Investment Case being developed but not established and initial project approved and financial gap remains.

**Country Focus Areas**

- Add GFF and World Bank resources into SDG Pool funds with 10 other partners that the Ministry of Health can use to purchase drugs and medical supplies for health facilities at regional levels and implement the HSF/Investment Case and support improvement of RMNCAH results.
- Support the government’s efforts to increase the budget share for health from 7 percent in 2015 to 11 percent in 2020.
- Improve equity in public spending by increasing the proportion of functioning community-based health insurance schemes from 23 percent in 2017 to 53 percent in 2021.
- Support public financial management reforms to improve budget execution and increase domestic resource mobilization.
- Strengthen private sector engagement, support public-private sector dialogues, and build capacity and opportunities for collaboration.
- Strengthen monitoring, supervision, and safe storage of civil registration documents, and support advocacy and awareness campaigns.

**RMNCAH-N Core Indicators**

- Maternal mortality ratio: 412 per 100,000 live births
- Neonatal mortality ratio: 30 per 1,000 live births
- Under-five mortality ratio: 55 per 1,000 live births
- Adolescent birth rate: 80 per 1,000 women
- Percent of births <24 months after the preceding birth: 21.7%
- Stunting among children under 5 years of age: 37%
- Moderate to severe wasting among children under 5 years of age: 7%

**Health Financing Core Indicators**

- Health expenditure per capita financed from domestic sources: $US10.60
- Ratio of government health expenditure to total government expenditures: 8.1%
- Percent of current health expenditures on primary/secondary health care: 89%
- Incidence of catastrophic and impoverishing health expenditures: 4.91% catastrophic, 0.93% impoverishing

**Ethiopia**

**RMNCAH-N**

- Strengthen government-led multi-stakeholder platform (e.g., new or established from an existing platform)
- Support public financial management reforms to improve budget execution and increase domestic resource mobilization.
- Strengthen private sector engagement, support public-private sector dialogues, and build capacity and opportunities for collaboration.
- Strengthen monitoring, supervision, and safe storage of civil registration documents, and support advocacy and awareness campaigns.

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**Monitoring the Country-Led Process**

- Investment Case for RMNCAH or equivalent (e.g., national health plan)
- Set of evidence based priorities financed
- Results monitoring strategy and framework in support of IC
- Civil registration and vital statistics (CRVS) made a priority
- Civil society engaged as a priority
- Resource mapping
- Project under preparation
- Private sector engagement
- Management of medicines and supplies / supply chain interventions

**Country Platform**

- Investment Case in Development
- Investment Case complete
- Investment Case being implemented
- Priorities determined, but financial gap remains
- Country platform for effect, country led entity (e.g., a health system wide agreement or a regular basis)
- Established and initial meeting held
- Government focal point identified
- Government focal point not yet identified
- Government focal point identified
- Country platform not identified
- Health financing reforms identified
- Health financing not in progress
- Project approved and available online
- Project disbanding
- Country has started implementing a private sector intervention
- Private sector engagement not identified at this time
- Civil registration and vital statistics (CRVS) made a priority
- Civil registration and vital statistics (CRVS) made an IT priority in the investment case
- Civil registration and vital statistics (CRVS) identified with contact information
- Supply chain / commodity management not identified as a priority
- Supply chain / commodity management identified as a priority
- Country has started implementing an existing platform

**SCORES**

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- 6
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