

Ethiopian Public Health Institute



The Third Strategic Planning and Management (SPM-III) 2020/21-2029/30

Presentation

Ethiopia 2021



Outline

- **Introduction**
- **Document Structure**
- **Performance Analysis**
- **SWOT Analysis**
- **Stakeholders and their engagement**
- **Mission, Values and Principles**
- **Strategic Objective**
- **Strategic Directions**
- **Indicators**
- **Costing Estimation**
- **Monitoring and Evaluation Framework**
- **Implementation Arrangement and Strategies**
- **REFERENCE**



Introduction

- **Planning:** is a management function that is a process of thinking and putting narratives together to achieve the desired goals, such as identifying gaps and activities, prioritizing, allocating resources, and performing/delivering.



Methods and materials for Planning Process

- Logical Frameworks (LFA) planning Framework,

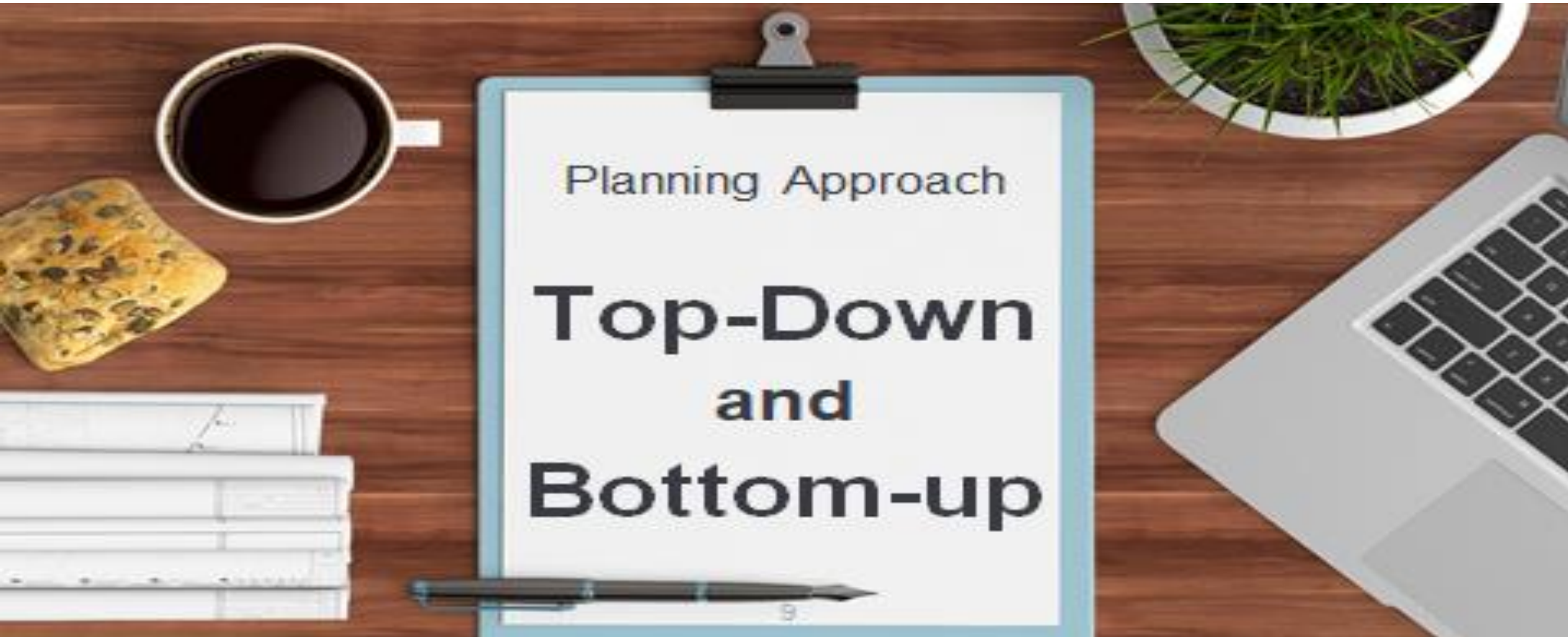


Planning Framework



Planning Approach

- Mixed planning approach (Both bottom-up and Top-down),



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ETHIOPIAN PUBLIC HEALTH INSTITUTE



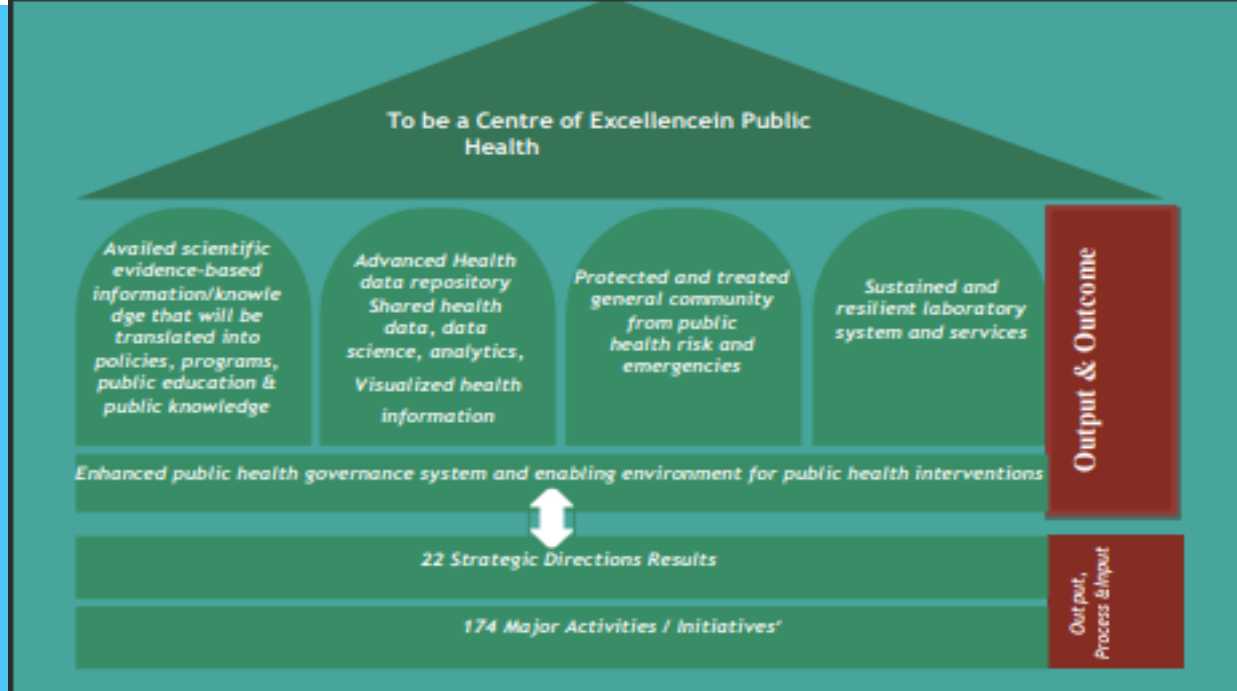
THE THIRD STRATEGIC PLANNING AND MANAGEMENT (SPM-III) 2020/21-2029/30



March 2021

EPHI

<https://ephi.gov.et/>



Indicator	Input	Process	Output	Outcome	Impact
Domain of Indicators	<ul style="list-style-type: none"> Governance Human Resource Financial Resource Physical Resource 	<ul style="list-style-type: none"> - Research, Evidence Synthesis, evaluation dissemination - Data repository analytics, modeling and visualization - PHE Preparedness, Surveillance, Early Warning, Outbreak Investigation, PHE Response and disease control at POEs - LQMS & Accreditation, LIS, EQA, Lab Equip Management, Service Expansion and Biosafety and Biosecurity - Capacity building, Re- source Mobilization, Pro- gram Follow-up & Partner- ship 	<ul style="list-style-type: none"> - Availability of scientific evidences, health information - Availability of visualized information, shared data - Averted risks, early detected outbreaks recovered & rehabilitated community - Enhanced LQMS, quality assured lab test - Capable capacities and enabled environments for PH 	<ul style="list-style-type: none"> Advanced health policy and improved health care services & Systems Decreased Morbidity and Mortality 	Improved the health status of the population
Data source		Administrative Record, Integrated supportive supervision and assessment		Evaluation and Population Survey	
Data analysis and synthesis		Data Quality Assessment (DQA), Triangulation of data from different sources and Comparison of performance against benchmarks (targets, baselines, standards and national commitments)			
Communication and use		Administrative reports, Regular Review Meetings, Forums, Scientific Congress, Dissemination Workshops, Midterm and Final Evaluations, and sharing information through different platforms			

Document Structure

Chapter One: Introduction

Chapter Two: Situational Analysis

Chapter Three: Mission, Vision, Objectives and Strategic Direction

Chapter Four: Change Measurement and Targets

Chapter Five: Implementation Cost

Chapter Six: Implementation Arrangement

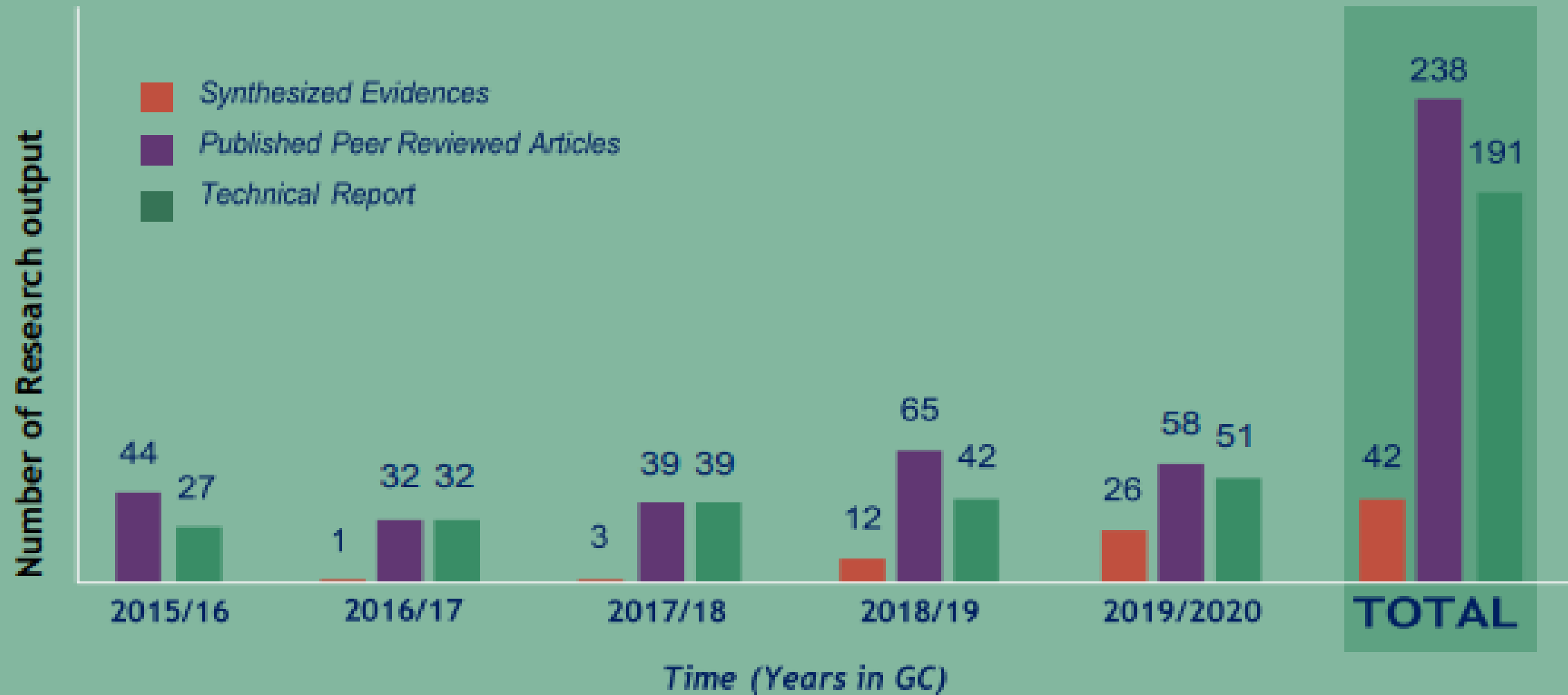
Chapter Seven: Monitoring and Evaluation Framework

Chapter Eight: Reference

Annex



Performance Analysis



EPHI evidence for multi-sector decision



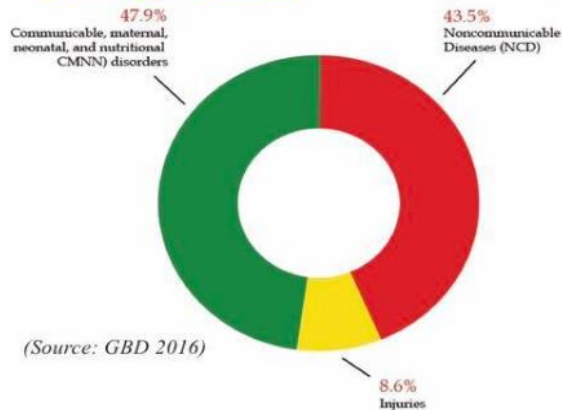
Ministry of Health, Ethiopia

17 hrs · 🌐

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Results:

Causes of death for all ages and both sexes, Ethiopia 2016 (n=677,269)



(Source: GBD 2016)

- 52% of all deaths are due to NCDIs
- CVD and Cancers cause 54% of NCDI mortality.
- More than half (51%) of the NCDI mortality occurs **before age 40**, and
- 63% mortality occurs before age 50 and 70% before age 70.

Federal Democratic Republic of Ethiopia
Ministry of Health

Ethiopia NCDI Commission Report Launching November 27, 2018

ETHIOPIA
NCDI
COMMISSION

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Federal Democratic Republic of Ethiopia
Ministry of Health

National Non-Communicable Diseases and Injuries Commission of Ethiopia:

Findings and Recommendations

Final Report





Ministry of Health, Ethiopia
December 9 at 1:34 AM · 🌐

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EPHI evidence input for passing bill by the parliament

Ethiopian parliament has passed a bill

- restricts smoking in public places
- bans alcohol advertisement especially in broadcast media



- GBD estimates were used to evaluate Health Sector Development Plan (HSDP) of Ethiopia, 1997- 2015: GBD 2015
- GBD estimates has been used to frame the 2019 EHSP, which sets the national priorities for health services and will be used to guide national strategic planning to reduce the burden of disease
- Currently, GBD 2019 estimates have been used for HSTP II 2020-2030 planning

HSTP II

2020/21-2024/25



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MINISTRY OF HEALTH - ETHIOPIA

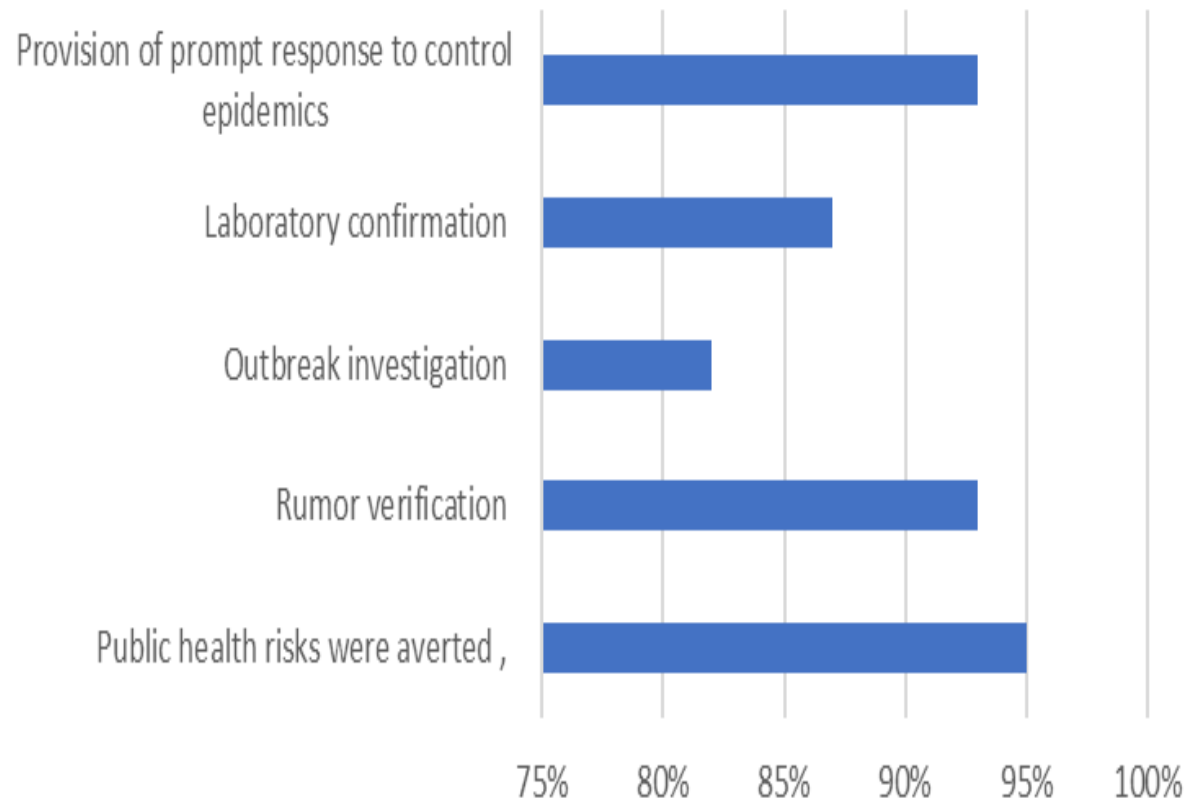
**Essential Health Services
Package of Ethiopia**

Indicators	Values	Source
Mortality owing to NCD	52%	GBD 2016 report
Disease burden owing to NCD as measured by DALYs	46%	GBD 2016 report
Prevalence of hypertension in adult population	16%	2015/16 STEPs survey
Prevalence of diabetes in adult population	3%	2015/16 STEPs survey

Performance Analysis

1. health emergency response and rehabilitation

Improve health emergency response and rehabilitation



- **Recently 5 post epidemic** assessments /After Action reviews/ for Yellow Fever, Internal Displaced Population, Cholera, Meningitis, and Chikungunya

2. Enhance community ownership

- **Amhara and Benishangul Gumuze Regions** which are minimal that means (12%) of the countries kebele were covered by community-based surveillance.

3. Improve public health emergency preparedness

- EPRP plan the institute achieved progressively near to the target though out the physical years that are identified potential epidemics with adequate Emergency Drug & Kits (EDKs) and other supplies of 30%, 35% and 40% and 70% in 2015/16, 2016/17, 2017/18 and 2018/19 years.

Performance of LQMS

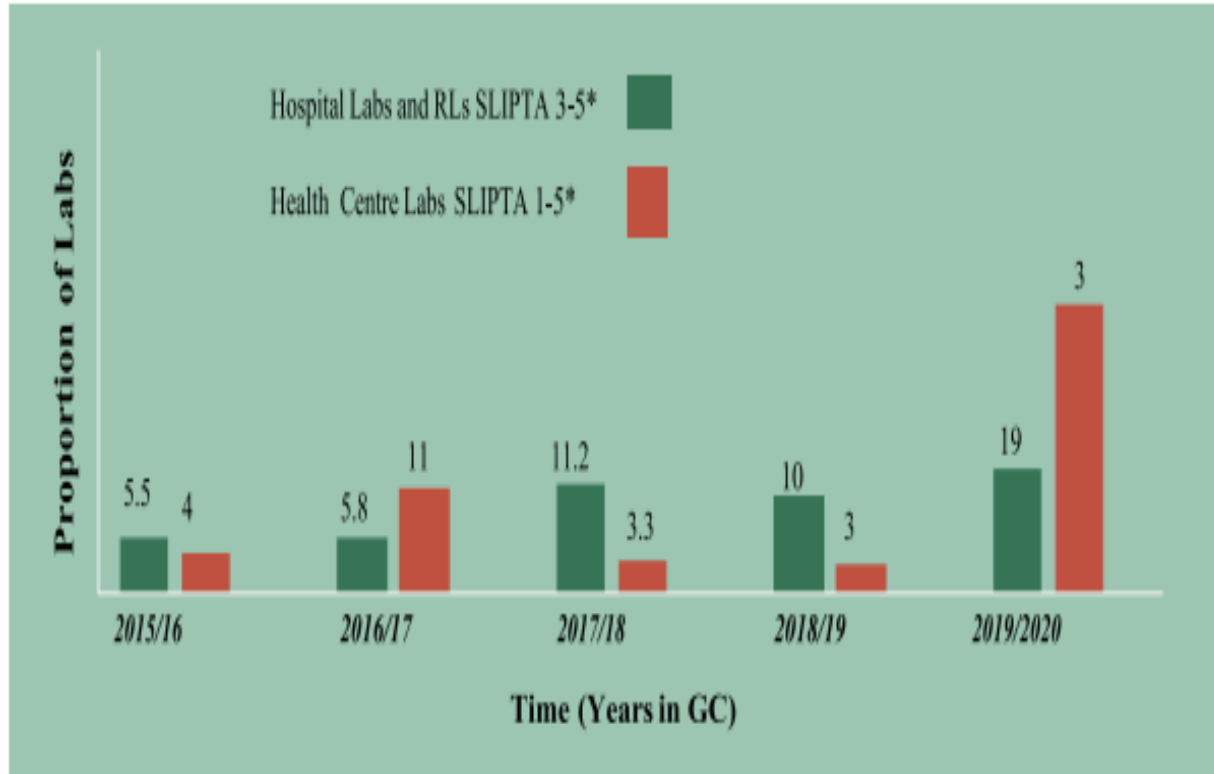


Figure 2.2: Laboratory improvement process towards accreditation

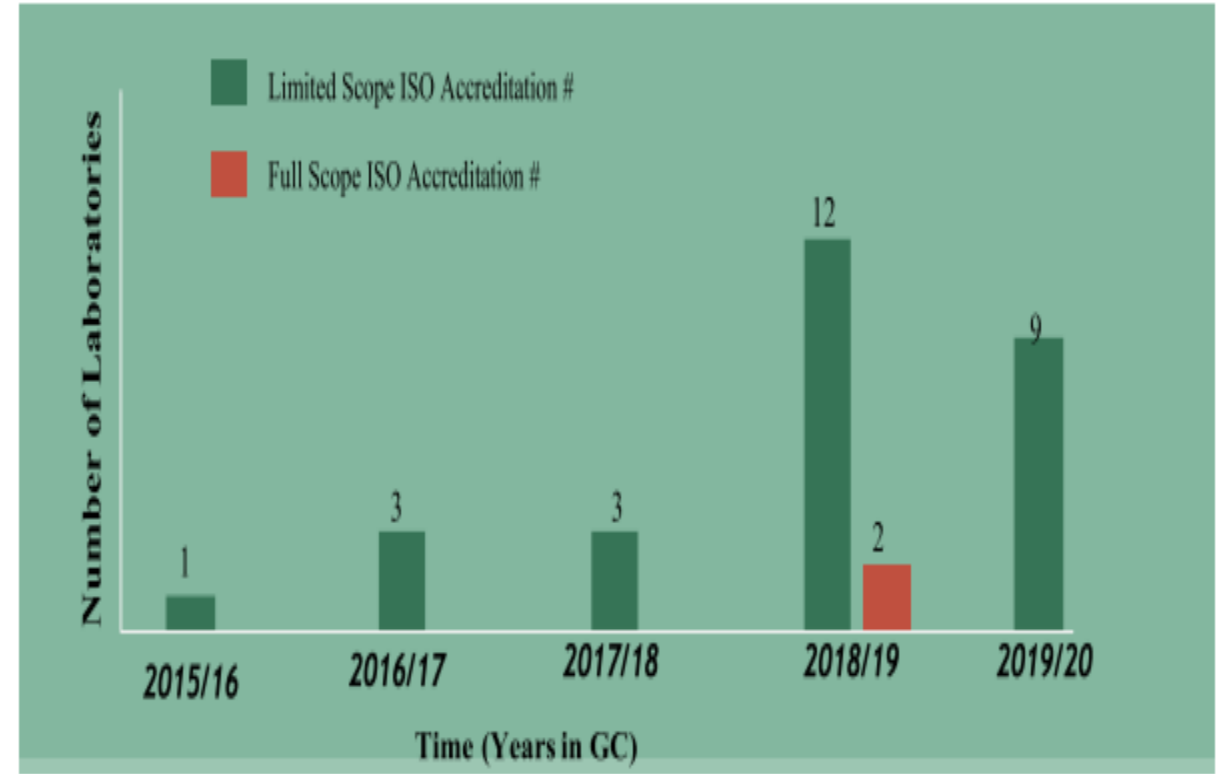
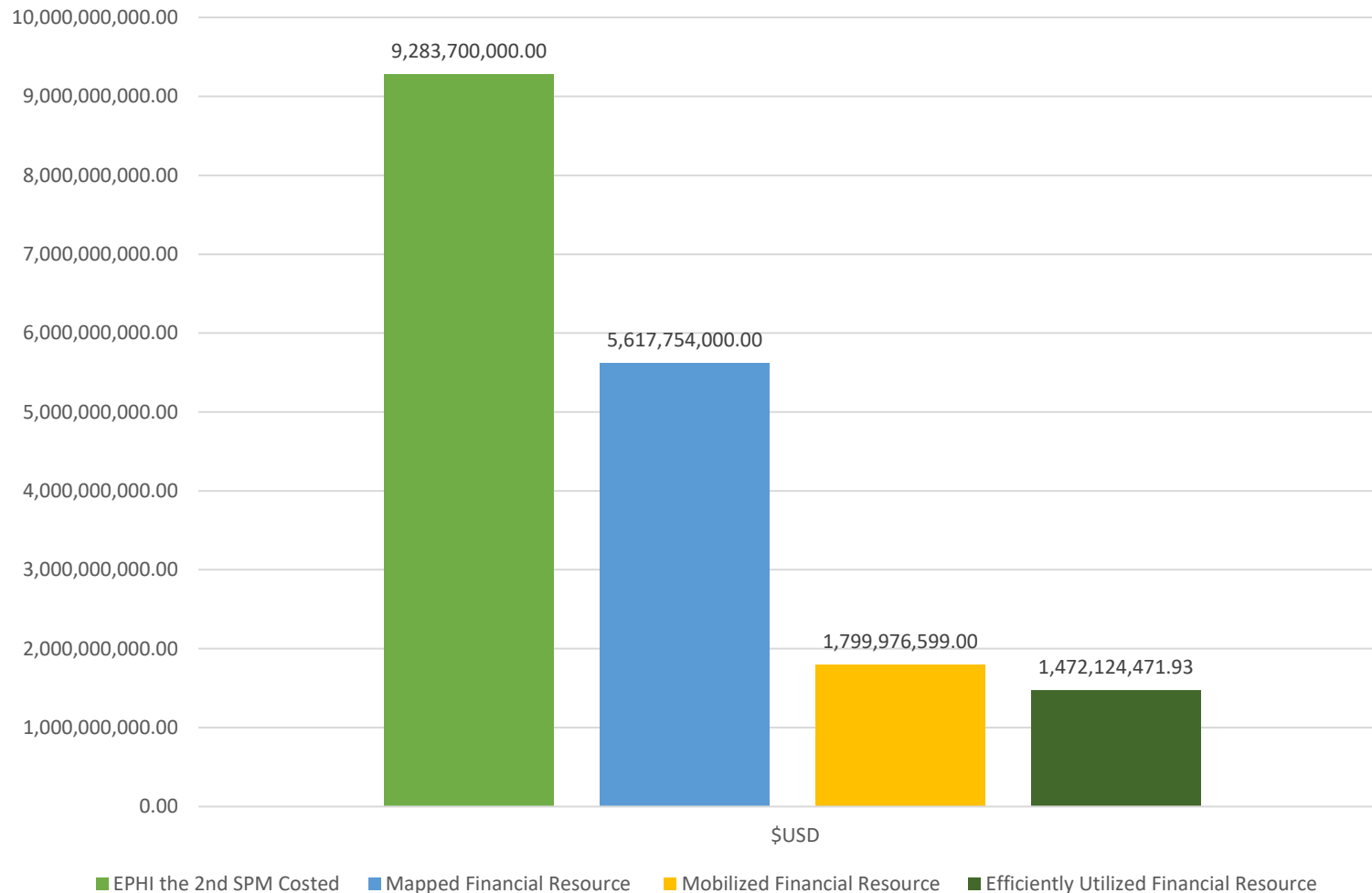


Figure 2.3: Laboratories ISO accreditation

Financial resource mobilization and utilization efficiency

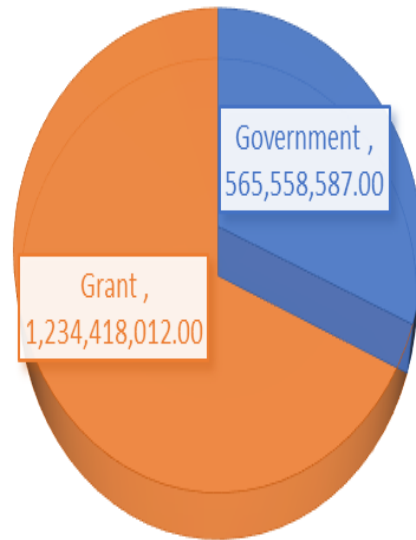
EPHI Financial Performance 2015/16-2019/20



The financial resource mobilization capacity, tendency to **increase** compare from the mapped in each year from the beginning of the strategic year up to the end of the strategic year but total the institute mobilized low level of the mapped financial resource.

Financial resource mobilization

FINANCIAL RESOURCE SOURCE SHARE (2015/16
-2019/20)



- The **grant dependence** budgeting system leads to poor resource allocation for some national priority research agendas, and other institutional infrastructure investment.
- The government treasury were 31% and from donors or partners were 69% of the total managed and mobilized financial resources.

Strategic Plan.....



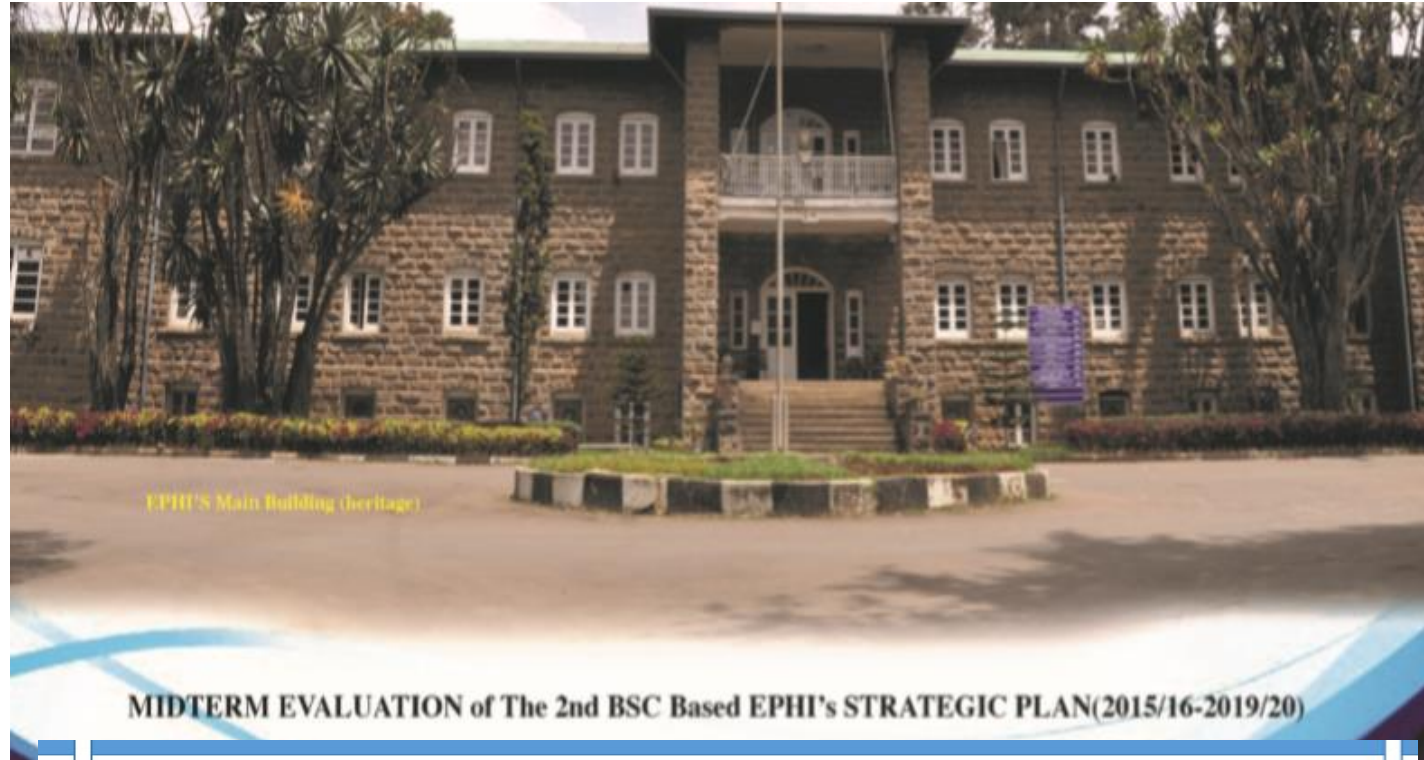
The Ethiopian Public Health Institute
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The 2nd BSC Based EPHI's Strategic Management Plan (2015/16 to 2019/20)

EPHI's Programs and Projects, Regional Implementation Assessment Assessment Report

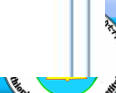
EPHI- Program Planning, Monitoring and Evaluation
Research Directorate



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SWOT Analysis

Strengths

- Availability of different **reform** to enhance efficiency (BSC, Kaizen, BPR)
- Provision of improved health care services
- Experience of RTT, PHEM, and LQMS
- Existence of Legal frameworks
- Availability of Different **guidelines** and strategies (TM, NNP, NTD and AMR mitigations road maps; referral system guidelines, etc)

Weaknesses

- Limited collaboration and integration efforts, for joint planning with stakeholders,
- poor **procurement system** for inputs such as reagents, chemicals, instruments and equipment's
- **Lack of clinical trial initiatives** implementation on traditional medicines with proved safety and efficacy
- Lack of public-private partnerships (**PPP**) to engage in product development & production

Opportunities

Threats

SWOT
Analysis



SWOT Analysis

Strengths

- The use of research evidence for program improvements and use as input for the design and support public health policy.
- Presence of accredited IRB and standard operational procedures
- Existence of a national laboratory system with tiered laboratory network and defined functions

Weaknesses

- Poor motivation scheme for the staffs i.e. low benefit package, very poor expert salary
- Weak public health emergency preparedness (especially on availing pre-emergency logistics according to EPRP)
- Lack of accountability at all levels
- Weak performance on community based surveillance (CBS)

Opportunities

Threats

SWOT
Analysis



SWOT Analysis

Strengths

- Disseminated research findings to stakeholders
- **Incorporation** of some diseases into the surveillance system /i.e. HIV, Maternal death, Bio-hazard and etc.
- Presence of nationally accredited research and referral laboratories

Weaknesses

- Lack of standardization for **laboratory equipment**, supply chain, and testing services
- Absence of **high bio-safety level** laboratory services
- **Ambitious planning** in consideration of Transformation agenda (Target Settings)

Opportunities

Threats

SWOT
Analysis



SWOT Analysis

Opportunities

- Growing private health sector and higher education for collaboration and capacity building
- Existence of health and health-related Professional associations Availability of mechanism to organize community engagement

Threats

- Declining trends of financial and resource support from donors/partners for research, intervention, and programs
- The Occurrence of disease epidemics & pandemics (emerging and re-emerging)
- Global warming, climate change and increasing trends in environmental pollutions

SWOT
Analysis

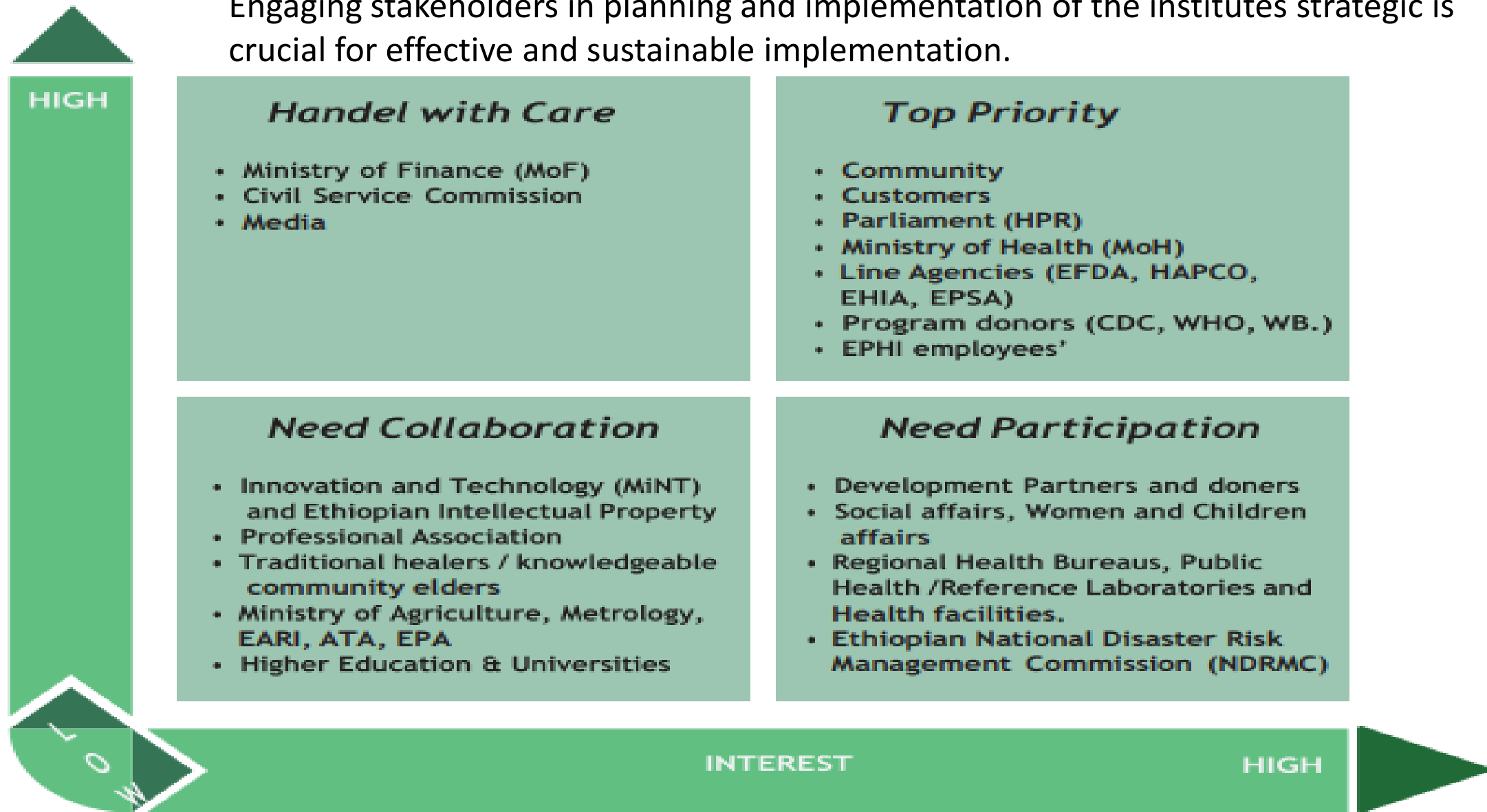
Opportunities

Threats



Stakeholders and their engagement

Engaging stakeholders in planning and implementation of the institutes strategic is crucial for effective and sustainable implementation.



Vision, Mission and Values

Vision

- To be a Centre of excellence in public health in Africa

Mission

- To improve the health status of the Ethiopian population through promoting effective public health emergency management; building sustainable and resilient laboratory system; undertaking research on priority public health and nutrition issues; emplacing health data repositories; and health information systems; conducting capacity building and creating enabling environment for best public health interventions.

Core Values (Attributes)

- Continuous learning and improvement
- Creativity and innovation
- Evidence based Public Health approach
- Human-Centred
- Pro-activeness and Responsiveness
- Professionalism
- Rule of law
- Transparency and Accountability

Principles (set of action or Rules)

- Equity
- Participatory
- Solidarity
- Decentralization
- All-hazard approach
- Timely action



SO-1: Build a Resilient Public Health Emergency Management for Strong National Health Security.



SR-1: Protected and treated general community from public health risk and emergencies

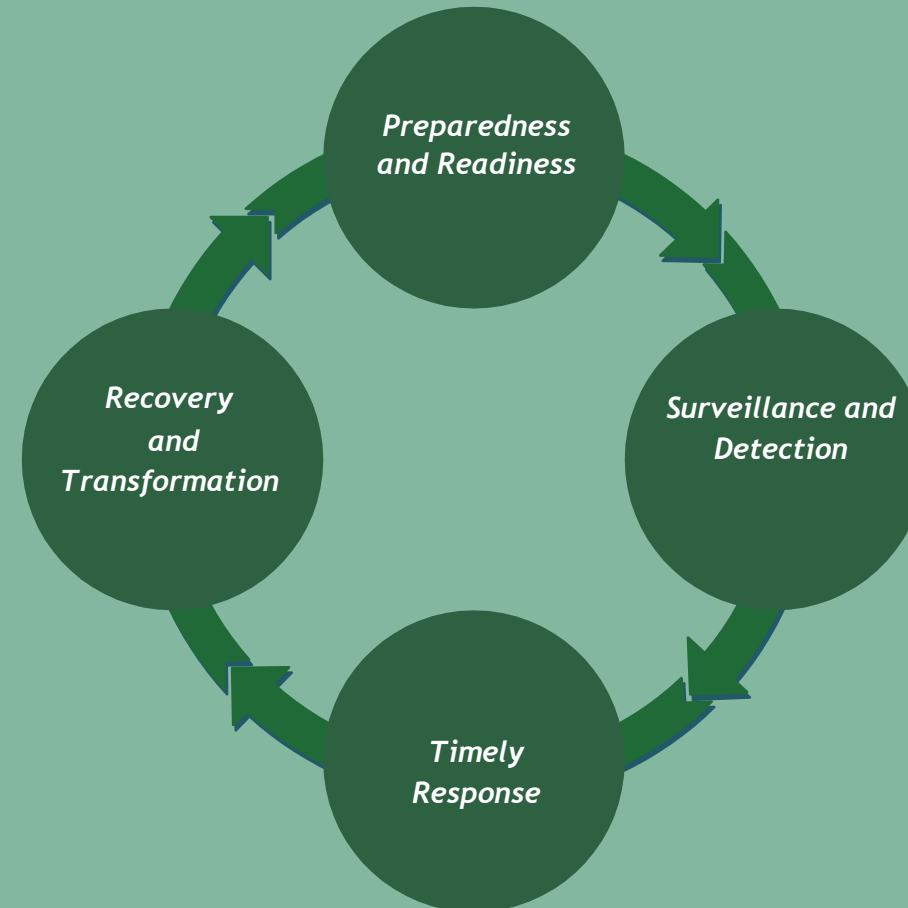


Figure 3.3: Conceptual workflow of PHE Management

Strategic Objectives and Results

SO-2: Enhance Building Sustainable and Resilient Laboratory System and-Quality Laboratory Services



SR-4: Sustained and resilient laboratory system and services

- Strengthen the Implementation of Laboratory Quality Management System and Accreditation
- Enhance the Standardization and Expansion of Laboratory Services
- Strengthen Laboratory Equipment Management System
- Strengthen Biosafety, Biosecurity and Hazardous Waste Management System
- Enhance the Implementation of External Quality Assessment (EQA) Schemes
- Strengthen the Implementation of Laboratory Information Management System (LIMS)



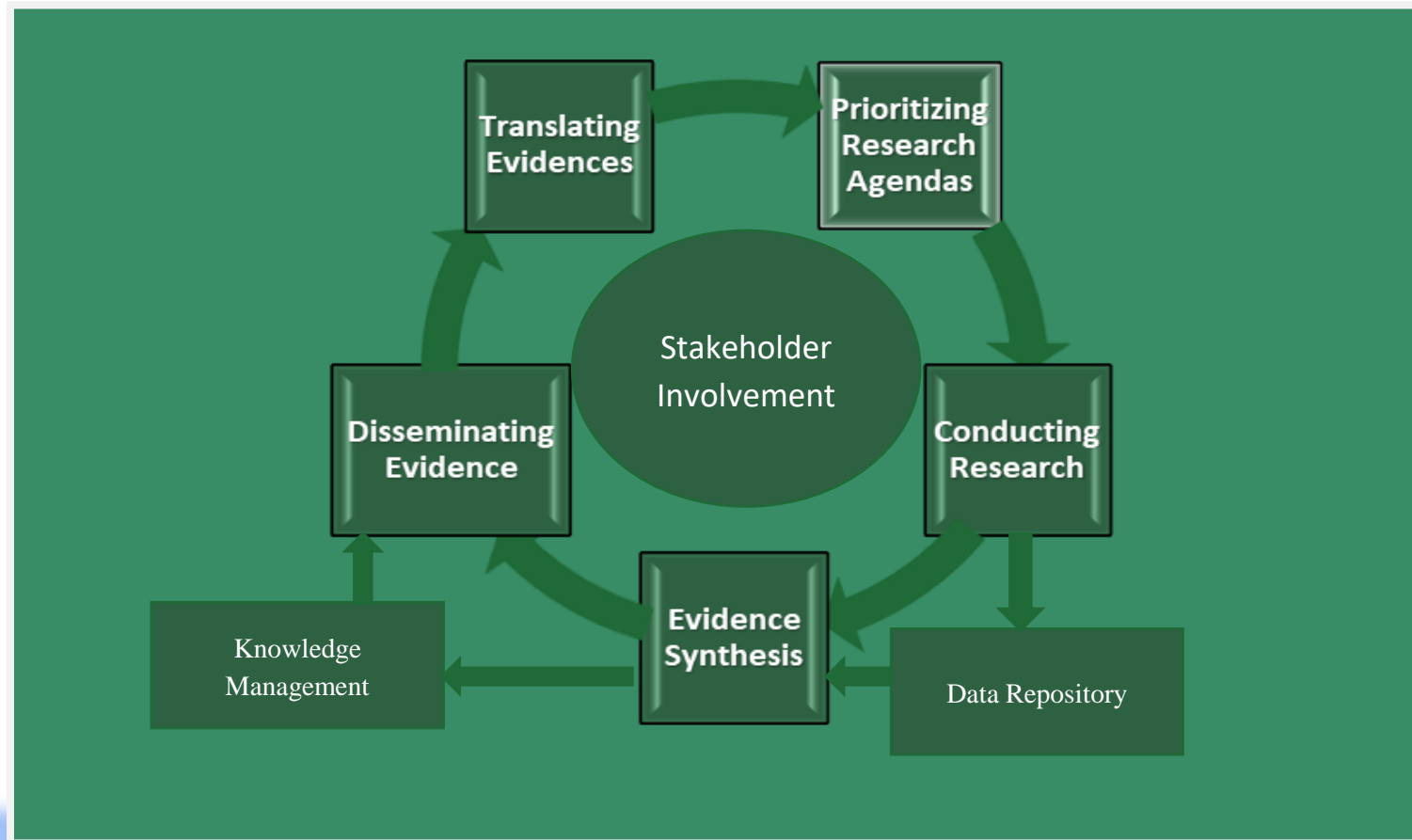
Strategic Objectives and Results

SO-3: Enhance Public health research, evidence synthesis, technology transfer and utilization.



SR-3: Aailed scientific evidence-based information, evaluated technologies, and food and nutrition product packages.

Figure 3.2:
Conceptual Workflow
of research, evidence
synthesis, technology
transfer and
utilization



Strategic Objectives and Results

SO-4: Use Improve Health Data Repository, Governance, Analytics, Metrics and Data



SR-2: Improved Health data repository system, governance, metrics, & analytics, and visualized health information

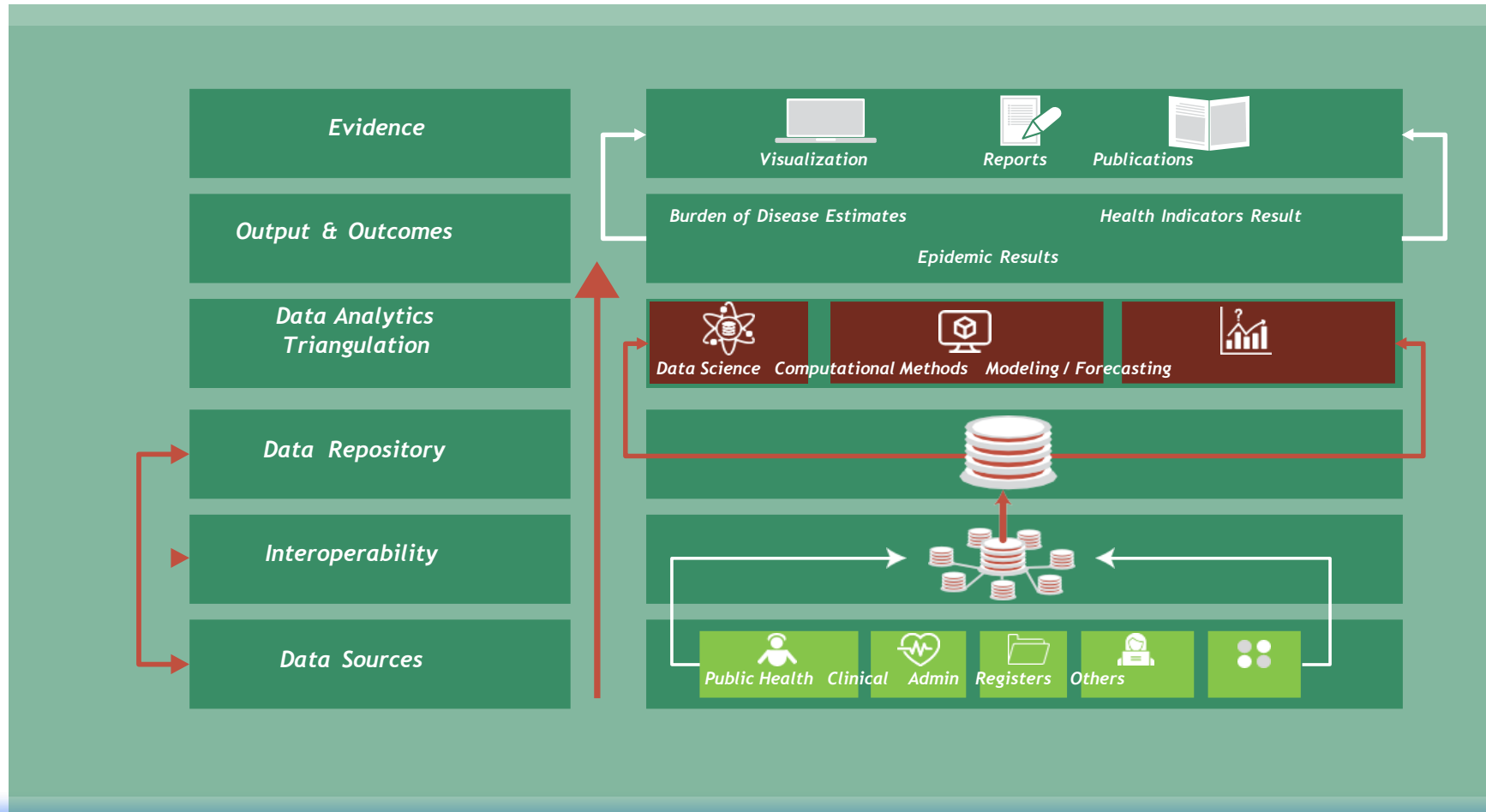


Figure 3.3: Workflow of Data repository, Sharing, and Governance



Strategic Objectives and Results

SO-5: Enhance Public Health Governance System



SR-5: Enhanced public health governance system and create enabling environment for best public health interventions

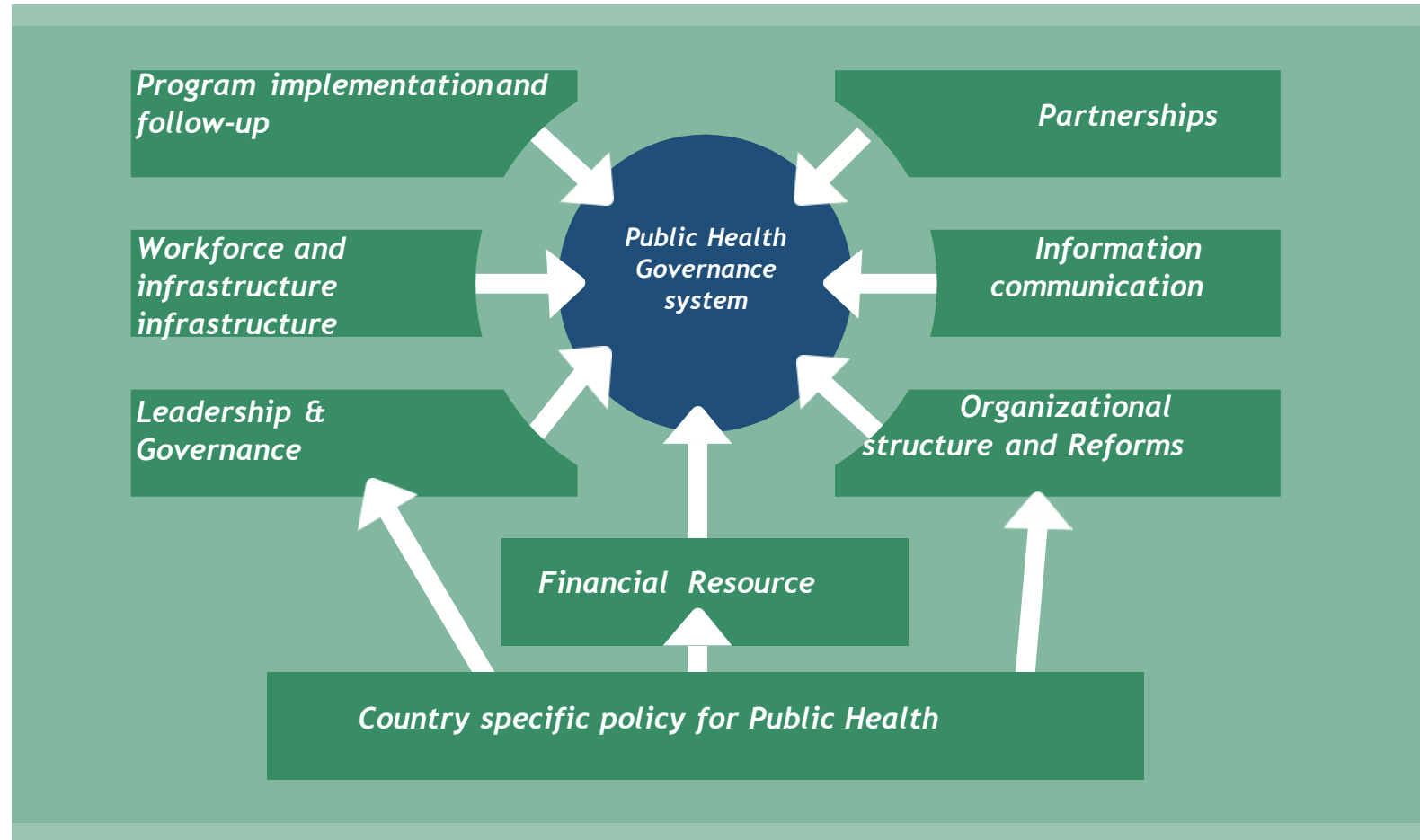
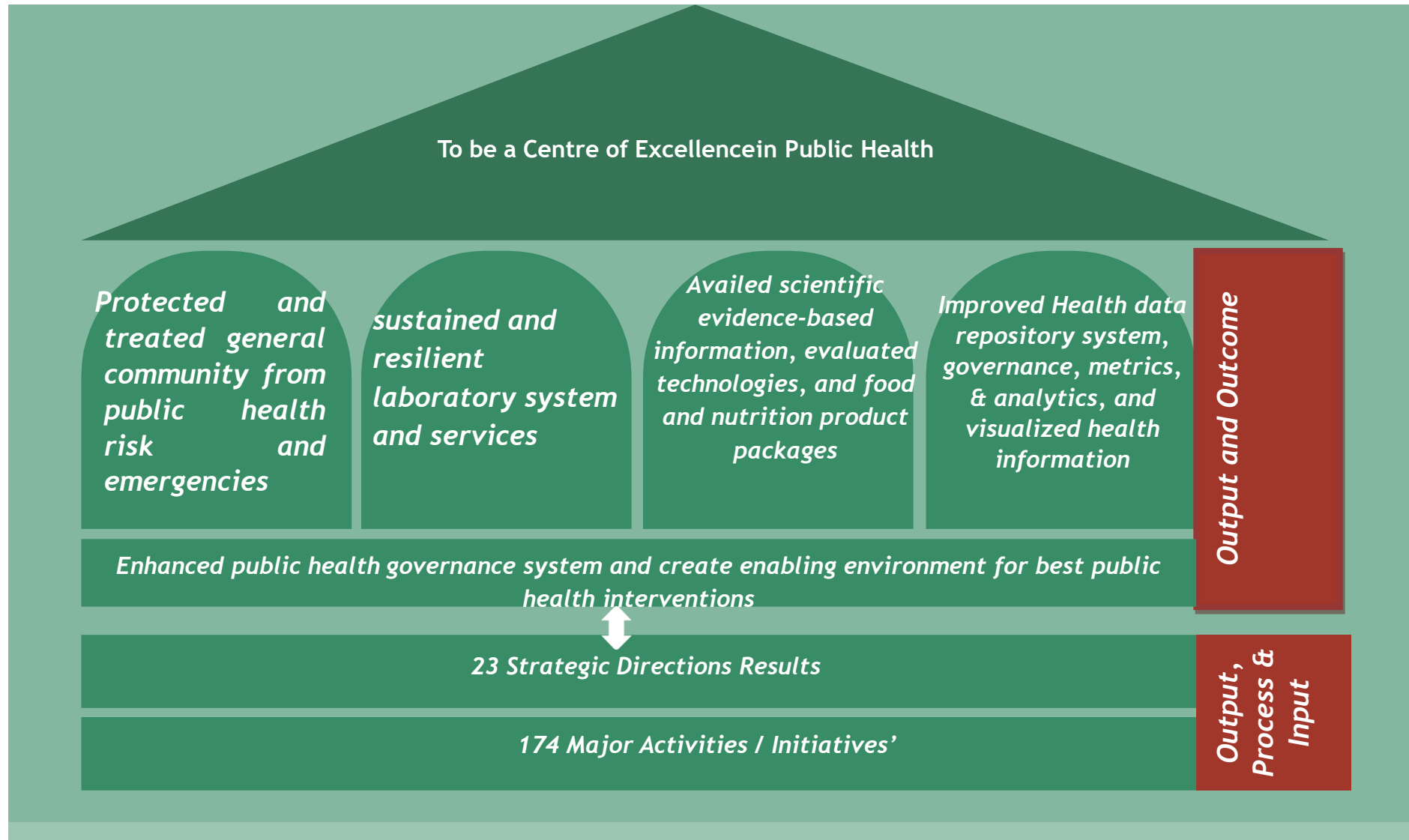


Figure 3.4: Public Health Governance system for proactive Governance Conceptual Framework¹



The Strategic Objective Results House



Strategic Direction

1. **Strategic Direction (SD-1): Improve Public Health Preparedness and Readiness**
2. **Strategic Direction (SD-2): Strengthen Surveillance, Early Warning and Information System Management for diseases and Health Events**
3. **Strategic Direction (SD-3): Strengthen Prompt Public Health Emergency Response and Recovery**
4. **Strategic Direction (SD-4): Enhance Communicable Disease Control at Point of entry and Cross Border collaborations**
5. **Strategic Direction (SD-5): Improve IHR and One Health Coordination and Implementations**



Strategic Direction

6. **Strategic Direction (SD-6): Strengthen the Implementation of Laboratory Quality Management System and Accreditation**
7. **Strategic Direction (SD-7): Enhance the Standardization and Expansion of Laboratory Service**
8. **Strategic Direction (SD-8): Strengthen Laboratory Equipment Management System**
9. **Strategic Direction (SD-9): Strengthen Biosafety, Biosecurity and Hazardous Waste Management System**
10. **Strategic Direction (SD-10): Enhance the Implementation of External Quality Assessment (EQA) Schemes**
11. **Strategic Direction (SD-11): Strengthen the Implementation of Laboratory Information Management System (LIMS).**



Strategic Direction

- 12. Strategic Direction (SD-12): Advance Evidence Synthesis and Knowledge Translation for Program Implementations, Strategies, and Policies.**
- 13. Strategic Direction (SD-13): Enhance Communicable and Non-Communicable Diseases', Environmental and Occupational Health Researches.**
- 14. Strategic Direction (SD-14): Strengthen Research on Nutrition, Food System, and Food Safety**
- 15. Strategic Direction (SD-15): Strengthen Health System Research**
- 16. Strategic Direction (SD-16): Improve Health and Nutrition Technologies' Evaluations, and Food/Nutrition Product Packages Development & Transfer**
- 17. Strategic Direction (SD-17): Enhance National Health Data Repository, Data Security Systems and Strong Data Governance Systems and Maintain Database Interoperability**



Strategic Direction

- 18. Strategic Direction (SD-18): Transform Public Health Data Science Computational Methods, Statistical and Mathematical Modelling and Visualization Techniques**
- 19. Strategic Direction (SD-19): Strengthen National, Sub-National and Local Burden of Diseases Estimates Using Health Metrics Measurements and Sciences**
- 20. Strategic Direction (SD-20): Improve Resource Mobilization, Utilization, and Program Follow-Up**
- 21. Strategic Direction (SD-21): Improve Institutional Capacity Development**
- 22. Strategic Direction (SD-22): Ensure Institutional Accountability, Transparency, and Good Governance**
- 23. Strategic Direction (SD-23): Strengthen Coordination, Collaboration, and Partnership**



Performance Measurement Indicators and Targets

- In this SPM-III, 91 indicators and Health Security Index from 0.4 to 0.78

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Proportion of <i>Woredas</i> with functional multi-sectoral coordinating platforms (functional system) for PHEM purpose	%	NA	100
Proportion of PHEOCs at national and sub-national clusters which are ready for managing potential emergencies	%	100	100
Proportion of <i>Woredas</i> with public health emergency preparedness and response plan.	%	10	100
Proportion of Regions Zones and <i>Woredas</i> which allocate adequate resource and budget based on public health emergency preparedness and response plan.	%	0	100
Proportion of Regions and National with appropriate public health emergency medical supply management system	%	7	100
Proportion of identified potential emergencies with adequate Emergency Drug and Kits (EDKs) & other supplies at national level	%	55	100

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Proportion of identified potential emergencies with trained manpower at national and regional levels (Roster)	%	55	100
# Of Simulation Exercise (Sim Ex) conducted	#	2	20
# Of Health Resource Assessment Monitoring (HRAMs) conducted	#	1	10
# Of Service Availability and Readiness Assessment (SARA) conducted for PHE	#	1	10
Proportion of PH priority diseases / conditions (based on annual VRAM & EPRP document) with updated information's for media and public / community use	%	-	100
Proportion of media briefs given on major emergencies for the community	%	90	100

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Proportion of public health risks averted from identified (VRAM)	%	NA	85
# Of developed and utilized disease specific outbreak forecasting models	#	NA	64
Proportion of forecasted emergencies using the outbreak forecasting models	%	-	90
Proportion of health facilities which reported weekly PHEM surveillance report using DHIS-2	%	-	100
Proportion of health facilities which reports weekly diseases to report with 95% Completeness and Timeliness	%	80	100
Proportion of Kebeles structures implemented Community-Based Surveillance (CBS)	%	0	100

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Proportion of PH emergencies that were detected through EBS (PPV of EBS)	%	15	95
Proportion of Woreda's which conducted surveillance data quality monitoring and provide feedback provision with greater than 85% performance	%	-	100
Proportion of Regions with greater than 90 % Woreda's reported non-Polio 100,000 under 15 years (AFP)	%	40	95
proportion of Woreda's which reported Non-Measles Fever and rash rates within acceptable range	%	45	100
Number of technical reports that were produced from the integrated surveillance system	#	2	100
Number of articles that were published on peer-reviewed journals from surveillance report	#	2	275

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Number of synthesized evidence-based information that was generated and disseminated for decision making	#	-	275
Proportion of synthesized evidence-based information that were utilized by decision making	%	-	95
Proportion of alerts that were reported within 30 minutes	%	-	95
Proportion of reported alerts that were verified within 24 hours	%	-	95
Proportion of alerts reported, investigated and managed within the standard time (24hr)	%	-	95
Proportion of early warning and alerting messages that were sent for regions and partners within 24Hrs of verification	%	-	95

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
proportion of PH emergencies that were identified and confirmed using local laboratory capacity at national and regional levels	%	40	100
Proportion of epidemics that were controlled within the accepted mortality and morbidity rate	%	-	85
Proportion of post epidemic assessment /After-Action Reviews conducted	%	60	100
proportion of affected people who were rehabilitated	%	-	85
Proportion of damaged health facilities which were reconstructed and rebuilt	%	-	85
Number of PoEs with minimum IHR core capacities	#	1	13

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Number of PoEs implementing routine public health measures on human and cargos to the fullest level	#	0	27
Number of PoEs with minimum capacity to respond to the cross-border public health emergency (PHEs) or public health emergency of international concern (PHEIC)	#	0	27
Proportion of international travelers protected from vaccines preventable diseases (VPDs) by WHO recommended vaccines	%	100	100
Proportion national IHR capacities based on JEE	%	50.4	75
Proportion national IHR capacities based on SPAR assessments	%	63	85
Number medical laboratories accredited to relevant ISO standards	#	27	640

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Number of laboratories with SLIPTA 1 star level and above	#	28	1850
proportion of laboratories implemented basic quality management system (LQMS)	%	70	100
Proportion customers satisfaction level in laboratory services	%	78.6	100
Proportion of laboratories providing standardized laboratory testing services as per national standard	%	NA	95
Proportion of laboratories networked to specimen referral linkage and testing services	%	70	100
Number of laboratories with AMR surveillance system (Advanced Microbiology)	#	9	63

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Proportion of major laboratory equipment with less than 5% downtime per year	%	N/A	99
Proportion of BSC and Negative pressures systems maintained and validated	%	N/A	100
Proportion of laboratories at which basic biosafety and biosecurity requirements implemented	%	-	90
Proportion of laboratories enrolled in PT and or Random Blinded Rechecking Schemes	%	-	95
Proportion of laboratories with >80 % performance in PT and or Random Blinded Rechecking	%	-	80
Number of accredited EQA-PT types per ISO 17043 standards	#	-	20

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Proportion of labs using electronic LMIS that is Interoperable with facilities HIS and national data repository or DHIS2	%	-	60
Number of technical reports produced	#	51	667
Number of publications produced in peer-reviewed journals	#	58	810
Number of scientific evidence dissemination workshops (Thematic area Specific)	#	1	120
Number of scientific evidence dissemination produced documentary and Broadcasted programs	#	2	100
Number of evidence synthesis (systemic review, meta-analysis, Policy brief, scoping review, rapid review, Issue brief, and other in-depth analysis)	#	10	436

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Number of books and books chapters	#	0	29
Number of diagnostics and health technologies assessed, evaluated, and validated	#	-	69
proportion of evidence-based information generated and disseminated	%	-	100
Number of scientific evidence dissemination conference /congress	#	1	5
Number of scientific journals produced (Ethiopia Journal of Public Health and Nutrition)	#	1	19
proportion of publication, published in peer-reviewed journals among produced technical reports	%	50	100

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Number of articles presented in scientific conferences	#	5	180
# Of sub-Saharan countries using EPHI as regional hub for BoD estimate	#	0	34
# Number of assessment reports of indicators (SDG/HSTP) tracked using burden of disease estimates	#	1	9
proportion of synthesized evidences based on BoD estimates	%	-	60
The proportion of developed data science techniques, advanced statistical and mathematical models, and forecasting techniques	%	57	80
Number of developed and/or customized computational tools	#	2	64

Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Number of deployed platforms, systems, visualization dashboards and libraries, portals, and data communication channels	#	28	876
proportion of executed data science techniques, advanced statistical and mathematical models and forecasting techniques	%	50	71
Number of data sets archived to the national health data repository	#	262	3565
Number of data shared to national and international organizations	#	27	1273
Number of HIS's interoperable and interconnected within EPHI and across regions	#	0	20
Proportion of staffs' satisfaction level on existing transparency & accountability	%	63	95

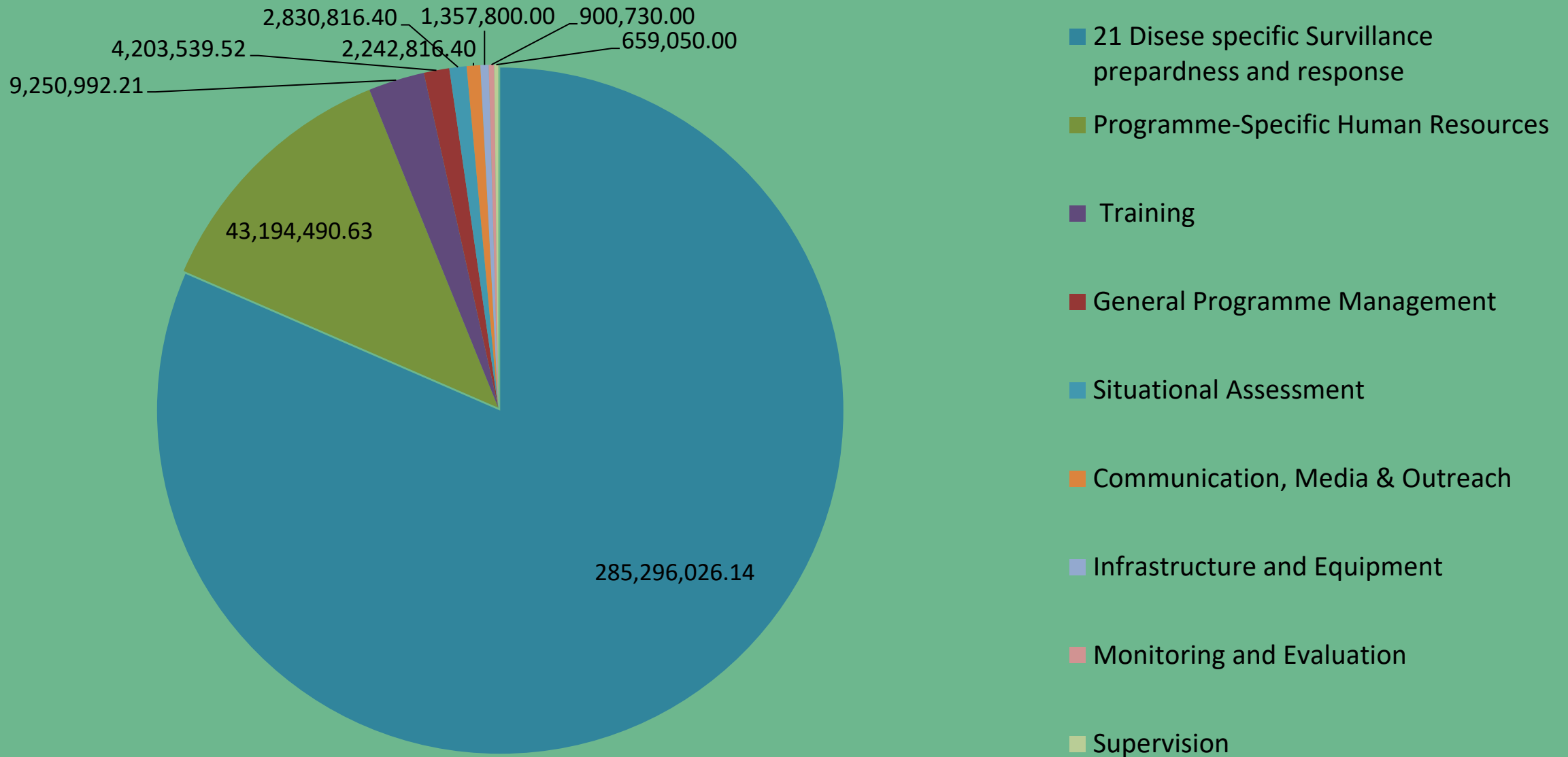
Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
Proportion of mobilized budget	%	65	90
Proportion of utilized budget	%	75	95
Proportion of delivered goods and services (availability by type)	%	70	95
Proportion of employees/staffs who achieved best performance score above 95%	%	-	100
# of internal human resource staffs who took short- and long-term trainings	#	278	2674
# Of external workforce who took short term training	#	3425	66169

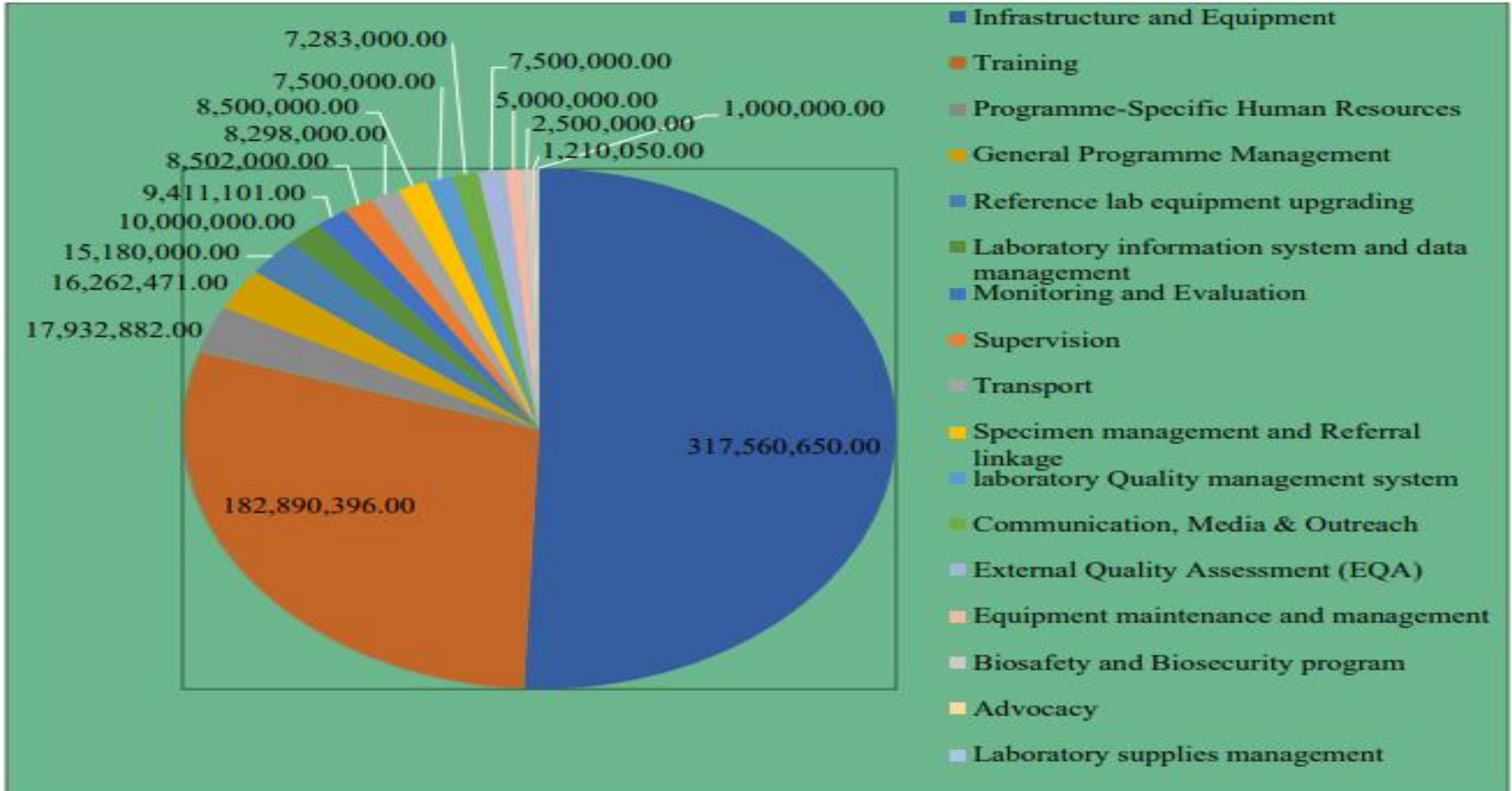
Performance Measurement Indicators and Targets

<i>Indicators</i>	<i>Unit</i>	<i>Baseline</i>	<i>10 Year</i>
# Of health workforce trained with CPD program	#	-	5073
# Of standardized modules for short-term & CPD trainings	#	12	72
# Of public health information broadcasted sessions/events channeled to the general public through different channels (documentary)	#	-	36
# Of forums organized by the institution (disaggregated by wings)	%	3	58
# Of established regional and international level collaborations & partnerships	#	1	13
Proportion of maintained collaborations and partnerships	%	100	100

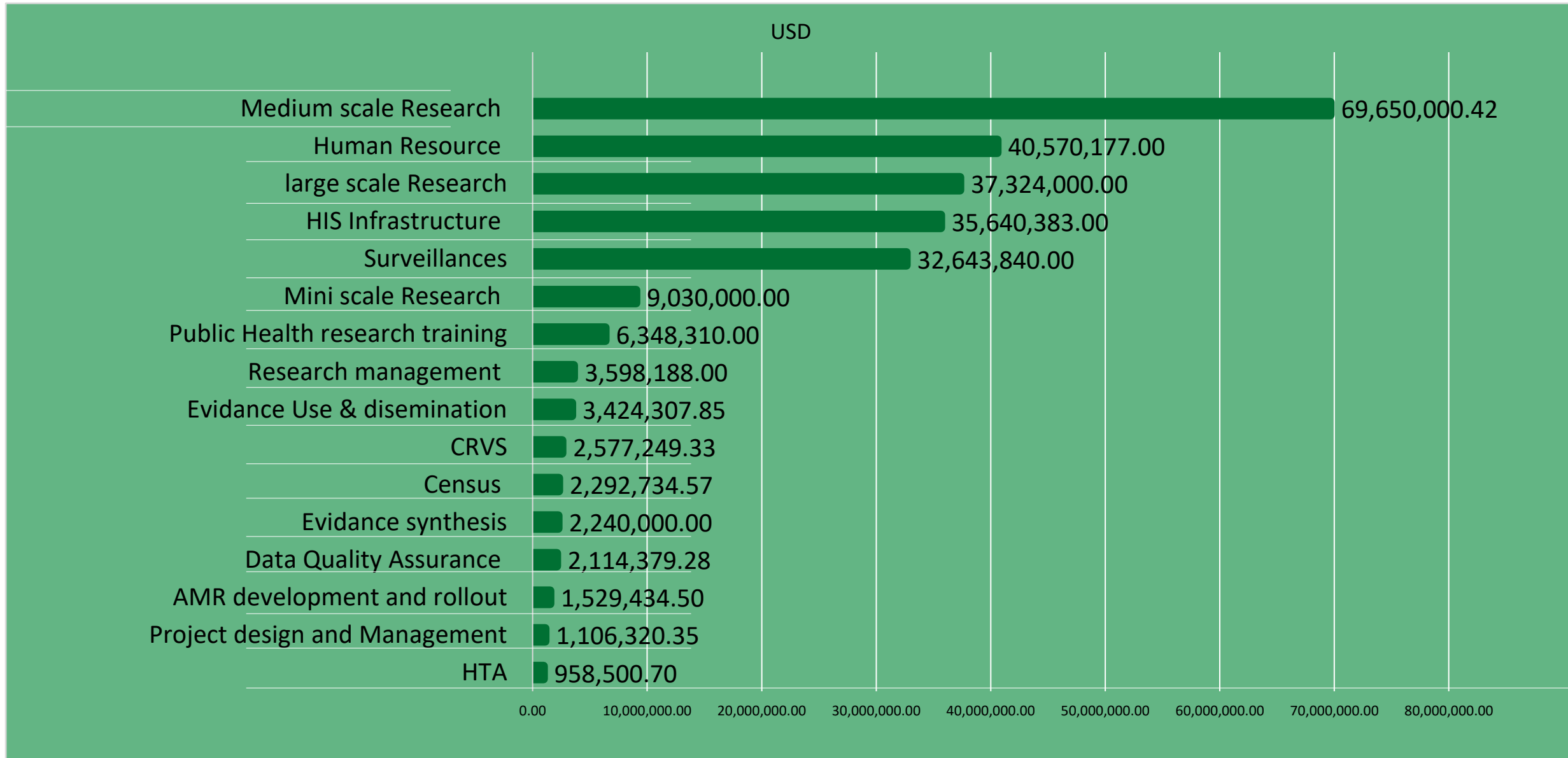
Public Health Emergency Management Costing Estimation = 285,296 026.14 USD



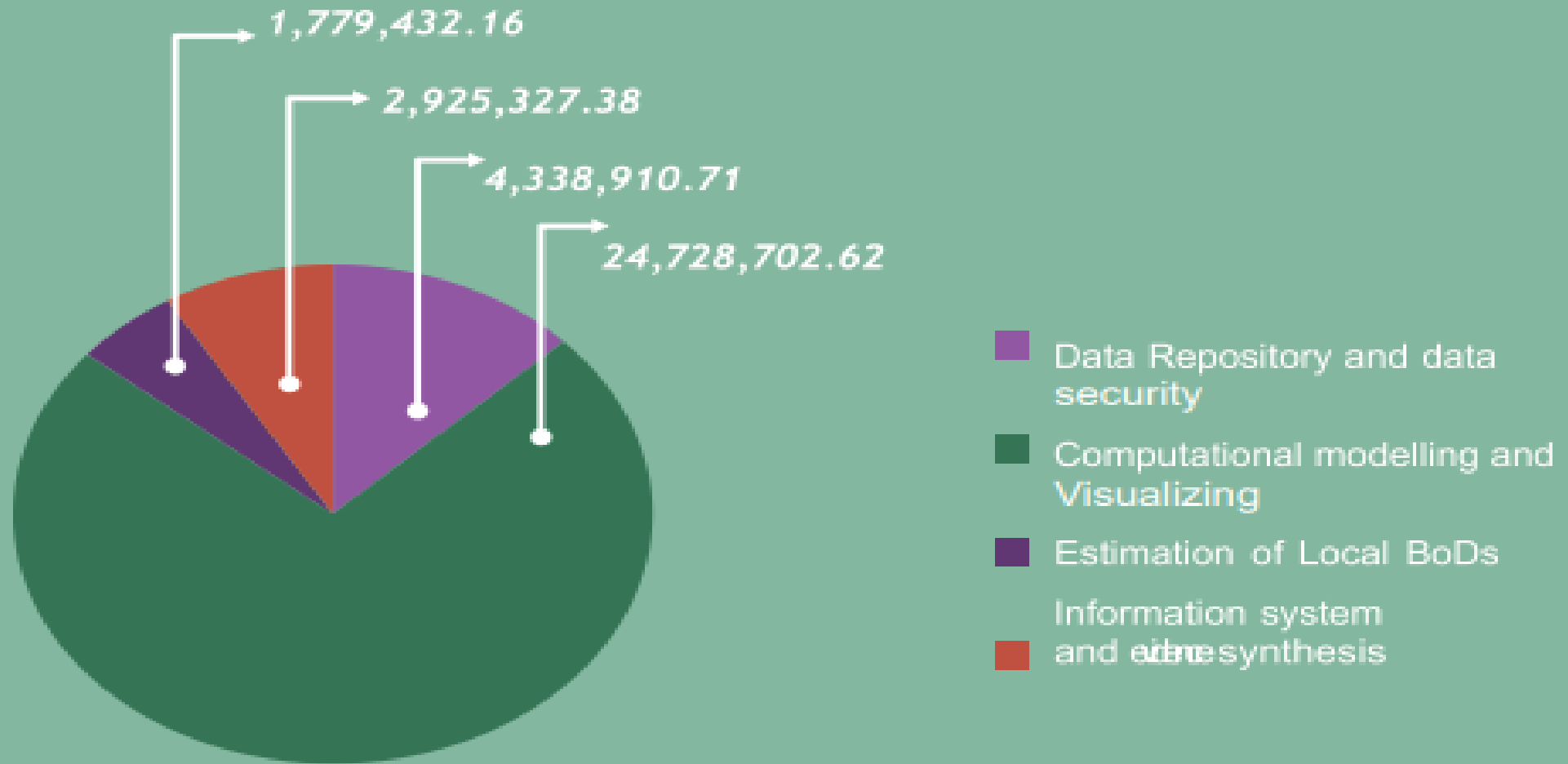
Laboratory System Programs Costing Estimation = 317,560,650 USD



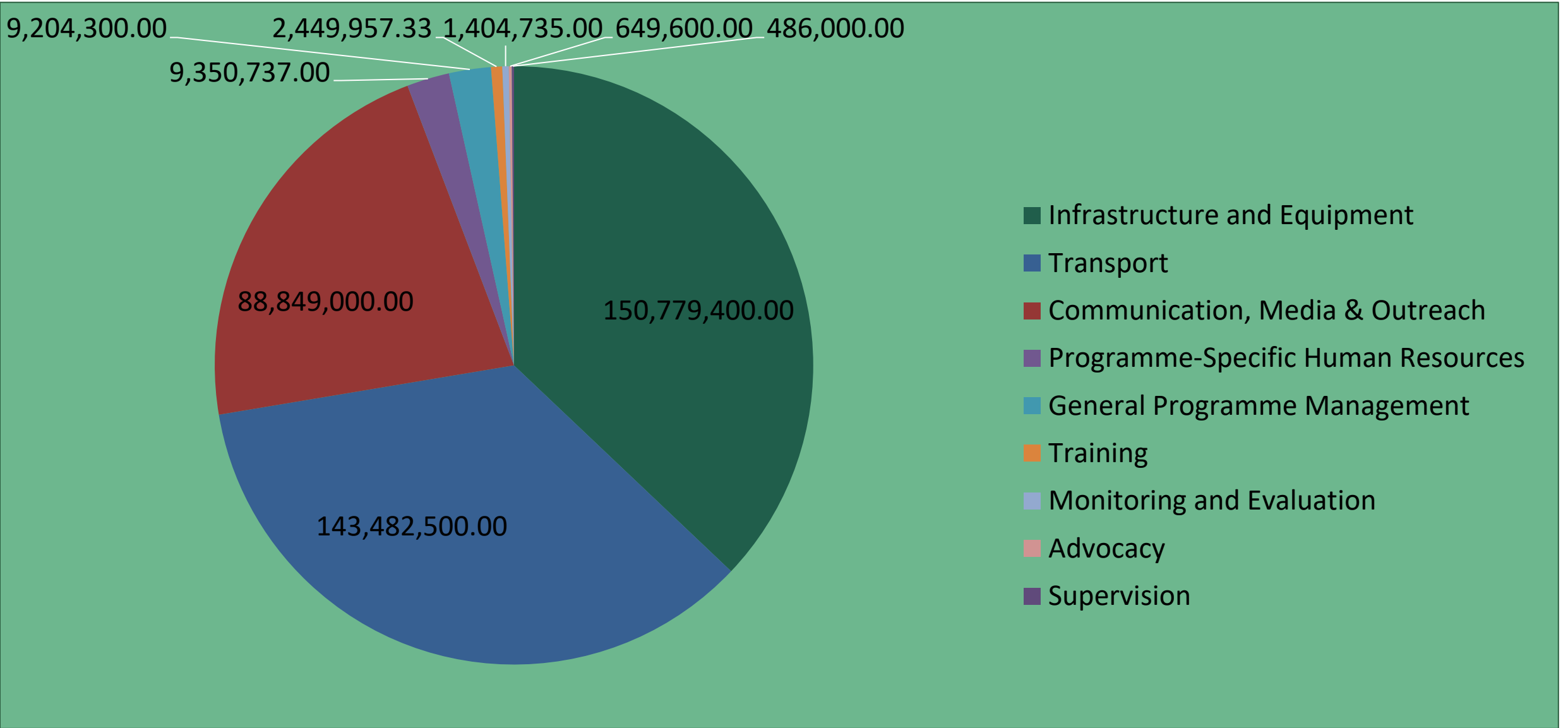
Research, evidence synthesis, technology transfer and utilization cost estimation 0.32 billion USD



Health data repository, and information system cost estimation =33 Million USD



Public Health Leadership and Governance Cost Estimation



Implementation Arrangement and Strategies

First Arrangement

Information Sharing
Consensuses Building
Cascading
Increase visibility
Advocacy and Awareness
Joint Planning

Second Arrangement

Activity Prioritization
Resource Mapping and
Mobilization
Aligning functional structures
Feasibility Assessment

Third Arrangement

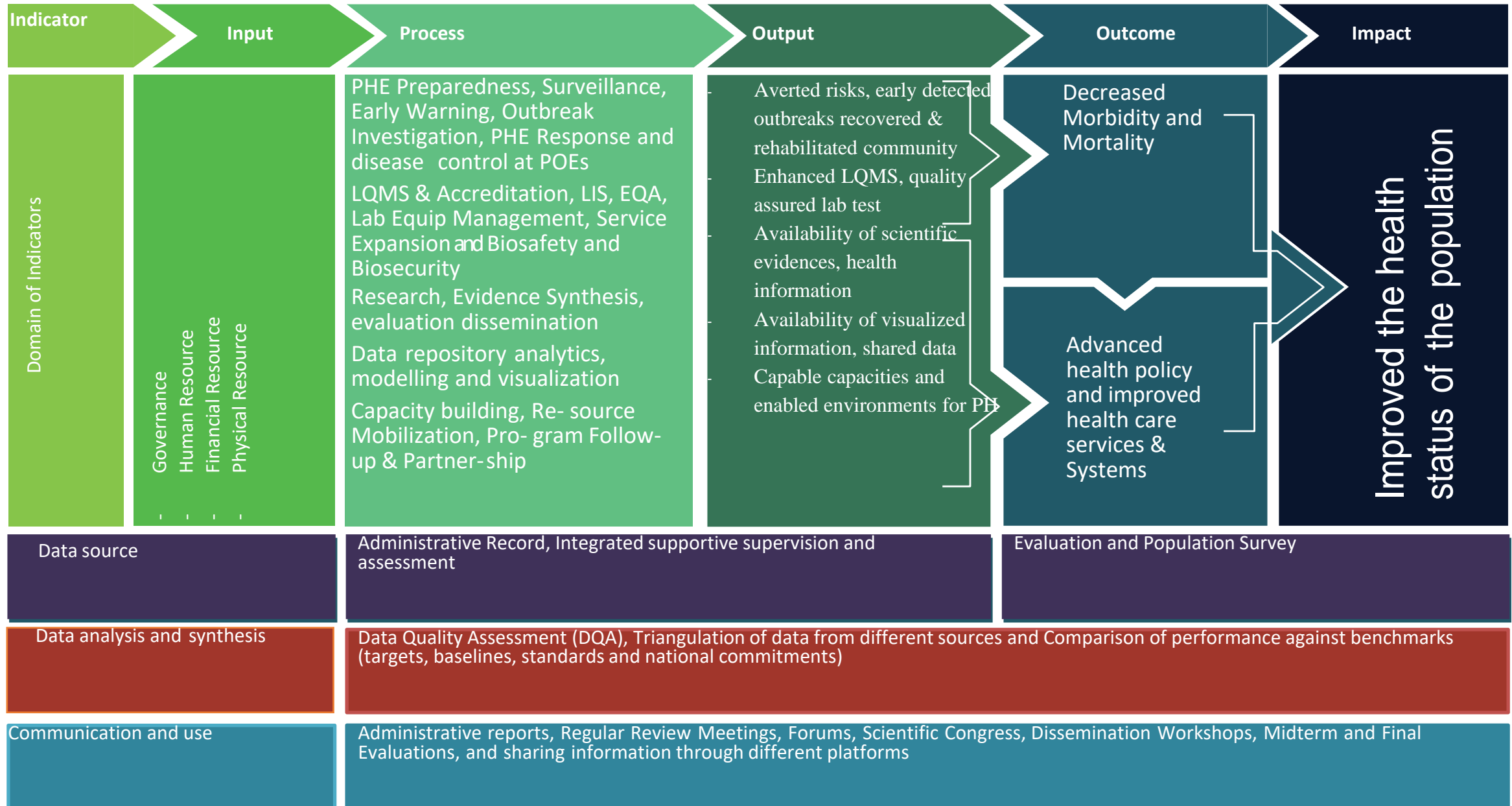
Implementation
Performance Tracking
Change Measurement
Evaluation reporting

Implementation Arrangement and Strategies

- **Management Committee**
- **EPHI and Regional Health Bureaus / Regional Public Health Institute Joint Steering Committee**
- **Joint Partnership Coordination Forums**
- **Scientific Congress**
- **Community /compliance forum**
- **Annual Planning and budget**



Monitoring and Evaluation Framework



Acknowledgment

- EPHI Leadership and Staffs
- MoH
- OPM-BRE
- WHO



Supportive documents

- **MEAL Plan**
- **Communication Plan**
- **Implementation strategies**
- **Resource Mobilization**



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**Thank you for your
attention**

