

# **Child Mortality MDG Success: a signal of transformation from economic growth to development in Ethiopia**

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With every passing year, the story of the mostly double digit economic growth recorded in Ethiopia over the last decade has gone international. Ethiopia has in recent years come to be identified as the fastest growing non-oil producing country in Africa and one of the fastest growing economies in the world. Considering the country has been largely associated with famine and hunger especially since the second half of the twentieth century, these sorts of references come as a breath of fresh air. The most important thing about these reports, however, is the reassurance it brings to Ethiopians of the routes they are taking to achieve development in addition to the roles they play in promoting the country and drawing in investment.

Economic growth is a big achievement on its own but it runs short of the package of economic development. While the former has to do with mere increments in the performances of sectors of an economy, economic development extends to the impact of that growth on the lives of people. A formal definition of Economic growth puts it as an increase in a country's real level of national output which can be caused by an increase in the quality of resources (by education etc.), increase in the quantity of resources & improvements in technology or in another way an increase in the value of goods and services produced by every sector of the economy. It can be measured by an increase in a country's GDP (gross domestic product).

On the other hand, a formal definition of economic development puts it as an increase in living standards, improvement in self-esteem needs and freedom from oppression as well as a greater choice. The most accurate method of measuring development, sources denote, is the Human Development Index which takes into account the literacy rates & life expectancy which affect productivity and could lead to Economic Growth. It also leads to the creation of more opportunities in the sectors of education, healthcare, employment and the conservation of the environment. It implies an increase in the per capita income of every citizen.

A country in war could, for instance, experience economic growth as a result of increased textile (military fuses), food processing, weapons production and transport activities. It just means that the performance of the sectors increases to support the war machine. That economic growth, on the other hand, may not translate into development as it may not bring about a meaningful progress in the lives of people. Therefore, economic development is a much bigger deal to achieve than economic growth.

As stated above, the concept of economic development incorporates certain indicators as literacy levels, life expectancy, employment and the conservation of the environment. With big surges to 22 million in 2012 from only 2 million children in school in the 1990s, the gross children enrolment rates in Ethiopia have reached 95% from 32% enrolment in the 1990s. The allocation of 25.7% of GDP for education shows that there is yet more good news to come for literacy rates and educational levels in Ethiopia. Life expectancy has also increased from around 49 at the start of the 1990s to 58 for men and 61 for women in 2011 (Index Mundi). With reported 2 million new jobs created in the last three years of the Growth and Transformation Plan period in Ethiopia, the unemployment level has gone down from over 23% in the 1990s to 17.5% in 2012. The tremendous achievements in environmental conservation would better be expressed by the big leap in forest coverage of total land area from about 3% in the 1990s to close to 12% currently.

Other indicators of economic development include GDP per capita and a package of demographic indicators. Ethiopia's GDP per capita has increased almost by three fold to about 350 USD in 2012 from a mere 120USD in the 1990s. Under the package of demographic indicators are included variables like annual population growth rate, urban population percentage of total population and infant mortality rate per 1,000 live births. The 2011 Ethiopian Demographic and Health Survey (EDHS) showed infant mortality had decreased by 23 percent, from 77 to 59 deaths per 1,000 births reported in the 2005 EDHS, while under-five mortality had decreased during the same time by 28 percent, from 123 to 88 per 1,000 births.

## **Child Mortality**

UNICEF's recent progress report on child mortality entitled "Committing to Child Survival: a Promise Renewed" has brought Ethiopia the good news that it has already achieved the Millennium Development Goal (MDG) for child mortality three years ahead of schedule. MDG 4 aims to reduce child mortality by two thirds. With three years remaining on the MDG deadlines, Ethiopia has managed to reduce child mortality by 67% in the year 2012.

UNICEF reported that the global rate of under-five mortality has roughly halved, from 90 deaths per 1,000 live births in 1990 to 48 per 1,000 in 2012. That means child mortality has decreased internationally by 47% during the specified time. The estimated annual number of under-five deaths has fallen from 12.6 million to 6.6 million over the same period. In other terms, 17,000 fewer children died each day in 2012 than in 1990. However, 18,000 children still die globally every day. According to the data, it is obvious that the world has become a much more hospitable place for children but the numbers are still too big to be considered acceptable.

The average rate of child mortality reduction for sub-Saharan Africa, the region that includes Ethiopia, has been reported to be 45%. Considering both the regional and international (47%) average child mortality rates, the 67% reduction of child mortality rate in Ethiopia stands as one of the most successful endeavors to achieve

the goal at the international stage. In doing so, Ethiopia has managed to save the lives of millions of its children rendering itself more suitable for the age group.

The Ethiopian Demographic and Health Survey reported 123 and 88 deaths per 1,000 live births in its 2005 and 2011 reports respectively. The recent UNICEF report puts Ethiopia's child mortality rate at 68 per 1,000 live births. These figures imply that the child mortality rate in the base year 1990 was as high as 206. The reduction from 206 to 68 deaths in 1,000 live births clearly shows that Ethiopia has designed sound health policies and backed them up with the necessary resources to ensure great success in implementation.

UNICEF data from a couple of years ago showed that about three-quarters of all child deaths happened in two regions – Africa (46%) and South-East Asia (28%). More than 50% of these deaths, the data denoted, were clustered in only six countries: China, Democratic Republic of the Congo, Ethiopia, India, Nigeria and Pakistan. Two years on and the recent UNICEF report states “half of all under-five deaths occur in just five countries: India, Nigeria, Pakistan, the Democratic Republic of the Congo and China.” That clearly shows that Ethiopia has pulled itself out of the cluster. Evidently, the country has managed to reduce the mortality rate considerably with strong signals that it could reduce the rate further to lower than 40 – exiting point from the group of high mortality countries – by the final year of the MDGs (2015).

The UNICEF report denotes that under-five mortality rates currently range from 2 deaths per 1,000 live births in Luxembourg to 182 in Sierra Leone. As stated above, the Ethiopian figure for 2011 was 88. Only a year later, the country has reduced the figure by 20. With still a couple of years remaining to the 2015 MDG deadline, Ethiopia is set to push the figure further down and get it much closer to the rate for developed countries. A couple of years back, an Ethiopian child used to be 30 times more likely to die by his or her fifth birthday than a child in Western Europe. At that time, the under five mortality was reduced to 88 per 1,000 live births. With the

figure plummeting considerably within a year and more success along the way in the coming couple of years, the gap between the developed world and Ethiopia is set to shrink down.

Of the 6.6 million under-five deaths in 2012, most were from preventable causes such as pneumonia, diarrhea or malaria; around 44% of deaths in children under 5 occurred during the neonatal period. Even though there have been strong advances in fighting childhood diseases, pneumonia and diarrhea remain leading causes of deaths among children under 5, killing almost 5,000 children under 5 every day. These are diseases of the poor and their distribution is highly concentrated, with three quarters of global pneumonia and diarrhea deaths occurring in just 15 countries.

Malaria remains an important cause of child death, killing 1,200 children under 5 every day. It remains strongly concentrated in sub-Saharan Africa, where it accounts for 14% of child deaths, despite major gains in life-saving interventions in recent years. Despite declining rates globally, neonatal deaths are growing as a share of global under-five deaths amid faster progress in reducing mortality in the post-neonatal period. Most neonatal deaths are preventable.

UNICEF argues that disease isn't inevitable, nor do children with these diseases need to die. Research and experience show that over half of the children who die each year could be saved by low-tech, evidence-based, cost-effective measures such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated bed nets and improved family care and breastfeeding practices.

Strengthening the health system and integrating the interventions into packages of care that can be delivered at all levels – from home to hospital – during pregnancy, childbirth, neonatal period, and childhood will be key to increasing the coverage of health interventions and saving the lives of under-five children. UNICEF

highlighted a national immunization programme against measles and the distribution of millions of insecticide-treated bed nets enough to protect over 10 million families in malaria-prone areas since 2005. Ethiopia has already deployed a large national network of more than 35,000 trained health workers and expanded the network of health centers to quickly scale up the government's delivery of basic health services, in close alliance with international donors, organizations and NGOs.

The result has been significant decrease in the enrollment of malaria patients in health institutions in the country. In Ethiopia, the number of childhood malaria cases reported at clinics fell by 60% and the death rate was halved within two years - from 2005 to 2007. This was the result of a massive bed net distribution undertaken by the Ethiopian government with support from programs like the Global Fund, the World Bank and the U.S. President's Malaria Initiative (PMI). In 2004, less than 5% of households in Ethiopia owned a bed net to protect against malaria. The government set an ambitious target to ensure that every household in a malaria-risk area owned two long-lasting, insecticide treated nets by 2008, which required distributing a total of 20 million nets. By January 2008, Ethiopia had exceeded this target by delivering approximately 20.5 million nets.

Ethiopia's strategic plan for malaria prevention, control and elimination involves the provision of life saving anti-malarial drugs, diagnostic kits and long lasting insecticide treated nets along with spraying of anti-mosquito chemicals on residential houses. Health extension workers also provide a house to house education on malaria prevention across the country.

HIV/AIDS Prevention and Control Office (HAPCO) said new HIV infection in Ethiopia has declined by more than 90% over the past decade. AIDS-related death has also dropped to 53%. The United Nation's assessment of global cases of HIV/AIDS shows there has been a further drop in new infections among children.

There were 330,000 new infections in children in 2010 and the figure was 24% lower than the number for 2009.

Most people associate this success to the Health Ministry's endorsement of Integrated Management of Childhood illnesses developed by the government in 1997. This includes training and empowering village members and caretakers to standardize and institutionalize "village" health care delivery. The widespread use of bed nets, prevention of mother to child transmission of HIV and increased access to safe drinking water have been instrumental in bringing about the change.

Increased access to health centers, safe drinking water, immunization, vaccination, awareness raising schemes and education have also helped to reduce the prevalence of pneumonia and diarrhea. All this demonstrates that it is possible to sharply lower child mortality, even from high initial rates, when concerted action, sound strategies, adequate resources and strong political will are consistently applied in support of child and maternal survival.

As it takes low-tech prevention and treatment activities to make a notable change in child mortality rate reduction, the role other economic development bolstering activities play to help the situation is immense. The expansion of elementary education coverage to over 95% of the country, for instance, takes literacy levels higher. Coupled with the increased reach of adult education, the trend helps children and parents have a grasp of basic sanitary and child care measures. The pronounced access to roads, clinics and other social services in the past decade has also made it easier for Ethiopians to get professional health assistance much more easily.

The recent UNICEF report stresses child survival is a shared responsibility. "While governments bear overall responsibility and accountability, citizens, civil society organizations and private sector entities are increasingly becoming involved by

taking direct action and mobilizing their constituencies to do the same. And it is action that is needed. The world now knows more than ever before about how to end preventable child deaths through improvements in disease prevention and treatment, childcare and nutrition, water and sanitation, education, laws and policies — and that knowledge is growing. But reaping the benefits of knowledge requires action. The sooner urgent action can be initiated, the closer we move towards a world in which no mother or child dies from preventable causes.”

“The cost of inaction is alarmingly high. If current trends persist, the world will not meet MDG 4 until 2028. And if that happens, between 2015 and 2028 approximately 35 million children will die who could have lived had MDG 4 been met on time. That is why *A Promise Renewed* was born — to do everything possible in the remaining years before the 2015 deadline to accelerate progress towards meeting MDG 4, and set the grounds for faster progress in the years to come.”

As clearly and sensibly put by the responsible international organization, UNICEF, governments should take the initiative to mobilize resources and action both nationally and internationally. Especially considering Ethiopia belongs to the only region in the world in which the under-five population has increased since 1990, its regional and international involvement has to match the challenge. The fact that the region is one with the least progress on under-five mortality makes its responsibility even more serious.

The government of Ethiopia has, accordingly, been making notable attempts at organizing the efforts of regional and international state and non-state actors. In January 2013, the Government of Ethiopia convened African Leadership for Child Survival, a high-level summit of regional policymakers and technical experts. The summit concluded with more than 120 Ministry of Health delegations endorsing a consensus statement to accelerate progress on child survival in Africa. The Government of Ethiopia is a co-sponsor of the global Call to Action.

A Promise Renewed consequently emerged from the Child Survival Call to Action, convened in June 2012 by the Governments of Ethiopia, India and the United States, in collaboration with UNICEF. The more than 700 government, civil society and private sector participants who gathered for the Call to Action reaffirmed their shared commitment to scale up progress on child survival, building on the success of the many partnerships, initiatives and interventions that currently exist within and beyond the field of health.

Infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life (UNDP, 2007). The big leap in reducing child mortality rates in Ethiopia have taken the figure down from 206 deaths in 1,000 live births in the 1990s to 68 in 2012. That is a 67% reduction – the goal set by the MDGs. The huge improvement in child mortality rates, therefore, bears testimony to the improvements in the socioeconomic situation and quality of life in the country. With yet another three years before the deadline for the MDGs runs out, there obviously is enough room for Ethiopia to push the rates further down considerably, making itself much more suitable for its inhabitants.

- Addis Ababa: only city in ESA with below replacement fertility after the 1990's (TFR=1.5 from EDHS 2011)