

Chapter 6 — Mortality Levels and Trends (Ethiopia with a Global Lens)

This chapter explains how the risk of death has changed in Ethiopia and what the common indicators mean. We use plain language and avoid formulas. Mortality statistics are not just numbers—they tell a story about everyday living conditions, health services, nutrition, safety, and the environment. Understanding these trends helps us plan for clinics, ambulances, vaccines, and safer roads.

6.1 What Do We Mean by “Mortality”?

Mortality is simply the chance that people die at different ages. Some indicators look at babies’ chances of surviving their first days and years; others look at adults’ risks from infections, injuries, or non-communicable diseases (such as heart disease). When mortality falls, life expectancy rises—and families, communities, and the economy benefit.

6.2 Everyday Indicators (Explained Simply)

- **Infant mortality rate (IMR):** deaths of babies before their first birthday for every 1,000 live births. This is closely linked to prenatal care, skilled birth attendance, hygiene, and early feeding.
- **Under-five mortality rate (U5MR):** deaths before age five for every 1,000 live births. Vaccines, nutrition, water and sanitation, and prompt treatment of pneumonia, diarrhea, and malaria all matter here.
- **Neonatal mortality rate (NMR):** deaths in the first 28 days of life for every 1,000 live births. Quality care at birth, breathing support, infection prevention, and care for small or early babies are key.
- **Maternal mortality ratio (MMR):** deaths of women during pregnancy, childbirth, or the weeks after, for every 100,000 live births. This reflects emergency obstetric care, skilled attendance, respectful care, and timely referrals.
- **Life expectancy at birth:** the average number of years a baby is expected to live if today’s age-specific death risks stay the same. It is a summary of overall health conditions.

6.3 Data Sources (Where These Numbers Come From)

No single source captures everything. Ethiopia relies on population censuses, large household surveys like the DHS and PMA, health-facility records, and—where available—civil registration and vital statistics (CRVS). Because each source has strengths and weaknesses, analysts compare them and check for consistency over time.

6.4 The Life Table in Plain Words

A life table is a simple “ledger” that follows a pretend group of babies (say 100,000) through life. At each age, we subtract the number who would be expected to die at that age, based on observed risks. The table shows: (1) how many are still alive at each age; (2) the probability of dying between ages—for example between 15 and 60; and (3) the average years lived. You can think of it as turning age-specific risks into an easy-to-read survival story.

6.5 Big Picture for Ethiopia

Over the last two to three decades, Ethiopia achieved major declines in child mortality. Vaccination, better treatment for malaria, pneumonia and diarrhea, improved water and sanitation, and wider access to primary care all helped. Neonatal deaths (the first month of life) now make up a larger share of child deaths, because the early period is hardest to improve.

For adults, infectious diseases have fallen in many places, but injuries and non-communicable diseases (like hypertension and diabetes) now account for a growing share of deaths. This shift is normal as countries develop, but it requires different services—screening, chronic care, safe roads, and cleaner air.

6.6 Differences by Place and Group

Mortality is not the same everywhere. Urban areas usually have better access to emergency care and clean water; rural and remote districts may face longer travel times and fewer health workers. Regions that experienced conflict, drought, or floods can see temporary reversals. Newborn and maternal risks are highest where transportation and referral systems are weak.

6.7 What Drives Mortality Down?

- Strong primary health care: timely treatment for common childhood illnesses; antenatal care; skilled birth attendance; postnatal care.
- Prevention: vaccines; bed nets and malaria testing; safe water, sanitation, and hygiene; good nutrition including breastfeeding.
- Emergency and referral care: ambulances, blood banks, oxygen, and surgical capacity for complications in mothers and newborns.
- Safety and environment: road-safety measures, clean household energy, and reduced air pollution.
- Education and income: schooling (especially for girls) and household resources support healthier choices and faster care-seeking.

When these pieces work together, mortality falls faster and more fairly across regions and communities.

6.8 Special Topics

- Newborn survival: Simple, proven steps—clean, warm, and well-supported births; immediate breastfeeding; infection prevention; and timely care for breathing problems—save many lives.
- Maternal survival: Many maternal deaths are preventable with well-organized care: birth planning, skilled attendance, rapid transport, and emergency obstetric care when complications occur.
- Adolescents and young adults: Injury and violence risks can be high; prevention includes road-safety enforcement and youth services.
- Older adults: Screening and treatment for hypertension and diabetes, tobacco control, and clean air protect health as people live longer.

6.9 Reading Trends Carefully

Trends can wiggle up or down for short periods because of data gaps, outbreaks, or shocks such as conflict, drought, or inflation. The long-term direction matters most. Cross-checking multiple sources and looking at multi-year averages gives a truer picture.

6.10 Planning and Policy: What Works in Ethiopia

- Keep strengthening primary care and referral systems, especially for mothers and newborns.
- Protect immunization, malaria control, and nutrition programs during shocks.

- Expand road-safety and emergency services; invest in blood, oxygen, and trauma care.
- Tackle air pollution and household energy risks; promote clean cooking.
- Invest in fair access—pastoralist, remote, and conflict-affected communities should receive tailored outreach.
- Improve measurement: better civil registration (CRVS) and complete cause-of-death data help target resources.

6.11 Final Take-Away

Ethiopia has made strong progress against preventable deaths, especially among children. The next big gains will come from focusing on the first month of life, safe motherhood, injuries and chronic diseases, and making sure every community—no matter how remote—can reach quality care when it is needed most.