Country Presentation
by Ethiopian Delegation
Introduction

- Achieving broad based, accelerated and sustained economic growth to eradicate poverty is a key objective of the government of Ethiopia. The government has designed, and is implementing strategies, policies and plans to guide and manage the overall development of the country.
The national population policy of Ethiopia is one of these polices which was issued in 1993 with the goal to harmonize the rate of population growth and the capacity of the country for the development, rational use of natural resources to the end that the level of welfare of the population is maximized overtime.
The national population plan of Action (NPPA) is designed to map the road toward the achievement of the goal of the policy with close attention to the reality obtained on the ground.
Currently, the Government of Ethiopia is fully committed to achieving the MDGs with special emphasis on MDG 4 and MDG 5. Goal 4 of the MDGs deals with the issue of decreasing child mortality in which under-five mortality rates decreased to 101/1000 in 2010 from 123/1000 in 2006. In the same way, infant mortality rate has decreased from 77/1000 in 2006 to 45/1000 live births in 2010.
Despite all the good achievements Ethiopia still facing challenges like poverty, low maternal education, maternal under nutrition, narrow intervals between births and the like. Achieving health related MDG targets, especially the reduction of maternal and associated newborn mortality, requires further efforts.
This should be considered in light of the huge gap between the supply and demand of human resources required to meet the minimum staffing pattern, for scaling up basic and emergency obstetrics and newborn care services in health centers and hospitals.
Achievement gained so far shows that the maternal mortality from 673/100,000 in 2006 to 470/100,000 in 2010, while the target by the year 2015 is 267/100,000.
Challenges such as harmful traditional practices, poverty, preference for high fertility, weak referral systems, few ambulances, poor infrastructure, weak engagement of the private sector and so on.
Progresses in SEAPACHO’s Resolution (2010)
Leadership

- Regarding good governance on all matters of health, the Ethiopian system has got three tiers/levels of health care delivery system. These are:

1. Primary health care unit – Woreda/District hospital (one in 60,000-100,000 people); Health center (15,000-25,000 people) and their satellite Health posts (3,000-5,000 people)
2. Secondary health care unit – General hospital (1 million-1.5 million people)

3. Tertiary Health care unit – Specialized Hospital (3.5 million-5 million people)
Providing stewardship

- Making laws helping the health policy to get implemented accordingly
- Overseeing plans of the sector, the implementation procedure, and better utilization of resources allocated for the policy implementation
Population and family planning issues are well addressed in GTP and special plan of action and strategies for both are prepared and are under implementation including HIV/AIDS.
Population council which embraces various organs (GOs, NGOs, CSOs, Religious organizations, community elders, and the like) has been established in regional state and preparation is under way to establish it at federal level. This council is led by the heads of regional states at state level and expected to be led by Prime Minister at federal level.
2. Advocacy

- The government of Ethiopia has adopted various development policies, such as national health policy, the national policy on Ethiopian women, youth, HIV/AIDS, Education etc. which facilitated the implementation of the national population policy.
Moreover, different strategies and plans were designed and being implemented respectively to ascertain efficient implementation of the population. In addition, several action programmes from major international conferences and conventions have brought key population and development issues to the forefront and underlined the crucial role IEC/BCC and advocacy.
Cognizant of the fact that there is strong interrelation between population and development, it is necessary to give serious attention to population issues in process of development planning in order to improve socio-economic growth of the country.
A comprehensive national population IEC/BCC and advocacy program is a vital tool for a successful implementation of policy. It is critically reviewed the national population IEC/BCC advocacy strategy against the present trends.
Our parliament, in this regard, is playing roles in promoting FP as essential to the achievement of MDGs (especially Goal 4 and 5).
To mention some of the promotion activities performed by parliament (especially by social affairs standing committee) mobilizing the public in partnership with media and other stakeholders using the slogan “NO WOMAN SHOULD DIE WHILE GIVING LIFE”. All MPs have been taken the responsibility of mobilizing their respective constituencies in the year 2009/10 annual campaign.
Regarding Maputo Plan of Action the unmet need is about 34% which can be taken as the main obstacle to achieve the universal access to comprehensive sexual reproductive health
In addition, the government of Ethiopia has declared its commitment to gender equality and equity by adequately addressing the rights of woman in federal constitution, adopting policies on women and establishing machineries at different levels, which facilitate and monitor the mainstreaming of gender issue and various interventions were made to improve women’s access to control over economic, social, cultural, and political spheres.
As a result considerable achievements registered in terms of education in all levels, harmful traditional practices (early marriage, female genital mutilation, abduction, and polygamy) and increased participation of women in political sphere, etc.
• Ethiopian government has been creating enabling environments in capacity building, community mobilization and empowerment, leadership and governance, mainstreaming, coordination and partnership. By doing so the HIV/AIDs prevalence rate has decreased significantly
In this regard our parliament has been playing remarkable role by investigating whether the HIV/AIDS issues are addressed in the plans of each public body every year and monitoring its implementation process as well as results gained.
Besides, each MP is required to discuss with his/her electorate people on the agenda related to HIV/AIDS and submit written report to parliament after discussion.
In the same way, government organizations who have direct stake in the implementation of HIV/AIDS policy like District administration, health office, HIV/AIDS prevention and control office, education office and so on are surveyed how they are performing this task twice in a year (i.e. when MPs are at recess)
3. Financing

- The core element of health sector are decentralization of the health care system (emphasis is given to different tiers of government – regional, zonal and woreda/district)
The health sector development plan aims at ensuring community ownership and empowerment through effective social mobilization, enhanced awareness creation, community empowerment.
A health care financing strategy aims at increasing resource flows to the health sector in each level of government improving the efficiency of resource utilization, and answering sustainability of financing to improve overall coverage and quality of health service.
Based on the aforementioned principles, parliament checks whether the resource allocation coincides with the objectives set and oversees the efficient utilization of financial resources from different sources (either from treasury or development partners).
4. Strategies and Programs

- The health outcomes depend on so many factors of particular importance. In the intersectoral collaboration in crosscutting areas such as water supply and sanitation, education, gender, population, and food supply and also given the partnership and networking between the government and NGOs, CSOs, and private organizations.
Private health care providers are strengthened, motivated, and regulated in order to provide a good quality health service that satisfies citizens.
THANK YOU..