

CHILD HEALTH DISPARITIES IN ETHIOPIA



IMPROVING VACCINATION UPTAKE AND CARE-SEEKING FOR CHILDHOOD ILLNESSES IS CRITICAL FOR THE HEALTH OF ETHIOPIAN CHILDREN

Five children under the age of 5 die every minute in the WHO African Region.¹ Two-thirds of these deaths are caused by conditions preventable or treatable with access to affordable, evidence-based interventions.⁵ Immunization is one of the most effective interventions, preventing roughly 4-5 million child deaths per year.² However, despite improvements in health care and reduction in childhood mortality, Ethiopia still has a high child mortality rate of 47 deaths per 1000 live births (2021).³ This is due to a variety of factors, including inequalities existing in the distribution of access to key services and health outcomes.^{2,4}

This fact sheet describes the status of infant vaccination, common childhood illnesses, health care seeking behavior, and service availability to improve child health using Performance Monitoring for Action (PMA) data collected in 2018-2022. Information can be used by health officials, advocates, and non-governmental organizations to improve programs and services that aim to increase coverage and quality of child health services and help end preventable disease and death among children in Ethiopia.

KEY FINDINGS

- Fewer than one-third of children (32%) received all 13 doses of the seven recommended vaccinations by completion of their first birthday. Additionally, vaccination rates among children aged one decline between first, second, and third doses of a vaccination (e.g., Pentavalent, Polio).
- Half of children (50%) aged one suffered at least one illness in the two weeks prior to data collection, yet only 14% received treatment.
- Disparities in childhood vaccination and illness are common. Children of less educated mothers and those from the poorest households are less likely to be fully vaccinated and more likely to experience illness. For example, 70% of children born to the wealthiest households received all vaccinations, relative to 18% of those born to families in the poorest households.
- A greater percentage of hospitals and health centers are equipped with all seven basic child vaccines and offer sick child care compared to health posts and health clinics.

STATUS OF VACCINATION AND COMMON CHILDHOOD ILLNESSES OF INFANTS

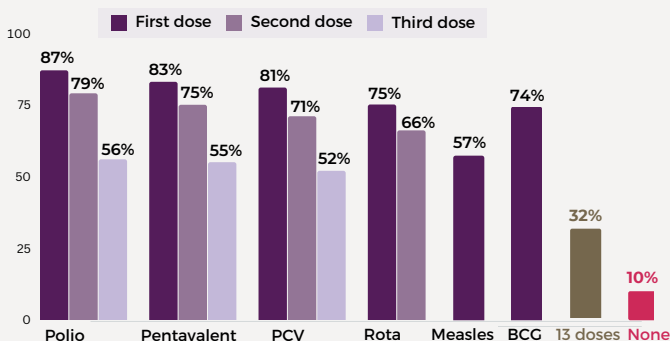
Although illnesses are common among children aged one, the most affected children do not receive treatment. Immunization rates are also low among young children and decline between doses in vaccination series.

Vaccination Uptake



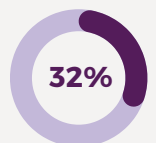
Among children aged one, vaccination rates declined significantly between the first and final dose in a vaccination series.

E.g., Pentavalent vaccination rates decreased by 28 percentage points between children's first and third dose.

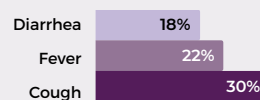


Child Vaccination

One out of three children (32%) received all basic vaccinations by age one, while 10% did not receive any of the seven recommended vaccinations.



Child Illness and Receipt of Treatment



Half of children (51%) aged one suffered from at least one illness in the two weeks prior to data collection.



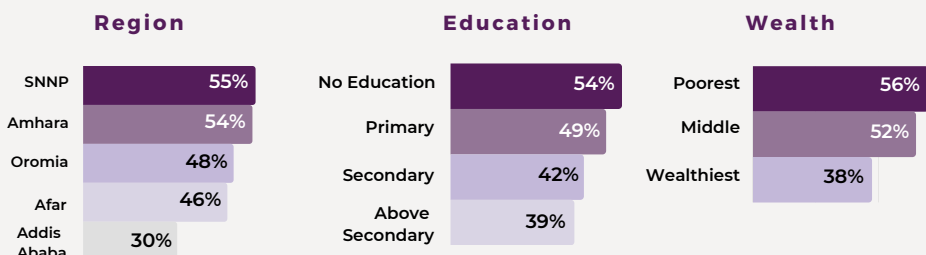
On average, less than one in three children (14%) received treatment for their reported illnesses. Care-seeking did not differ by illness type.

Reports were largely similar for child illness, treatment, and vaccination uptake among children at six-months of age.

Results highlight significant disparities in child illness and vaccination rates among mothers who are less educated, those from the poorest households, and by residence. Further, there is variability in the availability of vaccinations and child health services by facility type.

Childhood Illnesses by Mothers' Background Characteristics

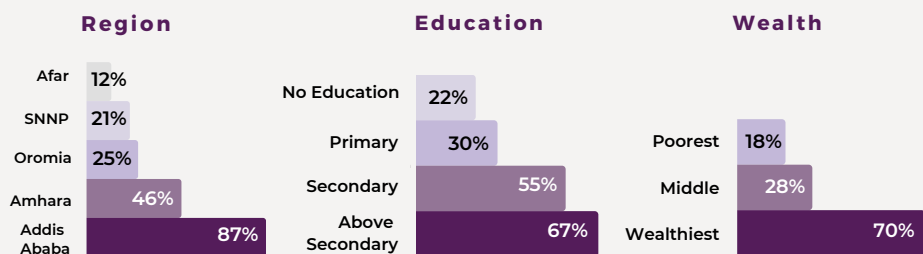
Reports of children aged six months suffering any illness in the two weeks prior to data collection highlight inequities by education, wealth, and residence.



*Differences by region, education, and wealth are statistically significant per design-based F-statistic.

Vaccination Rates by Mothers' Background Characteristics

Receipt of all six vaccines by age one illustrates disparities in essential care.

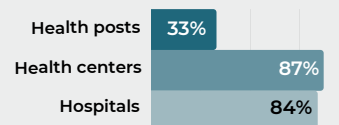


*Differences by region, education, and wealth are statistically significant per design-based F-statistic.

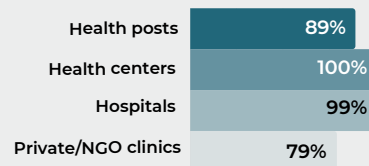
Availability of Child Vaccinations and Health Services by Facility Type

Hospitals and health centers are more likely to have all six basic child vaccines readily available and offer sick child care compared to health posts and health clinics.

Availability of Basic Child Vaccines



Availability of Sick Child Care



RECOMMENDATIONS

To improve child health care and to reduce disparities of service, the Federal Ministry of Health, Regional Health Bureaus, nongovernmental organizations and other stakeholders are encouraged to take the following actions:

- Increase the equity and coverage of child vaccinations and child sick care services to ensure that all children, regardless of their area of residence, family's education or wealth, can access all required vaccinations and treatment for common illnesses. This can be achieved by promoting use of child health services, especially for the most vulnerable, including via community-based outreach through the Health Extension Worker (HEW) program.
- Strengthen health system readiness for child vaccinations and treatment for common illnesses, particularly health posts and health clinics. This can be achieved through increased availability of necessary commodities, including all basic child vaccines.
- Inform communities and mothers about child vaccination and risks associated with lack of vaccination or treatment for common illnesses, and the locations where these services can be readily provided to their children.

WHAT IS PMA?

The Performance Monitoring for Action Ethiopia (PMA Ethiopia) is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins Bloomberg School of Public Health, and the Federal Ministry of Health which measures key reproductive, maternal and newborn health (RMNH) indicators. PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in maternal and newborn care. Survey implementation is managed by Addis Ababa University, School of Public Health (AAU) in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Technical support is provided by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The grant is managed by the Ethiopian Public Health Association (EPHA). Funding is provided by the Bill & Melinda Gates Foundation.