

Ethiopia's Health Minister to speak at London Family Planning Summit

PRESS RELEASE

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Ethiopia's Health Minister, Dr Tewodros Adhanom, will speak at the London Summit on Family Planning that will take place on Wednesday, 11th July.

The Minister will outline Ethiopia's health strategy and ambitious health programme which is much admired by the international community.

Ethiopia's significant success in family planning is a result of its government's strong commitment to increasing access to modern contraception. The government aims to have 66% of the reproductive age group using modern contraceptives by 2015 and Ethiopia has already achieved significant success towards this goal. According to the 2011 Demographic Health Survey, between 2005 and 2011 there was a doubling of the contraceptive prevalence rate from about 15% to 29%. The unmet need for family planning declined from 33.8% in 2005 to 25% in 2011, resulting in a lowering of the total fertility rate from 5.4 to 4.8 children.

The modality used has been to post health extension workers in every village who counsel both women and men and administer a range of modern contraceptives including long-acting methods such as Implanon. Health service coverage has risen sharply as a result of this decentralisation. Civil society and private sector and donors have also played their part.

In the past five years, the federal government earmarked a budget line item specifically for the procurement of contraceptives and regional governments are now allocating their own revenue for family planning, to complement the federal government funds.

But challenges still exist that need to be addressed if we are going to achieve a healthy and productive population and strong economic growth and stability. Ethiopia will need to bring fertility rates down to 2.3 and address the high level of maternal and child mortality in our country particularly among adolescents, those with HIV and the disabled. We also need to delay child-bearing and to further expand the choice of family planning methods, key priorities for effective development.

But we cannot achieve further results alone. There is a funding gap in that it will cost approximately \$177 million to achieve our target of 66% CPR by 2015. Ethiopia is increasing its budgetary allocation to family planning each year and is taking advantage of global commodity price reductions through the health pledge guarantee arrangement. However it still has a 50% funding gap and needs an additional \$20 million a year for commodities alone. The Minister will urge partners to align existing support and provide additional funding through the MDG Performance Fund.

We also need to **strengthen the supply chain** to ensure that a consistent supply of contraceptives and other supplies get to where they are needed. **Technical assistance** is also required for a faster quality assurance process and more efficient importation of family planning commodities would increase the availability of products.

The Minister will also **urge manufacturers to reduce their unit costs**, especially of injectables and implants, and he will ask WHO and UNFPA to speed up the process of regulatory approval for new and promising products that could increase choice and lower the costs. This will enable Ethiopia to benefit from this technology and safe-guard women and children's lives.

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