



Reducing premature mortality in Ethiopia: Identifying where extra effort is needed

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Summary

This policy brief identifies the populations, diseases and health conditions that need special attention from the Ethiopian health sector. It points to some of the interventions that could most efficiently reduce the country's disease burden and help achieve the set target of 40% reduction in premature mortality by 2030.

Background

Ethiopia has made considerable progress in improving the health of its population over the last 20 years due to a series of successful health reforms, including the launch of the 2005 Essential Health Services Package (EHSP).¹

The Ethiopian government is now aiming to increase the scope of health services and interventions financed and included in the the EHSP. In addition to considering what equitable and cost-effective services should be included in the revised EHSP, the current and future health needs of the population must also inform the EHSP revision.

As Ethiopia is experiencing rapid economic growth pushing the country towards the middle-income country tier,² the health sector must keep up with higher expectations from the Ethiopian population. One of the proposed health targets for Ethiopia is to reduce the country's premature mortality (number of deaths of individuals under age 70) by 40% by 2030.³

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Disease Control Priorities-Ethiopia (DCP-E)

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Identifying population groups and diseases

We have identified the following health conditions and population groups in need of extra attention based on past trends and future estimates about the causes of mortality in Ethiopia.

Infectious diseases

The proportion of deaths caused by infectious diseases is declining substantially—from 60% of all deaths in 2010 to less than 50% in 2030. Despite this decline, such conditions continue to account for a big proportion of the total deaths in Ethiopia, especially in children under age 15. Additionally, under-five mortality is still high, when comparing to neighboring countries.⁴

Non-communicable diseases (NCDs)

The decline of mortality due to NCDs over the past 25 years is slower than for infectious diseases and is not sufficient to reach the “40 by 30” target. NCDs, such as cardiovascular disease, cancer (especially cervical and breast cancer)⁵ and type 2 diabetes, will likely account for a much larger proportion of total deaths than they currently do in the decade ahead. Projections show that in the age group 15-49, the proportion of premature deaths caused by NCDs will increase from less than 30% in 2010 to more than 45% in 2030.

Taking action: suggestions for effective interventions

Health policy in the coming years needs to focus more on the reduction of NCDs – such as cardiovascular disease, cancer (especially cervical and breast cancer) and type 2 diabetes – in the adult population (age 15 and above).^{6,7} NCD-related health services must be strengthened with:

- Early detection and treatment provision
- Enhanced primary care

- Better medicine supply

In addition, effective preventative public health and intersectoral interventions should be considered. For example, full enforcement of the World Health Organization’s Framework Convention on Tobacco Control with its key pillars of taxation of tobacco products and clean indoor air laws,⁸ would be highly effective in curbing tobacco consumption in Ethiopia.

Even though things are moving in the right direction for infectious diseases and maternal and child health, progress must be accelerated including scaling up high-impact interventions:⁹

- Strengthening immunization services
- Provision of contraception
- Prenatal care
- Management of labor and delivery
- Treatment of severe infectious diseases (such as pneumonia, diarrhea, and neonatal sepsis)
- Management of severe acute malnutrition
- Access to health services for HIV, TB, malaria, and neglected tropical diseases

References

1. Federal Ministry of Health of Ethiopia. 2005. Essential Health Services Package for Ethiopia. Addis Ababa: Federal Ministry of Health, Ethiopia.
2. World Bank. 2018. "World Bank Country and Lending Groups." <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
3. Norheim OF, Jha P, Admasu K, Godal T, Hum RJ, Kruk ME, Gomez-Dantes O, Mathers CD, Pan H, Sepulveda J, Suraweera W, Verguet S, Woldemariam AT, Yamey G, Jamison DT, Peto R. 2015. "Avoiding 40% of the premature deaths in each country, 2010-30: review of national mortality trends to help quantify the UN sustainable development goal for health." *Lancet* 385:239-52.
4. World Health Organization. 2017. World Health Statistics 2017: Monitoring health for the SDGs. Geneva: World Health Organization.
5. Memirie ST, Habtemariam MK, Asefa M, Deressaand BT, Abayneh G, Tsegaye B, Abraha MW, Ababi G, Jemal A, Rebbeck TR, Verguet S. 2018. "Estimates of cancer incidence in Ethiopia in 2015 using population-based registry data. *Journal of Global Oncology* Doi:10.1200/JGO.17.00175.
6. Prabhakaran D, Anand S, Watkins D, Gaziano T, et al. 2018. "Cardiovascular, respiratory, and related disorders: key messages from Disease Control Priorities, 3rd edition." *Lancet* 391:1224-1236.
7. Gelband H, Sankaranarayanan R, Gauvreau CL, Horton S, et al. 2016. Costs, affordability, and feasibility of an essential package of cancer control interventions in low-income and middle-income countries: key messages from Disease Control Priorities, 3rd edition. *Lancet* 387:2133-2144.
8. World Health Organization. Framework Convention on Tobacco Control. http://www.who.int/fctc/text_download/en/
9. Black RE, Levin C, Walker N, Chou D, et al. 2016. "Reproductive, maternal, newborn, and child health: key messages from Disease Control Priorities 3rd Edition." *Lancet* 388:2811-2824.