

EDITORIAL

Why is the Under-5 Mortality Rate in Ethiopia Slipped Back?

Abraham Haileamlak, MD, Professor of Pediatrics and Child Health

In the past two decades childhood survival has shown significant improvement globally. This is due to the fact that many low and middle income countries have been implementing several strategies to improve child survival by targeting common causes of infant and child morbidity and mortality.

From the early 1970s to 1997, Ethiopia was implementing vertical child survival programs. Thereafter, integrated management of childhood illnesses (IMCI) was adopted as a service delivery approach. In 2005, the first ten year comprehensive National Child Survival Strategy was developed prioritizing high impact newborn and child survival interventions. This approach helped bring significant improvements in service coverage largely in preventive interventions including vitamin A and insecticide-treated bed nets distributions, immunizations, water supply and sanitation. However, care seeking for common illnesses and utilization of clinical services at health units remained low (1).

As stated above, Ethiopia was one of the countries that adopted and implemented the IMNCI strategy very early. Besides the intensive in-service training, IMNCI was integrated in pre-service curricula for relevant health fields almost in all health professionals' training institutions. From the late 1900s to the late 2000s, since the follow up and supervision from relevant bodies (WHO, MOH and Health bureaus) was robust, the pre-service training was going on well and the implementation of IMNCI as case management at health units level was strong. However, attention was given to the second and third components of IMNCI were not satisfactory despite scaling up of implementation nationally. Though late, again with the support from WHO, Ethiopia implemented integrated community case management (iCCM) (1,2,3).

As a result of these efforts, Ethiopia met the Millennium Development Goal 4 on child survival by reducing under-five mortality by two thirds three years before the target year (2). This in complement with the United Nations Development Program's description " infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life".

The Ministry of Health annual reports after 2012 showed further decline in under-five mortality. The

most recent Demographic Health Survey, however, showed that the under-five mortality slipped back from what it was before (4). This could be attributed to lack of proper follow up which led to the downturn of administration of the pre-service IMNCI course at health professional institutions and the IMNCI implementation as case management approach. Or else the varied values could be due to the fact that the reported under-5 mortality rates were computed from different database. Whichever one is true, more intensified effort is required to achieve the Sustainable Development Goals (SGDs) in child health.

The current issue (Vol. 27, No 4), the fourth regular issue for the year, contains two editorials, twelve original articles, one systematic review and one case report. One of the editorials deals about child health in Ethiopia while the other one contains the ICMJE clinical trial data sharing requirement. Four of the original articles are studies on mother and child health while the rest are on various health problems.

I invite readers to read through these articles and appreciate or utilize the contents. I also encourage readers to forward comments and suggestions to the editor or the corresponding authors.

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4. Federal Democratic Republic of Ethiopia. Demographic and Health Survey 2016 Key Indicators Report. Central Statistical Agency, Addis Ababa, Ethiopia, 2016.