Dr. Kesetebirhan Admassu, State Minister for Health, Ethiopia

Excellencies,  
Distinguished guests,  
Dear Respected attendees of this conference,  
Ladies and gentlemen  

I feel honored to give this keynote address on behalf of the Government of the Federal Democratic Republic of Ethiopia and the Ministry of Health.  

Ethiopia hereby seizes this opportunity to thank the organizers of this meeting for creating this important platform to discuss and share best experiences about Family Planning. In Ethiopia and other African countries, one major factor contributing to the challenge of achieving the MDGs is the continued rapid growth of the population. At the macro level, the number of people in need of health care, education, economic, and other services is increasing, which means that the amount of resources, personnel, and infrastructure required to meet the MDGs is also increasing. At the household level, high fertility affects the health of women, their children and families, household food security, savings, and ability to educate children. In light of this fact, development efforts in support of the MDGs should not overlook the importance and benefits of slowing population growth. Although family planning enhances efforts to improve health and accelerate development, shifting international priorities, health sector reform, the HIV/AIDS crisis, and other factors have affected its importance in past years.  

Recognizing the importance of FP for health and development, the government of Ethiopia, a country with a population of about 80 million, has been engaged in a range of efforts to improve access and quality of FP services in accelerated manner. For the past 20 years, the current Government of Ethiopia has pursued its international commitments to improve the health and well-being of women and families by adopting and implementing a series of policies and national strategies to ensure all Ethiopians have access to basic social services and to foster women’s human, economic, and political rights. One significant outcome is the incredible and unprecedented increase in the contraceptive prevalence rate (from 14% to 29%) as reflected in newly released preliminary report of 2011 Demographic and Health Survey.  

This would not have happened without all necessary provisions being covered by the constitution, health related policies and clear strategies from the government. The Government invested in its international commitments by providing family planning services at the community level. The major leap forward over the past years is provision of FP services at community level through the Health Extension Program. The Program has deployed more than 34,000 government-employed Health Extension Workers (HEWs) in all rural kebeles (villages) of the country with the aim to cover 500 households (or about 2500 population) by each HEW with a package of primary health care services. For FP, the HEWs are engaged in distributing condoms and pills and are also providing injectables and Implanon (a one rod implant that comes packed with a trocar for a simple insertion) at community level. This has complemented the delivery of the wider range of FP services that is provided at HCs and Hospitals.  

Ladies and Gentlemen  

One of the important elements in achieving contraceptive security is funding for contraceptives. In the past five years, there has been considerable progress toward contraceptive security in my country. These days, the government earmarks a budget line item for the procurement of contraceptives. This, as you can agree to, is a step in the right direction to ensure sustainable family planning services to the country’s population.  

In Ethiopia the strategic partnership between the FMOH and development partners has multiple layers and incorporated various interventions, ranging from designing of strategies and policies to provision of services and capacity building activities. The process has allowed for long-term and strong strategic partnership with an ability to respond to emerging needs as they develop.
However, in Ethiopia, like many other African countries, provision of family planning services is hindered by poverty, traditions favouring high fertility, cultural barriers, lack of male involvement and the high unmet need for FP (25%). Moreover, hitting a CPR of 65% from 29% by 2015 is also challenged by resource constraints.

I would hereby like to assure you that we keep committed in ensuring the provision of quality FP services based on informed choices to our people.

Thank You Very much.