

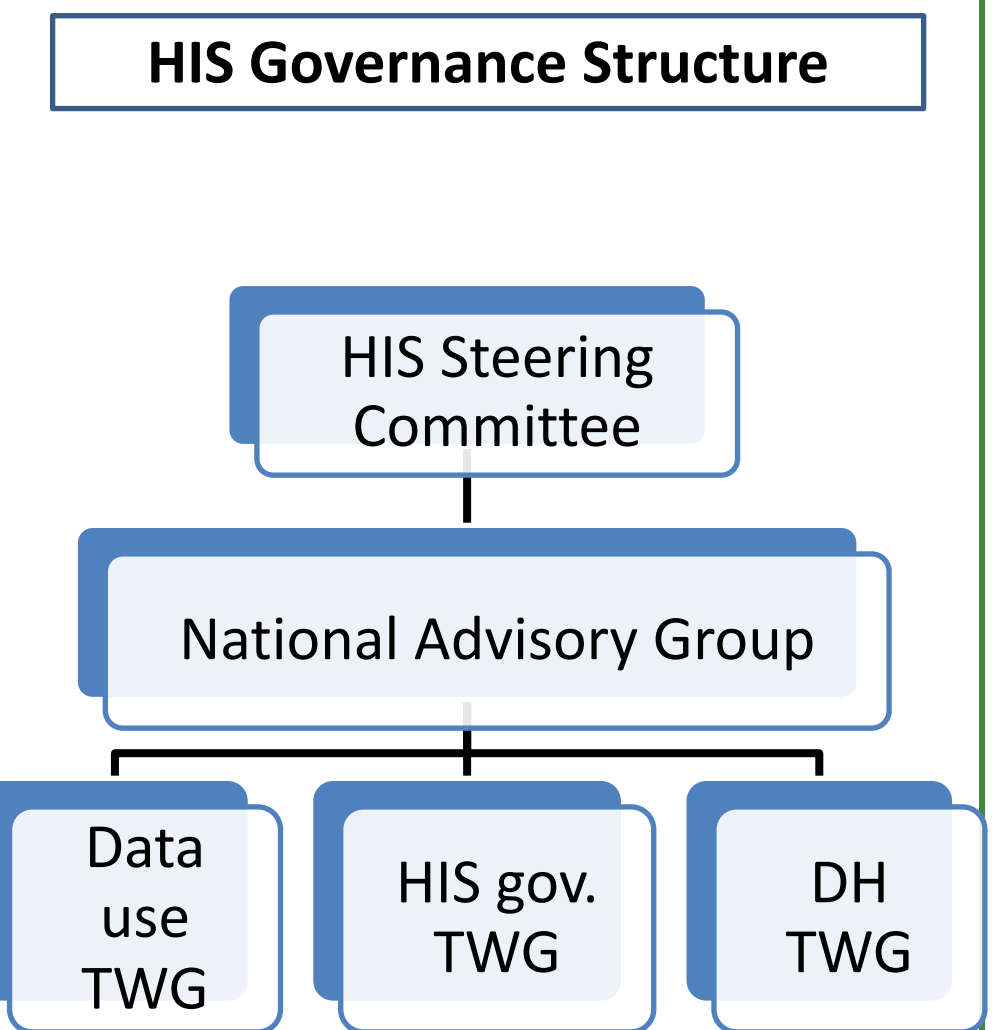
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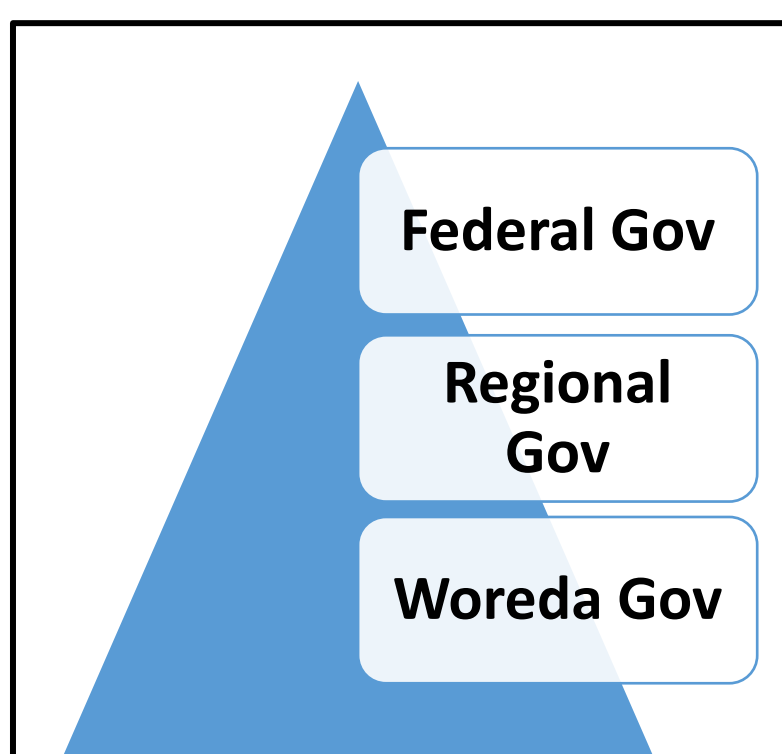
Country Overview

Attributes	Values
Population	109,341,076 (2023)
GDP/Capita	\$1027
THE/Capita	\$36 (6.3 % of GDP)
Population profile	Young population (47% <15 yrs.), rapid growth rate (2.6%) 80% rural resident
Public health spending % GGE	8.5% (NHA 2019/2020)

Overview of the Health Information System

- Ethiopia has been implementing Information revolution (IR) agenda since 2016
- IR has 3 pillars: Data use, Digitization & HIS governance, progresses made recently in data qua
- MOH & RHBs develop & oversee HIS, Strategic affairs & DH offices
- Data from facilities/communities to woreda (district) offices to RHBs to MOH
- HMIS collects data on key indicators like MCH, Communicable and NCDs, health systems.
- Routine health information systems (LMIS, CHIS, HRIS) implemented in facilities and offices.
- CRVS activities are being conducted by notifying Births and Deaths.
- Non-routine health information systems (Population and facility-based surveys ...): EPHI
- Master Facility Registry (MFR) being implemented as a single source for facility information.
- Major challenges include limited infrastructure, staff capacity, and data quality issues and use





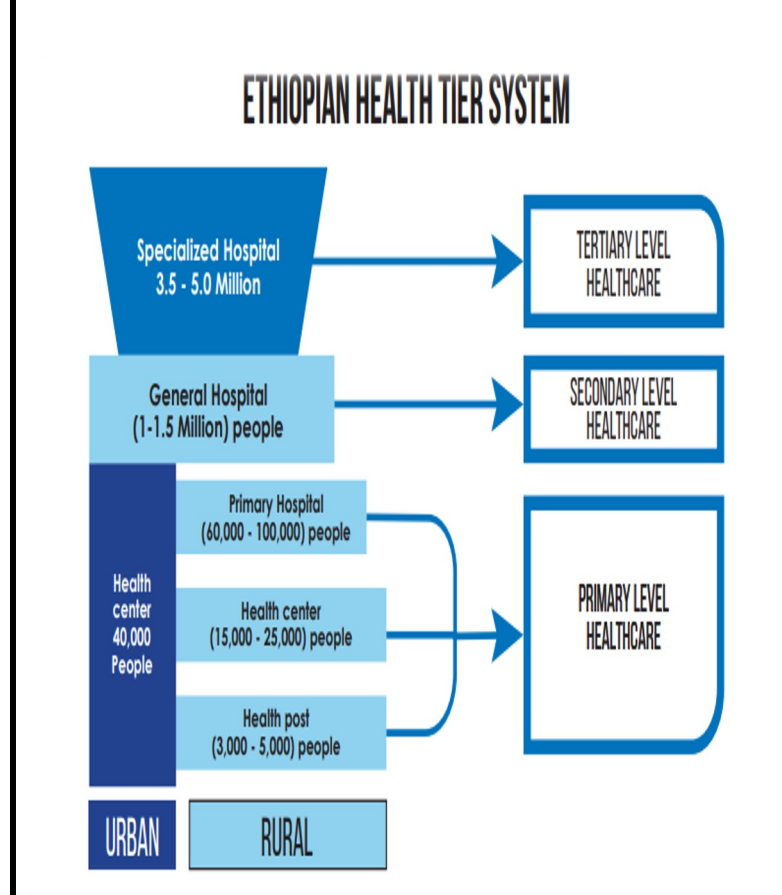
Federal Gov

Regional Gov

Woreda Gov

- Ethiopia's is a federation of regional governments (12 regions & 2 cities)
- Regions into woredas* governed by elected council (decentralization)
- Woreda is a strategically positioned for programmatically manageable & politically accountable translation of strategies at grass root level, with 100,000 peoples, 20 kebeles, with 100,000 peoples, 20 kebeles, one PH, 4 HCs, & 20 HPs

ETHIOPIAN HEALTH TIER SYSTEM



- Health is means & outcome of dev.
- Investing in health reduces poverty and catalyzes economic growth
- Health status & wellbeing of citizens underpins inclusive development
- 3 tiered, with PHC foundation
- Over 18,200 health posts, 3800 health centers, and 380 hospitals
- 10,000+ private health facilities
- Health workforce density is 1.23 per 1000 (<WHO standard of 4.45).

Status of HIS (use SCORE and other reports)

Surveys	CRVS	Optimizing health service data	Review of progress and performance	Enabling data use for policy and action
WELL-DEVELOPED CAPACITY	NASCENT CAPACITY	MODERATE CAPACITY	SUSTAINABLE CAPACITY	WELL-DEVELOPED CAPACITY
System of regular population-based health surveys=4/5	Full birth and death registration=1/5	Routine facility reporting system with patient monitoring=3/5	Regular analytical reviews of progress and performance, with equity=4/5	Data and evidence drive policy and planning=4/5
Surveillance of public health threats=4/5	Certification and reporting of causes of death=1/5	Regular system to monitor service availability, quality and effectiveness=4/5	Institutional capacity for analysis and learning=5/5	Data access and sharing=5/5
Regular population census=2/5		Health service resources: health financing=3/5 health workforce=1/5		Strong country-led governance of data=4/5

Why HDC?

- To learn from other countries' experiences
- To leverage skills and knowledge related to HIS
- To share it experience in harmonization and alignment in health to the global community

Partners

- John Snow Incorporate R&T Inc.
- ICAP
- PATH
- UNICEF
- WHO
- The World Bank Group
- Global Fund
- BMGF
- Africa-CDC...

Success

- Institutionalized joint planning for HIS related activities in the form of one health sector plan that includes activities of all stakeholders
- Joint planning, monitoring and evaluation framework and approaches: where all stakeholders will employ a single set of indicators, a unified M&E framework
- About 10 model districts in HIS

Bottlenecks and challenges

- Support not tailored to country contexts
- Limited functionality of governance structures
- Sup-optimal integration of HIS to prog. Activities
- Under-funding of HIS activities
- Sub-optimal leadership support for HIS
- Limited ICT infrastructure

Lessons Learned and recommendations

- The "One Plan, One Budget, One Report" system enables coordination & alignment among HIS stakeholders in Ethiopia
- Its foundational for efficient use of resources and strong HIS governance
 - One Plan: all stakeholders develop one agreed upon health sector plan developed
 - One budget: having all health sector funding reflected in one comprehensive budget document
 - One Report: one monitoring system, a set of indicators & one monitoring calendar for all stakeholders
- We recommend HDC to develop a resource hub for countries to tap including hub for HIS materials and experts
- We recommend HDC to develop a knowledge management centre to document and share countries experiences.

Top 5 HIS priorities for 2024-25

- Enhance data management and quality
- Enhance data access and use (visualization, analytics, information products, dissemination)
- Strengthen HIS in private sector & other governmental organizations
- Enhance the implementation of eHealth architecture & interoperability framework
- Enhance HIS governance

Actionable next steps

- Conducting SCORE assessment
- Country Capacity Building on Harmonized Health Facility Assessment (HHFA)
- Support ICD-11 implementation through capacity building of Care Providers and EMR/EHR Expansions
- Leverage HDC experiences from other countries in MFR, CRVS and digital systems implementation