

Ethiopia's National Health Strategic Plan: HSDP III

Bamako
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Policy Framework of HSDP-III

- PASDEP: One national Plan for development and ending poverty
- HSDP constitutes the health section in PASDEP
- Zooms at achieving the health MDGs,
- Builds on:
 - HSDP II Evaluation
 - Health Service Extension Programme (HEP),
 - Accelerated Expansion of Primary Health Care Services
 - Child Survival Strategy,
 - Reproductive Health Strategy.
 - Health care financing strategy

Main features of HSDP III

- ▶ Well prioritized based on the disease burden in the country
- ▶ National strategy translated into action.
- ▶ Strategy developed through wider consultation of stakeholders.
- ▶ Well Costing using MBB approach under three scenarios,
- ▶ Clear implementation arrangement as defined in Health Harmonization Manual, Code of Conduct
- ▶ Existence of agreed upon M&E framework/ in country validation process : Annual performance report, JRM, Mid term and final external review.
- ▶ A functional coordination framework and good regular coordination and consultations.

key challenges

- ▶ Harmonization and alignment – pace is slow.
- ▶ Financial constraints
- ▶ Capacity gaps (HR)

MEASURES TAKEN

- ▶ Signing and implementing in-country IHP compact & JFA
- ▶ Flexibility in exercising different channels of funding
- ▶ Introducing health insurance schemes
- ▶ Introduction of matching fund from Local governments (eg. Health Centre construction),
- ▶ Capacity building - TA , Training (accelerated health officer training, task shifting etc).

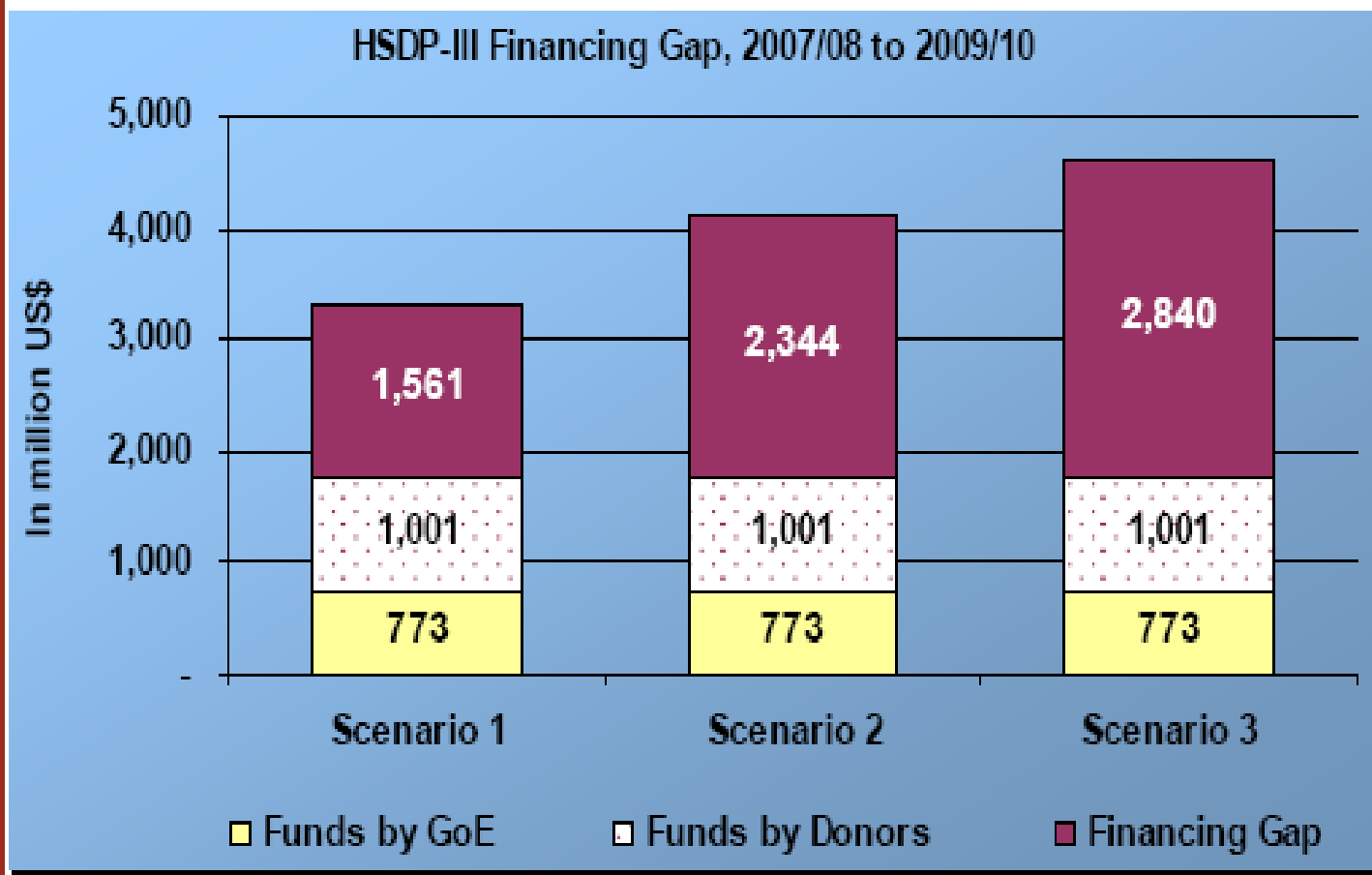
Summary of HSDP III Outcomes & Targets

Focus areas	Outcome	Targets	Vehicles/ means	Bloodlines
Maternal Health	MMR 871 to 600	CAR > 60%		HMIS Logistic system Finance system Harmonization
Child Health	U5MR 123 to 85 IMR 77 to 45	Immunization > 85	HP: 15,000	
HIV/TB	To maintain the prevalence of HIV To reduce mortality attributed to TB from 7% to 4% of all treated cases	Reach every household ART 263,000	HC: 3200 HEW: 30,000	
Malaria	To reduce morbidity attributed to malaria from 22% to 10%	20 million ITNs	HO: 5000 GP QA	

Estimated Financial Requirement

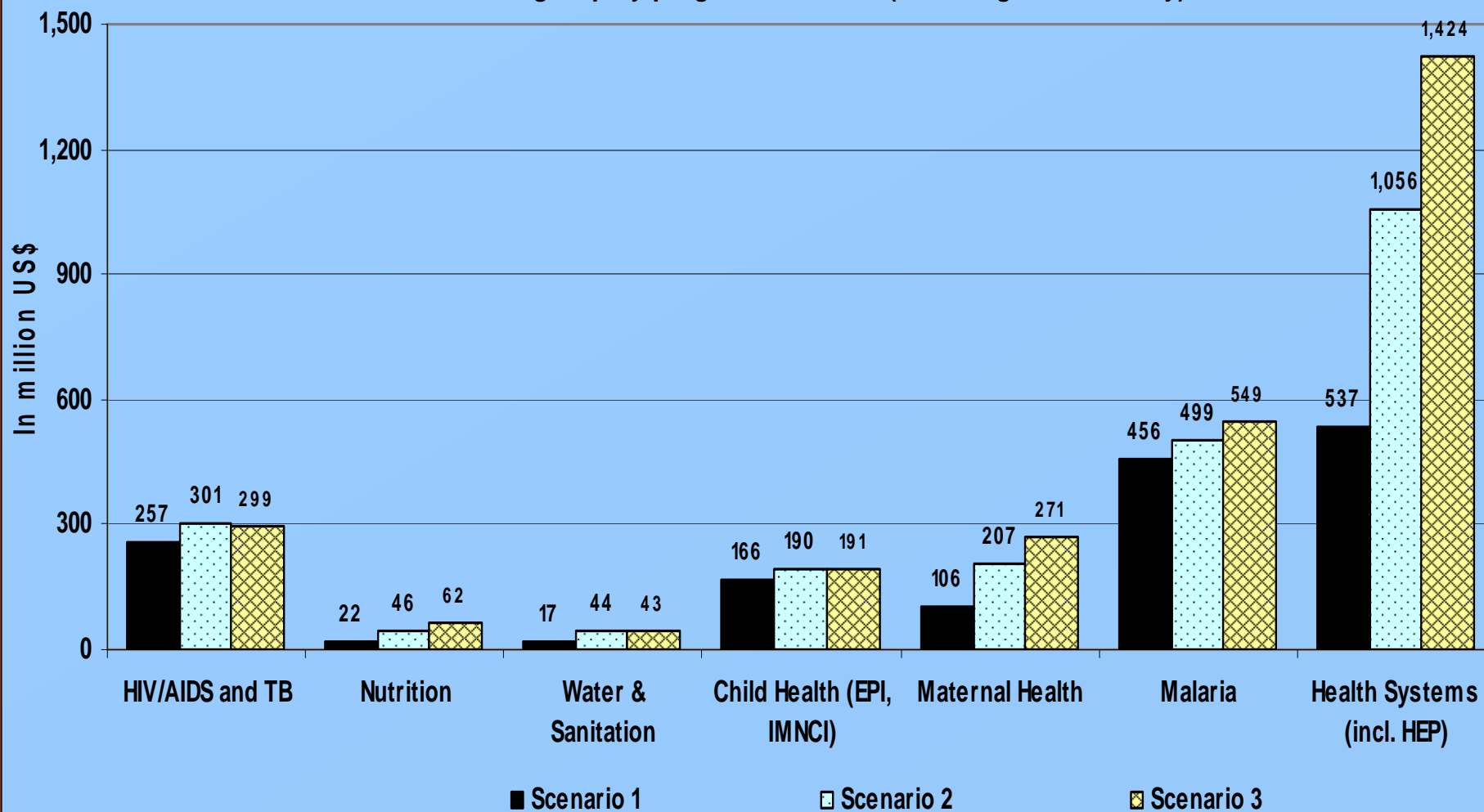
	Baseline spending	Total funding need under		
Programmatic areas	2005/06	Scenario 1	Scenario 2	Scenario 3
Health systems (incl. HEP)	219.42	1,507.10	2,026.49	2,394.42
Child Health (EPI, IMNCI)	44.11	253.28	277.64	278.77
Malaria	149.57	561.51	604.17	653.90
HIV/AIDS and TB	235.88	742.13	786.44	784.12
Maternal health	20.46	174.88	276.66	340.39
Nutrition	11.24	56.35	80.62	96.23
Water and sanitation	3.66	39.29	65.82	65.20
TOTAL	684.33	3,334.54	4,117.85	4,613.04
Per capita per year	8.8	14.3	17.6	19.7
Estimated % U5M reduction by 2010 (from 2005 level of mortality)		41.8%	55.6%	61.3%
Estimated % of maternal mortality reduction by 2010 (from 2005 level of mortality)		19.6%	34.8%	44.9%

Financing GAP by source of funding



Health systems, maternal and Child health under funded!

HSDP III financing Gap by programatic areas (including GoE treasury)





Thank you
Merci beaucoup