

How Improving Ethiopian Financing of Maternal Health Commodities Improved Medicine Availability



Photo by GHSC-PSM

Since 2000, maternal, newborn and child health has been a priority for the Government of Ethiopia, and with policy changes to improve health and supply chain systems, they have reduced maternal and infant mortality. Despite these commendable efforts and notable progress, more than 10,000 mothers still die each year in Ethiopia due to preventable causes related to pregnancy and childbirth. A key contributor to maternal mortality is limited funding, which limits availability of lifesaving maternal health (MH) commodities. To address this challenge, the Ethiopian Federal Ministry of Health (MOH) and the Ethiopian Pharmaceutical Supply Service (EPSS), in partnership with the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project, have implemented several strategies intended to increase government financing for these commodities and thus improve their availability.

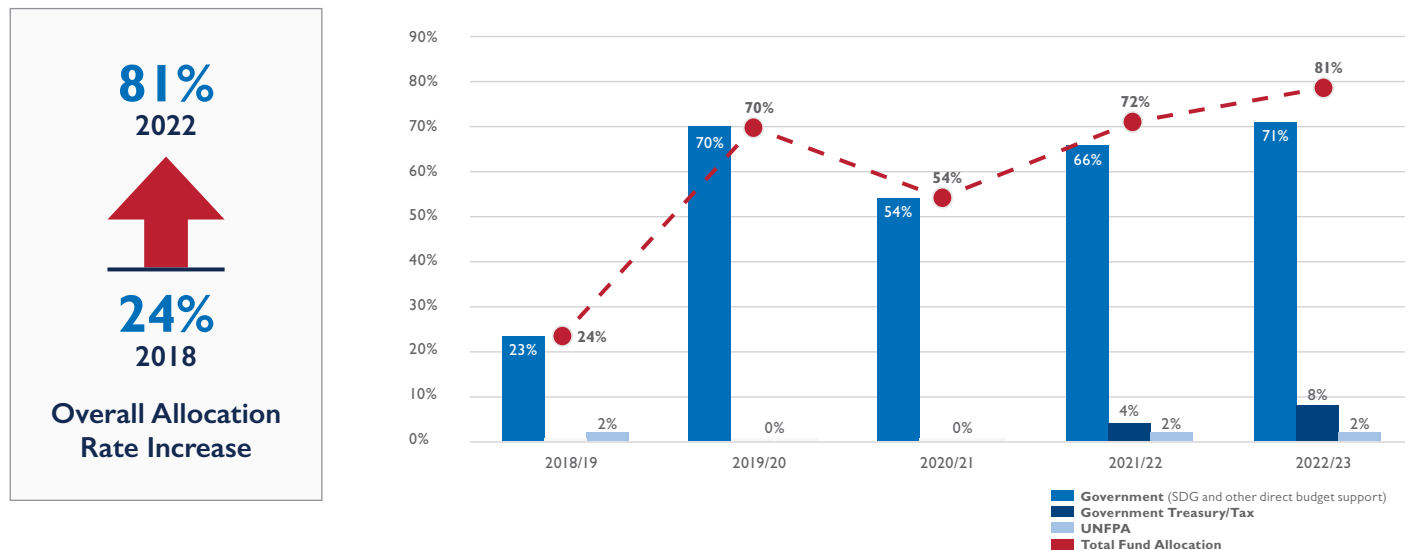
The MOH and GHSC-PSM later conducted a [case study](#) to examine the evolving funding landscape for MH commodities in Ethiopia and assessed the effectiveness of efforts to improve MH commodity funding. The study uses a mix of quantitative and qualitative methods: secondary data review from existing databases and qualitative data from key informant interviews.



The study shows significant progress in funding allocation for procurement and delivery of MH commodities.

FIGURE I

Trends in funding allocations by sources for MH lifesaving commodities as percent of the forecasted need



81%
2022

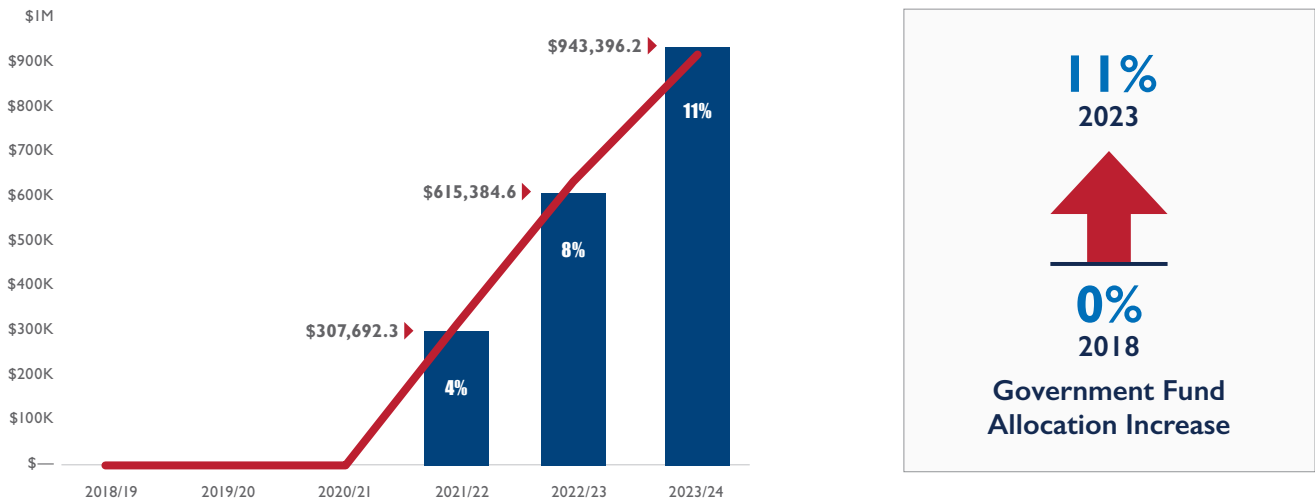
24%
2018

Overall Allocation Rate Increase

The government's treasury allocation for lifesaving MH commodities has increased from \$307,692 in 2021 to \$615,384 in 2022 and to \$943,396 in 2023. This represents a significant increase in the percentage of funding contributed by the government, from 4 percent in 2021, to 8 percent in 2022, to 11 percent in 2023, of the total funding requirement of lifesaving MH commodities for the given year.

FIGURE 2

Trends in government fund allocation from treasury for MH lifesaving commodities



As a result of the funding improvement, the stockout rate for oxytocin decreased from 15.3 percent in 2018 to 1.9 percent in 2023, while the stockout rate for magnesium sulfate decreased from 14.6 percent to 0.9 percent during the same period.

FIGURE 3

Stockout rate trend for oxytocin and MgSo4, 2017–2023



The study revealed that the collaboration among MOH, EPSS, and GHSC-PSM has played a crucial role in improving the funding landscape. Several solutions drove funding improvement:



Supply Chain Integration

Integrated MH commodities into the national supply chain system, which enabled visibility, prioritization, and consistent fund allocation for lifesaving MH medicines



Staff Training

Equipped MOH and EPSS staff with the skills to effectively track and advocate for increased funding



Risk Monitoring

Regularly analyze risk on MH commodities and provide data and inform decisions to mitigate this risk



Parliamentarian Advocacy

Through advocacy and sensitization, raised awareness among parliamentarians and high-level decision makers, and engaged media to influence public opinion; the combination of public and stakeholder support compelled decision makers to allocate more funding for MH commodities

The study demonstrates a remarkable increase in funding levels for lifesaving MH commodities. This case study brings important lessons and implications on the role of engaging political leaders. Targeting advocacy directly to women parliamentarians helped to personalize the issues and gain allies among decision makers to commit budget allocations. The team also used evidence-based advocacy, by leveraging appropriate and reliable data, as an important mechanism to communicate realities on the ground, including demonstrating the actual impact of improved commodity availability through increased budgets. Finally, this study demonstrates how adopting a systematic, data-driven, collaboration-focused approach with an emphasis on building self-sufficient national capacities could help other nations replicate Ethiopia's success in strengthening financial flows for lifesaving MH commodities.



Pictured here, the Ethiopian Minister of Health, Dr. Lia Tadesse Gebremedhin, has been a champion for maternal health in Ethiopia, helping connect across branches of the government to advocate for improved financing. Photo by GHSC-PSM.



Mothers and their children receiving commodities in Ethiopian health facilities. Photos by GHSC-PSM.

Next Steps

The study shed light on potential next steps to continue improvements in the funding landscape and commodity availability.

- 1 Continue to strengthen domestic funding**
 MOH and stakeholders should continue efforts to increase budget allocation from the government's treasury for lifesaving MH commodities.
- 2 Diversify funding sources**
 To reduce dependency on a single funding source, consider establishing a co-financing mechanism through a multi-donor compact agreement.
- 3 Continue advocacy work with decision makers, donors, and development partners**
 MOH should continue advocacy with key stakeholders to increase attention and financing for the maternal health program by highlighting the importance of these commodities in reducing maternal morbidity and mortality and their impact on achieving the SDGs.
- 4 Strengthen partnerships**
 Collaboration among the MOH, EPSS, regional health bureaus, and development and implementing partners will ensure effective implementation of funding strategies, integrated management of MH commodities, and monitoring of funding utilization.
- 5 Monitor and evaluate funding impact**
 This is essential to assess the impact of funding initiatives on the availability and accessibility of MH commodities. This includes tracking funding allocation, procurement processes, stockout rates, and MH outcomes to identify gaps for corrective measures and inform future funding strategies.

Conclusion

This collaboration across the Ethiopian government and stakeholders led to increased data visibility and use of data. Partners in Ethiopia together engaged in pragmatic, data-informed advocacy which resulted in efficient use of funds and increased budget allocations for health commodities. While these are significant achievements, strong efforts to improve access to maternal health commodities are still needed. The Ethiopian government will continue to engage with partner organizations to improve maternal health outcomes.