EDITORIAL

MDGs in the final year and maternal and child health in Ethiopia: What next?

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An editorial in the Ethiopian Journal of Health Development in 2010 gave an overview of the status of the maternal health MDG goal (MDG 5) in Ethiopia and provided suggestions on what needs to be done (1). It indicated that a lot of efforts were made to tackle the problem of the unacceptably high maternal mortality, but much more needed to be done by way of improving access and quality of maternal health services, particularly for skilled attendance and emergency obstetric care in order to achieve MDG5. This was based on a review of available literature on the then prevailing maternal health status and maternal health service utilization. Moreover, the Ethiopian Demographic and Health Survey (EDHS) 2011 Report did not show decline in maternal mortality compared to the EDHS 2005, and the Maternal Mortality Ratio (MMR) was estimated at 676/10000 live births (2). There was a relatively high decline in under five mortally, except neonatal mortality.

Subsequently, notable improvements were documented with respect to achieving the MDG4 (Millennium Child Health Goal) and MDG5 targets. The 2014 mini DHS survey indicated that proportion of births conducted by skilled attendants increased from 5% to 15% and contraceptive prevalence rate from 6 % to 41%, between 2000 and 2014 (3). Antenatal Care (ANC) at least once increased to 51%, a 52% increase over fifteen years (3). According to recent UN estimate, the MMR has declined to 420 per 100 000 live births in 2013 from 1400 in 1990, which gives a more optimistic estimate (4).
As the target year for achieving MDGs comes to end, some outstanding issues need to be considered with respect to the MDG health goals, including the Maternal and Child Health Goals.

The first is whether the goals have been achieved in Ethiopia. There is ample evidence that MDG 4 has been achieved. UN reports show that the Ethiopian under five mortality rate has declined to 64/1000 live births in 2013 from the 204/1000 estimate in 1990 (5), indicating that the target has been reached ahead of time. Concerning MDG V, reports indicate that there has been great progress although the MDG target of 267/ 100 000 may not be achieved. Thus there is some reason to celebrate.

The second issue is whether Ethiopia should be satisfied with the level of maternal and child health status that has been achieved. In this respect, there remains a considerable concern. The maternal and under five mortality indicators are still unacceptability high. The aim should be "*No Woman should die from preventable causes during pregnancy, child birth and the postnatal period*". The number of maternal deaths should be very small, close to none. For example it has been reported that MMR is estimated at 1-4 per 100000 live births in several countries (6). Similarly, almost all child mortality cases are preventable by simple preventive measures.

The third is the place of health in the post MDG agenda, globally and in Ethiopia. The post MDG agenda is expected to include an overall arching goal of health development linked to the overall development agenda. Progress on the health MDG goals should be accelerated basing targets on initiatives such as ending preventable maternal and child deaths and universal access to sexual and reproductive health. Equity, equality, human rights including women's rights and the right to health, sustainability and accountability are being given emphasis in the post MDG agenda (7).

Maternal and Child Health will undoubtedly continue to be a high priority in Ethiopia. The Health Sector Transformation Plan V **(**HSTP V) for the period 2015/16 - 2019/20 is considering maternal and child health as one of the top

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priorities, and strategies and tentative targets are being set (*Federal Ministry of Health HSTP V Draft).*

Because of large disparities in the MCH status of the population of Ethiopia, special attention should be given to certain population groups, such as the rural population, urban poor, pastoralists and people living in hard to reach areas, adolescents with special attention to the out of school, and people living with HIV . Universal access to Sexual and Reproductive Health should entails effective coverage which means people should have physical access to health institutions and community based services, but also the services have to be acceptable, affordable and of good quality. In this regard, it will be important to design or update strategies and effectively implement the existing ones. Federal Ministry of Health (FMOH) guidelines indicate that maternal and child health services such as ANC, delivery, Postnatal Care (PNC) and child immunization should be provided for free in public health facilities. However, there are variations in the extent of application by levels of health facilities and localities. Some costs associated with transport, drugs that are purchased by the client, surgical procedures that are paid for by the client, do not seem to have been considered, thus compromising the ability to get the "free services".

A large variation exists in estimating maternal mortality by different data sources. This calls for robust locally generated information. Instituting and/ or realizing community based vital registration systems by the Health Extension Workers (HEWs) that include components to identify maternal mortality has great importance. Recently, health and demographic surveillance sites have been expanding in many parts of the country and can be vital sources of data on Maternal and Child Health. Initiatives such as "Maternal Death Surveillance and Response" that have been started by the FMOH (*HSTP V draft)* should be strengthened and their implementation be regularly and consistently monitored.

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