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2026 CLIMATE AND HEALTH POLICY PRIORITIES FOR ETHIOPIA

This document summarises key priority areas of focus for Ethiopia, supported by evidence from indicators in the 2026 Report of the Lancet Countdown.

1 FINANCE DROUGHT-RESILIENT HEALTH SYSTEMS AND EARLY WARNINGS

Implement a unified national drought resilience strategy for health, prioritising drought-prone areas. Dedicate federal, regional and partner funding to strengthen drought-health risk assessments and early-warning systems, integrate drought risks into health planning, and ensure health facilities can maintain safe water, sanitation and essential health and nutrition services during drought, building on HNAP-II.

Extreme drought is placing increasing pressure on health in Ethiopia. An average of 65% of Ethiopia's land area experienced at least one month of extreme drought annually from 2021 to 2025, compared with 11% on average during 1981 to 1990. In 2025 alone, this figure rose to 78% of Ethiopia's land (Indicator 1.2.2). Drought can reduce access to safe water and food, increasing risks of diarrhoeal disease and undernutrition, while water shortages can also undermine sanitation, infection prevention and the continuity of essential services in health facilities.

A unified drought resilience strategy for health could strengthen preparedness by connecting risk information with health planning and service delivery. Ethiopia's national meteorological and hydrological services provide climate information to the health sector (Indicator 2.2.1), providing a foundation for drought-health risk assessments and early-warning systems. These systems can help identify where and when drought-related health risks are intensifying, allowing health authorities to anticipate increased needs and protect essential health, nutrition, water and sanitation services. HNAP-II similarly provides for climate-risk monitoring, subnational vulnerability assessments and climate-resilient health facilities, including resilient water and sanitation services.

However, HNAP-II identifies limited resource mobilisation and implementation delays as continuing barriers. Dedicated federal, regional and partner financing could therefore support implementation of these interconnected measures in drought-prone areas, helping translate drought risk information into anticipatory health planning and action, while strengthening the capacity of health facilities to maintain essential services during drought.

2 DEVELOP AND FINANCE A NATIONAL HEAT–HEALTH ACTION PLAN

Develop and sustainably finance a Ministry of Health-led National Heat–Health Action Plan to operationalise the climate-health surveillance and early-warning measures set out in HNAP-II. The Plan can translate heat alerts into locally defined response protocols, including health-worker and occupational-health guidance, public communication and health-facility measures to protect vulnerable populations and maintain essential health services during extreme heat.

Extreme heat is an increasing health threat in Ethiopia. In 2025, almost all of the heatwave days experienced by people can be attributed to anthropogenic climate change. From 2021 to 2025, infants experienced 8.5 heatwave days annually and adults aged over 65 experienced eight days, representing increases of 305% and 297%, respectively, compared with 1986–2005 (Indicator 1.1.1). Heat also restricts safe outdoor activity. Between 2016 and 2025, people experienced an average of 317 hours annually when moderate outdoor activity posed at least a moderate heat-stress risk, 59 hours more than in the 1990s (Indicator 1.1.2).

Ethiopia's meteorological and hydrological services provide climate information to the health sector, creating a foundation for heat forecasting and early warning (Indicator 2.2.1). HNAP-II includes climate-health surveillance and early-warning measures. A dedicated Heat–Health Action Plan could translate heat alerts into response protocols, occupational-health guidance, public communication and health-facility measures. Linking national forecasts to locally defined actions across Ethiopia's diverse regions would protect vulnerable populations, reduce heat-related illness and deaths, and maintain essential health services during increasingly frequent and intense heat events.

3 FINANCE AFFORDABLE CLEAN ENERGY ACCESS



Strengthen plans to deploy clean new renewable energy technologies within the household sector, including by building on Ethiopia's National Clean Cooking Roadmap. Increase domestic public financing, complemented by development-partner support, for the implementation of such plans, prioritising targeted financial support for low-income households, affordable clean zero-emission energy and stronger supply chains to reduce dependence on polluting household fuels and exposure to harmful household air pollution.

Household energy use in Ethiopia remains heavily dependent on polluting fuels, leading to multidimensional adverse impacts on health. In 2023, solid biomass supplied 97.8% of household energy, which was only 0.4 percentage points lower than in 2016 (Indicator 3.1.2). Burning solid biomass produces harmful household air pollution, increasing the risk of respiratory and cardiovascular diseases and disproportionately affecting women and children, who generally spend more time near household fires.

Ethiopia's National Clean Cooking Roadmap provides a pathway to expand clean-cooking access through 2035, and identifies affordability as a major barrier to adoption. Its short-term priorities include targeted subsidies, flexible financing for low-income households, expanded clean-cooking technologies, and stronger supply chains. However, to align with sustainable development goals and prevent the further entrenchment of reliance on volatile fossil fuel markets and expensive fossil fuel-based energy, this plan needs to be strengthened to favour the transition towards clean renewable energy (like wind and solar). Doing so would expand the access to affordable energy, available off-grid, and ensure Ethiopia is not left behind in the global transition away from fossil fuels.

Prioritising the deployment of clean renewable energy, and directing domestic public resources and complementary development finance towards these measures would address the financial barriers that continue to constrain household uptake. Prioritising low-income households would help ensure that zero-emission cooking technologies, which are available off-grid and avoid the entrenchment of fossil fuel infrastructure, reach populations facing the greatest barriers to adoption, reducing reliance on solid biofuels and associated exposure to household air pollution while advancing more equitable access to clean household energy. This would have the added value of supporting zero-carbon energy system development in Ethiopia.

Call for Action

Evidence from Ethiopia points to the importance of financing and implementing HNAP-II, developing a National Heat–Health Action Plan, and advancing the deployment of renewable energy in the household sector. Coordination across health, meteorological, energy, finance and regional authorities could help translate early warnings into timely responses, support continuity of essential services, reduce exposure to harmful air pollution, and protect populations and livelihoods facing increasing climate-related health risks.

Contributors

This brief was developed by the Lancet Countdown, ABH Partners, Ethiopian Economics Association and Amref Health Africa.

This document was written by:

- Dr Martin Muchangi[1,2]
- Dr Humphrey Agevi[1,2]
- Tadele Bogale (MD, MPH)[3]
- Amare Deribew (MD, PhD)[3]
- Mengistu Tafesse (MD, MPH)[3]
- Dr. Abule Mehare[4]
- Professor Mengistu Ketema[4]

[1]Amref Health Africa
[2]Pan African Center for Research and Policy in Climate Change and Health
[3]ABH Partners
[4]Ethiopian Economics Association

Review on behalf of the Lancet Countdown: Tafadzwanashe Mabhaudhi, PhD; Wendy Geza, PhD; and Zakari Ali, PhD; Mahnoor Saeed, MMP; Ellen Connorton, ScD, MSW, MPA; Marina Romanello, MFPH, PhD

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Romanello M, Walawender M, Israelsson J et al. The 2026 report of the Lancet Countdown on health and climate change: A decade of escalating health harms and a decisive moment for all. The Lancet 2026; published online October 2026. https://doi.org/10.1016/S0140-6736(26)01779-4