



National Data Management Center for health (NDMC)

Childhood mortality trends against SDG and HSTP II targets and Intervention coverage

- Ethiopia has recorded success in reducing childhood mortality during the 2000-2015 MDG era.
- Capitalizing on its success, the country aims for further childhood mortality reduction to meet SDG and HSTP-II targets.
- To achieve this, the country has been implementing several high-impact maternal, newborn, and child health (MNCH) interventions.
- Improvement in the coverage of these interventions over time significantly contributed to the reduction in childhood mortality.
- This evidence brief presents estimates on the current states and forecast future trends in relation to SDG and HSTP2 targets by varying intervention coverage for major childhood mortality indicators using data from 2000, 2005, 2011, 2016, and 2019 EDHS.

Key findings

Changes in childhood mortality over the years

- ✓ Under-five mortality has shown a 40% reduction between 2001 and 2011 and a 34% reduction between 2011 and 2019.
- ✓ Infant mortality has shown a 51% reduction between 2001 and 2011 and a 43% reduction between 2011 and 2019.
- ✓ Neonatal mortality has shown a 28% reduction between 2001 and 2011 and 23% between 2011 and 2019

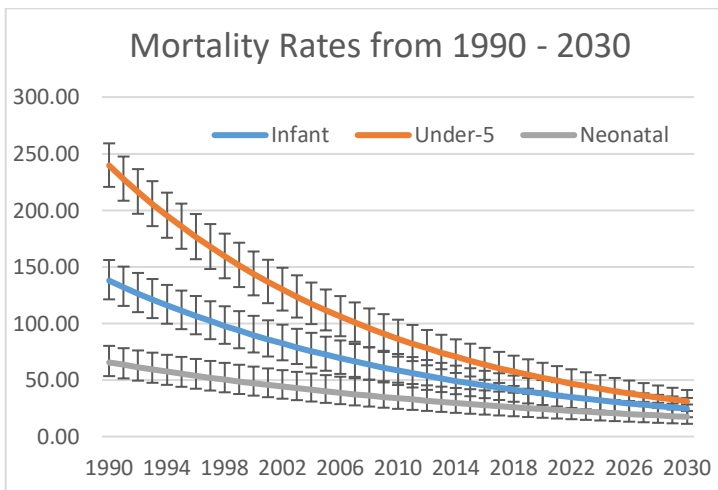


Fig 1. Under-5, Infant and Neonatal mortality rate per 1,000 live births

Mortality projections against SDG and HSTP II targets

- ✓ The projected under 5 mortality for 2030 and 2024 are 31 and 42 deaths/ 1000 live

births, respectively. This indicates that the country is unlikely to meet its SDG target of 25 deaths/1000 live births if the trend continues but it can achieve the 44 deaths/1000 live births target in HSTP II for 2024.

- ✓ The projected neonatal mortality for 2030 and 2024 are 18 and 21 deaths/ 1000 live births, respectively. This indicates that the country is unlikely to meet its SDG target of 12 deaths/1000 live births if the trend continues but it can achieve the 21 deaths/1000 live births target set under HSTP II for 2024.

Coverage of high impact MNCH interventions over time

- ✓ High impact MNCH interventions proved to reduce childhood mortality. These interventions include: Received Antenatal Care from Skilled Provider (ANC), Skilled Birth Attendant (SBA) for Delivery in Health Facility, DPT3, Measles Vaccine (MV), ARI Treatment (AT), Diarrhea Treatment (DT), Met Need for Family Planning (MNFP), Children Who Started Breastfeeding within 1 Hour of Birth (EIBF), Population Living in Households Using an Improved Water Source (PLHIWS), Population Living in Households with an Improved Sanitation Facility (PLHISF), Exclusive Breastfeeding (EB).
- ✓ Coverages of these MNCH interventions have shown significant changes over the years.

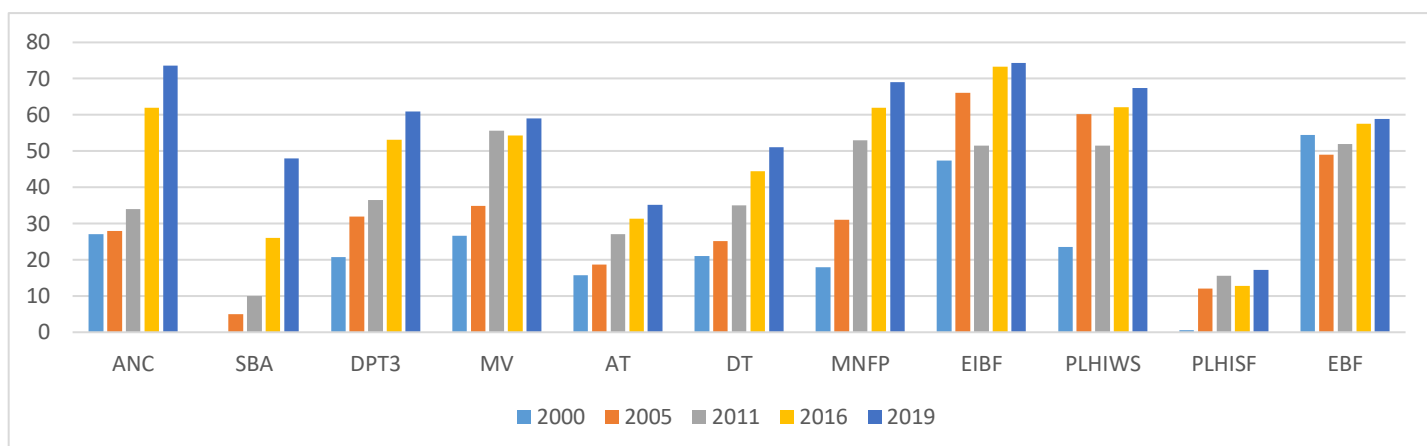


Fig 2. Change in coverage interventions between 2000 to 2019

Prediction with Coverage Interventions by 2030

- ✓ **Scenario 1:** Assumes the smallest or worst increment recorded within the previous five years gap in the coverage indicators will continue into the future.
- ✓ **Scenario 2:** The change recorded from **2016 to 2019** in the coverage indicators will continue into the future.
- ✓ **Scenario 3:** Assumes the largest or best increment recorded within the previous five years gap in coverage indicators will continue into the future.

	ANC	SBA	DPT 3	MV	AT	DT	MNFP	EIBF	EB	PLHI WS	PLHISF	U5MR
Baseline – 2019	73.6%	48%	61%	59%	35.1%	51%	69.1%	74.3%	67.4%	17.2%	58.8%	59
Scenario 1: ↑	2%	10%	5%	5%	5.8%	8.2%	14.2%	2%	2.6%	1.1%	2.6%	35
Scenario 2: ↑	23.2%	44%	10%	10%	7.6%	15.2%	14.2%	5%	10.6%	8.8%	5%	30
Scenario 3: ↑	26.4%	52%	15%	15%	16.6%	19.6%	21%	10.7%	10.6%	17.8%	11%	21

Table 1. under-five mortality rate (U5MR) in Ethiopia with varying MNCH coverage assuming maximum efficacy

- ✓ Significant increase in the coverage of MNCH interventions are required to achieve SDG and HSTP II targets

Conclusion:

- ✓ To attain high level of reduction in under-five mortality as targeted in SDG and HSTP II, coverage of maternal and child health interventions have to show a substantial increase.
- ✓ To attain the under-five mortality target by 2030, focus must be given to interventions that will reduce neonatal mortality as its contribution to overall early childhood mortality is rather increasing.
- ✓ Equitable and strict implementation of coverage interventions is required to overcome the main barriers affecting demand for Reproductive, Maternal, Newborn, and Child Health (RMNCH) services.

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