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MINISTRY OF HEALTH-ETHIOPIA

EXECUTIVE SUMMARY

ANNUAL PERFORMANCE REPORT 2015 EFY



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**Strong Health Financing for Sustainable Health
Development!**



CONTENTS

FOREWORD	III
1. STATUS OF HSTP-II TRANSFORMATION AGENDAS	1
2. HEALTH EXTENSION PROGRAM AND PRIMARY HEALTH CARE	3
3. HYGIENE AND ENVIRONMENTAL HEALTH.	4
4. REPRODUCTIVE AND MATERNAL HEALTH	5
5. NEONATAL AND CHILD HEALTH SERVICES	6
6. IMMUNIZATION SERVICE.	7
7. NUTRITION SERVICES	7
8. HIV PREVENTION AND CONTROL	8
9. TUBERCULOSIS AND LEPROSY PREVENTION AND CONTROL	9
10. MALARIA PREVENTION AND ELIMINATION	10
11. PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES	10
12. NEGLECTED TROPICAL DISEASES	11
13. CLINICAL AND EMERGENCY SERVICES.	12
14. BLOOD SERVICES	12
15. REGULATORY SERVICES	13
16. HEALTH INFRASTRUCTURE	14
17. HUMAN RESOURCE FOR HEALTH.	14
18. HEALTH INFORMATION SYSTEM	15
19. PHARMACEUTICAL SUPPLY AND SERVICES.	15
20. HEALTH FINANCING	16
21. PUBLIC HEALTH EMERGENCY MANAGEMENT	17
22. COVID-19 PREVENTION AND RESPONSE	17

FOREWORD



Lia Tadesse, MD, MHA

Minister, Ministry of Health,
Federal Democratic Republic of Ethiopia

I am pleased to share with you the 2015 EFY performance report of the health sector of Ethiopia. The 2015 EFY marks the end of the second health sector transformation plan (HSTP-II) and the sector prepares a three years medium term health sector development and investment plan (HSDIP) for the period 2016 EFY to 2018 EFY. This annual performance report indicates the progress made during the three years of the HSTP-II period and the report mainly presents the performance of the health sector in 2015 EFY, the major initiatives, major activities implemented and achievements during the fiscal year. In addition, the major challenges and the next focus areas for each program area are outlined in the report.

The health sector has registered remarkable results during the fiscal year despite the presence of challenges such as conflicts and other emergencies that affected the health system. We were able to improve access to and utilization of health services by enhancing the implementation of essential health interventions at all levels of the health system, with due emphasis to primary health care. The report shows that utilization of maternal and child health interventions and services have improved; and registered encouraging results in the prevention and control of major communicable diseases such as HIV and tuberculosis. However, incidence of malaria has increased this year due to climate change and other related factors. The sector strengthened NCD prevention and control interventions that resulted in improved screening, service integration, treatment and management of major NCDs such as hypertension, diabetes mellitus and cancer. Promising progress was also registered in the expansion of specialty and sub-specialty services. In addition, we have been successful in improving health system investments such as improving the number and mix of health workforce, strengthening health information system, improving the supply of pharmaceuticals, regulation and health financing.

We have strengthened our public health emergency management through which occurrence of disease outbreaks were prevented and the reported outbreaks were effectively controlled without causing significant harm to the population. The MOH in coordination with partners have developed a resilient recovery and reconstruction plan for conflict affected areas based on which health service restoration and recovery activities have been conducted. Through our emergency management efforts, we have learned lessons to ensure that our health system is resilient and accelerate progress towards universal health coverage.

These results were registered through the determination and hard work of our health workers and health leaders at all levels, and through a strong partnership and collaboration with all our stakeholders. I would like to express my sincere appreciation and gratitude to all health workers, donors and development partners, civil society organizations, academic and research institutions, the private sector, professional associations and all other stakeholders for the continued partnership and collaboration. Thanks for being part of the effort towards improving the health of our population.

The sector has developed a three years strategic plan, the HSDIP, which identifies the major priorities, initiatives and activities for the next three years. The year 2016 EFY will be the first implementation year of the HSDIP, during which we will build up on our strengths, overcome challenges to achieve the targets we set. We will continue to strengthen our health system towards universal health coverage and improve the health of our population. I call upon all stakeholders to strengthen our partnership and collaboration to a greater level, work together towards achieving the objectives and targets of the HSDIP. **“Alone we can do so little; together we can do so much.”**

Lia Tadesse, MD, MHA

Minister, Ministry of Health

1. STATUS OF HSTP-II TRANSFORMATION AGENDAS

1.1 Leadership



- **Organizational Re-structuring**
 - » Organizational re-structuring of Ministry of Health (MOH) done and the new organizational structure implemented in 2015 EFY
- **Leadership Capacity Building**
 - » Over the past three years, various leadership capacity building development initiatives like the Leadership Incubation Program for Health (LIP-H), and the Clinical Leadership Improvement Program (CLIP) and the new High Impact Leadership Program for Health (HIL-PH) capacity building initiatives are implemented to enhance the capacity of the leadership
- **Ensuring Accountability**
 - » Community scorecard implementation expanded to 760 Woredas and 2,760 health centers. In addition piloting of Managerial accountability program in selected health institutions is started
- **Stakeholder engagement and collaboration**
 - » MOH has successfully conducted a diagnostic exercise to assess the country's status in relation to the domains of One Plan, One Budget, and One Report. Alignment Action Plans were developed and approved by all stakeholders, providing a solid foundation for implementation
 - » MOH leadership has actively engaged in rehabilitating and resuming services in conflict-affected areas, mobilizing resources from stakeholders
 - » Regular Joint Core Coordinating Committee (JCCC) meetings with partners was conducted
- **Ensuring collaboration with other sectors**
 - » Collaboratively worked with other sectors on different programs such as Nutrition program, Seqota Declaration, WASH and other endeavors

1.2 Transformation in Quality and Equity



- To operationalize the quality agenda in the health sector, a National Quality and Safety Strategy-II (NQSS-II, 2020/21-2024/25) was developed and launched in 2020/21
- Various measures were put in place, including the development and implementation of a health center clinical audit tool, the completion of an accreditation roadmap, and the creation of guidance for the National Healthcare Safety High-risk Clinical Conditions and Incident Reporting System
- A guide for the workflow of surgical service provision was developed and implemented in twelve hospitals with high surgical patient loads, and a guideline for surgical safety improvement was developed
- Healthcare Quality and Safety Hubs established in six University Hospitals
- System Bottleneck Focused Reform (SBFR) is being implemented in thirty-eight public hospitals so as to identify and address bottlenecks in the health system, improve the quality of care, and increase access to health services by implementing evidence-based interventions
- Quality improvement initiatives such as the Saving Lives through Safe Surgery (SaLTs) and Maternal and Newborn Quality of Care (MNH QoC) initiatives were implemented
- A National Health Equity Strategy (NHES- 2020/21-2024/25) is developed and on implementation with ambitious goals to narrow the health equity gaps and improve the quality of healthcare services
- Several initiatives have been implemented to improve equity, including customization of the national equity into regional contexts, designing and implementing a mobile health service approach to address the inclusion of vulnerable and targeted groups and a national health equity survey was done to enhance evidence-based informed decisions
- Different projects were designed and implemented to reduce geographic inequities in four selected Regional States (Afar, BG, Somali and Gambella)

1.3 Information revolution



- DHIS2 customized and upgraded to version 2.36 and implemented in more than 95% of the public health facilities
- eCHIS implementation started in more than 7,806 health posts; 6,913 health posts registered more than 85% of their catchment population; 5,740 health posts have started capturing the services provided using eCHIS app
- Electronic Medical Record (EMR) implementation initiated in 27 hospitals and 11 health centers
- Interoperability and Messaging Standards document developed
- Civil registration and Vital statistics implementation: birth notification rate was 75% and death notification rate was 4%
- Different HIS governance documents revised and HIS governance platforms were functional
- Master Facility Registry (MFR) created and more than 47,000 health facilities (both private and government-owned facilities) are registered in the MFR
- By the end of 2015 EFY, IR model woreda strategy implementation was conducted by 36% of all Woreda health office and 48% of health facilities (HCs and hospitals). Of all institutions that conducted the IR self-assessment, 948 (39%) reported reaching model status

1.4 Health financing



- Resource proactively mobilized from domestic and international sources
- Share of government health budget from the total health budget was 12.38%
- More than 555 million USD disbursed from development partners in 2015 EFY
- Health care financing reform components implemented at more than 90% of public health facilities
- The amount of internal revenue collected by health facilities has consistently increased over the past five years, increasing from 3.1 Billion ETB in 2011 EFY to 8.8 Billion ETB in 2015 EFY.
- Public-private partnership (PPP) implementation for three projects approved and implementation initiated
- Community Based Health Insurance (CBHI) implementation expanded to 1,011 Woredas. More than 12 million (78%) of eligible households in CBHI Woredas become members of CBHI

1.5. Motivated, competent and Compassionate (MCC) Health workforce



- Capacity building on MCC health service was provided to MCC focal persons and other health professionals
- Continuous professional development implementation is being provided by 37 accreditors and 219 CPD providers. In addition, CPD is integrated with re-licensing in nine regions
- Awareness creation was done in higher education institutions about the selection of health professions based their passion
- implementation of system bottle neck focused reform (SBFR) was initiated in 38 hospitals where creation of MCC is one of the focus areas

2. HEALTH EXTENSION PROGRAM AND PRIMARY HEALTH CARE



Health Extension Program Optimization (HEPO)

A 15 years HEPO roadmap was approved and launched at national and regional levels. In this year, advocacy and capacity building trainings were provided

Health Post categorization

Based on the HEPO roadmap, health post re-categorization was done. As a result, **16,898** health posts were categorized, from which **12,470 (74%)** were basic, **1,873 (11%)** were comprehensive and **2,555 (15%)** were to be merged with health centers



Comprehensive health posts

49 health posts started comprehensive health service



Women Development Army (WDA) training

278,453 completed Competency Based Training (CBT), among these **198,207** were assessed for their competency and **160,445 (81%)** were found to be competent



Alternative community engagement

- Inclusive community engagement approaches are designed and piloted. It includes optimizing the existing WDA platform, Men Development ARM (MDA), youth engagement, other social structures and re-inventing community engagement strategy through producing village health leaders (VHLs)
- Piloting on optimizing the existing WDA platform and re-inventing community engagement strategy through producing village health leaders (VHLs) was started in 2013 EFY in 4 Woredas. In 2015 EFY, VHLs is scaled up to 80 Woredas.
- Community engagement strategy is customized to pastoral communities of Afar and Somali region and piloting is started in four Woredas of Somali and 3 Woredas of Afar



Primary Health Care Strategic Framework

Developed



Ethiopian health center reform implementation guideline (EHCRIG)

- Revised to include **12** chapters and **131** standards
- **70%** of health centers implemented the revised EHCRIG
- Average EHCRIG on the fourth quarter of 2015 EFY was **79%**



Health Centers Emergency Surgery Service (OR-Block health centers)

- **32 HCs** started OR service in 2015 EFY
- The cumulative number of HC with OR service reached **106**

3. HYGIENE AND ENVIRONMENTAL HEALTH



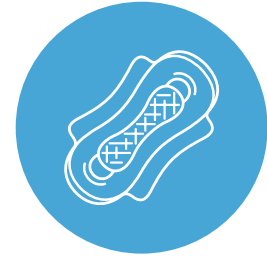
Sanitation

- Percentage of households with access to basic sanitation: **52%**
- Percentage of households with solid waste management: **44%**
- Percentage of households with Liquid waste management: **31%**
- Open defecation free kebeles: **36%**



Sanitation marketing

- In 2015 EFY, **121** new sanitation marketing centers have been established. Currently the cumulative number of sanitation marketing centers reached **551**



Menstrual Hygiene Management (MHM)

- MHM blocks have been constructed and equipped in **1,080** schools



4. REPRODUCTIVE AND MATERNAL HEALTH



Contraceptive Acceptance Rate

More than **15.38 million** | **76%**

Women in the reproductive Health Received a modern Contraceptive Method

Immediate Post-Partum Contraceptive Acceptance Rate

8%

Antenatal Care (ANC)

ANC 4+ coverage: More than **2.69 million (79%)** pregnant women attended four or more ANC care contacts

ANC 8+ coverage: 502,878 (15%) pregnant women attended eight or more ANC contacts

Early Initiation of ANC

Only 22%

of pregnant women started ANC within 12 weeks of gestation

Iron folate (Fefol) supplementation during pregnancy

67%

of pregnant women have received iron and folic acid supplement at least 90+

Syphilis screening

More than **2.69 million** | **74%**

pregnant women were tested for syphilis

Skilled Delivery Attendance

More than **2.55 million** | **75%**

pregnant women delivered at health facilities and attended by a skilled birth attendant

Caesarean Section (C/S) service

5.4%

women delivered by a C/S

Early Post Natal Care (PNC) Service

More than **3.12 million** | **92%**

women received PNC within seven days after delivery

Abortion Service

261,724

women received comprehensive abortion care service, among which **138,185 (53%)** were safe abortion service while **123,539 (47%)** were post-abortion care services)

Still birth rate

10.8

stillbirths per **1,000 births**

5. NEONATAL AND CHILD HEALTH SERVICES



Treatment of childhood illnesses

22%

of **under 5 children** with expected diarrhea received treatment with ORS and Zinc

78%

of children with expected pneumonia received treatment with antibiotics

57,331

neonates with asphyxia were resuscitated, among which **47,561 (83%)** survived



Kangaroo mother care (KMC)

Among the 39,763 reported cases of underweight (< 2000 grams) or premature infants, **70%** received Kangaroo Mother Care (KMC).

Integrated Community Case Management of Newborn & Childhood Illness (iCMNCI)



90%

of health posts provide CBNC service

Integrated Management of Newborn and Childhood Illnesses (IMNCI)



93%

of health centers providing ICMNCI service

Neonatal Intensive Care Unit (NICU) services



222

hospitals provides NICU services

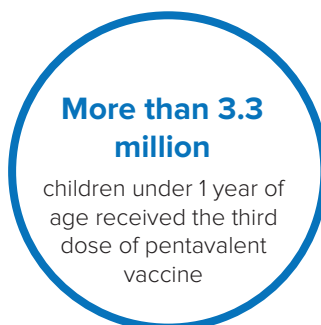
A total of 146,256

neonates were reported as discharged from NICU, among which **80%** of them were recovered and **9%** were died

6. IMMUNIZATION SERVICE



PENTA 3 COVERAGE

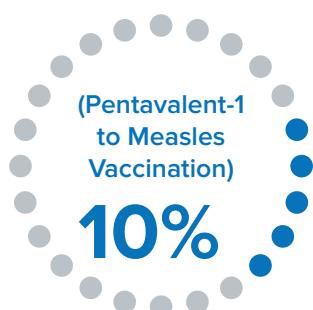


MEASLES 1 COVERAGE



infants under 1 year of age were vaccinated with measles first dose

Dropout Rate

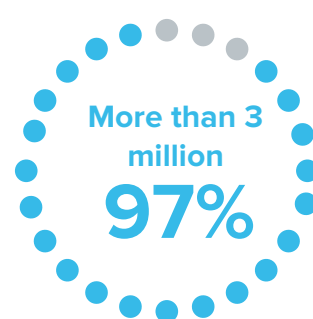


MEASLES 2



of children aged 15-24 months of age received the second dose of Measles

FULL IMMUNIZATION



under one infants received all types of basic antigens before celebrating their first-year birthday



A national integrated measles SIA was conducted reaching a total of **15,070,279 (98%) children of age 9-59 month and more than 109,084** zero dose children vaccinated

7. NUTRITION SERVICES



Growth and promotion

More than 3.2 million (63%) children under 2 years of age participated in growth monitoring and promotion service

Vitamin Supplementation

More than 15.9 million children aged 6-59 months received two doses of vitamin A

Deworming Service

More than 10.6 million children aged 24-59 months received bi-annual deworming service

Nutritional screening

More than 8.45 million under 5 children were screened for malnutrition, among which 6% had moderate malnutrition and 0.7% had severe malnutrition

Seqota declaration expansion phase

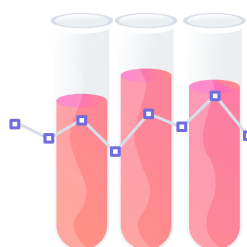
Implementation started in **240 Woredas**

8. HIV PREVENTION AND CONTROL



PMTCT

- **More than 3.35 Million (99%)** pregnant and lactating women were tested for HIV and know their status
- **11,359 (77%)** HIV-positive pregnant and lactating women received ART to reduce the risk of mother-to child transmission
- **Early Infant Diagnosis: 10,511 (72%)** HIV exposed infants received virological test within 12 months after birth
- **ARV prophylaxis for HIV exposed infants: 7,969 (54%)** of HIV exposed infants received ARV prophylaxis for 12 weeks



HIV testing and counselling service

6,629,187 individuals received HIV testing and counselling service, among which **36,182 (0.55%)** new HIV positives were identified

People receiving ART

A total of 473,625 PLHIVs were on ART at the end of the fiscal year

First 95 performance

85.5%

From the total estimated PLHIVs in Ethiopia, **85.5%** of them know their HIV positive status

Second 95 performance

98%

From the total PLHIVs who know their status, **98%** were receiving Anti-Retro therapy (ART) service

Third 95 performance

96.4%

Among PLHIVs who were receiving ART, **96.4%** of them had viral load suppression (<1000 copies/ml)

Pre-Exposure Prophylaxis of HIV (PrEP)

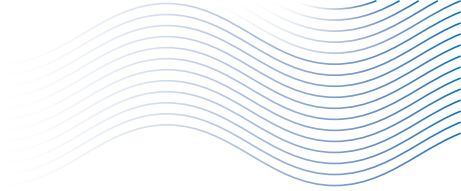
15,482

individuals at high risk of HIV (**13,273 female sex workers and 2,209 sero-discordant couples**) were newly enrolled to PrEP in the fiscal year

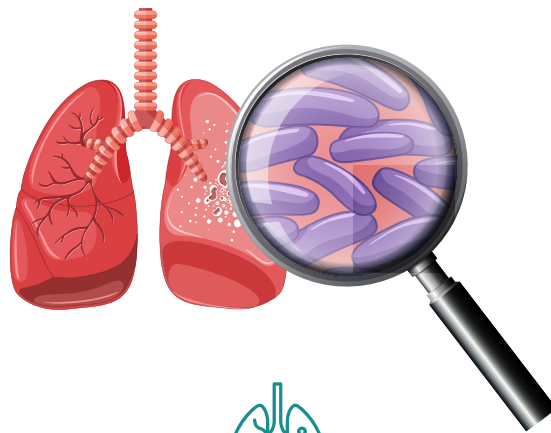
Post-Exposure Prophylaxis of HIV (PEP)

5,770

individuals has received PEP service



9. TUBERCULOSIS AND LEPROSY PREVENTION AND CONTROL



TB Incidence

119 new TB cases per 100,000 population



TB treatment coverage

95%. In the fiscal year, **134,616 (95%)** all forms of TB cases were detected and treated



TB Cure rate

84% among bacteriologically confirmed new PTB cases



Treatment success rate

96% among bacteriologically confirmed new PTB cases



Drug resistant Tuberculosis (DR-TB)

882 drug resistant TB (DR TB) cases were detected and put on DR TB treatment

DR TB treatment initiation has been provided in **57** treatment-initiating centers (TICs)

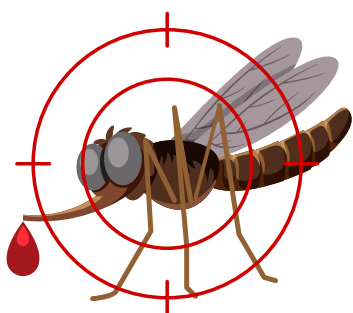
LEPROSY



2531 cases were detected (a notification of **0.25** per 10,000 population)

Grade II disability rate was **12%** among new cases of leprosy

10. MALARIA PREVENTION AND ELIMINATION



Malaria deaths

296 deaths due to malaria in the fiscal year. This is **0.42** deaths per **100,000** population at risk of malaria



Number of malaria cases and incidence

A total of 3.303469 malaria cases were diagnosed and treated

Incidence: **47.2** malaria cases per **1,000** population at risk of malaria



LLTIN distribution

16,991,437 LLINs were distributed



LLTIN spraying

1,214,287 unit structures were sprayed, covering **1,456** kebeles in **200** Woredas



Malaria elimination activities

Implementation ongoing in **565** Woredas

From the identified **138,042** malaria cases in elimination Woredas, **93,031** index cases were eligible for case investigation and investigation done for **56,423 (61%)** index cases

11. PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES



Hypertension

More than 14.38 million individuals were screened for hypertension.

In the fiscal year, **190,439** newly diagnosed hypertension patients were enrolled to care

Diabetes Mellitus

More than 2.67 million individuals were screened for diabetes.

49,030 individuals were newly enrolled to DM care



Cervical Cancer screening

Cervical cancer screening and treatment sites: **1330** provided VIA and cryotherapy service and 50 provide LEEP service

A total of 529,507 women aged **30-49** were screened for cervical cancer; among which **492,195 (93%)** are screened by VIA while the rest are by HPV/DNA test

12. NEGLECTED TROPICAL DISEASES



Trachoma

More than 17.7 million Zithromax treatment was administered in **136** endemic districts

Surgery was done for **134,939** people with Trachomatous Trichiasis (TT)



Onchocerciasis and lymphatic filariasis

More than 19.3 million people treated with Ivermectin drug for the prevention of onchocerciasis in **232** woredas

More than 2.3 million people were treated for lymphatic filariasis



Schistosomiasis and Soil Transmitted Helminthiasis (STH)

More than 46.4 school age children, adolescents, and women of reproductive age group were treated for soil transmitted helminths in **189** districts

More than 5.1 million school-age children were treated for Schistosomiasis (SCH) in **177** districts



Leishmaniasis

1,902 visceral and **2,143** Cutaneous leishmaniasis patients received treatment



13. CLINICAL AND EMERGENCY SERVICES



OPD attendance per capita

More than **151 million** OPD visits, with an OPD attendance per capita of **1.50**



Inpatient admission rate

15.4 per 1,000 population



Hospital Bed Occupancy Rate

68%



Average Length of Stay (ALOS)

4.1
days



Bed Density Per 10,000 Population

3.1



Inpatient Mortality Rate

1.04%

EMERGENCY AND CRITICAL CARE



- Major Cities Emergency and Critical Care Improvement Program implementation in 12 major cities
- National emergency mortality rate was 0.2%
- Critical Care Services
 - » From the 506 mechanical ventilators in the country only 66% of the mechanical ventilators were functional
 - » Intensive Care Unit (ICU) mortality rate was 26%

Road Traffic Injury



A total of 306,390

road traffic injuries were reported in the fiscal year

14. BLOOD SERVICES



Blood donation

352,962 units of blood was collected, of which **99.99%** was collected from voluntary non-remunerated blood donors



Blood banks

The number of blood banks that collect blood from voluntary blood donors: **46**



Post donation counselling

A total of 19,022 (5.4%) blood donors received post donation counselling service



Blood Component Production

From the total blood donated, **50,372 (8.5%)** was converted to its components

15. REGULATORY SERVICES

Quality and safety regulation of food products



- 94 dietary supplements, 15 baby foods and other different types of food were registered and 586 market authorization and 2,230 notifications was given
- 147 manufacturers and 813 (Importers and distributors) were issued certificate of competency
- A consignment test was performed for 41 imported food items and 1,359 (97.6% from sample) were found to comply the national standard, while 8 failed and detained them from entering the country
- Post market surveillance (PMS) was conducted for 9 food items. Of the 1033 PMS samples, 578 (56%) were found to comply the national standard, while 450 failed and collected from the market
- A total of 13,319.445 tons and 4,605,335 Birr worth of food products that are not suitable for human use were seized for various reasons or prevented from being used for human use

Regulation of medicine products and devices



- A total of 25.23 billion birr worth of medicine and 382.08 million birr worth of medicine raw materials were given import permits
- A total of 42.5 million-birr worth of medicine and medical products, that are not suitable for human use were seized for various reasons or prevented from being used for human use
- Registration and licensing of medical devices are essential to ensure their quality. The EFDA planned to issue 860 new market authorizations for non-in-vitro diagnostic (NIVD) devices and 720 new market authorizations for in-vitro diagnostic (IVD) devices during the fiscal year.
- New market authorization was issues to 658 non-in-vitro diagnostic (NIVD) devices and 601 in-vitro diagnostic (IVD)
- New licenses were issued to 2 medical device manufacturers, 49 importers and distributors, and 14 low-risk medical device manufacturers
- At the entry checkpoints, medical devices worth 13.52 billion birr were inspected and allowed to enter the country. In contrast, medical devices worth 33.4 million birr were seized from being imported and distributed in the country because they did not meet the requirements set by the authority

Control of tobacco and tobacco products



- Inspections of public places to control tobacco smoking was conducted at 64,677 public places, and all the inspected areas were found to be smoke-free
- Addis Ababa smoke free initiative started, for which a technical working group was established to coordinate and engage all relevant stakeholders

Regulation of health and health related facilities



- Inspection of health institutions and health related institutions were done
- Caesarean section clinical audit was done in 40 health facilities; diagnostic investigations clinical audit in 50 health institutions and sudden inspection was done in 42 health institutions
- 12 health institution standards were revised and 8 new were developed; and 13 health institution standards were approved by the standards council

Ensuring Health Professional Competence and Licensure



- Licensure exam was administered to 62,656 professionals who graduated from government and private higher education with first degree in thirteen disciplines
- From the total evaluated candidates, 29,443 (47%) of the candidates pass the competency assessment test

16. HEALTH INFRASTRUCTURE



379

Public Hospitals

functional hospitals (254 primary, 98 general and 27 specialized)



52

hospitals on construction

Health Centers

3,826

functional health centers

91

health centers on construction

Health Posts

17,569

functional health posts

116

health posts on construction

Comprehensive health posts construction

Second generation health post upgrading to comprehensive health post was completed for 52 projects

Upgrading construction progress of other 52 projects has reached to an average construction progress of 96%

17. HUMAN RESOURCE FOR HEALTH



Staff Deployment

- In the fiscal year, **1,629** physicians (GP) were employed using matching fund



Stock of Health workforce

- Total health workforce who are employed in public and private institutions: **462,820**
- 310,591 (67%)** are health professionals and **152,229 (33%)** are administrative/supportive staff



Health Professional to population ratio

- Physician to population ratio: **1: 5,737**
- Nurses to population ratio: **1: 983**
- Midwives to population ratio: **1: 4,343**
- Health Officers to population ratio: **1: 3,055**



Capacity Building

- Accreditation has been granted to 37 accreditors and 219 Continuous Professional Development (CPD) providers
- Linkage of CPD with regional regulatory bodies was started in nine regions

18. HEALTH INFORMATION SYSTEM

**SERVICE REPORT
COMPLETENESS
85%**

**SERVICE REPORT
TIMELINESS
41%**

DHIS2



Upgraded to version **2.36** and implemented in more than **95%** of public health institutions; in addition upgrading to version **40** is started

eCHIS



7,806 health posts have started implementation of eCHIS

6,913 health posts registered more than **85%** of their catchment population

5,740 health posts have started capturing the services provided using eCHIS app

Electronic Medical Record system implementation

implementation ongoing in **38** public health facilities (**27** hospitals and **11** health centers)

Birth Notification

75%
of the expected births

Death Notification

4%
of the estimated deaths

19. PHARMACEUTICAL SUPPLY AND SERVICES

Procurement



A total amount of **ETB 42.65 Billion Birr** worth of pharmaceuticals and medical supplies was procured in 2015 EFY

Distribution



Ethiopian Pharmaceuticals Supply Service (EPSS) has distributed pharmaceuticals and medical supplies worth of **ETB 37.2 Billion Birr** to health facilities

Availability of essential drugs (hub level)



The availability of essential pharmaceuticals at EPSS hubs was **84.3%**

Wastage rate



The wastage rate of pharmaceuticals in the pharmaceuticals supply chain system (at hubs) was **0.72%**

Procurement lead time



194 days

Medical equipment management



823 medical equipment's are maintained in the fiscal year

Auditable Pharmaceutical and Transaction Service (APTS)



47 new facilities started APTS in 2015 EFY. Total APTS implementing facilities reached **408**

20. HEALTH FINANCING

Budget allocation



In 2015 EFY, **12.3%** of the total government budget was allocated to health

Development partners contribution to the health sector



More than 590.6 million USD was committed from development partners (DPs), from which **more than 555 million USD (94.6%)** was disbursed to the health sector

Performance Based Financing



Piloting started in three regions (Addis Ababa, SNNP and Somali)

Private sector engagement



- As part of the foreign direct investment, seven projects were registered of which 6 of them are at the pre-implementation phase
- There were 130 domestic private investments on health sector, of which 125 of them are in pre-implementation phase

Public Private Partnership



Three Public Private Partnership pipeline projects were registered by the Ministry of Finance - diagnostic services (Laboratory, pathology and imaging), medical gas plant and oncology services



Community Based Health Insurance (CBHI)

Coverage of CBHI implementing Woredas

At the end of 2015 EFY, 1,011 (87%) Woredas were implementing CBHI

CBHI Membership

More than 12.1 million (78.4%) of the total eligible households were enrolled into CBHI program

CBHI Membership Fee Collection

More than 4.4 billion ETB was collected from CBHI members

Social Health Insurance



Preparatory activities started, different guideline and manuals are prepared, advocacy activities conducted

21. PUBLIC HEALTH EMERGENCY MANAGEMENT

Prevention and control of epidemic prone diseases

Measles Outbreak Response



- Measles outbreak occurred in 219 Woreda from Amhara, SNNPR, Oromia and Somali regions since Tahisas 2013 EFY
- A total of **23,019** confirmed measles cases were reported
- **228** deaths from measles

Cholera outbreak



- Cholera outbreak was reported from 140 Woredas in five regions (Oromia, SNNPR, Amhara, Sidama and Somali)
- A total of **16,857** suspected Cholera cases and 229 deaths were reported (Case fatality rate at 1.36%)

Acute Flaccid Paralysis (AFP) /Polio

In this fiscal year, **1024** Suspected AFP/polio case were reported

Rabies exposure

A total of **12,888** rabies exposers (dog bite) was reported with 50 deaths

22. COVID-19 PREVENTION AND RESPONSE

Number of cases and deaths due to COVID-19 (as of July 27, 2022)



Cumulative total cases

501,049

COVID cases



Cumulative total deaths

7,574

(case fatality rate =1.6%)



Total COVID-19 tests

5,561,223

samples



COVID-19 test positivity rate

9.01%

COVID-19 Vaccine Status

Total doses given (at least one dose)

54.2 million
(80%)

Total that completed primary series of COVID-19 vaccination

44 million
(65.5%)

EXECUTIVE SUMMARY

ANNUAL PERFORMANCE REPORT 2015 EFY

Strong health financing for sustainable health development