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Healthcare System in Ethiopia

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Healthcare Systems in Ethiopia

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Healthcare System in Ethiopia

Ethiopia is a diverse country filled with different kinds of ethnic groups along with their respective languages, each unique in its own way. As of 2018, the total population of Ethiopia was approximately 108.3 million people (CIA, 2019). Although it has a large population, the people are not distributed evenly across the country. In 2019, the ratio of urban and rural population is approximately 20-80 respectively indicating that the majority of the population live in rural communities.(CIA, 2019). Following the demography of the country, there is an increase in demand for health services as the population continues to grow. According to the report by the Central Intelligence Agency, in 2015 the current health expenditure was 4% which informs of the country's spending on health care with respect to its population(CIA, 2019). In this paper, the healthcare system of Ethiopia will be discussed along with the factors contributing to the growing but insufficient health care services. The first part of this paper will address a comparison between the rural and urban health care services in relation to the size of their population, birth rate, mortality rate, child mortality rate, availability of healthcare, and research done in these areas. The second part of the paper will be based on the proposals and changes made to better the healthcare system within the past 30 years.

The first section discusses the contrast between urban and rural areas with respect to accessibility to healthcare facilities and also looks upon this aspect from its effect on the attention given to mothers and their children. This section also touches base upon the changes seen over the years and the effort the government has made to improve the health care system. The first issue would be the maternal and infant healthcare system that has many limitations from insufficient amount of healthcare facilities, and providers to the limited amount of

education that the women have in regards to their health. There is also the case with the transportation means that hinder these women from getting to the hospitals. Due to these impediments, the general mass of communities are unable to get the treatment they need which leads to majority of death by preventable or otherwise curable diseases. In the article “Addressing the barriers to proper health care in Ethiopia”, written by Kristen Hibbett, some of the diseases listed are tuberculosis, diarrhea, acute respiratory diseases, many more and because of this there is a high infant and maternal mortality rate approximating to 59 deaths per 1000 live birth and 88 deaths per 1000 birth of children under age five(Hibbett, 2018). Although these are health records from 2009, they still reflect the current high mortality rate in Ethiopia.

According to Hibbett, it was reported that in 2012 the Ethiopian government opened several healthcare facilities in the rural areas because 85 percent of the people did not have access to these necessities(Hibbett, 2018). In contrast to the rural area, the urban area has far more accommodations and growth in the health department. The late response to pressing issues by the government shows that lack of focus and concern towards the health sector. Furthermore, the extremely high requirements to get into and stay in medical schools adds more pressure to the matter. Every child’s life matters whether in the city or rural area and the need to immensely improve the past and current healthcare system should be one of the top priorities of the government. In the article, “Ethiopia moving to address doctor shortage; critics say corners being cut”, Anders Kelto interviews Dr. Tedros Adhanom, who was once a minister of health and talks about the reasons why there is a shortage of physicians in the country and what the government is doing to improve the health sector. Among the many problems that Dr. Adhanom mentions, the one that stood out the most is the graduate physicians want for work in the cities(Kelto,

2019). He shares with us that the majority of the physicians want to work in the cities because of higher pays. In addition to a drastic increase in their salary these doctors have a good chances of going abroad if they are situated in Addis Ababa, the capital city of Ethiopia. This leaves the rural areas with a shortage of providers and also indirectly affects the population of the city. In this case, it leads to the migration of those living in rural areas with enough money into the city which leads to overpopulation. In regards to the government, Dr. Adhanom believes that the increase in the enrollment of students in medical school and opening of healthcare facilities will help lessen the problem(Kelto, 2019).

By the effort of the people and the government , the CIA has reported the infant mortality rate in 2018 to be 48.3 deaths per live death (CIA, 2019). The difference between what was then in 2012 to be 59 deaths per live birth to 48.3 deaths per live birth is good progress even if the mortality rate has decreased by a small amount. In addition, the CIA found the maternal mortality is at 401 deaths per 100,000 live births as of 2017(CIA, 2019). It should be pointed out that these numbers are indeed decreasing but at a slower rate than it should be happening. Ethiopians must make a combined effort in order to see drastic changes because each day people that could be contributing to the development of the country are dying. The funding directed towards health expenditures is reported to be 4% of the country's earnings as of 2015 as recorded by the CIA(CIA, 2019). The government must redirect its focus in bringing these numbers down by spending the money Ethiopia gets from various transactions into building up the healthcare system.

The second section of this paper serves to identify the goals and proposals put into motions so as to better healthcare system of the country. To begin, there are key factors that

contribute to the spread of diseases and the rise of an epidemic. The first one would be the water sanitation. Water has the capability to carry various kinds of bacteria and virus from one host to another. Therefore, keeping water sanitation will lessen the chances of people getting sick and having to go to healthcare facilities for help. Some other concerning influences that require people to need medical care are housing sanitation, food sanitation and surrounding environment sanitation. According to Hibbet, the government of Ethiopia is taking measures to improve the sanitation of both rural and urban communities so as to decrease the demand for healthcare(Hibbett, 2018). In addition to communicable diseases there is rise of non-infectious diseases like cancer and heart disease that put pressure on the government to put in more effort so as to at least contain the infectious ones. There are multiple structural changes that are put into motion and implemented in regards to the healthcare system which is one of the main goals of the Millenium Development Goals taking place in Ethiopia(Hibbett, 2018). This project is funded by different sources, one of which is the Bill and Melinda Gates Foundation.

Under the government the Ministry of Health(MOH) is working on two projects, second Growth and Transformation Plan(GPII) and Health System Transformation Plan, so as to divide the share of responsibilities among Regional Health Bureaus(Export, 2019). There are also major changes concerning the Ethiopian Food and Drug Administration(EFDA) and Pharmaceutical Supply Agency(PSA) with regards to improving the shortage of medical appliances and providing required medications. EFDA is responsible for overlooking the management of healthcare facilities, bringing in quality medications and ensuring that these facilities have the machinery they need to run smoothly. In the section of pharmaceuticals, each and every drug that enters the country is registered and quality checked along with the equipments that are imported

from different countries. On the other hand, PSA works to acquire the imported goods and ensure that the medical appliances and drugs are dispersed throughout the healthcare facilities in the country. This system is organized in a manner that opens up storage units close to different facilities so that there is no shortage of the necessary goods and quick supply of if whenever needed. The Health System Transformation Plan has set goals so as to achieve them by 2020 and some of these are listed below:

Reduce infant and neonatal mortality rates

Decrease HIV contraction and achieve zero new infections among children

Lessen the number of TB deaths and incidence

Diminish malaria case incidence and mortality rate. (Export, 2019)

These goals hit important control points for the containment of diseases and the improvement of healthcare system. Moreover, an interesting collaboration with the United States have led to an Ethio-American Hospital which is being built and will be ready to operate by December 2019 (Export, 2019). This indicates that Ethiopia is widening its range of options so as to accomplish its goals and better the healthcare system. In addition, looking into Melinda Gates Foundation there was a grant (\$9,600,349) given to the Ethiopian Federal Ministry of Health in 2015 that facilitates the Ethiopia's advancement in maternal, neonatal and child healthcare system.(Bill and Melinda Gates Foundation, 2015) Furthermore, not only did this foundation contribute to the healthcare system of maternal and child health care system, it has also been funding Ethiopia over the years for the advancement of the healthcare system as a whole.

In this area the World Bank also plays an important role in documenting the growth of the country in various aspects and distributing funds to multiple sectors. In the press release, “Ethiopia’s Investment in Health, Education and Social Protection Yields Positive Results”, made by the World Bank it mentions how despite the economic pressures Ethiopia has been experiencing over the years it has made positive changes by diving roles into different regional levels and started different programs that have improved not only health care but also various sectors of the country(World Bank, 2016). However, it was mentioned that the majority of the improvement that was seen in 2016 were in urban areas specifically where the middle and high class people live in whereas the urban and rural areas where low-income population did not receive this advancement. This gives rise to ethical questions directed towards the healthcare providers, the government, and organizations like the EFDA whose responsibility it is to better the system for the entire country. Is it not the right of the low-income civilians to get the necessary medical attention and assistance as any other middle-income person? Consequently, looking towards the healthcare providers and asking whether the reason they became involved in the healthcare system was to help their country or earn a big salary by working all their lives in private facilities. Then there is the government who looks to be decreasing the mortality rates by improving the system but by being more focused towards the urban areas and not effectively doing so in the rural areas. In addition, the reform in the EFDA and PSA as mentioned in a previous paragraph aims to bring more organizational structure to the healthcare system but looking at this press release questions whether this reform is being effectively implemented. There is an ethical dilemma here where Ethiopia announces its development in healthcare but fails to mention that this is not true for low-income communities which are largely based in rural

areas. The ethical problem being raised for the government is, if it does announce both its ups and downs, then the government will risk the high probability of its people going on strike. Since the majority of the people are based in the rural areas this would create a national uprising. However, its peoples lives that are at stake and every life matters, consequently telling half-truth collides with the transparency law in the constitution. Therefore, the government has been revising the healthcare package so that it can better fit people of different demographics. According to the report on December 13,2019 by Dawit Berhanu, the Ethiopian Ministry of Health(MOH) has announced that the new and revised healthcare package will be carried out in the next six months and is going to be implemented for a decade(MOH, 2019). This package addresses the issue with the difference in healthcare between rural and urban areas in that it incorporates the information of every district to ensure equal delivery of healthcare services and includes the effort and collaboration of district level organizations.

When looking at healthcare system one must look at the numerous factors that influence its development and ask what those must be and if their contribution can help steer this development on the right track. In the article, Healthcare Expenditure and GDP in Ethiopia from 1995 to 2014: a Time-series Analysis, by Kedir Hussein Abegaz and Abdulnasir Abdulmelike Mohammed the relationship between healthcare expenditure(HCE) and gross domestic product(GDP) are evaluated along with how one affects the other in Ethiopia's growth history. GDP and HCE have direct proportional relationship in a sense where if one country has a high GDP then they spend a higher percentage of their GDP on health expenditures than a country with low GDP(Abegaz and Abdulmelike, 2). This is evident in Ethiopia's increased expenditure in healthcare as the GDP increased over the time period 1995 to 2014.

Moving into the educational aspect, the following paragraphs will address the effect lack of education about hygiene and disease has on the demand for healthcare attention in rural communities. Although it is taboo to talk about sex in African countries such as Ethiopia, it is imperative that the government take the lead in educating women and their families, specially in rural areas, in order to thoroughly inform them of health risks. The article, “Knowledge of HIV and AIDS in Women in Sub-Saharan Africa”, by Amy D. Burgoyne and Peter D. Drummond discusses the correlation between education about sanitation and hygiene with the spread of sexually transmitted diseases. According to Burgoyne and Drummond,

The most vulnerable groups are poorly educated women, those from rural backgrounds, and women who are economically dependent on men. Lower levels of education, taboos associated with the discussion of sexuality and sexual health, the submissive role of women in a relationship, and male control of decision-making regarding sexual relations might explain why African women are less knowledgeable about HIV/AIDS than men. (Burgoyne and Drummond, 2).

Not knowing the dangers women face during sexual contact can result them into getting various kinds of infections and diseases which may lead to death in cases of HIV/AIDS and many others. Due to the shortage of healthcare providers in such communities and lower accessibility, most diseases are detected too late. The lack of education in these areas has led to the high demand for healthcare which puts pressure on the changes happening in healthcare system. There is a well-known saying: Prevention is better than cure. If the women were to get the chance to attend seminars for keeping up with their health, it can prevent them from

acquiring life threatening diseases. However, if they already have the infection or disease then there should be programs that helps them find a means to combat these problems. Some suggestions would be having private as well as government healthcare specialists take turns in participating in programs set up in rural areas so that they can give these women the necessary training.

The second suggestion would be for the government to help Non-governmental Organizations(NGO) by providing more grants and man-power to ensure that these healthcare training programs are successfully accomplished and to support their efforts in educating women of rural communities. According to the article “Ethiopia: An Emerging Family Planning Success”, written by David J. Olson and Andrew Piller, there have been positive outcomes from some healthcare training programs that were set in motion. These positive outcomes were made possible because of the combined effort of the government, private sectors, public agencies along with the donations from different sources(Olson and Pillar, 448). These fruitful ideas can help lessen the rise of infectious and non-infectious diseases and also decrease the high demand for healthcare attention. Breaking the stigma of talking about sex,sexual hygiene and sexually transmitted diseases will help the process go more quickly and smoothly. Through the combined effort of the rural and urban communities along with government and non-government agencies drastic improvements in the healthcare system can be seen in a set period of time.

In conclusion, the Ethiopian healthcare system is a growing branch that needs constant input from every citizen of the country. The Ethiopian government has a long way to go in order to sufficiently provide healthcare for all its citizens. Accessibility to healthcare is especially limited in rural areas where most have to travel far in order to see a doctor. Therefore, providing

transportation and/or building healthcare facilities closer to the populous rural communities will improve the health standard of the civilians. Although literacy rates are low in rural communities, the government still has the obligation to honestly and truly inform their citizens of their healthcare plans for them, or lack thereof. If it is unable to provide facilities for its people, the government has the ethical obligation in giving financial assistance to other organizations such as NGOs, who are putting in many efforts in the manner of implementing educational programs and opening clinics, in the form of grants. The Government needs to put an emphasis on educating women in rural areas about healthcare and disease prevention methods. In addition to providing money and manpower, emphasis on the means of accessibility, education, development of the organizational structure of the healthcare facilities and provider management will immensely impact the healthcare system. The country's leaders have the ethical obligation to its people to provide similar, if not equal healthcare opportunities to rural communities as they do in the major cities. The continued progress Ethiopia is making towards healthcare advancement is promising and ethically fair to the country as a whole.

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