



POLICY BRIEF

Enabling environments for NCD risk reduction in Ethiopia

Air Pollution and Health: A Legal Analysis in Ethiopia

Background: Air pollution is a significant public health concern in Ethiopia contributing to approximately 77, 000 deaths annually, which accounts for nearly 10% of all deaths. Alarmingly, 46% of these air pollution-related deaths occur among children under five years old, primarily due to exposure to household air pollution (HAP) causing lower respiratory infections. Furthermore, air pollution contributes to 17% of non-communicable disease (NCD) deaths in the country. Pregnant women exposed to polluted air face increased risks of adverse pregnancy outcomes, such as preterm births and low birth weight.

Addressing air pollution is critical for Ethiopia achieving several SDGs, including SDGs 3, 7, 11, and 13, and indirectly supporting SDGs 5, 6, 8, 9, and 15. The Ministry of Health (MOH) is directly responsible for tracking SDG indicator 3.9.1, “Mortality rate attributed to household and ambient air pollution,” and SDG 7.1.2, “Proportion of the population with primary reliance on clean fuels and technology for cooking.”

Household energy use is the biggest source of air pollution in the country, with 91% of all households relying on solid fuels for cooking (EDHS 2019). The health system must integrate household air pollution (HAP) reduction into routine health care services. **In support of this process, this report summarizes a legal analysis of national and sub-national laws, policies, and guidelines addressing air pollution and health effects in Ethiopia.**

Key Findings

Relevant Legal Frameworks

Environmental Policies:

Environmental Policy (1997), *Environmental Impact Assessment Proclamation No. 299/2002*, and *Solid Waste Management Proclamation (currently under revision) No. 513/2007* provide general protection against any pollution.

Health-Specific Mandates:

Proclamation 263/2021 mandates MOH to plan, budget, coordinate, and implement preventive health programs aligned with national development plans. *Regulation 529/2023* empowers the Ethiopian Public Health Institute (EPHI), to conduct public health research, disease surveillance, manage health data, and analyze the burden of environmental risk factors. This is to facilitate evidence-based decision-making. *Proclamation 661/2009* and *Regulation 299/2013* by the Food, Medicine, and Health Care Administration and Control, prohibit improper disposal of hazardous waste and chemicals and regulate air pollution standards, including bans on smoking in public spaces. *Pending Health Service Administration and Control Proclamation (2024)* mandates MOH to promote and oversee the adoption of methods and technologies to reduce indoor air pollution. It highlights the importance of promoting improved cookstoves, clean energy alternatives, and air quality monitoring.

Overall, existing documents, such as *Health Sector Transformation Plan II (HSTP II) (2020/21–2024/25)*, *National Strategic Plan for the Prevention and Control of Major NCDs (2020/21–2024/25)*, and *National WASH and Environmental Health Strategy (2021-2025)*, developed by MOH, prioritize the following:

- Increase community awareness and development of social and behavior change communication (SBCC) materials on the use of clean household energy.
- Increase the proportion of households with separate kitchens and smokeless stoves.
- Increase health professionals' capacity to deliver air pollution prevention programs.
- Multisectoral engagement and coordination to implement efficient air quality monitoring and management strategies.
- Strengthening research to reinforce evidence-informed intervention
- Development and enforcement of air pollution-related legal documents, guidelines, and strategic goals.
- Monitoring indicators of air pollution related health effects, including mortality rate of under 5 children due to pneumonia and of respiratory tract diseases.

The National WASH and Environmental Health Strategy (2021-2025) and Air Quality and Health Guidelines (2022) present detailed measures.

Gaps

- Lack of explicit focus on HAP in environmental policies.
- Misalignment between HAP interventions and routine health service guidelines (e.g., Ethiopia Essential Health Services Package, Antenatal Care Guidelines).
- Absence of specific regulatory frameworks and resources for HAP reduction.
- Limited health indicators on HAP (e.g., data on clean fuel use and counseling of expecting mothers on clean cooking behaviors).
- Inconsistent presentation of HAP indicators across health plans (HSTP II and HSDIP).
- Limited training and resources for healthcare providers on air pollution prevention.

Opportunities

Leverage MOH's mandate to collect and analyze health data to implement HAP reduction programs

Include explicit HAP reduction measures in upcoming revisions of HSTP II and HSDIP

Expand the use of smokeless stoves and promote clean cooking fuel adoption through MOH initiatives

Foster intersectoral coordination using platforms like the Health Sector Joint Steering Committee

Utilize the primary healthcare structure for community-level interventions.

Draw lessons from successful regional initiatives, such as the Addis Ababa Air Quality Management Plan (2021–2025).

Recommendations

Strengthen Integration into Health Services

- Incorporate HAP reduction into health service guidelines, such as the EEHSP and ANC guidelines.
- Include clean cooking and air pollution reduction as part of general health advice in clinical services.

Enhance Data Collection

- Expand e-CHIS and HMIS to include HAP indicators (e.g., clean fuel use, respiratory outcomes).

Build Healthcare Capacity

- Integrate air pollution topics into the continuing professional development program for health workers.

Advocate for Policy Revisions

- Work across sectors to ensure HAP reduction is included in environmental and health policy updates.

Promote Community Awareness

- Develop social and behavior change communication (SBCC) materials on clean energy adoption and the use of smokeless stoves

Strengthen Monitoring and Research

- Establish robust systems to monitor air quality and health impacts.
- Prioritize research on the burden of HAP and effective interventions

Conclusion

Ethiopia's legal framework for air pollution management remains fragmented, with limited emphasis on HAP. Strengthening the health system's response to HAP requires integrating targeted interventions into health service guidelines, improving data collection, enhancing healthcare provider training, and revising policies to address regulatory gaps. By leveraging existing opportunities and fostering multisectoral collaboration, Ethiopia can mitigate the health impacts of air pollution and achieve its health and development goals.