

ETHIOPIA



Tracking progress towards universal coverage and equities for reproductive, maternal, newborn, child, adolescent's health and Nutrition (RMNCAH+N) in Ethiopia

Research summaries

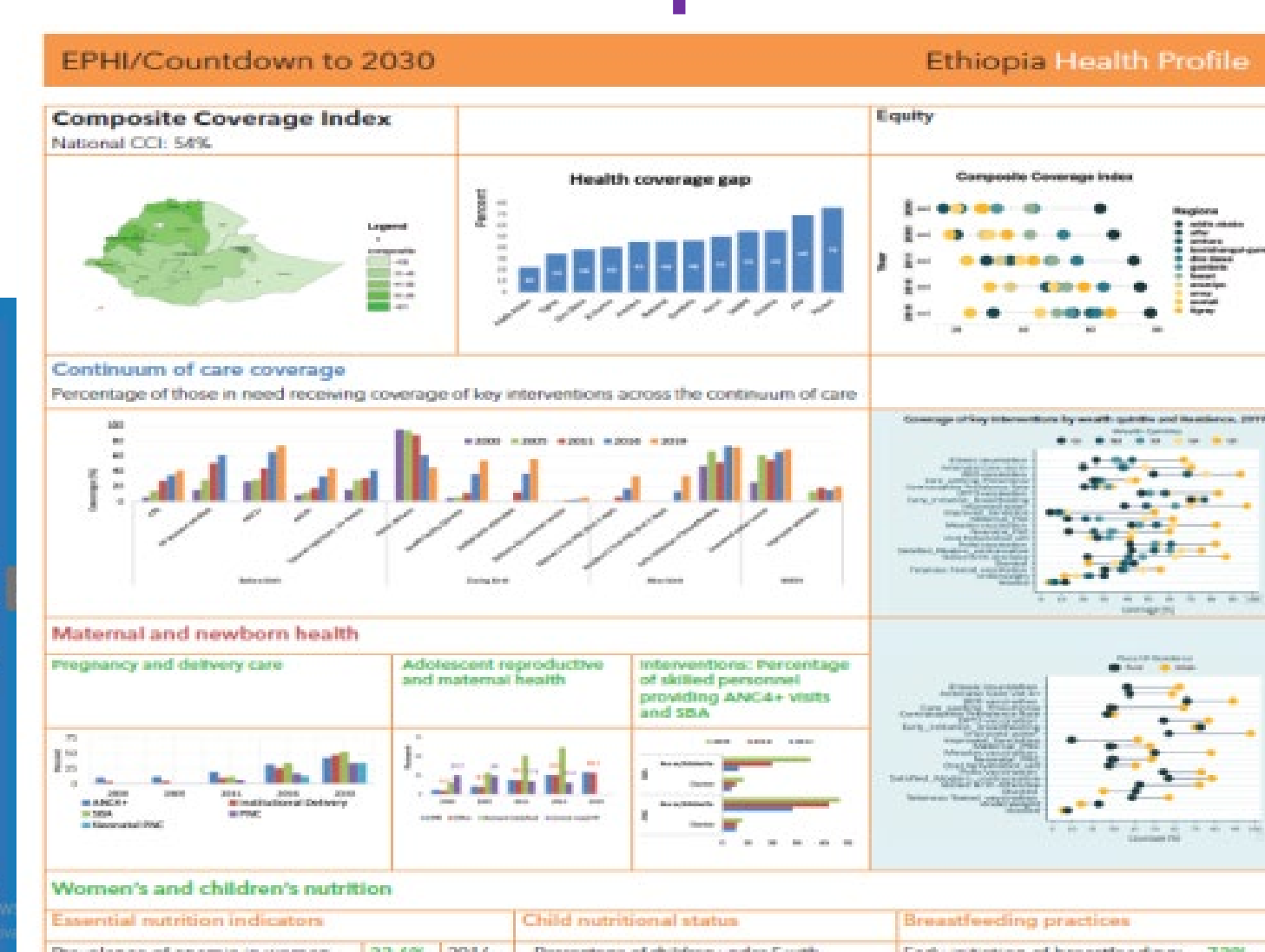
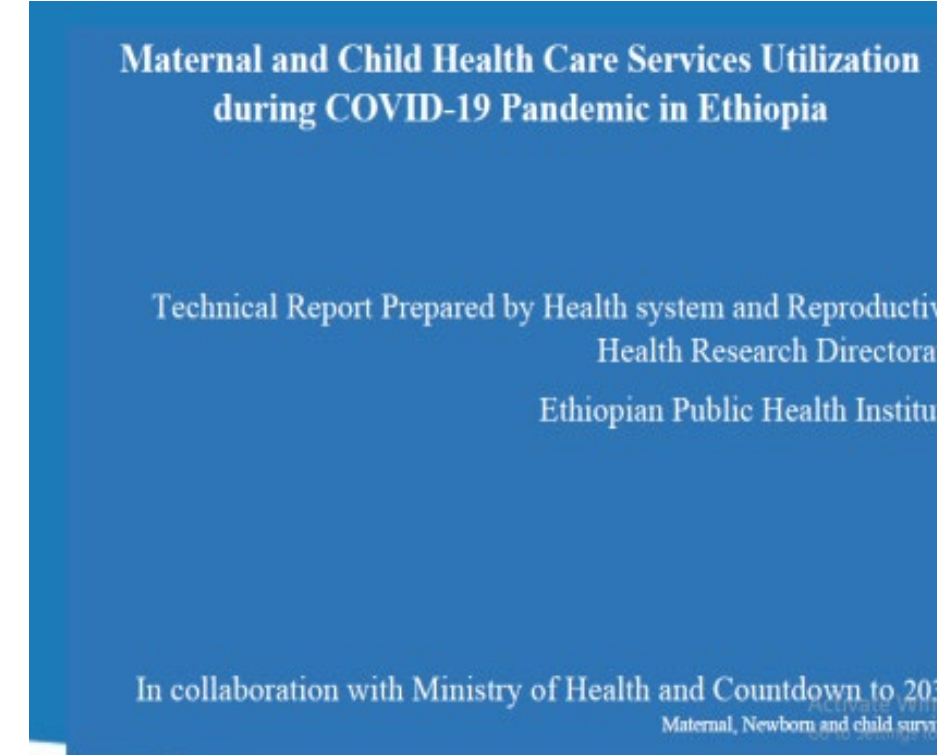
MNH exemplar study report

HSTP-I Endline review

Statistical profiles

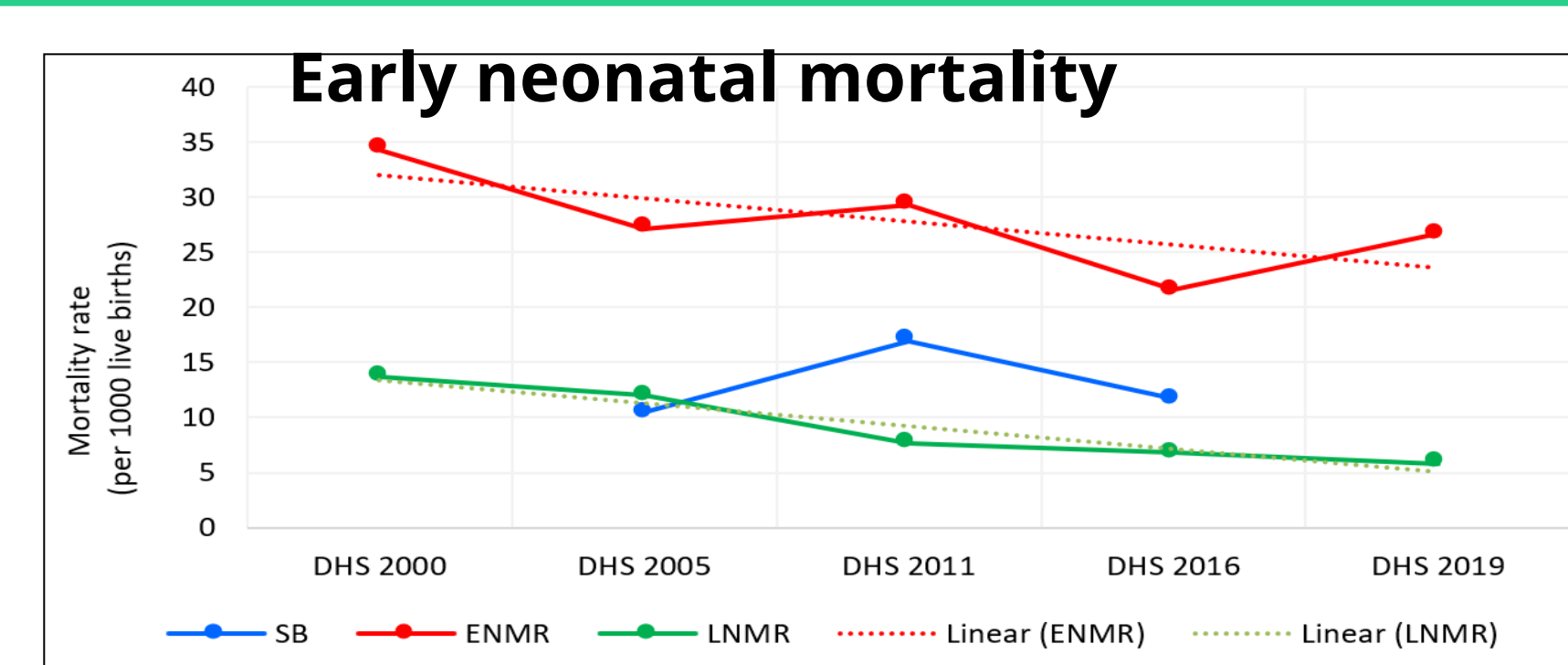
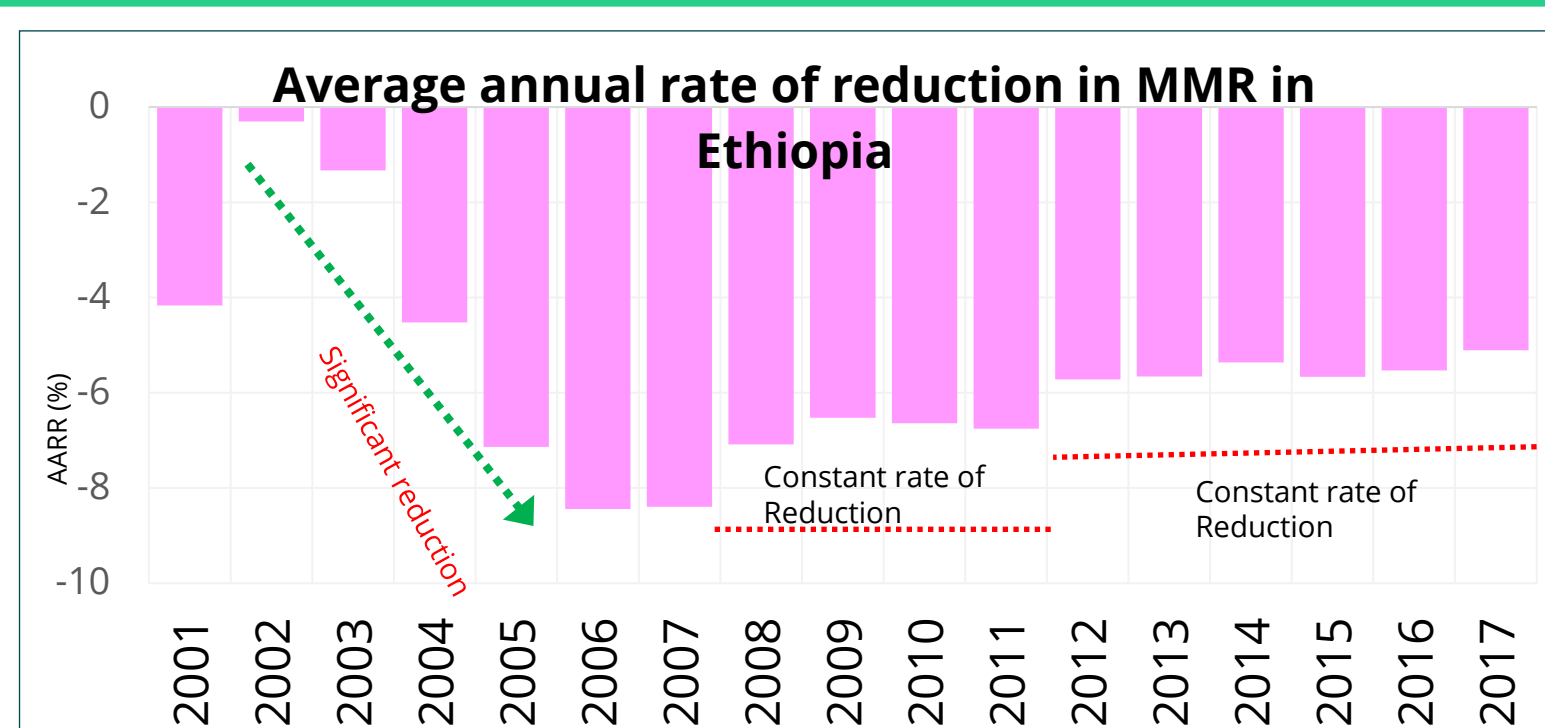
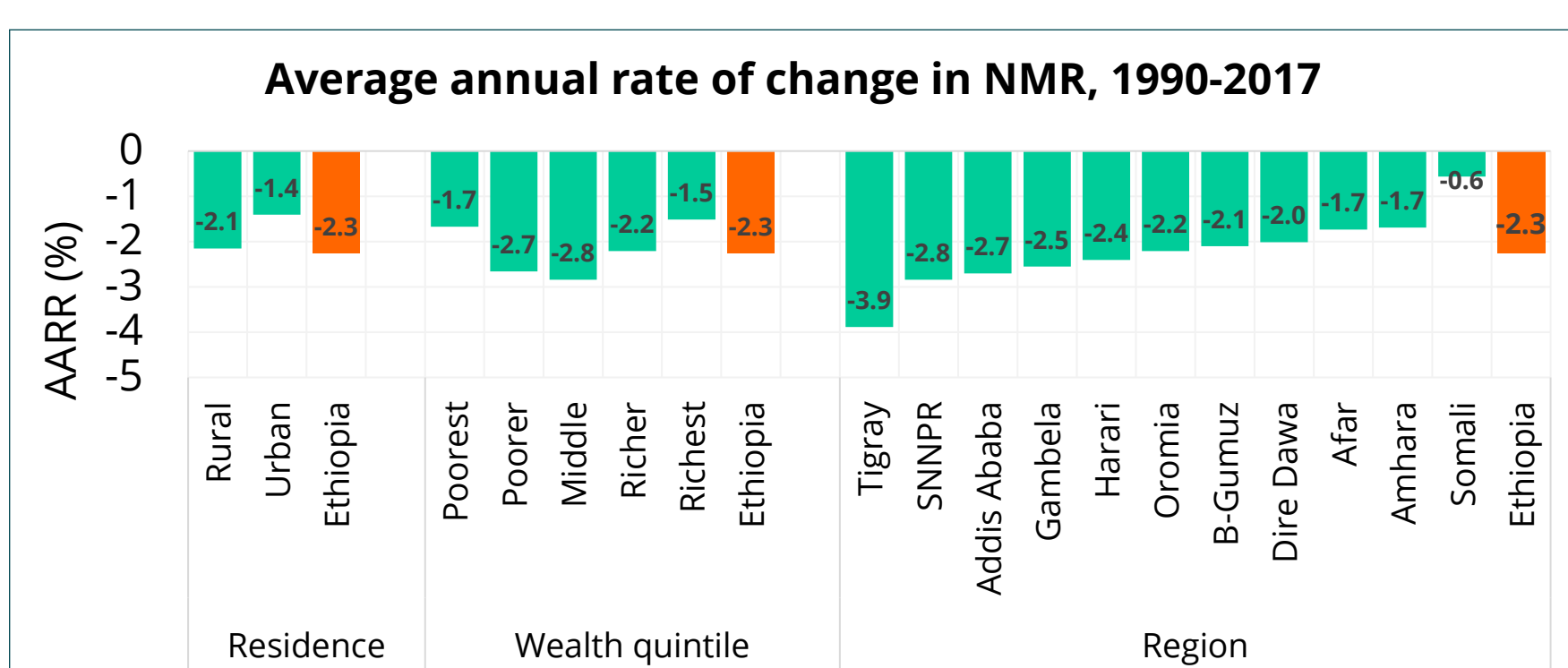


Impacts of COVID-19 on MCH service utilization



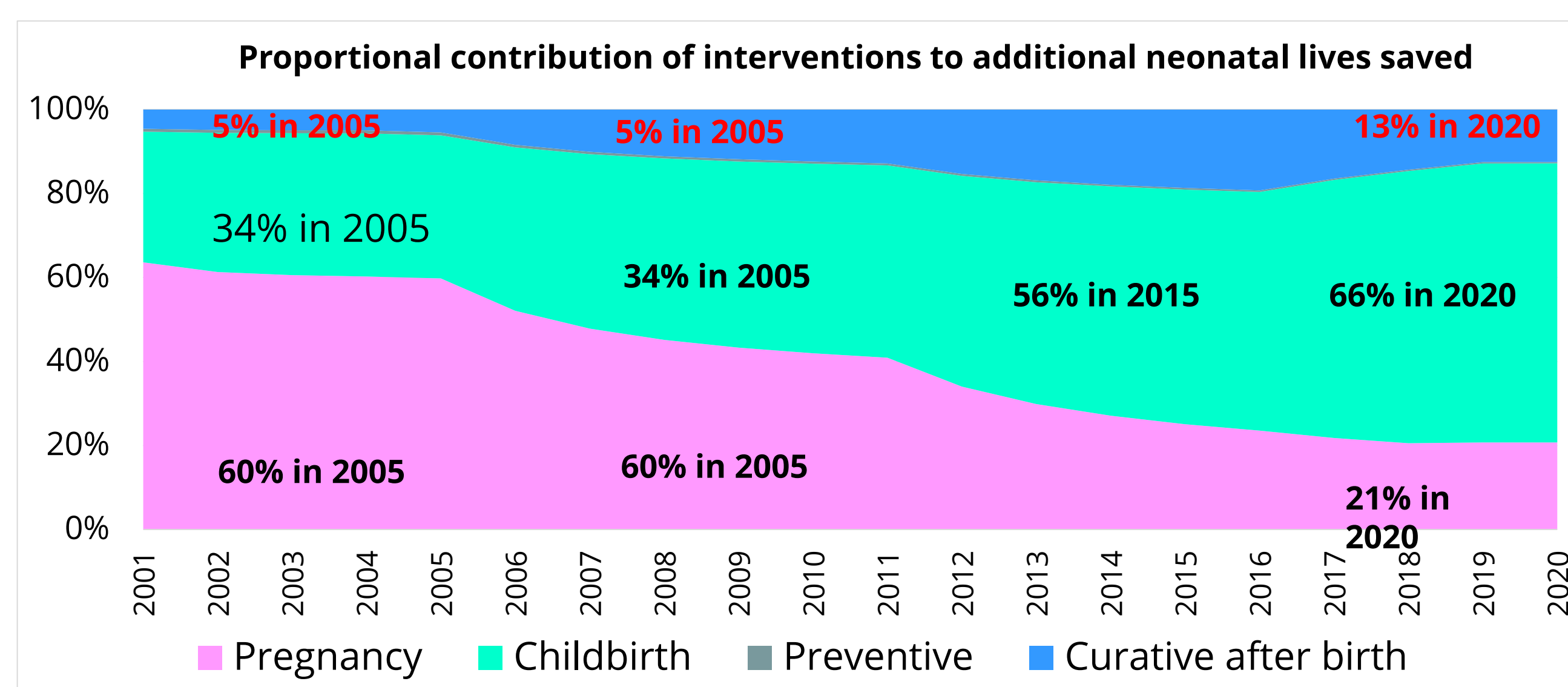
Summary results

I). MNH Exemplar study in Ethiopia – Drivers of Reduction in Neonatal and Maternal Mortality



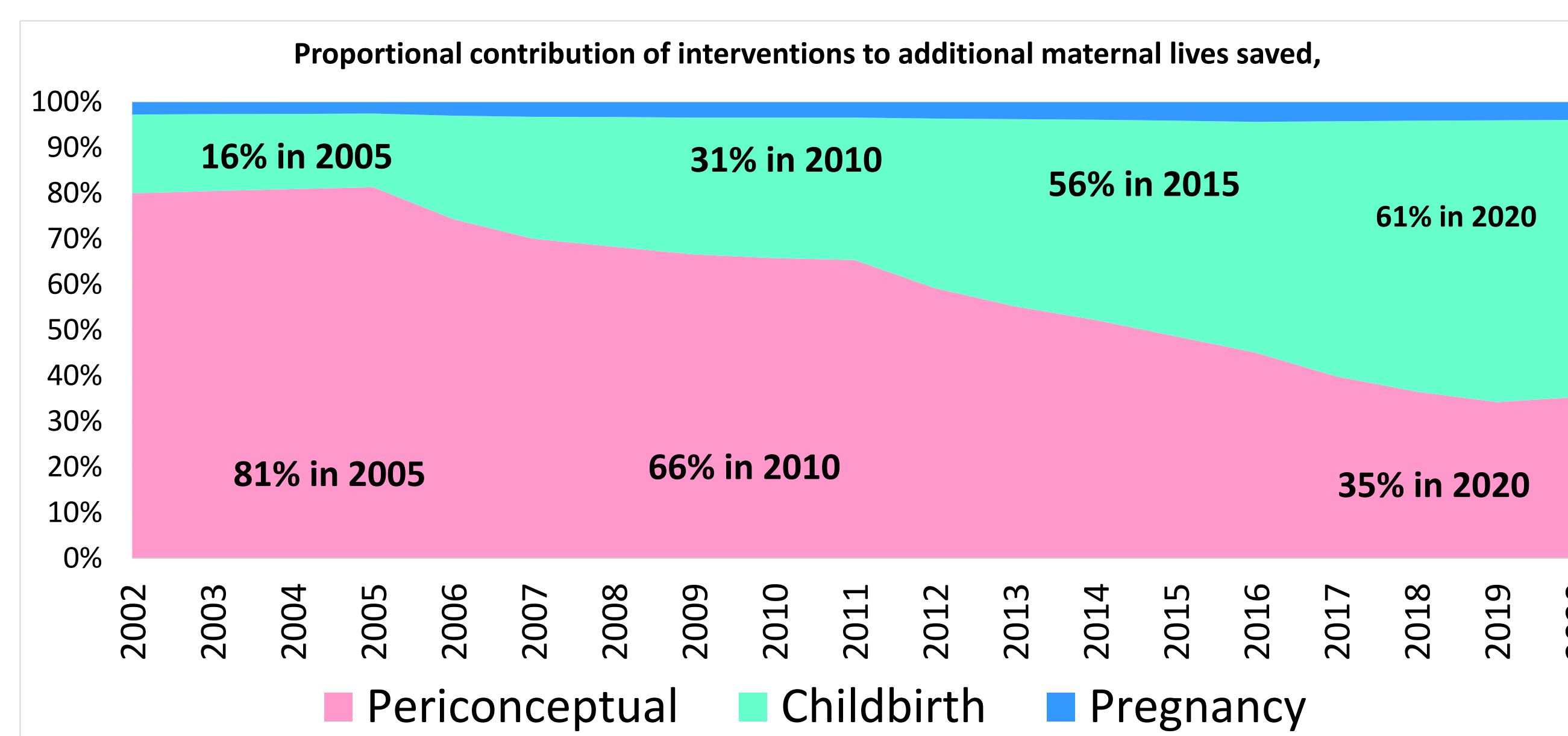
- Neonatal mortality halved from about 60 in 1990 to 33 deaths in 2019 per 1,000 live births.
- NMR in Ethiopia declined at an average rate of 2.3% per year during 1990-2019.
- The decline was fastest after 2010 at an average rate of 3.5% per year during 2010-2019, compared to 2% and 2.2% during the 1990-1999 and 2000-2009 periods, respectively.
- Inequalities in neonatal mortality by residence, wealth quintile and regions
- Maternal mortality declined by 61% from 2000 from very high levels (1,030 deaths per 100,000 live births) to about 401 deaths per 100,000 live births in 2017.
- The greatest decline occurred between 2005-2017 as the maternal deaths almost halved from 865 to 401 maternal deaths per 100,000 live births.
- The overall rate of reduction of MMR between 2000-2017 was estimated at 5.5% per year, although it has reduced by 5.7% annually between 2010-2017
- Early neonatal mortality reduced from 34 to 27 deaths per 1,000 live births over the previous two decades, translating AARR = 1.6% per year.
- The late neonatal mortality rate (LNMR) at 2-4 weeks reduced from 14 to 6 deaths per 1,000 live births, representing an AARR = 4.6%
- This rate of decline is nearly three times faster than the early neonatal mortality rate (ENMR) implying that 47% and 53% of the total NMR decline were due to mortality declines in the first week and weeks 2-4, respectively.

Trends of proportional contribution of neonatal death averted by type of interventions



- The proportion of death averted by child birth related intervention (such as **Cesarean delivery, Neonatal resuscitation, clean cord care and thermal protection**) was increased from 34% in 2005 to 66% in 2020.
- The proportion of death averted by pregnancy related intervention such as **Tetanus toxoid vaccination** was reduced from 60% in 2005 to 21% in 2020.

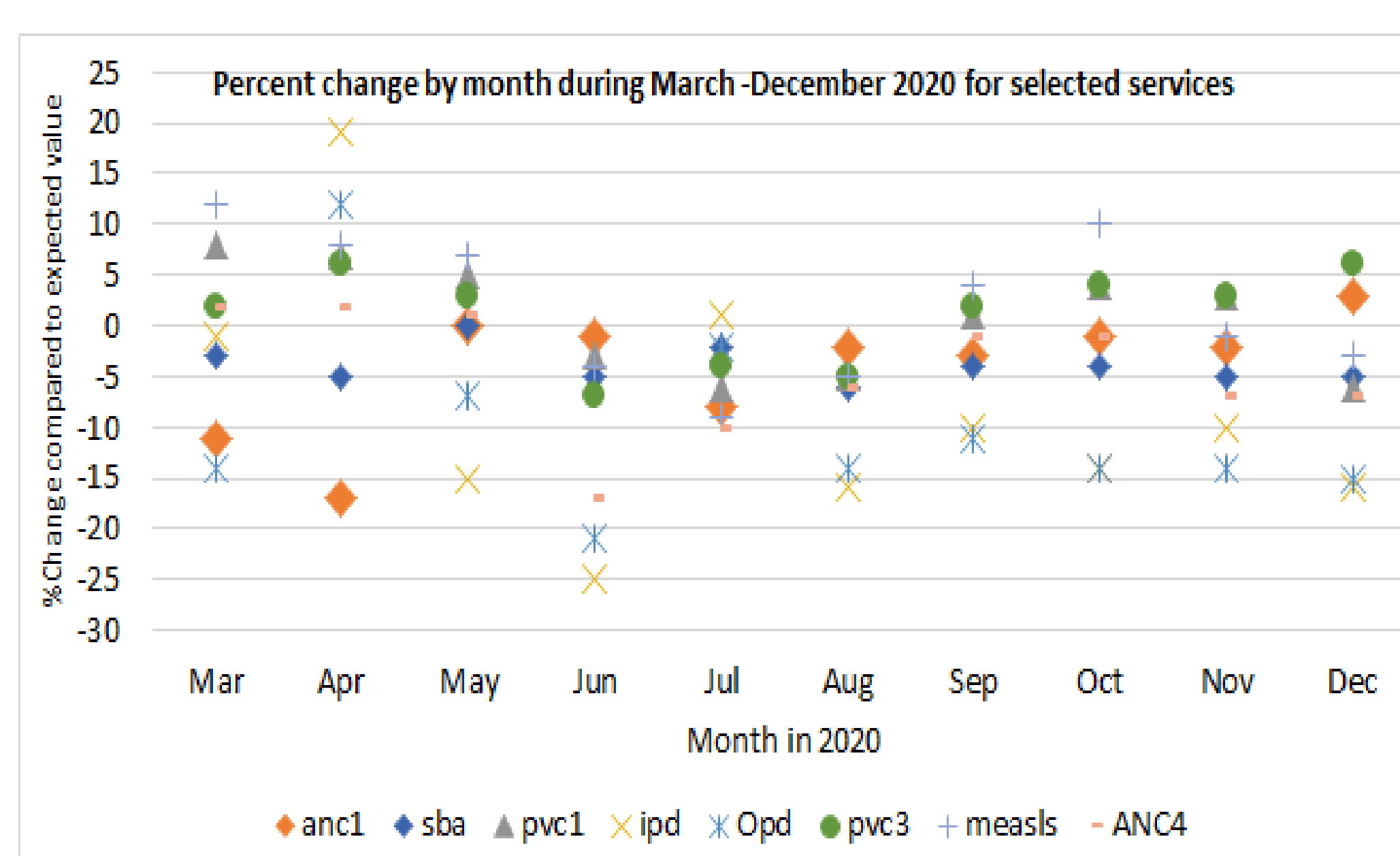
Trends of proportional contribution of maternal death averted by type of interventions



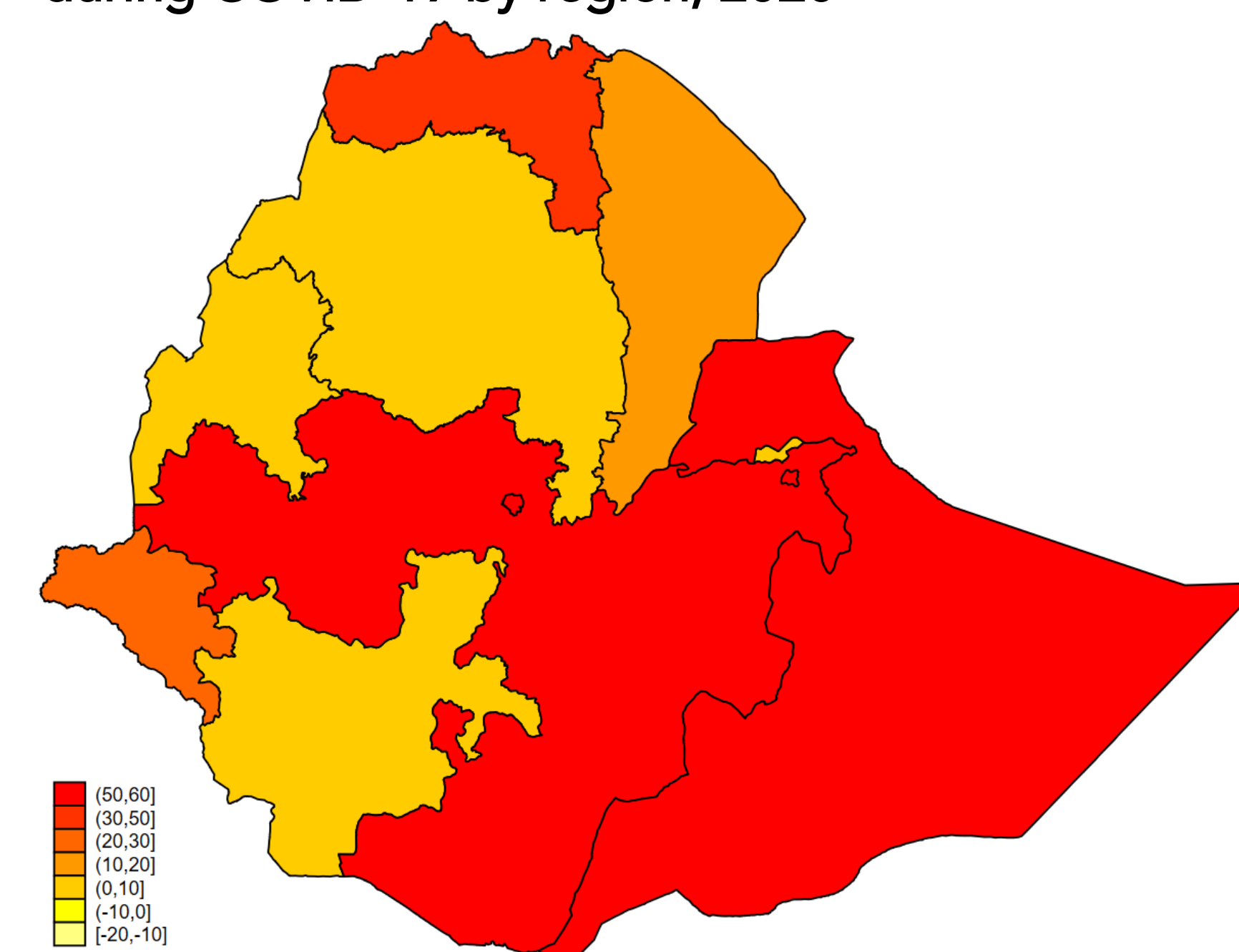
- The additional maternal live saved by child birth interventions (such as **MgSO4 for eclampsia, Parenteral administration of antibiotics, and Uterotonics for postpartum hemorrhage**) was increased from 23% in 2006 to 62% in 2019.
- The proportion of maternal live saved by periconceptual related interventions (such as **contraceptive use**) was reduced from 74% in 2006 to 35% in 2020.

II). Maternal and Child Health Care Services Utilization during COVID-19

- This study assessed the maternal and child health care services utilization during COVID-19 pandemic in Ethiopia.
- COVID-19 pandemic caused modest reductions in the utilization of maternal, newborn and child health services by 2-6%,
- Larger reductions has been observed in outpatient consultations and hospitalizations (7-17%) during March to December 2020, with months immediately following the start of the pandemic showing larger reductions.
- DHIS2 data are a valuable source to detect time trends in key indicators of essential health services at national and regional levels.



Maternal and child health services disruptions during COVID-19 by region, 2020



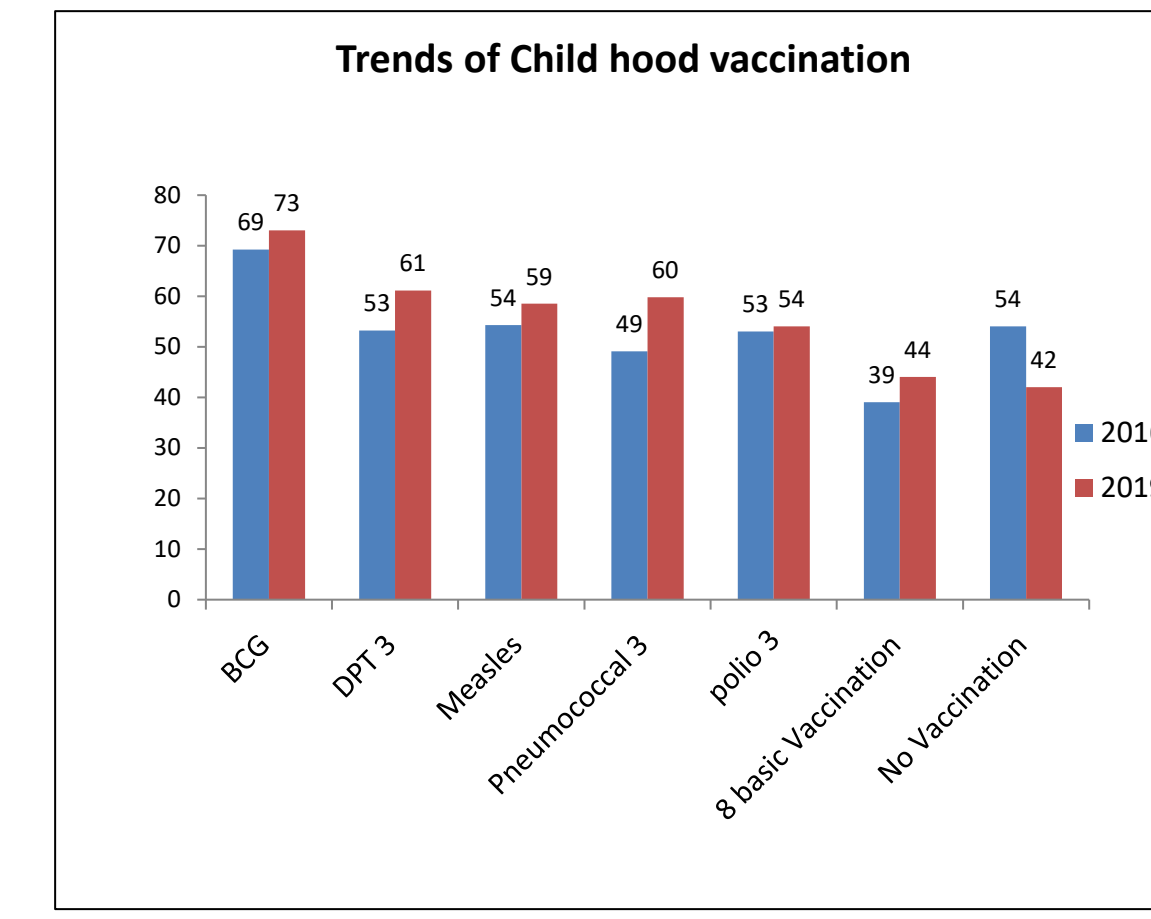
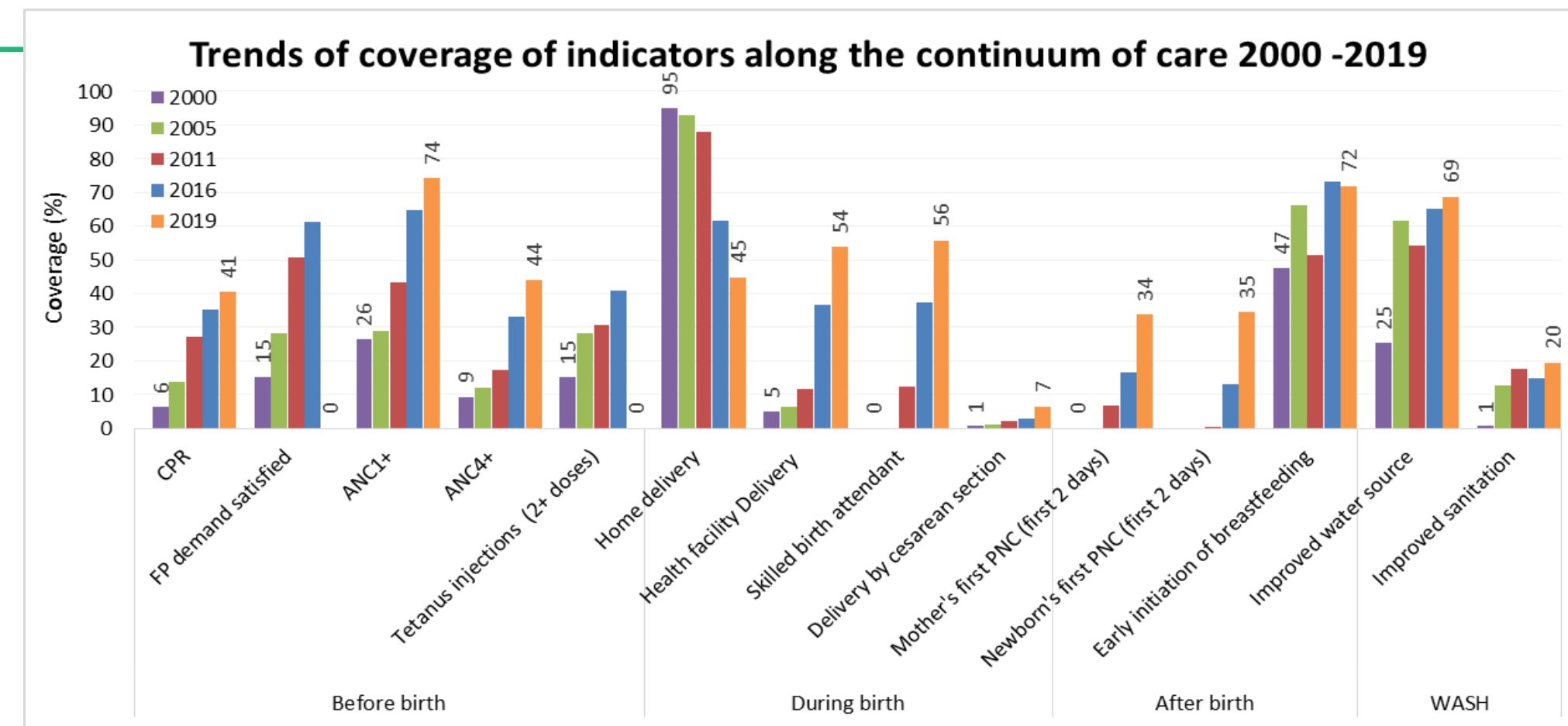
III). Health Sector Transformation plan I (HSTP-I 2016 -2020) Endline Review

Coverage of key RMNCH Interventions

Study aim and scope

We evaluate Ethiopia's Health Sector transformation plan I from the health coverage, health system strengthen index, and equity. This helps to improve the HSTP-II performance to achieve SDG 2030.

The analysis used community based survey, facility survey, and administration reports.



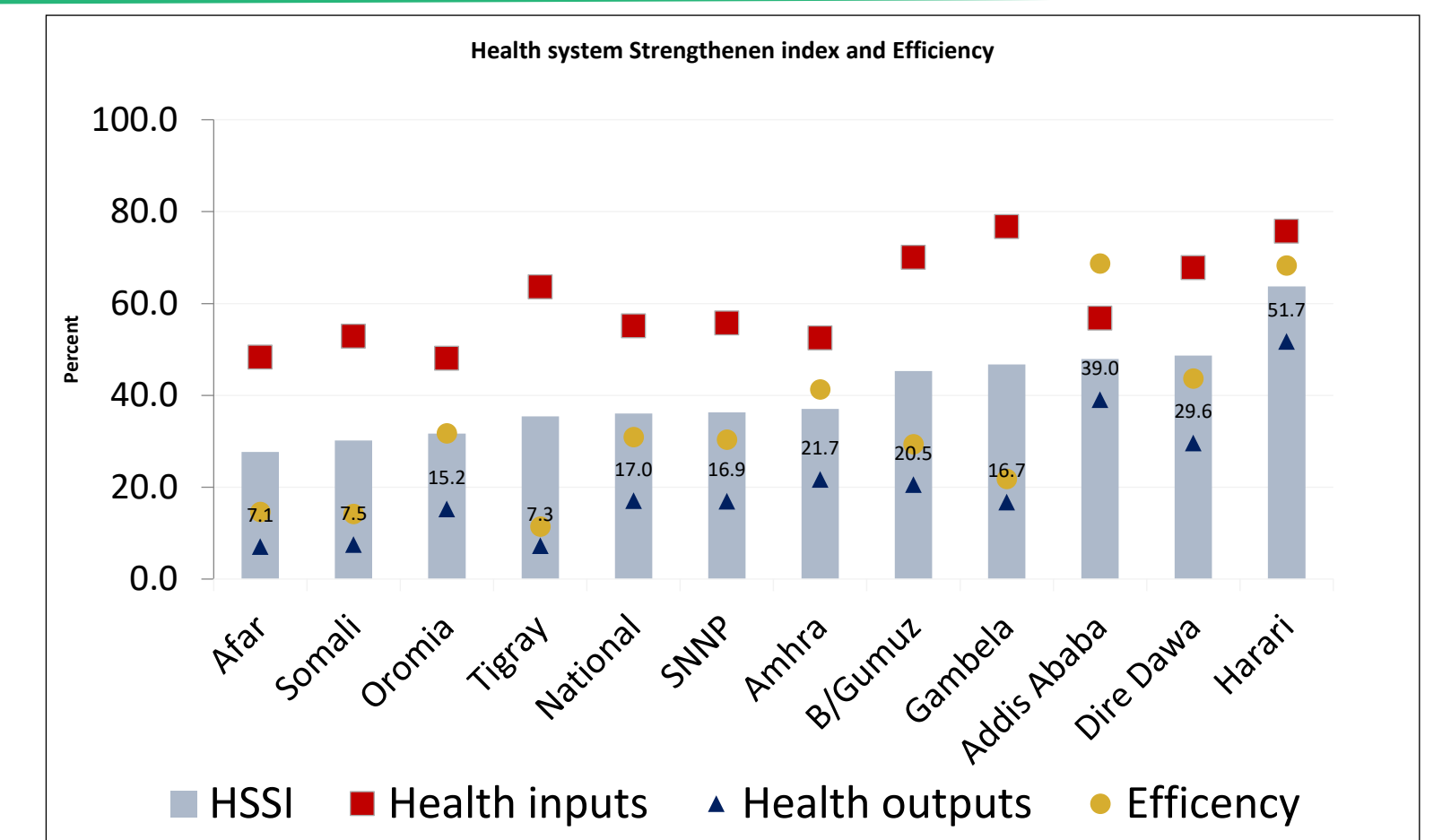
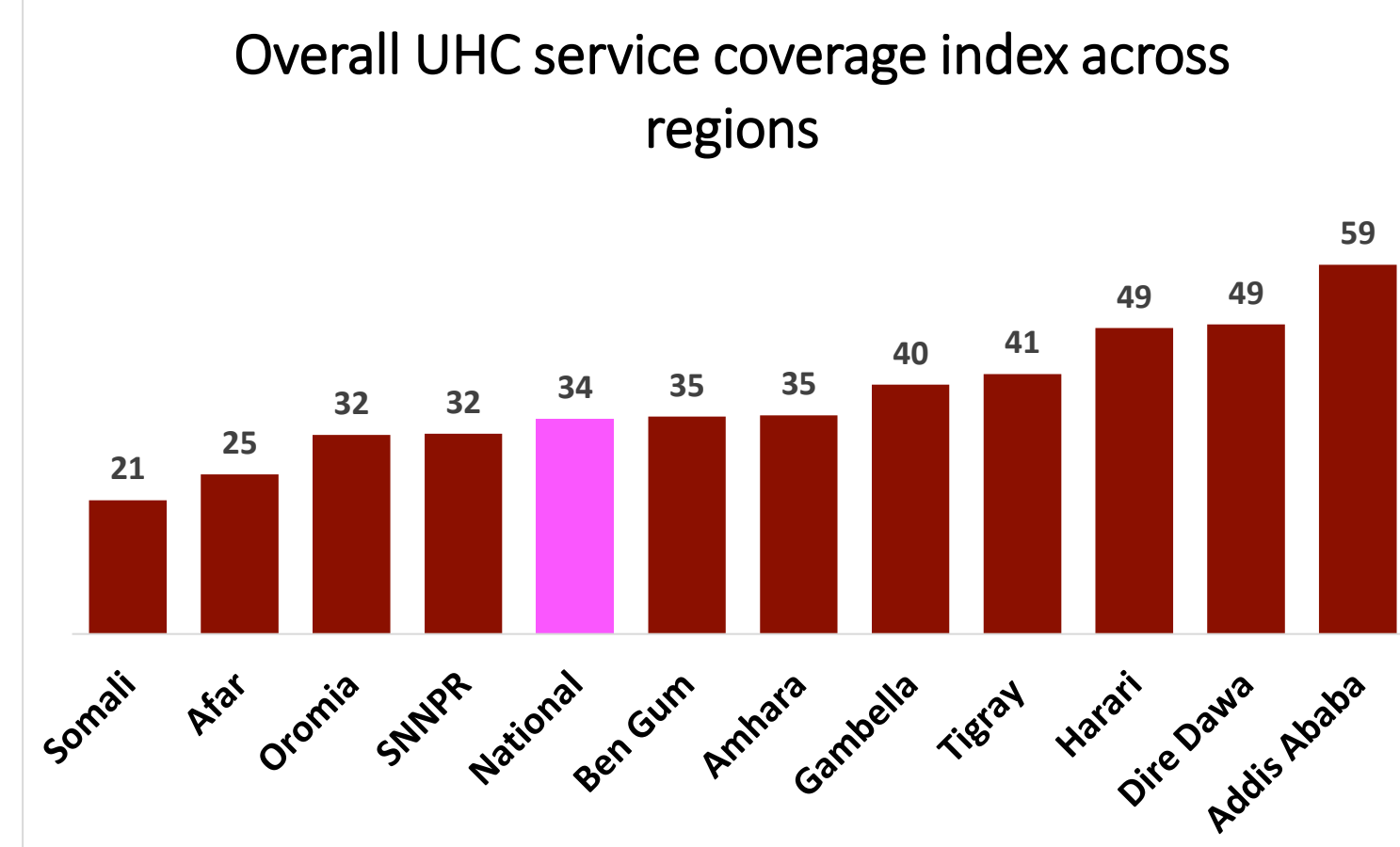
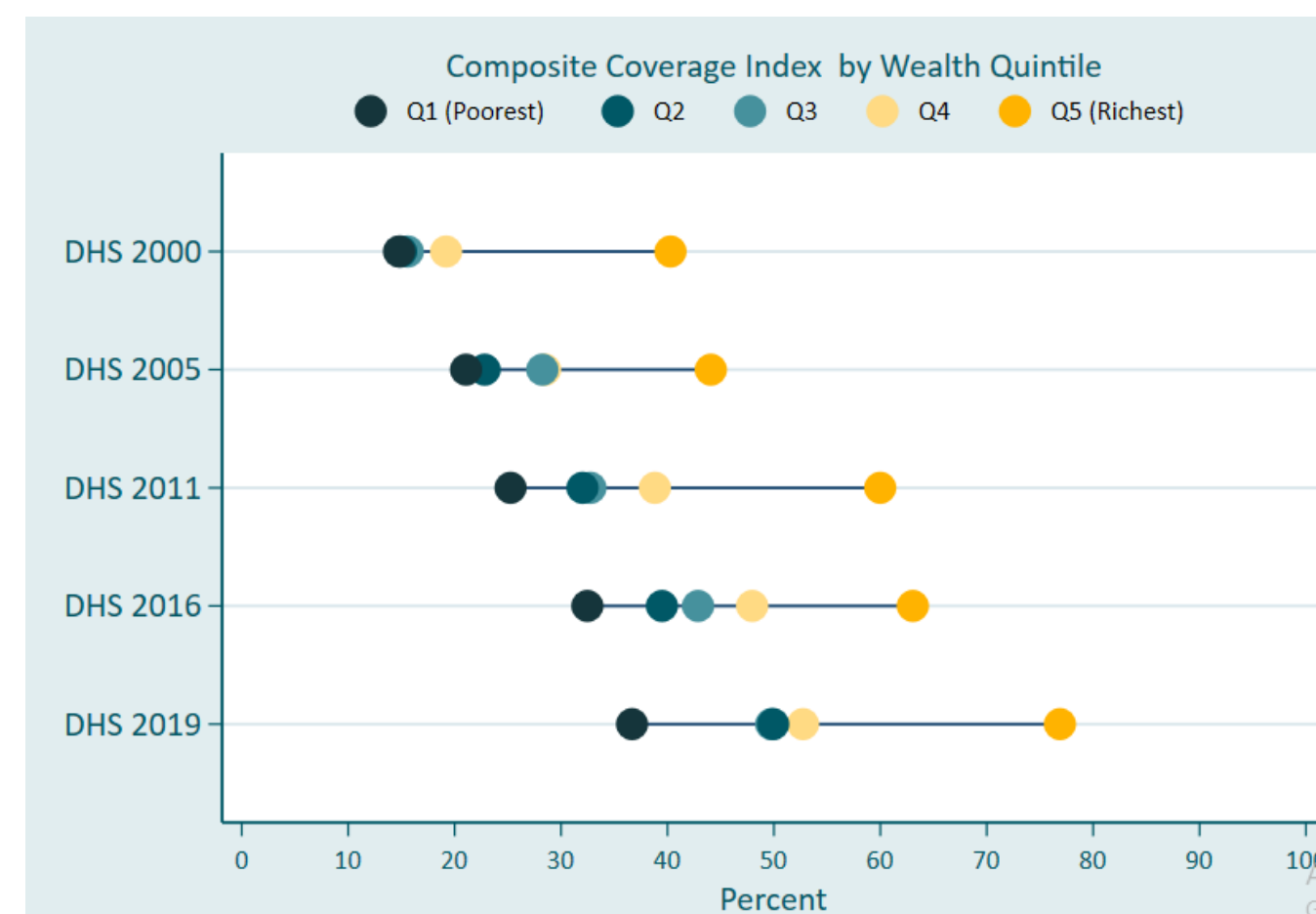
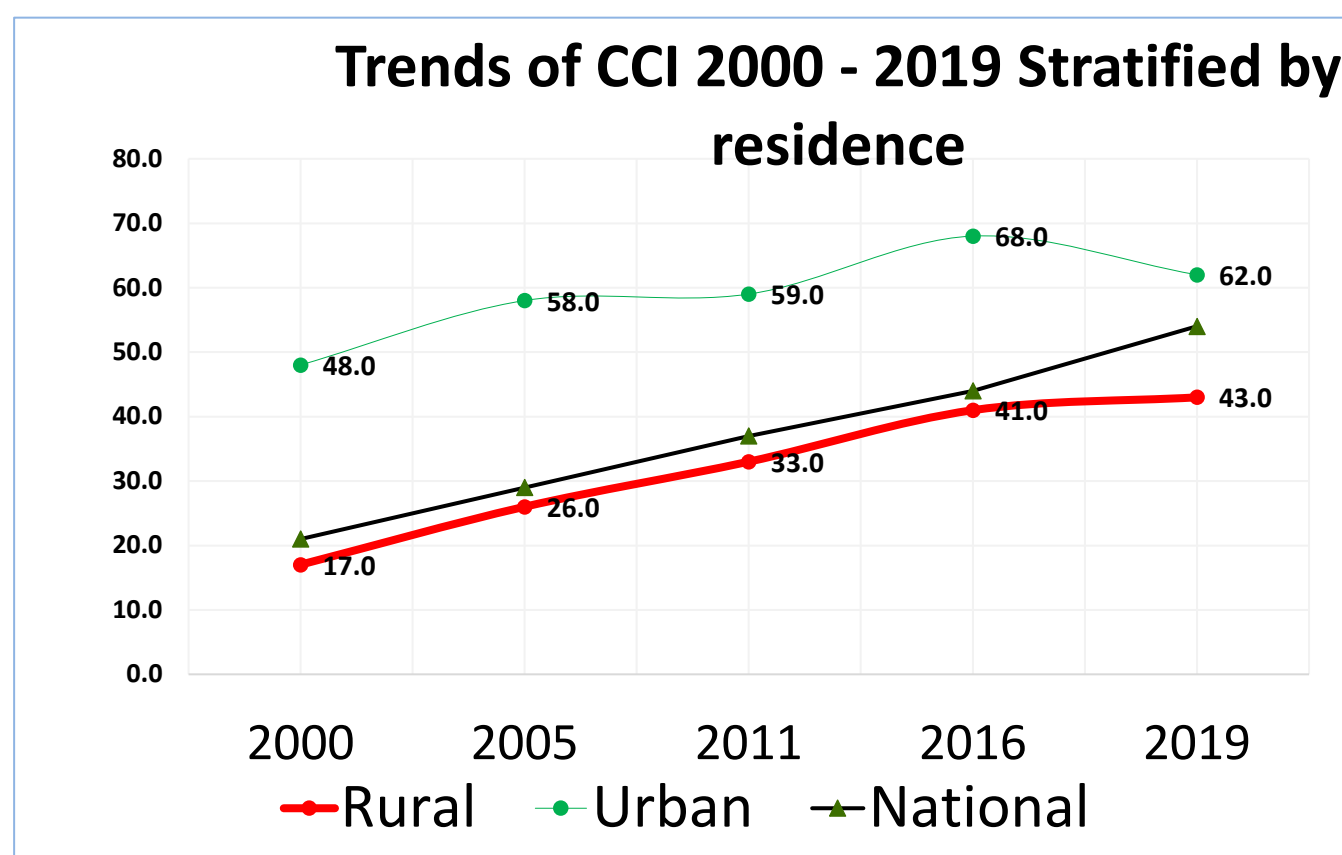
- Coverage of RMNCH interventions improved during the HSTP-I period.
- This progress needs to be accelerated if HSTP-II targets are to be attained by 2025.
- Childhood health interventions such as immunization increased from 2000 to 2019. The percent point change showed that BCG increased by 60.0%, DPT3 increased by two folds, measles increased a little over 100%, polio increased by 29.0%, and full immunization increased by two folds.

- Main Message:**
- RMNCH interventions impressively improved.
- There has been a remarkable reduction of maternal and childhood mortality in Ethiopia during 2016-2019/20. However neonatal mortality is a big challenge.
- Ethiopia's needs to go along way to achieve the HSTP-II target set by 2025 and SDG 2030 particularly to reduce neonatal mortality
- Ethiopia's strong country ownership and intersectoral collaboration have also contributed to impressive health gains

Composite coverage index - Residence and subnaonal coverage

Universal Health Coverage index

Health System Strengthen Index

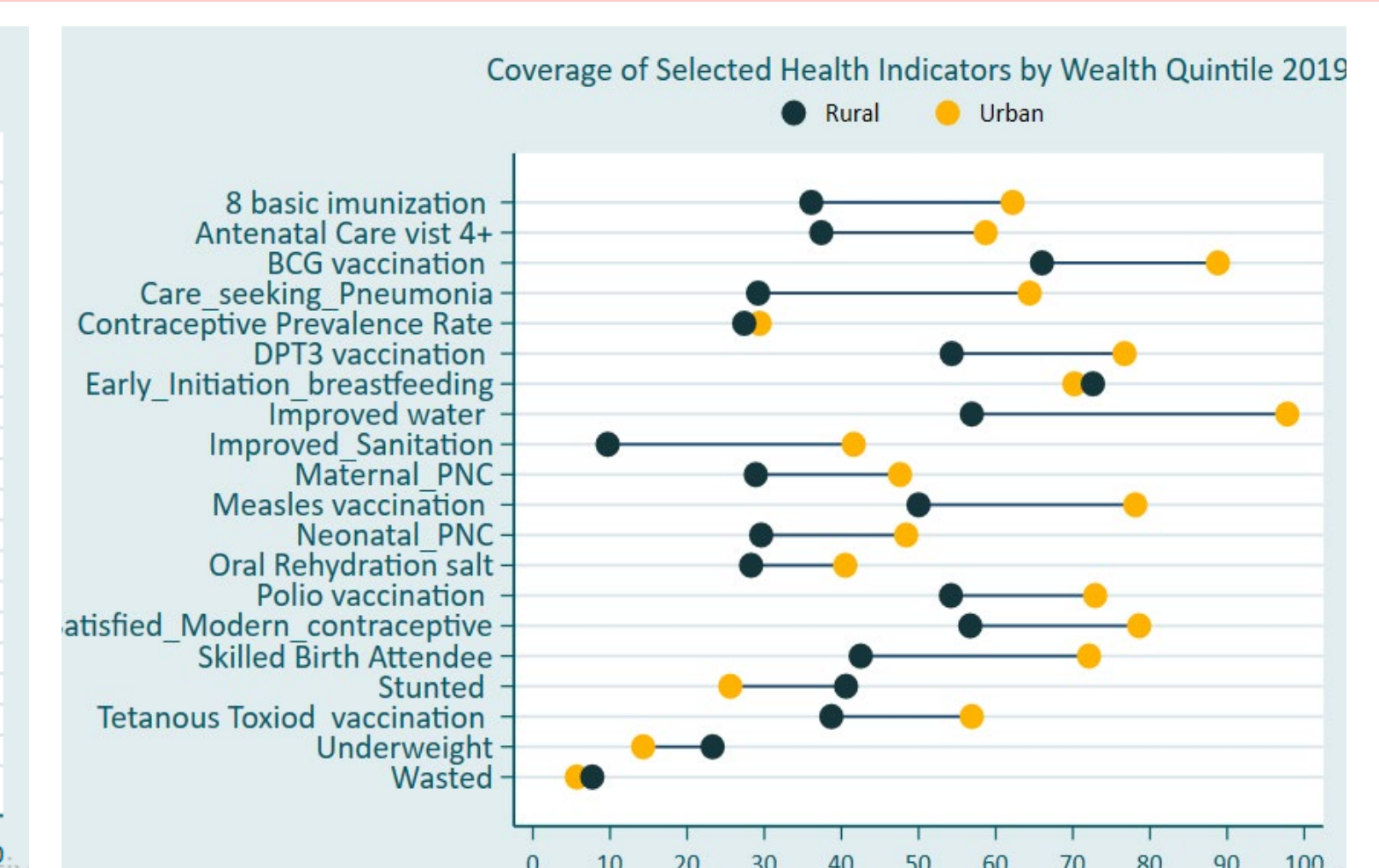
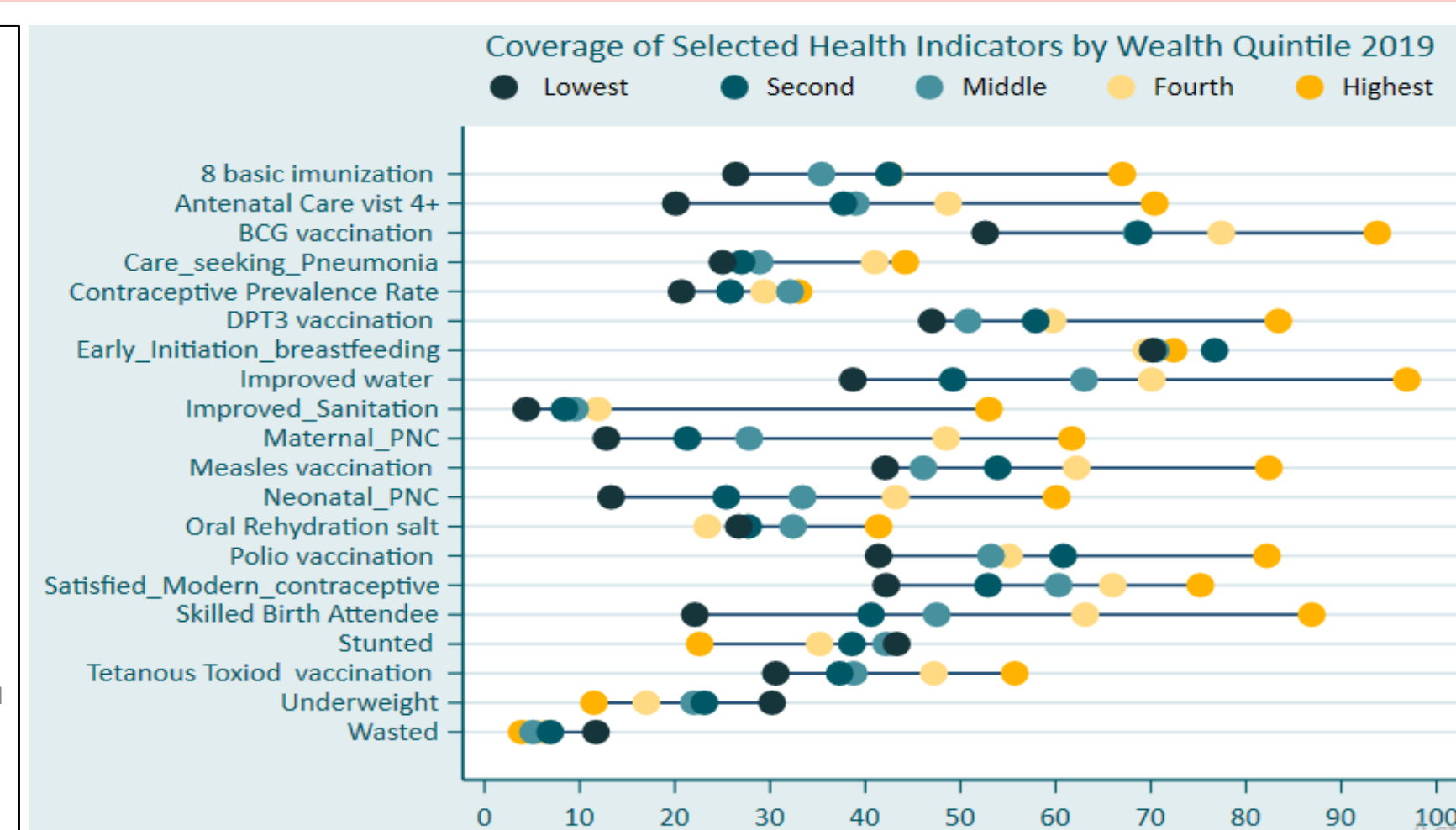
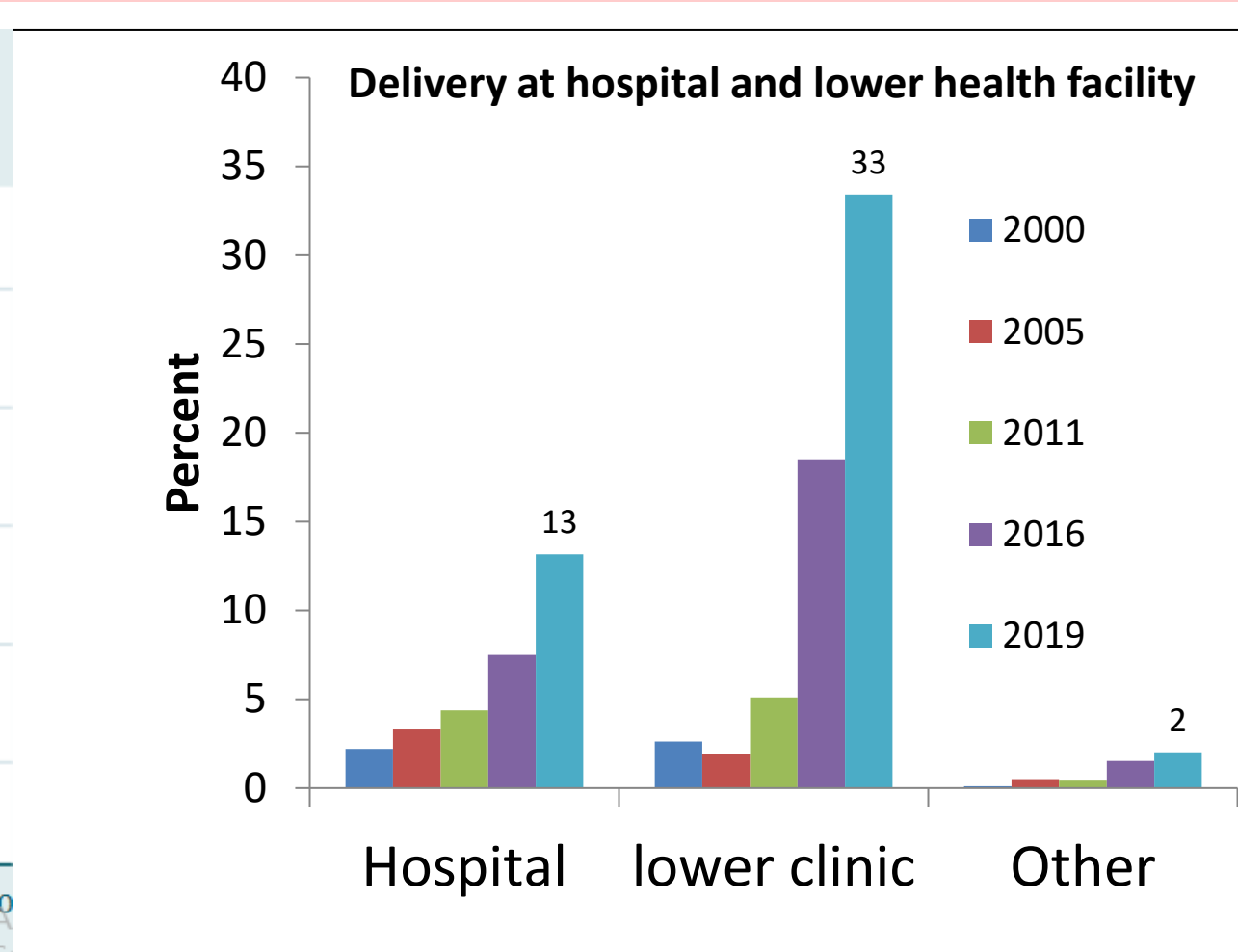
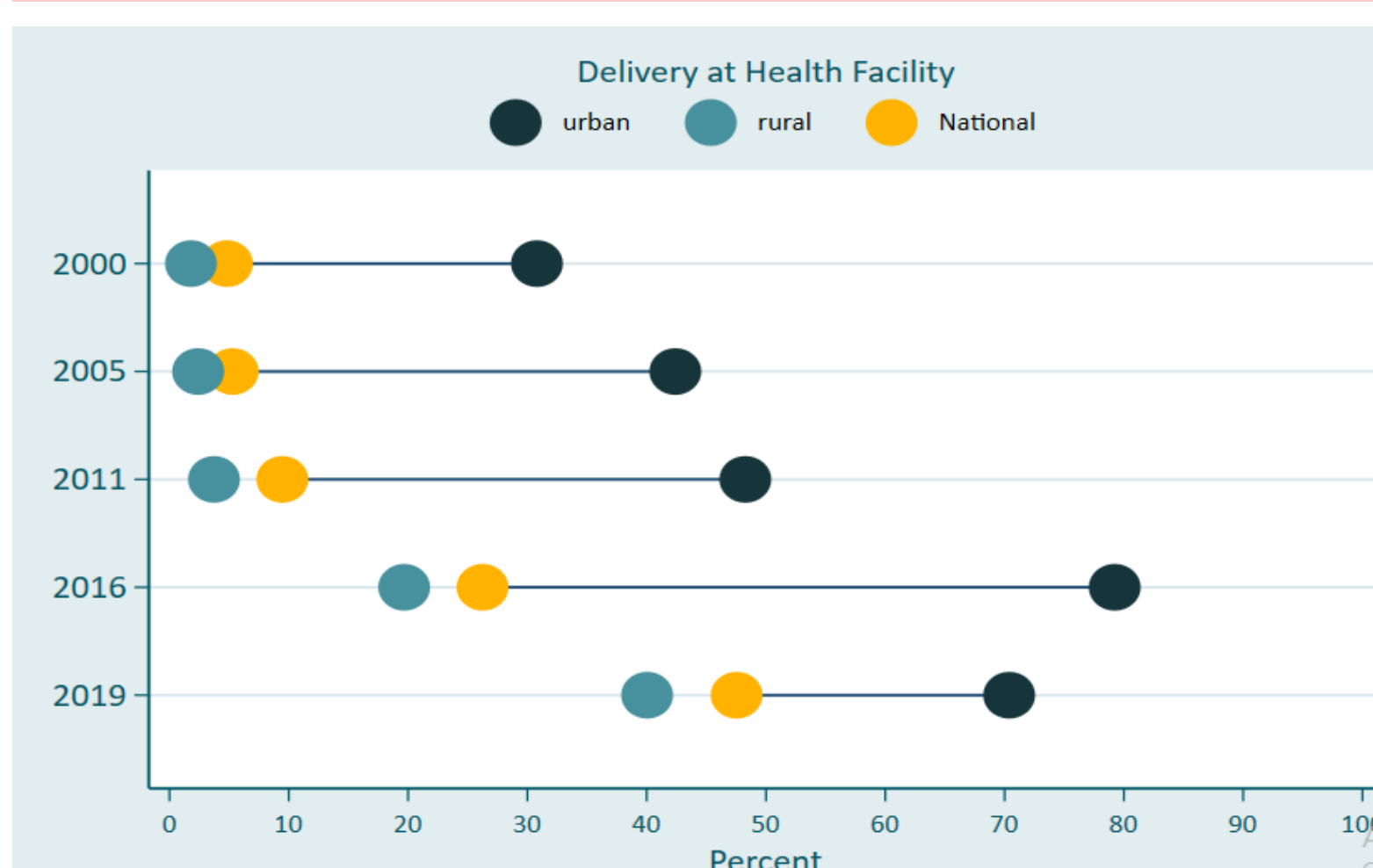


- Composite coverage index** - is a weighted average of essential maternal and child health interventions along the continuum of care is derived from 11 indicators.
- Nationally, the CCI is increased from 21 in 2000 to 54 in 2019 based on 11 indicators. Which indicates the impressive improvements of health service coverage.
- The inequality is increased as the coverage increased, the poorest are still behind for health care utilization. The gap of coverage at national level is 46%. It varies along the region, the highest gap found in Somali region and the lowest found in Addis Ababa and Tigray – which indicating good coverage of health in this region. Attention required in Somali, Afar and the most populous region Oromia to achieve the national and global targets.
- UHC service coverage index** is derived from 13 indicators categorized in to RMNCH* Infectious*non communicable*health services.
- The UHC-services coverage index is 34 % at national level. It is the lowest in Somali and Afar region and the highest in the urban regions such as Addis Ababa, Dire Dawa and Harari regions.
- Ethiopia needs to go long way to achieve the universal health coverage by HSTP-II period and SDG, 2030.

The health system strengthen index is determined from the health input (Health facility density, inpatient bed density and health workforce density) and health output indicators (outpatient services utilization and inpatient service utilization).

- The national health system strength index is 36.0%. There were larger differences among regions; The lowest was 28.0 % in Afar region to the highest, 64.0% in Harari region.

Equity of Health care services :



- Delivery at health facility showed improving over time. Delivery at hospital reached to 13 percent and at lower clinic reached to 33 percent.
- However the facility delivery in the rural area is very low compared to the urban area, 40 percent vs 70 percent in 2019.
- It needs emphasis given to increase the delivery services at health facility in rural area, majority of the populations resides.

Message:

- There are major disparities RMNCH interventions in Ethiopia.
- Less utilization of key maternal and neonatal health interventions among women who are from rural areas and from the poorest wealth status.
- During the HSTP-I period (2016 -2019) the greatest coverage progress in most MNH indicators was made in rural areas, rural-urban gap reduced, and, to a lesser extent among the poorest compared to the richest wealth quintile.
- However, utilization is still low in the rural and the poorest segments of the population

Drivers for the decline of Maternal and neonatal Mortality

Policy Impact

Macro-Level Context

Household & individual context

Program / service levers

Intervention coverage

- Political stability
- Progressive socioeconomic improvement
- Legislative reforms, policies and measures to increase the government expenditure
- High political commitment:** Specific action plans to accelerate the MNMR
- Millennium Development Goals (MDGs), Countdown and accountability

- Political commitment
- Major investments in infrastructure
- Improvement of the status of women
- Increased spending for MNH

- Increased access to the standard-of-living basics: **improved road infrastructure**, electricity, running/clean water, and telephone (mobile) networks
- Increased education and empowerment of women
- Decreased fertility (with increased use of modern contraception)

- Expanding neonatal units for small and sick newborns,
- Increase the number and quality of human resource such as midwives
- Equipment, supply of specific medicines and blood
- Improved processes of care (for pregnancy complications),
- Removal of some financial barriers → greater access to CS for the poorest
- Demand creation via HEW

- Substantial increases in coverage of ANC, institutional delivery and C-section
- A continuous provision of contraception

Policy Implications:

- Increase access to maternal and neonatal health services for all
- Ethiopia should focus on reducing health care service inequalities
- Great attention to improve the availability and readiness of health services by health facilities
- Health system strengthening
- Data use for scaling up interventions
- Women's education and empowerment

This study is a part of the **Countdown to 2030 Country Collaborations** and **Exemplars in Global Health** studies

<https://www.countdown2030.org>
<https://www.exemplars.health>
<https://www.ephi.gov.et>