Ethiopia Subnational Burden of Disease Launch & Review Workshop

2-10 September 2019

*Workshop Proceedings*

# High Level Agenda

2 September – Official Project Launch, Addis Ababa

2-8 September – Ethiopia Burden of Disease Review Workshop, Bishoftu

9-10 September – Project Planning meetings, Bishoftu

# Key Discussion Points, Decisions, and Findings

*Launch of the Ethiopia National and subnational Burden of Disease*

The official launch event was a great success, with over 100 attendees and keynote speeches from the Minister of Health Dr. Amir Aman, Professor Mohsen Naghavi of IHME, Dr. Solomon of the Bill and Melinda Gates Foundation’s Ethiopia office, and Drs. Awoke and Alemnesh of the National Data Management Center, Ethiopian Public Health Institute. A press conference attended by over 30 members of the media followed the formal event.

The launch event served to highlight the Ministry of Health and the Ethiopian government’s commitment to data driven decision making, as well as the importance of this project in contributing to Ethiopia’s information revolution. The project is owned and driven by Ethiopia, for Ethiopia, with capacity building components aimed at translating data into evidence and evidence into policy action.

*Review Workshop*

The review workshop, hosted in Bishoftu, was also successful, with sessions focused on the collection, analysis, and interpretation of burden of disease estimates in Ethiopia, evaluation of existing estimates, and discussion of ways to strengthen these estimates to be regionally representative.

An overarching theme that permeated most discussions throughout the workshop centered on the fact that discrepancies and resulting disagreements stem from a lack of data, thus more and better data is imperative.

The workshop succeeded in elucidating the high-level concepts of the burden of disease (both GBD and LBD), establishing a greater collective identity among collaborators, solidifying the role of the NDMC as the central data repository in Ethiopia, and generating buy-in for data sharing.

Several lines of questioning emerged and are summarized below:

*Data (strengths, limitations, opinions, feedback)*

Participants engaged in lively discussion and evaluation of existing burden of disease estimates as well as sources of data throughout the workshop. Key themes included regional representativeness, consideration of regional and urban/rural disparities, and an understanding of lived realities in Ethiopia (i.e. many births, deaths, etc. still occur outside of hospitals, thus diverse sources of data are necessary to capture this).

* Viability of comparisons between regions given the disparities between them, particularly urban vs. rural (i.e. between Afar and Addis Ababa)
* Sampling frames currently utilized may be inaccurate for outer regions such as Somali, Afar, Benishangul-Gumuz given population distribution versus population weights
* SDI estimation may be improved for Ethiopia by using a wealth index vs. income per capita given the nature of rural economies and assets; alternatively, a household expenditure indicator could be used
* Disagreements exist on many of the estimations for Afar and Somali regions (mortality estimates, life expectancy)
* Most participants do not agree with the prevalence rate of schistosomiasis
* Population data has flaws: overestimation (i.e. Oromia region), underestimation (Addis Ababa),
* Representativeness of the sampling frames by region, population distributions were questioned throughout mortality, fertility, life expectancy, population estimates discussions
* Feedback from the workshop evaluations noted that estimations for population, mortality, fertility, life expectancy, causes of death, YLDs, DALYs, risk factors, geospatial, and nutrition need improvement at the subnational level.

*Sources of Data*

There was strong consensus on the need for a national data sharing policy and guidelines to drive data accessibility as well as a platform through which to share data. Leveraging the political commitment for data driven decision making is crucial, as is awareness raising about the mandate of the NDMC, building capacity for data management, strengthening of the national IT system, and ensuring key stakeholders are engaged in and are a part of the creation of such a system.

* Many data sources exist in Ethiopia with valuable information
* Despite consensus on the necessity of a universal data sharing policy, some still expressed a concern that if data is freely available, who will collect it?
* A key challenge here will be to align potentially competing priorities of the various data collection groups and to get all key players on board with data sharing

Please see the chart below for a detailed list of data sources identified from this workshop to be acquired and included in subnational estimations.

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| **Data Type** | **Key Data Sources** |
| Administrative | HMIS dataDRMFSS (Disaster risk management)EMMC (Emergency maternal and newborn care assessment)CHAMPSVERA/CRVEPHEMEMOCHIV treatment data – ART dataHealth extension |
| Census | Census Inter-census 2012 |
| Facility survey | SARA/SPA/HIRAMSHealth facility survey 2006 |
| Other | Police/road traffic accident dataDiabetes patient association data  |
| Scientific Literature | Ethiopia Medical JournalEthiopia Health Development Journal |
| Registry | Cancer registryFistula registry |
| Surveillance | HDSS surveillance sites (6)PMA surveillance (performance monitoring and evaluation)MPDSR (Maternal and perinatal death surveillance response)Addis Ababa Mortality Surveillance program |
| Survey | MICsTB surveyHIV surveyMISNCD risk factor surveySTI: hookworm, ascariasis, etc.Nutrition surveyWelfare monitoring surveyRural household surveyWorld Health surveysSocioeconomic survey/rural socioeconomic surveyDHS and mini-DHS |

# Attendees and Stakeholders

The launch event and review workshop were well attended by members of numerous key institutions such as the Ministry of Health, Central Statistical Agency, Ethiopian Public Health Institute, Addis Ababa University, Jimma Univeristy, Mekelle University, Gondar University, Bahir Dar University, as well as regional health bureaus. Participants generally agreed that including as many stakeholders as possible, particularly HMIS, HDSS sites, CSA, and others in this project is critical for its success.

# Workshop Evaluation

Overall, participants rated the burden of disease review workshop highly. From the end of workshop evaluation which was based on a 5-point scale (in which 1 was rated as excellent, and 5 as very poor), participants’ overall assessment averaged 1.77.

The venue of the workshop received the best score (an average of 1.35). Participants also believed strongly in the value of the collaboration between NDMC and IHME (with an average score of 1.48). The duration of the training was adequate and participants increased their knowledge as a result.

The quality of presentations (visibility of the slides, clarity of the presenters, etc.) received the lowest score with an average of 2.03. Average scores for all evaluation areas are presented in the chart below.

Participants’ comments were largely positive, with a number expressly speaking to the win-win nature of the project and the collaboration between NDMC and IHME. Further, others advocated for additional trainings of this nature as well as for more technical workshops.

Presentation quality and regional representativeness were the two areas in which participants called for improvement. The quality and clarity of presentations (i.e. slides were not readable), technical difficulties (i.e. poor internet), and the caliber and timing of the materials distributed throughout the training (i.e. materials should be provided at the beginning of the workshop and should be the most recent data/estimates) were the most cited concerns in relation to presentation quality. Several comments also called for more of an effort to ensure that all regions are represented and individuals from all regions are present at future workshops and trainings.