

Taking Stock: A Quarter Century of Change in Ethiopia's Demography and Health, 2000-2025

AYNALEM ADUGNA, PHD

May 2026

Taking Stock: Definition

A careful evaluation of the current state of a system by **reviewing evidence** accumulated over time to assess progress, identify remaining challenges, and inform future policy decisions.

In the context of today's presentation, taking stock means looking back over the last quarter-century to evaluate **what has changed:**

- fertility decline
- improvements in maternal health services
- reductions in child mortality
- changes in nutrition and breastfeeding indicators

Background

Ethiopia's modern demographic data system began with the first national population and housing census conducted in 1984. That census estimated the country's population at approximately 42 million people. A decade later, the 1994 national census recorded a population of nearly 53 million, indicating rapid population growth during the late twentieth century.

During this period, Ethiopia's demographic profile reflected characteristics typical of many low-income countries. Fertility rates were estimated to exceed six children per woman, while infant and child mortality remained high, and maternal mortality was among the highest in the world. Limited access to health services, low contraceptive prevalence, and widespread rural poverty contributed to high population growth rates and substantial health challenges.

By the late 1990s, Ethiopia's population had grown to an estimated 65 million people, increasing demand for health services, education, and social infrastructure. At the same time, global health initiatives and national policy reforms began emphasizing expanded access to reproductive health services, maternal health care, and child survival interventions.

Background..Cntd.

According to estimates from the United Nations Population Division and the World Bank, Ethiopia's population increased from roughly 65 million in the late 1990s to approximately 77 million by the 2007 national census and to more than 100 million by the mid-2010s [9]. This rapid demographic expansion placed increasing pressure on the country's health system, education sector, labor markets, and natural resources while also highlighting the urgency of expanding access to reproductive health services and maternal and child health programs.

Population growth has continued into the present decade. Recent international demographic estimates suggest that Ethiopia's population exceeded 120 million in the early 2020s and is projected to reach approximately 128–130 million by 2026, making it the second most populous country in Africa after Nigeria and one of the largest in the world.

65 million (2000) - 130 million (2025): The journey

Table of Contents (Quarter-century trends in)

Family
Planning

Fertility

Mortality

Skilled Provider
Attended
Deliveries

Vaccination

Child Nutrition

Breastfeeding

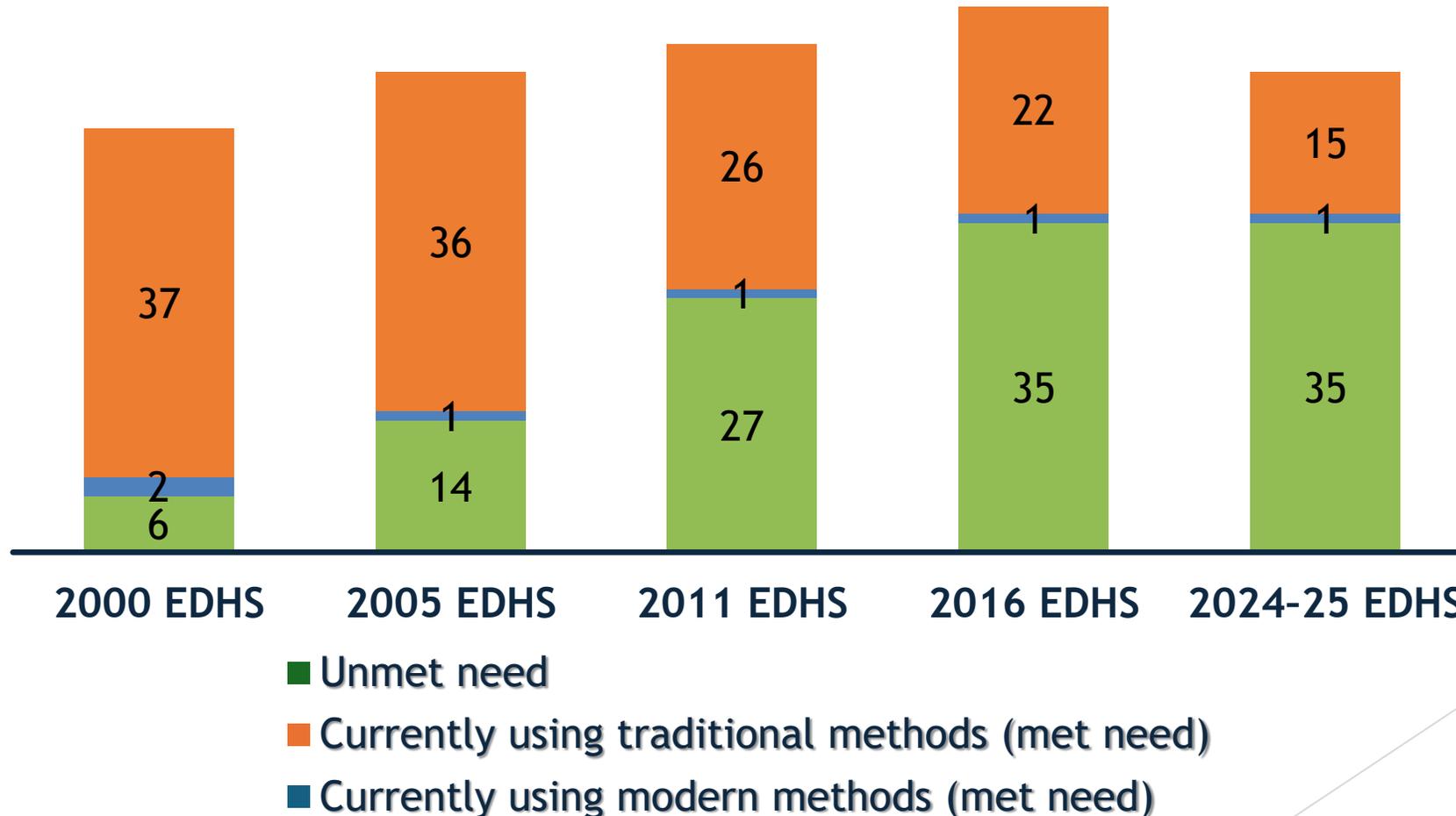
Pregnancy-
related deaths



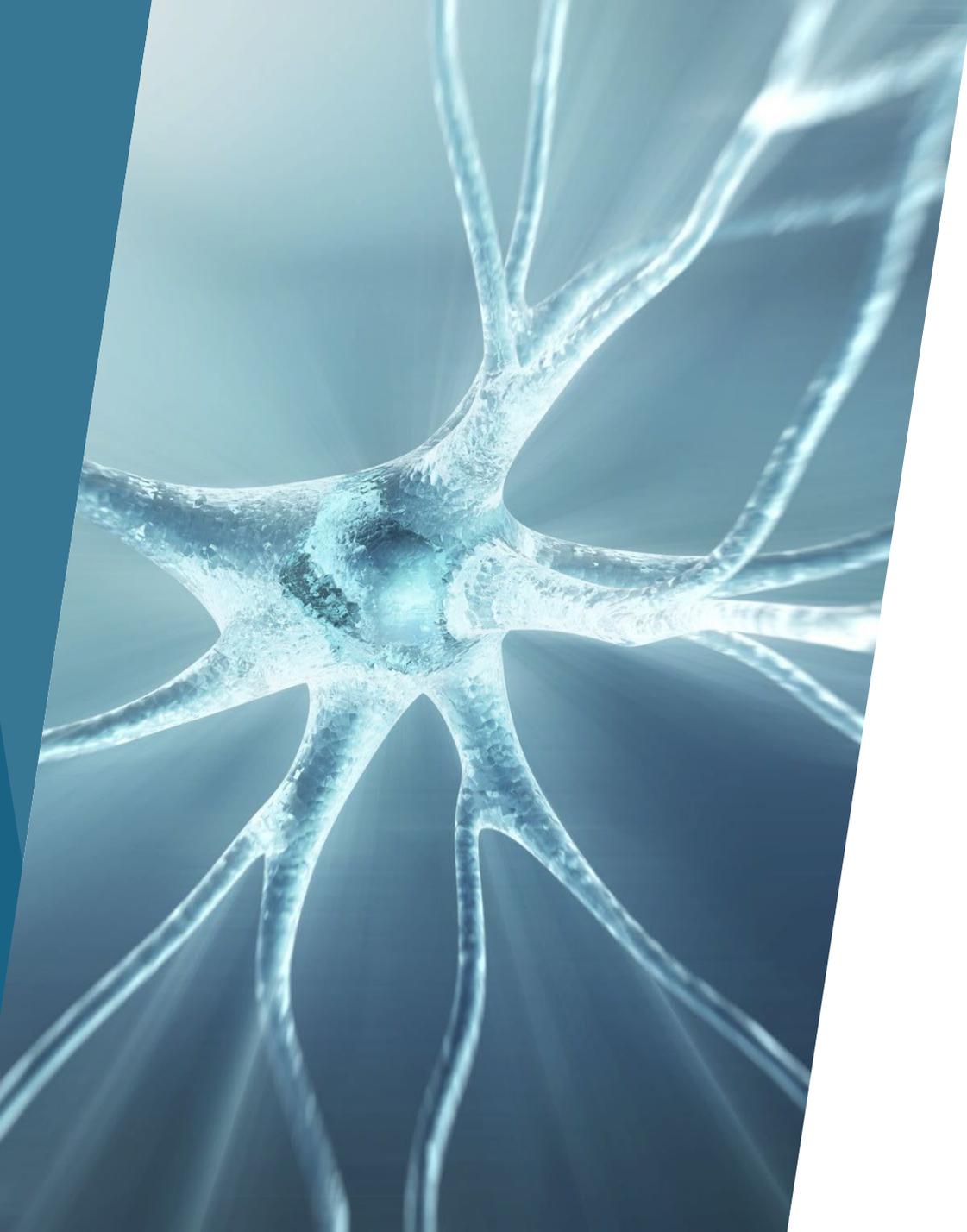
▶ FAMILY PLANNING

Demand for Family Planning Over Time (EDHS)

EDHS *Percentage of currently married women age 15-49*



Trends: Total demand for family planning among currently married women increased from 45% in the 2000 EDHS to 58% in the 2016 EDHS and decreased slightly to 51% in the 2024–25 EDHS. Over this same period, unmet need decreased from 37% to 15%

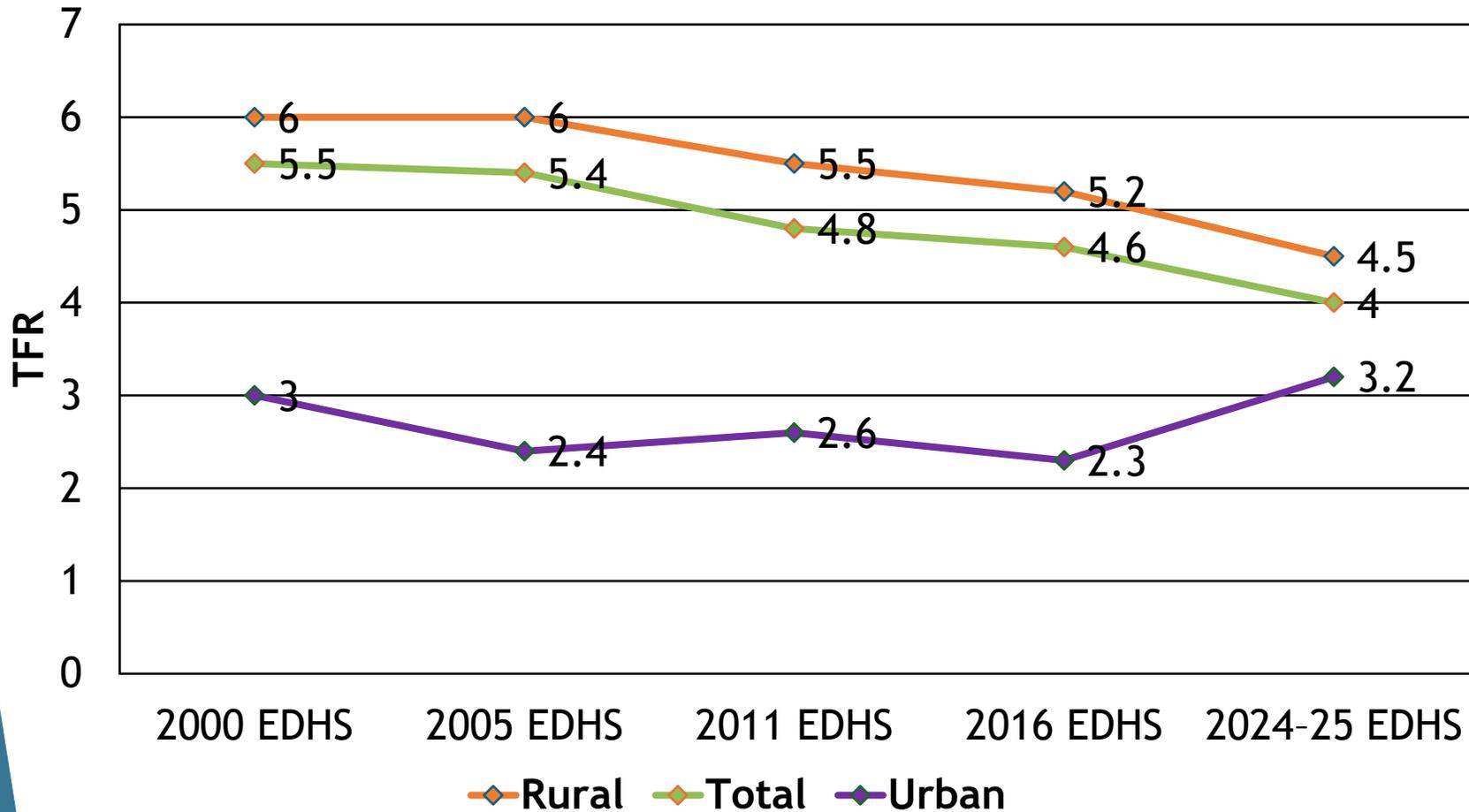


FERTILITY



Trends in Fertility by Residence

EDHS TFR for the 3 years before each survey



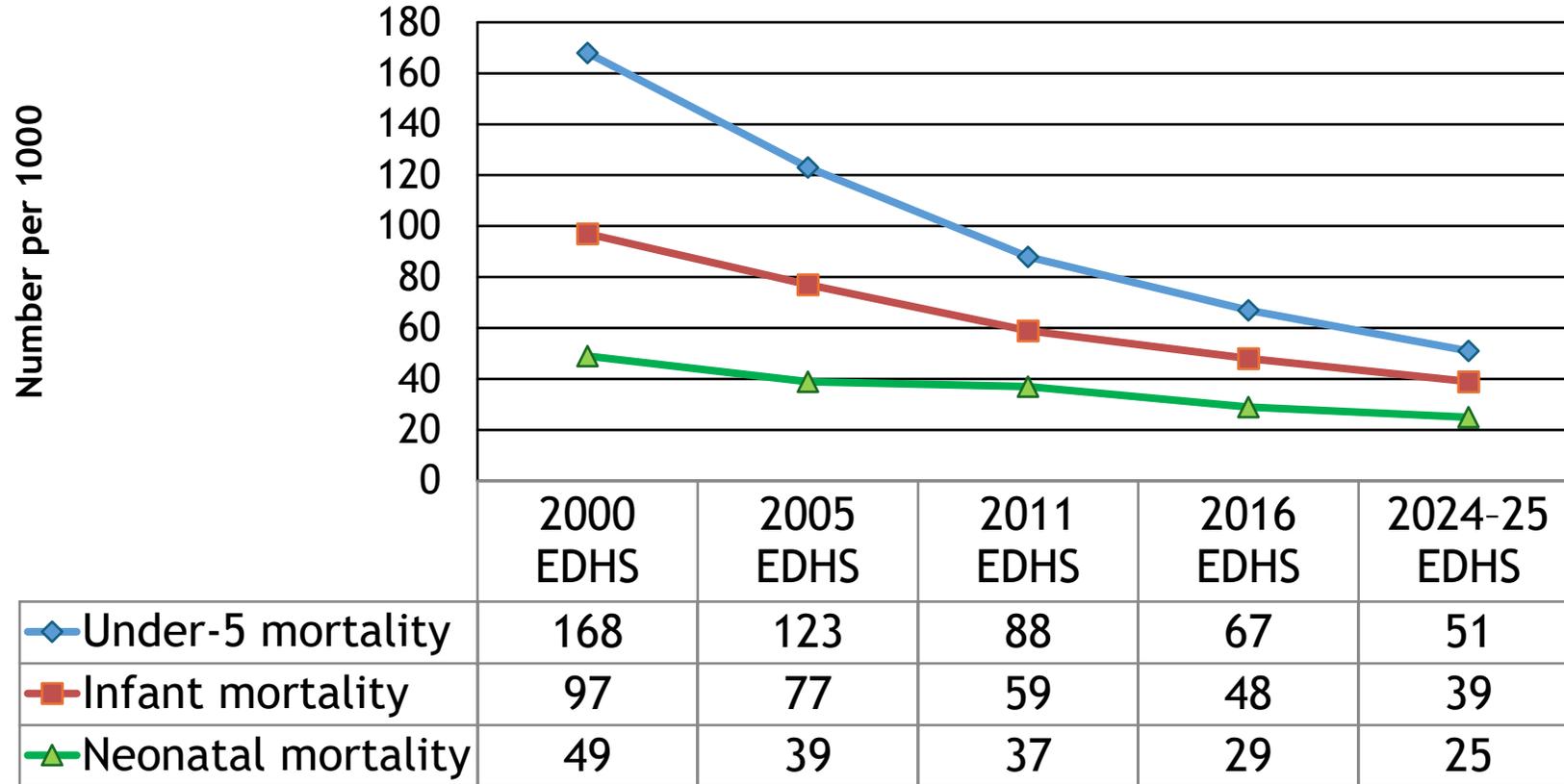
Trends: TFR declined from 5.5 children per woman in the 2000 EDHS to 4.0 in the 2024–25 EDHS. The TFR among women in rural areas decreased from 6.0 in the 2000 EDHS to 4.5 in the 2024–25 EDHS. Among women in urban areas, the TFR decreased from 3.0 in the 2000 EDHS to 2.3 in the 2016 EDHS but increased to 3.2 in the 2024–25 EDHS.



MORTALITY

Trends in Early Childhood Mortality Rates

EDHS Deaths per 1,000 live births in the 5-year period preceding the survey



Trends: Neonatal mortality decreased from 49 deaths per 1,000 live births in the 5 years preceding the 2000 survey to 25 deaths per 1,000 live births in the 5 years preceding the 2024–25 survey. The infant mortality rate also showed a substantial decline, falling from 97 deaths per 1,000 live births in the 5 years preceding the 2000 survey to 39 deaths per 1,000 live births in the 5 years preceding the 2024–25 survey. Similarly, under-5 mortality dropped from 166 deaths per 1,000 live births in the 5 years preceding the 2000 survey to 51 deaths per 1,000 live births in the 5 years preceding the 2024–25 survey.

Neonatal mortality: The probability of dying within the first month of life.
Post-neonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

Infant mortality: The probability of dying between birth and the first birthday.

Child mortality: The probability of dying between the first and the fifth birthday.

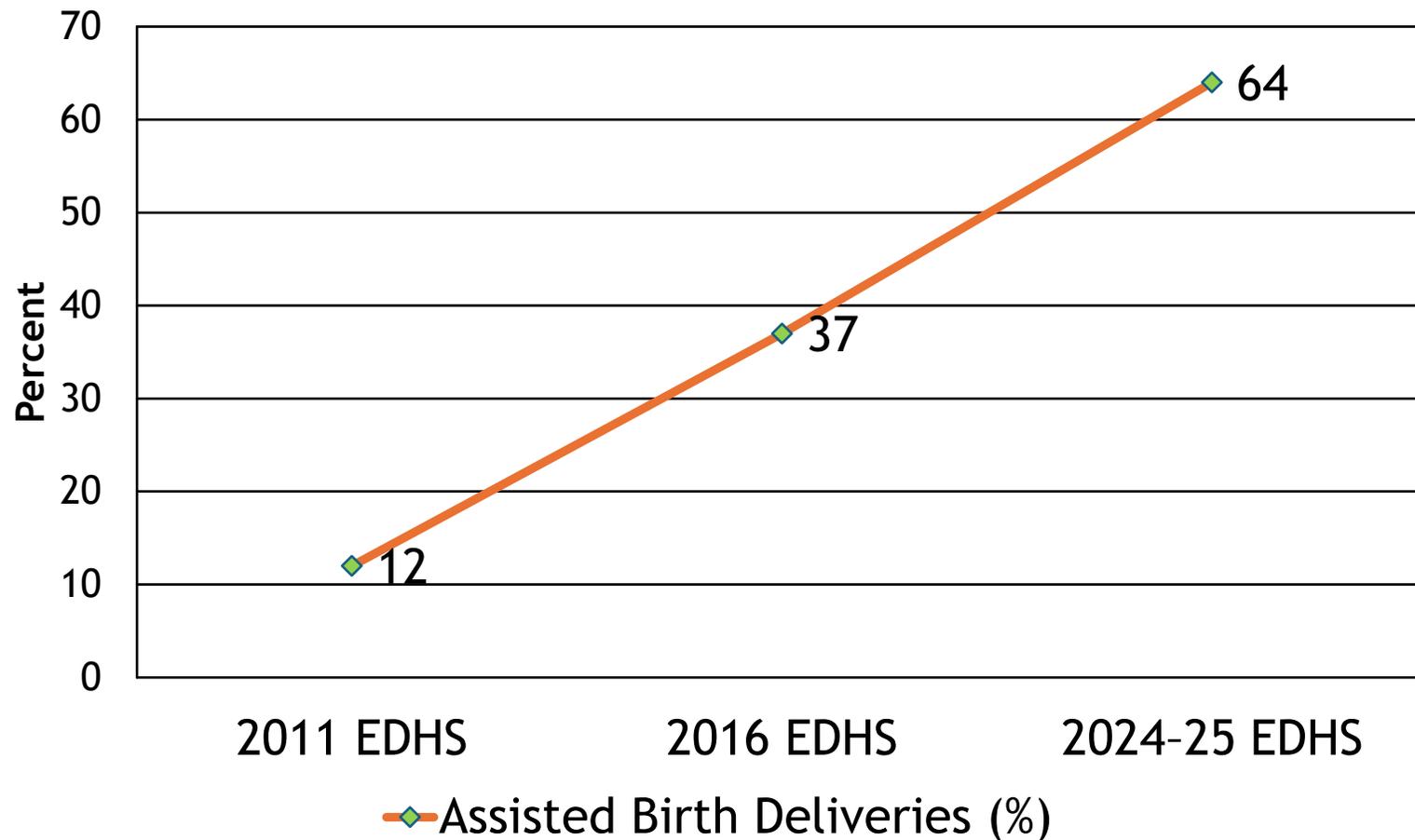
Under-5 mortality: The probability of dying between birth and the fifth birthday.

SKILLED PROVIDER- ASSISTED

▶ DELIVERIES

Trends in Assisted Birth Deliveries in Ethiopia

EDHS Percentage of live births in the 2 years preceding the survey delivered by a skilled provider



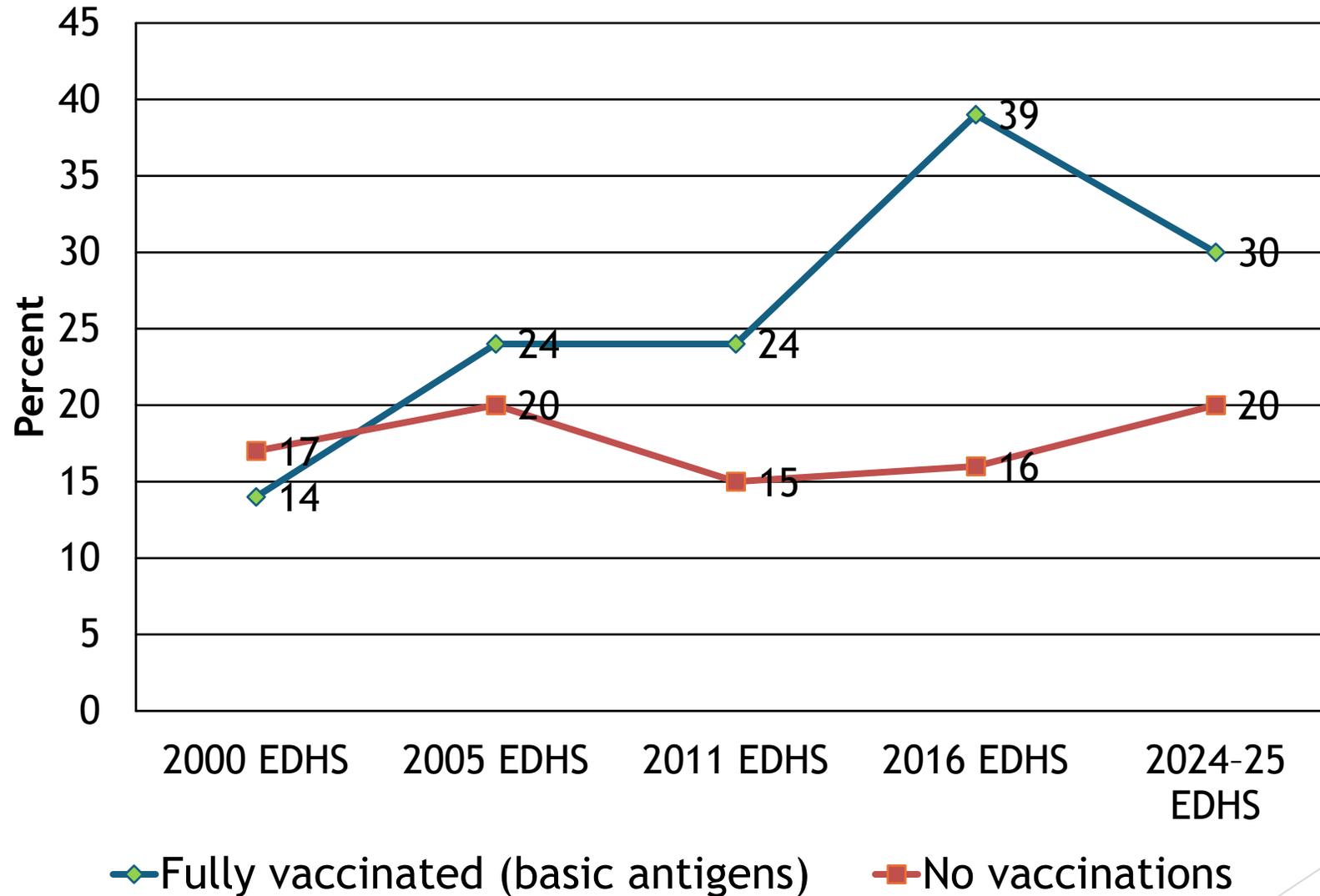
Trends: The percentage of women with a live birth in the 2 years preceding the survey whose delivery was assisted by a skilled provider has increased over time, rising from 12% in 2011 to 64% in 2024–25.



VACCINATION

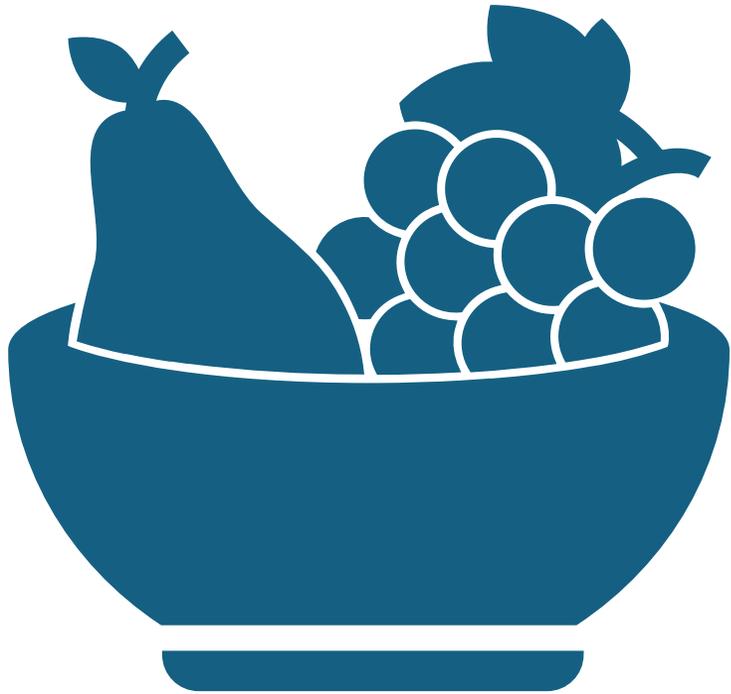
Trends in Childhood Vaccination Coverage

EDHS Percentage of children age 12-23 months



Trends:

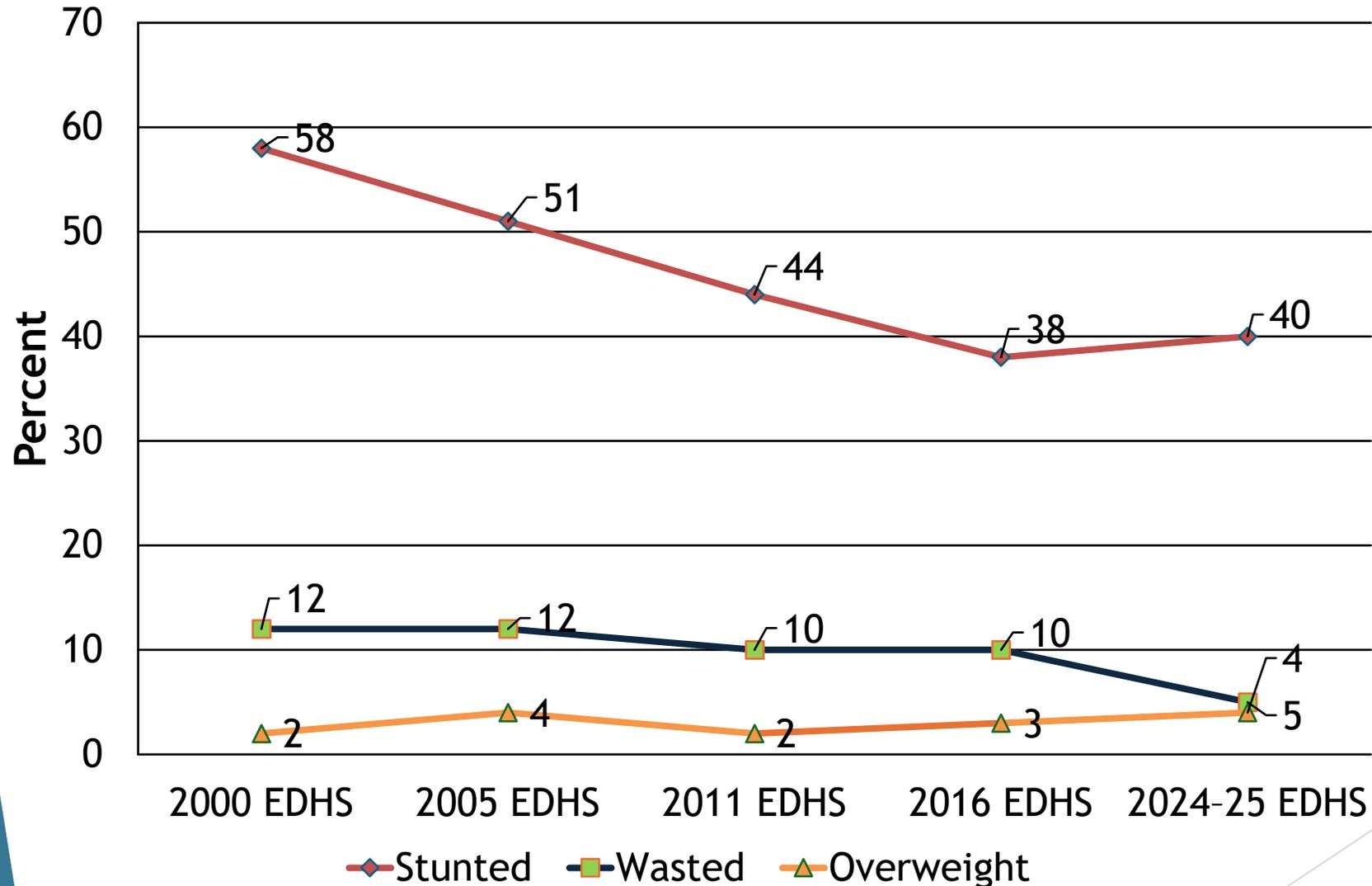
- Among children aged 12–23 months, 72% received the BCG vaccine, 40% received three doses of DTwP-Hib-HepB, and 51% received the first dose of measles vaccine.
- Overall, 30% of children aged 12–23 months are fully vaccinated with basic antigens, and 20% have received no vaccinations.
- Coverage varies widely by residence; 50% of children living in urban areas are fully vaccinated with basic antigens, as compared with 22% of children living in rural areas.



CHILD NUTRITION

Trends in Childhood Nutrition in Ethiopia

EDHS *Percentage of children under age 5 who are malnourished*



Trends:

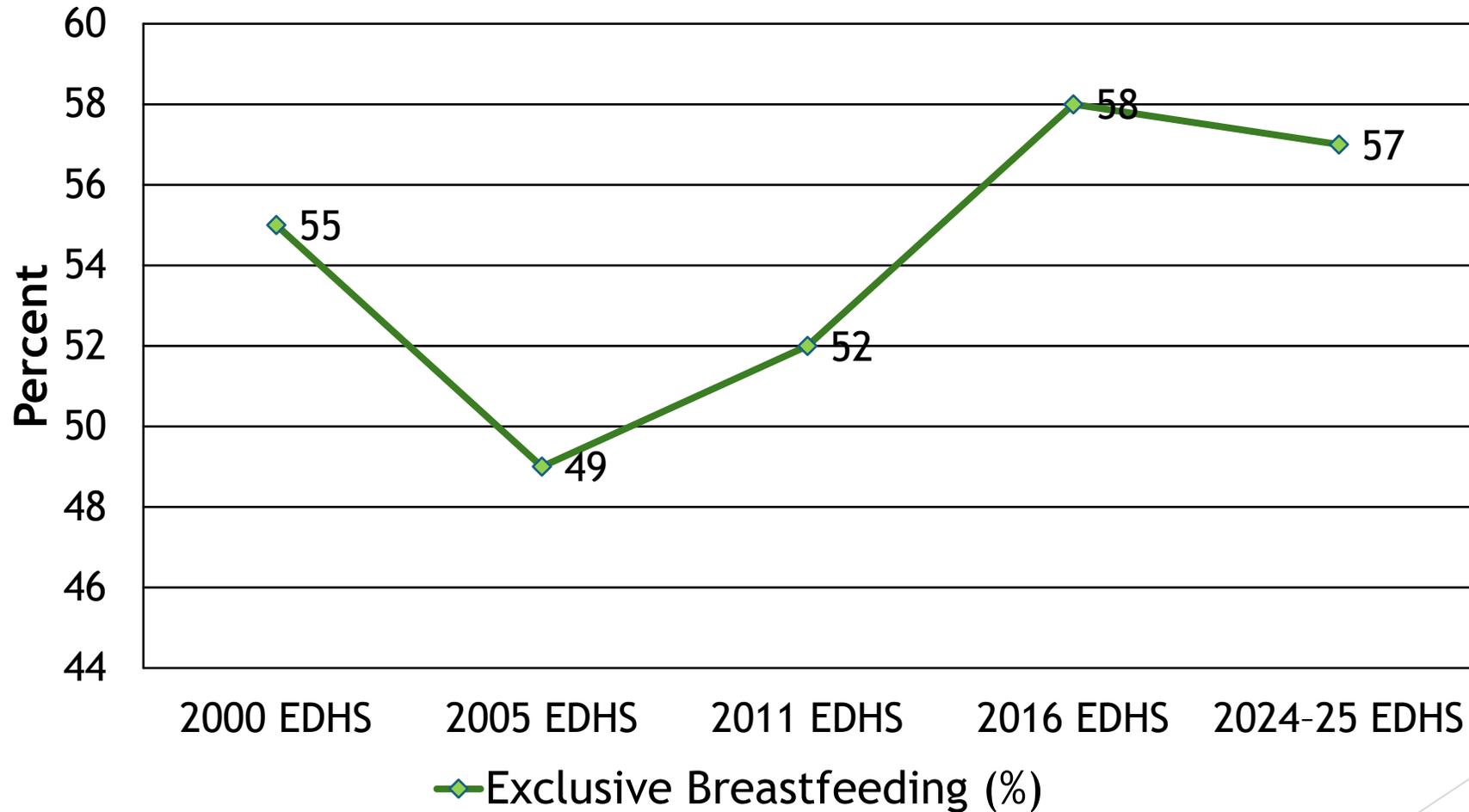
- Overall, 40% of children under age 5 are stunted (short for their age), and 15% are severely stunted
- Five percent of children under age 5 are wasted (thin for their height), 1% are severely wasted, and 4% are overweight.
- Eighteen percent of children under age 5 are underweight (small for their age), and 4% are severely underweight.



▶ BREASTFEEDING

Trends in Exclusive Breastfeeding in Ethiopia

EDHS Percentage of children age 0–5 months



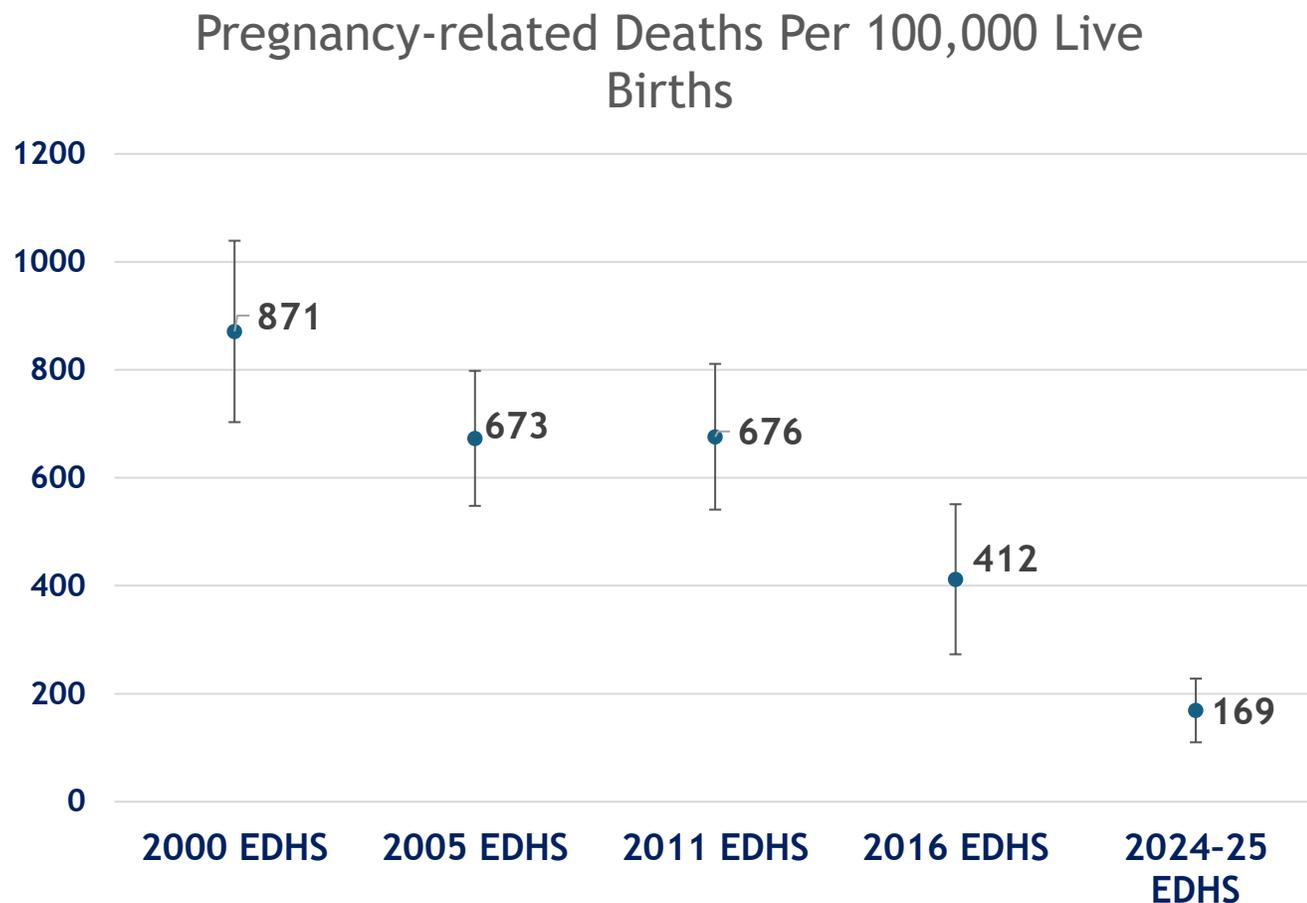
Trends:

There has been little change in the percentage of children age 0–5 months who are exclusively breastfed since 2000; the percentage ranges from 49% in 2005 to 58% in 2016.



PREGNANCY- ▶ RELATED DEATHS

Trends in Pregnancy-Related Mortality Ratio (PRMR)



There has been a steady decline in the PRMR for the seven-year period preceding the surveys: from 871 deaths per 100,000 live births in the 2000 EDHS, to 676 in the 2011 EDHS, to reach 169 deaths per 100,000 live births in the 2024–25 EDHS.

The estimated pregnancy-related mortality ratio (PRMR) for the 7-year period preceding the 2024–25 EDHS is 169 deaths per 100,000 live births; that is, for every 1,000 births in Ethiopia, about two women die during pregnancy or within 2 months of the end of a pregnancy from any cause, including accidents or violence

Survey	Point Estimate	Lower CI	Upper CI
2000 EDHS	871	703	1039
2005 EDHS	673	548	789
2011 EDHS	676	541	810
2016 EDHS	412	273	551
2024-25 EDHS	169	110	227