# Ethiopia

## **Investment Case Priorities**

- 1 Improve equitable access to quality health services.
- 2 Improve health emergency risk management.
- 3 Enhance good governance.
- 4 Improve regulatory systems.
- 5 Improve supply chain and logistics management.
- **6** Improve community participation and engagement through strengthening of the functionality of the Health Development Army.
- 7 Improve resource mobilization.
- 8 Improve research and evidence for decision making.
- 9 Improve the development and management of human resources for health.
- 10 Improve health infrastructure.

### **RMNCAH-N Data**

#### CORE IMPACT INDICATORS

Maternal mortality ratio 412 per 100,000 live births

Neonatal mortality ratio 29 per 1,000 live births

Under-five mortality ratio 67 per 1,000 live births

Adolescent

per 1,000

women

Stunting among children under birth rate 80 5 years of age 38%

Percent of births

<24 months after

the preceding

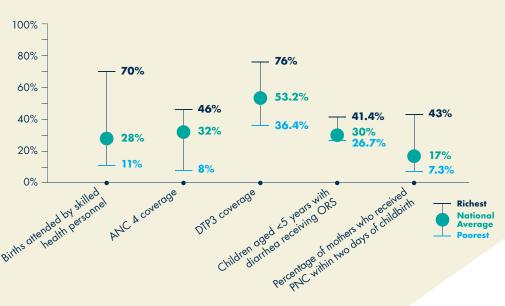
birth 21.7%

Moderate to severe wasting among children under 5 years of age 10%

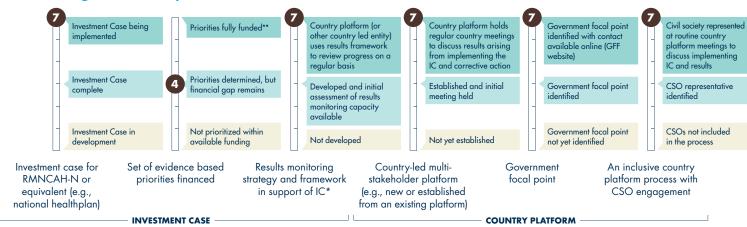
#### **COVERAGE INDICATORS\*\*\***

People living with HIV receiving ART Coverage of preanant women who receive ARV for PMTCT 69%

Children aged <5 vears with pneumonia contraceptive prevalence rate symptoms taken to a healthcare provider 24.9% 31.3%



## Monitoring the Country-led Process



## Health Financing Indicators

# Geographic Focus Areas

#### **CORE HEALTH FINANCING IMPACT INDICATORS**

Health expenditure per capita financed from domestic sources **6.52** 

Ratio of government health expenditure to total government expenditures 5.98%

Percent of current health expenditures on primary/ outpatient health care **22%** 

Incidence of catastrophic and impoverishing health expenditures

4.9% catastrophic 0.9% impoverishing

## **OUTPUT INDICATORS**

Share of health in total government budget 11.7%

Monitoring of catastrophic and impoverishing health expenditure with data less than three years old **Yes** 

Country has: implemented or updated a resource mapping exercise

domestic resource mobilization **Yes** Implemented strategies to reduce

key drivers of

inefficiency Yes

Identified options

for strengthening

Identified drivers of limited financial protection (especially In relation to **RMNCAH-N** 

domestic resource mobilization **Yes** Implemented

Taken actions

to support

reforms to address identified drivers of financial protection (especially related to RMNCAH-N) Yes

Share of external funding for health that is pooled or

on budget 41.15%

FOCUS AREAS

#### **EFFICIENCY**

DTP3 dropout rate **27.4**%

> Health budget execution rate 96% federal 89% regional **96%** local

ANC dropout

services) Yes

government level

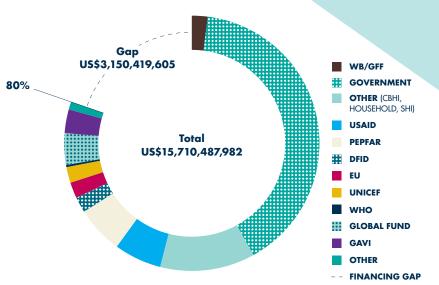
rate **22.7**%

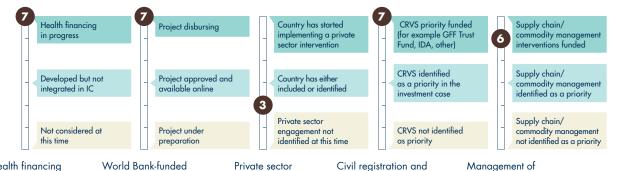
**World Bank-funded** 

Project (IDA/IBRD/GFF)

	-
COUNTRY	Ethiopia
BOARD DATE	5/9/17
GFF APPROVED AMOUNT	\$60M
IDA AMOUNT	\$150M

# Resource Mapping





Health financing reforms identified World Bank-funded project in support of the IC

engagement

vital statistics (CRVS) made a priority

Management of medicines and supplies/ supply chain interventions

OTHER AREAS OF INTEREST **HEALTH FINANCING**