

# Fact Sheets

## Fact Sheet- Ethiopia 2025

### Demography

In 2017 EFY (2024/2025), the total population of Ethiopia is projected to be 111.98 million (Central Statistics Service projection). The total fertility rate is 4.1 births per woman; Crude birth rate is 24.2 and crude death rate is 5.7 per 1000 population (CSA projection). The average household size is 4.6.

### State of Health

Ethiopia is currently facing a triple burden of disease, encompassing communicable diseases, non-communicable diseases (NCDs) including mental health conditions, and injuries. As of 2021, 53.3% of the total disability-adjusted life years (DALYs) were attributed to maternal and neonatal conditions, communicable diseases, and malnutrition. NCDs accounted for 33.2% of total DALYs, while injuries contributed for 9% and remaining 4.4% is due to other causes. Over the past two decades, Ethiopia has experienced a significant epidemiological transition: the share of NCDs has doubled, rising from 17% in 1990 to 33% in 2021. This shift underscores the growing importance of addressing chronic illnesses and injuries alongside persistent communicable diseases and malnutrition—particularly as they intersect with gender and age-related vulnerabilities.

Over the past two decades, Ethiopia has achieved significant improvements in the health status of the population, particularly of women and children. Life expectancy at birth increased from 58 years in 2007 to 68.8 years in 2020 (WHO estimate). Maternal mortality ratio (MMR) has declined markedly, from 957 deaths per 100,000 live births in 2000 to 267 in 2020 (UN IGME). Similarly, the under-five mortality rate dropped from 166 to 59 per 1,000 live births between 2000 and 2019. Progress was also seen in neonatal mortality, which decreased from 49 to 33 per 1,000 live births during the same period (EDHS). These improvements reflect the country's sustained investments in primary health care, community-based interventions, and expanded access to essential maternal and child health services.

Ethiopia has also made significant progress in the prevention and control of major communicable diseases, particularly HIV/AIDS, tuberculosis, and malaria. HIV incidence has declined from 3 per 10,000 population in 2007 EFY to 1.6 per 10,000 by the end of 2012 EFY. The incidence of tuberculosis has steadily decreased from 192 in 2015 to 146 per 100,000 population in 2022. Malaria incidence dropped to 47 per 1,000 population at risk and malaria-related mortality fell to less than 0.4 deaths per 100,000 population by the end of 2015 EFY (2023). However, the incidence has slightly increased to 79 per 1000 population at risk in 2016 EFY (2024).

### Health Service Coverage

Ethiopia's health sector reform has been guided by consecutive strategic plans, notably the first Health Sector Transformation Plan (HSTP-I), implemented from 2015 to 2020, the second Health Sector Transformation Plan (HSTP-II), which spans 2020/21 to 2020/21, and currently the health sector development and investment plan (HSDIP), spanning from 2020/21 to 2025/26 is on implementation. The overarching goal of HSDIP is to improve the health status of the population by accelerating progress toward Universal Health Coverage (UHC), protecting communities from health emergencies, transforming woredas, and enhancing the responsiveness of health services. Significant progress has been made in expanding access to primary health care: primary health service coverage increased from 50.7% in 2000 to over 90% in 2019. In 2023/24, the outpatient attendance per capita reached 1.7, reflecting increased utilization of health services. Utilization of RMNCH services has improved over the past decades. By the end of 2016 EFY (2023/24), the coverage of key RMNCH indicators was as follows: Contraceptive Acceptance rate (80%), Antenatal Care 4+ coverage was 85%, institutional delivery rate was 78%, Full immunization coverage was 98%, reflecting high coverage of essential RMNCH services. Health service utilization has remarkable improved over the past few years.

- **Reproductive and Maternal Health services:** In 2016 EFY (2023/24), 80% women in the reproductive age group have received a modern contraceptive method. Moreover, 85% pregnant women have had at least 4 ANC visits, 78% pregnant women were attended by skilled delivery attendants, and 93% women received early postnatal care.
- **Child Health Services:** In the past few years, notable achievements were registered in improving the routine immunization program coverage. The proportion of under 1 children that received measles and all basic vaccines has increased from 90% and 86% in 2007 EFY to 100% and 98% in 2016 EFY, respectively.
- **Prevention and control of Communicable diseases:** By the end of 2016 EFY (2023/24), 90 % of People living with HIV (PLHIVs) know their status, 96% of PLHIVs who know their status were on ART and 97% of PLHIVs on ART had suppressed viral load. Regarding Tuberculosis, tuberculosis case notification was 132 per 100,000 population and 96% of Tb patients successfully completed their treatment

### Health Infrastructure

Ethiopia made remarkable progress in expanding health infrastructure, which played a critical role in improving access to health services across the country. By 2024, the health system included the following number of public health facilities: 404 functional hospitals, 3,907 health centers, and 15,531 health posts delivering services to the population. This substantial infrastructure growth contributed to enhanced physical access to primary and referral health services, especially in rural and underserved areas.

### Human Resource for Health

Human resources for health are a critical building block of the health system, and Ethiopia has made concerted efforts to improve both the number and mix of its health workforce in recent years. By the end of 2016 EFY (2023/24), there were a total of 490,016 health workforce serving in the health system. Of the total health workforce, 328,951 (67%) are health professionals and the remaining 161,065 (33%) are administrative/supportive staff. In terms of health professional-to-population ratios: One physician served approximately 5,843 people; One nurse for every 999 people; and One midwife for every 4,339 people. In addition, over 42,000 health extension workers (HEWs) delivered essential community-based services through more than 15,000 health posts, strengthening primary health care at the grassroots level.

### Health Financing

To protect the population from financial hardship and improve resource mobilization, Ethiopia has implemented a range of health care financing reforms and strategies. These reforms aim to enhance the resource mobilization, efficiency, equity, and sustainability of health financing mechanisms across the health system. The key reforms in the health care financing reform include: Revenue retention and use at health facility level; Provision of exempted services and fee waiver systems for vulnerable groups; Outsourcing of non-clinical services to improve efficiency; Establishment of private wings within public hospitals to generate additional revenue. In addition, the Community-Based Health Insurance (CBHI) scheme is being rolled out to expand financial protection and access to care for the informal sector and rural populations. The implementation of these reforms marks an important step toward achieving UHC and reducing out-of-pocket health expenditures.

Ethiopia's per capita health expenditure has grown steadily over the past two decades, from USD 4.50 in 1995/96 to USD 36.40 (including COVID 19 spending) in 2019/20 (NHA). Though this growth is encouraging, the amount is still very low compared to the USD 43 average per capita health expenditure among low-income African countries, and it is far less than the \$86 per capita spending the WHO recommended for delivery of essential health services. Ethiopia's per capita health expenditure in 2020 was USD 34.5. From the total health expenditure, 32.2% is covered by the government, 30.5% is from out-of-pocket expenditure and 33.9% is from development partners.

By the end of 2016 EFY (2023/2024), more than 1,050 Woredas have started implementing Community based health insurance (CBHI). More than 111.4 million households were enrolled to CBHI, which is 73% of the expected eligibles in CBHI implementing woredas.

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- ### Main navigation
- > About
  - > Mission, Vision and Objectives
  - > Organizational Structure
  - > Profiles
  - > Executive Offices
  - > Health Service Providers (Facilities)
  - > Fact Sheets
  - > Development Partners
  - > Agencies
  - > Professional Associations
  - > Multisectoral Collaboration
  - > Programs
  - > Pillars
  - > Resources
  - > News
  - > Contact