Chapter 7 — Mortality Differentials and Determinants (Ethiopia with a Global Lens)

This chapter explains why the risk of death is higher in some places or groups than in others, and what we can do about it. We use simple language and short sections. Our focus is Ethiopia, but we draw quick lessons from other countries where helpful. The big idea is that health is shaped not only by hospitals but also by everyday living conditions—water, housing, food, work, schools, roads, and the environment.

7.1 Framework & Concepts

Think of mortality as the final link in a chain. Upstream are social and environmental conditions; in the middle are behaviors and services (prevention and treatment); downstream are health outcomes, including death. Fair systems work on all parts of the chain: reduce risks where people live and work, make healthy choices easy, and ensure quality care when someone gets sick or injured.

7.2 Maternal & Newborn Health

The hours around birth are the most dangerous time for both mother and baby. Most deaths can be prevented with respectful, high-quality care: antenatal check-ups, skilled birth attendants, clean facilities, rapid referral for complications, and good care for small or early babies. Family planning and healthy birth spacing protect mothers' health and improve newborn survival.

7.3 Child Health & Immunization

Vaccines, breastfeeding, good nutrition, and quick treatment of pneumonia, diarrhea, and malaria save many lives. Safe water, sanitation, and hygiene at home and in schools are just as important. When children do get sick, parents need nearby clinics that are welcoming, stocked with medicines, and open when needed.

7.4 Infectious Disease Risks

Ethiopia faces a mix of infectious risks: malaria in some regions and seasons, tuberculosis, HIV, and outbreaks such as measles. Prevention works—bed nets and indoor spraying for malaria, testing and treatment for TB and HIV, and strong vaccination programs. Quick detection and response to outbreaks protect all communities.

7.5 Non-Communicable Diseases (NCDs) & Injuries

As people live longer and cities grow, more deaths come from high blood pressure, heart disease, diabetes, cancers, and chronic lung disease. Screening and steady treatment are key. Tobacco control, cleaner air and cooking fuels, active transport, and healthier foods prevent many NCDs. Road traffic injuries also take a heavy toll; seat belts, helmets, speed control, and safe roads save lives.

7.6 Nutrition & Food Security

Undernutrition weakens immunity and raises the risk of death, especially for small children. Diets low in fruits, vegetables, and protein also raise adult NCD risks. Actions include support for mothers' and babies' nutrition, diverse diets, safe water, and shock-responsive safety nets when droughts or prices spike.

7.7 Household & Built Environment

Clean water, working toilets, less crowding, and safer housing reduce infections and injury. Switching from solid fuels (wood, dung, charcoal) to cleaner energy cuts indoor air pollution, a major cause of pneumonia in children and lung disease in adults. Urban planning—pavements, lighting, safe transport—also protects health.

7.8 Conflict, Disasters & Shocks

Violence, displacement, droughts, floods, and high food prices can quickly raise death risks by disrupting services and household coping. Health systems need plans to keep care going during crises: pre-positioned supplies, mobile clinics, and strong disease surveillance. Recovery should rebuild better—stronger clinics, water systems, and roads than before.

7.9 Environment, Biodiversity & Exposure

Nature protects health: forests filter air and water, wetlands reduce floods, green spaces cool cities. When natural systems are damaged, pollution and extreme heat rise and so do health risks. Protecting key ecosystems and guiding urban growth to safer areas are public-health strategies as well as environmental ones.

7.10 Equity & the Life Course

Risks change across life: newborns need safe delivery and early care; children need vaccines and nutrition; teenagers need safety and mental-health support; adults need screening and safe work; older adults need chronic-disease care. Policies should make sure the poorest and most remote communities are not left behind—"universal health coverage" means everyone, everywhere.

7.11 Data for Action (Plain Language)

We track mortality with multiple sources: censuses and surveys (to measure levels and trends), health-facility data (to monitor services), and civil registration with cause of death (the gold standard). No source is perfect on its own. Combining them gives a clearer picture and helps target resources where the needs are greatest.

7.12 Priority Actions for Ethiopia

• Ensure quality care around birth—oxygen, blood, skilled providers, and respectful care.
• Protect child-health basics—vaccines, malaria control, nutrition, safe water and sanitation.
• Build strong primary care for NCDs—screening, medicines, counseling for healthier living.
• Make roads, homes, and neighborhoods safer—speed management, helmets, clean cooking, and better housing.
• Prepare for shocks—conflict-sensitive planning, early warning, and emergency funds.
• Close equity gaps—bring services to pastoralist and remote woredas; publish results so progress is shared transparently.