

1ST EDITION
FEBRUARY 2020



SPOTLIGHT ON GLOBAL FINANCING FACILITY IN ETHIOPIA

...to enhance civil society engagement



- AF** – Additional Financing
- CRVS** – Civil Registration and Vital Statistics
- CORHA** – Consortium of Reproductive Health Associations

- FMoH** – Federal Ministry of Health
- GFF** – Global Financing Facility
- HSTP** – Health System Transformation Plan

- IC** – Investment Case
- IDA** – International Development Association

- PN** – Power of Nutrition
- RMNCAH+N** – Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition

- VERA** – Vital Events Registration Agency

The GFF Spotlight is an advocacy and accountability tool aimed at improving civil society engagement, accountability and transparency of GFF implementation at country level. It is a product of content analysis and review of RMNCAH+N Investment Case, Project Appraisal Document and Health Financing Strategy through guided analytical questions.

The Spotlight provides information about; HSTF, challenges identified by the plan, additional financing from IDA loan, GFF Trust Fund, PN Trust

Fund, interventions that would be paid by the AF, financing mechanism and reporting, disbursement linked indicators and timeline as well as key recommendations for actions.

The Spotlight would be used to advocate and sensitize stakeholders including members of the country multi stakeholders' platform, civil society organizations, advocates, professional bodies, parliamentarians and relevant government agencies about the GFF at country level.

1

Nutrition remains a serious and under-addressed issue with a need for much stronger and focused efforts in coordination with sectors outside health that influence nutrition status.

2

Disparity in uptake and coverage of high impact interventions amongst different regions and districts.

3

The quality of health care in terms of improving patient safety, effectiveness, and patient-centeredness, in both public and private facilities, is often inconsistent and unreliable.

4

Under served youth (ages of 15-29) to receiving appropriate health care.

5

Inadequate investments that impact learning, skills, labor productivity and overall quality of life are made in early years of children's development.

6

Ethiopia still has high rates of morbidity and mortality from preventable causes.

7

Limitation on the population's equitable access to quality health services require significantly more resources.

8

Maternal mortality remains unacceptably high even though it has declined from 871 maternal deaths per 100 000 live births in 2000 to 412 in 2016

THE HEALTH SECTOR TRANSFORMATION PLAN (HSTP)

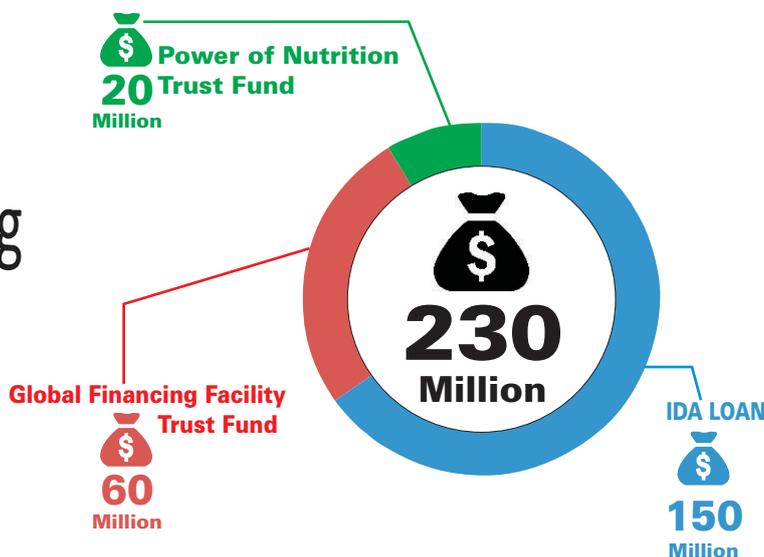
The Health Sector Transformation Plan (HSTP) describes the country's ambitions to achieve Universal Health Coverage using a combination of health systems strengthening and financial protection measures to cover the majority of households by 2020.

The HSTP serves as the investment case upon which the additional financing of USD 230 million was earmarked for Ethiopia.

The Additional Financing -IDA, GFF & Power of Nutrition (PN) in support of Health Sustainable Development Goals Support Program for Results in line with the Health Sector Transformation Plan of the Federal Democratic Republic of Ethiopia on behalf of Federal Ministry of Health and the Federal Vital Events Registration Agency (VERA)

- Development and implementation of Postnatal Care Directives in support of the HSTP goal of improving postnatal care, neonatal mortality and maternal morbidity and mortality.
- Training and building capacity in cause of death registration as part of strengthening the CRVS system.
- Development and implementation of a Gender Based Violence Strategy for the Sector and undertake analytical work on gender disaggregated indicators from HMIS data.
- Establish Pharmaceuticals Commodity Distribution Process ensuring adequate monitoring mechanism of delivery of pharmaceutical commodities to ultimate beneficiaries
- Establish Financial Management System that identify solutions to long term accounting software choice so as to address record reconciliation challenges.
- Improve Governance by ensuring the deployment of Ethics and Anti-corruption Liaison Officer and experts and build capacity for the control of Fraud and Corruption in Regional Health Offices
- Technical Assistance and Capacity Building to Support National Nutrition Program II

Figure 1:
Additional Financing
(AF) for the
Investment Case



- ✓ The AF of USD230million will support the roll out of Community Based Health Insurance which is an important part of the Health Care Financing strategy that aims to address the large gaps in domestic health financing resources.
- ✓ The GFF and Power of Nutrition partnerships contribute to an existing harmonized approach towards addressing maternal and child health financing needs.
- ✓ The proposed USD230million will use existing institutional and implementation arrangements. The FMOH will be responsible for planning, budgeting and reporting funds released.

- ✓ A Joint Consultative Forum is established and chaired by the FMOH and co-chaired by one of the partners in the sector will continue to be the highest body for dialogue on sector policy and reform issues between Government of Ethiopia, its partners and wider stakeholders.
- ✓ FMOH and VERA will apply the report-based disbursement method. Disbursement will be made quarterly based on forecasts.
- ✓ FMOH and VERA will each open a Designated Accounts denominated in US dollars in the National Bank of Ethiopia.

FINANCIAL REPORTING REQUIREMENT

- FMOH and VERA report to Ministry of Finance and donors on the treasury and donor financed operations timely.
- FMOH and VERA will prepare quarterly interim unaudited financial reports (IFR). These will be submitted to the World Bank within 45 days of the end of the quarter.
- In compliance with the Government's financial rules and regulations as well as IDA requirements, FMOH and VERA will produce annual project financial statements similar to the IFRs.
- Annual audited financial statements and audit reports (including Management Letter) will be submitted to IDA within six months from the end of the fiscal year by FMOH and VERA.

TIMELINE FOR DISBURSEMENT OF FUNDS

Disbursement Link Indicators	Total Financing	Timeline for disbursement in US millions						
		2014	2015	2016	2017	2018	2019	2020
Children 12-23 months Immunized with Pentavalent 3 vaccine	18.13							18.13
Pregnant women receiving at least one antenatal care visit	14.3	5.5		8.8				
Pregnant women receiving at least one antenatal care visit	20.00					12.00		8.00
Contraceptive Prevalence Rate	20.50	9.85		10.65				
Contraceptive Prevalence Rate (for Rural Women only)	17.00					10.00		7.00
Children 6-59 months receiving Vitamin A Supplements	5.00					2.50		2.50
Percent of Woredas in non- emerging regions delivering Vitamin A Supplements to children through routine systems (i.e. Health Facilities)	5.00				2.00	2.00	0.50	0.50
Percent of Pregnant women taking iron and folic acid (IFA) tablets	5.00					2.50		2.50
Percent of Children 0-23 months participating in Growth Monitoring and Promotion (GMP)	15.00				5.00	5.00	2.50	2.50
Develop and implement postnatal care service directive to improve the quality of postnatal services	5.00				1.00	2.00	1.00	1.00
Improve quality of adolescent health services	6.00				1.00	3.00	1.00	1.00
Deliveries attended by Skilled Birth Provider	20.00	10.00		10.00				
Deliveries attended by Skilled Birth Provider	45.43				25.00	11.00		9.43
Deliveries attended by Skilled Birth Provider for the bottom 3 performing regions (Afar, Oromia and Somali)	20.00				1.00	19.00		9.00
Children 12-23 months Immunized with Pentavalent 3 vaccine	11.73					11.73		

1

Promote dialogue with relevant senior government officials and development partners to ascertain the role of GFF in catalyzing and/or supporting the roll out of the Community Based Health Insurance aimed at addressing gaps in domestic health financing resources

2

Use the GFF spotlight to educate and sensitize civil society organizations and relevant stakeholders about GFF implementation in Ethiopia

3

Use the GFF Spotlight to improve access to information and promote accountability for the GFF in Ethiopia.

4

Use the GFF spotlight to ascertain the level of progress towards the achievement of the disbursement linked indicators.

5

Use the GFF spotlight to facilitate meetings to review implementation, key challenges and commitment of partners supporting the government's targeted intervention throughout the period of implementation

The Consortium of Reproductive Health Associations provides leadership and serves as the national platform in Ethiopia for civil society organizations working for the implementation of GFF. It also ensures meaningful engagement of civil society organizations in the Ethiopia's multi stakeholder platform and promote accountability and transparency.

FOR MORE INFORMATION CONTACT:
abe_keb@yahoo.com AND +251-1-911228516



