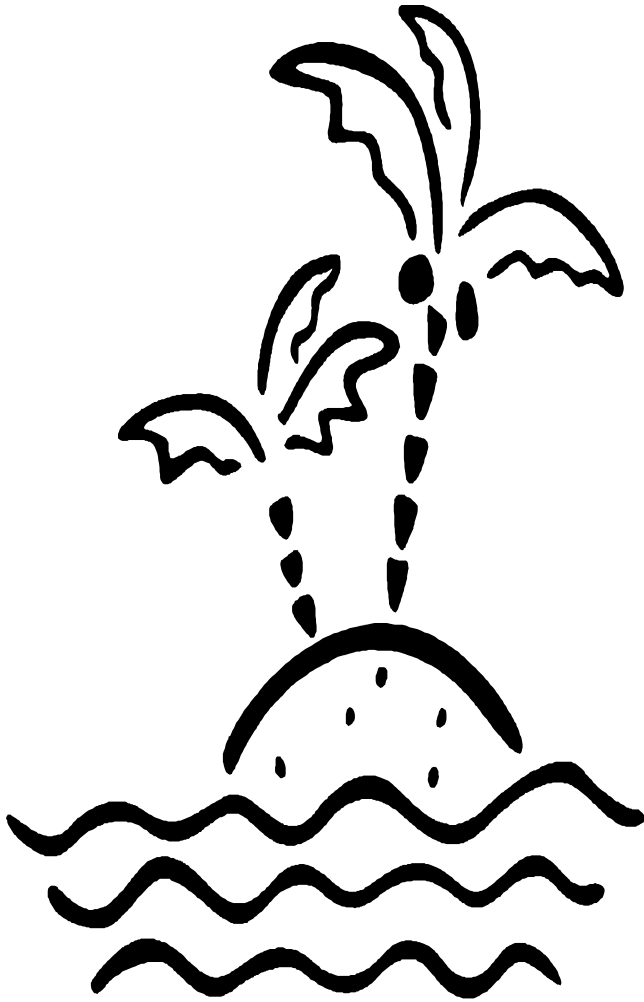


**MINCH POLICY AND CONTEXT
MAPPING IN ETHIOPIA:
*Preliminary Findings***

Objective & Outline



Objective

Introduce directions for the mapping exercise on MNCH policy & KTE and solicit consultations

Outline

- Overview of MNCH Related Policies;
- Highlights of Health Research in Ethiopia;
- Funding for Research;
- Challenges in Research to Policy Linkage; and
- Suggested Recommendations.

Overview of MNCH Related Policies

- There are a couple of a dozen or more policies and policy related documents relevant to MNCH in Ethiopia
- See partial list (next two slides)
- Most of the policies are based on the “Health Policy of the Transitional Government of Ethiopia (1993)” and
- The implementation framework is the “Health Sector Development Program (HSDP) – 1998 -2007”

MNCH Related Policies & Strategies

- **Health policy of the transitional government of Ethiopia. Council of Ministers; Ethiopia, 1993.**
- **National population policy of Ethiopia. National Population Office (Office of the Prime Minister), 1993.**
- **National policy on Ethiopian women. The Transitional Government of Ethiopia, the Prime Minister's Office (Women's Affairs Sector), 1993.**
- **Health sector strategy. Transitional government of Ethiopia, 1995.**
- **Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia. Federal HIV/AIDS Prevention & Control Office, 1998.**
- **Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia. Federal HIV/AIDS Prevention & Control Office, 1998.**
- **Revised abortion law. Council of People's Representatives, 2005.**
- **National strategy for child survival in Ethiopia. Federal Ministry of Health, 2005.**
- **National Reproductive Health Strategy, 2006-2015. Federal Ministry of Health, 2006.**
- **National adolescent and youth reproductive health strategy. FMOH, 2006.**
- **Education sector policy and strategy on HIV/AIDS. Federal Ministry of Education, 2009.**

MNCH Policy Implementation Instruments

- **Maternal and child health package. FMOH, 2003.**
- **Maternal, Child Health, and Nutrition Department Organogram. FMOH, 2006.**
- **Policy guidelines for family planning services in Ethiopia. Federal Ministry of Health, 2010.**
- **Health chapter of the National Growth and Transformation Plan (GTP). FMOH, 2010.**
- **Roadmap for accelerating the reduction of maternal and newborn morbidity and mortality in Ethiopia. FMOH, 2012.**
- **National Nutrition Program, 2008-2015. Federal Democratic Republic of Ethiopia, 2013.**
- **MDG acceleration compact: Accelerated action plan for reducing maternal mortality; FMOH, 2014.**
- **National Newborn and Child Survival Strategy Document Brief Summary 2015/16-2019/20. FMOH, 2015.**
- **Health Sector Transformation Plan. Federal Ministry of Health, 2015.**

Overview of MNCH Related Policies

- At national level these are components of the larger national frameworks of either:
 - the Poverty reduction program/the “Plan for Accelerated and Sustained Development to End Poverty (PASDEP)” or
 - the “Growth and Transformation Plan (GTP)”
- At global level, most of the policies are reflections of the major global initiatives
 - PHC and Health for All
 - ICPD
 - MDGs
 - SDGs

Overview of MNCH Related Policies

Formulation process for these policy documents include:

- Situation analysis of the health sector;
 - highlights of selected health sector policies, strategies, and programs; as well as
 - review of experiences from other countries; and/or
- Consultative process through of the Federal Ministry of Health with:
 - Regional Health Bureaus,
 - Development partners,
 - Health professional associations,
 - Academia, and other health sector stakeholders

Consultative Process

- Usually led by the government (health sector) or a delegated entity
- TWG also selected by the sector
 - Professional associations and academia presence fair
 - Free to look for evidence and for consolidating report
 - Instances that a need to “tune” conclusions and recommendations
- Multi-lateral partners – WHO, UNICEF, UNFPA
 - Driving the agenda for some studies and technical reports (especially as pertain to MNCH)
- Nowadays “think-tanks” and public sector contractors dominating the process

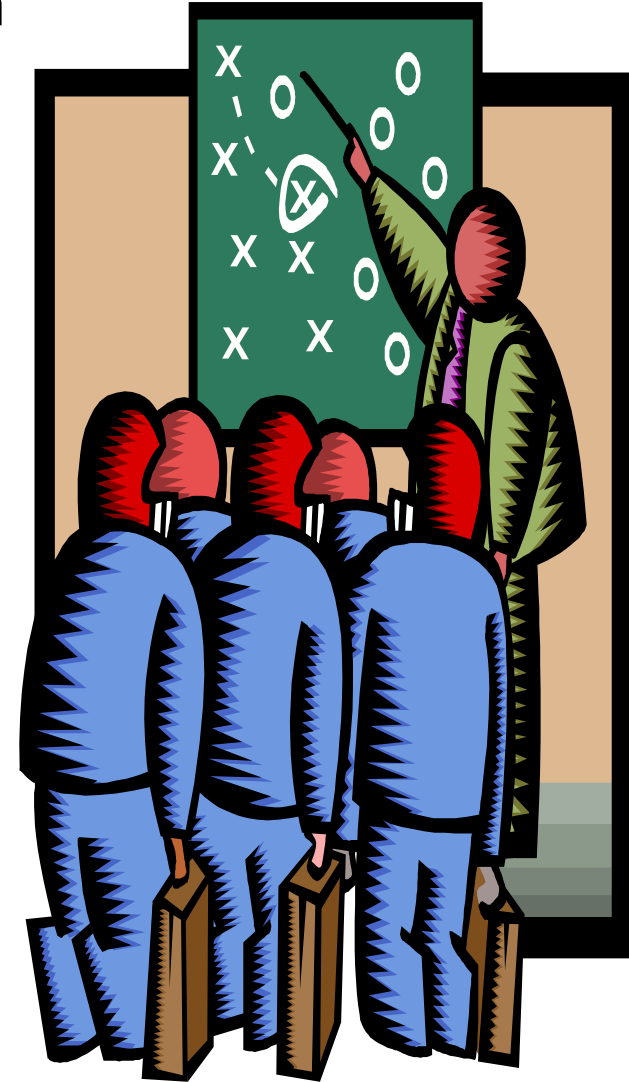
Overview of MNCH Related Policies

Inclusion of gender and equity issues:

- ❑ The publication year for the policy documents range from 1993 to 2015
- ❑ Most of the earlier documents (before 2005) do not seem to explicitly show how they address gender and equity issues
 - ❑ On the other hand, the recent documents have clearly shown analyses of MNCH issues across gender and equity dimensions.

Highlight of Health Research in Ethiopia

- Literature related to Ethiopian medicine goes back to the 15th century
 - A chronicler of Emperor ZeraYa'qob (1434-1468)
 - Described an unidentified type of outbreak in Debre Berhan area
 - Wolde Hiwot - An Ethiopian philosopher at the court Susneyos – 17th century
 - Wrote a treatise on food, personal health and hygiene
- Pankhurst's historical examination of traditional medicine and surgery



Modern Health Research

- **Spans only about eight decades**
- **The Ethiopian government first officially established health research institutions in the 1950s.**
 - **1) the Ethiopian Nutrition Institute (ENI) in 1950, now merged with EPHI);**
 - **2) Pasteur Institute of Ethiopia (now EPHI) in 1951; and**
 - **3) Armauer Hanson Research Institute (AHRI) in 1969.**



Institutions involved in MNCH Related Research

Universities - Usually on ad-hoc basis

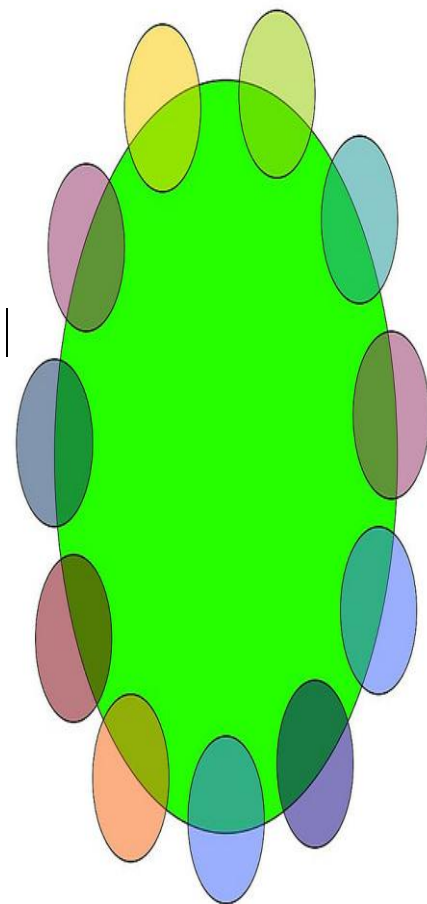
Professional associations

Bilateral and multi-lateral orgs.

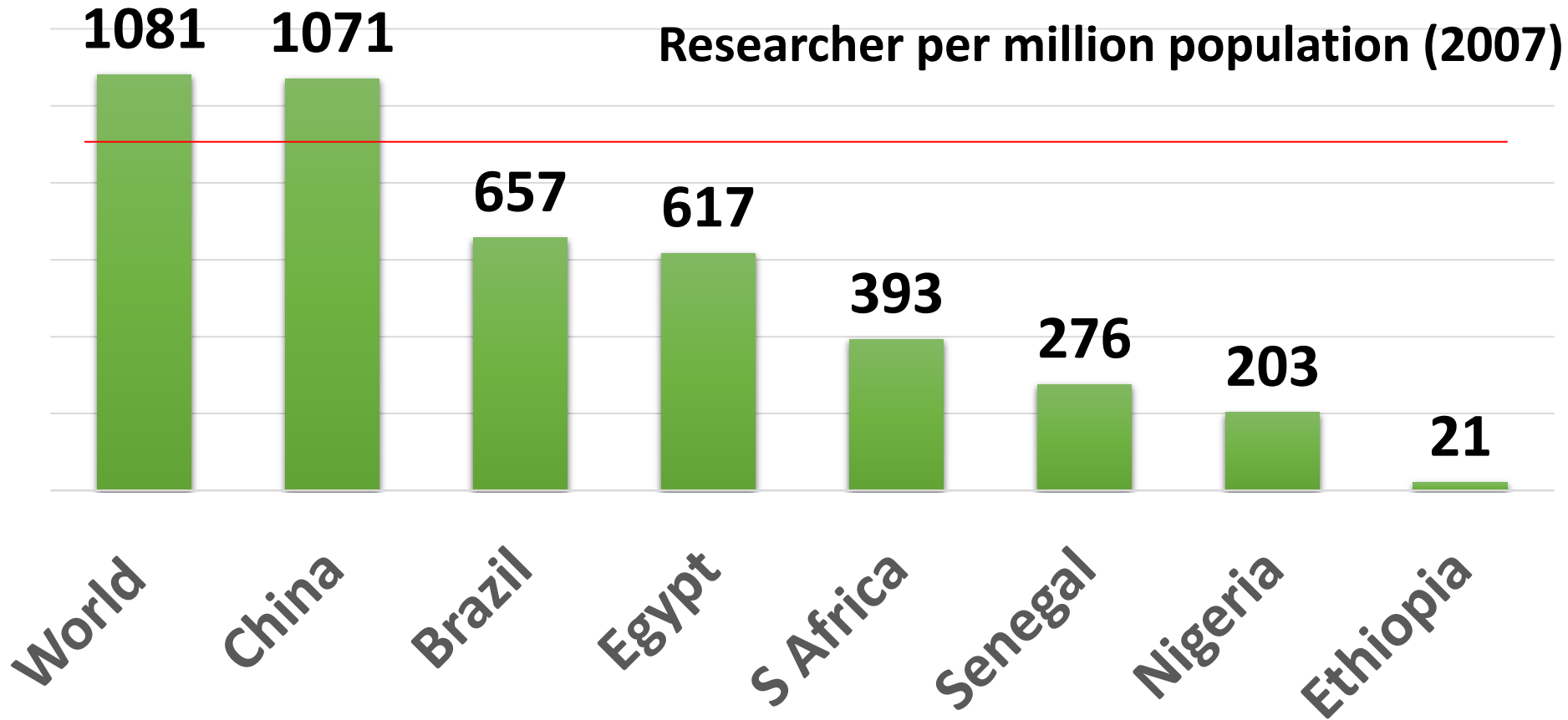
Private Firms and NGOs

- Numerous public service contractors have been engaged by bilateral and multi-lateral institutions to conduct studies that have operational relevance to the health sector in areas such as HIV/AIDS and RH

- **Role of media not very significant or not systematic and institutional (when present)**



Extremely few researchers



Target: 1000 African scientists per million population by 2025

Funding for Research

- Funding for research in Ethiopia comes from the government and via the government from various external sources such as foreign development cooperation agencies.
- The research expenditure of Ethiopia, which amounts to 0.24% of GDP, is low compared to those of other Sub-Saharan African countries:
 - Kenya (0.48%),
 - Ghana (0.38%),
 - Malawi (1.7%),
 - Tanzania (0.48%) and
 - Uganda (1.1%).
- South Africa invests around 0.87% of GDP or 1.7 billion USD (2010 R&D Survey).

Research in the Academia

- Research activities in most academic institutions are mostly done as academic enterprise with little or no regard to the policy relevance of knowledge.
- In these institutions:
 - Knowledge is mostly pursued and accumulated for its own sake, not with an idea of social utility and policy relevance

Challenges in Research to Policy Linkage

Most research conducted at academia are and the outputs thereof:

- Are fragmented, with no or very little impact on improving life;
- Do not focus on customer demand and national development agenda;
- Are poorly disseminated; and
- Have very limited applications.



Research at Government Institutions

- Research activities undertaken at the government research institutions
 - Likely to focus on issues of major relevance to policies and strategies in their respective sectors, especially in institutions such as in the EPHI
- Overall, however, there is poor linkage between conducting research and policy action as research results are not readily accessible to those implementing the policy actions

Research to Policy Linkage

- Therefore, most institutions involved in research have not put the necessary effort for translating their research outputs into activities of their sectors.
 - Nor have they devised mechanisms for monitoring the implementation of their research results, even in the rare cases where there are operational linkages to their particular sector.
 - In addition, people who are placed in positions of implementation may not have the time or the technical know-how to digest results from publications that are usually written in technical languages
- However, there are also instances where some outputs from research are being used to inform policies (those closely linked with FMOH and Health Bureaus)

Research Synthesis & Dissemination

- ❑ Most research results get disseminated through publications that are usually located abroad or in local journals that have limited distribution to selected circles.
 - ❑ Even when there are other dissemination efforts, these usually tend to be limited to more or less the same academic community
- ❑ Research synthesis in terms of systematic reviews are coming up within the universities;
- ❑ Dissemination of evidence synthesis not well developed (as it is still within the academic framework); and
- ❑ No systematic support or funding for evidence synthesis activities

Recent Developments

- Establishment of the NRC
- Research focused organizational development within the health sector
 - Reorganizations of research focused units within the Ministry
 - EPHI
 - New reorganization of AHRI
 - Linkages with universities for operational research
- Growth of research training with expansion of universities
- Research incentive schemes within universities

Recommendations

- Create data base for research activities
- Incentivize research
- Strengthen an agenda setting mechanism
- Coordinate research
 - mechanism for oversight
- Fund research better and build capacity & retain skilled investigators
- Health sector should provide focused support for improved MNCH related research dissemination and translation into practice
- Much to be expected from the newly established NRC



THANK
YOU