

# Ethiopia

## UNDERSTANDING PROGRESS ON CHILD MORTALITY

Countdown to 2015 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality, together with data on equity of coverage, health financing, policy and health systems, and other determinants of coverage. It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to improve health and reduce mortality. Countdown's data and analysis cover 75 countries that account for over 95% of all maternal and child deaths. The annual Countdown to 2015 country profile enables countries to track their progress and identify key areas where more progress is needed.

Countdown supports in-depth Country Case Studies that seek to understand and explain *how* progress on women's and children's health was achieved. By strengthening country-level capacity to conduct this research, Countdown aims to build a portfolio of studies that assess multiple

outcomes across the continuum of care, and that include attention to success stories as well as areas where progress was not made, and analyze the reasons why. Countdown case studies are led by in-country institutions that are independent of RMNCH program implementation.

A team of Ethiopian researchers, led by the Ethiopian Public Health Institute in cooperation with the Federal Ministry of Health and other partners, has conducted an in-depth Countdown Country Case Study to better understand the reasons for Ethiopia's success in achieving MDG 4. Ethiopia has reduced under-five mortality by 5% per annum since 1990, even in the face of high poverty levels, low literacy, an overwhelmingly rural population, and a range of financial, human resource, environmental, and other challenges. The study's findings, being prepared for journal publication during 2015, are summarized in this brief.

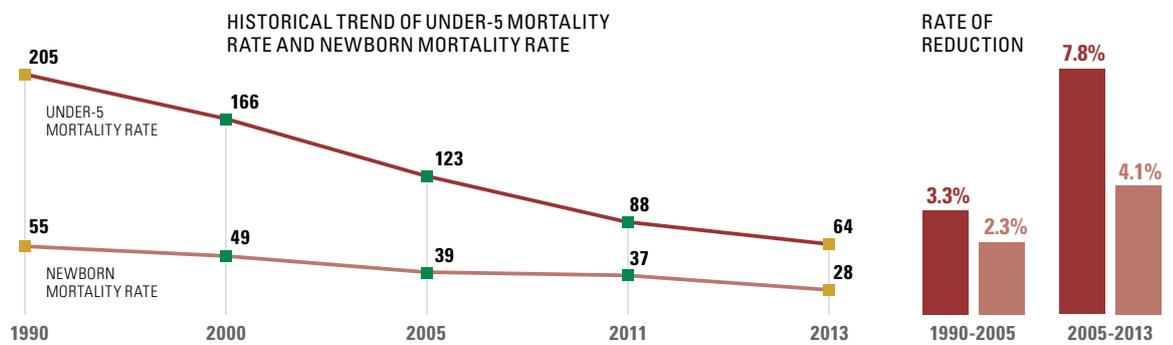
See Ethiopia's 2014 Countdown country profile, as well as a detailed equity profile, at [www.countdown2015mnch.org/country-profiles/ethiopia](http://www.countdown2015mnch.org/country-profiles/ethiopia).

Learn more about Countdown Country Case Studies at [www.countdown2015mnch.org/countdown-at-the-country-level](http://www.countdown2015mnch.org/countdown-at-the-country-level).

### ETHIOPIA HAS DRAMATICALLY REDUCED CHILD MORTALITY

Starting with a child mortality rate among the world's highest in 1990, Ethiopia has achieved its MDG 4 target, but newborn deaths have declined much more slowly.

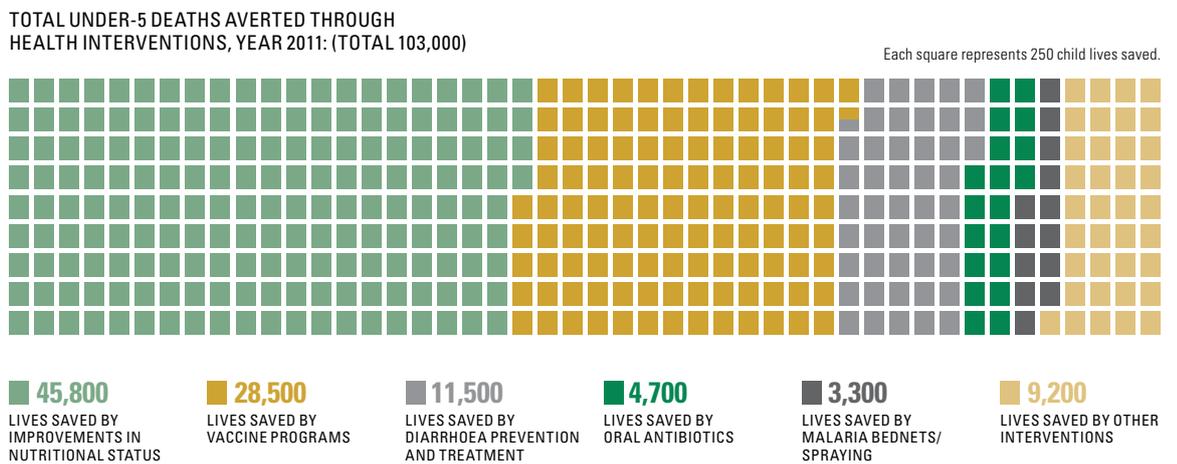
**SOURCES**  
1990, 2013: UN Inter-agency Group for Child Mortality Estimation (IGME) Report 2014; 2000, 2005, 2011: Ethiopia DHS



### HOW ETHIOPIA PREVENTED HALF A MILLION CHILD DEATHS

The annual number of under-5 deaths in Ethiopia has been reduced by more than half, from an estimated 412,000 deaths in 2000 to 196,000 in 2013. In the period from 2000 through 2011, an estimated 469,000 child deaths were prevented through high-impact child health interventions, nearly ¾ of them due to interventions that were scaled up after 2005.

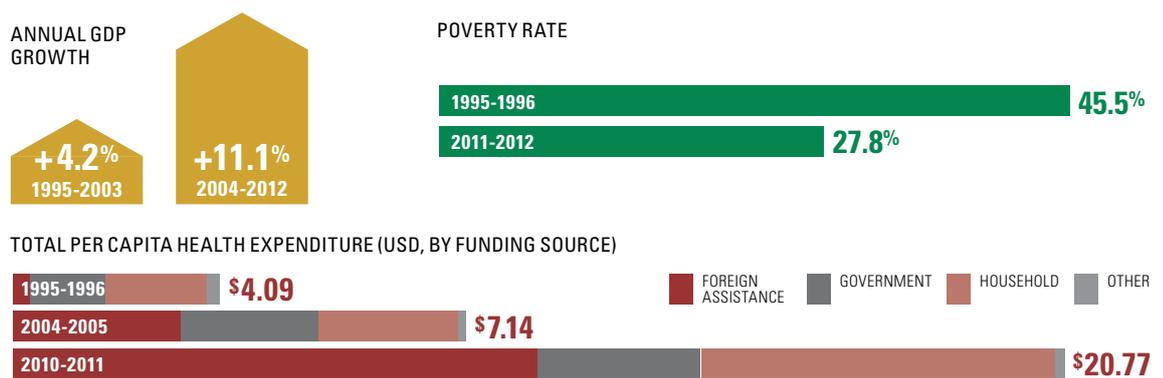
**SOURCES**  
Estimated annual deaths: IGME  
Estimated deaths averted: Lives Saved Tool (LST)



### ECONOMIC GROWTH AND INCREASED INVESTMENT ENABLED PROGRESS

Accelerating economic growth, declining poverty, and a sharp rise in international health assistance supported a dramatic increase in health spending.

**SOURCES**  
GDP: IMF World Economic Outlook Database; Poverty: Ministry of Finance and Economic Development; Expenditures: National Health Accounts

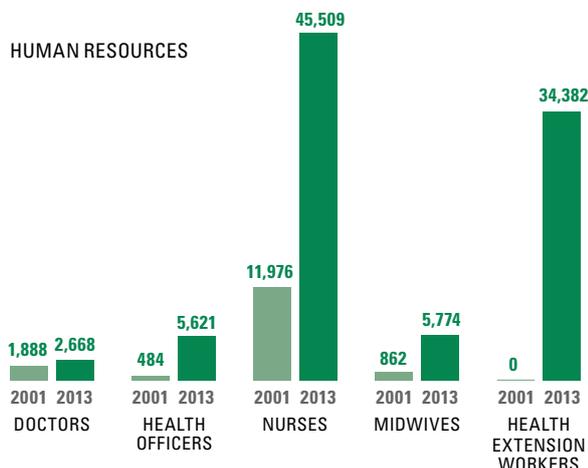


## SUSTAINED POLICY COMMITMENT DROVE STRATEGIC HEALTH AND DEVELOPMENT CHANGE...

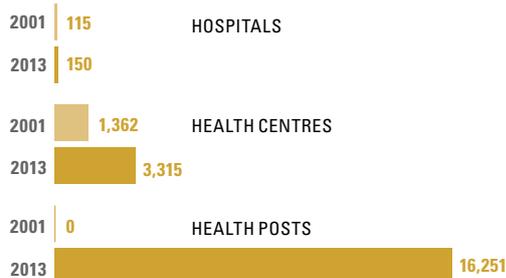
National health policy, implemented through focused 5-year programs, strengthened infrastructure and human resources for primary care, and supported rapid expansion of services in rural areas through a Health Extension Program.

### SOURCES

HR: FMOH Health and Health Related Indicators 2005 EC (2012/2013); Facilities: HSDP-4 Annual Performance report 2006 EFY (2013/14)



### HEALTH CARE FACILITIES

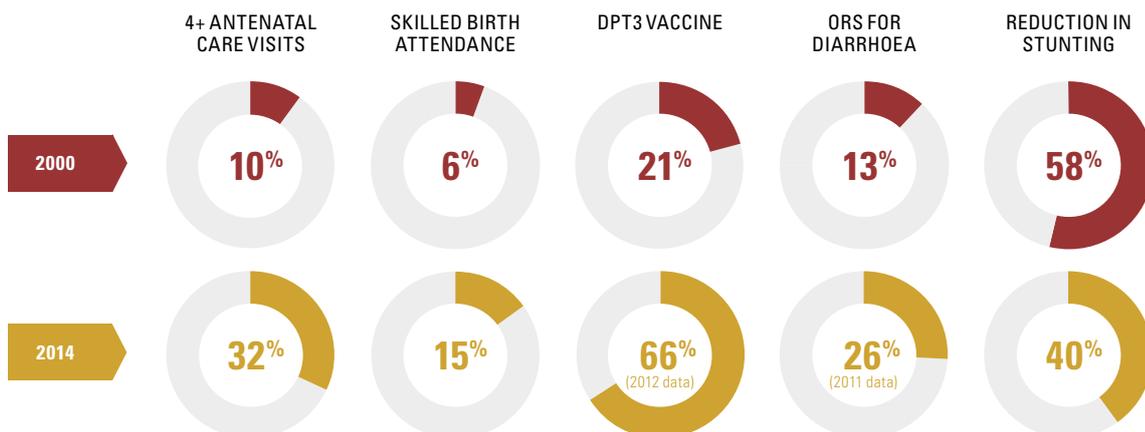


## ... AND INCREASED COVERAGE FOR KEY HEALTH INTERVENTIONS, THOUGH LEVELS REMAIN LOW...

Increasing access to health care led to rising coverage, though still at very low levels, for interventions across the continuum of care, while nutritional outcomes improved. Coverage of essential services targeting newborn health remains very low, contributing to insufficient progress in reducing newborn mortality.

### SOURCES

Ethiopia DHS 2000 and 2011, Mini DHS 2014, National Immunization Coverage Survey 2012

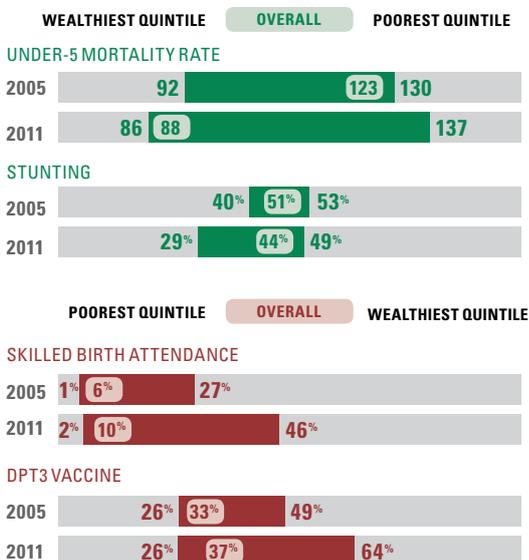


## ... BUT TOO MANY ETHIOPIANS ARE STILL BEING LEFT BEHIND.

Major disparities in mortality rates and coverage show that many of Ethiopia's poorest children, and those living in rural areas and remote regions, are still excluded from essential care, and the equity gaps are getting worse. While mortality rates have improved for children in the wealthiest 80% of households, children in the poorest 20% are being left behind.

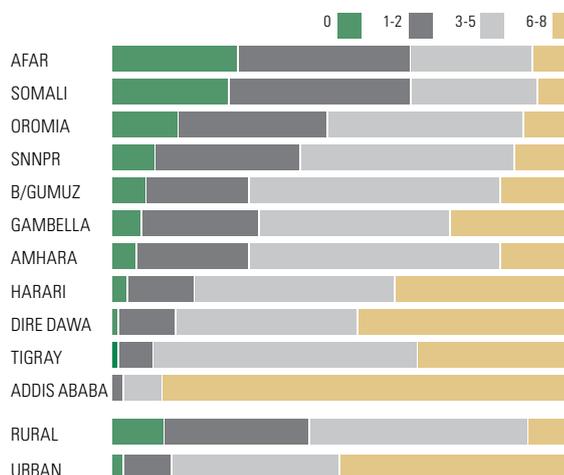
### SOURCE

Ethiopia DHS



### GEOGRAPHIC GAPS, 2011

Of 8 essential RMNCH interventions, % of eligible population receiving zero, some, or nearly all interventions, by region:



## INTENSIFIED EFFORT IS NEEDED TO BUILD ON ETHIOPIA'S ACHIEVEMENTS

Ethiopia must intensify its focus on eliminating preventable child deaths – strengthened political commitment and accelerated effort are needed to address high rates of newborn death, reach poor and rural children, continue expanding coverage of essential services, and improve quality of care.

### Key contributors to Ethiopia's success:

- Rapid economic growth and socio-economic progress, built on coordinated development, poverty reduction, and food security strategies
- Broader access to education, and infrastructure development including road, telecommunications, water and sanitation, and agricultural productivity improvements
- Vastly increased investment in public health, mainly from foreign sources and especially after 2005, and expansion of health facilities and health workforce
- Comprehensive health sector planning, and Health Extension Program to bring routine service delivery to rural areas
- Improved nutritional outcomes, particularly reduced stunting, due to collaboration of multiple sectors including health, economic development, agriculture, disaster management, education, and water and sanitation
- Increased coverage of key health interventions across the continuum of care, though coverage remains far too low for essential maternal and newborn health services