

# FAMILY PLANNING 2020 COMMITMENT

GOVT. OF ETHIOPIA

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The Government of Ethiopia updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017:

## COMMITMENT OVERVIEW

The government of Ethiopia is committed to improve the health status of its youthful population; the country has prepared a national adolescent and youth health strategy 2016-2020 in line with global strategy for Women's, Children's and Adolescent's Health (2016-2030). In the next four years there will be a coordinated effort to improve access to contraceptives through strengthening adolescent and youth friendly services. Ethiopia will continue working to improve the health status of adolescents and youth by increasing mCPR among married youth aged 15-24 years.

### Anticipated Impact

1. Reduced adolescent pregnancy rate from 12% in to 3%
2. Reduced unmet need for family planning among women ages 15 to 19 years from 20% to 10% and among women ages 20 to 24 years from 18% in to 10%.
3. Increased mCPR among women ages 15 to 19 years from 32% in to 40% and ages 20 to 24 years from 38% to 43%
4. Improved collection, analysis, and utilization of age- and sex-disaggregated data on adolescents and youth

**COMMITMENT 1:** The Government of Ethiopia will improve the health status of Ethiopian adolescents and youth by increasing mCPR among those aged 15 to 24 years, and reducing unmet need for modern contraception. GoE will coordinate efforts over the next 3 years to strengthen AYF clinic services and referral linkages to improve AY access to contraceptives.

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### Proposed actions

The MOH is leading and coordinating the implementation of the Adolescent and Youth Health strategy (2016-2020). The following main actions will be implemented in the coming four years with strengthening and scaling up of youth friendly services.

1. Increase access to AYH information and education
2. Enhance equitable access to quality adolescent and youth friendly health services to increase mCPR and tackle the high unmet need for FP among adolescents.
3. Improve collection, analysis, and utilization of age and sex disaggregated data on adolescents and youth

**COMMITMENT 2:** The government of Ethiopia will improve the distribution of FP commodities and consumables from the central level to service delivery points by increasing the capacity of healthcare workers to manage the logistics system and of the Pharmaceuticals Fund and Supply Agency (PFSA) through improving human resource and commodity supply chain, and logistics to manage the national supply chain.

*Anticipated Impact*

100% availability of FP commodities at primary health care level based on the expected services at health post, health center and primary hospital levels.

*Proposed actions (for PFSA)*

1. Staff capacity building, warehousing, fleet and its management, information management, waste management and operational assessment (M & E).
2. Strengthening forecasting and supply planning, logistics management information system (LMIS), improving performance of last mile distribution and continue to be essential segments of the operation.
3. Training of supply managers to produce skilled and motivated staff is given priority.

**COMMITMENT 3:** The Ethiopian government is committed to a progressive increase of financing to family planning services. The Ethiopian government will increase its financing of family planning services by continuing to earmark incrementally funds from its SDG pool fund for its FP budget and using the National Health Account to track expenditures for FP.

Government commitments are:

- a) to continue deployment of around 40,000 Health Extension Workers working on FP as one of their package of services
- b) to continue allocating earmarked budget for FP from SDG pool fund which has been incremental for the past few years
- c) will continue to track the financing for FP using the Ethiopian National Health Account
- d) Improve access and quality of FP services
- e) Will continue to train health professionals on comprehensive family planning

CSOs Commitments:

- a) to engage in all FP program interventions
- b) to mainstream FP in all project intervention
- c) to Complement government effort by reaching the unreached
- d) to contribute toward the FP2020 targets through financial and technical support
- e) to solicit fund from various donors and implement it at grass root level to engage in evaluation of the comprehensive family planning service in collaboration with

*Anticipated impact*

1. To increase the mCPR from 35 % in to 55 % by 2020.
2. To reduce TFR from 4.6 in to 3 by 2020

*Proposed Actions:*

Government will continue:

- budgeting for the salary of health extension workers (HEW)
- incremental allocation of budget for FP from treasury
- to allocate for FP commodity (20%-40%) from the MOH pooled fund

CSOs will continue to work on:

- FP advocacy through GO-NGO Fora
  - Raising awareness on FP issues (demand creation)
  - Organizing good practices and experience sharing visit among & between CSOs & GOs
  - Capacity building including technical assistance
  - Community mobilization for service utilization
  - Resource mobilization
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*The following text summarizes the commitment made by Dr. Tedros Adhanom Ghebreyesus on behalf of the government of Ethiopia at the London Summit on Family Planning on July 11, 2012.*

Contraceptive use has doubled in Ethiopia since 2005. The government will further increase its funding to uphold the rights of all people to access and choose voluntary family planning through the strong network of primary health care providers. The needs of married and unmarried adolescent girls will be met through partnerships with non-government and private providers, as well as expanding youth-friendly services. The government will also improve access for isolated pastoralist communities.

#### Objectives

1. Increase CPR to 69 percent by 2015 (currently 29 percent), reduce TFR to 4 by 2015 (currently 4.8)
2. Reach additional 6.2 million women and adolescent girls with FP services.

#### **FINANCIAL COMMITMENTS**

Ethiopia commits to increasing budget allocation for FP each year. The current funding gap is 50 percent.

#### **PROGRAM & SERVICE DELIVERY COMMITMENTS**

Ethiopia commits to ensuring commodities security, increasing uptake of LARMs, expanding youth friendly services with a focus on adolescent girls, scaling up delivery of services for the hardest to reach groups, and to monitoring availability of contraceptives.