The population of Ethiopia is estimated at 86 million in 2012 with an annual population growth rate of 2.6 per cent. With only 15 per cent of the total population living in urban centres, Ethiopia is one of the least urbanized countries in the world. Still, with pro-poor expenditures representing around 70 per cent of government expenditures in 2012/13, the Government of Ethiopia continues to show strong commitment to human and social development which helps the country make impressive progress towards attaining most of the Millennium Development Goals (MDGs). MDG 4 of child mortality reduction has been achieved three years ahead and MDG 6 of halting the spread of HIV/AIDS, Malaria and TB is well on track towards the 2015 deadline.

However, MDG 5 of improving maternal health has showed a slow progress. WHO indicates that annually, 287,000 women die globally during and following complications of pregnancy and child birth. Over 99 per cent of these deaths occur in low-resource settings, and most are preventable through provision of quality essential maternal health services. In 2012, about half of all maternal deaths were in Sub Saharan Africa Region.

Although Ethiopia has reduced under five mortality rate (USMR) by two thirds between 1990 and 2012, meeting the target for MDG 5, progress in Maternal Mortality Ratio (MMR) reduction has been slow. Only 29.5 per cent women delivered in Health Facilities6. MMR is 676 per 100,000 live births7. Skilled Birth Attendance counts for 42 per cent of under-five deaths. This burden is even greater for the large rural population due to poor access and utilization of maternal and new-born health services. To further reduce USMR, NMR and its major direct causes such as sepsis, birth asphyxia, and pre-term delivery must be addressed through the provision of quality delivery services to all mothers coupled with essential new-born care services. To provide maternal and neonatal care including equipment for basic operation facilities and essential neonatal care equipment. The rapid inauguration of these primary hospitals will enhance the national capacity to provide continuous care and increase the accessibility of essential emergency obstetric and neonatal care to the majority of mothers and new-borns.

During the last decade, Ethiopia has made remarkable progress to reduce USMR between 2005 and 2011 from 123 to 88 per 1,000 live births (reduction of 28 per cent), but the Neonatal Mortality Rate (NMR) shows slow progress and now accounts for 42 per cent of under-five deaths. This burden is even greater for the large rural population due to poor access and utilization of maternal and new-born health services. To further reduce USMR, NMR and its major direct causes such as sepsis, birth asphyxia, and pre-term delivery must be addressed through the provision of quality delivery services to all mothers coupled with essential new-born care provision to all new-borns. Neonatal sepsis, the major new-born killer, accounts for more than one third of neonatal deaths. Seventy five per cent of new-born deaths occur within the first week of life, when even modest delays in receiving effective care can be deadly. A relative gap in service outlets exists at hospital level with the majority of the expected 800 district hospitals [one per each woreda (district)] still under construction or not yet began. At present, just over 120 hospitals are providing CEmONC services for the entire population of the country.

### Trend of progress towards MDG 5 in Ethiopia

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</thead>
<tbody>
<tr>
<td>Maternal Mortality Ratio (MMR)</td>
<td>1067</td>
<td>871</td>
<td>673</td>
<td>676</td>
<td>–</td>
</tr>
<tr>
<td>Skilled Birth Attendance</td>
<td>-</td>
<td>4%</td>
<td>5%</td>
<td>10%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Antenatal Care Coverage (at least 1 visit)</td>
<td>-</td>
<td>27%</td>
<td>28%</td>
<td>34%</td>
<td>89%</td>
</tr>
</tbody>
</table>

In addition to the MDG targets of reducing the MMR to 267 per 100,000 live births, the Federal Ministry of Health (FMoH) has also set other ambitious targets for 2015 including availability of Basic and Comprehensive Emergency Obstetric and Neonatal Care (BEmONC and CEmONC) at 100 per cent of hospitals and health centres in the country; increase skilled birth attendance rate to 62 per cent of total deliveries and universal access of mothers and neonates for antenatal and postnatal care.

In Ethiopia, up to 15 per cent of mothers and new-borns suffer serious complications that warrant referral to facilities providing comprehensive emergency obstetric and neonatal care (CEmONC) services including caesarean sections, blood transfusions and emergency laparotomy. However, the availability of CEmONC has been limited with only over a hundred hospitals having the capacity to provide the service in the country. In order to increase access, FMoH has committed to the construction of over 800 new primary hospitals [one primary hospital per woreda (district)]. Nationally, the construction of over 200 primary hospitals has already been initiated in the various regional states and is expected to be completed soon. The hospitals need to be equipped with basic essential supplies and equipment to provide maternal and neonatal care including equipment for basic operation facilities and essential neonatal care equipment. The rapid inauguration of these primary hospitals will enhance the national capacity to provide continuous care and increase the accessibility of essential emergency obstetric and neonatal care to the majority of mothers and new-borns.

### Trend of progress towards MDG 5 in Ethiopia

1. Ethiopian CSA, Census 2007 Report
2. Ethiopian CSA, Census 2007 Report
3. UN IGME 2013
4. WHO 2012
5. 2013 report from the UN Interagency Group for Child Mortality Estimates (IGME)
6. EFY 2006 report of the Federal Ministry of Health
7. EDHS 2011
9. Health Sector Development Program IV, FEDERAL MINISTRY OF HEALTH (HSDP IV), 2010
12. EDHS 2011

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There are also significant additional challenges to the implementation of more complex interventions such as case management of neonatal sepsis at the community level including supply and logistics for provision of essential medicines to community health care outlets and low levels of timely health seeking behaviour by mothers and communities. However, important and unique opportunities also exist in Ethiopia to improve service delivery through both community and health facility based interventions. Results achieved and lessons learnt in the last 17 years of health sector development programme (HSDP) implementation to improve the health of mothers and children indicate the following:

3. Referral System Strengthening

Also resulted in procurement of 800 ambulances (one per woreda). There is also a new Maternal and Neonate Health (MNH) quality improvement initiative of Maternal Death Surveillance and Response (MDSR) introduced recently to identify cause of death. While it is clear that the current efforts to fill the gap in access to health care through the construction of health facilities including health centres and hospitals is commendable, concurrent efforts should be enhanced to ensure that the newly constructed facilities are fully equipped with essential utilities to provide quality maternal and neonatal lifesaving interventions as soon as possible. In addition, training of new staff and retraining of existing staff in basic maternal and neonatal care skills is a matter of urgency in light of the massive increase in health service outlets. Financial as well as material support is required to the public sector to meet the HSDP as well as MDG targets in time. This will include support to the MDG Pool Fund as well as direct support to procurement of essential supplies and equipment for maternal and new-born care.

In order to improve the health care financing as well as to reduce the burden of health care cost on mothers and families, FMoH has initiated the national Health Care Financing Reform (HCFR).

The HCFR includes fee waivers and exemptions for maternal and child health care services; user fee retention and utilization by health facilities to improve essential services; pilot- ing of community health insurance schemes; progressive increase in national health budget and better harmonization of health related aid through mechanisms such as the MDG Pool Fund.

Financing the procurement of essential drugs, supplies and equipment for health centres and hospitals including those for emergency surgery is one of the challenges facing the FMoH. The challenge has become broader following the decision by the Government to provide all maternal and basic neonatal care services free of charge to all mothers accessing care at public health facilities. The rapid expansion in the number of health centres and hospitals is also another challenge as it has enormously increased the demand for essential utilities.

European Union, UNICEF and other development partners are closely collaborating with the FMoH to support the national effort to achieve the goals of the MDGs with particular focus on reduction of maternal and neonatal mortality. The recently initiated collaboration between the Government of Ethiopia, the European Union and UNICEF Ethiopia on the Enhancing Skilled Delivery in Ethiopia (ESDE) project is planned to be implemented nationally with the objective of assisting the national effort to achieve MDG 5. The project is funded by the European Union with 40.2 million Euros for three years to work on enhancing health facility readiness to provide quality delivery and neonatal care services as well as support community mobilization towards utilizing lifesaving maternal and new-born health services. The project is expected to support the health service for an estimated 12.5 million people nationally. Every year the 625,000 mothers and neonates will directly benefit from the project with improved access to maternal and neonatal health services. During the three years of implementation, the project will impact close to 2 million mothers and neonates.