SPOTLIGHT ON **ETHIOPIA**

PROGRESS OVERVIEW

Ethiopia's national child mortality rate fell from 204 deaths per 1,000 live births in 1990 to 64 in 2013, meeting its MDG 4 target ahead of schedule. The inequality picture is mixed. Inequalities have been falling or remaining static between economic, urban/rural and ethnic groups since 2000, but regional inequalities are rising. Regional and wealth gaps are closing for most service coverage indicators, although they remain worryingly high for some services. Skilled birth attendance is 22 times higher in the richest wealth quintile than the poorest, and 12 times higher in Addis Ababa (84%) than in the Afar region (7%). Ethiopia ranks 28 out of 31 Countdown countries for equity in coverage of eight core MNCH interventions. While many poorly performing regions accelerated progress across MDG 4 indicators between 2005 and 2011 much faster than regions that are further ahead, regional progress is still extremely diverse. For example, coverage of DPT3 vaccination quadrupled in the Somali region, albeit from a very low base, but remained static in Oromiya.

OUTCOMES

MDGs

Child mortality rate: 64 per 1,000
MDG target: 68 per 1,000 – MET
Number of child deaths per year: 196,000
Average annual rate of reduction (2000–2013): 5% – ACCELERATING
Equity of progress (since 2000–2011):

- Economic groups: Falling inequality
- Regions: Increasing inequality
- Urban/rural: No change
- Ethnic groups: Falling inequality

POST-2015

On track for 25/1000 target nationally: Yes
On track for all groups: No

- Economic groups: No, but with potential
- Regions: No, but with potential
- Rural and urban: Yes

Figure 24: Trends in intervantion coverage

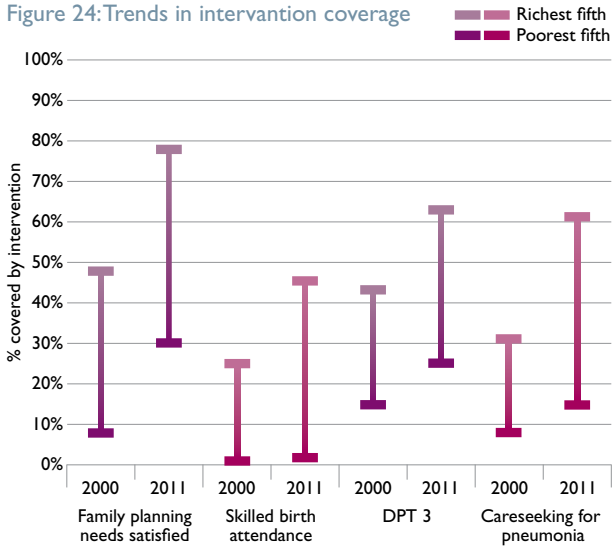
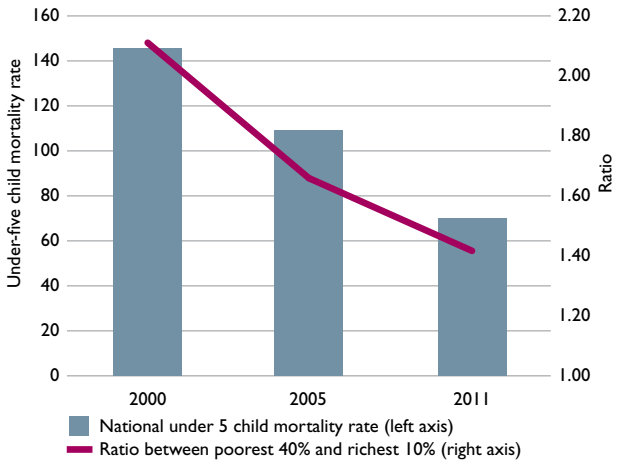


Figure 25: Trends in under-five child mortality rate



Policy spotlight: improving coverage of basic MNCH services through community health workers

Ethiopia launched the Health Extension Programme in 2003 as part of a health sector strategy to improve coverage of health services in underserved areas. Under the programme, health extension workers (HEWs) are recruited from the local community, trained and paid government salaries. Their job is to deliver a basic package of preventive and curative interventions and promote healthy behaviour. The package of interventions was selected to address the main causes of childhood mortality across health, nutrition and sanitation sectors.

Under the programme, human resources for health doubled in five years, with 15,000 health posts built and 38,000 HEWs deployed. Coverage of improved sanitation facilities, vaccinations and maternal health services improved at a faster rate in villages with HEWs compared to those without. The programme's success has been attributed to: political leadership and commitment to equity and universal coverage; mechanisms to enhance coordination between development partners and across sectors; local ownership through local recruitment of workers and their representation on councils; mobilisation of adequate resources to fund the scheme; and accountability and supervision mechanisms to ensure quality.

Outstanding challenges

- Maternal and newborn care: The proportion of newborn deaths has increased, reaching 43% of all under-five deaths in 2013. Ethiopia has also made slow progress in reducing maternal mortality, and is off track to meet MDG 5.
- Health financing: User fees have been removed for basic services and community and social health insurance schemes have been introduced. However, out-of-pocket spending as a percentage of total health expenditure is very high, at 63%. Government expenditure on health as a percentage of total public spending is relatively low, at 8% – far short of the Abuja target of 15%.

See Appendix 3 for guidance on interpreting data, and References section for sources used for policy analysis.