

Prioritizing RMNCH Innovations for Scalable Impact in Ethiopia

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INTRODUCTION

Within Ethiopia's health sector, there is a need to identify and scale health innovations to accelerate progress toward national health goals and the Sustainable Development Goals (SDGs).

Despite the presence of many promising reproductive, maternal, newborn, and child health (RMNCH) innovations, scale-up remains constrained by limited evidence on costs and cost-effectiveness, budget impact, feasibility, among other key decision criteria.

Current priority-setting processes are often ad-hoc with limited alignment across government, donors, and partners. Limited fiscal space further restricts the government's ability to make strategic, long-term investments.

OBJECTIVES

This two-year project (2024–2026) aims to establish a systematic approach to prioritize, cost, and scale high-impact RMNCH innovations in Ethiopia. This poster describes the first phase of the project, which sought to:

- Identify and map RMNCH innovations across implementation stages.
- Develop a stakeholder-driven multi-criteria decision analysis (MCDA) framework to prioritize innovations for scale-up.
- Conduct evidence reviews to assess RMNCH innovations according to specific selection criteria.
- Generate a ranked shortlist of priority RMNCH innovations for future costing and scale-up planning.

METHODS

The project followed a structured pathway from innovation mapping to MCDA scoring and ranking.

- Innovation Mapping:** RMNCH innovations were mapped through consultations with FMOH directorates, partners, donors, and innovation initiatives.
- Prioritization Framework:** Stakeholders validated innovations during a national workshop, applied knock-out (KO) criteria, and agreed on MCDA criteria and weights to support transparent prioritization (Table 1).
- Evidence Review and Performance Matrix Development:** Evidence from literature, pilot studies, program reports, and implementation experience was synthesized into a standardized scoring matrix, supplemented by expert opinion where evidence was limited.
- MCDA Scoring and Ranking:** FMOH representatives, partners, donors, and technical experts reviewed and refined scores across weighted MCDA criteria to generate a ranked list of RMNCH innovations.

Subsequent project phases will cost four selected innovations and develop costed scale-up plans.

RESULTS

- 47 RMNCH innovations identified** across digital health, workforce strengthening, and service delivery for maternal child and adolescent health; immunization; and family planning (Figure 1).
- 23 innovations shortlisted for MCDA assessment** following stakeholder review and application of knock-out (KO) criteria related to relevance, timeliness, and alignment with national priorities.
- 4 innovations selected** for costing and scale-up plan development (Table 2).

Criterion	Weight
Health impact	26.4
Sustainability	18.9
Cost-effectiveness	17.0
Feasibility	15.1
Scalability	13.2
Equity	9.4
Total	100

Table 1. Evidence criteria and weights

What is a health innovation?

A set of behaviors, routines, or practices perceived as new, aiming to improve health outcomes, administrative efficiency, cost-effectiveness, or user experience, and implemented through planned action.

Sources: Charif et al., 2022. Greenhalgh et al. 2005.

What is scale-up?

Deliberate efforts to increase the impact of successfully tested health interventions to benefit more people and foster lasting policy and program development.

Source: WHO, 2010.

FROM INNOVATION TO SCALE: PRIORITIZATION AND COSTING FRAMEWORK

A systematic approach to identify, prioritize, and cost high-impact RMNCH innovations to accelerate their adoption and scale

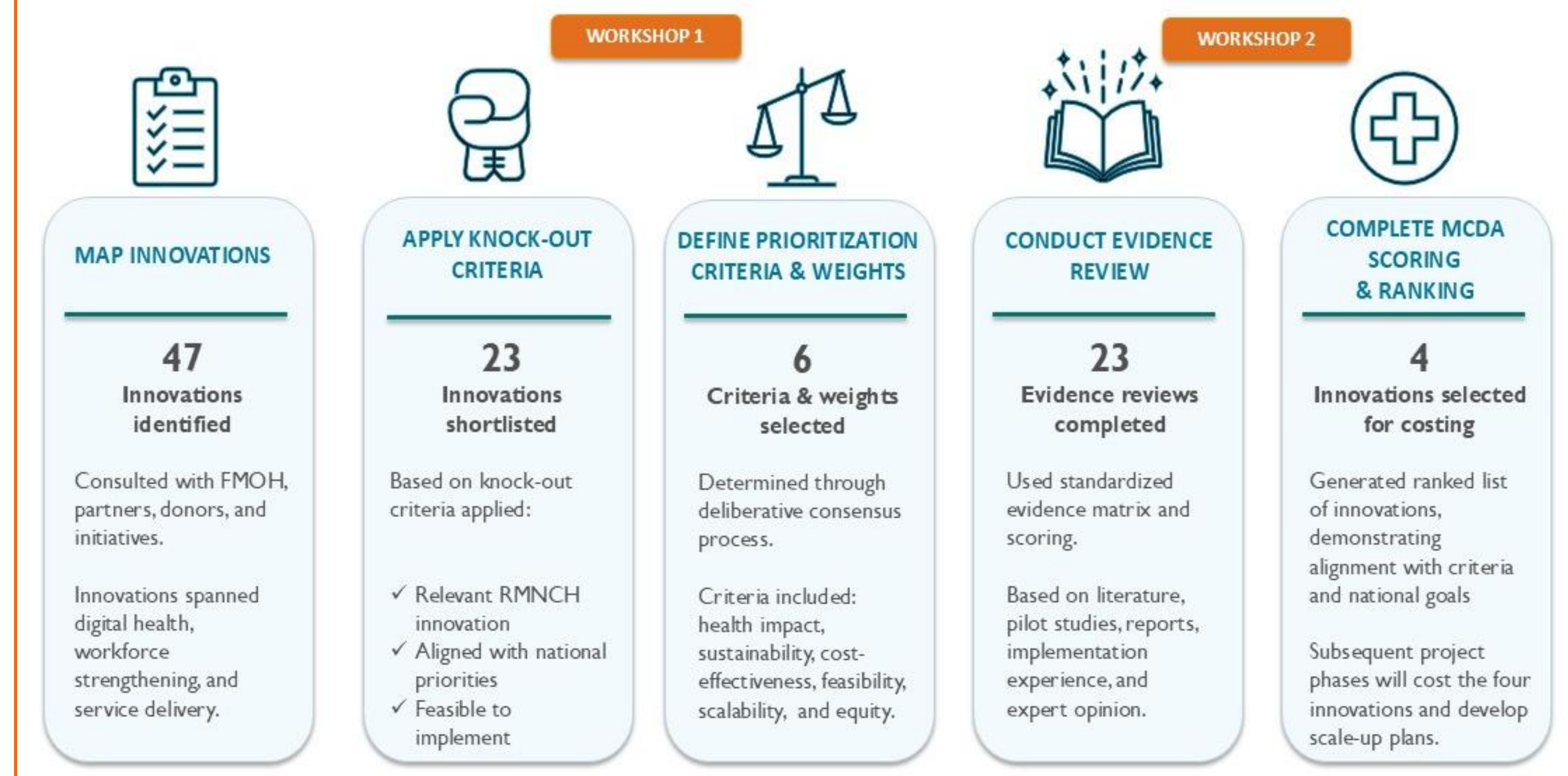


Figure 1. Prioritization process in Ethiopia

CONCLUSIONS

- Integrating MCDA with costing and resource mapping provides a transparent and practical framework for prioritizing RMNCH innovations in Ethiopia.
- The process strengthens stakeholder ownership while balancing impact, equity, feasibility, scalability, and sustainability considerations.
- Exploring *bundled* implementation approaches for different innovations may help improve implementation efficiency, strengthen service integration, leverage shared resources, and support more coordinated national scale-up planning.
- The approach may be adaptable for other health programs and low- and middle-income (LMIC) settings seeking to scale innovations despite limited resources.

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Rank	Innovation	Score
1	Integrated Clinical Mentorship for Neonatal Intensive Care Unit (NICU) Care	86.41
2	Preconception Care for Couples	82.64
3	AI-enabled Obstetric Ultrasound + Outreach Services	79.99
4	Immediate Kangaroo Mother Care / Mother-NICU Reorganization	77.73

Table 2. Top-ranked innovations