



Ethiopia

Collaborative Action Strategy Experience and Outcomes



Background

Prior to 2025, Ethiopia conducted over 14 health campaigns annually, but fewer than 7% were collaboratively planned, coordinated, or integrated. This lack of collaboration strained the health system, and the Ministry of Health recognized that reducing fragmentation of health campaigns could improve impact. In 2025, Ethiopia implemented the **Ethiopia Collaborative Action Strategy** (E-CAS) as a nationally-led, reform-oriented shift from vertical campaigns toward system-oriented integration.

The E-CAS advances Ethiopia's national health reform goals including:

- **Primary healthcare system strengthening**, by using integrated campaigns to improve referrals, surveillance, and continuity of care between outreach and facilities
- **Reducing fragmentation**, by shifting from siloed, donor-driven vertical campaigns toward harmonized delivery approaches
- **Universal health care**, by expanding equitable access to multiple services through bundled delivery models
- **Aligning integration with existing national strategies**, such as its national Health Sector Transformation Plan and disease-specific master plans

From 2025–2026, Ethiopia piloted the E-CAS over two campaigns. The first campaign in May 2025 integrated immunization (measles, zero-dose, and COVID-19) with nutrition (vitamin A, deworming, and nutritional screening) and maternal and child health services. In January 2026, the second campaign integrated NTD treatment, distribution of malaria long-lasting insecticidal nets, and noncommunicable disease screening (hypertension and eye health) with referral to facility care.



The Collaborative Action Strategy for Health Campaign Effectiveness is an adaptable framework of recommendations to support Ministries of Health in transforming how health campaigns work in their countries by fostering better coordination, collaboration, and integration on their terms.

Visit campaigneffectiveness.org to learn more.

Photo Credit: Ethiopia Federal Ministry of Health



Outcomes of Ethiopia's first CAS-guided campaigns

Coverage was maintained and expanded:

May 2025 Campaign

- 18 million children received vaccinations, deworming, and nutrition supplementation
- Vitamin A coverage increased by 27%
- Deworming coverage increased by 25%
- 191,346 zero-dose children vaccinated, representing a 7% increase in identifying zero-dose children from the expected zero-dose children in 2025

January 2026 Campaign

- 24,902,365 people treated for onchocerciasis
- 1.3 million insecticide-treated nets (ITNs) distributed
- 4.4 million individuals screened for eye problems
- 26,873 adults found with elevated blood pressure



Integrating previously siloed campaigns created **massive gains in operational efficiency** by reducing campaign workdays 60% (a reduction from 25 total campaign days across programs to 10 days during the May 2025 campaign).



Governance structures for integration are led by **high-level political leadership** which reinforces institutionalization.



Data systems shifted from fragmented, paper-based tools to a **unified digital ecosystem**, enabling real-time performance monitoring.



Campaigns **bridged the gap between campaign outreach and routine primary health care** by successfully referring patients with severe hypertension or cataracts for ongoing health services.



Direct digital payments vastly improved the timeliness and transparency of health worker stipends.



Photo Credit: Ethiopia Federal Ministry of Health



Lessons Learned from E-CAS Implementation

Strong governance readiness for E-CAS, political commitment and national coordination.

 **Successes:** Alignment with national reform agendas, establishment of cross-program governance structures, adoption of integrated delivery and data systems, and increased linkage between campaigns and routine care.

 **Next steps:** Institutionalizing governance structures and strengthening coordination across subnational levels to ensure routine integration.

Successful transition from proof of concept integration toward system-level integration.

 **Successes:** Bundling communicable and non-communicable disease interventions, and joint logistics, training, coordination, and monitoring. Integrated campaigns maintained and expanded coverage while improving measures of effectiveness, efficiency, equity, and community acceptance.

 **Next steps:** Continued workforce optimization, strengthening logistics systems, harmonizing data, institutionalizing integrated delivery models, and monitoring for longer-term health outcomes and system resilience.

Progress in transforming both data systems and data use practices to support collaborative campaigns.

 **Successes:** Use of integrated digital tools (DHIS2 Campaign Tracker, Open Data Kit [ODK], and Power BI dashboards) and real-time decision-making enabled more adaptive and coordinated campaign management.

 **Next steps:** Addressing infrastructure constraints in remote areas. Further harmonizing population denominators and reporting platforms to ensure consistent, fully integrated monitoring across programs.

Ethiopia's collaborative campaigns demonstrate growing financial pooling and improved efficiency.

 **Successes:** \$1.5 billion birr (USD \$9.6 million equivalent) pooled across stakeholders to jointly finance the May 2025 campaign's logistics, training, coordination, and monitoring. This figure includes donor and partner funding but excludes government in-kind contributions unless otherwise noted.

 **Next steps:** Campaign financing remains donor-heavy and structurally fragmented. Sustainability depends on strengthening domestic financing and improving alignment across funding streams.



For more detail about Ethiopia's E-CAS experience and learnings, see **The Collaborative Action Strategy for Health Campaign Effectiveness: Evaluation Report of the Pilot Phase (2024-Q1 2026)** available at campaigneffectiveness.org.

Reference

Health Campaign Effectiveness Coalition. *The Collaborative Action Strategy for Health Campaign Effectiveness: Evaluation Report of the Pilot Phase (2024-Q1 2026)*. Decatur, GA, USA: The Task Force for Global Health; 2026. License: CC BY-NC-SA 3.0 IGO

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