Differential Service Delivery
AHRI	Armauer Hansen Research Institute
ANC	Antenatal Care
ART	Ani-Retroviral Therapy
BEmONC	Basic Emergency Obstetric and Newborn Care
BPaLM	Bedaquiline, Pretomanid, Linezolid and Moxifloxacin
CAR	Contraceptive Acceptance Rate
CBHI	Community-Based Health Insurance
CBHI	Community Based Health Insurance
CBMP	Capacity Building & Mentorship Program
CCE	Cold Chain Equipment
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHP	Comprehensive Health Posts
CLM	Community-Led Monitoring
CPOD	Chronic Obstructive Pulmonary Disease
CPD	Continuous Professional Development
CRD	Chronic Renal Disease
CSOs	Civic Society Organization
CVD	Cardio Vascular Disease
DHIS	District Health Information System
DR	Drug Resistant
DST	DST=Drug Susceptibility Testing
ECD	Early Childhood Development
e-CHIS	Electronics Community Health Information System
EFY	Ethiopian Fiscal Year
EID	Early Infant Diagnosis
EMR	Electronic Medical Record
ENC	Essential Neonatal Care
FBOs	Faith Based Organization
GMP	Growth Monitoring and Promotion
GTC	General Tonic-Colonic
HEP	Health Extension Program
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus

HSDIP	Health Sector Development & Investment Plan
ICT	Information Communication Technology
iHRIS	Integrated Human Resource Information System
IMNCI	Integrated Management of Neonatal and Child Illness
IQMS	Internal Quality Management System
IVD	In-Vitro Diagnostic
IYCN	Infant and Young Child Nutrition
KMC	Kangaroo Mother Care
LEEP	Loop Electrosurgical Excision Procedure
LIP	Leadership Incubation Program
MCC	Motivated, Competent and Compassionate
MFR	Master Facility Registry
MNS	Mental, Neurological & Substance use
MSP	Medium Health Service Package
NCDs	Non-Communicable Disease
NICU	Neonatal Intensive Care
NIVD	Non-In-Vitro Diagnostic
NTDs	Neglected Tropical Disease
ODF	Open Defecation Free
OR	Operation Room
ORS	Oral Rehydration Salt
OSCEs	Objective Structured Clinical Examination
PMS	Post-Market Surveillance
PMTCT	Prevention of Mother to Child Transmission
PNC	Postnatal Care
PPM	Public Private Mix
RBP	Reference Based Pricing
RDF	Revolving Drug Fund
RDQA	Routine Data Quality Assessment
RDT	Rapid Diagnostic Test
RMNCAHN	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition
SARA	Service Delivery and Readiness Survey
SBFR	System Bottleneck Focused Reform
SDGs	Sustainable Development Goals
SPA	Service Provision Assessment
STI	Sexually Transmitted Infection



TB	Tuberculosis
TBLLD	Tuberculosis Long Lasting Drug
TT	Trachomatous Trichiasis
TWG	Technical Working Group
UHC	Universal Health Coverage
UNISE	Unified Nutrition Information System for Ethiopia
VA	Verbal Autopsy
VSD	Very Severe Disease



CHAPTER

1



INTRODUCTION





1. Introduction

In the health sector, the National Core Plan is an annual plan designed to achieve the objectives outlined in the strategic plan, which is based on long-term or medium-term objectives. To meet these objectives, the annual plan is developed by thoroughly evaluating performance at each level of the health sector, identifying encountered problems, conducting a situation analysis, and incorporating problem-solving solutions.

The core plan for the 2017 EFY was based on the health sector's medium-term development and investment plan. The 2016 EFY plan was prepared by conducting a performance review and situation analysis. After creating an indicative plan as a starting point, it was reviewed and approved by the Ministry of Health's management and agencies, and then prepared at each level of the health sector, including the woreda level.

The national health sector core plan is compiled by aggregating plans from regions, zones, woredas, and health facilities, incorporating feedback from various lead executives' offices, agencies, and regional health bureaus of the Ministry of Health. To implement the plan the ministry of health lead executive offices and agencies as well as at all level of the health sector prepared their comprehensive plans based on the planning guide. Besides to this, alignment and reconciliation are conducted with the Ministry of Health's departments, agencies, and relevant partners.

Generally, the annual core plan for 2017 EFY includes 9 objectives, 185 performance measures, 171 strategic initiatives, and major activities as outlined in the Health Sector Medium-Term Development and Investment Plan.

CHAPTER

2



**Situation analysis
of 2016 EFY**



2. Situation analysis of 2016 EFY

EFY 2016 health sector plan was developed and has been implementing based on the HSDIP. The performance of the budget year is organized under strategic objectives, strategic initiatives and performance measures and described hereunder.

2.1. Maternal, child, and adolescent health and nutrition status

2.1.1. Reproductive health family planning and adolescent and youth health

To enhance the quality and equity of family planning services, efforts have been made to strengthen the capacity of health facilities offering these services and to increase the number of new family planning users. After identifying those facilities which were not providing family planning services, training and necessary supplies were provided for 750 health facilities to initiate comprehensive services.

Family planning services were one of the main initiatives planned for the fiscal year. Accordingly, 75% of women under the reproductive age group received the service and 14% of women received immediate post-partum family planning services.


In order to improve the health of adolescent and young people, a quick survey was conducted in selected health facilities in eight regions and two city administrations. The assessment was to identify the challenges on the motivation, attitude and skills of professionals who are providing health services to adolescents. To protect the gender-based violence, training was provided for health professionals. In order to make the health of adolescent and young people accessible, expansion of health facilities for adolescent and young adults has been done in all regions.

2.1.2. Maternal health

In 2016 EFY, 78% of pregnant women attended at least four antenatal care visits, while 27% received eight or more visits. Skilled health professionals assisted delivery was 74%, with 6% of mothers delivering via Caesarean section. Additionally, 69% of women received postpartum care within two days of delivery.

2.1.3. Neonatal and child health

During the fiscal year, 87% of infants with asphyxia were resuscitated and survived. Postnatal Kangaroo Mother Care (KMC) services were provided to 29,968 (75%) low birth weight or preterm infants. Additionally, 3,553,381 (81.7%) of children under five



years of age with pneumonia received antibiotic treatment, and 3,946,776 (25%) of children under five with diarrhea were treated with ORS and Zinc.

2.1.4. Immunization Program

With regards to immunization program, for the children under one year of age, 100% of them were received the third dose of the pentavalent vaccine, 98.7% of children received the first dose of the measles vaccine and 95% of children were fully immunized.

2.1.5. Nutrition

Monthly growth monitoring service was provided to 66% of under two years of age children and nutritional screening was conducted for 10,105,812 (64%) under five children. Additionally, 13,283,534 (90%) children received vitamin A supplements, and all pregnant mothers who visited health facilities received iron folate tablets to prevent anemia.

2.2. Improving disease prevention and control

2.2.1. Prevention and control of HIV

To prevent mother-to-child transmission of HIV and syphilis, 2,967,374 (79%) of pregnant women were tested for syphilis and 3,591,792 (97%) of pregnant and lactating mothers were tested for HIV. Treatment coverage for HIV-positive pregnant and lactating mothers was 11,637 (84%). Virologic test was done for 10,016 (73%) HIV exposed infants. 511,885 HIV-positive adults and children are receiving antiretroviral treatment. Among those tested for viral load, 96% had viral load suppression below 1,000 copies nationwide.

2.2.2. Prevention and control of TB and leprosy

Treatment coverage of all forms of TB was 142,183 (100%) and the treatment success rate who have been treated and completed their treatment was 53,102 (94%). Besides to this, 976 DR (Drug Resistant) cases were detected and started their treatment with in the fiscal year.

2.2.3. Prevention and Control of Malaria

In the 2016 EFY, a total of 2,228,079 bed nets were purchased for households needing replacements in 537 woredas. Additionally, 109,004,721 Birr was allocated for the distribution of the nets and for insecticide treatment. As a result, 1,673,485-unit structures were treated with insecticide.

2.2.4. Non-Communicable Disease

A total of 1,099,242 individuals above the age of 15 were diagnosed with high blood pressure, with 603,572 patients managing to control their high blood pressure with the reporting period. On the other hand, blood sugar level was controlled for 270,259 patients. Additionally, LEEP services for cervical cancer screening were offered in 50 hospitals, and cataract surgeries were performed for 677 individuals per 1,000,000 population.

2.3. Improve Community Ownership and Primary Health Care

2.3.1. WASH and Environmental Health

During the fiscal year, the plan was to establish 400 market-based sanitation centers, increasing the total from 551 to 951. This involved recruiting and training micro and small-scale enterprises in 400 woredas and managing the procurement process for materials necessary to launch these centers across all regions.

A significant progress was made in 7,389 kebeles, with 5,499 (31%) of them received ODF (Open Defecation Free) certificate. In the Geshero project woredas, all kebeles have been verified as ODF-free, with 36% surpassing basic ODF standards. Advocacy and awareness efforts are being intensified across all regions to ensure and sustain ODF-free status in kebeles.

Various documents including the program implementation guide, a one-year plan, and a seven-year strategic plan have been prepared for the official launch of the TSEDU-Ethiopia initiative. The implementation of the TSEDU-Health facility has commenced in two federal hospitals.

In the ONE-WASH program supported woredas, among the targeted 1,393 health facilities, water, sanitation and hygiene packages are fulfilled for 709 health facilities. Additionally, households with basic sanitation coverage increased to 32%.

2.3.2. Improving Health Extension Program and Primary Health Care

The quality and standard of the previous health posts were assessed and categorization was carried out by all regions. Accordingly, 13,402 are basic health posts, 1,955 comprehensive health posts and the rest health posts are categorized as merged with health facilities. Among those categorized to be merged, 1,572 of them started service provision based on the established criteria. To facilitate a supportive environment and functional linkage between facilities, 1,455 (37.4%) health centers have established community health units. Furthermore, 107 comprehensive health posts (CHP), have started providing comprehensive health service.

2.3.3. Health Center Service


Nationally, there are 3,879 functional health centers where 84% are implementing the revised health center reform and reporting on DHIS 2. Similarly, The Ethiopian Primary Health Care Clinical Guidelines (EPHCG) has been made accessible to most health centers, and 92% of health centers received training. The implementation of the Urban Primary Health Care Reform (Family Health Team) has been increased from 321 to 347 health centers, and the number of primary health care coalition applications for quality has also increased to 487.

In terms of strengthening surgical services in health centers, out of 430 Operation Room (OR) block built to provide basic emergency surgical services in health centers, 125 are providing the services.

2.4. Access to quality and equitable medical health services

At the national level, there was 184,649,442 outpatient visits, in which the outpatient attendant per capita reached at 1.68. In addition, the average length of stay was 4.8 days and the bed occupancy rate was 69.9%.

In order to expand specialty and sub-specialty medical services and reduce the number of citizens seeking advanced care abroad, centers for specialty services are being under development through public-private partnerships, guided by the specialty and sub-specialty road map. For example, cancer radiotherapy services have been established in Haromia, endoscopic spinal surgery and craniofacial surgery in Alert, a new stroke unit in Black Lion Hospital, and uro-gynecological surgery in Jimma. Advanced cardiac treatment services have been initiated in Alert and Jimma, along with other specialty and sub-specialty treatment services. The foundations for these services have been firmly established. Additionally, kidney transplants have resumed



after COVID-19 pandemic at St. Paul's Hospital Millennium Medical College. So far 151 kidney transplantation was made with effectiveness of 98%, of which 10 transplants successfully performed by Ethiopian doctors and health professionals, a notable achievement globally. Efforts to strengthen liver transplant services are underway, with documentation and preliminary work being conducted in collaboration with Ethiopian doctors residing in America.

Regarding the services of private health facilities, severe stroke and neurology treatment, expansion of the Arsho Advanced Diagnostic Center, new laboratory and pathology services that are not available in our country have been started at the Swiss Advanced Diagnostic Center, and the equipment installation and licensing of the Pioneer Nuclear Medicine Center are underway.

Preparations are being made to inaugurate the assistive technology strategy to expand and strengthen rehabilitation services, and the work of supporting the implementation of guidelines and evaluating the performance of 10 rehabilitation centers has been done. In addition to this, training has been provided to experts from hospitals and rehabilitation centers to integrate and connect 12 selected rehabilitation centers and hospitals with the rehabilitation service delivery reporting system.

A bid document was prepared and selection process is underway for availing laboratory, pathology and imaging medical services through public-private partnership based on assessment findings conducted in Addis Ababa city administration.

In order to improve and strengthen the quality of medical oxygen access and service, by preparing the first draft document of the Ethiopian Medical Oxygen Roadmap II, with the support received from partner organizations, financing policy statement and draft of university hospitals to enable medical oxygen plants purchased by universities and regional hospitals and oxygen plants that are producing implanted oxygen to continue their work. Preparation of guidelines is in progress.

In terms of improving the quality of health services and fair access, the implementation of SBFR pilot reform is being implemented in selected 38 hospitals, and the quality of service delivery; safety; A reduction in mortality and changes in customer satisfaction have been achieved.

2.4.1. Blood and Tissue Bank services

Concerning to the blood donation, out of the planned 427,526 units of blood for the fiscal year, 347,996 units were collected. Approximately 61% of the voluntary blood donors were new, and 52,585 ml (15%) of the collected blood was converted into blood products, fulfill 85% needs of health facilities.

2.5. Public Health Emergency and Response

2.5.1. Measles outbreak


In the Ethiopian fiscal year 2016, measles outbreaks were reported in 413 woredas, resulting in 52,861 cases and 394 deaths. Outbreaks were managed in 355 Woreda/ districts, but by the end of the year, 58 woredas still faced ongoing outbreaks.

In response, a measles vaccination campaign was conducted in 58 woredas across Gambella, Sidama, southern Ethiopia, and the Amhara Region. Additionally, 347 experts from Tigray, Southwest, Sidama, Amhara, Central Ethiopia, and Gambella regions received capacity-building training to enhance outbreak response efforts. Similar to cholera, the number of suspected measles cases has shown an increasing trend over the past four years. To address the recurring outbreaks, a root cause analysis was conducted in seven regions, and the findings were shared with stakeholders.

2.6. Health System Capacity and Regulation

2.6.1. Health infrastructure

At federal level three major projects with government approved budgets have been initiated. The construction of the nine-floor modern research and laboratory center (2B+G+6) at Armauer Hansen is nearly completed except few finishing works remained that needs imported materials. The construction progress of eleven-floor Alert Trauma Hospital (2B+G+8), that can accommodate up to 500 patients, has increased from 45% to 50%. The fifteen-floor modern residential building (2B+G+12) in the Mekanisa compound has progressed from 23% to 39%. Additionally, an eleven-floor dermatologic and plastic surgery center with 500 beds is under construction at Alert Hospital. Plans for a ten-floor emergency medical general hospital and a ten-floor radiology center at St. Peter's Hospital in the Lebu area are underway, with the bidding process completed and contracts being prepared.



The construction of a ten-floor center of excellence for food and drug quality assurance in Addis Ababa is at 50%. The eleven-floor building for the Ethiopian Pharmaceutical Supplies Service's vaccine refrigeration and related services is 73% performed, and the Ethiopian Public Health Institute's eleven-floor Bio Bank and PT panel building is at 28%. In the same region, three-floor modern laboratories, which will serve neighboring countries, are under construction with the performance status of 62%, on average.

Despite budget constraints and security issues, access to clean water has been provided to 70 health centers, with 69% coverage in the current fiscal year. All necessary arrangements and budgets are secured to install solar power for 700 health centers in the next two years, and this will increase the coverage of health centers with electricity to 90%.

2.6.2. Health Information and Research

Woreda Based Plan preparation

Planning experts from all regions received training, technical, and financial support provided to the regions to develop a Woreda-Based Plan for the sector and prepare the 2016 EFY plan. Consequently, the regions have made the necessary preparations and prepared their plans for their respective Woredas and health facilities.

Survey and Research related activities

In the fiscal year, the Ethiopian Public Health Institute and Armauer Hansen Research Institute prepared various analysis reports and a technical report for 26 research projects. Approximately 110 research findings from both institutions have been published as scientific articles in renowned journals.

The baseline study for the National Food and Nutrition Strategy has been completed and results have been disseminated. Additionally, an in-depth data analysis report has been prepared for the National level Service Provision Assessment (SPA) study.

Strengthening the monitoring and evaluation system

The report from the ministry executive's office, regions, and agencies was evaluated, monitored, and feedback was provided on performance reports. With regard to HMIS report, annual report timeliness was 57% and the completeness was 85%.

Concerning birth and death notification, cause of death study has been conducted for approximately 2000 deaths and data was analyzed by gender and age. Birth notification has reached 2,344,513 (89%), while death notification stands only at 29,255 (4%).

The number of health posts that started household registration using e-CHIS has increased from 6,659 to 7,425. So far 6,067,806 household and 25,000,000 household members have been registered. Additionally, 1,853 health posts have started service provision using e-CHIS.

2.6.3 Strengthening Digital Health

Digital technology plays a crucial role to deliver integrated and quality health services and support evidence-based decision-making. Accordingly, a comprehensive human resource information system (iHRIS) has been implemented across all regions after training and testing was done. Data entry accounts were created for all regions to facilitate the deployment. Training on iHRIS was provided for 65 program experts, human resource experts, and technical support staff from the Ministry and 12 regions. Regions have started data entry, and support and follow up activities are being provided for the regions.

Regarding Master Facility Registry (MFR), all public, private, and NGO-health facilities under regional health bureaus have been registered and updated. The DHIS 2 information system has been fully implemented, with necessary updates made after repeated testing by federal and regional experts. Training has been provided, and currently, 85% of government health facilities and 35% of private health facilities are reporting using the DHIS2 software.

Similarly, Woreda planning software has been developed and training provided to regions and the regions used the software to develop EFY 2017 plan. The integration of the planning software with DHIS 2 is underway. A Woreda transformation and HIV/AIDS dashboards have been created using DHIS2 and made operational. Additionally, COVID-19/Antigen RDT tracker has been customized, tested and implemented.

The Electronic Medical Record System (EMR) has been scaled up where it was fully implemented in 8 hospitals and partially in 40 hospitals and 18 health centers.

2.6.4. Strengthen Regulatory Systems

Strengthening food safety control

During the fiscal year, 94 food supplements, 14 baby foods (including neonatal), and various other food types were registered. Additionally, 438 marketing licenses and 2,590 notifications were issued. Certification was granted to 121 manufacturers and 953 importers and distributors among new food-related institutions. Post-licensing inspections were carried out on 576 food manufacturers and 1,207 importers and distributors. Furthermore, 628 food-related institutions were granted to implement internal quality management system (IQMS)


To combat illegal food trade and spoilage, 12 market inspections were conducted and 6 information-based monitoring operations was made where administrative measure taken place on 48 institutions. Consignment tests done on 46 imported food items revealed that 1041(86.4%) samples met national standards, while 4 failed and were denied entry. Post-market surveillance (PMS) was conducted on 9 food items, including water treatment chemicals, candy, bottled water, bottled juice, table salt, peanut samples, pasteurized milk, yogurt, and milk. Out of 369 PMS samples, 55 (14.9%) met national standards, and 450 were removed from the market for failing to meet standards. A total of 1974 tons of food products worth 98,276,780 birr, deemed unfit for human consumption, were banned from the market.

Regulation of medicinal products

New market licenses have been granted for 776 drugs, shipping tests on imported drugs were conducted, and certificates of qualification to newly established pharmaceutical institutions were issued. Post-licensing audit of drug manufacturers, importers, distributors, and small pharmaceutical manufacturing facilities were also conducted.

During the fiscal year, medicines worth 68.5 billion birr and medicinal raw materials worth 126.76 million birrs were approved for import after quality and safety checks. Additionally, medicines and medical products worth 42.5 million birr, deemed unsuitable for human use, were confiscated for various reasons.

To ensure the quality of medical device registration and licensing, the Authority planned to issue 850 new marketing authorizations for non-in-vitro diagnostic (NIVD) devices and 720 for in-vitro diagnostic (IVD) devices. However, 663 (78%) and 384(53%) licenses were issued, respectively.



In the fiscal year, microbiological tests were conducted for 10 types of medical devices. Although the target was to test 150 condoms for quality, 226 (>100%) were tested and 32(14.2%) does not meet the national standard. Similarly, out of the planned 300 gloves, 281 (94%) were tested, with 202 (67%) meeting the national standard and 9(4.5%) failing and being seized. At entry checkpoints, medical devices worth an estimated 22.2 billion birrs were inspected and allowed into the country after passing quality control.

Control of cosmetics and tobacco and tobacco products

About 276(58%) notifications were issued to ensure imported products do not contain banned substances and that are present within permitted levels. Qualification certificates were granted to 150 newly established cosmetics manufacturers, importers, and distributors. Pre-licensing activities were conducted based on applicants' needs. To control tobacco smoking, among planned 63,750 public places, inspection was done in 58,447 (92%) places, where all of the visited place was smoke-free. Moreover, Addis Ababa Smoke Free Initiative was launched to further strengthen tobacco control and TWG established to coordinate the effort that involved all relevant stakeholders.

Regulation of health institutions and health professionals

Nationally, 41% of the health facilities fulfilled the national standards. Aiming to enhance the control of health facilities, 57 federal institutions were planned to be inspected and inspection was done for 58(>100%) federal institutions. In total, 218 facilities, including higher education institutions, prisons, hotels, refugee camps, and food and beverage service facilities at international airports, were inspected for hygiene and environmental health care.

During the budget year, two new blueprints were developed for the nursing and pharmacy professions, and 13 blueprints were revised for selected professions. Additionally, two OSCEs were prepared for dentistry and anesthesiology, an exam was prepared for seven professions, and a competency assessment was conducted. Examinations were held in four rounds, and computer-based licensing examinations were initiated. Diasporas (Ethiopian and Ethiopian Born) health professionals were licensed.

2.7. Pharmaceutical and Medical device Management and Production

2.7.1. Pharmaceuticals and Medical Devices

Concerning with the availability of pharmaceutical and medical device, currently the availability of life-saving and basic drugs in averages is 83%, while program-specific drug availability is at 94%. The availability basic drug in health posts is 66%, and in health centers reached at 75%. During the fiscal year, pharmaceutical supplies worth 34.8 billion birr were provided through procurement and in-kind. Of this, supplies worth 7.9 billion birrs were purchased from the regular budget and health program and stored in warehouses, while 994 million birrs was obtained with support from various partner organizations. Medicines, reagents and medical equipment worth 29.2 billion birr were distributed to health facilities.

2.7.2. Improve Health Financing

A total of 541.6 million US dollars was planned to collect from development and partner organizations and 291.3(53.8%) million USD has been collected. The Ministry of Finance is managing world bank supported 15 million dollars medical equipment purchasing for the restoration of conflict-affected health facilities and the Bid process is underway. Additionally, 359,000 dollars from Big Win will be used to enhance health services for people displaced by the conflict.

Efforts are underway to expand the number of Woredas implementing Community-Based Health Insurance (CBHI), enforce the approved CBHI proclamation from the last fiscal year, and increase beneficiary coverage by coordinating relevant stakeholders. These efforts aim to improve health facility services by strengthening the coordination system of regional health bureaus. There is also an ongoing activity to launch a social health insurance system.

CHAPTER

3



**Strengths, weaknesses,
opportunities, and
threats Analysis**

3. Strengths, weaknesses, opportunities, and threats Analysis

The preparation of the health sector’s annual plan requires an analysis of strengths, weaknesses, opportunities, and threats. The primary goal of this Analysis is to thoroughly identify and clarify the issues that could impact the health system performances. This involves reviewing both internal (strengths and weaknesses) and external (opportunities and threats) factors in a structured manner.

Table 1: Analysis of Strengths, Weaknesses, Opportunities, and Threats

Strengths	Weakness
<ul style="list-style-type: none"> • Steps have been taken to streamline the drug supply process through various procurement mechanisms. • The focus is being placed on health support for displaced individuals nationwide by collaborating with relevant stakeholders. • Collaborating with regional states to enhance health institutions’ budgets, allowing for necessary adjustments. • Partnering with the Ministry of Finance and the National Bank of Ethiopia to improve the availability of raw materials, enable local manufacturers to produce efficiently through facilitating priority access to dollar exchange. • Working closely with stakeholders to provide support and oversight at the central, regional, and zonal levels in response to man-made and natural disasters, including security issues, the COVID-19 pandemic, and drought. • Efforts are underway to rehabilitate displaced communities and restore damaged health facilities in various regions. • Supporting the development of an integrated system to prevent and manage the COVID-19 pandemic and other public health emergencies. • Conducting thorough inspections of imported food and medicines to ensure that substandard products are eliminated. • Coordinated to finalize the restructuring of the Ministry’s Organogram with the relevant organization. 	<ul style="list-style-type: none"> • Insufficient medical resources, including drugs and medical equipment, to meet institutional needs. • Budget constraints affecting all regions. • Availability of unemployed health professionals. • Inadequate and inconsistent incentives for professionals across different regions. • Challenges in maintaining well-organized and timely access to information. • Limitations in the system for managing quality data and utilizing information effectively. • Limitations in recruiting required number of physicians and other healthcare professionals • Delays in the procurement process, with resources not being made available on time, and inefficiencies in the government drug procurement system. • Significant health issues among the population due to instability and epidemics in various parts of the country.

Strengths	Weakness
<ul style="list-style-type: none"> • Continuous efforts to ensure the provision of equitable and high-quality healthcare services. • Preparing proposals to address health issues caused by various factors, securing funding, and distributing solutions to regional areas. • In Amhara, Oromia, Tigray, and Benishangul-Gumuz, efforts are being made to distribute medical supplies to health facilities affected by conflict • Working to provide essential resources to alleviate health challenges faced by people displaced due to human-caused events. 	<ul style="list-style-type: none"> • Inadequate control over substandard food products from factories. • Insufficient water and electricity supply coverage in health facilities

Opportunities	Threats
<ul style="list-style-type: none"> • The Government's committed to adherence to international agreements, with a strong focus on achieving the Sustainable Development Goals (SDGs). • Strong donor commitment to supporting health programs. • Robust political will to empower women in leadership roles. • Active involvement in the Primary Health Care/ Universal Health Coverage (UHC) movement. • Community and multi-sectoral participation in health service delivery activities. • Global support for building a disaster-responsive and resilient health system. • Growing community demand for higher quality healthcare services. • Increasing government commitment to fostering public-private partnerships. • Expansion of health professional training institutions and programs, both public and private. • Enhanced educational enrollment, with a particular emphasis on improving female student participation. • Improved access to diverse communication methods and social media platforms. 	<ul style="list-style-type: none"> • Suppliers of medicines and medical equipment are hesitant to provide them at agreed prices due to global challenges. • Market inflation affecting construction materials, alongside cement shortages and contractors' limited capacity. • Shifting priorities of donor organizations leading to reduced financial support. • Lack of public awareness about health and the health system. • Unhealthy lifestyles, harmful habits, and rising incidences of health-related issues. • Increased occurrence of both man-made and natural disasters. • Limited multisectoral collaboration • Inadequate infrastructure, including roads, water, ICT, and electricity. • Unregulated urban and industrial expansion. • Insufficient incentives for private sector investment.

Opportunities	Threats
<ul style="list-style-type: none"> • National coordination and collaboration in emergency response management. • Government prioritization of exit and qualification tests for health professionals. • Active participation of professional associations and stakeholders in improving education quality and continuous professional development. • Advancements in new and innovative digital health technologies. • Government commitment to expanding digitalization across the country. • Growth in the number of pharmaceutical manufacturing facilities within the country. • Increasing demand for public relations and communication within various departments and organizations. • Media dedication to health reporting and education, viewing health as a social responsibility. 	<ul style="list-style-type: none"> • Effects of climate change and rising temperatures. • Weak border control over illegal food and drug products. • Data privacy and security concerns, with heightened risks of cyberattacks and unauthorized data access.

3.1. Stakeholder Analysis

Stakeholders play key roles in the health sectors and hence, understanding the need of stakeholders is critical for the success of the health sector annual plan. Table 2 below shows the analysis of stakeholders need when the EFY 2017 annual plan is implemented in the health sector.

Table 2: Stakeholder Analysis

Stakeholder	Expected characteristics	Needs	Challenges	Institutional response
Community	Active participation and inclusion	Access to quality health services	Dissatisfaction and public compliant	Sustainable community involvement and inclusion
	Ownership of Health services, utilizing skills and services	Access to health information	Lack of trust in health system	Ensure Accountability and Transparency
	Utilization of health insurances	Accountability	Interruption of health insurance utilization	Implementation of public compliant monitoring and response system
	Healthy living style	Decision making role and respectful care	Low utilization of health services	Ensure professional ethics and good governance
House of people representatives, Prime minister office, House of ministers, regional government	Approving policies, proclamations, etc.	Implementing policies, proclamations, etc.	Lack of trust and interest in timely approval of Policies	Implement a robust performance monitoring, evaluation and reporting system
	Ensure need-based allocations financial resources	Public satisfaction and trust, effective and integrated care	Frequent change of leadership	Ensure Accountability and Transparency
	Implementing health policy, strategies and plans	Public accountability and transparency	Minimal allocation of budget	Accelerating the implementation of multi-sectoral participation
Minister offices have related roles (Ministry of water and energy, Ministry of Finance, Ministry of Labor and skill, Ministry of Women and Social affairs, Ministry of Agriculture. etc	Support and invest for the implementation of health in policies and strategies	Improved and fast services	Lack of interest in active participation and contribution	Cooperation
		Providing comprehensive, quality and equity health services	Lack of consistency in joint leadership and coordination	Transparency
	Improve multi-sectoral participation and contribution	Access better public trust and satisfaction	Unable to identify activities need to be accomplished in cooperative efforts	Advocacy

Health education institution	Produce equipped, competent and versatile health professionals	A regular participatory platform created for health education institution	Poor training curriculum preparation and implementation	Creating a common platform for cooperation and participation
	A training curriculum aligned with the needs of the Health system	A system that ensure transparency and accountability	Production of incompetent health management	Implementation of transparency and accountability strategies
	Supporting health through innovation and technology		Lack of interest in collaboration	Implementing performance-based incentive and recognition program
Development partners	Support to ensure aligned and organized plan implementation		Accountability and transparent financial system	Misunderstanding among parties
	Material, financial and technical support	High transaction cost		Transparency
		Participate in planning, implementation, monitoring and evaluation	Efficient utilization and reduction of task overlapping	Building for efficient resource utilization and financial resource management
Civic and professional associations	Coordinated engagement in resource and technical support	Participate in planning, implementation, monitoring and evaluation	Dissatisfaction	Transparency, Promotion
	Participate in licensing and accreditation		Misunderstanding among parties	Capacity building
	Encouraging the code of professional conduct		Non-participation and self-isolation	Financial support
Diaspora and profit oriented private sectors	Quality care	Creating an enabling environment for participation	Uncertainty and rent seeking	Transparency
	Customer oriented skill and technology transition			Accountability
				Discussion
Civil servants	Commitment	Comfortable situation	Dissatisfaction	Motivation
	Participation	Transparency	Inefficiency	Participation
	Regular professional licensing	Motivation and capacity building	Staff turnover	

CHAPTER

4



Assumption of the plan



4. Assumption of the plan

4.1. Vision:

Aspire to see healthy, productive and prosperous society.

4.2. Mission:

To promote the health and well-being of the society through providing and regulating a comprehensive package of health services of the highest possible quality in an equitable manner.

4.3. Core Values:

- ☞ Consistency/unity, loyalty, honesty
- ☞ Transparency, accountability and confidentiality
- ☞ Impartiality
- ☞ Respect the law
- ☞ Roll model
- ☞ Cooperativeness
- ☞ Professionalism
- ☞ Change/Innovation
- ☞ Compassionate

CHAPTER

5



Goal

The overall goal of the plan is to improve the health status of the population through accelerating progress towards UHC, protecting people from health emergencies, transforming woredas, and improving health system responsiveness that will all further contribute to sustainable economic development.



CHAPTER

6



Objective

The objectives of this plan outline the key results that this plan intends to achieve. They serve as clear indicators of high -impact interventions and programs to advance the overall goal. It comprises nine strategic objectives that encompass various programs, services, initiatives, and main activities, all contributing to the realization of the intended goal.

CHAPTER

7



**Objectives, Targets and
Strategic Initiatives**



7. Objectives, Targets and Strategic Initiatives

7.1. Improve maternal, child and adolescent health and nutrition

7.1.1. Reproductive Family Planning and adolescent and Youth Health Services

Targets:

- Increase Contraceptive acceptance rate (CAR) from 75% to 84%
- Increase the coverage of long-acting family planning services from 23% to 36%
- Increase the proportion of immediate postpartum family planning service from 14% to 30%
- Increase safe abortion service coverage from 7% to 7.4%;
- Reduction teenage pregnancy rate from 12% to 9%.

Strategic initiative main activities

• Strengthen the quality and equity of family planning services

- Strengthen and expand access to equitable quality and comprehensive family planning services based on the Family Planning quality standard guideline;
- Provide equitable and quality immediate postpartum family planning services in health facilities that have high-volume of delivery services;
- Integrate family planning services in Mobile Health and Nutrition Team to create access to population segment that are deprived of the service due to natural and man-made reasons.
- Initiate post-abortion family planning service in selected health facilities that do not provide the service.

• Strengthen and expand user friendly health service facilities for adolescent and youth

- Expand the 'Smart start' model /RISE/
- Provide life skills training to students in regions where there is a high rate of teenage pregnancy;
- Support the implementation of Medium Health Service Package (MSP) in industrial parks, flower farms, mega projects and similar workplaces.

- **Strengthen and expand access to equitable, quality and safe abortion services;**
 - Initiate the safe abortion services in health facilities that do not start to provide the service;
 - Provide capacity building training for health professionals and staff in health facilities that provide safe abortion services;

Figure 1: Contraceptive Acceptance Rate

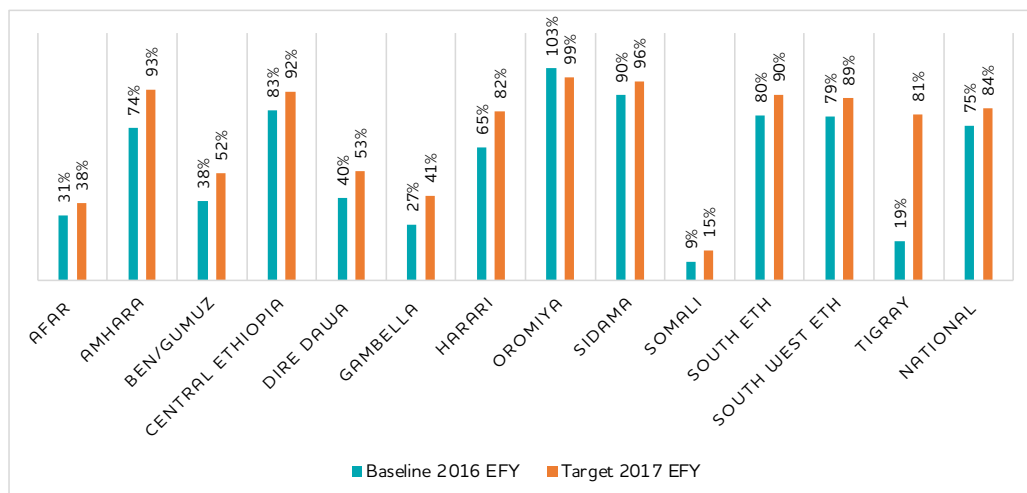


Figure 2: long Acting Family Planning

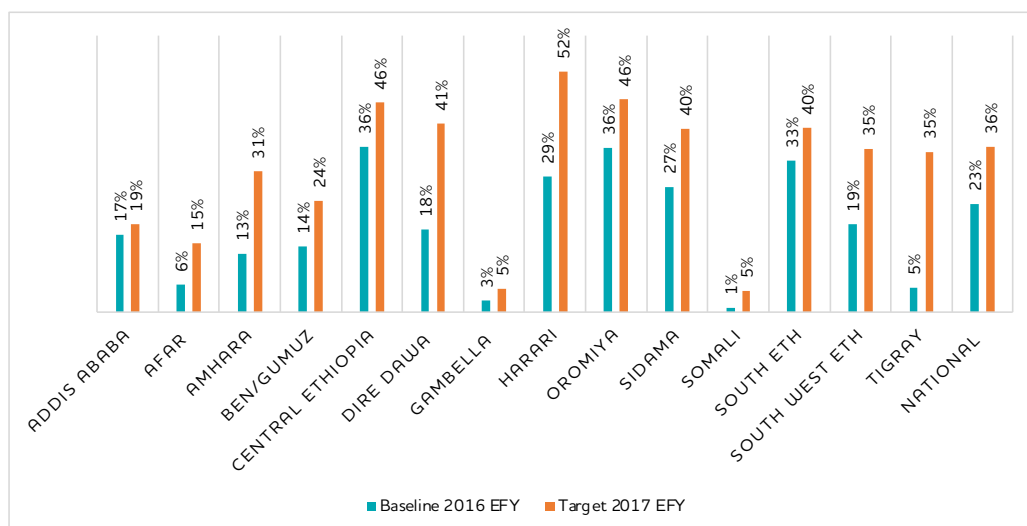


Table 3: Long CAR & Long Acting Family Planning

Indicator	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Contraceptive Acceptance Rate (CAR)															
Eligible	1,325,870	433,135	4,827,860	269,783	1,306,588	141,832	129,573	68,011	8,157,834	964,897	1,370,648	1,567,818	699,305	1,221,061	22,484,215
Eligible -CAR	1,325,870	433,135	4,827,860	269,783	1,306,588	141,832	129,573	68,011	8,157,834	964,897	1,370,648	1,567,818	699,305	1,221,061	22,484,215
Baseline # 2016 EFY	455,559	132,765	3,524,183	101,005	1,055,380	55,137	34,332	43,142	8,128,305	847,171	126,077	1,223,639	542,624	232,994	-
Baseline % 2016 EFY	35%	31%	74%	38%	83%	40%	27%	65%	103%	90%	9%	80%	79%	19%	75%
Target 2017 EFY	464,055	163,292	4,465,771	140,557	1,198,141	75,597	53,255	55,905	8,035,466	929,196	200,115	1,411,036	618,885	984,175	18,795,444
Target 2017 EFY	35%	38%	93%	52%	92%	53%	41%	82%	99%	96%	15%	90%	89%	81%	84%
Long Acting Family Planning															
Eligible	1,325,870	433,135	4,827,860	269,783	1,306,588	141,832	129,573	68,011	8,157,834	964,897	1,370,648	1,567,818	699,305	1,221,061	22,484,215
Baseline # 2016 EFY	216,454	17,486	595,896	36,129	455,940	24,717	3,259	19,601	2,766,879	254,608	11,008	504,574	129,803	63,413	5,073,345
Baseline % 2016 EFY	17%	6%	13%	14%	36%	18%	3%	29%	36%	27%	1%	33%	19%	5%	23%
Target 2017 EFY	253,241	64,537	1,472,497	65,018	594,498	58,151	6,479	35,502	3,768,919	384,029	63,050	627,127	247,554	422,487	8,063,089
Target 2017 EFY	19%	15%	31%	24%	46%	41%	5%	52%	46%	40%	5%	40%	35%	35%	36%

7.1.2. Maternal health services

Targets:

- Increase the Proportion of pregnant woman who received early antenatal first contact < 12 weeks from 25.6% to 40%;
- Increase the Proportion of pregnant women who received antenatal care four contacts or more from 78% to 85%;
- Increase the Proportion of pregnant women who received antenatal care eight contacts or more from 27% to 45%;
- Increase Proportion of deliveries attended by skilled health personnel from 74% to 85%;
- Increase percentage of women who received uterotonics in the first one minute after delivery from 94% to 99%
- Increase Cesarean Section Rate from 6% to 8%.
- Increase early Postnatal Care coverage, within 2 days from 69% to 92%;
- Reduction of stillbirth rate from 10 to 8 per 1000 births

Strategic initiatives and main activities

- **Introduce and strengthen preconception care (PCC)**
 - Advocate preconception care guideline
 - Expand the health facilities that provide preconception care
- **Strengthen access to quality antenatal care, delivery and postnatal services**
 - Expand health facilities that provide ultrasound services to all pregnant women before 24 weeks of pregnancy;
 - Support the expansion of maternity waiting room and strengthen their utilization in health facilities;
 - Expand the basic emergency labor Maternity and Infant Services BEmONC and General Emergency Obstetrics Care (CEmONC)
 - Monitor the maternal and infant mortality survey and response system
 - Introduce reimbursement of exempted services for maternal, newborn, and child health services in collaboration with stakeholders

- **Improve prevention and management of obstetric fistula and pelvic organ prolapse**

- Advocate and conduct community mobilization to create awareness about obstetric fistula and uterine prolapse problems
- Monitor the screening, early identification, and management of obstetric fistulas and pelvic organ prolapse
- Provide technical support to health facilities that provide obstetric fistula and pelvic prolapse treatment

Figure 3: ANC coverage – First Contact (< 12 Weeks)

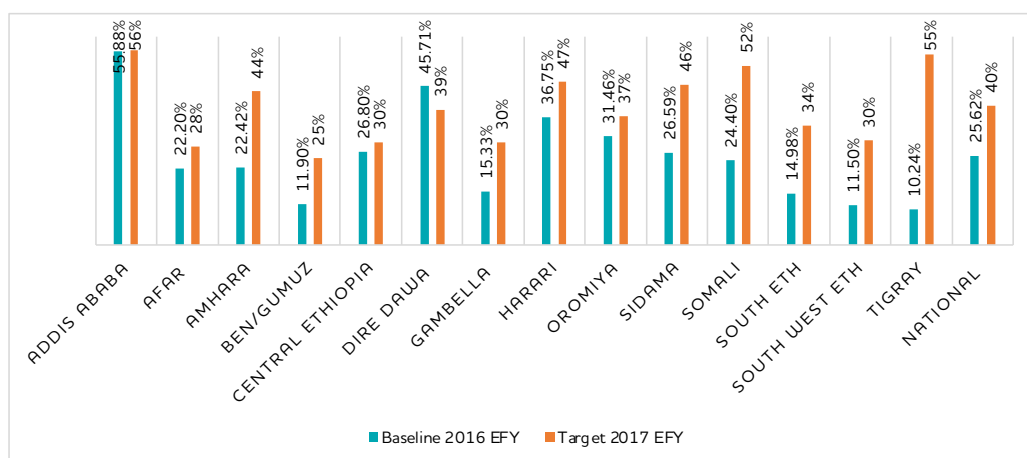


Figure 4: ANC coverage – Four Contact

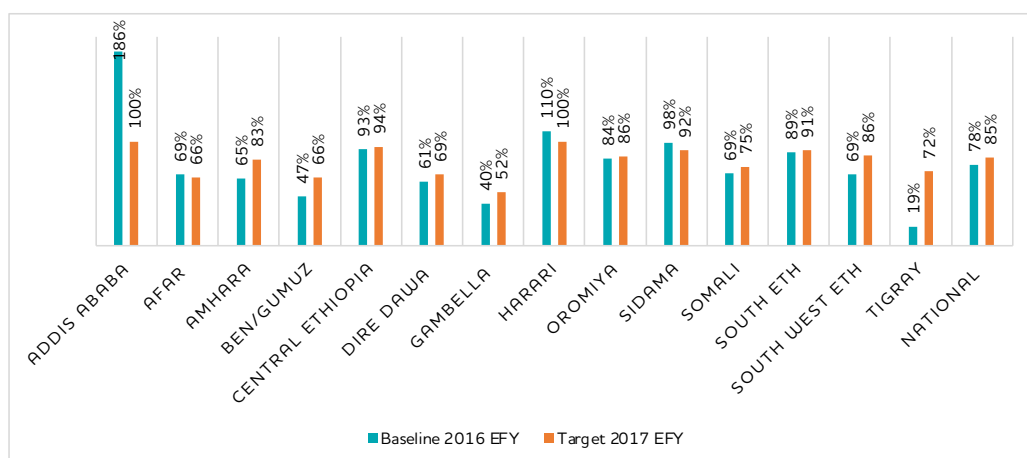


Table 4: ANC follow up, skilled delivery & early PNC

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Antenatal Care (ANC) coverage – Four contact															
Eligible	94,412	63,120	812,610	44,312	230,963	18,601	16,901	9,167	1,535,076	170,563	222,643	277,140	123,615	206,548	3,825,671
Baseline 2016 EFY #	174,657	41,871	513,083	20,313	205,708	11,130	6,570	9,817	1,228,814	161,402	146,858	238,440	81,980	3,674	2,842,786
Baseline 2016 EFY %	186%	69%	65%	47%	93%	61%	40%	110%	84%	98%	69%	89%	69%	19%	78%
Target 2017 EFY #	94,412	41,470	672,028	29,069	218,029	12,816	8,772	9,167	1,315,560	156,747	167,428	252,752	106,556	148,508	3,233,314
Target 2017 EFY %	100%	66%	83%	66%	94%	69%	52%	100%	86%	92%	75%	91%	86%	72%	85%
Skilled delivery attendance															
Eligible	94,412	63,120	812,610	44,312	230,963	18,601	16,901	9,167	1,535,076	170,563	222,643	277,140	123,615	206,548	3,825,671
Baseline 2016 EFY #	165,681	22,319	455,347	19,673	198,713	13,022	7,234	11,888	1,250,597	134,638	110,608	219,732	64,002	108,161	2,736,548
Baseline 2016 EFY %	177%	37%	57%	45%	89%	71%	44%	133%	85%	82%	51%	82%	54%	52%	74%
Target 2017 EFY #	94,412	37,746	659,839	28,714	215,026	12,909	8,214	9,167	1,353,937	157,600	151,843	256,077	96,172	165,032	3,246,687
Target 2017 EFY %	100%	60%	81%	65%	93%	69%	49%	100%	88%	92%	68%	92%	78%	80%	85%
Early PNC Coverage within 2 days															
Eligible	94,412	63,120	812,610	44,312	230,963	18,601	16,901	9,167	1,535,076	170,563	222,643	277,140	123,615	206,548	3,825,671
Baseline 2016 EFY #	121,588	20,028	448,875	19,848	154,299	9,537	7,286	10,653	1,230,350	130,783	100,271	184,907	69,792	93,495	2,562,756
Baseline 2016 EFY %	130%	33%	57%	46%	69%	52%	44%	119%	84%	80%	47%	69%	59%	46%	69%
Target 2017 EFY #	93,716	37,470	698,647	30,664	195,343	15,488	7,911	8,938	1,466,771	164,303	147,148	244,811	100,740	186,249	3,398,198
Target 2017 EFY %	100%	62%	88%	71%	88%	85%	48%	100%	100%	100%	68%	92%	85%	91%	92%

7.1.3. Improve neonatal and child health service

Targets:

- Increase proportion of asphyxiated newborns resuscitated by Ambo bag and Mask and surviving from 87% to 924%
- Increase the recovery rate of Neonate admitted and treated in Neonatal intensive care unit from 75% to 77%.
- Increase the Proportion of newborns with neonatal sepsis/Very Sever Disease (VSD) who received treatment from 32% to 39%;
- Increase proportion of under five children with pneumonia who received antibiotics from 81.7% to 88%;
- Increase proportion of under five children with diarrhea who were treated with ORS and Zinc from 25% to 58%.

Strategic initiatives and main activities

- **Strengthen and expand facility-based quality newborn and child health services**
 - Expand and strengthen health services for low birth weight and preterm newborns, including Kangaroo Mother Care (KMC)
 - Improve access to quality essential neonatal care (ENC) services
 - Improve access to advanced neonatal intensive care (NICU) services
 - Improve access to quality Integrated management of Neonatal and child illness (IMNCI) services
 - Improve neonatal health services in hospitals by implementing a clinical mentorship program
- **Strengthen and expand Integrated community-based management neonatal and child illness /iCMNCI/**
 - Expand integrated community-based management of neonatal and child illness services to pastoral communities
 - Enhance maternal, child and youth health services access to communities in need of humanitarian assistance

- **Expand and strengthen of early childhood development (ECD) program**

- Strengthen and expand Early Childhood Development (ECD) services by integrating with Reproductive Health Systemic and Nutrition Health Services / RMNCAHN/ programs
- Expand early learning and stimulation play areas (Play corner) in health institutions
- Prepare various social movement platforms to promote the early childhood development program

Figure 5: Children with Diarrhea who are treated by both ORS and Zinc

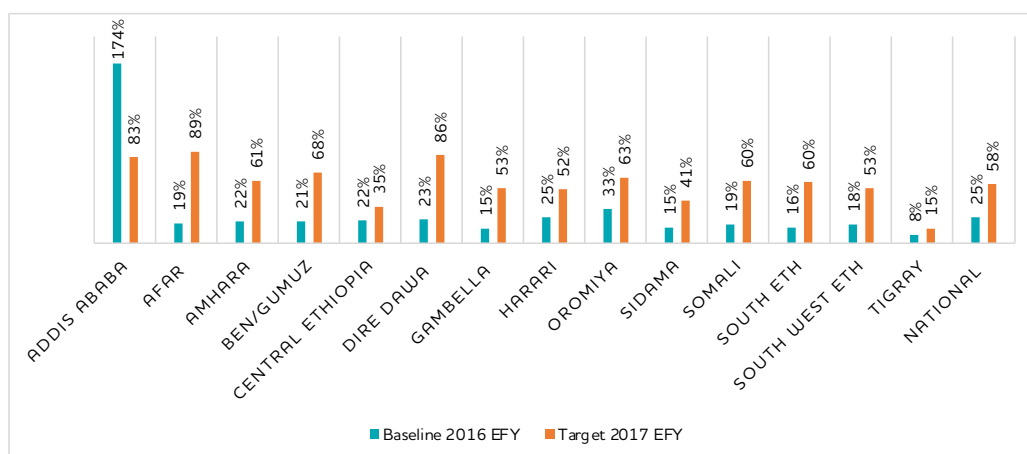


Figure 6: Asphyxiated neonates who are resuscitated

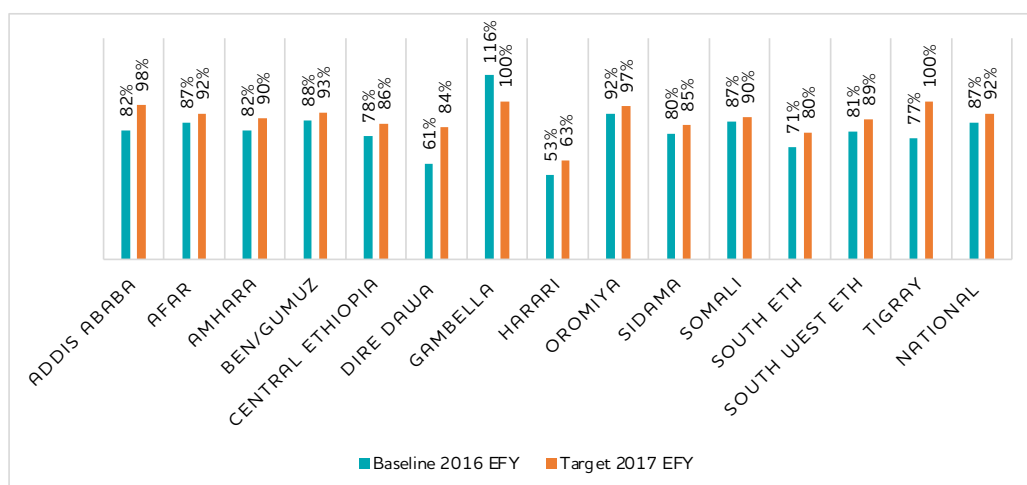
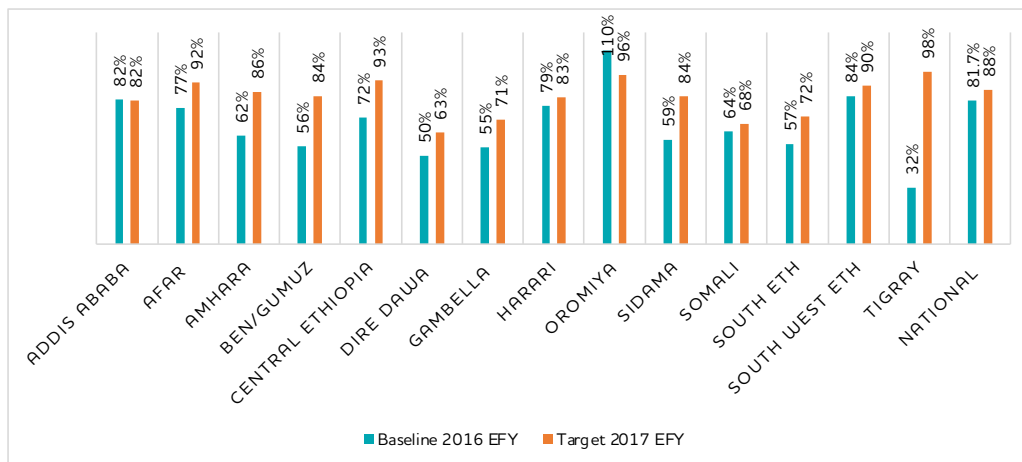


Figure 7: Under- five children with pneumonia received antibiotics treatment



7.1.4. Immunization service

Target

- Maintain pentavalent three vaccination coverage 100%
- Maintain Rota virus vaccination coverage at 100%
- Increase measles one vaccination coverage from 98.7% to 99.1%
- Increase fully vaccinated children coverage from 95% to 98%
- Maintain proportion of cervical cancer vaccine coverage (HPV) at 100%



Strategic initiatives and main activities

- **Improve access to quality and equitable routine vaccination**
 - Expand quality static vaccination services in g health facilities.
 - Ensure access to vaccination by identifying zero-dose and defaulters in routine vaccination program
 - Expand and strengthen vaccination services in private health facilities
 - Support and monitor the implementation of integrated covid 19 vaccinations with routine vaccinations and other basic health services
- **Introduce and expand new vaccines into the routine vaccination program**
 - Introduce Malaria, yellow fever and measles of the 5-dose and expand hepatitis vaccine given to children at birth
 - Provide HPV to girls aged 9-14 years (MAC) in the form of campaign
- **Improve and strengthen the vaccine supply chain**
 - Improve planning, forecasting, management and distribution of immunization service inputs and Cold Chain Equipment (CCE)

Table 5: Immunization

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Pentavalent third dose immunization coverage (<1 year)															
Eligible	90,307	58,767	740,909	40,402	211,166	17,438	15,774	8,575	1,403,498	155,943	201,771	253,385	113,019	194,398	3,505,352
Baseline 2016 EFY #	151,644	53,387	685,504	31,378	220,578	14,236	14,964	9,780	1,588,208	159,551	202,285	254,786	101,818	126,321	3,561,806
Baseline 2016 EFY %	169%	94%	93%	81%	108%	83%	99%	117%	117%	105%	101%	104%	93%	65%	104%
Target 2017 EFY #	90,307	57,063	737,205	38,584	211,166	15,102	15,269	8,575	1,403,498	155,943	201,771	253,385	112,567	193,815	3,494,249
Target 2017 EFY %	100%	97%	100%	96%	100%	87%	97%	100%	100%	100%	100%	100%	100%	100%	100%
Measles (MCV1) immunization coverage (< 1year)															
Eligible	90,307	58,767	740,909	40,402	211,166	17,438	15,774	8,575	1,403,498	155,943	201,771	253,385	113,019	194,398	3,505,352
Baseline 2016 EFY #	151,677	47,489	657,648	30,807	214,844	12,973	14,410	9,097	1,504,569	155,848	179,554	243,999	102,468	91,663	3,378,853
Baseline 2016 EFY %	169%	83%	90%	79%	105%	76%	95%	109%	111%	103%	90%	99%	93%	47%	98.7%
Target 2017 EFY #	90,307	56,593	740,909	38,382	209,054	16,566	14,954	8,575	1,397,884	155,787	191,682	249,584	111,663	190,510	3,472,450
Target 2017 EFY %	100%	96%	100%	95%	99%	95%	95%	100%	100%	100%	95%	99%	99%	98%	99.1%
Full immunization coverage (< 1 year)															
Eligible	90,307	58,767	740,909	40,402	211,166	17,438	15,774	8,575	1,403,498	155,943	201,771	253,385	113,019	194,398	3,505,352
Baseline 2016 EFY #	150,397	39,895	648,154	28,199	208,871	12,774	11,700	9,161	1,462,576	152,642	149,764	233,796	93,667	81,117	3,248,914
Baseline 2016 EFY %	167%	70%	88%	72%	102%	75%	77%	110%	108%	101%	75%	95%	85%	42%	95%
Target 2017 EFY #	90,307	55,594	732,759	36,645	209,054	13,951	14,812	8,575	1,395,077	155,787	178,163	246,037	109,402	193,037	3,439,200
Target 2017 EFY %	100%	95%	99%	91%	99%	80%	94%	100%	99%	100%	88%	97%	97%	99%	98%

7.2. Nutrition Services

Nutrition service

Target

- Increase proportion of children 6-59 months who received two doses of vitamin A supplementation from 90% to 94%
- Increase the proportion of children aged 24-59 months who received anti-worms twice from 89% to 95%
- Increase proportion of children participated in Growth Monitoring and Promotion (GMP) for 0-24 months from 66% to 87%
- Reduce proportion of low birth weighted newborns from 3% to 2%
- Maintain the proportion of pregnant women who received iron & folic acid supplements at least 90 plus at 100%
- Maintain the proportion of pregnant and lactating mothers screened for nutrition at 100%.
- Increase proportion of children screened for malnutrition from 64% to 89%.

Strategic Initiatives and main activities

● Improve child nutrition services

- Expand age and time-sensitive infant and young child nutrition (IYCN) counseling and education services;
- Expand supplementary food preparation demonstration sites at community level using local food products
- Conduct and monitor GMP sensitization activities to improve the implementation of growth monitoring program

● Improve access and quality of nutritional services for pregnant, lactating mothers and women of reproductive age

- Advocate and introduce folic acid supplementation for pregnant women to prevent Neural tube defect
- Improve IFA 90+ supplementation for pregnant mothers

- Endorse and advocate the Nutrition Service standard to strengthen nutrition services at health facility level.

- **Strengthen nutrition service delivery for vulnerable populations and patients of non-communicable diseases**

- Strengthen activities that enable to prevent acute malnutrition and improve access to treatment
- Conduct acute malnutrition screening for under five children
- Conduct acute malnutrition screening for pregnant and lactating mothers
- Strengthen outpatient therapeutics program for severe malnutrition
- Expand and strengthen stabilizing centers for complicated acute malnutrition
- Initiate Centre of nutrition excellence in selected health facilities
- Capacity building in personnel and resources at all levels to provide nutritional rapid response and disaster prevention in emergency situations
- Support nutritional screening and treatment service provision to refugees and internally displaced people

Food and Nutrition strategy and Implementation of the Sekota declaration

Target

- Increase nutrition demonstration and teaching centers (Community Lab) from 45 to 63 woredas
- Increase the Number of functional food system and nutrition Ministerial steering committee at national level to 4 meeting.
- Increase the proportion of functional food system and nutrition technical steering committee at all level to 100%.
- Increase the proportion of sector that have functional food system and nutrition structure at all level to 100%.
- Increase the proportion of sector that include food system and nutrition strategic actions plans into their routine plans at all level from 80% to 100%.
- Increase number of functional food system and nutrition agencies/ coordination office (federal and region) to 15.

- Increase number of functional food system and nutrition council disaggregated by administrative level (federal and region in Number) from 8 to 15.

Strategic initiatives and main activities

- **Strengthen the implementation of Seqota Declaration Expansion Phase**

- Strengthen multi-sectoral coordination linkages across food and relevant sectors
- Expand evidence-based innovations (community lab, AITEC, UNISE, Triangle of Knowledge partnership, etc.)

7.3. Improve Disease prevention and Control

7.3.1. Prevention and control of HIV AIDS syphilis and hepatitis

Prevention and Control of HIV/AIDS

Target

- Increase the coverage of Female sex worker reached with intensive behavioral change communication service from 70% to 85%.
- Increase the coverage of Adolescent girls and youth women who are at risk of HIV reached with intensive behavioral change communication service from 27% to 40%.
- Increasing the coverage of condom distribution to key and priority population from 28% to 49%.

Strategic initiatives and main activities

- **Strengthen and expand HIV prevention activities**

- Develop HIV/AIDS Prevention and Control implementation guidelines to strengthen the behavior Change Communication activities
- Provide training to strengthen and expand HIV prevention and control activities targeting/focusing Key and Priority population and High incidence woredas/areas.

- **Expand and strengthen HIV prevention activities by improving biomedical supply**

- Monitor and support the implementation of Pre- Exposure Prophylaxis services focusing on Key and priority population.
- Monitor and support the implementation of Voluntary Medical Male Circumcision in Gambella Region;
- Monitor the pilot implementation of HIV and hepatitis prevention activities targeting People with Injected Drug use; and document the experience gained to further expand the program
- Revise the current service delivery guideline of STI to meet the standard of international STI prevention and treatment guidelines
- Monitor and support STI prevention and treatment services
- Strengthen condom programming through consultation forums with stakeholders.

7.3.2. Prevention of HIV mother to child transmission (PMTCT)

Target

- Increase HIV testing services coverage for pregnant and lactating mothers from 90% to 97.2%
- Increase coverage of ART services for HIV positive pregnant, laboring and lactating women from 84% to 90%
- Increase the coverage of prophylaxis treatment for infants born to mothers with HIV from 57% to 87%
- Increase for Infants born to pregnant mothers with HIV positive screened for HIV within 12 months after birth (Virologic test) coverage from 73% to 90%
- Increase the coverage of mothers diagnosed with Syphilis during antenatal care from 79% to 95%
- Increase coverage of mothers diagnosed with Hepatitis B during antenatal care from 2,687,310 (60%) to 3,171,322 (81%).

Strategic Initiative and main activities

- **Improve HIV, syphilis and Hepatitis virus testing for pregnancy, labor and lactating mothers**
 - Conduct universal and early HIV, Syphilis and hepatitis virus testing for pregnant, labor and lactating mothers
 - Initiate HIV and syphilis dual testing and other new testing/diagnostic methods/approaches
 - Provide cascading training on dual HIV and syphilis testing to increase the coverage of HIV and syphilis testing for pregnant and lactating mothers.
 - Provide pre-Exposure prophylaxis service for high-risk HIV-negative pregnant mothers
 - Monitor and support expansion of self-testing service for pregnant and lactating mothers who want self-testing option

- **Enhance the HIV treatment for HIV positive mothers and provide prophylaxis and treatment to pregnant women diagnosed with syphilis and hepatitis B**
 - Provide prophylaxis or treatment for those HIV positive mothers who are eligible and discordant couples.
 - Conduct consultative workshop with stakeholders in institutionalizing defaulter tracing and follow-up mechanism that is undertaken by the Mother Support Group
 - Expand facilities offering point of care viral load testing services for pregnant and lactating mothers
 - Conduct cohort monitoring and analysis.

- **Expand Early Infant Diagnosis (EID) and strengthen HIV prevention and treatment services for Infants Exposed to HIV**
 - Provide ART Prophylaxis and Cotrimoxazole to infants exposed to HIV
 - Monitor and support initiation of Early diagnosis (EID) for Infants exposed to HIV and ART treatment for HIV positive children

Figure 8: pregnant women tested for syphilis

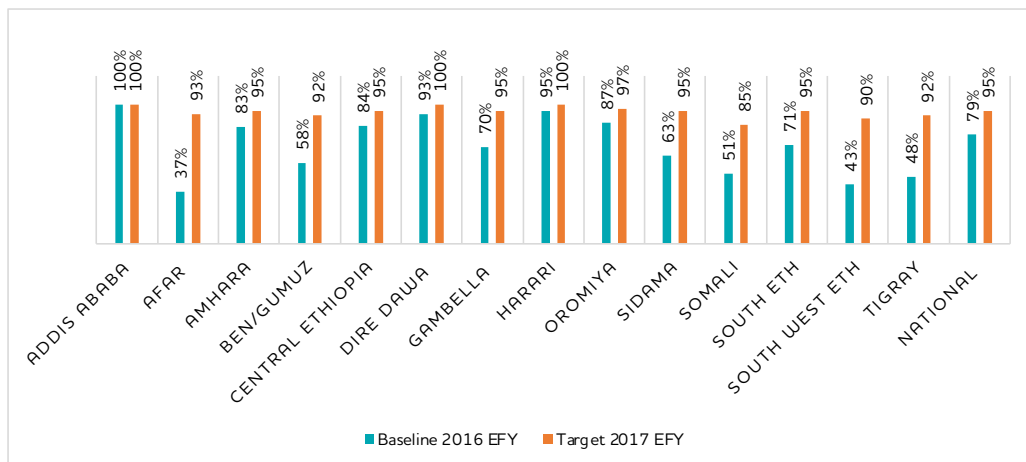


Figure 9: Pregnant, laboring and lactating women tested for HIV and who knows their status

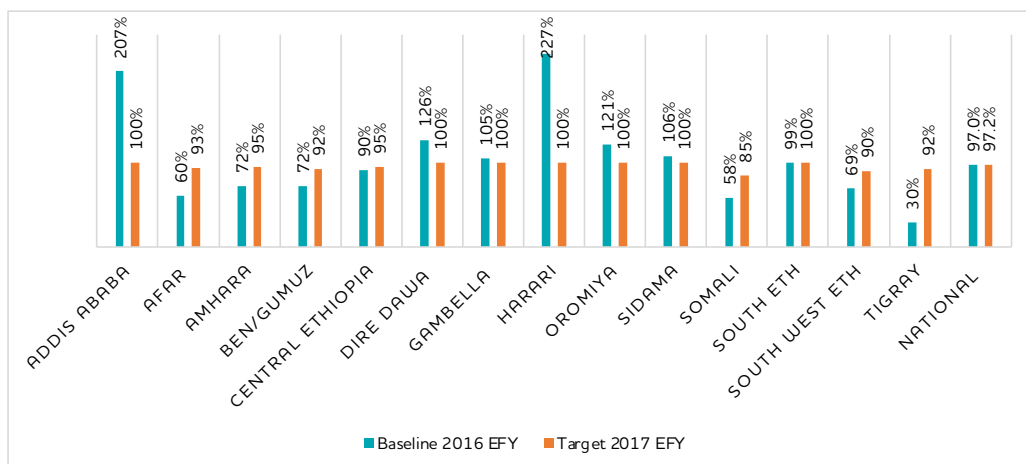


Figure 10: Pregnant, laboring and lactating women who received ART

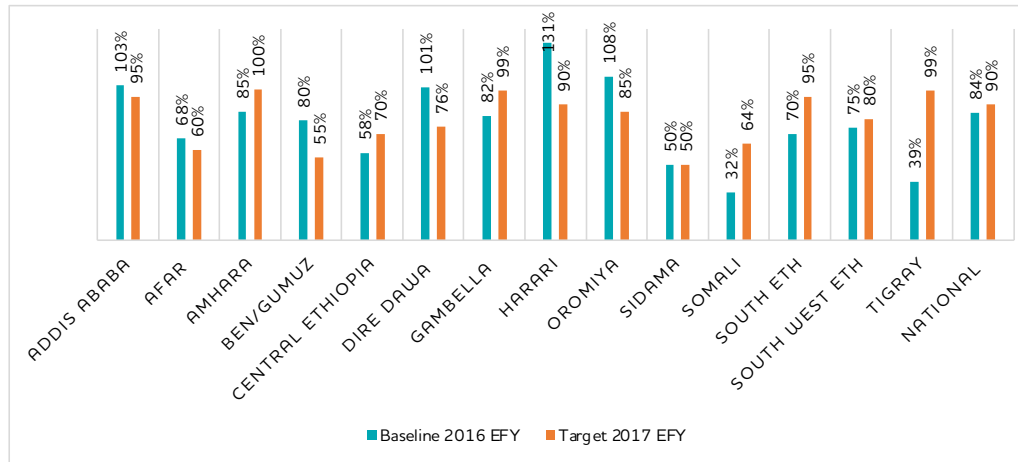


Table 6 Proportion of HIV exposed Infants with Virologic test

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Proportion of HIV exposed Infants with Virologic test															
Eligible	1,799	250	4,426	149	386	138	599	74	2,945	489	269	660	462	1,169	13,815
Baseline 2016 EFY #	1,424	230	3,135	125	299	121	376	65	2,832	250	68	610	170	311	10,016
Baseline 2016 EFY %	79%	92%	71%	84%	77%	88%	63%	88%	96%	51%	25%	92%	37%	27%	73%
Target 2017 EFY #	1,605	205	3,828	124	336	121	528	63	2,568	433	225	566	415	952	11,967
Target 2017 EFY %	95%	85%	90%	86%	88%	92%	90%	91%	91%	89%	85%	87%	88%	85%	90%

7.3.3. HIV/AIDS prevention and control

Target

- To increase the coverage of the first 95 from 90% to 96% by identifying 34,546 new individuals with HIV and did not know their results.
- Increase the number of adults and children current on ART from 511,885 to 536,564.
- Increase proportion of adults and children receiving Antiretroviral Therapy (ART) whose HIV levels are below 1,000 copies per milliliter from 97% to 96%

Strategic Initiative and main activities

- **Expand and strengthen HIV testing and implementation**
 - Monitor, provide feedback and support targeted HIV testing and counseling services effectiveness by strengthening an innovative HIV testing approach
 - Monitor and support the implementation of Index Case Testing in all regions
 - Monitor and support the case finding performance by strengthening the integrated approach initiated with Blood and Tissue Bank
 - Develop and disseminate radio and TV messages to increase the awareness of children and adolescents on HIV
 - Support the implementation of Pediatric HIV Testing, Care and Treatment
- **Strengthen the care and treatment services for People Living with HIV**
 - Monitor and support linkage to treatment for those people who have been tested and newly diagnosed HIV positive
 - Monitor and support the adherence of HIV treatment services for people currently on ART
 - Monitor and support regions by providing feedback on the implementation of Differentiated HIV Service Delivery Model (DSD) within health facilities and outside health facilities through compiling the report on monthly basis.
 - Implement and expand Advanced HIV Disease Model-DSD services in selected health facilities
 - Expand facilities providing third line treatment services

- Implement and expand DSD services which includes psychological support for children and adolescents living with HIV
 - Monitor and support viral load testing services for HIV positive people who are eligible for viral load testing
 - Support the implementation and integration of HIV services with TB, non-communicable diseases, mental health and reproductive health services.
 - Provide TOT to strengthen quality testing and treatment services at the national level
- **Strengthen care and support for people living with HIV and orphans**
 - Monitor and support the implementation of care and support program for people living with HIV who need support
 - Monitor and support the implementation of care and support program for orphans who need support
- **Improve access to viral hepatitis prevention, diagnosis and treatment services**
 - Monitor and support testing services for hepatitis B and C viruses
 - Expand and Strengthen treatment services for eligible hepatitis B and C patients
- **Strengthen the HIV program leadership and coordination mechanism**
 - Provide capacity building training on HIV program management
 - Conduct monitoring and evaluation and data quality improvement activities for HIV and hepatitis prevention and control programs
 - Reorganize the governance and leadership (AIDS Council) to enable HIV response at the federal and regional level
- **Strengthen coordination and collaboration with Multisectoral and other key stakeholders on HIV prevention and control**
 - Strengthen the capacity of federal and regional parliamentarians on HIV prevention and capacitate the sector office professionals on HIV mainstreaming
 - Launch and expand the implementation of community-led monitoring (CLM) activities;

- o Develop performance improvement plan (PIP) to address gaps identified during community-led monitoring assessment; and monitor and support the implementation
- o Support and monitor civil society and non-governmental organizations to play their role in the HIV response and to increase their participation
- o Create a platform to coordinate CSOs and FBOs

- **Strengthen activities to reduce Stigma and discrimination**

- o Support and monitor stigma and discrimination tackling activities to increase access and use of HIV/AIDS services by key and priority population and PLHIV
- o Build the capacity of health professionals to solve the problems of stigma & discrimination experienced in the health facilities; and monitor its implementation;
- o Provide training on the combination of HIV/AIDS prevention program to the leadership of associations of people living with HIV

Table 7: HIV positive cases identified

Indicators	Addis Ababa	Afar	Amhara	Ben Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
HIV positive cases identified															
Baseline 2016 EFY #	8,614	431	8,537	372	925	496	1,160	200	11,032	1,087	267	2,118	984	1,016	37,239
Target 2017 EFY #	7,991	400	7,920	345	858	460	1,076	186	10,234	1,008	248	1,965	913	943	34,546

Figure 11: Adult & Children currently on ART

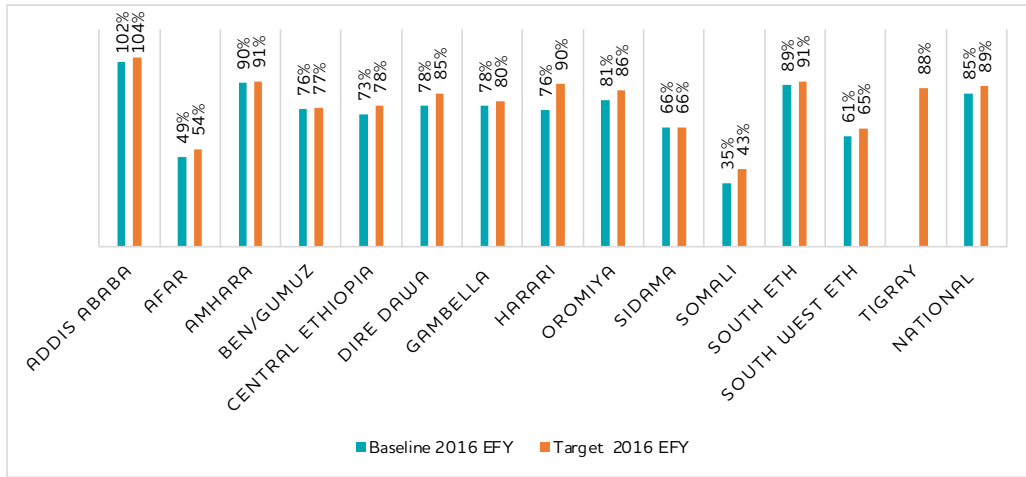
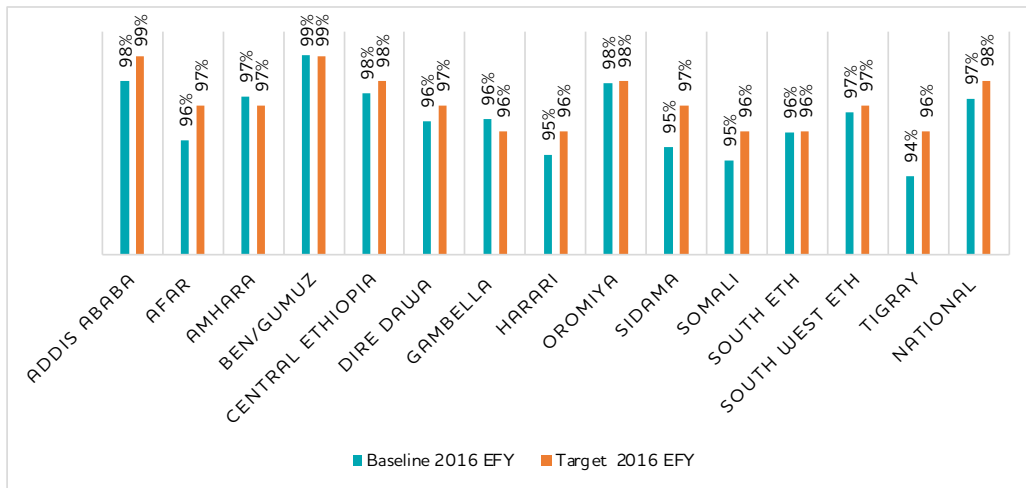


Figure 12: ART clients with a suppressed viral load (<1000 copies/ml)



7.3.4. Prevention and control of tuberculosis, and leprosy and other lung diseases

Targets:

- Maintain all forms of TB detection and treatment coverage at 100%
- Increase community TB case detection and treatment from 20% to 40%
- Increase TB treatment success rate (TSR) from 94% to 97%
- Increase number of DR TB case detection from 976 to 1107.
- Increase leprosy cases detection rate from 27% to 75%
- Reduce Grade II leprosy disability rate from 9.7% to 7%

Strategic initiatives and Main Activities

- **Strengthen comprehensive community-based TB prevention and care strategies**
 - Implement TB prevention, screening, and care strategies among population affected and prone to TB
 - Carry out continuous awareness activities on the prevention of TB, leprosy and other lung diseases
 - Implement community-based tuberculosis (TB) patient surveillance and detection strategies
- **Strengthen facility-based TB prevention, control and diagnostics lab services**
 - Implement TB screening and testing across all service outlets
 - Optimize TB and airborne infection prevention in health facilities
 - Strengthen quality of TB/DR-TB care and strengthen patient referral management system
 - Enhance the diagnostic capacity of health facilities
 - Strengthen childhood and adolescent TB prevention and control interventions
 - Expand the use of chest x-rays and other highly sensitive tools for TB diagnosis
 - Enhance TB/DR-TB and extra-pulmonary TB diagnostic capacity improvement

- Expand highly sensitive rapid molecular diagnostics for TB with universal on-site testing coverage

- **Initiate national drug resistant TB Elimination Program**

- Introduce National DR-TB affected households and close contacts mapping, testing and preventive therapy initiation programs.
- Strengthen active surveillance and a response system for DR-TB and community/household DR-TB outbreaks investigation and response
- Rollout shorter, safer, and efficacious DR-TB regimens (BPaLM, and others)
- Initiate community-based DR-TB care services

- **Strengthen public-private Mix TB (PPM_TB) services at all levels**

- Develop national framework to engage private pharmacies and drug vendors through PPM
- Initiate private-to-private sample referral for TB/DR-TB detection (private hospitals-to-private referral labs)
- Expand Molecular WHO Rapid Diagnostic for TB at PPM-TB sites/labs

- **Strengthen TB/HIV and other comorbidities collaborative activities**

- Strengthen integrated TB/HIV services delivery including ART services at TB/DR-TB clinics during TB treatment in non-ART sites
- Strengthen TB-NCDs screening and management through joint programming and capacity building of Health professionals and Health facilities.

- **Strengthen TB prevention and control interventions in cross-border areas**

- Develop response framework for TB in cross-border areas and strengthen the collaboration among the NTPs
- Conduct joint monitoring of the TB response in cross-border areas



- **Strengthen TB and leprosy prevention and control interventions in humanitarian emergencies**

- Develop and implement national framework, SOPs, and protocols to guide TBLLD response planning and implementation in complex humanitarian emergencies
- Provide capacity building to TBLLD program staff and Health case workers in TBLLD services delivery during emergencies and post-emergency restorations

- **Strengthen the prevention and management of priority other lung disease (post-TB lung diseases, COVID-19 lung diseases, occupational lung diseases)**

- Initiate occupational and environmental lung diseases response
- Strengthen post COVID-19 and other emerging pandemics lung diseases response

- **Implement leprosy elimination and post-elimination strategies**

- Strengthen national and sub-national level leprosy burden mapping
- Conduct active surveillance and response – immediately notifiable disease with rapid response
- Strengthen leprosy prevention through chemoprophylaxis (single-dose rifampicin or single- dose rifapentine)

Figure 13: Tuberculosis treatment coverage

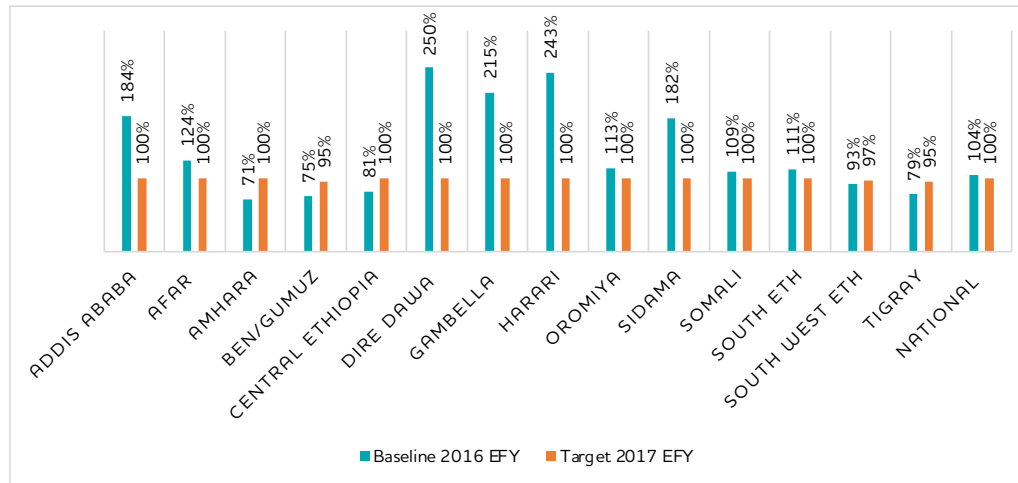
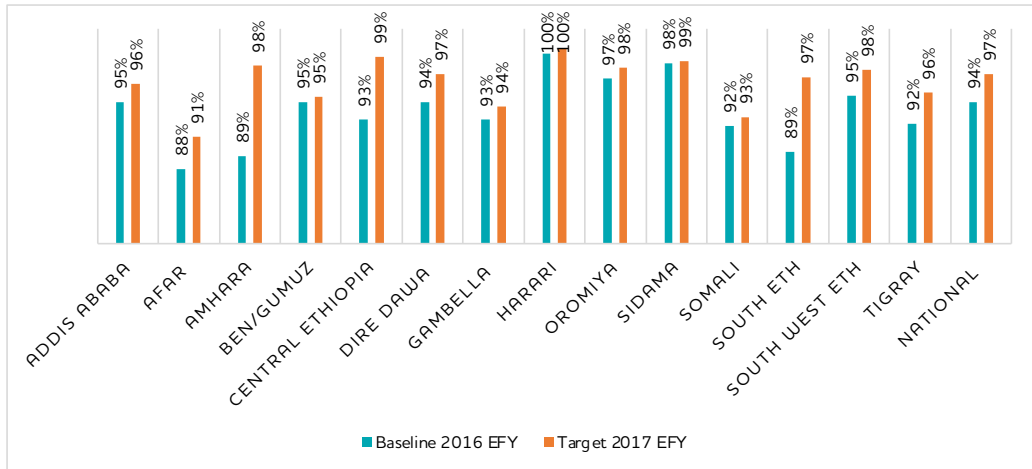


Table 8: All forms of TB cases notified and treated from community referral

Data element	Addis Ababa	Afar	Amhara	Ben/ Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
All forms of TB cases notified and treated from community referral															
Eligible	3,826	1,433	29,067	837	7,120	772	474	597	46,762	6,757	17,485	9,870	3,673	5,287	133,959
Baseline 2016 EFY #	1,929	210	2,487	174	2,384	263	130	305	17,311	4,383	359	4,158	986	121	35,200
Baseline 2016 EFY %	20%	7%	10%	15%	35%	15%	9%	35%	28%	41%	2%	38%	21%	1%	20%
Target 2017 EFY #	1,358	767	7,645	563	3,638	494	251	209	20,201	3,588	6,732	5,497	1,653	1,364	53,960
Target 2017 EFY %	36%	54%	26%	67%	51%	64%	53%	35%	43%	53%	39%	56%	45%	26%	40%

Figure 14: TB Treatment Success rate (TSR) among all forms of TB cases



7.3.5. Malaria Prevention and Control

Targets:

- Increase the insecticide residual spray coverage from 1,673,485 (94%) to 1,849,846 (100%) unit structures.
- Increase the proportion of index case investigated and classified in Malaria elimination targeted woredas from 44% to 73%
- Reduce Malaria incidence rate from 74/1000 to 31/1,000
- Reduce Malaria death rate from 1.01/100,000 to 0.35/100,000

Strategic initiatives and Main Activities

- **Strengthen mosquito control activities for malaria and other vector-borne diseases**
 - Distribute insecticide-treated nets to at-risk populations
 - Deploy quality IRS in targeted woredas where epidemiological and operational suitability ascertained and as per the national targeting criteria
 - Implement targeted larval source management where appropriate



- **Strengthen malaria and other vector borne disease diagnosis and treatment**

- Improve the capacity of health workers to provide quality malaria case management
- Improve access to appropriate and quality malaria parasitological diagnosis to all suspected malaria cases
- Sustain universal coverage of effective and efficacious treatment as per the national guidelines
- Improve a quality assurance system for malaria microscopy and RDTs
- Introduce anti malaria vaccine
- Improve arboviral diagnosis and treatment

- **Strengthening the quality and distribution of supplies for malaria and other vector-borne disease prevention and control**

- Improving the equity of resource distribution for the prevention and control of malaria and other vector-borne diseases
- Monitoring the use of resources for the prevention and control of malaria and other vector-borne diseases at the health facility level
- Monitoring adverse drug events associated with malaria treatments

- **Strengthening the public-private mix (PPM) coordination in malaria control**

- Improving access to services provided by the Partnership of Public and Private Health Institutions (PPM-Malaria);
- Improving the quality and equity of malaria diagnosis and treatment in public and private health facilities (PPM-Malaria).

- **Strengthen malaria elimination strategies in selected 565 woredas**

- Strengthen community-level malaria testing and treatment in woredas/districts where malaria elimination is taking place
- Introducing a malaria spread identification platform at the Kebele level
- Implementing a Malaria Surveillance and Response System

- o To effectively investigate, conduct surveillance, and respond to malaria cases and breeding sites of concern
- o Assessing the risk of malaria recurrence and reducing conditions conducive to the disease involves

Table 9: Morbidity attributed to malaria

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Morbidity attributed to malaria per 1000 population															
Eligible	663,650	2,119,412	14,082,398	1,270,119	4,359,699	565,849	547,104	224,757	27,539,569	3,081,866	6,807,868	658,812	2,815,196		75,554,683
Baseline 2016 EFY #	15	58	85	181	48	20	309	8	75	55	9	58	264	60	75
Target 2017 EFY #	9	30	30	30	25	10	109	2	30	25	9	25	100		31
Proportion of Unit structure sprayed with IRS in the last 12 months															
Eligible		21,471	388,299	264,809	125,070		136,028		510,680	87,487	59,554	123,568	132,880	153,175	1,849,846
Baseline 2016 EFY #		22,128	235,958	257,522	125,360		131,187		507,663	91,106	55,487	113,735	133,339	149,286	1,673,485
Baseline 2016 EFY %		99%	91%	97%	83%		82%		97%	115%	92%	92%	94%	91%	94%
Target 2017 EFY #	-	21,471	388,299	264,809	125,070	-	136,028	-	510,680	87,487	59,554	123,568	132,880	153,175	1,849,846
Target 2017 EFY %		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

7.3.6. Prevention and Control of Neglected Tropical Diseases

Targets:

- Increase the coverage of ivermectin drug from 77% to 85% in 278 woredas and 10 refugee camps with endemic onchocerciasis by providing drug bi-annually.
- Increase the drug coverage of infectious elephantiasis (lymphatic filariasis) from 65% to 85% in 35 Woredas (districts) prone to the infection.
- Increase bilharzia (schistosomiasis) Preventive treatment coverage from 72% to 76%.
- Increase number of corrective TT surgery from 57,547(53%) to 98,980(90%).
- Increase community-based trachoma treatment and mass drug administration coverage from 94.6% to 99%.
- Increase the coverage of people treated for intestinal parasitic diseases to 92% through community-wide drug distribution in 264 woredas.

Strategic initiatives and Main Activities

- **Strength prevention, control, and elimination of neglected tropical diseases**

- Strengthen prevention, control, and elimination of trachoma
- Eliminate guinea worm disease
- Strengthening the prevention and control of soil transmitted helminthiasis and schistosomiasis
- Prevention and control of leishmaniasis
- Launching human trypanosomiasis survey and medical services in Gambella, Southwest Ethiopia, South Ethiopia and Oromia regions
- Launching a human gonorrhoea survey and establishing medical services in Gambella, Southwest Ethiopia, South Ethiopia, and Oromia regions
- Strengthen onchocerciasis elimination
- Enhance the prevention, control, and elimination of lymphatic filariasis, podoconiosis and scabies
- Enhancing multi-sectoral collaboration on WASH-NTD coordination activities


7.3.7. Prevention and Control of Non-Communicable Diseases

Targets:

- Increase cervical cancer screening coverage for women aged 30–49 from 5% to 9%
- Increase the proportion of women who treated for pre-cancer symptoms from 6% to 80%;
- Increase the number of patients with controlled blood pressure from 603,572 to 718,836.
- Increase the number of new diabetes patients who received diabetes treatment from 274,895 to 383,378.
- Increase the cataract surgical rate from 677 to 1,016/1,000,000.

Strategic initiatives and Main Activities

- **Intensify health promotion and awareness raising interventions on NCDs and risk factors**
 - Strengthen health extension program on NCDs and mental health programs
 - Conduct advocacy and community mobilization activities on cervical cancer and other NCDs programs
- **Strengthen and expand implementation of cancer screening, diagnosis, treatment, and referral services**
 - Enhance demand creation activities for cervical cancer screening through massive community mobilization
 - Expand implementation of services on screening, treatment, and referral of cervical cancer
 - Launching HPV/DNA testing for cervical cancer screening across 400 hospitals
 - Strengthen cervical cancer screening service with ART service

- 
- **Strengthen and expand decentralized services for the diagnosis and treatment of breast and other cancers**
 - Establish radiotherapy cancer care services in 2 hospitals (Hawasa and Gondar)
 - Expansion of cancer treatment in health facilities
 - Expand institutional based cancer registry at three radiotherapy centers

 - **Improve cataract surgery and eye health screening and treatment performance**
 - Expand and strengthen secondary eye care units with quality diagnosis and treatment
 - Strengthen cataract surgery campaigns and outreaches
 - Implement Integrated People-centered Eye Care (IPEC) by Integrating eye health screening and treatment (IPEC) within broader health care system and school health program
 - Standardized and expand optical workshops within selected regions
 - Expand and strengthen primary eye care units

 - **Strengthen and expand prevention and control of CVD, diabetes and CRD diseases**
 - Expand and strengthen screening, diagnosis, and treatment of hypertension
 - Expand and strengthen implementation of services on screening, diagnosis, treatment, and referral of diabetes
 - Expand and strengthen implementation of services on screening, diagnosis, treatment and referral of chronic respiratory diseases (asthma and COPD)

Table 10: Women aged 30-49 years screened for cervical Ca

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Proportion of women aged 30–49 years screened for cervical Ca															
Eligible	480,269	245,951	2,724,634	132,936	864,460	52,896	61,970	32,231	8,420,990	638,392	974,064	1,520,308	462,672	607,493	17,219,266
Baseline 2016 EFY #	87,385	6,369	74,308	2,617	48,211	3,914	428	4,414	321,602	34,777	611	53,604	6,398	2,204	646,842
Baseline 2016 EFY %	19%	3%	3%	2%	6%	8%	1%	14%	6%	6%	0%	7%	1%	0%	5%
Target 2017 EFY #	178,642	13,088	150,558	5,355	95,282	8,077	845	9,022	1,042,574	71,244	1,248	220,040	13,107	30,375	1,839,457
Target 2017 EFY %	37%	5%	6%	4%	11%	15%	1%	28%	12%	11%	0%	14%	3%	5%	9%
Proportion of eligible women who received treatment for cervical lesion															
Eligible	10,719	785	9,034	321	5,717	485	51	541	62,554	4,275	75	13,202	786	1,822	110,367
Baseline 2016 EFY #	4,049	93	1,939	28	1,797	119	16	131	6,514	843	5	1,846	257	261	17,898
Baseline 2016 EFY %	46%	3%	4%	1%	12%	13%	2%	24%	5%	8%	0%	7%	3%	3%	6%
Target 2017 EFY #	8,575	477	7,227	255	4,574	388	32	433	50,044	3,420	45	10,562	629	1,458	88,117
Target 2017 EFY %	80%	61%	80%	79%	80%	80%	62%	80%	80%	80%	60%	80%	80%	80%	80%

7.3.8. Prevention and control of mental, neurologic, and substance use (MNS) disorders

Target:

- Increasing the treatment coverage of newly diagnosed severe mental illness (psychosis) patients from 21.7% to 47%;
- Increasing the treatment coverage of newly diagnosed depression patients from 1% to 20%;
- Increasing the treatment coverage of newly diagnosed bipolar patients from 1% to 1.43%;
- Increasing the treatment coverage of newly diagnosed Epilepsy-GTC patients from 18.4% to 28%;
- Increase the number of health institutions trained to provide integrated mental illness treatment to 18.7%;
- Increasing the treatment coverage of newly diagnosed alcohol addiction patients from 0.48% to 0.61%

Strategic initiatives and Main Activities

- **Strengthening mental, neurological and drug addiction (MNS) prevention, control and treatment service**
 - To increase public awareness of mental, neurological and drug addiction (MNS).
 - Strengthening and expanding the prevention and control of mental illness:
 - Strengthening the health services provided in relation to children's mental health problems and developmental disabilities
 - Strengthening and expanding the prevention and control of epilepsy and other neurological diseases
 - Strengthening and expanding the prevention and control of addiction

7.4. Improve community ownership and Primary Health Care

7.4.1 WASH and Environmental Health

Targets

- Increase coverage of kebeles declared Open Defecation from 34% to 52%
- Increase coverage of Households with safe solid waste management from 29% to 63%
- Increase coverage of Households with liquid waste management from 22% to 63%
- Increase coverage of Health Facilities with basic water service from 70% to 83%
- Increase coverage of Health Facilities with basic sanitation services from 77% to 79%
- Increase coverage of Health Facilities with basic healthcare waste management services from 67% to 76%

Strategic initiatives and Main Activities

• Strengthen the implementation of strategies to improve ODF

- Implement social and behavior change communication strategies
- Implement the TSEDU-Ethiopia Program;
- Implement diverse strategies for the sustainable eradication of open defecation
- Improve access to quality and affordable sanitation, hygiene products and services;
- Implement equitable and environmentally oriented water, sanitation and hygiene and environmental health care technology option
- Establish woreda-based market-led sanitation centers;
- Expanding access to basic sanitation (by strengthening sanitation financing options
- Implementing a sanitation subsidy strategy



- **Improve Waste Management and Disposal**

- Improve solid waste management and disposal system;
- Improve liquid waste management and disposal systems;

- **Strengthening the construction and use of sanitation**

- Improve access to improved sanitation services at the household level;
- Strengthen inclusive water, sanitation and hygiene services and environmental health at institution level;
- Improve water, sanitation and hygiene services in health facilities
- Strengthen the TSEDU-health facility program
- Implement the Water, Sanitation and Hygienic Service Improvement Tool (WASH FIT) in health facilities.

- **Strengthening continuous personal hygiene**

- Strengthen access and continuity of products and supplies for basic hand hygiene
- Improve basic personal hygiene systems and practices;
- Improve access to safe and affordable menstrual hygiene products;
- Follow up on the implementation of the Tax Exemption Proclamation on menstrual hygiene products
- Support to in place a menstrual health and hygiene program at the schools and community level.

- **Strengthening activities to make resilience against the effects of climate change on health**

- Strengthen the health system's resilience to climate change;
- Strengthen activity to reduce the risk of climate change in the health facilities
- Strengthen activity to mitigate health problems caused by climate change at the community level

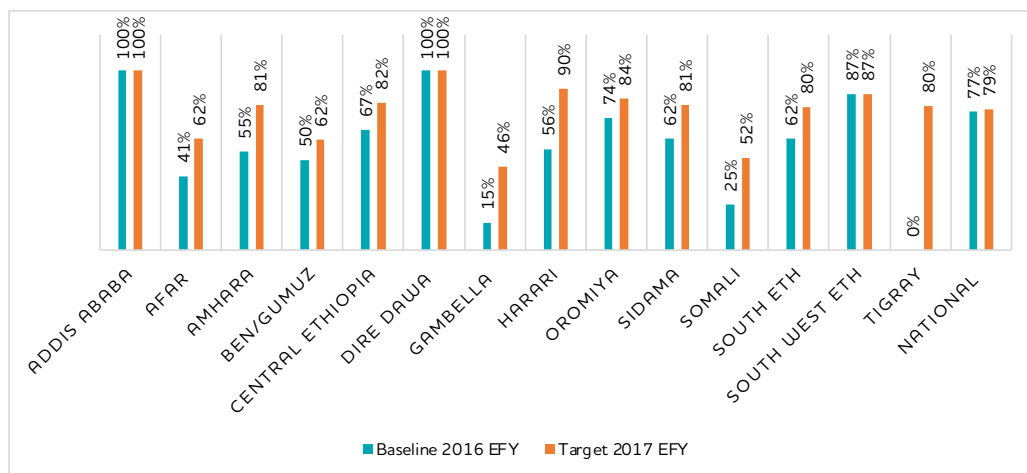
- **Strengthen emergency water, sanitation & hygiene and environmental health care preparedness and response;**

- Strengthen the implementation of emergency water, sanitation and hygienic and environmental health care
- Strengthen preparedness and response activities in water, sanitation & hygiene and environmental health to tackle public health emergencies caused by natural and man-made conditions;

- **Strengthen activities to reduce the health effects of chemicals and hazardous waste**

- Implement social and behavioral change communication strategies on chemicals and hazardous waste;
- Strengthen prevention and control activities to prevent the use, management and disposal of chemicals and hazardous wastes from causing harm to health

Figure 15: Health facilities which have basic sanitation



7.4.2. Health Extension Service and Primary Health Care

Target

- Increase the proportion of high-performing primary Health Care Unit from 77.8% to 79%;
- Increase the coverage of model Kebele from 45% to 59%;
- Increase the coverage of model house hold from 29% to 60%;
- Increase the coverage of model woreda based on revised woreda transformation indicators from 12% to 15%.
- Increase the number of health posts providing comprehensive health extension service packages from 107 (5.5%) to 252(13%)
- Increasing the agrarian electronic Community Health Information System (e-CHIS) implementation from 7425 (51%) to 11,253(72%) HPs.
- Increase the number of e-CHIS implementing paperless woredas from 12 to 120.
- Launch urban e-CHIS implementation in 16 towns who already started Urban Community Health Information System
- Increase the pastoralist electronic Community Health Information System (e-CHIS) implementation from 10% to 20%

Health Center Service

- Increase the performance of revised health center clinical guideline from 80.1% to 85%;
- Increase the number of health centers providing basic emergency surgery services from 125 to 250.

Strategic Initiatives and Major Activities

● Improving and strengthening the Health Extension Program

- Initiate the provision of comprehensive and basic health extension services in accordance with the health posts categorization;
- Strengthen and expand the implementation of the Mobile Health and Nutrition Team for pastoral and semi-pastoral areas;

- Establish, expand and merge (the identified HPs) HEP units in all health centers and primary hospitals;
- **Strengthening the woreda transformation coordination and monitoring mechanisms**
 - Implement woreda transformation performance monitoring system;
 - Provide Training for regions on the revised woreda management standard; and implement it
 - Provide support and monitor by identifying low-performing areas to create model kebele and high-performing primary health care units.
- **Enhance the capacity of health extension professionals**
 - Strengthening of Integrated (IRT) Training;
 - Strengthen the quality of pre-service training for health extension workers in health sciences colleges;
- **Strengthening and expanding the urban primary health care reform**
 - Strengthen and expand the implementation of the Family Health Team;
 - Equip Family Health Team with adequate kit
- **Expanding and strengthening health centers implementing basic emergency surgery**
 - Initiate and strengthen basic emergency surgery services by equipping with material and health professional for health center whose OR block construction has been completed
 - Provide capacity building training to provide OR services
- **Supporting health centers' infection prevention and control activities**
 - Provide capacity building training;
 - Create TSEDU primary health care units.



- **Implement primary health care strategic framework and health facility reforms**

- Promote and implement the Primary Healthcare Strategic Framework (PHCSF);
- Monitor and support the implementation of Health post Reform implementation Guide (HPRIG).

- **Strengthen electronic Community Health Information System implementation (e-CHIS)**

- Conduct supportive supervision on e-CHIS implementation bi-annually
- Conduct two scientific studies on e-CHIS implementation;
- Make the e-CHIS Training Manual Facilitator in accordance with CPD;
- Strengthen resource mobilization and coordination activities for e-CHIS implementation /
- Implement the agrarian electronic Community Health Information System
- Implement and expand urban e-CHIS implementation in towns
- Strengthen pastoralist electronic Community Health Information System (e-CHIS) implementation

Table 11: Health centers providing emergency surgical care & health post providing CHP services

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Proportion of health centers providing major emergency and essential surgical care															
Eligible	43	40	482	30	229	6	30	4	1,756	97	225	242	30	407	3,621
Baseline 2016 EFY #	20	4	15	2	2	1	-	1	47	-	4	1	6	22	125
Target 2017 EFY #	40	8	30	4	4	2	-	2	94	-	8	2	12	44	250
Proportion of health posts providing comprehensive health extension services															
Eligible		38	355	74	4	18	3	797	66	158	127	140	93	82	1,955
Baseline 2016 EFY #	-	2	11	1	1	2	2	44	2	24	7	9	2	-	107
Baseline 2016 EFY %		5.3%	3.1%	1.4%	25.0%	11.1%	66.7%	5.5%	3.0%	15.2%	5.5%	6.4%	2.2%		5.5%
Target 2017 EFY #	-	5	47	10	1	2	1	102	9	18	16	18	12	11	252
Target 2017 EFY %		13.2%	13.2%	13.5%	25.0%	11.1%	33.3%	12.8%	13.6%	11.4%	12.6%	12.9%	12.9%	13.4%	12.9%

7.4.3. Strengthen Community Engagement and Ownership

Target

- Increase the number of health centers with maternity waiting room from 1630 (41.9%) to 1780 (45.8%);
- Increase the number of woredas implementing the revised community engagement strategies from 95 to 500.

Strategic initiative and Major Activities

- **Strengthen primary health care leadership, good governance, and accountability;**
 - Strengthen the implementation of Community Scorecard at health centers;
 - Improve community health emergency prevention and response
- **Strengthen the implementation of improved strategies for community engagement and ownership**
 - Strengthen the implementation of a school health program;
 - Strengthen the community-based health information system

7.5. Improve access to quality and equitable medical health services

7.5.1. Pre-hospital Emergency and referral service

Target

- Increase the ambulance response rate from 88% to 90%

Strategic initiatives and main activities

- **Expand and strengthen community level first aid responses**
 - Strengthen community engagement and mobilization platforms;
 - Expand and strengthen community-based emergency response squad at woreda level.

- **Standardize and strengthen basic, advanced ambulance and pre-hospital services**

- Fulfill an improved ambulance with adequate medical supplies and basic equipment;
- Strengthen and expand mobile clinic services;
- Expand ambulance dispatch centers and stations.

- **Strengthening patient referral services across the continuum of care at national and regional levels**

- Develop comprehensive health service map and patient referral systems;
- Strengthening and expanding web-based patient referral services in health facilities;
- Establish overseas referral system

7.5.2. Emergency, injury and critical care services

Target

- Reduce emergency department mortality rate from 0.21 to 0.11
- Reduce ICU mortality rate from 25 % to 17%.

Strategic initiatives and main activities

- **Major Cities Emergency and Critical Care Improvement Program**

- Improve networks of major city hospitals with primary health care facilities
- Implementation of major cities emergency, and Critical care improvement program continuity document in existing cities;
- Launch the Implementation of major cities emergency and Critical care improvement program in new major cities:

- **Improve health facility-based emergency medical services**

- Implementation of basic medical emergency course and evaluation form in primary health care units;
- Improve health facility-based emergency medical services

- **Assessing the level of emergency units of health facilities and provide support to improve**

- Provide capacity building on emergency service protocol, Emergency patient Triage and pediatric emergency service
- Collaborate with stakeholders to prevent emergency department overcrowding and prolonged stays.

- **Improve and expand the Critical care services**

- Strengthening and expanding critical care services, including pediatrics
- Conduct skill-based intensive care capacity building activities
- Assessing the level of Critical care services in health facilities and provide support to improve
- Establishing Critical care services coalition by hospitals and establish a framework to support each other;

- **Strengthening and expanding Emergency prevention and care services**

- Establish emergency centers in emergency corridors;
- Strengthen third party insurance services;
- Carrying out improvement activities to maintain the standard of care provided by emergency care centers.

- **Strengthening and expanding burn treatment services**

- Establish new burn care centers in regions where burn care services have not been expanded;
- Strengthening the national burn injury registry to track burn injuries and treatment outcomes;
- Conduct regular audits of burn care service centers to ensure compliance with standards and protocols;

- **Improve poisoning treatment services**

- Strengthening poisoning treatment services;
- Strengthening the national poisoning Information and Control Service;

- Work to improve the availability of for poisoning laboratories and toxidromes antidote.

7.5.3. Improvement of hospital and diagnostic service

Target

- Increasing the outpatient attendance per capita from 1.62 to 1.69.
- Increase bed occupancy rate from 68% to 72%;
- Reduce the average length of stay from 4.63 to 3.18 days;
- Reduce institutional mortality from 3.6% to 1.15%

Increase surgical volume from 398,739 to 433,953.

Strategic initiatives and main activities

• Expansion and improvement of laboratory and diagnostic services

- Setting up and digitizing the sample transfer system in hospitals and diagnostic centers
- Establishing an integrated diagnostic center through public-private partnerships arrangement;
- Improve access to essential diagnostic/tests and backup laboratories services
- Improve and strengthen access to and quality of pathology services;
- Improve and strengthen imaging services, including nuclear medicine;
- Evaluating the laboratory procedure that it is made with knowledge and standards, introducing and expanding auditable laboratory services.

• Strengthening the implementation of hospital service reforms

- Implement the Ethiopian Hospitals Service Improvement Guidelines (EHSIG);
- Implement a clinical audit and mentorship program;
- Strengthen Teaching Hospitals Improvement Program;
- Strengthening Hospital Alliance for Quality (EHAQ) implementation;
- Strengthening the implementation of Hospital Service Performance Monitoring Key Indicators (HSPMI).

- 
- **Expand and improve access to quality surgical and anesthesia care**
 - Implement-public-private partnership in surgical services;
 - Strengthening the implementation of the Surgical and Anesthesia Care Program (SaLT).
 - Strengthening interventions to reduce the backlog of surgical appointments
 - Strengthening the specialty and sub-specialty surgery services

 - **Strengthening equitable access to and quality of medical oxygen services**
 - Improve equitable national medical oxygen availability and production capacity
 - Optimize standard and quality of medical oxygen production and delivery
 - Improving the rational use of medical oxygen.

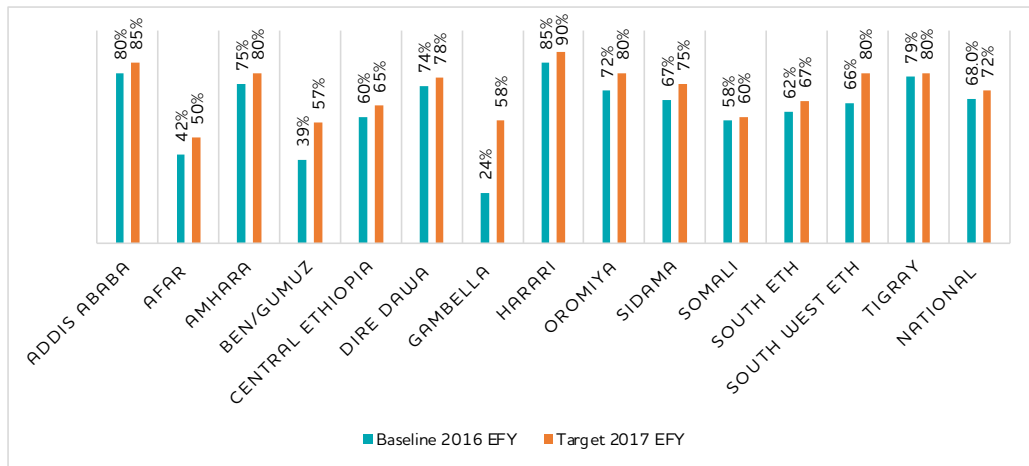
 - **Improving nursing, midwifery and geriatric medical services**
 - Model major city hospitals on nursing and midwifery services
 - Enhance partnership and resource mobilization for geriatrics service
 - Mainstream the aging strategy at all levels

 - **Strengthening the national infection prevention and control**
 - Strengthening a multi-modal approach to infection prevention and control;
 - Establish a robust infection prevention and control system at all levels.
 - Establish a strong healthcare associated infection (HAI) surveillance system at all levels

Table 12: Ambulance service & outpatient attendants per capital

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Ambulance service response rate															
Baseline 2016 EFY %	95%	77%	80%	71%	86%	100%	96%	101%	95%	75%	94%	80%	68%	93%	88%
Target 2017 EFY %	100%	80%	90%	92%	93%	99%	82%	100%	89%	92%	92%	89%	93%	88%	90%
Outpatient attendance per capital															
Baseline 2016 EFY #	14,374,000	1,196,830	41,758,890	1,142,926	13,030,713	1,178,480	463,694	865,157	81,139,329	7,684,378	1,993,541	10,903,485	5,329,011	3,589,008	184,649,442
Baseline 2017 EFY %	3.57	0.56	1.77	0.90	2.03	2.08	0.85	2.99	1.92	1.62	0.29	1.00	1.55	0.60	1.68
Target 2017 EFY %	3.58	.57	1.78	.91	2.04	2.09	.86	3.	1.93	1.63	.3	1.01	1.56	.61	1.69

Figure 16: Hospitals Bed occupancy rate



7.5.4. Specialty and Rehabilitation Services

Target

- Increasing the coverage of specialty and sub-specialty services in Comprehensive Specialized Hospitals by 10%;
- Increase the proportion of patients receiving physical rehabilitation services at hospitals and rehabilitation centers by 20%
- Increase the proportion of patients receiving physical support at rehabilitation centers by 20%

Strategic initiatives and main activities

- **Strengthening specialty and sub-specialty services in health service delivery standards**

- Develop national guidelines and standards for the delivery of specialty and sub-specialty services and ensure implementation;
- Establishing an accreditation system for hospitals and health care facilities;
- Establishment of centers of specialty by private investors and diaspora through Public-Private Partnership (PPP);
- Improve access to quality specialty health services (mental health services, eye and skin and pediatric neurosurgery services);

- Establish research and development programs to advance the development of specialty and sub-specialty services.

- **Strengthening the implementation of the medical tourism strategy**

- Develop a national roadmap for medical tourism and promote to public and private health institutions;
- Ensure that specialty and sub-specialty services meet international standards to attract medical tourists seeking high-quality care;
- Encourage private investors to participate in the medical tourism industry;
- Promote the medical tourism industry to relevant stakeholders.

- **Strengthening and expanding rehabilitation and palliative services**

- Develop and expand regulations applicable to rehabilitation and assistive technology in all relevant areas;
- Improving assistive technology in rehabilitation services
- Encouraging replacement of assembly and maintenance of support equipment with local production
- Ensure sustainable assistive technology supply chain and management;
- Promotion of digital rehabilitation services and use of new technology.

- **Improving equitable access to comprehensive rehabilitation services**

- Strengthen provision of physical rehabilitation, clubfoot and mental rehabilitation service;
- Strengthening cleft palate and lip services;
- Introduce sensory and communicative rehab services
- Introduce community-based rehabilitation and outreach service
- Ensure the availability of rehabilitation workforce
- Revitalize rehabilitation services information system

7.5.5. Blood and tissue services

Target

- Increase the blood donation from volunteers from 3.2 to 4.51 per 1000 population
- Increase blood component product preparation from 16% to 30%;
- Increase cornea distribution from 223 to 281;

Strategic initiatives and main activities

- **Strengthening blood donation, quality assurance and proper use of services**
 - Strengthen advocacy on voluntary non-remunerated blood donation
 - Strengthen quality-assured testing for transfusion-transmissible infections, blood grouping, compatibility testing, and component production and transport of blood
 - Promote safe and appropriate use of blood and blood products at the clinical interface and strengthening hemovigilance program
 - Introduce newer blood transfusion technologies and products
- **Strengthening of tissue and stem cell transplant services**
 - Establish and strengthen tissue and stem cell transplant services;
 - Enhance the capacity of eye banks, corneal transplant services, organ transplants and central registry systems;
 - Ensuring the quality and safety of corneal products.
 - Strengthen awareness activities to improve cornea donation

7.6. Prevention and response to public health emergencies

7.6.1. Protecting community from emergencies

Target

- Increase Health Security Index to 75.5
- Increase proportion of outbreak controlled within acceptable mortality standard from 88.4% to 96.3%
- Increase proportion of suspected outbreaks for which laboratory confirmation conducted to 100%.

Strategic Initiatives and main activities

- Strengthening of infectious and non-infectious diseases (Covid-19)
- Strengthening mass causality/disaster preparedness and response
- **Strengthening Leadership and Management of Public Health Hazards**
 - Develop and implement a public health emergency and risk prevention strategy
 - Review the legal framework of public health emergency management to implement the recommendations of experts in public health emergency management
 - Review regional public health emergency management frameworks for Integration and build capacity
 - Providing trainings on Public Health Emergency Management and Incident Management System (IMS) to public health emergency management staff and relevant leaders for the regional, zonal, and district health departments.
 - Implementation of multi-sector coordination and partnership in the health sector for public health emergency
 - Ensure the coordinated surveillance of primary health care and public health emergency management



- **Strengthen human capacity and resources to control and prevent public health emergencies**

- Develop and implement a strategy and framework that includes recruitment, training, registration, monitoring, deployment and compensation for an emergency health workers/volunteer management program
- Enhance prediction, detection, preparedness and response capacity to public health hazards
- Mobilizing emergency resources for disaster preparedness, response and recovery activities
- Establishing regular risk assessment, data consolidate and analysis for an emergency communication and early warning system; (risk assessment, vulnerability and capacity analysis)
- Ensure adequately trained capacity to respond to public health emergencies at all levels
- Strengthening and implementing strategies to reduce and eliminate specific diseases and health events
- Ensure continuity of basic health services in times of emergency
- Strengthening the capacity needed to create a resilient health system capable of rapid response, recovery and regeneration in response to public health emergencies
- Integrate the management of public health emergencies into the curriculum of higher education institutions
- Developing and expanding public health emergency control training through digital information networks

- **Finding emergency financing for public health emergencies control**

- Establishing a REF program to collect funds from the domestic financial system for the control of public health emergencies
- Allocating adequate reserve funds for disasters preparedness and response from regional, zonal and woreda health sector levels
- Ensure central funding for public health emergencies (like SDG funding)

- Provide emergency trust funding for public health emergency control where the public and the private sector can contribute to disaster preparedness, response and recovery, including emergency health support
- Developing a legal framework for emergency funding and support, allocation of funds, in-country fundraising strategies and monitoring of the utilization.
- Approval of health financing by local philanthropists to improve medical reconstruction
- Mobilize financial resource by private and public partnership and use for prioritized public health emergencies response and readiness.
- **Improving service delivery during public health emergencies**
 - Conducting practical exercises on Vulnerable Risk Assessment and Management-based preparedness and establishment of temporary centers
 - Establish mass disaster prevention centers at the regional level
- **Strengthening logistics supply chain management**
 - Establish regional contingency logistics supply chain management institutions
 - Develop a legal framework for emergency procurement and customs clearance for priority resources during emergency preparedness and response

7.6.2.Laboratory service

Target

- Increase the proportion of laboratories implementing a basic Laboratory Quality Management System (LQMS) from 56% to 83%
- Increase the coverage of laboratories that met the national standards, from 68% to 87%
- Increase coverage of basic laboratory services in health centers to 87%

Strategic initiatives and main activities

- **Improving the quality of laboratory services by building a sustainable and resilient laboratory system**
 - Addition of laboratories that meet standards
 - Transfer of scientifically recognized traditional medicines and technology packages
 - Provide laboratory support on issues related to disease burden
 - Strengthening the laboratory-based surveillance system
 - Strengthening international accreditation by implementing a laboratory quality control system
 - Strengthen the performance of the Laboratory Information Management System (LIMS)
 - Strengthening regional capacity for evaluation and accreditation of laboratory technologies, methods and reagents
- **Improve the expansion and consistency of laboratory services**
 - Standardized and streamlined laboratory testing services
 - Introducing new laboratory tests and technologies
 - Strengthening and expanding laboratory testing capacity
 - Strengthen regional laboratory communication and sample transfer systems
 - Establishing a Regional Center for Genetics and Bioinformatics
- **Strengthening the laboratory equipment management system**
 - Establish a laboratory equipment audit process, inspection, installation, removal and disposal system
 - Establishing a laboratory equipment calibration center
- **Improving the implementation of external quality control (EQA) system**
 - Increase implementation of external quality assurance schemes

- Establish and implement a regional Electronic External Quality Control (ePT) data management program
- Establishing a quality product manufacturing control and reference center
- Establishing a biobank center

7.6.3. Post-conflict reconstruction and rehabilitation works

Target-

- Restore the functionalities of Health facilities in conflict affected areas to 85%.

Strategic Initiatives and main activities

- Improving the coordination of public health emergency (PHE) response
- Enhancing cooperation between cluster participants
- **Strengthening the leadership and management activities of recovery and rehabilitation**
 - Establish disaster recovery coordination at all levels
 - Strengthening cooperation and coordination systems with various stakeholders
 - Identify partner organizations working on the Health Nutrition and WASH cluster
 - Provide access to capacity building training for leaders and administrations for time of crisis SMT from hospital, zone health department and district health office
 - Monitor and support the implementation of the Emergency Health Recovery Plan by working with the Hospital Board, Zonal Health Department and key stakeholders and holding forums with key stakeholders
- **Re-Initiate service provision**
 - Restarting and strengthening the Maternal, neonatal, child health and nutrition Service in all health facilities;
 - Strengthen disease prevention and control program
 - Re-start and strengthen medical service provision

- Strengthen control of public health emergency
- Ensure water supply, personal hygiene and environmental sanitation
- Improving the traditional health information system
- **Strengthening the reform of health institutions**
 - Develop a strategic plan for the rehabilitation of damaged infrastructure in conflict-affected areas
 - Renovate damaged health facilities
 - Coordination with the relevant stakeholders to repair water, electricity and other sanitation facilities in the health facilities
- **Improving the capacity of health workers in conflict affected areas**
 - Identifying human resource needs, based on census results
 - Mobilize additional high caliber health workers to support health service delivery at the hospital level
 - Prepare and provide capacity building training on leadership and management during time of crisis
 - Provide mental health and psychological support to health workers in war-affected regions/zones/woredas
- **Strengthening the supply and replacement of medicines and medical equipment**
 - Finding resources from various stakeholders and the community by identifying missing drugs, medical supplies and equipment
 - Ensuring the availability of RDF medicines, vaccines and program drugs at the center level
 - Prioritizing and distributing medical supplies and equipment to start services in health facilities that are not providing the service
- **Continue to strengthen health financial support and resources**
 - Supporting health institutions to obtain health care financing/funding
 - Building capacity in financial management in times of crisis

- Develop different strategies to raise funds from donors, philanthropic organizations and the diaspora community

7.7. Improve health system capacity and regulation

7.7.1. Improve leadership and good governance

Target

- Increase the proportion of primary health care (health centers) implementing the community score card from 63% to 88%
- Increase the number of hospitals implementing the Good Governance Index from 102 to 144
- Increase the number of woredas implementing leadership accountability framework from 57 to 117.

Strategic Initiatives and main activities

- **Strengthen social accountability in the health sector**

- Promote the health sector's social responsibility strategy document to all regional leaders
- Support the implementation of a community scorecard
- Implement managerial accountability program

- **Improve good governance**

- Prepare health sector good governance package and cascade it to regions, agencies and departments
- Initiate the implementation of Good Governance Index in 26 hospitals
- Monitor and support the implementation of good governance activities at all levels.

- **Strengthen appeals and grievance handling system**

- Establish prompt and immediate complaint receiving and response system for external customers
- Conduct internal and external customer satisfaction survey once a year

- **Strengthen implementation of reform tools**

- Support and monitor the implementation of service improvement coordination
- Support and monitor the implementation of the Citizens' Charter at all departments
- Strengthen Kaizen management system in 4 hospitals and initiate in 5 hospitals
- Monitor the implementation of employee evaluation practice twice a year
- Carry out capacity building activities related to reform tools

- **Improve implementation capacity**

- Finalize and approve the Health Sector Knowledge Transfer Management Implementation Manual
- Establish best practice and experience sharing platforms

- **Strengthen the implementation of the High Impact Health Leadership Program**

- Support the coordinated and standardized implementation of a high-impact national health leadership reform program
- Establish and implement high-impact health management program performance monitoring and evaluation learning platforms
- Strengthen the partnership and cooperation of stakeholders

- **Implement hierarchical application of high-impact leadership capacity building to leaders at all levels (strategic, middle and lower levels)**

- Provide high-impact leadership training for leadership at all levels (strategic, middle and lower levels)
- Strengthen monitoring and evaluation of health leadership development programs at the national and regional levels:
- Strengthen the Implementation of Clinical Leadership Improvement Program
- Conduct performance evaluation and recognition platform

- **Strengthen the management and social responsibility system**
 - Conduct management accountability audits
 - Prepare and implement joint planning at each level based on the management accountability audit
 - Conduct regular support and follow-up work regarding management accountability
- **Support leadership excellence centers in selected regions**
 - Strengthen leadership incubation program (LIP)
 - Recruit and train LIP candidates at all levels
 - Identify institutions and carry out experience sharing
- **Strengthen health regulatory structure and capacity**
 - Monitor and support regional health regulatory bodies
 - Provide capacity building training for regulatory professionals

7.7.2. Improve human resources development and management

Target

- Reduce the professional attrition rate from 3.3 % to 3.2%
- Increase the health professional density per 1000 population (Physician, nurse, midwives and health officers) from 1.76 to 2.

Strategic Initiatives and main activities

- **Strengthen evidence-based forecasting, planning and development of human resource needs of the health sector**
 - Ensure availability of health workforce based on facility standard
 - Conduct baseline assessment on available workforce based on health facilities workload
 - Scale up the implementation of the Health Sector Human Resource Information System (IHRIS)

- **Strengthen access and quality of health science education and pre-service training**

- Initiate Health System Oriented health science and medical education program
- Approve and implement professional scope
- Strengthen the practical education and training program provided by health institutions
- Revise the Civil Service Reform Qualification Framework for Health Professions
- Coordinate the training of emergency surgery at selected health facilities
- Expand Nursing and Midwifery Specialty Residency Training Program
- Initiate and coordinate Doctor of philosophy in Public Health training
- Expand specialty programs to enhance teamwork among health professionals
- Support the improvement, evaluation and implementation of health curricula based on the current health needs of the society and focusing on competence
- Enroll new trainees to health science colleges based on the training needs of regional health offices
- Conduct human resource development improvement studies (specialty; field epidemiology)
- Monitor and support public and private health science colleges
- Strengthen private and public sector cooperation in human resource development and training

- **Strengthen the composition of selected skills shortages programs including specialty and sub-specialty**

- Implement activities that enable to increase number of scarce professionals (prosthetic, orthotic, speech therapy, surgical workforce), sub-specialty programs (haemato-oncology, transplant surgeons, cardiology, renal pathology...)
- Implement activities that enable to increase number of female health professionals in medical specialty and sub-specialty professional fields
- Support and monitor the accreditation of health education programs

- **Strengthen the health manpower incentive system and ensuring accountability**
 - Design and implement a transparent and performance-based recognition system
 - Implement occupational health and safety guidelines
 - Implement non-financial motivation and promotion systems; Re-define Health Professionals Career level/ladder

- **Promote health professionals to enroll/join to the health sector**
 - Identify and implement health human resource development priorities at the national level in 2022-2030
 - Formulate and expand health professional's office practices
 - Coordinate health professionals overseas job opportunities

- **Strengthen access and regulatory system of continuous professional development**
 - Facilitate the increment of accreditors and providers of continuous professional development
 - Expand face-to-face and virtual training for health professionals
 - Support the implementation of Category two continuous professional development strategies in all health institutions
 - Establish partnership and cooperation platform for continuous professional development with national stakeholders
 - Link continuous professional development to professional license renewal
 - Consider services provision as requirements during professional license renewal;
 - Develop training packages based on disease burden and new health science knowledge and focusing on competence
 - Establish and implement a continuous professional development database
 - Strengthen the control and quality assurance strategy of continuous professional development

- **Strengthen availability of motivated, competent and compassionate (MCC) health care providers**
 - Prepare health workforce competence and talent mapping Portfolio
 - Assign MCC monitoring professionals at all levels
 - Select model health professionals from various health institutions and make them ambassadors
 - Strengthen voluntary services

- **Complete the preparatory phase of the health service and management improvement**
 - Ensure that the health sector structures are aligned with international standards and impact oriented,
 - Develop and endorse health sector occupational standards and provide code
 - Develop technical competency framework
 - Develop job description based on the required skills, behavioral and technical competence
 - Prepare technical competency assessment questions
 - Prepare career ladder package of the sector
 - Prepare detailed plan to provide job-oriented training to fill the skill gaps for new and existing health sector workers
 - Develop strategies, plans and manuals to carry out the ministry operations and decisions considering diversity and inclusiveness
 - Document and formulate best practices for benchmarking and learning experiences
 - Develop and implement clean and safe working environment plan.
 - Develop design for efficient management and use of office and compound spaces
 - Digitalize routine administrative activities of the ministry of health
 - Conduct a survey on the existing health leadership practices, strengths and weaknesses
 - Conduct advocacy and communication on the health sector reform roadmap

- **Strengthen stakeholder's participation and engagement**

- Strengthen the cooperation framework of health professional associations and health care federations
- Conduct consultation forums with Regional health offices, higher education institutions, health science colleges and partner organizations
- Conduct Human Resource Investment Forum

7.7.3. Improving Health Infrastructure.

Targets

- Increase the proportion of health facilities with access to safe water from 70% to 84%.
- Increase the proportion of health facilities with reliable electricity services from 69% to 74%.
- Attain a 45% implementation rate for construction activities at seven modern health centers.
- Increase the construction of modern laboratories average performance from 36% to 65%.
- Achieve an average 80% completion rate for 111 Clean Health Facility projects.

Strategic initiative and Main Activities

- **Enhance the Accessibility of Health Service providing institutions**

- Ensure the accessibility of health care institutions.
- Expand national laboratory coverage.
- Upgrade the infrastructure of basic healthcare service facilities.
- Develop standard designs for health and health-related institutions.

- **Restoration of conflict affected health facilities**

- Restore and renovate 21 health facilities in the Afar region.
- Provide support and supervision for the renovation of 85 health facilities across the Amhara, Tigray, and Afar regions.

- Carry out renovation work on 115 conflict-affected health facilities in the Oromia, Amhara, Tigray, Afar, and Benishangul-Gumuz regions.

- **Expand Clean Health Facilities equipped with appropriate Infrastructure**

- Implement maintenance and infrastructure upgrades for 4 federal hospitals as part of the Clean Health Facilities program.
- Carry out maintenance and infrastructure improvements for 7 regional hospitals under the Clean Health Facilities program.
- Construct and pilot environmentally safe new dry waste management technology at Alert Hospital.
- Construct and pilot environmentally safe new liquid waste management technology at Eka Kotebe Hospital.
- Build 100 modern community latrines as part of the Clean Health Facilities program.

7.7.4. Improving health information and research.

Target

- Increase coverage of Health information use index from 82 to 84 percent
- Increase coverage of public health institutions service report timeliness from 57% to 94%.
- Increase the completeness of private health facilities from 36% to 45%.
- Increasing coverage of health facilities that score verification factor no more than 10% in selected indicator (SBA) from 89% to 92%.
- Increasing coverage of Birth notification coverage from 90% to 92%.
- Increasing coverage of Death notification from 4% to 10%
- Increase the proportion of Woredas using e-CHIS dashboard for information use to 100%.
- Increase the number of researches Conducted from 110 to 170.
- Increase the number Prepared policy briefs to 8.

Strategic initiatives and Major Activities

- **Strengthening health management information system**
 - Ensure the functionality of health management information system structures.
 - Ensuring gender inclusive implementation in the health information system.
- **Strengthening operational capabilities related to routine health information management and data quality**
 - Provide adequate infrastructure, necessary equipment, registration and reporting tools to strengthen the health information system.
 - Incorporate health information system training into the training curriculum of all health professionals.
 - Coordinate the implementation of Health Information Management System in private and other health facilities.
 - Strengthening the community-based health information system.
 - Improve the implementation of birth and death notification at the health facilities.
 - Strengthening the birth and death notification system at the community level.
 - Implement practices/procedures across all health structures to help ensure data quality.
- **Improving data analysis practice and data-driven decision-making**
 - Building a health data warehouse that can be used to store/organize health data from a variety of data sources.
 - Building the capacity of the health professional on advanced data analysis, machine learning, data mining, artificial intelligence and advanced data analysis and modeling techniques.
 - Conduct advanced data analysis, modeling, and forecasting on selected and priority health programs by reference and development of data from a variety of sources.
 - Improving access to information, data sharing, and usage.

- **Strengthening health surveillance, surveys, and research**

- Establish and strengthen the Research Council/Council.
- Generate evidence-based health research data to enable decision-making.
- Strengthen biomedical, health biotechnology research and diagnosis, treatment, and use of biotechnology products.
- Improve and expand a regional database/database used to store/organize research results.
- Support the development and implementation of health research roadmaps and develop health research agendas.
- Improve the quality standards of health research and monitor its performance.
- Incorporate research into health programs by engaging policymakers, research professionals, and program implementers.
- Conducting a survey at the community and health facility level, including the Service Delivery and Readiness Survey (SARA), to improve evidence-based decision-making.

- **Strengthen strategies for developing health facilities (administrative health offices and health facilities) that are modeled in health information systems**

- Support and expand the implementation of the Capacity Building and Mentorship Program (CBMP).
- Support and expand the implementation of the Information Revolution Strategy Guide.
- Building capacity in the implementation of information revolution strategy guidance.
- Identify and verify institutions that are modeled after the information revolution.

- **Strengthening the performance monitoring and evaluation system**

- Conduct monitoring and evaluation of the effectiveness of health programs in achieving their intended targets.
- Identify trends and changes in health program performance based on data and indicate programs that need improvement to decision-making bodies.

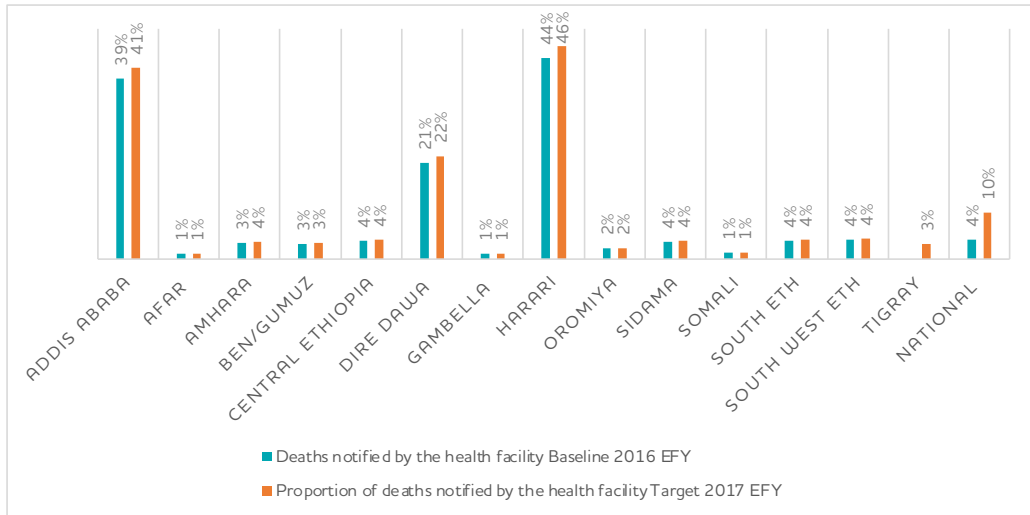
- Compile regular reports and make them available to various government bodies.
 - Conduct an annual RDQA for nationwide to assess health information management system.
 - Conducting an integrated Supportive supervision.
 - Conduct performance review meeting for health information system.,
 - Conduct annual health sector review meeting.
- **Enhance health sector plan harmonization and alignment**
 - Finalize and print the health sector core plan based on woreda base planning.
 - Develop a health sector indicative and draft plan.
 - Develop and align plans with stakeholders.
- **Strengthening births and deaths notification system**
 - Ensure that death outside health facilities is notified by health posts.
 - Strengthening the cause of death outside of health facilities (VA) facilities where it is initiated.
 - Initiation of a community cause of death (VA) Implementation where the procedure has not been initiated.
 - Conduct joint planning, monitoring and supportive supervision with key stakeholders.
 - Conduct quarterly Causes of Death Analysis.
 - Conduct awareness creation session for middle level leader.
 - Strengthen the reporting of births and deaths and causes of death in a health facility
 - Creating and supporting model institutions for the notifying birth and death.
- **Strengthening the Electronic Community Health Information System (e-CHIS)**
 - Prepare e-CHIS data Governance framework
 - e-CHIS: Conduct a data analysis and utilization demand survey.

- o Implementation of the e-CHIS Dashboard on the 502 woreda.
- o Support and supervise the 100 woreda e-CHIS paperless implementation by CBMP universities.
- o Conduct a twice-yearly verification on 100 e-CHIS paperless woredas reported by region and CBMP universities.
- o Conducting a twice-yearly support supervision to see the implementation of e-CHIS.
- o Conducting an annual review on the e-CHIS.
- o Conducting two implementation research on the implementation of e-CHIS.
- o Revise e-CHIS roadmap.

Table 13: Birth notification & report timeliness

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Proportion of births notified (from total births)															
Eligible	95,643	62,051	804,727	44,442	228,323	18,717	16,901	9,137	1,481,343	168,613	219,860	273,974	122,202	207,600	3,450,290
Baseline 2016 EFY #	161,108	12,034	426,810	14,811	173,349	13,374	5,861	11,272	1,139,477	106,837	44,223	186,167	47,749	29,673	2,372,745
Baseline 2016 EFY %	244%	28%	81%	50%	85%	120%	50%	195%	105%	82%	24%	74%	51%	21%	90%
Target 2017 EFY #	95,643	37,727	797,484	33,776	220,103	18,717	12,743	9,137	1,385,056	158,159	155,661	248,768	109,004	201,787	3,150,115
Target 2017 EFY %	100%	60.8%	99.1%	76%	96.4%	100%	75.4%	100%	93.5%	93.8%	70.8%	90.8%	89.2%	97.2%	91.3%
Report Timeliness															
Baseline 2016 EFY %	58%	48%	59%	44%	56%	55%	29%	95%	70%	56%	36%	53%	60%	0%	57%
Target 2017 EFY %	97%	97%	100%	93%	96%	100%	88%	100%	97%	98%	92%	95%	97%	77%	95%

Figure 17: Death notification by the health facilities



7.7.5. Improving Digital Health Technology

Target:

- o Increase the number of Hospitals that deployed Full EMR (Paperless) from 8 to 70
- o Initiate and attain 30% EMR deployment performance in 50 hospitals.
- o Increase the number of Health Centers initiating the deployment of EMR services from 18 to 100.
- o Increase the number of Health posts that are ready to implement paperless service provision using e-CHIS to 6500.
- o Increase the number of Health posts that started paperless e-CHIS to 2,500 health posts in 100 CBMP woredas.
- o Increase number of Cluster Based EMR system to 7 Hubs.

Strategic initiative and main Activities

- **Strengthening digital health governance**

- o Registered and recognized digital health systems after ensuring the quality.

- Establish interoperability between the Community Health Insurance (CBHI) system and the Community-Based Health Information System (e-CHIS).
- Develop a standard, guideline and quality assurance framework for implementable digital health systems.
- Ensure interoperability of national health systems with other systems.
- Offer capacity-building training to professionals working in regions and health institutions.

- **Implementing Digital Health Systems**

- Handover completed digital health systems to program units (end user)
- Scale up the digital health systems already implemented in public and private health institutions.
- Design and implement new systems upon request by the Program Unit/ end user.
- Establish and manage the National Data Warehouse.
- Provide logistical support to implement paperless EMR at hospitals and services.
- Offer support to launch EMR services at selected health centers.
- Supply the necessary technologies to establish seven centers (7 Hubs) for a centralized EMR system (Cluster-Based EMR).
- Implement Artificial Intelligence (AI)-oriented digital health systems.

- **Strengthening the Digital Health Infrastructure Service**

- Expand and enhance the capacity of HealthNet, linking health facilities and administrative health offices.
- Enhance the capacity of the digital health systems infrastructure (data centers).
- Supply computers, tablets, and related materials for expanding and strengthening digital health systems.

7.7.6. Improve health regulation system

Targets:

- Increase the proportion of health institutions implementing national compulsory health institution standards from 41% to 70%.
- Increase the proportion of health-related institutions implementing compulsory national health-related institution hygiene and environmental health standards from 12% to 43%.
- Increase the proportion of health institutions registered with service domain data on MFR from 90% to 100%.
- Increase the proportion of health professionals with active licenses from 71% to 95%.
- Increase the number of health professionscadre taking a competency assessment exam from 17 to 20.
- Increase the proportion of resolved medical errors from 69% to 85%.

Strategic Initiatives and Main Activities

- **Strengthen the implementation of health and health-related institutions and professional regulations and laws**
 - Enhance the implementation of health and health-related institution standards.
 - Issue and renew certificates of competency for health and health-related institutions.
 - Conduct sudden inspections on health institutions during non-regular working hours.
 - Register health professionals and issue and/or renew their licenses.
 - Ensure the enforcement of regulatory laws.
- **Strengthen health professional's competency assessment system**
 - Develop and review roadmap for health professional's competency assessment.

- Develop, review, and administer an examination to measure cognitive competency domains (MCQ).
- Design an exam to evaluate psychomotor and affective competency domains (OSCE) and administer it for selected professions.
- **Strengthen Master Facility Registry (MFR)**
 - Register Signature domain and Service domain data on MFR
 - Continuously updating health facility information on Master Facility Registry.
- **Introduce and scale up clinical audits**
 - Develop clinical audit monitoring tools and conduct audits on selected health services.
 - Support regions in conducting clinical audits on selected health services.
- **Strengthen the Medico-Legal Investigation and Decision-Making System**
 - Improve the investigation and decision-making processes for medico-legal issues.
 - Strengthen the capacity of health profession ethics committees.
 - Investigate and resolve medico-legal issues.
- **Strengthen Self-Regulation of Health and Health-Related Institutions**
 - Support and enhance the capacity of health institutions to conduct self-regulation.
 - Support and enhance the capacity of health-related institutions to conduct self-regulation.

7.7.7. Strengthen Food & Drug Regulation

Target

- Increase registration of food products (market authorized) Registered food product (market authorized food) from 3031 to 3658
- Increase domestic food processing factories, local traders, importers and exporters with COC from 2278 to 32 39

- Conduct Import/Export food item consignment test to 8,994,977.5
- Increase the Post market Surveillance Assessment for food products (producers) from 576 to 641
- Increase audit inspection coverage of medicine facilities from 1181 to 2101
- Increase the type of drugs registered and issued market licenses from 776 to 1,300.
- Increase the type of medical equipment register and issued market licenses from 1047 to 1200.
- Increase the number domestic medical device manufacturers, importers, and wholesalers inspected from 1252 to 2343.

Strategic Initiatives and Main Activities

- **Strengthen the Implementation of Food Safety Regulations**

- Increase the registration of food products and improve rapid response capabilities.
- Enhance public awareness about food product safety controls.
- Gather community report and strengthen rapid response.
- Enhance risk-based food safety inspections in food production.
- Strengthen consignment processes, post-market food quality assurance, and inspection systems in food manufacturing.
- Improve the control of unsafe food products circulation in the market.

- **Enhance the Safety, Quality, Efficacy, Effectiveness, and Proper Utilization of Drugs**

- Ensure prompt responses to drug registration.
- Conduct Good Manufacturing Practice inspections for new and existing local and foreign pharmaceutical factories.
- Strengthen risk-based inspection activities for drug manufacturers, importers, and distributors.
- Conduct surveillance and operational activities to combat illegal drug trade.

- Ensure proper drug distribution within pharmaceutical institutions.
- Enhance physio-chemical, microbiological, and consignment quality inspections of drugs.

- **Enhance the Safety and Quality of Medical Equipment**

- Improve the registration process for medical devices.
- Conduct Good Manufacturing Practice inspections for both new and existing foreign medical device manufacturers.
- Perform audit-based inspections of medical device manufacturers, importers, and distributors.
- Strengthen microbiological, post-market surveillance, and consignment quality inspections for medical devices.

- **Strengthen Tobacco Control**

- Issue special licenses to tobacco manufacturers, importers, and wholesalers.
- Conduct surveillance and operations to combat illegal tobacco trade.
- Strengthen regulations on tobacco advertising and sponsorship activities.

7.8. Improving Health System Quality, Equity, Safety, and Innovation

7.8.1. Strengthening the Institutional Culture of Quality

Targets:

- Increase the patient satisfaction rate from 69% to 84%.
- Reduce the inpatient mortality rate from 2.2% to 1.98%.
- Maintain a surgical site infection (SSI) rate below 5%.

Strategic initiatives and main activities

- **Strengthen the Health System Innovation Program**

- Implement health system innovation guidelines.
- Establish and support Health Innovation Laboratories at the Ministry of Health and regional levels.

- Implement selected innovations based on identified needs and the innovation ecosystem.
- Conduct Health System Innovation Summits at the national and regional levels.
- **Strengthen the Implementation of System Bottleneck Focused Reform (SBFR) at All Levels**
 - Expand and implement the SBFR pilot reform package in selected high-volume hospitals.
 - Conduct a pilot implementation of the Primary Health Care Unit System Bottleneck Focused Reform (PHCU-SBFR) project in selected districts.
 - Promote and implement guidelines for private wing service centers established within government hospitals.
- **Establishment of an Accreditation System for Health Institutions**
 - Prepare accreditation levels for health facilities.
 - Achieve international recognition for the Ethiopian Health Facility Accreditation Service.
 - Provide capacity building for health facilities participating in the accreditation process.
- **Improve the medical service by providing information-based accessible medical services**
 - Support and oversee the implementation of clinical audits in hospitals and health centers.
 - Introduce the use of death audits to enhance quality improvement systems in hospitals.
- **Strengthen health care quality and safety learning platforms**
 - Implement the use of quality and safety measurement systems.
 - Identify, validate, and share best practices in healthcare quality and safety.
 - Conduct exit surveys to gauge patient experience at health centers.

- **Strengthen the health care safety system**

- Implement the Patient and Provider Safety-Friendly Medical Service Hospital Framework/Initiative.
- Launch a proper patient identification system in health facilities.
- Conduct a nationwide survey on patient safety.
- Increase community awareness regarding patient safety.

- **Strengthen the coordinated implementation of the Infection Prevention and Control Strategy and Roadmap**

- Include infection prevention and control in undergraduate and graduate curricula.
- Develop a legal framework for infection prevention and control.
- Establish an infection prevention and control, disaster preparedness and response framework.
- Support the Center of Excellence for Infection Prevention and Control.

7.8.2. Improving health equity and social determinants of health

Target

- Increase the ratio of skilled birth attendants in pastoral and non-pastoral areas from 0.67 to 0.70.
- Increasing the outpatient ratio between women and men from 0.70 to 0.82.
- Increasing the ratio of outpatient ratio between pastoral and non-pastoral regions from 0.26 to 0.31.

Strategic initiatives and main activities

- **Strengthening the implementation of health equity strategy in all regions**

- Support the implementation of an equity plan considering the current situation of the region.
- Conduct awareness creation and training activities on integrating health equity into all policies, programs, and strategies.

- **Improving accessibility to health services by deploying mobile health services and other innovative solutions**

- Implement Mobile Health Services and other innovative options across all regions.
- Enhance the Mobile Health Service implementation by providing capacity building.

- **Strengthening the implementation of a health equity standard and measurement system**

- Implement the National Health Inequality Monitoring Step-by-Step Guide.
- Establish a National Health Equity data repository system.
- Create a health inequity monitoring dashboard.

- **Launching the implementation of the Health Equity Reform Program**

- Implement the Health Equity Improvement Program in 31 districts.
- Provide support and oversight for the implementation of the Health Equity Improvement Program.

- **Strengthening the implementation of social determinants of health project**

- Implement social determinants of health (SDH) project in selected districts of developing regions.
- Expanding the implementation of social determinants of health project.

7.9. Improve pharmaceutical and medical equipment management and production

7.9.1. Medicine and medical equipment

Targets

- Increase availability of essential drugs at health posts from 66% to 87%;
- Increase availability of essential drugs at health centers from 75% to 90%;
- Increase proportion of clients who get all prescribed medicines from the respective health facilities from 77% to 87%;

- Reduce drug wastage rate from 5.8% to 2.3%;
- Increase proportion of health facilities implementing auditable pharmaceutical transactions Service from 12.8% to 25%;
- Reduce pharmaceutical procurement lead time from 223 to 170 days

Strategic initiatives and main activities

• Strengthening pharmaceuticals and medical equipment leadership and governance

- Modernize and strengthen Integrated Pharmaceutical Logistics system (IPLS); and fleet management system;
- Establish and strengthen medical supply system to prevent and control emergency diseases and accidents;
- Expand and strengthen implementation of electronic pharmaceutical information system (DAGU) in health facilities;
- Expand and strengthen the implementation of Warehouse management Center of Excellence;
- Establish and implement drugs and medical devices tracking and tracing system in the supply chain management;
- Develop and implement an emergency supply chain management system;
- Ensure inventory and better distribution system for warehouses at all levels;
- Strengthen demand-based forecasting and supply planning;
- Update the national essential drugs and medical equipment list;
- Implement and strengthen the inventory system in a consistent and continuous manner

• Strengthen strategic purchasing system

- Establish and expand strategic procurement management system;
- Strengthen alternative medicine procurement, pricing and compensation strategies;
- Strengthen the central administration system of medical equipment;

- Strengthen private sector engagement in the supply of medicines and medical equipment;
- Strengthen medicines and medical equipment purchasing capacity;
- **Strengthen the rational use of drugs and pharmacy services**
 - Establish National Drug and Poison Information Center;
 - Implement drug transaction control services;
 - Expand and strengthen model community pharmacy;
 - Expand and strengthen auditable pharmaceuticals transaction services in health facilities
 - Expand and strengthen drug formulation service.
- **Strengthen antimicrobial resistance (AMR) prevention and control service**
 - Improve awareness of antimicrobial stewardship through education and training;
 - Improve supply of quality antimicrobial drugs and laboratory supplies and introduce DST in public and private hospitals;
- **Strengthening the medical equipment management system and maintenance**
 - Expand medical equipment maintenance and renovation centers;
 - Strengthen medical equipment logistics supply system;
 - Strengthen cold chain equipment maintenance and management system;
 - Ensure installation and safe handling of medical equipment;
 - Improve supply of spare parts;
 - Strengthen drug and medical equipment information system;
 - Strengthen medical equipment management system,
 - Expand and strengthen standardized medical equipment maintenance workshops,
 - Develop and implement strategies for reducing drug wastage and waste management of drugs and medical devices;

Table 14: Availability of essential drug at health centers & APTS systems

Indicators	Addis Ababa	Afar	Amhara	Ben/Gumuz	Central Ethiopia	Dire Dawa	Gambella	Harari	Oromiya	Sidama	Somali	South Eth	South west Eth	Tigray	National
Proportion of availability of essential drugs at Health Centers															
Baseline 2016 EFY %	88%	64%	78%	52%	73%	74%	65%	84%	83%	76%	54%	72%	65%	66%	75%
Target 2017 EFY %	98%	89%	90%	82%	88%	97%	85%	93%	94%	93%	87%	89%	81%	85%	90%
Proportion of health facilities implementing auditable pharmaceutical transaction system															
Eligible	76	36	158	9	13	23	4	10	863	67	30	38	6	21	1,354
Baseline 2016 EFY #	83.5	56.	34.4	49.2	18.7	67.6	56.6	100.	71.5	55.4	30.2	23.5	29.1	65.4	53.5
Baseline 2016 EFY %	96	215	931	116	256	30	24	11	1,522	162	495	306	45	219	4,428
Target 2017 EFY #	84	122	450	69	60	29	16	11	1,310	107	178	150	13	85	2,639
Target 2017 EFY %	87.	56.5	48.3	59.3	23.3	97.6	68.3	98.1	86.1	66.	35.9	49.	28.	38.7	59.6

7.9.2. Domestic medicines and medical manufacturing

Target:

- Increase market share of domestic pharmaceutical and medical device manufacturers from 36% to 42%;
- Increase the number of manufacturers started production of pharmaceuticals and medical devices from 5 to 7.
- Increase production capacity of local pharmaceuticals manufacturers from 36% to 52%.

Strategic initiative and main activities

- **Strengthen local pharmaceutical and medical equipment manufacturers' productivity and efficiency**
 - Build local manufacturing capacity;
 - Establish sustainable financial support through government participation;
 - Establish an integrated administrative system;
 - Create a strong synergy in the manufacturing environment;
 - Expand domestic drug manufacturing ecosystem;
- **Encourage the production of different types of drugs in the country**
 - Create conducive environment and expand production of vaccine, diagnostic equipment and medical equipment production to avail lifesaving drugs and medical equipment;
 - Support the production of pharmaceutical raw materials/active ingredient and packaging materials in the country, in collaboration with relevant stakeholders;
 - Create technology transfer systems;
 - Design alternative sources of funding for investment in technology transfer, industrial expansion, skill building, research and development;
 - Develop a joint strategy to encourage local manufactures.

- **Improve the productivity of the pharmaceutical industries**

- Carry out product development activities that can increase productivity and product quantity, quality, and composition;
- Increase availability of inputs and undertake market development activities to improve productivity;
- Strengthen the industry's ability to substitute imported products, continually;
- Strengthen the export capacity of the pharmaceutical industry;
- Consolidate and mainstream an efficient management philosophy;
- Support and monitor the implementation of good manufacturing practice of pharmaceutical industries;
- Ensure accountability in the use of incentives for manufacturers.

7.9.3. Improve traditional medicine

Target

Increase the number of registered traditional medicine to 6

Strategic initiatives and main activities

- **Strengthen the production and efficiency of traditional medicine**

- Support traditional medicine in research, registration and licensing;
- Carrying out research and development of drugs using computer-aided drug design and discovery using artificial intelligence, chemo informatics and bioinformatics methods in order to emphasize the effectiveness and quality of traditional and modern medicine;
- Develop and implement strategies to protect the community from harmful and dangerous traditional medical practices and outcomes;
- Develop an ethical framework and code of conduct for traditional healing practices;
- Develop and implement standards for traditional medical practices;
- Promote registration of traditional medicine products and introduce market authorization;

- 
- Build traditional medicines laboratory incubation center and preparing laboratory quantities of scientifically recognized traditional medicines;
 - Facilitate the political, economic and administrative conditions for the sustainable production of traditional medicines in the appropriate medicinal form;
 - Create industrial and research linkages to produce appropriate pharmaceuticals;
 - **Strengthen medical trials and research on traditional and modern medicines**
 - Conduct clinical trials on fungal strains that infect the skin;
 - Conduct alternative medicine research on diabetes, invisible germs/diseases, intestinal parasites, high blood pressure and mosquito repellents;
 - Conduct research for water purification from herbals.
 - **Strengthen assessments on traditional medicines**
 - Conduct national survey on traditional medicines;
 - Conduct research on alternative pharmaceutical excipients from plants.
 - **Strengthen the National Medicinal Plant Herbarium**
 - Equip the National Herbarium of Medicinal Plants with necessary inputs;
 - Equip the traditional medicine demonstration center with necessary input.
 - **Develop traditional and modern medicine integration system**
 - Strengthen policy frameworks and strategies to promote traditional medicine practices;
 - Work with the Civil Service Commission and regional health bureaus to establish a traditional medicine structure;
 - Develop training manuals and provide capacity building training for health professionals and traditional healers to strengthen the link between modern and traditional medicine;
 - Revise and implement traditional medicine guidelines;
 - Develop implementation guideline for the traditional medicine strategic plan;

- Provide support on availability of traditional medicine supply to improve quality health services and care;
 - Strengthen reservation of medicinal plants, traditional medical knowledge and practices
 - Involve educational and research institutions to promote traditional medicine, including clinical trials;
 - Create linkage between traditional medicine and primary health care;
 - Strengthen traditional medical registration system;
 - Strengthen capacity on traditional medicine research;
 - Strengthen traditional medicines safety assurance testing services.
- **Establish and strengthen traditional medicine research information management system and national research database**
 - Establish natural medicines database;
 - Develop Ethiopian Traditional Medicine Database (EHM-DB) prototype;
 - Develop Ethiopian plants monograph and pharmacopoeia;
 - Conduct Insilco drug research and development using artificial intelligence, chemo informatics and bioinformatics methods.

7.10. Improve Health Financing and Private Sector Engagement

7.10.1. Increase health financing capacity

Target:

- Increase share of government expenditure for the health sector from 8.7% to 11.3%.
- Increase the amount of financial resource mobilized from partner organization from 291,300,000 to 568,694,905 US dollars.

Strategic Initiatives and main activities

- Strengthen the implementation of health financing reform;
- Strengthen and enhance project management and utilization;

- Conduct National Health Account (NHA) and Public Expenditure Reform (PER) studies and utilize the finding for resource allocation and policy decisions;
- Implement and institutionalize the Health Technology Assessment (HTA) Roadmap;
- Assess and evaluate the contribution of health insurance and health financing performance to Universal Health Coverage (UHC);
- Establish and strengthen the implementation of performance-based payment system;
- Expand and strengthen the implementation of capitation payment system;
- Strengthen bilateral health co-operation with international institutions of neighboring and friendly countries.
- Strengthen universal health insurance coverage at the national level.

7.10.2. Increase universal health insurance coverage

Target

Increase community health insurance coverage from 78% to 91%

Strategic initiatives and main activities

- Strengthen the renewal of CBHI membership and enrollment of new members.
- Strengthen efforts to ensure health insurance financing sustainability.
- Improve equitable utilization of quality health services.
- Strengthen the implementation capacity of the health insurance system
- Strengthen resources mobilization from government, partners and different countries.

7.10.3. Improve engagement of private sectors in health services

Target:

- Increase the amount of financial resource mobilized from partner organization (in Dollar) from 291,277,319.89 to 568,694,905
- Increase the share of government expenditure for the health sector from 8.70% to 11.3%
- Increase number of private investment projects in health from 76 to 140
- Increase the amount of foreign direct investment capital in health sector to 10,931,996,000 ETB.
- Increase the amount of investment capital of local investors in health sector to 16,287,514,000.
- Increase number of public private partnership projects to 2.

Strategic initiatives and main activities

- Strengthen the contribution private sector in the health sector.
- Sign contractual agreement between St. Peter's Hospital and the international winner company on the diagnostic (laboratory, pathology, and imaging) public-private partnership project.
- Approve feasibility study and prepare bid documents for the oncology services at St. Paul's Hospital.
- Conduct pre-feasibility and feasibility studies on other selected public-private partnership projects.

Programs that need multi-sectoral coordination and engagement;

- Nutrition and environmental and personal hygiene
- Communicable and non-communicable diseases
- Audit and women and social affairs inclusion activities

The activities performed under nutrition, hygiene and disease prevention and control are described under the respective program areas in the previous sections, and Audit and women and social affairs inclusion activities are described hereunder

I. Strengthen Audit activities

Target

Increase number of audits on the health sector to 5.

Strategic initiatives and main activities

- Improve the engagement of the audit stakeholders
- Conduct corrective activities to address audit findings of the ministry.

II. Women and Social Affairs inclusion

Target

- Increase number of hospitals that provide one-stop services for gender-based violence victims from 82 to 90
- Increase number of health facilities that provide disability inclusive services (disability corner) from 7 to 42;
- Increase number of women in leadership position from 906 to 1,106
- Increase number of facilities that have a day care center from 42 to 60

Strategic initiatives and main activities

- Ensure gender mainstreaming and institutionalization;
- Implement and strengthen gender and disability information utilization system
- Strengthen stakeholder engagement
- Strengthen women's decision-making and leadership system.
- Strengthen children's health rights and safety; and participation and beneficence of women and youth in the health sector.
- Ensure equitable participation and benefit for the community that need attention,
- Ensure equitable participation and benefit for the disabled community,
- Strengthen gender-based violence prevention and response systems;



III. Strengthen Public Relations and Communications activities

Target

Increase proportion of health facilities implementing health education from 40% to 65%

Strategic initiatives and main activities

- o Develop 72 short health messages on different health issues and disseminate to 700,000 beneficiaries
- o Strengthen community awareness and health literacy by ensuring quality and accessible health information, counseling and referral service
- o Strengthen healthy behavior of the community through health promotion and health education in workplaces and schools;
- o Strengthen community's health information and awareness by updating and increasing access of the institutions' social media and web portal;
- o Strengthen community and stakeholders' participation by introducing new best practices through strengthening communication networking and media partnership;
- o Strengthen the use of social media by federal agencies and regional health bureaus;
- o Strengthen implementation capacity of federal agencies and regional health bureaus communication experts through supportive supervision.



7.11. Resource Requirement and Gaps

The tool used to prepare the estimation cost for EFY 2017 WBHSP was activity-based costing (ABC) and program-based costing using software. The overall cost require for fiscal year of EFY 2017 is about ETB 226,511,054,160. Out of the total estimated budget, around ETB 165,587,930,186 (73.1%) is expected to be covered by the government, and ETB 15,086,237,699 (7%) is to be covered by aid. This implies government has shown a higher commitment to support the health programs compare to partners. The overall financial gap for the fiscal year is about ETB 32,071,334,615 (14.2%). In order to fill the resources gaps in the health sector and bring better performance in each health programmatic areas, strong efforts and collaboration will be required to mobilizes additional financial.

Table 15: Costing plan by regions in ETB 2017 EFY

No	Region	Required budget by regions	Expected from				Financial Gap
			Government	Community	Public Private Partnership (PPP)	Partners	
1	Addis Ababa	14,208,854,460	10,735,276,191	1,408,315	241,882,852	4,700,000	3,225,587,102
2	Afar	1,207,248,912	510,741,239	4,206,282	335,251,019	4,690,012	352,360,360
3	Amhara	33,252,860,485	23,345,881,987	1,380,523,377	5,663,794,053	476,151,817	2,386,509,250
4	Benshagul Gumuz	1,934,293,381	72,678,312	1,802,500	235,302,221	4,565,500	1,619,944,848
5	Central Ethiopia	4,563,750,118	2,833,427,930	339,146,437	902,963,779	102,417,038	385,794,934
6	Dire dawa	2,330,574,000	2,190,097,262	36,001		699,341	138,821,395
7	Gambela	203,163,622	131,849,241	704,009	63,939,140	4,006	6,667,226
8	Harari	677,553,102	675,551,302	35,412,704	-	100,000	195,900
9	Oromia	109,813,194,072	85,733,141,458	8,867,711,649	4,185,695,993	572,344,052	10,454,300,920
10	Sidama	5,225,116,400	4,077,917,797	224,312,428	319,887,018	36,645,330	566,353,827
11	Somali	2,679,024,455	1,570,460,767	42,652,913	23,415,423	175,677,096	1,132,188,199
12	South Ethiopia	7,638,553,299	6,513,055,282	208,515,507	711,754,956	66,459,556	138,767,998
13	South West Eth	12,246,387,243	7,597,451,641	952,841,861	2,064,426,398	181,303,471	1,450,363,872
14	Tigray	10,008,470,263	2,555,204,520	36,777,314	14,867,032	142,491,229	7,259,130,168
15	All Hospitals summary	20,522,010,349	17,045,195,256	170,274,491	323,057,815	29,024,171	2,954,348,616
Total		226,511,054,160	165,587,930,186	12,266,325,787	15,086,237,699	1,797,272,619	32,071,334,615

Table 16: Health facilities profile by regions

Public Hospitals in number					Health Centers					Functional HPs								
No	Region	Primary Hospitals	General Hospital	Comprehensive Hospitals	Total number of hospitals	Public Health Center	NGOs	Total HCs	Hospitals & HCs	Categorized to be Basic HP	Actual existing Basic HP	Categorized to be Comprehensive HP	Actual existing Comprehensive HP	Total functional HPs	HPs Under construction	Total Health Posts	Private Hospitals	NGO Hospitals
1	Addis Ababa	0	6	7	13	98	1	99	112	NA	NA	NA	NA	NA	NA	NA	28	0
2	Afar	9	1	0	10	102	0	102	112	365	280	38	2	403	4	407	0	2
3	Amhara	71	20	8	99	917	0	917	1016	2,902	28	355	11	3,257	13	3,270	15	0
4	Benishangul Gumuz	4	2	0	6	60	1	61	67	276	128	74	1	350	2	352	0	0
5	Central Ethiopia	26	4	2	32	219	8	227	259	1,059	17	4	1	1,063	4	1,067	1	3
6	Dire Dawa	0	2	0	2	16	0	16	18	34	34	18	2	52	2	NA	5	0
7	Gambella	4	1	0	5	30	1	31	36	121	56	3	2	124	2	126	0	0
8	Harari	0	1	1	2	9	0	9	11	26	28	797	44	823	1	824	1	0
9	Oromia	75	33	4	112	1435	5	1440	1552	5,027	2,651	66	2	5,093	129	5,222	23	3
10	sidama	13	7	1	21	142	3	145	166	505	83	158	24	663	-	663	9	0
11	Somali	11	6	1	18	239	1	240	258	1,316	157	127	7	1,443	-	1,443	1	0
12	South Ethiopia	23	5	2	30	284	2	286	316	1,108	33	140	9	1,248	4	1,252	4	2
13	South West Eth	10	4	0	14	125	1	126	140	37	37	93	2	130	6	136	0	0
14	Tigray	24	14	2	40	232	2	234	274	626	-	82	-	708	7	715	16	2
Total Facilities		270	106	28	404	3,908	25	3,933	4,337	13,402	3,532	1,955	107	15,357	174	15,531	103	12

Table 17: Nationally Numbers of Zones & Woredas profile

No	Region	Number of zones	Number of Woredas	Remark for the # of Zones
1	Addis Ababa	11	125	
2	Afar	6	50	
3	Amhara	21	166	Including Town Administration Office (TAO)
4	Benshagul Gumuz	4	25	Including Special Woreda
5	Central Ethiopia	10	82	
6	Diredawa	0	9	
7	Gambela	5	14	Including TAO & Special Woreda
8	Harari	0	9	
9	Oromia	22	357	
10	Sidama	5	43	Including TAO
11	Somali	11	101	
12	South Ethiopia	12	96	
13	South West Eth	6	57	Including TAO
14	Tigray	7	93	
National		120	1227	

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