Mapping and Assessment of Commitments towards Women's, Children's and Adolescents' Health in Ethiopia

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CONTENTS

ABBREVIATIONS AND ACRONYMS

AHWB	Adolescent Health and Well-Being
ANC	Antenatal Care
CBHI	Community-Based Health Insurance
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CPR	Contraceptive Prevalence Rate
CSA	Central Statistical Agency
CSO	Civil Society Organization
EDHS	Ethiopia Demographic and Health Survey
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
ESPA	Ethiopia Service Provision Assessment
EWENE	Every Woman Every Newborn Everywhere
FGM	Female Genital Mutilation
FP	Family Planning
MOH	Ministry of Health
GBV	Gender-Based Violence
GFF	Global Financing Facility
HEP	Health Extension Program
HSDIP	Health Sector Medium-Term Development and Investment Plan
HSTP-II	Health Sector Transformation Plan II
IA2030	Immunization Agenda 2030
ICPD	International Conference on Population and Development
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
KMC	Kangaroo Mother Care
MCH	Maternal and Child Health
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn, and Child Health
NICU	Neonatal Intensive Care Unit
NMR	Neonatal Mortality Rate
NNP II	National Nutrition Program II
PAC	Post-Abortion Care
PNC	Postnatal Care
PMA	Performance Monitoring for Action
PMNCH	Partnership for Maternal, Newborn & Child Health
RMNCA H+N	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition
RHB	Regional Health Bureau
SBR	Stillbirth Rate
SBAs	Skilled Birth Attendants
SBCC	Social and Behavioral Change Communication
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
SGBV	Sexual and Gender-Based Violence

U5MR	Under-5 Mortality Rate
UNFPA	United Nations Population Fund
UHC	Universal Health Coverage
WHO	World Health Organization
WCAH	Women, Children, and Adolescents' Health

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1. EXECUTIVE SUMMARY

Ethiopia has made significant commitments to improve the health and well-being of women, children, adolescents, and elderly populations through national policies and global initiatives. These commitments align with international, regional and national frameworks such as the Sustainable Development Goals (SDGs), the Global Financing Facility (GFF), the Immunization Agenda 2030 (IA2030), International Conference on Population and Development (ICPD 2030), and Family Planning 2030 (FP2030), among others. Additionally, Ethiopia has integrated these global targets into national strategies, including the Health Sector Transformation Plan II (HSTP-II), the more recent Health Sector Development and Investment Plan (HSDIP) 2022/23–2025/26, the National Reproductive Health Strategy, and the National Nutrition Program (NNP II). These frameworks provide a roadmap for Ethiopia to achieve Universal Health Coverage (UHC) and reduce maternal, newborn, and child mortality. Most of these commitments target 2030, aligning with the SDGs and Ethiopia's long-term development plans.

This scoping and assessment exercise maps Ethiopia's national commitments in Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N), evaluate progress, and identify policy and implementation gaps. The results of this assessment will serve as a tool for advocacy, accountability, and targeted intervention planning, ensuring that Ethiopia remains committed to achieving SDG 3 which focuses on ensuring healthy lives and well-being for all, and, especially, improving maternal, child, and adolescent health outcomes by 2030**.**

A total of 108 national, regional and global commitments have been identified across three key health domains—Maternal, Newborn, and Child Health (MNCH); Sexual and Reproductive Health (SRH); and Adolescent Health and Well-being (AHWB).

In the MNCH domain, Ethiopia has demonstrated strong commitments through global frameworks such as Every woman, every newborn everywhere initiative (formerly Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM)). 44 commitments have been made which aim to enhance service coverage and reduce maternal and child mortality through a health systems strengthening approach focusing on improved antenatal and postnatal care, skilled birth attendance, immunization, and reductions in neonatal mortality, stillbirths, and stunting.

While the maternal mortality ratio (MMR) declined from 676 per 100,000 live births in 2011 to 195 in 2023 but neonatal mortality remains high at 33 deaths per 1,000 live births. The utilization of skilled birth attendants increased to 74% in 2022, yet facility-based deliveries remain low in remote areas, limiting access to emergency obstetric care. The government has prioritized the expansion of maternity waiting homes to improve facility-based childbirth rates. Despite progress, gaps remain in antenatal and postnatal care, emergency obstetric services, neonatal intensive care units (NICUs) and neonatal Level 2 care. The government has introduced newborn care initiatives, including Kangaroo Mother Care (KMC) for preterm infants and the integration of Health Extension Workers (HEWs) into neonatal health

programs. However, workforce shortages and infrastructure gaps continue to hinder full implementation.

In immunization and child health, Ethiopia has made progress implementing the Immunization Agenda 2030 (IA2030), with pentavalent vaccine coverage reaching 84% and measles coverage at 82%. However, vaccine accessibility remains a challenge in conflict-affected and pastoralist regions, where cold chain infrastructure and immunization outreach need further investment.

In the SRH domain, 13 commitments focus on expanding access to modern contraception, preventing stock-outs, addressing unmet needs for family planning, securing financial resources, ensuring universal access to safe abortion, and eliminating sexual and gender-based violence, including child marriage and FGM. Ethiopia has committed to increasing modern contraceptive prevalence, with FP2030 setting ambitious targets to reduce unmet needs for contraception from 22% to 17% by 2030.

The adolescent birth rate remains high, at 63 births per 1,000 women aged 15-19, highlighting the urgent need for improved youth-friendly reproductive health services and comprehensive sexual education, through the continued implementation of the National Adolescents and Youth Health Strategy (2021-15). Additionally, Ethiopia has pledged to eliminate child marriage and female genital mutilation (FGM), with regional disparities in enforcement and cultural resistance remaining key challenges.

In the AHWB domain, 61 commitments reflect national policies and global frameworks like the SDGs, as well as regional frameworks such as the Maputo Protocol addressing adolescent-focused service standards and legal protections against GBV and harmful practices. Collectively, these commitments highlight a comprehensive, equity-driven approach to improving health outcomes across all life stages.

Ethiopia's health sector financing remains heavily reliant on external funding, with gaps in domestic resource mobilization for family planning, maternal health, and immunization programs. While the government has increased health sector spending, budget constraints continue to limit service expansion, particularly in rural and hard-to-reach areas. Strengthening multi-stakeholder partnerships and advocating for increased domestic financing are crucial to sustaining Ethiopia's health commitments.

While progress has been made in addressing key drivers of maternal, newborn and child mortality, quality of care and increasing government expenditure on health, disparities persist in healthcare access, particularly in pastoralist, rural, and conflict-affected areas. Overall, Ethiopia remains off-track to achieving SDG 3 targets.

2. BACKGROUND

Ethiopia, the second most populous country in Africa, has a population exceeding 120 million, with over 80 ethnic groups. The population growth rate is 2.6%, driven by a high fertility rate of 4.1 children per woman (EDHS, 2019). The country has a predominantly young population, with a median age of 19.5 years. Approximately 70% of the population is under 30, and 41% are below 15 years of age (CSA & ICF, 2019). Women constitute 49.8% of the total population (World Bank, 2022), with youth, women, and girls being among the most vulnerable groups.

Despite progress in Reproductive, Maternal, Newborn, Child, Adolescent, and Elderly Health and Nutrition (RMNCAEH+N), Ethiopia remains off track to achieving SDG 3. Persistent inequalities in healthcare access exist due to socio-economic and geographical disparities. The MMR decreased from 676 per 100,000 live births in 2011 to 195 in 2023, while the Infant Mortality Rate (IMR) and Under-5 Mortality Rate (U5MR) declined to 34 and 46 per 1,000 live births, respectively (CSA & ICF, 2019; WHO, 2025; UNIGME, 2024). However, neonatal mortality remains high at 27 deaths per 1,000 live births, showing minimal improvement (UNIGME, 2024).

Ethiopia continues to struggle with child nutrition, with a significant portion of children under five facing malnutrition. According to the EDHS 2019, 37% of children are stunted (too short for their age due to chronic malnutrition), 7% are wasted (suffering from acute malnutrition), and 21% are underweight. The situation has been exacerbated by rising inflation and economic downturns, deepening food insecurity, particularly affecting women and children, who are already among the most vulnerable.

In the area of sexual and reproductive health, Ethiopia is experiencing a high fertility rate and a growing adolescent population. The adolescent birth rate remains high at 63 births per 1,000 women aged 15-19 (CSA & ICF, 2019), with rates disproportionately higher among girls with no formal education and those from low-income families. The country is currently not on track to meet SDG 3.7.2, which calls for universal access to family planning, sexual and reproductive health services, and education. Additionally, 13% of adolescent girls aged 15-24 reported having their first sexual encounter before the age of 15, underscoring the urgent need for targeted interventions that provide comprehensive sexual and reproductive health education and services (CSA & ICF, 2019).

Ethiopia's healthcare system operates under a decentralized model, where federal and regional governments share responsibilities for healthcare delivery. Regional health bureaus (RHBs) and woreda health offices implement national policies and strategies, while key agencies such as the Ethiopian Public Health Institute (EPHI) and the Ethiopian Food and Drug Authority (EFDA) oversee maternal and child health services. As of 2023/24 (2016 EFY), Ethiopia had expanded its health infrastructure, with 15,357 functional health posts, 3,904 operational health centers, and 404 public hospitals, including primary, general, and specialized hospitals. However, challenges such as funding gaps, shortages in human resources, and disparities in healthcare access continue to hinder the full implementation of health policies, particularly in rural and underserved areas.

The scoping review of Ethiopia's commitments highlights that the government has made significant commitments to improving women's, children's, and adolescents' health (WCAH) through national and global initiatives. The government has pledged support through platforms such as the GFF, FP2030, and the ICPD initiative, aiming to enhance Reproductive, Maternal, Newborn, Child, Adolescent, and Elderly Health and Nutrition (RMNCAEH+N) outcomes. Organizations like PMNCH continue to advocate for stronger accountability measures to ensure these commitments are met. National strategies, such as the Health Sector Transformation Plan (HSTP II), focus on achieving Universal Health Coverage (UHC) and improving maternal and child health services.

However, Ethiopia's progress in RMNCAEH+N has faced major setbacks due to COVID-19, climate change, and regional conflicts. These crises have disrupted healthcare services, increased economic hardship, and heightened vulnerabilities among women, children, and

adolescents. Stronger collaboration between the government and development partners is essential to ensure the effective implementation of national health commitments and sustainable progress in maternal and child health.

Ethiopia's decentralized health system allows for policy implementation at regional and woreda levels, with significant roles for local health offices. However, challenges such as financing gaps, regional disparities, and limited human resources hinder full implementation. Strengthening accountability mechanisms and fostering multi-stakeholder collaboration are necessary to accelerate progress in RMNCAEH+N issues.

This assessment seeks to evaluate Ethiopia's national commitments in RMNCAEH+N, identify gaps in their implementation, and leveraging the results to enhance partner-led advocacy and accountability. By aligning with PMNCH's Guidelines for Country Commitment Mapping and Assessment, the aim is to track Ethiopia's health progress and push for acceleration toward achieving national and global health goals.

3. METHODOLOGY

The scoping and assessment of Ethiopia's commitments toward WCAH was conducted in accordance with PMNCH's Guide for Country Commitment Mapping and Assessment, which provides a framework for identifying and evaluating commitments based on their quality, and implementation status. The endeavor relied on a desk review of policy documents, strategic plans, declarations, and global or regional commitments endorsed by the Ethiopian government.

The assessment focused on three major thematic domains: MNCH; SRH; and AHWB.

Key government commitments that have been launched or reviewed include:

- FP2030 Commitment
- ICPD 2030 Commitment
  Every Woman, Every Newborn Everywhere (EWENE, formerly Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM))
- GFF
- SDG Commitments -Focusing on SDG Targets 3.1, 3.2, and 3.7: Maternal, Neonatal, and Child Health, and Sexual and Reproductive Health Services
- Immunization Agenda 2030
- Convention on the Elimination of All Forms of Discrimination against Women
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol)
- Health Sector Medium Term Development and Investment Plan (HSDIP) 2023/24-25/26
- National Adolescents and Youth Health Strategy
- Minimum Service Package For Adolescents and Youth Health At Workplaces in Ethiopia
- National Costed Roadmap to End Child Marriage and FGM/C 2020–2024

Each commitment was then classified thematically based on PMNCH's commitment mapping guidance. The classification matrix is presented below (Table 1):

Table 1: Commitment Classification Matrix

MNCH	SRHR	AHWB
High-quality MNCH services for mothers, newborns and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths. **Maternal:** ● Preconception care ● Antenatal care ● Skilled birth attendants ● Postnatal care ● Emergency obstetric care **Newborn** ● Small and vulnerable newborn care ● Prevention of stillbirths **Child:** ● Child health services including ● Breastfeeding and child nutrition ● Immunization services MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing ● UHC Schemes ● Country health expenditure per capita on MNCH financed from domestic sources and ODA for MNCH ● Out-of-pocket expenditure for MNCH services (% of current health expenditure) Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and nursing – and essential medicines and commodities ● MNCH information systems and accountability mechanisms including birth registration and disaggregation of data (sex, age)	**Access and choice to effective contraception methods (family planning).** ● Family planning needs satisfied ● Strengthened autonomy and access to contraceptive services ● Comprehensive sexual health education **Access to safe and legal abortion services.** ● Legalized abortion and access to safe abortion services **Prevention and treatment/referrals for Sexual and Gender-Based Violence.** ● Legal mechanisms for addressing GBV ● Training and support for health workers on GBV ● Violence against women and girls including intimate partner violence **Prevention, detection and management of reproductive cancers, especially cervical cancer.** ● Cervical cancer screening programs ● HPV vaccine programs **Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing.** ● Coverage of all essential SRH interventions ● Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR ● Out-of-pocket expenditure for SRHR services (% of current health expenditure)	**Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)** ● Health education for children and adolescents – including mental health ● Provision of quality education and training opportunities to ensure their future employability ● Nutrition programs and physical activity for children and adolescents ● Pregnant adolescent support ● Financial protection for adolescent health **National standards for delivery of AHWB information and services to adolescents, including on user fee exemption** ● Health services for adolescents – user fee exemptions for health services (contraceptives, immunizations) **Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)** ● Legal provisions against child marriage ● Interventions to eliminate female genital mutilation

• Training and support for health workers for service delivery • Essential medicines, vaccines, commodities, technologies and innovations • Health information systems • Health system financing • Leadership and governance Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality • Nutrition schemes and food security across the life course: pregnancy nutrition, breastfeeding support, child nutrition, adolescent nutrition • Financing for WCAH • Education • Shelter • WASH facilities and services • Protection from pollutants and toxicants and excessive heat • Social protection • Child Protection • Women in the workforce and leadership positions		• protection from violence (including physical, sexual, gender-based and electronic violence) and injury. **AHWB is embedded in national policies and plans with dedicated financing for AHWB programs** • Country health expenditure per capita AHWB financed from domestic sources and ODA for AHWB • Out-of-pocket expenditure for AHWB services (% of current health expenditure)

Ethiopia's commitments were further classified by level—Global, Regional, and National—to demonstrate alignment with international, continental, and domestic frameworks (Annex 1).

Commitments were analyzed through two primary lenses: (1) quality, which examined the policy and technical robustness of each commitment; and (2) implementation, which assessed the degree of operationalization, alignment with institutional mechanisms, and effectiveness of progress tracking.

The review process was supplemented by stakeholder engagement. 2 multi-stakeholder development workshops and a validation workshop were held involving representatives from the MOH, UN agencies, donors, professional associations, academic institutions, youth-led organizations, and civil society actors. These discussions validated findings, clarified contextual challenges, and enriched the analysis of Ethiopia's progress.

While the assessment did not involve field visits or systematic key informant interviews, targeted consultations with relevant units within the MOH and key development partners provided necessary clarifications.

This comprehensive methodology provided a structured and participatory approach to identifying Ethiopia's commitments and evaluating their relevance, progress and implementation gaps within the RMNCAEH+N framework.

4. FINDINGS

4.1 Commitment of the Government of Ethiopia

Ethiopia has long been committed to improving the health and well-being of its women, children, and adolescents. Through its engagement with the PMNCH, the government has reinforced its dedication to ensuring that every mother has a safe pregnancy, every child gets a healthy start in life, and every young person has access to the care and support they need to thrive.

With leadership from the MOH and support from key partners, Ethiopia has prioritized over 100 commitments towards MNCH, SRH and AWB issues aligning national strategies with the SDGs to drive lasting change (Annex 1). In particular, the government has taken steps to advance adolescent well-being by implementing the National Adolescent and Youth Health Strategy, which promotes access to age-appropriate, gender-responsive, and youth-friendly health services, including sexual and reproductive health, mental health, and nutrition. Additionally, Ethiopia has endorsed the UN Secretary General's Call for SDG Transformation Commitments at the SDG Summit 2023 and in support for the Global Forum for Adolescent (2023) signalling its commitment to a holistic approach that supports adolescents in achieving their full potential.

The government's commitment is more than just policies and strategies—it's about ensuring that no mother dies giving birth, no child is denied life-saving vaccines, and no young person is left without the reproductive health services they need. By increasing investments in maternal and newborn care, expanding youth-friendly health services, and tackling gender-based violence (GBV), Ethiopia is striving to create a future where healthcare is accessible to all, regardless of where they live.

The CAAP initiative has brought together communities, healthcare professionals, policymakers, and development partners to ensure that these commitments translate into real, measurable improvements in people's lives. With a focus on equity, quality, and accountability, the government continues to work toward a healthier, more resilient future for all Ethiopians.

A total of 44 commitments have been identified under the MNCH domain, reflecting national and global targets to improve service coverage and reduce maternal and child mortality. These include efforts to increase antenatal and postnatal care, skilled birth attendance, immunization, and reduce neonatal mortality, stillbirth, and stunting. In the domain of Sexual and Reproductive Health (SRH), 13 commitments were identified. These focus on expanding access to modern contraception, ensuring no stock-outs, reducing unmet need for family planning, securing financing for FP services, guaranteeing universal access to safe abortion services, and eliminating sexual and gender-based violence (SGBV), including child marriage and FGM. For AHWB, there are 61 commitments spanning national policies and strategies, global initiatives like FP2030 and SDG acceleration, national standards for adolescent

services, and legal protections against GBV and harmful practices. These commitments demonstrate a strong policy and programmatic orientation towards ensuring equitable health outcomes across all age groups and life stages.

4.2 Summary assessment of the quality of key commitments

The Government of Ethiopia has demonstrated a strong commitment to improving the health and well-being of women, children, and adolescents through the development of various policies, strategies, and action plans. Over the years, Ethiopia has actively collaborated with development partners, civil society organizations, and key stakeholders to formulate high-quality policy documents that align with global and regional commitments. The country's policy framework for RMNCAEH+N is well-structured, ensuring that strategic plans are in place to address key health challenges.

In terms of policy and strategy formulation, Ethiopia has performed well in developing and implementing high-quality national policies, including the HSTP-II, the National Reproductive Health Strategy, and the FP2030 commitment, and in 2024 developed Health Harmonization and Alignment (HHA) Guideline, and Health Sector Medium-Term Development and Investment Plan (HSDIP) and started implementation. These policies emphasize equitable access to essential health services, particularly focusing on maternal and newborn health, family planning, and gender-based violence (GBV) prevention and response. Additionally, Ethiopia has aligned itself with global initiatives such as the SDGs, the ICPD 2030, and the Immunization Agenda 2030.

Overall, the national commitments outlined in Ethiopia's health policies can be considered SMART (Specific, Measurable, Achievable, Relevant, and Time-bound), particularly in the case of FP2030 and HSTP-II, which set clear targets and indicators to track progress (please see Annex 2 for more details). These commitments are also inclusive, aiming to reach underserved populations including women, adolescents, and the elderly, while incorporating gender and equity considerations. Furthermore, the policy frameworks are linked to accountability mechanisms such as the Joint Assessment of National Health Strategies (JANS), annual sector performance reviews, and multi-stakeholder platforms that facilitate transparent monitoring, reporting, and mutual accountability.

The MOH has responded to advocacy efforts and global calls to invest in sexual and reproductive health (SRH), particularly in expanding access to contraception, maternal health services, and GBV prevention programs. Family planning services have been integrated into key health strategies, and the government has made commitments to ensuring universal health coverage through various financing mechanisms, including the national Community-Based Health Insurance (CBHI) scheme. Ethiopia has also developed frameworks such as the National Costed Roadmap to End Child Marriage and Female Genital Mutilation (FGM), as well as policies aimed at strengthening protection services for survivors of gender-based violence. In terms of adolescent well-being, the government's commitments focus on addressing harmful traditional practices, improving access to adolescent- and youth-friendly SRH services, and integrating life skills and comprehensive sexuality education into the education and health systems. These commitments are reflected in strategic documents such as the National Adolescent and Youth Health Strategy and are characterized by a multisectoral approach. While the commitments are comprehensive and aligned with international standards, the quality of implementation remains varied, with some areas

showing strong political will and investment, while others face challenges in terms of resource allocation, coordination, and service coverage.

4.3 Summary assessment of the implementation status of key commitments

This section presents a consolidated assessment of the implementation of key commitments, focusing on progress made, persistent challenges, and strategic opportunities for achieving Ethiopia's 2030 targets (please see Annex 2 for more details). The analysis highlights efforts to expand access to quality family planning services, reduce maternal and neonatal mortality, eliminate harmful traditional practices, and promote adolescent health and gender equality through multi-sectoral coordination and sustained financing.

However, while Ethiopia has made significant strides in developing quality policies and demonstrating high-level commitment, gaps remain in their practical implementation. A major challenge is the lack of sufficient financial backing for some commitments, particularly in regions affected by conflict, economic downturns, and deeply rooted socio-cultural barriers. Although Ethiopia has ratified international conventions and developed robust national policies addressing gender equality and reproductive health, implementation remains inconsistent across regions. For instance, traditional norms and resistance to family planning and SRH services continue to hinder progress in some communities.

Moreover, Ethiopia's decentralized health system grants regional autonomy in policy execution, resulting in uneven service delivery. While certain regions have effectively adopted and operationalized national health strategies, others struggle to ensure access and quality, especially in rural, pastoralist, and conflict-affected areas. To bridge these disparities and fully realize Ethiopia's national and global commitments, it is essential to strengthen multi-stakeholder collaboration, increase domestic financing, and address cultural and systemic barriers. Doing so will be critical in translating Ethiopia's policy commitments into measurable, equitable improvements in the health and well-being of women, children, and adolescents across the country.

4.3.1 Commitments towards FP2030

Ethiopia remains committed to improving access to family planning and reproductive health services as part of its FP2030 commitments. Recognizing the critical role of family planning in enhancing maternal and child health, the government has set ambitious yet essential targets to ensure that more individuals, especially women and young girls, can make informed reproductive choices. A key focus is increasing the availability of modern contraceptive methods, aiming to maintain a "no stockout" status for at least three methods, improving from 63% to 90%. This ensures that women, particularly those in rural areas, have consistent access to essential contraceptives without unnecessary barriers (FP2030, 2023).

Another priority is addressing teenage pregnancies, which pose significant health and socio-economic risks. Ethiopia seeks to reduce the teenage pregnancy rate from 13% to 3%, ensuring that adolescent girls can pursue education and economic opportunities without the added burden of early motherhood. Additionally, the country is working to decrease the unmet need for family planning services from 22% to 17%, recognizing that many women still lack access to their preferred contraceptive options (UNFPA Ethiopia, 2023).

Ethiopia has made notable progress in implementing its FP2030 commitments, focusing on increasing access to FP services, improving contraceptive availability, and securing sustainable domestic financing. The government envisions that by 2030, all individuals—including adolescents, young people, crisis-affected populations, and vulnerable groups—will have the ability to make informed reproductive health choices and access affordable, high-quality FP services (MOH 2024). However, while progress is being made, the financial sustainability of FP services remains a challenge, as government and external funding fluctuate over time.

While making its FP2030 commitment, the Ethiopian government designed several strategies to increase financing for family planning services. A key approach is to increase government allocation at all levels by enhancing public financing from general tax revenue, ensuring sustainable domestic funding for FP programs. Recognizing the importance of multi-sectoral engagement, the government also aims to enhance public-private partnerships (PPP) and actively translate the national PPP directive into action, allowing private sector investment to contribute to FP service expansion and accessibility.

Additionally, efforts are underway to reassess and revise the current health benefit package of CBHI to include FP services, ensuring that more individuals, especially vulnerable populations, can access FP without financial barriers. The government also seeks to strengthen cooperation with donors, development partners and international NGOs to improve funding for FP services, acknowledging the continued need for external support while working towards long-term domestic sustainability. Furthermore, Ethiopia is committed to enhancing collaboration with local NGOs, particularly regional development associations, to mobilize additional resources and improve service delivery at the community level. These strategies collectively aim to ensure sufficient, sustainable, and equitable financing for FP services, ultimately improving access and reproductive health outcomes across the country.

The Ethiopian National Health Accounts (NHA) indicates that total health expenditure (THE) increased from ETB 72 billion in 2016/17 EC to ETB 127 billion in 2019/20, with government health spending making up 32.3% of Total Health Expenditure (THE) (MOH, 2022). Although the overall health sector budget increased from ETB 79.4 billion in 2022/23 to ETB 100.2 billion in 2023/24, representing a 26% increase, the real value of the budget declined by 3% due to inflation (MOH, 2024). Furthermore, Ethiopia's health budget allocation remains below the 15% target of the Abuja Declaration, standing at 8.3% in 2023/24, slightly up from 8.1% in 2022/23 (MOH, 2024). While domestic financing is increasing, there is still significant reliance on external donor contributions for FP services.

In terms of FP commodity procurement, Ethiopia has made notable progress in increasing domestic financing, with the total procurement budget for contraceptive commodities reaching $4.9 million USD in 2023/24, up from $1.9 million in 2022/23 and $0.9 million in 2021/22. However, the government’s treasury contribution accounted for only 13% (from the total required $34,039,724) of the total budget in 2023/24, while the remaining 87% was covered by international donors (MOH, 2024). This marks a gradual increase in domestic

financing compared to 3% in 2021/22 and 5% in 2022/23. While these efforts demonstrate Ethiopia's commitment to reducing reliance on external funding, the continued high dependence on donor contributions underscores the need for further investment and long-term sustainability planning for FP services (MOH, 2024).

Expanding FP service delivery has been a key focus of Ethiopia's FP2030 implementation. Immediate postpartum family planning services have expanded from 7% to 50% in health centers and are now available in 83% of hospitals (MOH, 2024). Similarly, post-abortion FP services have been significantly scaled up, improving access to contraceptive methods for women after abortion care (MOH, 2024). However, despite these improvements, the availability of FP services remains uneven across the country, with shortages reported in some health facilities, particularly in conflict-affected areas.

Ensuring contraceptive commodity security remains a persistent challenge for Ethiopia's health system. The government has set an ambitious target to increase the "no stockout" status of at least three modern contraceptive methods from 63% to 90% by 2030. However, financing constraints have hindered procurement efforts. While UNFPA and other donors continue to support family planning (FP) financing, the decline in external assistance for health capital budgets has placed increasing pressure on domestic resources (MOH, 2024). In response, Ethiopia has engaged in advocacy efforts with the House of Peoples' Representatives (HPR) to push for increased budget allocation for FP commodities. Additionally, the UNFPA-led multi-donor compact for FP financing remains a critical funding source, helping to stabilize contraceptive supply chains (MOH, 2024).

According to the Ethiopia Service Provision Assessment (ESPA) 2021–22, the availability of modern contraceptive methods in health facilities varies significantly across different regions and facility types. The assessment found that 69% of facilities providing FP services reported having all methods they offer available on the day of the survey. However, stock availability differed by method, with high availability for combined oral contraceptive pills (95%), Depo Provera injectable (94%), male condoms (95%), and implants (91%), while female condoms had the lowest availability at 42% (Ethiopian Public Health Institute (EPH, 2023).

To address stock-out challenges and ensure contraceptive security, the Ethiopian government has implemented several key strategies. One major focus is strengthening supply chain management by enhancing forecasting, supply planning, and the logistics management information system to improve the continuous availability of FP commodities. Additionally, capacity building efforts have been prioritized, with training programs for healthcare personnel and supply chain managers to ensure the efficient management of contraceptive stocks. To foster better coordination, the government is also working on enhancing partnerships among the public, private, and non-profit sectors involved in reproductive health commodity security and logistics. Furthermore, monitoring and evaluation systems have been strengthened to support data-driven decision-making, optimizing supply chain efficiency and reducing contraceptive stock-outs (EPHI et al., 2023).

Efforts to increase awareness and demand for FP services have also been strengthened. World Contraception Day is observed annually to enhance awareness on contraceptive options and address unmet needs (MOH, 2024). The Family Planning Counseling Pocket Guide has been developed, improving provider-client interactions and ensuring comprehensive FP counseling. Furthermore, the Method Information Index increased from 12% to 23%, indicating that more clients are receiving the necessary information before choosing a contraceptive method (MOH, 2024).

Increase the CPR amongst married women , reduce the TFR and reach more women and adolescent girls with FP services were three main goals under the Costed Implementation Plan for Family Planning in Ethiopia. The government has prioritized Adolescent and Youth-Friendly Family Planning (AYFP) services in response to the persistently high rates of teenage pregnancy, which currently stands at 13%. Ambitious targets have been set to reduce this rate to 7% by 2025 and further to 3% by 2030. Several initiatives have made progress in addressing teenage pregnancies. The rollout of AYFP services in health facilities has expanded significantly, with health workers trained to provide non-judgmental, confidential, and youth-responsive services. School- and community-based sexual and reproductive health education programs, implemented in collaboration with education and health sectors, have increased awareness among adolescents. In addition, the integration of adolescent health issues into national reproductive health strategies and guidelines has provided a supportive policy environment.

Despite progress, teenage pregnancy remains a significant concern in Ethiopia, especially in rural and pastoralist areas. Early marriage, limited access to adolescent-friendly health services, and persistent cultural taboos around adolescent sexuality hinder efforts to reduce rates. Stigma and lack of confidentiality in service provision discourage young people from seeking family planning support. In addition, gaps in comprehensive sexuality education and weak parental and community engagement further contribute to the continued high prevalence of teenage pregnancies among adolescent girls

Regarding FP, currently 56% of health facilities provide youth-friendly FP services, an increase from previous years. Additionally, 20% of health facilities have assigned youth representatives to their governing boards, ensuring meaningful youth engagement in decision-making. A national annual Adolescent and Youth Health (AYH) forum has been held for five consecutive years, fostering dialogue and engagement at all levels (MOH, 2024).

Despite these achievements, Ethiopia faces significant challenges in achieving its FP2030 goals. Budget constraints remain a major obstacle, with domestic funding still insufficient to cover the full cost of FP services. Disparities in contraceptive prevalence rates (CPR) and high unmet FP needs persist across regions, particularly in rural and underserved communities. Supply chain inefficiencies have led to occasional stockouts of FP commodities, despite government efforts to improve availability. Cultural and religious barriers continue to limit FP utilization, requiring more intensive community engagement and awareness campaigns. Furthermore, service quality gaps and low provider competency hinder effective FP service delivery, necessitating continued capacity-building efforts for healthcare workers (MOH, 2024).

To address these challenges and accelerate progress, Ethiopia must strengthen PPP to increase FP service delivery points, particularly in hard-to-reach areas. Expanding postpartum FP services in all public facilities should also be a priority, with a focus on achieving IUCD utilization of 11% and implant use of 24% by 2030. Integrating FP services with post-abortion care and safe-abortion services can further ensure that women receive counseling and access to contraception. Additionally, enhancing domestic financing efforts by advocating for increased FP funding in the health budget is crucial, with a push for 15% allocation as per the Abuja Declaration. Lastly, community engagement should be expanded through partnerships with religious and traditional leaders to address cultural barriers and improve FP acceptance (MOH, 2024).

In conclusion, Ethiopia has made good progress in implementing its FP2030 commitments, particularly in domestic financing, service expansion, contraceptive security, and youth-friendly FP services. However, sustaining this progress will require continued investment, strengthened supply chains, and strategic advocacy. By addressing existing gaps and ensuring the full implementation of FP2030 commitments, Ethiopia can further improve reproductive health outcomes and achieve universal access to family planning.

4.3.2 Commitments towards ICPD@2030

The Ethiopian Government has structured its reproductive health and gender equality commitments around the three zeros framework, which includes zero unmet need for FP, zero preventable maternal mortality and morbidity, and zero sexual and SGBV, including child marriage and FGM. These commitments are part of Ethiopia's broader strategy to achieve universal access to reproductive health services, strengthen gender-responsive policies, and eliminate harmful traditional practices that disproportionately affect women and girls.

Ethiopia reaffirmed its dedication to these goals by participating in the ICPD25 convening in Nairobi. The country was represented by a high-level delegation, led by the Head of State/Prime Minister, reflecting the government's strong political will to advance reproductive rights, maternal health, and gender equality (United Nations Population Fund [UNFPA], 2019). During this global gathering, Ethiopia formally signed the ICPD Program of Action, joining other nations in pledging to uphold the commitments made in Cairo in 1994 and strengthen efforts to achieve sustainable development through population and health policies (ICPD, 2019).

By endorsing the ICPD Program of Action, Ethiopia has committed to ensuring universal access to SRH services, reducing maternal mortality, and eliminating gender-based violence through policy reforms, financial investments, and multi-sectoral collaboration. This includes strengthening FP, integrating comprehensive maternal healthcare services, and enforcing legal frameworks against child marriage and FGM (MOH, 2023).

The following sections outline Ethiopia's key initiatives and performance in meeting these commitments.

a) Progress Towards Zero Sexual and Gender-Based Violence (SGBV)

The Ethiopian government has undertaken a multi-sectoral approach to addressing SGBV by integrating legal, health, and social protection systems to provide comprehensive prevention

and response services. As of 2023, 65% of health facilities in Ethiopia provide integrated GBV prevention and response services, demonstrating a significant expansion in healthcare-based interventions (Annual Performance Report, 2024). In order to strengthen service delivery, 132 health workers and HIV/AIDS program coordinators were trained on GBV prevention and post-violence care in 2023 (MOH, Annual Performance Report, 2024).

To further enhance support for GBV survivors, 82 integrated one-stop service centers have been established across Ethiopia to provide medical, legal, and psychosocial assistance (Annual Performance Report, 2024). However, despite these advancements, only 13.5% of health facilities report GBV service utilization, indicating a gap in data collection and service accessibility (Annual Performance Report, 2024). To address these challenges, Ethiopia is working on improving reporting mechanisms and increasing community awareness campaigns to ensure that survivors access the available services.

b) Elimination of Child Marriage

Ethiopia has taken legislative, policy, and community-based actions to eradicate child marriage. These efforts align with the National Costed Roadmap to End Child Marriage and FGM (2020–2024), which sets ambitious targets to eliminate both practices before 2025 (Ethiopia Country Profile Update, 2023). The proportion of women aged 20–49 who were married before age 18 dropped from 65% in 2000 to 54.2% in 2016, demonstrating progress in delaying early marriage (Ethiopia Country Profile Update, 2023).

The Ethiopian government has also enforced minimum marriage age laws and engaged community and religious leaders to advocate for child marriage prevention. However, gaps remain in Afar and Somali regions, where child marriage prevalence continues to be high (Ethiopia Country Profile Update, 2023). To address these challenges, Ethiopia has mobilized over 2,000 religious and community leaders in advocacy training to eliminate child marriage and promote alternatives such as education for girls (Annual Performance Report, 2024). While Ethiopia has made substantial progress, regional disparities persist, particularly in rural and pastoralist communities, where socioeconomic factors and cultural norms continue to drive early marriages.

c) Eradication of Female Genital Mutilation (FGM)

Ethiopia's anti-FGM efforts focus on legislation, community education, and health sector interventions. The Criminal Code of Ethiopia (2004) prohibits all forms of FGM, and enforcement has been strengthened over the years (Ethiopia Country Profile Update, 2023). The prevalence of FGM among women aged 15–49 decreased from 79.9% in 2000 to 65.2% in 2016, reflecting a positive trend (Ethiopia Country Profile Update, 2023). The greatest reductions were recorded in Dire Dawa (95.1% to 75.3%), Amhara (79.7% to 61.7%), and Addis Ababa (79.8% to 54%). However, the practice remains nearly universal in Somali (98.5%) and Afar (98.4%) (Ethiopia Country Profile Update, 2023).

To curb FGM, the MOH banned medicalized FGM in 2017, though enforcement remains a challenge (Ethiopia Country Profile Update, 2023). Additionally, 24 health workers were trained in the clinical management of FGM-related complications across high-prevalence regions (Annual Performance Report, 2024). While 79.3% of Ethiopian women and 86.7% of

men believe FGM should be discontinued, hidden support remains high, particularly in rural and high-prevalence regions (Ethiopia Country Profile Update, 2023).

A significant challenge in Ethiopia's FGM response is cross-border FGM. Many Ethiopian girls, especially from Somali and Afar regions, travel to neighboring Kenya and Djibouti to undergo FGM, highlighting the need for regional cooperation to combat cross-border FGM (Ethiopia Country Profile Update, 2023). Efforts are ongoing to strengthen community engagement and legal enforcement, ensuring that the progress made in reducing FGM is sustained and accelerated.

Despite remarkable progress, Ethiopia faces persistent challenges in achieving its ICPD 2030 commitments. High-prevalence regions such as Afar and Somali continue to record high rates of child marriage and FGM, requiring localized interventions. Although laws exist, convictions for FGM and child marriage remain rare, necessitating stronger judicial enforcement. Furthermore, indirect research reveals that true support for FGM and child marriage is underreported, requiring more culturally sensitive advocacy efforts. Many Ethiopian girls travel to neighboring countries to undergo FGM or forced marriages, highlighting the need for international collaboration.

To overcome these challenges, Ethiopia must enhance data collection systems, expand community-led programs, strengthen law enforcement, and improve access to reproductive health services. With sustained commitment and enhanced multi-sectoral collaboration, Ethiopia can fully achieve its ICPD 2030 goals, ensuring a safer, more equitable future for all.

d) Advancing Family Planning FP and Reducing Maternal Mortality and Morbidity

In addition to eliminating harmful practices, Ethiopia has committed to achieving zero unmet need for FP and zero maternal mortality and morbidity as part of its reproductive health agenda. Ethiopia has made significant investments in contraceptive services, leading to an increase in modern contraceptive use among married women from 6% in 2000 to 41% in 2019 (Ethiopia Country Profile Update, 2023). However, rural and pastoralist areas still face barriers in contraceptive access, necessitating targeted outreach programs.

Ethiopia has also made progress in reducing maternal mortality. The MMR declined from 871 per 100,000 live births in 2000 to 195 per 100,000 in 2023, demonstrating progress but highlighting the need for accelerated interventions (Ethiopia Country Profile Update, 2023; WHO 2025). Key strategies include expanding skilled birth attendance, improving emergency obstetric care, and increasing access to antenatal services. While family planning and maternal health services have improved, Ethiopia must scale up interventions in underserved regions to achieve universal coverage and prevent maternal deaths.

e) Government Performance in Reducing Maternal Mortality

Ethiopia has made substantial progress in reducing maternal mortality through the expansion of maternal health services, improved access to skilled birth attendants, and strengthened emergency obstetric care. Over the past two decades, the MMR declined from 871 deaths per 100,000 live births in 2000 to 195 per 100,000 live births in 2023, reflecting significant improvements in maternal health outcomes (Ethiopia Country Profile Update, 2023; WHO 2025). This progress has been driven by increased investments in healthcare infrastructure,

workforce development, and service delivery expansion. The Ethiopian government has prioritized skilled birth attendance, resulting in a rise in facility-based deliveries, with 74% of births occurring in health institutions in 2023 (Annual Performance Report, 2024). To enhance antenatal and postnatal care, 26% of pregnant women-initiated ANC visits before 12 weeks of gestation, and 660,000 women-held case notes were distributed to improve continuity of care (Annual Performance Report, 2024). Additionally, comprehensive emergency obstetric and newborn care (CEmONC) services were strengthened through ultrasound and emergency caesarean section training for 61 general practitioners (Annual Performance Report, 2024). The government has also institutionalized Maternal and Perinatal Death Surveillance and Response (MPDSR) to improve maternal

death notification and response, although reporting rates remain low (MOH, 2024). Despite these efforts, Ethiopia continues to focus on expanding maternal health infrastructure, increasing skilled health workforce capacity, and improving service accessibility to ensure universal maternal healthcare coverage and achieve its ICPD 2030 commitment to zero maternal mortality

4.3.3 Maternal health commitments towards EWENE

Ethiopia has committed to improving maternal health outcomes through global frameworks such as EWENE. These commitments are reflected in the country's Health Sector Development and Investment Plan (HSDIP), which builds on the foundation laid by the Health Sector Transformation Plan (HSTP-II) and other national strategies. Together, these plans aim to reduce maternal and neonatal mortality, increase access to skilled birth attendance, and improve postnatal care services. However, the mid-term review of HSTP-II highlights that despite notable progress, Ethiopia continues to face disparities in healthcare access, workforce shortages, and socio-cultural barriers, particularly in rural and conflict-affected regions (MOH, 2024).

A key commitment under EPMM is to reduce the maternal mortality ratio (MMR) to below 140 per 100,000 live births by 2030. According to the HSTP-II mid-term review, Ethiopia's MMR was 267 per 100,000 live births in 2020, which, although an improvement from previous years, is still above the target. By 2025, Ethiopia aims to reduce MMR to 199 per 100,000 live births, progressing toward the 2030 goal (MOH, 2024). However, the review highlights that emergency obstetric care services remain inadequate in many regions, affecting timely access to life-saving interventions. The expansion of CEmONC
and maternity waiting homes has been a key focus, but shortages of trained health personnel and essential medical supplies hinder full implementation (Performance Monitoring for Action - Ethiopia [PMA-ET], 2024).

Another critical commitment is to achieve at least 90% coverage of four or more ANC contacts by 2030. The HSTP-II mid-term review reports that ANC4 coverage reached 75% in 2022, an improvement from previous years but still below the 81% target set for the end of HSTP-II in 2025 (MOH, 2023). Additionally, findings from the PMA-ET cohort show that only 42.5% of women received four or more ANC visits, while 81.2% received at least one ANC visit, highlighting gaps in service availability and utilization (PMA-Ethiopia, 2024). The Ethiopian

government has introduced new ANC guidelines with eight visits (MOH, 2022) and efforts to scale up ultrasound services at the primary healthcare level to improve early detection of pregnancy complications (MOH, 2024). However, limited training for midwives and shortages of diagnostic equipment continue to pose challenges (MOH, 2024).

Ethiopia has also committed to increasing the proportion of births attended by skilled birth attendants (SBAs) to 90% by 2030. The HSTP-II mid-term review reports that skilled birth attendance increased from 50% in 2019 to 76% in 2024, reflecting progress in midwife training, health facility expansion, and maternity waiting homes (MOH, 2023). However, data from the PMA-ET cohort indicate that only 62% of women delivered in a health facility, with significant disparities between urban (93%) and rural (52%) areas (PMA-ET, 2024). The HSTP-II mid-term review also highlights the need for improved emergency obstetric care, as the availability of cesarean sections at primary healthcare facilities remains low, affecting access to life-saving interventions in remote areas (MOH, 2023).

Postnatal care (PNC) is another area where Ethiopia has committed to making significant improvements, with a target of at least 80% coverage by 2030. However, early PNC coverage within two days remains critically low, at just 32%, according to the HSTP-II mid-term review (MOH, 2023). The PMA-ET cohort report further indicates that 57.9% of women did not receive any PNC after delivery, while only 41.3% received counseling on exclusive breastfeeding (PMA-ET, 2024). The government has expanded community health programs and integrated HEWs into maternal and newborn health services, yet gaps in follow-up care and staffing shortages continue to limit access (MOH, 2024).

To achieve the ENAP and EPMM targets, Ethiopia has implemented several key interventions. These include the expansion of neonatal inpatient units, revision of hospital obstetrics management protocols (2021), and strengthening of mini blood banks to improve emergency maternal care (MOH, 2024). Additionally, the HSTP-II mid-term review highlights progress in perinatal death surveillance, with the proportion of asphyxiated newborns resuscitated and surviving reaching 82%, and the proportion of newborns with neonatal sepsis receiving treatment reaching 42% (MOH, 2023). Community-based newborn care (CBNC) interventions have been scaled up, with a focus on early identification and management of neonatal infections (MOH, 2024).

Despite progress, several challenges remain, including slow reductions in maternal mortality, low ANC and PNC coverage, and workforce shortages in conflict-affected regions. To address these gaps, Ethiopia should increase investments in maternal health infrastructure, particularly in underserved areas, and enhance financial protection mechanisms such as CBHI (MOH, 2024). Strengthening digital health solutions for ANC follow-ups, improving healthcare worker retention in rural settings, and expanding mobile health services for PNC could further accelerate progress (MOH, 2024). Additionally, engaging religious and community leaders to promote maternal health awareness and service uptake is critical in overcoming socio-cultural barriers (MOH, 2024).

In conclusion, Ethiopia has made notable progress in implementing key maternal health commitments under ENAP and EPMM, particularly in increasing skilled birth attendance and expanding access to maternal health services. However, gaps remain in achieving universal ANC and PNC coverage, reducing MMR, and ensuring equitable access to emergency obstetric

care. Strengthening health system resilience, increasing investments in maternal care, and leveraging community-based interventions will be crucial in achieving Ethiopia's 2030 targets (MOH, 2023).

4.3.4 Newborn health commitments towards EWENE

Ethiopia has committed to reducing neonatal and stillbirth mortality aligning with the country's broader health strategies to enhance maternal and newborn survival. The country aims to reduce the stillbirth rate (SBR) to at least 14 per 1,000 live births by 2025 and neonatal mortality from 28 to 12 per 1,000 live births by 2030. Additionally, Ethiopia has committed to ensuring at least 80% of districts have Level 2 inpatient neonatal care units equipped with Continuous Positive Airway Pressure (CPAP) support (MOH, 2024).

Considerable progress has been made in reducing neonatal and stillbirth mortality in Ethiopia. As of 2022, the stillbirth rate had improved to 10.8 per 1,000 live births, exceeding the initial target , and neonatal mortality rate (NMR) had improved from 48 per 1000 live births (2000) to 27 per 1000 live births (2022) (MOH, 2023; UNIGME 2023). To achieve the EWENE newborn targets, Ethiopia has adopted several strategies. Expanding neonatal inpatient units at the subnational level remains a priority, alongside increasing community-based newborn care interventions. HEWs play a crucial role in identifying and managing neonatal infections at the community level, improving early detection and referral. Additionally, Ethiopia has strengthened perinatal death surveillance and response systems to address neonatal mortality systematically (MOH, 2024).

One of the notable achievements has been the implementation of a national roadmap for inpatient neonatal care, which focuses on establishing and strengthening NICUs, neonatal Level 2 care and newborn care corners at both hospitals and health centers. This strategic expansion has improved access to facility-based care for sick and preterm newborns, especially in high-burden regions.

A key success has been the scale-up of neonatal inpatient units equipped with CPAP support in multiple hospitals, which has significantly contributed to improving survival rates of preterm and low-birth-weight infants (PMNCH, 2024). Additionally, the Ministry of Health MOH has prioritized newborn resuscitation by rolling out national training and mentorship programs. As a result, the proportion of asphyxiated newborns successfully resuscitated increased to 82% by 2023 (MOH, 2023).

Another major milestone was achieved in 2025 with the introduction of Caffeine Citrate for the management of Apnea of Prematurity. This evidence-based intervention is expected to significantly enhance survival outcomes for preterm neonates by reducing apnea episodes, supporting breathing, and lowering the need for invasive ventilation, thus contributing further to the country's efforts in reducing neonatal mortality.

However, despite these achievements, several challenges remain in Ethiopia reaching its NMR target. The primary obstacles include shortages of neonatal intensive care specialists, inadequate availability of CPAP-supported care, and limited emergency obstetric and newborn services in remote and conflict-affected regions (MOH, 2024). These include limited availability of adequately trained NICU personnel in some regions, uneven distribution of NICU services and neonatal Level 2 care across rural and urban areas, shortages of essential

neonatal drugs and equipment, and gaps in ongoing maintenance and infrastructure support. Additionally, sustaining mentorship and supportive supervision programs at scale remains a constraint, particularly in resource-limited settings. Furthermore, supply chain disruptions affecting essential neonatal medicines and diagnostics continue to impact service delivery. Additionally, cultural barriers and traditional birth practices continue to contribute to high neonatal deaths occurring outside health facilities. The coverage of KMC for preterm and low-birth-weight infants remains suboptimal, despite its effectiveness in reducing neonatal mortality (ESPA, 2022).

Efforts to reduce stillbirth rates have focused on strengthening ANC, with a national goal of achieving at least 90% ANC4 coverage by 2030. The mid-term evaluation of Ethiopia's HSTP-II reported that ANC4 coverage had reached 75% by 2022, reflecting improvements but still below the 81% target (MOH, 2023). The government has also expanded routine fetal monitoring, introduced obstetric ultrasound services at primary healthcare levels, and strengthened early detection of pregnancy complications to prevent stillbirths. However, persistent gaps in the availability of skilled professionals trained in fetal surveillance and neonatal resuscitation remain a challenge.

Overall, while Ethiopia has made commendable progress in improving newborn survival, achieving the ambitious EWENE targets will require sustained investments in health system strengthening including workforce capacity, and infrastructure. For example, continued investments in human resource development, supply chain management, infrastructure, and quality improvement initiatives will be critical to achieving equitable access to quality NICU services and neonatal Level 2 care nationwide. Expanding digital health innovations for newborn care, improving referral systems for neonatal emergencies, and enhancing financing mechanisms to support neonatal health services are essential next steps. Addressing healthcare equity gaps, particularly in underserved rural regions, will be critical to ensuring that every newborn in Ethiopia receives high-quality care from birth (MOH, 2023).

4.3.5 Commitments towards GFF

Ethiopia has made significant commitments under the Global Financing Facility (GFF) to improve maternal, newborn and child health outcomes. These commitments align with the Health HSTP-II and global initiatives such EWENE. The country has set ambitious targets to reduce maternal and neonatal mortality, increase contraceptive prevalence, and improve access to skilled care and emergency obstetric services. However, challenges remain in fully achieving these goals due to disparities in healthcare access, workforce shortages, and socio-cultural barriers (MOH, 2023).

i) Maternal health commitments and progress

One of Ethiopia's primary commitments under the GFF is to reduce the MMR from 267 per 100,000 live births to 199 per 100,000 live births by 2025. The mid-term review of HSTP-II indicates that, as of December 2022, MMR had declined to 267 per 100,000, reflecting some progress but highlighting the need for further improvements in emergency obstetric care and skilled birth attendance (MOH, 2023). To address this, Ethiopia has expanded CEmONC services and maternity waiting homes, though shortages of trained health personnel and essential medical supplies continue to hinder implementation (PMA-ET, 2024).

Ethiopia has also committed to increasing CPR from 41% to 50% by 2025. Currently, CPR stands at 45%, showing progress toward the target but emphasizing the need to strengthen supply chain systems and expand contraceptive services, particularly for adolescents and marginalized communities (MOH, 2023). Similarly, the country aims to increase the proportion of pregnant women with four or more ANC visits from 43% to 81%. However, recent data show that ANC4 coverage reached only 75% in 2022, falling short of the 81% target. Barriers such as limited trained personnel, diagnostic equipment shortages, and cultural factors continue to limit ANC uptake (MOH, 2023).

The latest data indicate that 74% of births were attended by skilled health workers in 2023, reflecting an increase from previous years. However, significant regional disparities persist, particularly in pastoralist and conflict-affected areas (MOH, 2024). Facility-based deliveries remain low in certain remote and underserved areas, limiting access to emergency obstetric care (MOH, 2024). To address this, the MOH has prioritized the utilization and expansion of maternity waiting homes to improve facility-based childbirth rates (MOH, 2024).

Additionally, the country aimed to increase the cesarean section (C-section) rate from 5% to 8%, but as of 2023, it stood at 6%, with notable regional disparities. Urban centers such as Addis Ababa (58%) and Harari (30%) reported higher rates, while Afar and Somali regions had significantly lower rates at just 2% (MOH, 2024). These persistent challenges are largely due to insufficient trained personnel and limited surgical capacity at primary healthcare facilities (MOH, 2024).

ii) Newborn and child health commitments and progress

To improve newborn survival, Ethiopia has committed to reducing the SBR from 15 per 1,000 live births to 14 per 1,000 by 2025. Encouragingly, as of 2022, the stillbirth rate had improved to 10.8 per 1,000 live births, exceeding the initial target. This progress reflects increased investment in facility-based deliveries, essential newborn care, and perinatal death surveillance (MOH, 2023). Ethiopia also aims to reduce neonatal mortality from 33 per 1,000 live births to 21 per 1,000 by 2025. However, the current NMR remains at 27 per 1,000 live births, indicating the need for enhanced efforts to address prematurity, neonatal infections, and birth asphyxia (UNIGME 2023; MOH, 2023).

The country has also committed to increasing the proportion of newborns with neonatal sepsis or very severe disease who receive treatment from 30% to 45%. Recent data show that 42% of newborns with sepsis now receive treatment, reflecting significant progress but emphasizing the need for expanded neonatal care units and better-equipped facilities (MOH, 2023). Another key commitment is to increase the proportion of asphyxiated newborns resuscitated and surviving from 11% to 50%. Encouragingly, 82% of asphyxiated newborns are now resuscitated and survive, surpassing the target and demonstrating the effectiveness of training programs for healthcare workers in neonatal resuscitation (MOH, 2023).

Ethiopia has also set a goal to increase early postnatal care (PNC) coverage within two days from 34% to 76%. However, the HSTP-II mid-term review indicates that only 32% of mothers and newborns received early PNC in 2022, highlighting a major gap (MOH, 2023). Factors such as low awareness of postnatal services, geographic barriers, and a shortage of community health workers continue to limit access to early postnatal care (PMA-ET, 2024).

Despite key achievements, Ethiopia still faces several challenges in meeting its GFF commitments. These include the limited availability of emergency obstetric and newborn care (EmONC) services, shortages of skilled birth attendants, low facility-based delivery rates in remote areas, and supply chain disruptions affecting the availability of essential medicines (MOH, 2024). Addressing these challenges requires further investment in health system strengthening, expanded maternity waiting homes, improved neonatal intensive care, and stronger community-based interventions (MOH, 2024).

To accelerate progress, Ethiopia should increase investment in neonatal care units and CPAP-supported newborn care, strengthen the HEP to enhance community-based maternal and newborn services, and scale up training and retention programs for healthcare workers in rural areas (MOH, 2024). Additionally, expanding health financing mechanisms, such as CHBHI, could improve maternal and newborn health service access (MOH, 2024).

Ethiopia continues to struggle with child nutrition, with a significant portion of children under five facing malnutrition. According to the EDHS 2019, 37% of children are stunted (too short for their age due to chronic malnutrition), 7% are wasted (suffering from acute malnutrition), and 21% are underweight. The situation has been exacerbated by rising inflation and economic downturns, deepening food insecurity, particularly affecting women and children, who are already among the most vulnerable. Tackling malnutrition which continues to be a major cause of under-five mortality, with high levels of stunting, wasting, and micronutrient deficiencies persisting despite expanded nutrition programs should be a key priority.

In conclusion, Ethiopia has made notable progress in implementing its commitments towards the GFF. Key achievements include increased ANC coverage, higher skilled birth attendance, improved neonatal resuscitation rates, and reductions in stillbirth rates. However, early PNC coverage remains low, neonatal mortality reduction is progressing slowly and malnutrition is a key issue. Addressing these gaps through targeted investments in healthcare infrastructure, workforce capacity, and community-based interventions will be essential for Ethiopia to meet its 2030 health targets (MOH, 2023). Strengthening postnatal care, expanding neonatal intensive care services, and improving child nutrition programs will be essential to achieving SDG 3.2 (SDG Index Report, 2023; PMA-ET Report, 2023; SPA Report, 2022).

4.3.6 Commitments to improve adolescent health and well-being

Ethiopia, home to an estimated 37.4 million adolescents and youth aged 10–24 years, actively participated in the Global Forum for Adolescents, held in October 2023 and publicly pledged a series of commitments to promote adolescent well-being (Admassu, Wolde and Kaba 2022). Among these, the Government committed to reducing adolescent pregnancy by 50%, lowering HIV/AIDS prevalence by 25%, and reducing STIs by 20% by the year 2030. In addition, it pledged to increase access to adolescent- and youth-friendly health services, integrate mental health care into primary health services, prevent substance use, and enhance the participation of adolescents and youth in policy and program design. The Government also committed to strengthening coordination across sectors and expanding access to life skills education through both school-based and community platforms. These pledges align closely with the National Adolescent and Youth Health (AYH) Strategy 2021–2025 and were reaffirmed during the 4th National AYH Forum, held in Addis Ababa in October 2023 (PMNCH, 2023; ENA, 2023).

Progress is evident in several areas. The National AYH Forum has evolved into a key platform for reviewing achievements, fostering innovation, and promoting accountability. The MOH has emphasized development of comprehensive strategies and national guidelines around key priorities, including reproductive health, mental health, nutrition, communicable disease control, and the prevention of substance use. Youth-friendly service corners have expanded in many health facilities, and adolescent engagement in national health programming has increased. The existence of approximately 3,000 youth centers—about half of which are currently operational—underscores a growing national commitment to creating safe and empowering spaces for adolescents. These developments reflect Ethiopia's dedication to aligning its domestic health agenda with global adolescent health priorities.

Nonetheless, several critical challenges persist. Adolescent pregnancy rates remain largely unchanged in some regions, suggesting that further investment and community-level interventions are needed (CSA & ICF, 2016). Access to quality, adolescent-friendly health services is inconsistent, particularly in rural and underserved areas (MOH, 2021). Mental

health services for young people are limited, with few trained providers and widespread stigma discouraging help-seeking behavior (MOH, 2021). Substance-use prevention efforts are still insufficiently integrated into schools and communities, and many youth centers suffer from inadequate resources, staffing, and infrastructure. While youth participation in national events has improved, mechanisms for institutionalized, meaningful engagement in decision-making processes remain weak (Admassu, Wolde and Kaba, 2022). In addition, multi-sectoral coordination across health, education, and social services is underdeveloped, limiting the effectiveness of holistic adolescent well-being interventions (MOH, 2021)

To meet its commitments and accelerate progress, Ethiopia should prioritize investment in infrastructure for youth centers, scale up school- and community-based health promotion programs, and formalize platforms for youth leadership and engagement in policy. Improving data systems to track adolescent health outcomes and strengthening cross-sectoral collaboration will also be critical. Moreover, increasing domestic and external financing for adolescent-focused programs can ensure sustainable progress toward the 2030 targets. With strong political commitment, empowered communities, and active youth leadership, Ethiopia is well-positioned to deliver transformative change for its adolescent population.

4.3.7 Commitments towards SDG Targets 3.1, 3.2, and 3.7: Maternal, Neonatal, and Child Health, and Sexual and Reproductive Health Services

Ethiopia has made significant progress toward achieving SDG 3, particularly in the areas of MNCH and SRH. The government has integrated these priorities into national policies such as the HSTP-II, 2021-2025 and the HSDIP, alongside substantial financial commitments and programmatic interventions. However, challenges persist in ensuring equitable access to essential health services, particularly in rural and underserved areas. Please see previous sections for detailed analysis on Ethiopia's progress toward SDG Target 3.1 (maternal mortality reduction), 3.2 (neonatal and child mortality reduction), and 3.7 (universal access to sexual and reproductive health services)

4.3.8 Commitment to the Immunization Agenda 2030

Ethiopia has committed to the Immunization Agenda 2030 (IA2030), a global strategy aimed at ensuring equitable access to vaccines, reducing vaccine-preventable diseases, and strengthening immunization systems. This commitment aligns with Ethiopia's HSTP-II and national immunization strategies. The key targets under this agenda include achieving at least 90% national immunization coverage, ensuring 80% coverage in every district, strengthening cold chain and vaccine logistics, and reducing the burden of vaccine-preventable diseases (MOH, 2023).

Ethiopia has made significant progress in expanding immunization coverage, particularly in routine childhood vaccinations. According to the Annual Performance Report 2024, the country has achieved 84% coverage for the third dose of the pentavalent vaccine (which protects against diphtheria, pertussis, tetanus, hepatitis B, and Haemophiles influenzae type B). The coverage for the measles-containing vaccine (MCV1) reached 82%, while MCV2 coverage was 65%, indicating improvements but still falling short of the 90% national target (MOH, 2024). However, regional disparities persist, particularly in pastoralist and conflict-affected areas, where vaccine coverage remains below the national average. The ESPA 2021–2022 report indicated that health facilities in these regions often face stockouts of essential vaccines, limited cold chain capacity, and inadequate human resources (EPHI & MOH, 2023). Additionally, the PMA-ET report noted that only 37.2% of children had received the oral polio vaccine by six weeks postpartum, highlighting gaps in early immunization uptake (Addis Ababa University & Johns Hopkins Bloomberg School of Public Health, 2023).

One of the major challenges facing Ethiopia’s immunization program is vaccine equity, particularly in hard-to-reach and insecure areas. While the National Health Budget Brief 2024 reported a 26% increase in overall health sector funding, it also highlighted a decline in external funding specifically for immunization programs. This raises concerns about the sustainability of financing for vaccines, cold chain infrastructure, and outreach activities (MOH, 2024). The Ethiopia Health Accounts 2019/20 report further revealed that high out-of-pocket expenditures remain a significant barrier to immunization uptake, especially in marginalized communities (MOH, 2022).

Despite these challenges, Ethiopia has made some progress in identifying and reaching zero-dose children—those who have not received a single dose of any routine vaccine. Through initiatives under the Immunization Agenda 2030, the country has expanded outreach services, enhanced microplanning in remote areas, and leveraged community health workers to improve demand generation. Notably, efforts in pastoralist regions and urban slums have led to increased coverage of the first dose of the pentavalent vaccine, which serves as a key indicator for tracking zero-dose children. However, persistent insecurity, geographic barriers, and workforce limitations continue to hinder efforts to fully reach and sustain coverage among these populations. Addressing these challenges will require more targeted investments, integration with broader primary healthcare services, and sustained community engagement.

Another critical issue is vaccine hesitancy and misinformation, which has contributed to suboptimal uptake of newer vaccines such as HPV for cervical cancer prevention. Despite

national efforts to integrate HPV vaccination into routine immunization, coverage remains below 50%, mainly due to socio-cultural barriers and lack of awareness among adolescent girls and their families (MOH, 2024).

To address these challenges, the Ethiopian government has implemented several initiatives. Cold chain expansion has been prioritized, with investments in solar-powered refrigerators and vaccine storage facilities to improve cold chain capacity in remote areas (MOH, 2024). Community engagement through the HEP has been instrumental in promoting vaccine awareness and uptake, particularly among rural populations (MOH, 2023). Additionally, integrated health campaigns targeting polio, measles, and COVID-19 have successfully reached millions of children in high-risk areas (MOH, 2024). Digital health solutions, including the strengthening of electronic immunization registries, are also being introduced to track vaccine coverage and reduce dropout rates (MOH, 2024).

Ethiopia has recorded notable progress in increasing financing for immunization in the face of persistent challenges. On the positive side, the government has steadily increased domestic budget allocations and incorporated vaccines into the essential health service package. Additionally, it has successfully mobilized external funding from partners including Gavi, UNICEF, and WHO to support vaccine procurement and cold chain infrastructure. Nonetheless, several obstacles remain: continued dependence on donor funding, limited fiscal space at both national and regional levels, and delays in budget disbursement that impede timely implementation. Moreover, weak financial tracking systems and insufficient data on immunization expenditures undermine evidence-based advocacy and hinder long-term sustainability planning.

Despite progress, Ethiopia still faces challenges in achieving its IA2030 targets, particularly in addressing regional disparities, ensuring sustainable immunization financing, and tackling vaccine hesitancy. Moving forward, increased domestic financing, targeted interventions for underserved regions, and leveraging digital health technologies will be critical in ensuring equitable and sustainable immunization coverage.

5. CONCLUSION

Ethiopia has made significant strides in advancing WCAH issues through strategic national and global commitments. The country's dedication to frameworks and initiatives such as FP2030, ICPD 2030, EWENE and the GFF, among others, reflects a strong policy framework aimed at improving RMNCAH. Furthermore, Ethiopia's engagement in the SDGs particularly targets related to maternal and child health, demonstrates its commitment to achieving universal health coverage.

Despite these efforts, several persistent challenges hinder full implementation. Socioeconomic and geographical disparities limited financial resources, health workforce shortages, and service delivery gaps in rural and conflict-affected regions continue to impede progress. Additionally, cultural and societal barriers restrict access to sexual and reproductive health services, particularly for adolescents and young women. Ethiopia's decentralized health system allows for regional adaptation of policies, but disparities in implementation remain a major challenge.

To accelerate progress, Ethiopia must strengthen health system resilience through increased domestic financing, improved healthcare infrastructure, and enhanced capacity-building for healthcare providers. Expanding access to maternal and neonatal care, scaling up emergency obstetric and newborn care services, and ensuring the continuous availability of essential health commodities are critical priorities. Addressing gender inequalities, eliminating harmful traditional practices such as child marriage and female genital mutilation (FGM), and fostering multi-sectoral collaboration will also be essential in achieving long-term health improvements.

Moving forward, Ethiopia's success in meeting its commitments will depend on strong accountability mechanisms, sustained political will, and strategic partnerships including with development organizations. Continued monitoring and evaluation of progress will be crucial to ensure that national policies translate into measurable health outcomes. By fostering an inclusive, equity-driven approach to healthcare, Ethiopia can make meaningful progress toward achieving its WCAH commitments and improving the health and well-being of its population.

6. RECOMMENDATIONS

Ethiopia has made progress in aligning policies with global commitments on WCAH but gaps in enforcement, financing, and accountability hinder full implementation. The following recommendations are proposed as partners develop the Collaborative Advocacy Action Plan (CAAP):

- CSOs and advocates need increased capacity and funding to drive policy implementation at regional and woreda levels. Strengthening advocacy will ensure policies and guidelines are effectively translated into action, improving WCAH outcomes.
- Governments and development partners should increase domestic budget allocations and ensure the timely release of funds specifically for SHR services. Priority should be given to the procurement and distribution of essential maternal health commodities such as Family planning commodities, oxytocin, magnesium sulfate, and multiple micronutrient supplements (MMS), which are critical for reducing maternal mortality and improving maternal health outcomes in line with CAAP goals.
- The government should adopt a multi-sectoral approach that links health, education, and agriculture to reduce stunting and teenage pregnancies. This should include the expansion of adolescent-friendly SRH services, delivery of comprehensive sexuality education, and promotion of maternal nutrition through local food systems and supplementation programs. These integrated actions will support CAAP targets on youth wellbeing, nutrition, and reproductive health.
- The government should ensure consistent allocation and timely disbursement of funds for WCAH programs. Dependence on donor funding should be reduced through increased domestic resource mobilization, particularly for vaccine procurement, family planning, and maternal health services.
- Some commitments, such as achieving 80% early routine postnatal care (within two days) and 90% coverage of four or more antenatal care contacts, lack clear interim milestones. Progress should be reviewed at least every two years to enhance accountability and allow course correction.

- Legal frameworks related to gender equality and child protection should be strengthened. Advocacy efforts should focus on eliminating inconsistencies in laws and reinforcing enforcement mechanisms to combat child marriage, female genital mutilation (FGM), and gender-based violence.
- Adolescent health needs more attention, particularly regarding youth-friendly health services, menstrual hygiene management, and proper sanitation facilities in schools. A national adolescent health monitoring system should be established to track progress and ensure sustained focus.
- Maternal and newborn health services must be expanded, especially in underserved and conflict-affected areas. Strengthening emergency obstetric care, neonatal intensive care units (NICUs), neonatal Level 2 care, and maternity waiting homes is crucial to reducing maternal and newborn mortality.
- Immunization programs should be strengthened by addressing regional disparities, expanding cold chain infrastructure, and integrating routine immunization with maternal and child health services. Tackling vaccine hesitancy through targeted community engagement is essential.
- Accountability mechanisms must be reinforced through better tracking, performance-based monitoring, and data-driven decision-making at all levels of government. Ensuring that health sector plans include actionable accountability frameworks will improve transparency and implementation.
- Community engagement should be expanded to address socio-cultural barriers to health service uptake. Strengthening awareness campaigns and involving religious and traditional leaders can improve access to family planning, reproductive health, and maternal care.
- Multi-sectoral collaboration is essential to addressing cross-cutting WCAH challenges, including malnutrition, gender-based violence, and inequitable access to services. Greater coordination between health, education, gender, and social protection sectors will ensure a more integrated and sustainable approach.

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ANNEX 1

Government of Ethiopia's Commitments

	Commitment / Policy	Category (National / Regional / Global)
MNCH		
High-quality MNCH services for mothers, newborns and children		
1	Reduce the global maternal mortality ratio to 140 per 100 000 live births.	SDG (Global)
2	By 2030, reduce MMR to 140 per 100,000 live births.	EWENE (Global)
3	Decrease the maternal mortality rate (MMR) from 401 per 100,000 live births to 279 (2024/25) to 199 (2025/26)	HSTP-II/HSDIP (National)
4	To achieve at least 90% coverage of four or more antenatal care contacts by 2030.	EWENE (Global)
5	Committed to increase births attended by skilled birth attendants to reach 90% by 2030.	EWENE (Global)
6	Committed to increase early postnatal care (within two days) at least 80% by 2030	EWENE (Global)
7	Increase proportion of pregnant women with four or more ANC visits from 43% to 81% (2024/25)	HSTP II (National)
8	Committed to increase deliveries attended by skill birth attendants to 80% by 2030	EWENE (Global)
9	Increase deliveries attended by skilled health personnel from 70.9% (2022/23) to 78% (2025/26)	HSDIP (National)
10	Increase Cesarean Section Rate from 5.4% (2022/23) to 8% (2025/26)	HSDIP (National)
11	Increase coverage of early PNC within 2 days from 67% (2022/23) to 78% (2025/26)	HSDIP (National)
12	Proportion of pregnant women who received antenatal care 8 contacts or more from 15% (2022/23) to 30% (2025/26)	HSDIP (National)
13	Increase proportion of pregnant woman who received early antenatal first contact < 12 weeks from 22% (2022/23) to 40% (2025/26)	HSDIP (National)
14	Increase proportion of asphyxiated newborns resuscitated and survived from 83% to 85% (2025/26)	HSDIP (National)
15	Increase proportion of under five children with Pneumonia who received antibiotics from 78% (2022/23) to 85% (2025/26)	HSDIP (National)
16	Proportion of under five children with diarrhea who were treated with ORS and Zinc from 22% (2022/23) to 60% (2025/26)	HSDIP (National)
17	Reduce stunting prevalence in	HSDIP (National)

	children aged less than 5 years from 39% (2022/23) to 25% (2025/26)	
18	Reduce wasting prevalence in children aged less than 5 years from11% (2023/24) to 7.8% (2025/26)	HSDIP (National)
19	Elimination of measles (less than 1 case measles per woreda per year)	National Expanded Program on Immunization Comprehensive Multi-Year Plan (2021–2025) (National)
Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and nursing – and essential medicines and commodities		
20	Commit that 80% of districts with at least one Level 2 inpatient unit plus CPAP by 2030	EWENE (Global)
21	Commit to have a national implementation plan for inpatient units and sub-national inpatient unit (Level 2 plus CPAP) by 2030	EWENE (Global)
22	Commit to having more than half of population within 2 hours of emergency obstetric care by 2030	EWENE (Global)
23	Commit that 80% of districts with at least half of population within 2 hours of emergency obstetric care	EWENE (Global)
24	Increase availability of essential medicines by level of health care from 83% (2023/24) to 92% (2025/26)	HSDIP (National)
25	Reduce Out of Pocket Expenditure as a share of total health expenditure (THE) from 30.5% (2022/23) to 25% (2025/26)	HSDIP (National)
26	Increase general government expenditure on health (GGHE) as a share of total general government expenditure (GGE) from 11.7% (2022/23) to 13.72% (2025/26)	HSDIP (National)
27	Increase total health expenditure per capita (USD) from 36 USD (2022/23) to 42 (USD) (202526)	HSDIP (National)
28	Increase proportion of eligible households enrolled in Community Based Health Insurance (CBHI) from 81% (2022/23) to 90% (2025/26)	HSDIP (National)
29	Increase proportion of Primary Health Care Facilities implemented Community Score Card from 58% (2022/23) to 75% (2025/26)	HSDIP (National)
30	Increase information use index from 60% (2022/23) to 85% (2024/25)	HSDIP (National)
31	Increase proportion of health facilities that met a data verification factor within 10% range for selected indicators from 89% (2022/23) to 95% (2024/26)	HSDIP (National)

32	increase proportion of births notified (from total births) from 75% (2022/23) to 85% (2025/26)	HSDIP (National)
33	Increase proportion of deaths notified (from total deaths) from 4% (2022/23) to 35% (2025/26)	HSDIP (National)
34	Increase health workers density per 1,000 population from 1.75% (2022/23) to 2.3% (2024/25)	HSTP II (National)
35	Proportion of health facilities implementing compulsory Ethiopian health institutions standards from 62% (2022/23) to 80% (2025/26)	HSDIP (National)
36	Increase proportion of high performing Primary Health Care Units (PHCUs) from 5% to 35% (2024/25)	HSTP II (National)
37	Increase proportion of health posts providing comprehensive health services from 0% to 12% (2024/25)	HSTP II (National)
38	Increase Outpatient attendance per capita from 1.5 (2022/23) to 1.68 (2025/26)	HSDIP (National)
39	Increase proportion of patients with positive experience of care from 33% to 54% (2024/25)	HSTP II (National)
Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality		
40	Commit that 65% of women making own informed empowered decisions by 2030	EWENE (Global)
41	Commit that 80% of districts with more than half of women making own informed empowered decisions	EWENE (Global)
42	Increase proportion of households having basic sanitation facilities from 20% to 60%	HSTP II/HSDIP (National)
43	Increase proportion of kebeles declared ODF from 40% to 80%	HSTP II/HSDIP (National)
44	Proportion of households having hand washing facilities at the premises with soap and water from 8% to 58%	HSTP II/HSDIP (National)
SRH		
Access and choice to effective contraception methods		
45	Ensure universal availability of quality, affordable and safe modern contraceptives in an effort at achieving zero unmet need for family planning information and services	ICPD@25 (Global)
46	By 2030, the government of Ethiopia is committed to increase the “no stockout” status of at least three modern contraceptive methods from 63% to 90%.	FP2030 (Global)
47	Decrease in the unmet need for FP from 22% to 17% by 2030	FP2030 (Global)
48	By 2030, the Ethiopian government committed to proportionally increase financing of FP services, by continuing to earmark funds from its treasury and SDG	FP2030 (Global)

	pool fund, and track the financing for FP using the Ethiopian National Health Accounts	
49	Reduce teenage pregnancy from13% to 7% by 2025 and 3 % by 2030	FP2030 (Global)
50	Reduce teenage pregnancy rate from 12.5% to 7% (2024/25)	HSTP-II/HSDIP (National)
Access to safe and legal abortion services		
51	Integrate a comprehensive approach of the essential sexual and reproductive health package including: Access to safe abortion to the full extent of the law; Measures for preventing and avoiding unsafe abortions; Inclusion of comprehensive and post-abortion care in to the national and Universal Health strategies, policies and programs	ICPD@25 (Global)
Prevention, detection and management of reproductive cancers, especially cervical cancer.		
52	Proportion of women between 30 - 49 years screened for cervical cancers from 12.7% (2022/23) to 38% (2025/26)	HSDIP (National)
Prevention and treatment/referrals for Sexual and Gender-Based Violence		
53	States parties shall condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women	CEDAW (Global)
54	States parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women	CEDAW (Global)
55	Realize all individuals' potential as agents of change in their society both socially and economically: thereby making earnest efforts to achieve zero sexual and gender-based violence, including zero child, early and forced marriage, as well as zero female genital mutilation	ICPD@25 (Global)
56	Protect the rights of women, youth and adolescents and address sexual and gender-based violence	Maputo Plan of Action (2016-30; Regional)
Inclusion of essential packages of SRH interventions within UHC and PHC schemes, including financial protection and SRH financing.		
57	Commit to ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030	SDG (Global)

AHWB		
Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector		
58	Decrease the mortality rate from all causes, age 10-24 (per 1,000 population) from 2.71 to 2.3 (2025)	National Adolescents and Youth Health (AYH) strategy (2021 - 2025)
59	Reduce the pregnancy-related mortality rate per 1000 women aged 15-19 from 0.39 to 0.29 (2025)	National AYH strategy (2021 - 2025)
60	Reduce pregnancy-related mortality rate per 1000 women aged 20-24 from 0.64 to 0.48	National AYH strategy (2021 - 2025)
61	Reduce the teenage pregnancy rate from 12.5% to 7%	National AYH strategy (2021 - 2025)
62	Increase the median age at first sex (female) from 16.4 to 17 years (2025)	National AYH strategy (2021 - 2025)
63	Increase the median age at first marriage (Female) from 17.8 to 18 years (2025)	National AYH strategy (2021 - 2025)
64	Increase the CPR among married adolescent women (15-19) from 36.5% to 44.5%	National AYH strategy (2021 - 2025)
65	Increase the CPR among married young women (20-24) from 52.5% to 64% (2025)	National AYH strategy (2021 - 2025)
66	Increase the CPR among unmarried adolescent women (15-19) from 57.5% to 70% (2025)	National AYH strategy (2021 - 2025)
67	Increase the CPR among unmarried young women (20-24) from 47% to 57% (2025)	National AYH strategy (2021 - 2025)
68	Reduce the unmet need for modern contraceptives among married 15-19 years from 20.5% to 10% (2025)	National AYH strategy (2021 - 2025)
69	Reduce the unmet need for modern contraceptives among married 20-24 years from 18.5% to 10% (2025)	National AYH strategy (2021 - 2025)
70	Increase the proportion of pregnant adolescents (<20) who had 1 antenatal care visit (ANC 1) during the current pregnancy from 77.3% to 85% (2025)	National AYH strategy (2021 - 2025)
71	Increase the proportion of pregnant adolescents (<20) who received antenatal care four or more times (ANC 4+) during the current pregnancy from 36.4% to 68%	National AYH strategy (2021 - 2025)
72	Increase the proportion of pregnant adolescents (<20) who received antenatal care four or more times (ANC 8+) during the current pregnancy from 1.3% to 10%	National AYH strategy (2021 - 2025)
73	Increase the adolescent (<20) health facility delivery from 53.6% to 81%	National AYH strategy (2021 - 2025)
74	Increase PNC 24 hours stay adolescent age <20 from 30.5% to 37% (2025)	National AYH strategy (2021 - 2025)

75	Increase immediate Post Natal Care (≤2 days) coverage among pregnant women age15-24 from 34.5% to 90% (2025)	National AYH strategy (2021 - 2025)
76	Increase condom use at last higher-risk sex among unmarried/non-cohabiting adolescent male 15-19 from 26% to 40% (2025)	National AYH strategy (2021 - 2025)
77	Increase condom use at last higher-risk sex among unmarried/non-cohabiting adolescent female 15-19 from 10.2 to 15%	National AYH strategy (2021 - 2025)
78	Increase condom use at last higher-risk sex among unmarried/non-cohabiting youth male 20-24 from 19% to 40%	National AYH strategy (2021 - 2025)
79	Increase condom use at last higher-risk sex among unmarried/non-cohabiting youth female 20-24 from 5.7% to 10% (2025)	National AYH strategy (2021 - 2025)
80	Increase the proportion of girls 14 years old who have received the second dose of the Human papillomavirus vaccine from 95% to 98% (2025)	National AYH strategy (2021 - 2025)
81	Decrease the percentage of adolescents& girls (15-19) who have any form of anemia from 19.9% to 15% (2025)	National AYH strategy (2021 - 2025)
82	Decrease the percentage of females aged 20-24 who have any form of anemia from 24.2% to 18% (2025)	National AYH strategy (2021 - 2025)
83	Decrease the proportion of adolescent and youth girls who are underweight-BMI<18.5 (15-19) from 29% to 20%	National AYH strategy (2021 - 2025)
84	Decrease the proportion of adolescent and underweight youth boys (15-19) from 59% to 40%	National AYH strategy (2021 - 2025)
85	Reduce the proportion of women aged 20–24 years who were married or in a union at age 15 (from 14% to 4.3% by 2025) and before 18 (from 40.2% to 18.9% by 2025)	National Costed Roadmap to End Child Marriage and FGM/C (2020-24)
86	Reduce the proportion of girls and women aged 15-49 years who have undergone FGM/C from 65% to 34% (2025)	National Costed Roadmap to End Child Marriage and FGM/C (2020-24)
87	By 2030 reduce the adolescent pregnancy rate by 50%	SDG Summit 2023 (Global)
88	By 20230 reduce the incidence of HIV/AIDS among adolescents and youth by 25%	SDG Summit 2023 (Global)
89	By 20230 reduce the prevalence of STIs among adolescents and youths by 20%	SDG Summit 2023 (Global)
National standards for delivery of AHWB information and services to adolescents, including user fee exemption		
90	Standard 1: Adolescent and Youth Health Literacy - implies the cognitive and social skills that determine the motivation and ability of adolescents and youth	Minimum Service Package For Adolescents and Youth Health At

	to gain access to, understand and use information in ways that promote and maintain good health. The health-care delivery outlets ensure that AY are knowledgeable about their own health, know how to protect themselves from health problems and know where and when to obtain health services.	Workplaces in Ethiopia (National)
91	Standard 2: Comprehensive Service package - Appropriate health-care services that cater for the health needs of the AY are available and accessible at all times. The services provided are well aligned with the standards and the minimum service package included in this guideline.	Minimum Service Package For Adolescents and Youth Health At Workplaces in Ethiopia (National)
92	Standard 3: Health Facility Characteristics - All service outlets must have AY friendly environment i.e., convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It should be equipped with the necessary medicines, supplies and technology needed to ensure effective service provision to AY including young people with disability.	Minimum Service Package For Adolescents and Youth Health At Workplaces in Ethiopia (National)
93	Standard 4: Provider's competency - service providers in all service delivery outlets deliver the services with technical competence as per the national protocol and guidelines to the various AY health problems. Both healthcare providers and support staff respect, protect and meet AY rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respect.	Minimum Service Package For Adolescents and Youth Health At Workplaces in Ethiopia (National)
94	Standard 5: Adolescent and Youth Participation - AY are involved in the planning, implementation, monitoring and evaluation of health care information and service provision and in decisions regarding their own care	Minimum Service Package For Adolescents and Youth Health At Workplaces in Ethiopia (National)
95	Standard 6: Community Support - health facility implements systems to ensure parents, guardians, community members and organizations recognize the value of providing health services to AY and support provision and service utilization	Minimum Service Package For Adolescents and Youth Health At Workplaces in Ethiopia (National)
96	Standard 7 - Equity and Non-discrimination - health facility provides quality services to all AY irrespective of their ability to pay, age, disability status, sex, marital status, education, ethnic origin, creed or other socio demographic characteristics.	Minimum Service Package For Adolescents and Youth Health At Workplaces in Ethiopia (National)
97	Standard 8- data and quality improvement - AYH data are collected, analyzed, distributed and used regularly. Likewise, the data quality of AYH services should be assured by data quality assurance mechanisms	Minimum Service Package For Adolescents and Youth Health At Workplaces in Ethiopia (National)

98	A&Y engagement in program design, implementation and evaluation through New approaches to information, communication and engagement are needed to make A&Y Health related planning and implementation more exciting for youth. It would also support the ability to explain better the connection between A&Y contribution and its influence on decision-making	Adolescent and Youth Engagement Guideline (2018-25) (National)
99	Positive environment and safe and structured spaces through provision of an appropriate youth to adult ratios for supervision, a system for ensuring youth are welcomed when they arrive, and a balance for different learning styles in programmatic activities. Although adults may set the structure, youth are involved as active agents in the design, implementation and evaluation of the program and are not just the recipients of services. Adults engage the youth by creating a respectful and inclusive program environment. Adults and youth work in partnership throughout the program. Adequately trained, caring staff members who understand and respect the developmental needs and contributions of young people are essential. They can also build youth developmental assets and foster protective factors.	Adolescent and Youth engagement guideline (2018-25) (National)
100	Skill and Asset Development Opportunities, through specific program development, acknowledging, and employing youth skills and assets for health. These programs provide opportunities to master and apply skills, engage youth to provide their voice, and contribute to health that helps them progress toward new levels of learning. Programs respect diversity and different cultures across the country.	Adolescent and Youth engagement guideline (2018-25) (National)
101	National A&Y Health Week: National A&Y health week is going to celebrate with fun and creative activities involving different stakeholders. Young people will be encouraged to seek health services like VCT and others. They are also encouraged to volunteer in their community by providing health education to their peers, visiting health posts and clinics, blood donations and the like. The weeklong activities will promote healthy behaviors such as regular physical exercise and living a substance-free life as to prevent noncommunicable diseases.	Adolescent and Youth engagement guideline (2018-25) (National)
Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent		
102	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	SDG (Global)

103	States Parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices, includingto create public awareness in all sectors of society regarding harmful traditional practices (HTP); prohibit, through legislative measures backed by sanctions, all forms of FGM/C; provide the necessary support to victims of HTPs including health, legal, emotional, psychological and vocational training to make them self-supporting; and protect women who at risk of being subjected to the practices (Article 5)	Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa 2003 (Maputo Protocol; Regional)
104	Develop and implement legal and policy frameworks that prevent child marriages	Maputo Plan of Action (2016-30; Regional)
105	Develop legal frameworks, strategies and programmes that deal with GBV	Maputo Plan of Action (2016-30; Regional)
106	The Constitution provides for the equal rights of men and women and prohibits discrimination on the basis of sex and other particulars. Article 16, the right of the security of the person, states that everyone has the right to protection against bodily harm, and thereby protects girls and women from violence against women and girls (VAWG) and cases of FGM/C, which constitutes the most severe form of VAWG. Article 35 on the rights of women, sub-article 4, also provides that "The State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited".	Constitution of the Federal Democratic Republic of Ethiopia 1995 (National)
107	The Criminal Code 2005 revised the previous Criminal Code to establish an effective legal framework for the protection of women and children by including the following key provisions: Article 565 Female Circumcision; Article 566 Infibulations of the Female Genitalia; Article 648 Early Marriage. Several other articles are related to the punishment of child marriage and FGM/C including Article 434. Infraction of the Rules Concerning Compulsory Registration; Article 568. Transmission of Disease Through Harmful Traditional Practices; and Article 569. Participation in Harmful Traditional Practices.	Ethiopia's Criminal Code 2005 (National)
108	The Family Code, among others, prescribed the minimum age of marriage as 18 for both boys and girls under Article 7 where it provides that "Neither a	Ethiopia's Revised Family Code 2000 (National)

	man nor a woman who has not attained the full age of eighteen years shall conclude marriage". However, the Family Code allows for exceptions, for marriage at the age of 16: "Notwithstanding the provisions of SubArticle (1) of this Article, the Minister of Justice may, on the application of the future spouses, or the parents or guardian of one of them for serious cause, grant dispensation of not more than two years."	

ANNEX 2

Summary Assessment of Key Commitments

Commitment (Source)		Quality of Commitment	Implementation progress
MNCH			
High-quality MNCH services for mothers, newborns and children			
1.	Proportion of pregnant women who received antenatal care 8 contacts or more from 15% (2022/23) to 30% by 2025/26 (Source: HSDIP 2023/24-25/26)	Ethiopia has a clear policy to achieve this commitment. Furthermore operational, ANC guidelines have been updated to include 8 contacts. However, interim milestones would facilitate monitoring. The quality of the commitment from policy and technical perspectives is good.	Aligning with the updated WHO ANC guideline the country has made moderate progress to increase the coverage of ANC 8 contact to 15% so far, with coverage for ANC 4 Visit at 79% (2022/23) which is a key indicator against a target of 81% (2024/25). The implementation status of this commitment shows moderate progress.
2.	Increase deliveries attended by skilled health personnel from 70.9% (2022/23) to 78% by 2025/26 (Source: HSDIP 2023/24-25/26)	This commitment is a key component of the approach to reducing MMR. It is well supported by policies and national plans which focus on the number and quality trained SBAs, facility readiness, BEmONC training, motherhood hood initiatives, and mentorship. The quality of the commitment from policy and technical perspectives is good.	The proportions of the birth attended by SBAs have steadily increased from 26% in 2016 to 70.9% in 2022/23 (EDHS 2016; HSDIP 2023/24-25/26). This reflects progress in midwife training, health facility expansion, and maternity waiting homes. The government's commitments in terms of budget for maternal health commodities increased from 50 Million Birr to 450 Million birr. There is therefore moderate progress on the implementation of this commitment.

Commitment (Source)		Quality of Commitment	Implementation progress
3.	Increase Cesarean Section Rate from 5% (2022/23) to 8% (2025/26) by 2025/26 (Source: HSDIP 2023/24-25/26)	This commitment is clear and is supported by policies, that outline the commitment of the government to strengthen this intervention to improve maternal health outcomes. The quality of the commitment is good.	The national rate of cesarean delivery demonstrates an unmet need, with disparities and variations existing among regions as well as urban and rural areas. Efforts are underway to strengthen CEmONC services; access to cesarean section services is being enhanced by expanding operating room blocks at health centers. The CEmONC centers have increased to 525 facilities and CEmONC trained health care professionals have also increased (MOH administrative data). Furthermore, interventions to educate and empower women, health promotion programs to prevent/reduce maternal overweight/obesity, increasing access to co-services such as ANC usage, and improving maternal awareness would facilitate implementation of this commitment have to be prioritized (Mezemir, Olayemi, & Dessie, 2023).
4.	Increase coverage of early postnatal care (PNC) within 2 days from 67% (2022/23) to 78% by 2025/25 (Source: HSDIP 2023/24-25/26)	Ethiopia has integrated PNC into policies and guidelines including strategic plan for PNC services. This commitment is of good quality in terms of policy considerations however, from technical considerations there is a need to better adapt to the country's complex infrastructure problems. Overall, the quality of the commitment is good.	The proportion of PNC coverage steadily increased from 34 % in 2019 (CSA and ICF) to 67% in 2022/23 (MOH DHIS 2). The fact that 50% of women give birth outside the health facility influences the number of mothers receiving PNC. Higher ANC visits increase facility birth, which would increase the PNC coverage as well.

5.	Reduction of NMR from 26 (2022/23) to 21 per 1000 live births by 2025/26 [and 12 per 1000 by 2030] (Source: HSDIP 23/24-25/26 and SDG 3.2)	The MOH's commitment to reducing NMR in Ethiopia is high, as demonstrated by its integration of neonatal health into national policies, strategic planning, and resource mobilization efforts. Neonatal health is a cornerstone of Ethiopia's health priorities.	Ethiopia has made significant strides in reducing its NMR, but challenges remain. The government has prioritized the expansion of NICUs, neonatal Level 2 care, advocacy for KMC)Plus, and other community-based interventions aimed at improving neonatal survival. Additionally, the Maternal and Perinatal Death Surveillance and Response (MPDSR) system has been strengthened to provide timely data and enhance accountability in addressing neonatal mortality. Despite these efforts, the NMR in Ethiopia was reported at 27 deaths per 1,000 live births as of the latest data (UNIGME 2023), which indicates a substantial burden of neonatal deaths. Continued political leadership, increased investment in health infrastructure, and strong partnerships with international and community stakeholders will remain critical to achieving the country's neonatal mortality reduction targets.

Commitment (Source)		Quality of Commitment	Implementation progress
6.	Reduction of child mortality rate from 47 per 1000 live births (2022/23) to 44 per 1000 live births (2025/26) [and 25 per 1000 live births by 2030] (Source: HSDIP 23/24 -25/26 and SDG 3.2)	The MOH's commitment to reducing child mortality is high, as demonstrated by its integration of child health into national policies, strategic planning, and resource mobilization efforts. The overall quality of the commitment is therefore good.	Ethiopia has reduced its under-five mortality rate by almost two thirds from 222 deaths per 1,000 live births in 1990 to 55 deaths per 1,000 live births in 2019 (Mini EDHS 2019), and further down to 44 per 1000 live births by 2022/23 (HSDIP 23/24-25/26). However, more needs to be done to achieve the SDG target of 25 per 1000 live births. NMR which accounts for more than half of child mortality is a key area of focus that is being addressed by the government. In relation to overall child mortality, large variations exist regionally and within socio-economic groups. The MOH has to strengthen implementation of integrated management of newborn and childhood illness package of interventions, from both supply and demand sides, and in close collaboration with the Regional Health Bureaus.
7.	Reduction of zero dose children by 50% by 2030 [Source: Immunization Agenda 2030]	This commitment is a key national priority supported by operation plans such as the catch-up implementation guide which has been prepared, along with the GAVI portfolio. The operational plan was developed in an inclusive manner through national and regional-level advocacy workshops, with participation from regional presidents and appropriate party heads. The quality of the commitment is therefore good.	The country has made some progress in reducing zero-dose children. Within six months of identifying these children, 16% have been successfully vaccinated, marking a significant step in improving immunization coverage and reducing the number of children missing out on life-saving vaccines. This effort is part of the ongoing national initiatives to address immunization gaps and reach underserved populations.

Commitment (Source)		Quality of Commitment	Implementation progress
8.	Elimination of Measle (less than 1 case measles per woreda per year) [Source: Ethiopia National Expanded Program on Immunization Comprehensive Multi-Year Plan (2021–2025)	Given that measles is endemic, Ethiopia has prioritized addressing this issue through national policies, strategic planning, and resource mobilization efforts. The quality of the commitment is good.	Ethiopia has adopted and started implementing key strategies to reduce the burden of measles and head towards elimination through strengthening routine immunization and reactive and preventive SIAs, surveillance, and case management. The coverage for the measles-containing vaccine (MCV1) has reached 82%, while MCV2 coverage was 65%, indicating improvements but still falling short of the 90% national target (MOH, 2024). However, regional disparities persist, particularly in pastoralist and conflict-affected areas, where vaccine coverage remains below the national average.
9.	Reduction in the stunting rate in children under two to 0% by 2030 [Source: Seqota Declaration]	The quality of the commitment is good, and its implementation is supported through a focus on this issue in key policy documents and strategic planning efforts through a multisectoral approach (involving 9 different Ministries), implemented over a 15 year period.	Ethiopia has reduced stunting by 31% in the past two decades (Countdown 2030). Efforts undertaken under the Seqota Declaration Innovation Phase (2016-2021), have demonstrated achieving a 3% annual reduction in stunting, with over 100,000 cases averted in intervention areas. To reach the ambitious target, a more coordinated and systems approach should be intensified.

	Commitment (Source)	Quality of Commitment	Implementation progress
10.	Reduction of stillbirth rate from 10.8 (2022/23) per 1000 live births to 9 per 1000 live births (2025/26) [and 14 per 1000 live births by 2025] [Source HSDIP 2023/24- 25/26; EWENE]	The quality of this indicator from both a technical and policy perspective is good. The commitment is backed by key national strategic and operational documents.	While Ethiopia has demonstrated a 36.9% reduction in SBR from 2000 -2021 (UNIGME 2022), it is among the top six countries with the highest number of stillbirths globally (UNIGME 2022). To achieve the SBR target as mentioned in the HSDIP, efforts have to be strengthened to prevent stillbirths and the annual rate of reduction has to be accelerated. Disparities in reduction rates have to be addressed between urban and rural areas (which lag the urban areas).Interventions to increase health facility delivery as well as strengthening emergency obstetric services will be critical to further bring down the SBR.
1	By 2030, reduce MMR below 140 per 100,000 live births. [Source: SDG 3.1,EWENE]	Ethiopia has demonstrated a strong commitment to improving maternal health. The quality of commitment is commendable, reflecting ongoing efforts to enhance healthcare services and outcomes.	The implementation progress in preconception care guidelines, ANC guidelines, PNC guidelines, obstetric protocols, and self-care guidelines has resulted in the MMR declining to 195 per 100,000 in 2023 (WHO, 2025). The annual rate of reduction will have to accelerated in order to reach the SDG 3 targets by 2030.

Commitment (Source)		Quality of Commitment	Implementation progress
SRH			
Access and choice to effective contraception methods			
1	By 2030, the government of Ethiopia is committed to increase the "no stockout" status of at least three modern contraceptive methods from 63% to 90%. [Source: FP 2030]	The commitments are of good quality from policy and technical perspectives, given the need of the country and is underpinned by key strategic interventions. The commitment have a potential to have high impact to improve the other FP related commitments including service mix expansion reducing unmet need.	The government has significantly increased its allocation for family planning commodities in recent years, notably through a compact agreement with UNFPA in 2022 and collaboration with multi-donor groups in 2024. There is also a heightened focus on domestic financing to support these efforts. Additionally, local production of medical commodities has commenced, gradually increasing its contribution to the overall FP commodity requirements. However, the role of the private sector should be given due emphasis to improve the contribution. Furthermore, there is a huge disparity across the various regions of the country.
2	Ensure availability of quality and safe FP information and services to decrease unmet need for FP from 22% to 17% by 2030 [Source: FP 2030]		
3	By 2030, the Ethiopian government committed to proportionally increase financing of FP services, by continuing to earmark funds from its treasury and SDG pool fund, and track the financing for FP using the Ethiopian National Health Accounts [Source: FP 2030]		

	Commitment (Source)	Quality of Commitment	Implementation progress
	Access to safe and legal abortion services		
4	Ensure universal access to sexual and reproductive health-care services, family planning and education [focus on access to safe and legal abortion services] [Source: SDG 3.7]	The commitment has potential for high impact to address inequalities and reaching those unreached and marginalized. This commitment is well reflected in Ethiopia's key policy and strategic documents including the National Population and Health Policy, the National Reproductive Health Strategy and the HSDIP. However, indicator tracking progress on the issue of access to safe and legal abortion services is not included in the HSDIP (2023/24 -25/26) which hinders implementation monitoring.	There has been a decline in overall morbidity associated with abortion. Following the revised abortion law, in 2005, access to abortion care services expanded. Nevertheless, even with improvements in the availability and use of services the case fatality rate for abortion rose from 1.1% in 2003 to 3.6% in 2007 [National Reproductive Health Strategic Plan 2021-25]. Although progress has been made, further efforts are necessary to enhance the quality of comprehensive abortion care and to ensure equitable access to these services.
	Prevention and treatment/referrals for Sexual and Gender-Based Violence		
5	Ensure universal access to sexual and reproductive health-care services, family planning and education [Source: SDG 3.7]	The commitment has potential for high impact to addressing gender inequalities and addressing this critical challenge of SGBV. This commitment is well reflected in Ethiopia's key policy and strategic documents including the National Population and Health Policy, the National Reproductive Health Strategy and the HSDIP. However, indicators tracking progress on the prevalence of SGBV are not included in the HSDIP (2023/24 -25/26) which hinders implementation monitoring.	Progress has been slow on this issue; although most national strategies and documents prioritize this issue, ongoing conflicts and various emergency situations have hindered advancement. In some areas that previously showed significant progress, there has even been a regression. In particular efforts have to be expended to improving reporting mechanisms and increasing community awareness campaigns to ensure that survivors are able to access the available services.

Commitment (Source)		Quality of Commitment	Implementation progress
AHWB			
Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector			
1	By 2030, the government of Ethiopia is committed to reduce teenage pregnancy among adolescent girls from 13% to 7% by 2025 and 3 % by 2030 [Source: FP 2030]	The FP2030 commitment is a carefully developed document that brings together all stakeholders, including the global FP2030 team. The document has been published, and the MOH is leading its implementation. Additionally, a motion tracker has been established to ensure accountability, and there are defined indicators to monitor the implementation status of the commitments. This commitment has been prioritized in key national documents including the Nation AYH Strategy (2021-25) and the HSDIP (2023/24 -25/26).	While the prevalence of teen pregnancy has decreased significantly in the last decades it is still high among adolescent women. Teenage pregnancy and is highly prevalent in Ethiopia (13.6%) which contributes to the high maternal morbidity and mortality (HSDIP 2023/24. Furthermore, the unmet need for FP among 15-19 years women was 20.5% and among 15-24 women was 18.5% (CSA and ICF, 2016). The government has instituted regulations and public health campaigns addressing the socio-cultural issues underpinning this issue. It has also prioritized procurement of FP commodities by allocating more than USD 9.2 million through multi-donor compact. To make further progress, public health interventions focusing on changing cultural norms and attitudes regarding teenage pregnancy targeting religious leaders and communities should be intensified.
National standards for delivery of AHWB information and services to adolescents, including user fee exemption			
1	By the end of 2025 to increase the coverage of YFS providing facilities from 45% to 80% [Source: National Reproductive Health Strategic Plan (2021-25)	The commitment demonstrates a clear, time-bound target aligned with national adolescent and youth health priorities. The MOH has developed a national AYH strategy that prioritizes the expansion of YFS at all health facilities. Furthermore, the MOH has developed a Minimum Service Package For Adolescents and Youth Health At Workplaces	The coverage of YFS providing facilities stands at 45% (MOH 2025). Furthermore, the quality of the services still has several challenges to meet the global YFS quality standards.

Commitment (Source)		Quality of Commitment	Implementation progress
		in Ethiopia outlining key intervention to further operationalize the commitment.	
2	By 2025 20% of the health facilities will include young people at their governing board	This commitment is of good quality given the youthful population of Ethiopia. Improving the coverage and quality of YFS in health facilities, is crucial for addressing key health issues among youth such as reducing teenage pregnancy, and strengthening FP among young people, to name a few. This commitment is underpinned by guidelines operationalized by the MOH.	The MOH has developed and is implementing MAYE (Meaningful adolescent and youth engagement) guidelines to ensure representation of young people representation at all levels of the health system Young engagement is a prioritized agendas of the senior managers, and direction has been given for all facilities to engage young people. Youth councils have been formed that are accountable for adolescent health literacy and engagement. Currently 9% of the health facilities include young people at their governing board, which indicates that more has to be done in this regard.

Definition of Keys (Assessment of Quality of Commitments)

	Poor
	Average
	Good
	Very Good

Definition of Keys (Assessment of Implementation Status of Commitments)

	Off Track
	Insufficient Progress
	Moderate Progress
	On Track