REPRODUCTIVE HEALTH (RH) SERVICES IN ETHIOPIA

REPRODUCTIVE HEALTH SUPPLIES COALITION (RHCS) MEETING

OCTOBER 20, 2006 BONN, GERMANY
CPR: 14.7% (25% MOH service Coverage)

Method Mix:
- Injectables: 10%
- Pills: 3%
- LTFP: 0.4%
- FS: 0.2%
- Condoms: 0.2%

Source of FP:
- Public Sector: 80%
- Private/NGO: 17%
- Other: 3%

Unmet Need 42% WRA (34% MWRA)
Urban/ Rural CPR: 47% vs. 11%
MMR 673 per 100,000 live births
CURRENT SYSTEMS

Delivery Systems
- Public Sector
- NGO
- Private

(Social Marketing feeds into all 3 systems)

Source of Funds
- Government
  - Federal
  - Regional
- Multi-lateral
- Bi-lateral
Coverage Projections of Users and Commodity Costs
Health Service Statistics, 2006-2010

CPR 45% by 2010 - HSDP, Scenario I

Costs in $

2006 2007 2008 2009 2010

COSTS

USERS
<table>
<thead>
<tr>
<th>DONOR</th>
<th>Commitment as of October 18th, 2006</th>
<th>2006 Shipped</th>
<th>2006 Anticipated*</th>
<th>2007 Anticipated*</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID</td>
<td>$3.5 Million to arrive in 2006 + $3.5 million of $6 million committed for 2006-2007</td>
<td>$3,200,000</td>
<td>$1,516,000</td>
<td>$4,334,028</td>
</tr>
<tr>
<td>Organon Donation</td>
<td>2nd donation, 1st amount having arrived in 2005</td>
<td>$225,600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNFPA</td>
<td>Request made for $1.5 to $4.5 million Gap filling</td>
<td>$1,900,000</td>
<td>$1,500,000 to $4,500,000</td>
<td></td>
</tr>
<tr>
<td>DKT-DFID, Irish Aid &amp; RNE Netherlands</td>
<td>$10.5 Million grant 2005-2008 (most spending starts 2006) +DFID $1.3 Million + $500,000 Netherlands in 2007</td>
<td></td>
<td>$3,500,000</td>
<td>$4,800,000</td>
</tr>
<tr>
<td>IPPF</td>
<td>Includes only injectables and pills</td>
<td></td>
<td>$250,000</td>
<td>Not known</td>
</tr>
<tr>
<td>PBS</td>
<td>Low end estimate of $11.5 million proposed, given lower anticipated total</td>
<td></td>
<td></td>
<td>$4,666,667</td>
</tr>
<tr>
<td>KFW</td>
<td>$3.5 Million committed in 2004, first shipment in Customs Aug 15, 2006</td>
<td>$3,484,475</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EU</td>
<td>Not in Current Country Strategy – next plan 1/08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Donors</td>
<td>Total</td>
<td>$8,810,075</td>
<td>$5,266,000</td>
<td>$15,300,695 to $18,300,695</td>
</tr>
<tr>
<td>All Totals for 2006 and 2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Anticipated: No shipping schedule as yet, but general commitment made
ACHIEVEMENTS

DHS 2000-2005

- Increase in CPR 8% to 14.7%
- Decline in MMR from 870 to 673

Policy and Strategy Context

- Population in PASDEP (PRSP-II) and HSDP – aligned with MDGs
- Health Extension Program
- RH and AYRH Strategies
- Safe Abortion guidelines & Penal Code Amendment
- National Contraceptive Forecast 2005-2010
ACHIEVEMENTS

Coordination

- National and International Partnerships
  - HPN Donor Group
  - RH Task Force
- FP Technical Working Group

Others

- Contraceptive Security Workshop
- Population Forum, Advocacy Initiatives
WEAKNESSES

Donor-related

- Lengthy Procurement procedures
- Donor endorsement of Branded products
- Conditionality
- Funding Volatility
WEAKNESSES

National

★ Procurement Capacity & Regulations
★ Information Systems
★ Logistics planning
★ Infrastructure
  – Health facility
  – Transport & Warehousing
★ Limited choice impacts Access
★ Provider Bias
OPPORTUNITIES

- Rapidly Expanding Service Delivery (HEP)
- Harmonization on track
- New Donors and Foundations
- Initiative in Health Commodity Supply System (Logistics master plan)
- Existence of functional coordinating bodies
- RHSC – Secretariat ???
MDA

**Second Tier Markets**
- Need to identify Ability and Willingness to Pay at different facilities (Public/Private)
- Not relevant as long as donors and government are endorsing branded products

**Generic manufacturing/Prequalification**
- Interest in local manufacturing
- Capacity building needed
SYSTEMS STRENGTHENING

★ Debt Relief
  – Inclusion of RH in the criteria
★ RH funding Gap
  – Including Buffer Stock Needs for 2007
★ Procurement Planning
  – MOH Initiative toward pooled procurement
  – Generic Products & Donor compliance
★ Multi-lateral Funds
  – Use Experience of Global Fund and GAVI
  – Integration of RH within International Health Initiatives
RMA

Messages

- No product, No Program
- Long Term Commitment (Govt/Donor)
- Advocate Finance people (beyond health sector)
- Pooled Funding
- Country decided Procurement
To ensure CS...

What we have

- Funds – donor and government
- CPR – doubling of CPR in 5 years
- Context – rapidly expanding service delivery

What we Require

- Support to manage expanding demand and supplies
- Support to examining Discontinuation
- Support to expanding Choice – LTPM
- Support for sustainable financing for all sectors
- Support for harmonized interventions
Let us join hands and create true partnership to make RHCS a reality

Synergy

1 + 1 = 3

( may be even 4 )