

Accelerating maternal, newborn, and child health in Ethiopia



Stronger collaboration, greater accountability

Ethiopia has made remarkable progress, yet approximately 14 mothers and 330 children under five years still die every day. Bold leadership and sustained investment are urgently needed to end these preventable deaths.

Over the past two decades, Ethiopia has cut maternal deaths by more than 75% and child deaths by two-thirds and significantly reduced neonatal mortality—attributable to strong political will and smart investments in essential health services for mothers and children. However, far too many mothers, newborns, and children in Ethiopia still die every day from preventable causes.

Children born in Ethiopia today are almost ten times more likely to die before their fifth birthday than children born in high-income countries. For a young woman in Ethiopia, the risk of dying during or shortly after childbirth is still more than 60 times higher than that of her peers in high-income countries. These challenges persist due to limited access to essential medicines and quality health care; they are made worse by emerging infectious disease threats—like the recent outbreak of Marburg virus—and the impacts

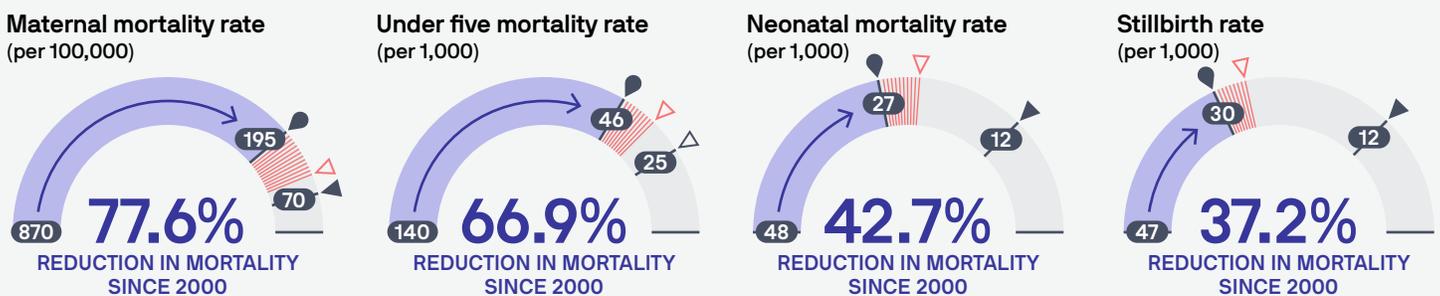
of climate change, which can further restrict access to lifesaving care.

These disparities are not inevitable. Ethiopia has achieved significant progress and remains committed to improving health outcomes for women and children. But with just five years to go, Ethiopia is off track to meet its commitment to the Sustainable Development Goal (SDG) 3 targets for maternal mortality (see Figure 1).

As global health funding decreases, protecting decades of progress and continuing to build toward a healthier future will require tackling persistent bottlenecks, strengthening civil society advocacy, and coordinating leadership across sectors. What is needed now is bold, sustained political will to ensure every mother, newborn, and child survives and thrives.

FIGURE 1. Tracking Ethiopia's lifesaving commitment to mothers and children.

Over the last 25 years, Ethiopia has made remarkable progress in reducing preventable maternal and child deaths.



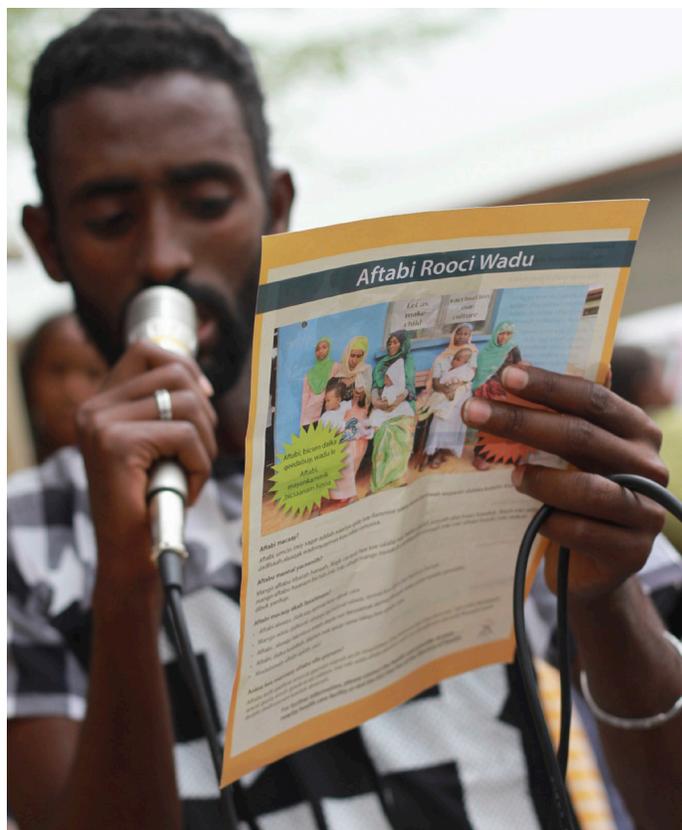
- ◆ 2023 mortality
- ▽ 2030 projected mortality
- ▽ SDG 2030 goal

Note: Maternal mortality figures are sourced from the WHO "Trends in Maternal Mortality 2000 to 2023" dataset. Child under-five and neonatal mortality and stillbirth rate numbers are sourced from the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Percentage changed and 2030 projections are calculations run by PATH (see Appendix) based on the data included in the WHO and UN IGME sources used.

The landscape: Regional and socioeconomic health disparities persist for women and children in Ethiopia

Ethiopia's concerted efforts since 2000 to expand its health infrastructure and workforce, especially in rural areas where nearly 80% of its population lives, have led to significantly improved maternal, newborn, and child health (MNCH) outcomes; this progress is thanks to government leadership and the Health Extension Program. As a result, Ethiopia has recorded one of the fastest declines in maternal mortality in the region, reducing maternal mortality by 78% compared with a 40% reduction across all of sub-Saharan Africa.

According to the health sector's most recent annual report, nearly all women giving birth receive antenatal care at least once during their pregnancies, and eight in ten women deliver at health facilities with assistance from skilled health care providers. However, important gaps remain, with access to care varying widely depending on where the mother or child lives. While 100% of women in Addis Adaba receive four or more antenatal services during their pregnancies, timely postnatal care within 48 hours, and deliver under the care of a skilled birth attendant, for women in Gambella, these levels of care reach only 45%, 47%, and 48%, respectively. The impacts of these disparities can be seen when looking at critical health indicators like low birth weight, where 16% of live births in Gambella recorded low birth weight—the highest in the country—compared with only 6% in Addis Adaba. Bridging these gaps is essential to achieving equitable improvements in maternal and child health.



PATH/Therese Bjorn-Mason

Mastufa Ahmed conducts outreach with new mothers and children at Yalo market in Ethiopia.

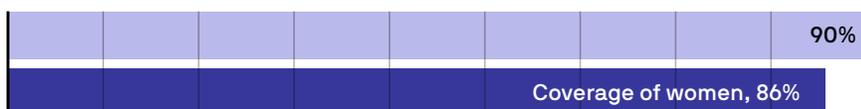
FIGURE 2. At a glance: Maternal, newborn, and child health care indicators in Ethiopia.

Births attended by skilled health personnel

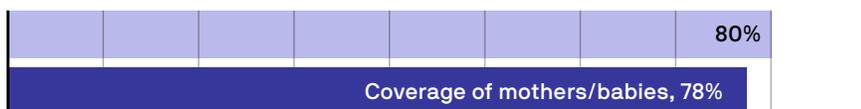


Global coverage target
Ethiopia status

Pregnant women having four or more antenatal care visit days



New mothers/babies receiving postnatal care within two days



Note: All data is from the Ethiopia Health Sector Annual Performance Report of the 2017 Ethiopia Fiscal Year.

The challenge: Implementation, funding, and coordination constraints weaken impact

Ethiopia's progress is fragile, as preventable maternal and child deaths continue to pose an urgent, often overlooked crisis. While solutions are well known and within reach,

their realization requires sustained political will, increased investment, and stronger accountability across all levels of the health system. Key challenges include:



Policy implementation

Ethiopia has adopted strong policy frameworks and strategies—like the Health Extension Program, which integrates MNCH services into primary health care via community health workers, and the [Health Sector Transformation Plan II \(HSTP-II\)](#). These efforts have helped improve service quality and government-led health coordination. However, limited capacity for implementation, inadequate data and monitoring, and inconsistent access to quality care are hindering progress, particularly at the regional and community levels.



Financing

Financing. Ethiopia continues to rely heavily on donor funding for MNCH programs. Although the government has pledged to boost domestic health financing, budget allocations are still insufficient. Sustainable financing strategies, including results-based financing and innovative partnerships, are essential to address funding shortages.



Multi-stakeholder coordination

Multi-stakeholder coordination. Ethiopia's multi-stakeholder platforms that influence maternal, newborn, and child health—including the Maternal and Perinatal Death Surveillance and Response (MDSR) system and the MDSR Taskforce—have helped strengthen partner alignment and encouraged data-driven solutions. However, challenges in stakeholder coordination, data sharing, and community-led accountability continue to exist.

The call to action: Deliver impact through coordinated leadership, investment, and evidence-based action

With strong policy foundations and proven interventions, Ethiopia has a powerful opportunity to safeguard decades of progress, close gaps, and ensure that every mother and child survives and thrives. Investing in MNCH yields high returns—not only by saving lives and reducing long-term health costs, but also by strengthening families, boosting productivity, and advancing national development. To realize this opportunity, policymakers, funders, and advocates each play a critical role to drive progress for mothers and children.

Policymakers—Executive/Parliament

- **Strengthen and sustain political will.** Renew and maintain high-level political commitment to MNCH by fully funding and implementing national plans and programs (i.e., the HSTP-II and National MNH Roadmap). Domestic relevant global commitments, including the [World Health Assembly MNCH Resolution](#).
- **Strengthen data-driven accountability.** Align multi-stakeholder efforts around national priorities using robust, timely data to track progress, ensure accountability, achieve milestones, and address gaps identified in the national plans. Improve measurement systems to ensure critical indicators are not going unmonitored.
- **Invest in stronger MNCH systems.** Increase and diversify investment in MNCH by mobilizing domestic resources, ensuring resources reach primary health care facilities, leveraging innovative financing mechanisms, and partnering with the private sector for impact and sustainability. Meet the Abuja Declaration commitment to allocate at least 15% of the national budget to health and ensure that these resources reach the front line. Prioritize funding for essential MNCH commodities and the health workforce needed to deliver quality care.
- **Expand access to quality, equitable care.** Strengthen and scale up proven interventions by ensuring equitable access to skilled care—prioritizing midwifery and other skilled birth attendance, quality antenatal and postnatal care, and emergency obstetric services, especially in underserved regions. Enhance community-based MNCH initiatives, particularly those targeting individuals with disabilities, adolescents, and marginalized populations. Improve collaboration with civil society, professional associations, and other stakeholders such as parents and women to ensure solutions and impact are aligned with local priorities.

Funders

- **Increase and sustain funding for scalable MNCH solutions.** Commit to funding the continuum of MNCH care—including prenatal, postnatal, and emergency obstetric care—while supporting efforts to strengthen obvious needs of the health system, such as workforce training, supply chains, and infrastructure. Prioritize innovative, scalable approaches and align support with government-identified priorities for greater sustainability and impact.
- **Support locally led solutions.** Direct funding to those local organizations, frontline health workers, and community-based interventions, such as midwifery programs, that are best positioned to understand and address community needs.
- **Invest in advocacy.** Build the capacity of civil society, youth, and women-led groups to advocate for increased domestic funding, policy implementation, and accountability for MNCH. Fund advocacy to push for stronger policies, increased funding, and universal health coverage, and influence policy agendas to ensure MNCH remains a top priority.

Advocates

- **Drive accountability.** Prioritize data-driven advocacy efforts to strengthen policies and guidelines for equitable MNCH care and hold the government accountable for its commitments by leveraging existing tools and instruments.
- **Strengthen alignment through collaboration and evidence.** Partner with government, civil society organizations, donors, and the private sector to align efforts and maximize impact. Use data and research to push for evidence-based policies and targeted MNCH investments.
- **Elevate community voices.** Champion the leadership and participation of women, parents, and communities in decision-making, demonstrating demand for quality MNCH services that reflect local priorities.

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Endnote

Daily estimated deaths, mortality rate reduction, risk comparisons against high-income countries, and 2030 projections were calculated by PATH based on publicly available, official data sources; for full methodology, see [Appendix: Metrics and calculations for MNCH advocacy briefs](#) (Excel spreadsheet).

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