

STATE OF GLOBAL AIR /2019



Nearly 41,000 deaths due to air pollution in 2017

2 years and 1 months' loss in life expectancy at birth due to air pollution exposure

39 $\mu\text{g}/\text{m}^3$ population-weighted average $\text{PM}_{2.5}$ concentration

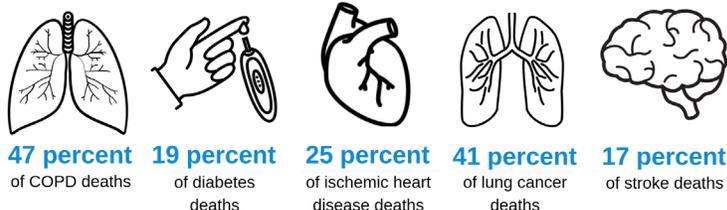
89% of the population uses solid fuels

Ethiopia

Air pollution is the 3rd leading risk factor for premature death, accounting for nearly 8% of deaths — nearly 41,000 — in Ethiopia in 2017 alone.

Air pollution exposures, including exposure to outdoor particulate matter ($\text{PM}_{2.5}$) and household air pollution (HAP), have been linked to increased hospitalizations, disability, and early death from respiratory diseases, heart disease, stroke, lung cancer, and diabetes, as well as communicable diseases like pneumonia. Exposure to outdoor ozone is linked to COPD.

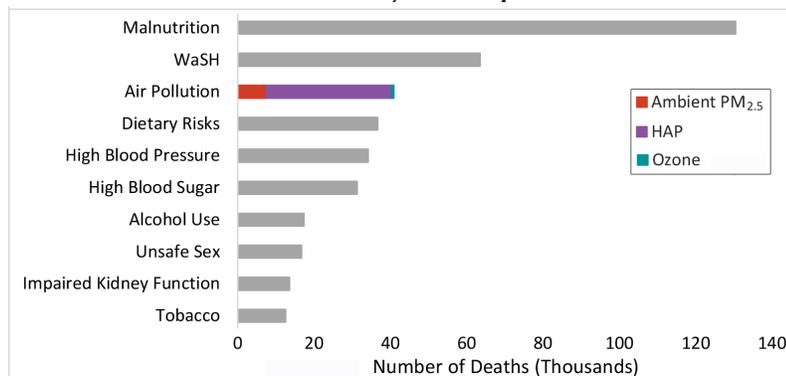
Percentage of deaths by cause attributed to air pollution in Ethiopia.



Key Facts

- Air pollution (total) is the 3rd leading risk factor in Ethiopia in 2017, after malnutrition and sanitation (WaSH). Considered separately, household air pollution is the 8th leading risk factor. Outdoor air pollution is not among the top 20 risk factors.
- The entire Ethiopian population lives in areas with $\text{PM}_{2.5}$ concentrations* above the WHO Air Quality Guideline for healthy air ($10 \mu\text{g}/\text{m}^3$). Further, 74% of the population lives in areas above the WHO's least-stringent target of $35 \mu\text{g}/\text{m}^3$.
- In 2017, there were 7,540 deaths attributable to exposure to outdoor $\text{PM}_{2.5}$, 32,800 deaths to HAP, and 533 to ozone.
- Exposure to outdoor PM accounted for a loss of nearly 11 months of life expectancy, and exposure to HAP accounted for a loss of nearly 1 year and 6 months

Leading risk factors for death and disability in Ethiopia in 2017.



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* Please note that $\text{PM}_{2.5}$ concentrations reported here are estimated using satellite data, ground air quality monitoring data, and chemical transport models. There can be uncertainty in these estimates in regions where ground monitoring data are not available compared with regions where more ground monitoring data are available. Our best estimate of the concentration for Ethiopia is $39 \mu\text{g}/\text{m}^3$, but given the lack of sufficient ground monitoring, it may range from $26 \mu\text{g}/\text{m}^3$ – $58 \mu\text{g}/\text{m}^3$.



IHME



The State of Global Air website is a collaboration between the Health Effects Institute and the Institute for Health Metrics and Evaluation, with expert input from the University of British Columbia



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