



**PROJECT: YOUTH ACTION BRIDGE**

# **Policy Paper: Maternal Health Governance**

## **Transparency, Accountability, and Youth Participation**

### **Croatia**

**Project:** The Youth Advocacy Bridge | AU-EU Youth Action Lab – NDICI Global Europe

**Implementing organisations:** Svjetski Savez Mladih Jugoistočna Europa (SSM JIE), Croatia

**Partner organisation:** SPES Institute for Humanity and AI, Ethiopia

**Activity:** Activity 3 – Advocacy Skills Development

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## I. Executive Summary

Croatia, as a European Union member state, has achieved one of the world's lowest maternal mortality ratios (MMR), estimated at approximately 3 deaths per 100,000 live births. The country benefits from universal skilled birth attendance, high antenatal coverage, and alignment with EU health directives. Despite these achievements, governance challenges persist in the areas of public participation, data transparency, and institutional accountability.

This policy paper, developed through the *Bridge to Governance: Youth Advocacy Training* (Addis Ababa and online, 5–7 February 2026) as part of Activity 3 of the Youth Advocacy Bridge project, analyzes Croatia's maternal health governance framework through the five-indicator EU-AU Governance Assessment Framework: Budget Transparency, Data Quality and Timeliness, Policy Enforcement, Institutional Autonomy, and Citizen Participation.

Policy development remains dominated by technical experts with limited civil society engagement, and youth participation is particularly weak despite young people being primary stakeholders in maternal health policy. Maternal health data are published infrequently and are seldom disaggregated by region or socioeconomic status. Technology governance blind spots are emerging as algorithmic systems increasingly mediate access to health and social services without corresponding transparency or youth involvement.

The paper identifies critical gaps and proposes targeted policy reforms to strengthen transparency, accountability, and meaningful citizen and youth participation. It concludes with actionable recommendations for policymakers, civil society, and international partners, grounded in the experiences of 25 Croatian youth advocates trained through the project and informed by cross-continental learning with Ethiopian peers.

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## II. Introduction

Maternal health governance encompasses the processes, structures, and institutional arrangements through which decisions about maternal health are made and implemented. Effective governance ensures that resources reach intended services, that accountability mechanisms hold providers responsible, and that communities—particularly young women and youth advocates—have genuine voice in shaping policies that affect their health and futures.

Croatia has made significant progress in maternal health outcomes. The MMR of approximately 3 per 100,000 live births places Croatia among the best-performing countries globally. Universal skilled birth attendance, high antenatal coverage exceeding 95%, and robust clinical infrastructure have contributed to this success.

However, governance indicators tell a different story. Public participation in health policy is limited, with less than 5% youth engagement in consultation processes. Maternal health data are not adequately disaggregated, making it impossible to identify disparities affecting rural youth, Roma communities, or economically marginalized populations. Accountability mechanisms for

respectful maternity care are inconsistently enforced. Youth—despite representing 15% of Croatia's population and being directly affected by maternal health policies—hold less than 1% influence in governance decisions.

This policy paper examines these governance gaps through the lens of the five-indicator framework co-created during Activity 2 of the Youth Advocacy Bridge project, and proposes reforms to ensure that Croatia's maternal health system is not only effective but also transparent, participatory, and accountable. The analysis draws on comparative governance research conducted in Activity 1, capacity building from Activity 2's international workshop (Zagreb, November 2025), and advocacy strategy development from Activity 3's *Bridge to Governance* training (February 2026).

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### III. Governance Context

#### A. Health System Structure

Croatia's health system operates within a social insurance model aligned with EU standards. Key institutions include:

Institution	Role
Ministry of Health	Sets national health policy, defines maternal health priorities, and oversees implementation
Croatian Institute of Public Health (HZJZ)	Manages health data collection, analysis, and reporting; publishes annual health statistics
Croatian Health Insurance Fund (HZZO)	Finances health services through mandatory insurance contributions
County Health Authorities	Manage hospitals and primary health centers at regional level

#### B. Legal and Policy Framework

Policy Document	Relevance
Health Care Act	Defines the structure and governance of the health system
Reproductive Health Strategy	Outlines maternal health priorities and interventions
National Health Development Strategy	Sets long-term health system goals aligned with EU frameworks
EU Health Directives	Provide binding standards for health system governance and data reporting

## C. Key Achievements

- Universal skilled birth attendance
  - High antenatal care coverage (over 95%)
  - Integration into Euro-Peristat reporting system
  - Alignment with EU health quality standards
  - Strong clinical infrastructure and trained workforce
  - Comprehensive health insurance coverage
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## IV. Institutional Framework

### A. Formal Structures

Croatia's maternal health governance is structured through a combination of national policy-setting, regional management, and local service delivery. The Ministry of Health develops strategies and regulations, while the Croatian Institute of Public Health collects and disseminates health data. The Croatian Health Insurance Fund ensures financial coverage for maternal health services, and county health authorities manage facilities and coordinate care.

### B. Informal Practices

Despite formal structures, informal practices significantly influence governance outcomes. Policy development is often dominated by technical experts and professional associations, with limited input from civil society or service users. Youth participation, when it occurs, is informal and consultative rather than institutionalized with decision-making authority. Decision-making on resource allocation is centralized, with counties having limited fiscal autonomy. Accountability mechanisms exist on paper but are inconsistently enforced, with no clear consequences for non-compliance.

### C. International Influences

As an EU member state, Croatia is subject to EU health directives and participates in European health data initiatives such as Euro-Peristat. These international frameworks provide opportunities for benchmarking and accountability but also create dependencies on EU funding and technical assistance. The European Health Data Space initiative presents an opportunity to advance data transparency reforms that could enable youth-led governance monitoring. However, Croatia's integration of AI governance frameworks lags behind technological deployment, creating governance blind spots as algorithmic systems increasingly affect health service access.

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## V. Key Governance Gaps

### A. Research and Data Gaps

Issue	Description
Limited disaggregated data	Maternal health data are published annually in aggregated form, with no breakdown by region, ethnicity, or socioeconomic status
Delayed data release	Data are published with significant lag (12-18 months), hindering timely intervention and accountability
Incomplete maternal death reviews	Maternal death surveillance systems exist but findings are not consistently published or acted upon
No public data dashboards	There is no user-friendly platform for citizens, youth advocates, and civil society to access maternal health data
Absence of youth-specific data	No systematic collection or publication of data on maternal health outcomes for young mothers or youth engagement in health services

## B. Institutional and Policy Gaps

Issue	Description
Skewed public discourse	Health debates are dominated by abortion and SRHR terminology; holistic maternal health receives limited attention
Limited civil society engagement	Policy development is dominated by technical experts; formal channels for civil society and youth input are absent
Inconsistent enforcement	Regulations on respectful maternity care exist but are not consistently enforced; no clear sanctions for non-compliance
No citizen oversight mechanisms	There are no formal structures for service users—particularly young women and youth advocates—to provide feedback on maternal health
Technology governance gaps	Algorithmic systems affecting health service access lack transparency requirements or youth participation in governance

## C. Systemic and Social Barriers

Issue	Description
Political polarization	Maternal health discourse is fragmented by political divisions, limiting balanced policy development
Institutional blind spots	Accountability mechanisms do not adequately capture maternal health outcomes or youth participation quality
Rural and marginalized communities	Barriers to quality care persist despite universal coverage; Eastern Slavonia particularly affected

Limited youth engagement	Young people are not systematically included in maternal health governance despite being primary stakeholders
Ethnic minority populations	Data on maternal health outcomes for minority populations (e.g., Roma) are not collected or published

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## VI. Governance Dimensions Assessment

Using the five-indicator framework developed during Activity 2 of the Youth Advocacy Bridge project, Croatia's maternal health governance is assessed as follows:

### A. Budget Transparency – Score: 3/5

Health budgets are published annually, but maternal health allocations are not clearly identified or disaggregated by programme or region. Citizens, youth advocates, and civil society cannot easily track how funds allocated for maternal health are spent. Off-budget resources from EU funds are not consistently reported in accessible formats. There is no participatory budgeting for maternal health that would enable youth or community input into resource allocation decisions.

### B. Data Quality & Timeliness – Score: 3/5

Euro-Peristat reporting ensures comparability with other European countries, but domestic publication is annual and aggregated. Data on maternal outcomes are often released with a lag of 12-18 months, hindering timely intervention and youth-led advocacy. There is little disaggregation by region, ethnicity, or socioeconomic status, making it difficult to identify and address inequities affecting marginalized youth populations. Maternal death review findings are not systematically published. No user-friendly data dashboards exist to enable youth and civil society monitoring.

### C. Policy Enforcement – Score: 2/5

Regulations exist, including standards for respectful maternity care and clinical protocols. However, enforcement is inconsistent. Inspections occur but lack follow-up, and there are no clear sanctions for facilities or providers that fail to meet standards. Recommendations from maternal death reviews are not systematically implemented. There is no independent monitoring of service quality that includes youth or service user perspectives.

### D. Institutional Autonomy – Score: 2/5

Counties manage hospitals and primary health centers but have limited fiscal control. Major investments and procurement decisions require central approval, constraining responsiveness to local needs including youth-specific services. Staffing decisions are centralized, limiting the ability of regional authorities to address shortages or recruit based on local priorities. This centralization particularly affects rural areas like Eastern Slavonia where youth out-migration is highest.

### E. Citizen Participation – Score: 1/5

Civil society organizations have some influence through informal advocacy, but there are no formal mechanisms for citizen or community input into maternal health policy or budgeting.

Public consultations are sporadic and often limited to expert stakeholders, achieving less than 5% youth participation. Youth advisory councils exist formally at national level but lack decision-making authority. Women's health groups and youth organizations have no institutionalized role in governance. There are no community advisory boards for maternity services.

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## VII. Stakeholder Landscape

Stakeholder	Role	Current Engagement	Influence	Reform Potential
Ministry of Health	Policy formulation and oversight	High	High	High
HZJZ (Public Health Institute)	Data collection and reporting	High	High	High
HZZO (Health Insurance Fund)	Financing and resource allocation	Medium	High	Medium
Parliamentary Health Committee	Legislative oversight	Medium	High	High
County Health Authorities	Regional management	Medium	Medium	Medium
EU Institutions (DG SANTE)	Standards, funding, oversight	Low-Medium	High	High
WHO Regional Office	Technical guidance	Low	Medium	Medium
Civil Society Organizations	Advocacy, service monitoring	Low	Low-Medium	Medium
Women's Health Networks	Patient representation	Very Low	Low	Medium
Youth Organizations	Youth advocacy and participation	Very Low	Very Low	High
Croatian Youth Network (MMH)	Youth policy coordination	Low	Low-Medium	High
Professional Associations	Clinical standards	Medium	Medium	Low
Media	Public awareness	Low	Medium	Medium

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## VIII. Opportunities for reform

Opportunity	Description	Feasibility
EU alignment	Leverage EU membership to advocate for alignment with European Health Data Space and transparency standards	High
Euro-Peristat foundation	Build on existing Euro-Peristat reporting to develop more frequent, disaggregated domestic data products	High
Civil society potential	Support emerging civil society organizations focused on maternal health accountability	Medium
Youth mobilization	Engage youth trained through Youth Advocacy Bridge project in governance monitoring using 5-indicator framework	High
Digital infrastructure	Expand digital health tools and open data platforms to improve transparency and enable youth-led monitoring	High
Reframe discourse	Shift focus from narrow SRHR framing to holistic women's health across the life course, including youth perspectives	Medium
Strengthen accountability	Demand stronger accountability mechanisms from EU institutions and national bodies, with youth participation	Medium
Technology governance	Establish youth advisory structures for AI governance affecting health and social services	Medium
Cross-continental learning	Leverage Ethiopian-Croatian youth exchange to strengthen advocacy approaches	High

## IX. Policy Recommendations

### A. Data Transparency and Quality

Recommendation	Rationale	Responsible Actor	Timeline
Publish quarterly maternal health dashboards disaggregated by region, ethnicity, age, and socioeconomic status	Enable timely identification of inequities and evidence-based youth advocacy	HZJZ	2026

Establish public open data portal for maternal health indicators	Increase accessibility for citizens, youth advocates, civil society, and researchers	HZJZ, Ministry of Health	2026
Implement real-time reporting for maternal death reviews	Ensure lessons learned are translated into action	Ministry of Health, HZJZ	2027
Mandate collection and publication of data on maternal health outcomes for minority populations (e.g., Roma) and young mothers	Address equity gaps and ensure no woman is left behind; enable targeted youth advocacy	Ministry of Health, HZJZ	2026

## B. Citizen and Youth Participation

Recommendation	Rationale	Responsible Actor	Timeline
Introduce mandatory public consultations for maternal health policies with documented youth participation and integration of input	Ensure policies reflect needs of women, youth, and communities	Ministry of Health	2027
Establish community advisory boards in every county with mandatory youth representation	Institutionalize patient, community, and youth voices in service oversight	County Health Authorities	2027
Implement participatory budgeting pilots for maternity-related investments with youth participation mechanisms	Give communities and youth direct influence in resource allocation	HZZO, Ministry of Health	2026
Create formal civil society and youth advisory mechanism to Ministry of Health with decision-making authority	Provide structured input from advocacy organizations and youth networks	Ministry of Health	2026
Establish Youth Health Advisory Board with authority over youth-impacting health policies	Institutionalize youth co-governance in health system	Ministry of Health, Ministry of Family, Youth and Social Policy	2026

## C. Accountability and Enforcement

Recommendation	Rationale	Responsible Actor	Timeline
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Establish independent monitoring of respectful maternity care with youth and service user participation	Ensure consistent enforcement of quality standards	Ministry of Health, Ombudsman	2026
Implement clear sanctions for facilities failing to meet quality standards	Create accountability for service quality	Ministry of Health	2027
Mandate implementation of maternal death review recommendations with public reporting	Ensure reviews lead to action	Ministry of Health	2026
Publish annual maternal health accountability report with youth-led governance monitoring findings	Increase transparency on progress and challenges	Ministry of Health	2027

#### D. Institutional Reform

Recommendation	Rationale	Responsible Actor	Timeline
Increase fiscal autonomy for county health authorities	Enable responsive decision-making based on local needs including youth services	Ministry of Finance, Ministry of Health	2027
Decentralize procurement authority for essential supplies	Reduce delays and improve availability	Ministry of Health	2026
Conduct gender and youth audits of research and data collection processes	Address gender and age bias in health research	HZJZ, Ministry of Health	2026
Strengthen health workforce planning to address rural shortages particularly affecting youth in Eastern Slavonia	Ensure equitable distribution of skilled providers	Ministry of Health	2027

#### E. Technology Governance

Recommendation	Rationale	Responsible Actor	Timeline
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Establish Youth Technology Governance Advisory Board with authority to assess AI deployments affecting health and social services	Ensure algorithmic transparency and youth participation in technology governance	Ministry of Science and Education, Ministry of Health	2026
Mandate algorithmic transparency for public health systems	Enable youth-led monitoring of AI impacts on health access	Ministry of Health	2027
Align national data standards with European Health Data Space including youth-accessible interfaces	Leverage EU framework for data transparency	Ministry of Health, HZJZ	2026

## F. Regional and EU Engagement

Recommendation	Rationale	Responsible Actor	Timeline
Advocate for EU funding for maternal health governance reforms including youth participation mechanisms	Secure resources for implementation	Ministry of Health	2026
Participate in EU peer learning networks on maternal health governance and youth engagement	Learn from best practices across member states	Ministry of Health	Ongoing

## X. Implementation Pathways

### A. Phased Approach

Phase	Timeline	Activities
Phase 1: Foundation	2026 (Q1-Q2)	Establish data dashboard; pilot community advisory boards with youth representatives in 2 counties; formalize Youth Advocacy Bridge governance monitoring using 5-indicator framework
Phase 2: Expansion	2026-2027	Scale community advisory boards to all counties; implement participatory budgeting pilots; strengthen enforcement mechanisms; establish Youth Health Advisory Board

Phase 3: Institutionalization	2027- 2028	Embed reforms into legislation; establish permanent accountability mechanisms; evaluate impact; integrate youth co-governance structures
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## B. Resource Requirements

Resource Category	Estimated Needs
Technical assistance	Support for data dashboard development and civil society capacity building; youth advocacy training continuation
EU funds	Leverage European Social Fund and EU4Health for implementation
Staff time	Dedicated personnel within Ministry of Health and HZJZ for governance reforms; youth participation coordinators
Youth engagement	Resources for Youth Governance Ambassadors network continuation and cross-continental exchange

## C. Monitoring and Evaluation

Indicator	Baseline	Target
Disaggregated maternal health data published quarterly	No	Yes by 2026
Counties with community advisory boards including youth representatives	0	21 by 2027
Public consultations held annually with documented youth participation	0	1+ by 2027
Maternal death review recommendations implemented	<10%	50% by 2026
Youth satisfaction with participation mechanisms	Not measured	60%+ by 2027
Youth Health Advisory Board established with decision-making authority	No	Yes by 2026

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## **XI. Conclusion**

Maternal mortality in Croatia is extremely low, but the governance of maternal health reveals critical gaps in transparency, participation, and accountability—particularly concerning youth engagement. These gaps, if left unaddressed, can lead to inequities in service quality affecting marginalized populations, undermine public trust, and exclude the next generation from meaningful participation in decisions shaping their health and futures.

The 25 Croatian youth advocates who contributed to this policy paper through the *Bridge to Governance: Youth Advocacy Training* (February 2026) represent a generation ready to strengthen governance through evidence-based monitoring, cross-continental learning, and sustained advocacy. Equipped with the 5-indicator governance assessment framework and practical advocacy skills, these young people demonstrate that youth are not merely stakeholders to be consulted—they are competent governance monitors and policy proposers.

Addressing governance gaps will not only improve maternal health service quality but also build public trust, ensure the health system remains responsive to the needs of all women including young mothers, and model democratic youth participation for other policy sectors. By implementing the recommended policy reforms, Croatia can strengthen its governance framework and serve as a model for EU member states seeking to align maternal health programmes with principles of transparency, accountability, and meaningful youth participation.

The reforms proposed are feasible, grounded in EU frameworks Croatia has already committed to honour, and supported by evidence generated through youth-led governance monitoring during the Youth Advocacy Bridge project. They represent not a radical reimagining of Croatian governance but a fulfilment of its democratic promises—ensuring that every woman receives quality maternal health care, and every young person has genuine voice in the policies that shape their lives.

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## PROJECT: YOUTH ACTION BRIDGE

# Policy Paper: Strengthening Maternal Health Governance

## Ethiopia

**Project:** The Youth Advocacy Bridge | AU-EU Youth Action Lab – NDICI Global Europe

**Implementing organisations:** SPES Institute for Humanity and AI, Ethiopia

**Partner organisation:** Svjetski Savez Mladih Jugoistočna Europa (SSM JIE), Croatia

**Activity:** Activity 3 – Advocacy Skills Development

**Date:** February 2026

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## I. Executive Summary

Ethiopia has achieved one of the most dramatic reductions in maternal mortality in recent history—from 871 deaths per 100,000 live births in 2000 to 267 in 2020. This success is rooted in sustained political commitment, the expansion of primary health care through the Health Extension Programme (HEP), and the strengthening of health systems at community level. Yet, as the country aspires to further reduce maternal mortality and achieve universal health coverage, governance challenges have come into sharper focus.

This policy paper, developed through the *Bridge to Governance: Youth Advocacy Training* (Addis Ababa and online, 5–7 February 2026) as part of Activity 3 of the Youth Advocacy Bridge project, analyzes Ethiopia's maternal health governance using the five-indicator EU-AU Governance Assessment Framework: Budget Transparency, Data Quality and Timeliness, Policy Enforcement, Institutional Autonomy, and Citizen Participation.

The structures that enabled progress—centralized decision-making, donor-dependent financing, and top-down implementation—now constrain further gains. Regional Health Bureaus operate with limited fiscal and administrative autonomy. Policies are ambitious on paper but unevenly enforced. Communities participate actively in service delivery but have no formal role in shaping policies and budgets. Youth, who represent 70% of Ethiopia's population, have virtually no institutionalized influence in governance despite being primary stakeholders. Despite official commitments to free maternal health, families face rising out-of-pocket costs.

This policy paper argues that the next phase of progress requires a shift from technical interventions to governance reforms. Drawing on stakeholder consultations, comparative analysis with Croatian governance systems, and insights from 25 Ethiopian youth advocates trained through the project, it identifies critical gaps across five dimensions and proposes actionable recommendations to strengthen accountability, deepen decentralization, institutionalize community and youth participation, and ensure ethical AI governance grounded in Ethiopia's federal structure and building on existing platforms such as the HEP and Community-Based Health Insurance (CBHI).

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## II. Introduction: The Ethiopian context

Maternal health in Ethiopia is not merely a technical challenge; it is a reflection of how the state interacts with citizens, how resources flow through complex administrative structures, and how decisions are made about who gets what, when, and how. Governance of maternal health reveals whether the state's relationship with communities—particularly with youth who comprise the majority of the population—is one of partnership or paternalism.

Ethiopia is a federal republic with nine regional states. The federal system was designed to accommodate ethnic diversity and bring decision-making closer to communities. In practice, however, governance has been characterized by tension between federal authority and regional

autonomy. Health is constitutionally a shared responsibility, but fiscal and administrative power remains heavily centralized.

The country is one of the poorest in the world, with per capita income below \$1,000. Health financing depends heavily on external donors, creating dependencies, fragmentation, and accountability challenges. Over 80 percent of the population lives in rural areas with limited access to roads, electricity, and clean water. Women face particular barriers: low literacy, early marriage, and limited decision-making power. Young people, despite representing 70% of the population, face systematic exclusion from governance processes—holding less than 1% of parliamentary seats and reporting that they feel ignored by government institutions.

Finally, Ethiopia faces persistent political instability, conflict, and climate shocks. The conflict in Tigray, ongoing violence in parts of Amhara and Oromia, and recurrent droughts have displaced millions and disrupted health services. Governance reforms must be designed with this fragility in mind, prioritizing resilience, adaptability, and local capacity.

This policy paper draws on the *Bridge to Governance: Youth Advocacy Training* conducted in Addis Ababa and online (5–7 February 2026), which engaged 25 Ethiopian youth advocates (40% from marginalized backgrounds including youth from informal settlements in Addis Ababa) in collaborative analysis, stakeholder mapping, and policy formulation. The analysis builds on comparative governance research from Activity 1, capacity building from Activity 2's international workshop (Zagreb, November 2025), and cross-continental learning with Croatian peers.

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### III. Governance Architecture

Ethiopia's health governance operates within a federal system with four tiers:

Level	Institution	Role
Federal	Federal Ministry of Health (FMOH)	Sets policy, standards, strategic direction
Regional	Regional Health Bureaus (RHBS)	Implement policies; manage regional services
Woreda	Woreda Health Offices	Oversee primary health care and community services
Community	Health Posts and Health Extension Workers	Deliver primary care and referrals

The Ministry of Health manages the largest share of health financing, including donor funds, and controls procurement and human resources. Regional Health Bureaus depend on federal budget transfers and must seek federal approval for major expenditures, including procurement of essential medicines and hiring of specialized staff. Woredas have the least fiscal authority and the most constrained capacity. Health Extension Workers—two per kebele—provide antenatal care, family planning, and referrals but are often poorly paid and lack clear career pathways.

This multi-layered structure creates both opportunities and challenges. Decentralization offers potential for responsiveness to local needs including youth-specific services, but in practice, authority is fragmented, accountability is diffuse, and resources do not follow responsibility.

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## **IV. The Health Extension Programme as a Governance Platform**

Launched in 2003, the Health Extension Programme (HEP) was designed to address the fundamental barrier of access. By placing two female health workers in every kebele, the programme brought primary health care to rural communities. Coverage has expanded to virtually every kebele. Health Extension Workers provide a package of 16 services, including antenatal care, family planning, and referrals.

The HEP represents one of the most ambitious community health worker programmes in the world and demonstrates Ethiopia's capacity for large-scale, community-based implementation. It has saved countless lives and brought essential services to populations previously unreached by the formal health system.

But the HEP's governance is under strain. Health Extension Workers are overburdened, paid irregularly, and lack career opportunities. Supervision is inconsistent, ranging from supportive mentoring to punitive inspection. The relationship between HEWs and the formal health system is often weak, with limited integration and referral pathways.

Moreover, the HEP has not evolved into a platform for community governance. While HEWs engage with communities through household visits, there are no formal mechanisms for communities—particularly youth—to hold the health system accountable through the HEP. Women's groups and Health Development Armies exist but are not institutionalized as governance structures with decision-making authority. Strengthening the governance of the HEP—improving supervision, ensuring regular payment, creating career pathways, and formalizing community and youth accountability mechanisms—is essential for the next phase of maternal health progress.

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## **V. Critical governance challenges**

### **Accountability Gaps**

Accountability is weak at every level. Maternal death review committees meet but recommendations go unimplemented. Performance monitoring produces data but does not link to consequences—neither rewards for high performance nor accountability for failures. Communities and youth have no mechanism to complain or demand redress. Health workers face no meaningful sanctions for poor quality care.

### **Financial Transparency and Rising Costs**

Maternal health is officially free, yet families face significant out-of-pocket expenses for transport, supplies, and informal payments. Budget transparency is limited—maternal health spending is not clearly identified within broader health budgets. Donor funds are often not

reported in government budget documents, creating accountability gaps. Citizens and youth advocates cannot track whether allocated funds reach facilities or are spent as intended.

### **Centralized Authority, Fragmented Implementation**

Ethiopia's federal system is decentralized in name but centralized in practice. Regional Health Bureaus require federal approval for procurement and staffing, creating delays and preventing local responsiveness. The gap between responsibility and authority is a fundamental governance flaw that constrains innovation and adaptation to local conditions including youth-specific needs.

### **Weak Citizen and Youth Participation**

Participation is strong at service delivery level through women's groups and HEWs, but stops there. Communities have no formal role in planning, budgeting, or oversight. Policy decisions are made in Addis Ababa, not in woredas or kebeles. Citizens are recipients of services, not partners in governance. Youth specifically—despite representing 70% of Ethiopia's population—have no formal advisory structures at any level of the health or social policy system.

### **Inequities Across Regions**

Some regions have made significant gains; others—Somali, Afar, Gambella—lag far behind. Rural areas face persistent shortages. Pastoralist communities are underserved. Women with disabilities, women in conflict zones, and internally displaced women are often invisible in planning. Youth from marginalized backgrounds face compounded barriers to both health services and governance participation.

### **Political Instability**

Conflict and displacement have disrupted services. The health system has been both a victim of instability and a responder. Governance reforms must be designed for resilience, building local and youth capacity and avoiding dependencies that can be disrupted by crisis.

### **Technology Governance Opportunities and Gaps**

Ethiopia's National Artificial Intelligence Policy (June 2024) represents a forward-looking digital governance vision emphasizing ethics, accountability, and youth involvement. However, digital divides risk excluding marginalized youth, and AI deployment without community participation may undermine traditional accountability mechanisms. Youth advocates must ensure technology governance respects Ethiopian ethical traditions while building institutional capacity.

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## **VI. Governance Dimensions Assessment**

Using the five-indicator framework developed during Activity 2 of the Youth Advocacy Bridge project, Ethiopia's maternal health governance is assessed as follows:

Dimension	Score (0-5)	Assessment
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Budget Transparency	2	Federal and regional budgets are public, but maternal health spending is not clearly identified; donor funds are not consistently reported; youth cannot track allocations
Data Quality & Timeliness	3	DHIS2 has transformed data availability, but quality varies across regions; data are seldom disaggregated by socioeconomic status or age; youth-accessible formats lacking
Policy Enforcement	2	Comprehensive policies exist, but enforcement is weak; maternal death review recommendations are not systematically implemented; no consequences for non-compliance
Institutional Autonomy	2	Decentralization exists on paper, but procurement and staffing remain centralized; regions have limited fiscal authority to respond to local needs
Citizen Participation	2	Community engagement through HEP is strong at service level, but policy-level participation is ad hoc and not institutionalized; youth have no formal governance role

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## VII. Stakeholder Landscape

Stakeholder	Role	Influence	Reform Potential
Federal Ministry of Health	Policy, standards, oversight	High	High
Regional Health Bureaus	Implementation	Medium-High	High
Woreda Health Offices	District-level management	Medium	Medium
Health Extension Workers	Frontline service delivery	Low-Medium	Medium
Ministry of Finance	Budget allocation	High	High
Ministry of Women and Social Affairs	Youth policy coordination	Medium	High
Ethiopian AI Institute	Technology governance	Emerging	High
Development Partners	Funding, technical assistance	High	High
Civil Society Organizations	Advocacy, accountability	Low-Medium	Medium
Women's Groups	Community mobilization	Low	Medium

Youth Organizations	Youth advocacy and participation	Very Low	High
Community-Based Health Insurance	Financial protection	Emerging	Medium
Traditional and Religious Leaders	Community influence and legitimacy	Medium	High

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## VIII. Opportunities for reform

Opportunity	Description	Feasibility
Health Extension Programme platform	Build on HEP's community presence to create formal accountability structures including youth participation	High
Community-Based Health Insurance expansion	Leverage CBHI committees for broader health governance including youth representation	Medium-High
Digital health platforms	Expand DHIS2 and mobile data collection to support real-time transparency and youth-led monitoring	High
Decentralization momentum	Build on constitutional commitments to devolve procurement and staffing authority	Medium
Youth demographic dividend	Engage 70% youth population in maternal health governance through formal structures	High
Civil society capacity development	Support emerging CSOs focused on health accountability and youth advocacy	Medium
National AI Policy implementation	Shape AI governance to include youth representation and ethical frameworks respecting Ethiopian values	High
Cross-continental learning	Leverage Croatian-Ethiopian youth exchange to strengthen advocacy approaches	High

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## IX. Policy Recommendations

### A. Strengthening Accountability

Recommendation	Lead Actors	Timeline
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Link federal budget transfers to maternal health and youth service performance	FMOH, Ministry of Finance	2027
Mandate implementation of maternal death review recommendations with public reporting	FMOH, RHBs	2026
Establish independent monitoring of emergency obstetric care standards with youth and community participation	FMOH, RHBs	2026
Publish annual maternal health accountability reports including youth-led governance monitoring findings	FMOH	2027

## B. Deepening Decentralization

Recommendation	Lead Actors	Timeline
Grant regions conditional authority to procure essential obstetric supplies	FMOH, Ministry of Finance	2026
Decentralize hiring authority for health and youth workers	FMOH, Civil Service Commission	2026
Pilot full fiscal autonomy in high-performing regions with evaluation	FMOH, selected RHBs	2026
Strengthen woreda-level planning and budgeting capacity including youth participation mechanisms	FMOH, RHBs	Ongoing

## C. Institutionalizing Participation

Recommendation	Lead Actors	Timeline
Establish woreda-level community health and youth advisory councils with decision-making authority	FMOH, RHBs	2027
Integrate women's groups and youth organizations into health facility management committees	RHBs, Woredas	2026
Conduct annual public hearings on maternal health and youth service budgets and plans	Woredas	2027
Create formal youth advisory structures on maternal health and youth services governance at federal and regional levels	FMOH, Ministry of Youth	2026

## D. Improving Transparency

Recommendation	Lead Actors	Timeline
Publish quarterly maternal health dashboards by region, woreda, and facility disaggregated by age, gender, and socioeconomic status	FMOH, RHBs	2026
Mandate reporting of off-budget donor funds in accessible formats	FMOH, development partners	2026
Expand DHIS2 to include real-time maternal health and youth-relevant indicators with youth-accessible interfaces	FMOH, RHBs	2026
Disaggregate data by region, ethnicity, socioeconomic status, and age to enable targeted youth advocacy	FMOH, RHBs	2026

## E. Addressing Inequities

Recommendation	Lead Actors	Timeline
Expand CBHI coverage to underserved regions (Somali, Afar, Gambella)	Ministry of Finance, RHBs	2027
Target resources to conflict-affected and pastoralist regions with resilient delivery mechanisms	FMOH, Ministry of Finance	2027
Ensure maternal health and youth services accessible to persons with disabilities	FMOH, RHBs	2026

## F. Technology Governance

Recommendation	Lead Actors	Timeline
Ensure youth representation on Ethiopian AI Institute advisory structures shaping National AI Policy implementation	Ethiopian AI Institute, Ministry of Innovation and Technology	2026
Develop Community AI Ethics Guidelines rooted in Ethiopian cultural values and participatory traditions	Ethiopian AI Institute, SPES Institute, youth organizations	2026
Ensure digital inclusion in AI governance consultations through in-person community forums complementing digital platforms	Ethiopian AI Institute	2026
Pilot youth-led digital data collection demonstrating how technology strengthens community-based accountability	SPES Institute, FMOH	2026

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## X. Implementation Pathways

### A. Phased Approach

Phase	Timeline	Activities
Phase 1: Piloting	2026 (Q1-Q2)	Decentralized procurement authority in one region; community and youth advisory councils in three woredas; performance-linked budgeting pilots; open data platforms; Youth Advocacy Bridge governance monitoring continuation
Phase 2: Expansion	2026- 2027	Scale successful pilots; accelerate civil society and youth capacity-building; align development partner support; expand youth advisory structures
Phase 3: Institutionalization	2027- 2028	Institutionalize reforms through legislation and regulation; embed into next Health Sector Transformation Plan; establish permanent youth governance mechanisms

### B. Resource Requirements

Resource Category	Estimated Needs
Capacity-building	Youth and civil society training; woreda governance strengthening
Technology	Data platforms; youth-accessible dashboards; mobile monitoring tools
Civil society support	Youth organization strengthening; Youth Governance Ambassadors network
Performance incentives	Rewards for high-performing regions piloting youth participation
Youth engagement	Resources for cross-continental exchange continuation; youth advisory board operations

### C. Monitoring and Evaluation

Indicator	Baseline	Target
Disaggregated maternal health data published quarterly	No	Yes by 2026
Woredas with community and youth advisory councils	0	3 by 2027

Regions with decentralized procurement authority	0	1 by 2026
Maternal death review recommendations implemented	<10%	50% by 2026
Youth participation in governance structures	0%	30% by 2027
Youth advisory structures established at federal or regional level	No	Yes by 2026

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## XI. Conclusion

Ethiopia's progress in reducing maternal mortality is a testament to what sustained political commitment, community-based primary health care, and health system strengthening can achieve. The Health Extension Programme has saved countless lives and demonstrates Ethiopia's capacity for transformative, large-scale implementation.

But the next phase of progress requires a shift from technical interventions to governance reforms. The structures that enabled success now constrain further gains. Resources do not always reach the frontlines. Policies are not consistently enforced. Communities and youth are not empowered to hold the system accountable.

The 25 Ethiopian youth advocates who contributed to this policy paper through the *Bridge to Governance: Youth Advocacy Training* (February 2026) represent a generation ready to strengthen governance through evidence-based monitoring, community mobilization, and sustained advocacy. Equipped with the 5-indicator governance assessment framework and cross-continental learning from Croatian peers, these young people demonstrate that youth are not merely beneficiaries of maternal health services—they are competent governance monitors and policy proposers who honour Ethiopian traditions of community accountability.

This policy paper has argued that strengthening maternal health governance requires action on four fronts: accountability, decentralization, participation, and transparency—with youth engagement as a cross-cutting priority. The recommendations are grounded in Ethiopia's federal structure, build on existing platforms such as the HEP and CBHI, and recognize the political, fiscal, and institutional realities of the country. They integrate Ethiopia's forward-looking National AI Policy to ensure that technology governance advances rather than undermines community accountability.

The journey from 267 to below 70 maternal deaths per 100,000 live births will be harder than the journey from 871 to 267. It will require not just more resources, but better governance. It will require devolving authority, empowering communities and youth, and holding all actors accountable.

Ethiopia has the platforms, the capacity, the youth demographic dividend, and the political commitment to make this shift. The reforms proposed are ambitious but achievable—a pathway to ensuring that every woman receives the quality maternal health care she deserves, and every young person has genuine voice in shaping the policies that govern their lives and futures.