

RIGHT TO HEALTHCARE IN ETHIOPIA: Then, Now and Tomorrow

Part 4

Post-1991 Ethiopia

As recalled, the early periods of the EPRDF Government were devoted to formulating rural focused developmental policies. The common talking agenda were about the rural Ethiopians who have been leading their lives under all kinds of miseries and hardships. For example, hardships to meet the very basic needs; hardships to get basic health service; and hardships to get basic education.

I don't think it is difficult to speculate why EPRDF has made the rural majority at the heart of its agenda. Without doubt, its 17 years of armed struggle gave EPRDF the opportunity to painstakingly learn about the depth and extent of the rural communities' destitute lives. Immediately after assuming power, EPRDF started its move by formulating a health policy that aimed at expanding primary healthcare by promoting rural communities participation and partnership.

Before I start writing about the health policy, I found it relevant to briefly discuss some critical policy issues which directly and significantly impact the provision of healthcare services. The first critical policy of was decentralization of political power. This was the very crucial and controversial measure that the EPRDF Government took to transfers the power of decision-making from a centralized and unitary government structure to the people at regional and local levels. A centralized government structure basically controls every political power and undermines the roles of the rural majority. Unquestionably, there have been some deficiencies encountered while implementing this decentralization policy, some related to political frictions while others linked to inadequate technical and staff capabilities to assume responsibilities and accountabilities.

Yes, the road has have been steep and bumpy that required a lot of wrong doings and modifications. However, despite all the odds and challenges of the decentralization process, the Government managed to change the unitary political system and decision-making process and the outcome has not been discouraging. As a result of this policy, the peoples' political consciousness is changing and growing. It is

hard to believe that even those whom their existence were unknown or unrecognized or used to have unsettled lifestyles are now getting politically engaged; have started to assume political powers and to being actively involved in decision-makings; and are seen addressing their problems and setting their priorities.

The second critical step was the move and the commitment to develop the infrastructure system. Without doubt, insufficiency or non-existence of infrastructure has been a roadblock to the provision of education and healthcare services. Infrastructure is one of the basic ingredients required for proper day-to-day operation and communication of a society and is necessary for an economy to function efficiently. It facilitates the production of goods, services, and the distribution to the market. It is hardly possible to imagine development without equally paying attention and realizing the importance of investing in various components of an infrastructure.

Though I am very well cognizant of the fact that what has been done so far is not yet enough to meet the growing need of the country, the EPRDF Government has constructed several roads, hydroelectric producing dams, and created communication networks. Generally speaking, the situation is encouraging and we should be appreciative to the Government for exerting its efforts and for remaining politically committed to improve, expand and enhance the infrastructure system. If the country continues to maintain the same momentum and keeps on moving to the same direction, I hope we will see many more roads, dams, power supplies and networking lines in the near future.

The third critical matter that EPRDF has dealt with was the policy on education. It is well documented that education is essential for people to acquire knowledge and skill which are instrumental to promoting socioeconomic growth and democracy. Besides, education is one of the fundamental human rights which plays key roles in reducing poverty; in bringing societal developments; and in improving productivity and efficiency. While this being the reality, the distribution of schools were not even throughout the country. For example, Ethiopia had only two universities until the time of the downfall of the Derg regime. Today, several additional public and private universities and colleges exist. So, in today's Ethiopia, not only schools that provide basic education are getting closer and closer to the

rural communities but also high schools, colleges, and universities, opening the door of opportunity to many who were left out without access to education of any kind.

Despite these efforts, however, the total adult literacy rate of Ethiopia still remains low which is estimated to be at about 49%.¹ Yes, the adult literacy rate is still low but the country is pacing in the right direction and hence, slowly but surely, it won't be long for the literacy rate to grow to a globally accepted level and over all speaking, the government deserves credit for achievements made to date.

I hope it won't be hard for readers to presume why I have raised the issues of political decentralization, education, and infrastructure which, I believe, have interrelated purposes. They serve as essential ingredients to create favorable investment conditions. They also are determinant factors when it comes to where and what type of healthcare service to provide.

In a nutshell, political decentralization is very important because it facilitates the process of decision-making. Infrastructure is crucial as its functions are similar to arteries and veins of the human circulatory system. Without properly functioning blood vessels, the human physiology becomes defective or dysfunctional and the same is true to infrastructure, without which communication, education, health service provision, economic, social interactions, and political operations become disarrayed. The role of education is needless to mention. First of all, education is one of the fundamental human rights and second of all, education plays key roles in reducing poverty; in promoting and improving health; and in serving as an instrument to fortify economic growth, efficiency, and productivity.

Health policy implementation

EPRDF's health policy makes particular emphasis on prevention and promotion of primary healthcare. During its initial phase, the policy was subject to opponents' criticism, essentially for paying little attention to tertiary cares; for disproportionately focusing on primary healthcare; and then for weakness and imperfections of the implementation of process. Relevantly, there have been arguments on why the Government is expanding and building additional healthcare

¹ EFA Global Monitoring Report, UNESCO Institute for Statistics (2013/14)

facilities while the existing healthcare facilities are functioning under poor quality conditions. I will save the detail discussion on quality for later time but for now let me ask a question. Will it be fair to deny basic healthcare to the rural community, living in remote places, until a perfect system is in place and the quality of the urban health services get improved? I would say “No” because this won’t be fair.

For one reason, it defies the basic principle of equity. All people should have equal right to healthcare services. The majority of the rural Ethiopians have been living in a marginalized situation for centuries, denied their right to health and consequently, suffered from preventable and avoidable health problems and their options have been traditional remedies and religious beliefs as opposed to enjoying the benefits of a modern medicine. In rural Ethiopia, it is common to see people traveling many kilometers away from their places, on barefoot, seeking health services, even the very basic ones, at a remotely located clinics and oftentimes, carrying their gravely sick family or a community member on their back or on a traditionally made stretcher, tied with robes, travelling through rough and tough terrains and mountains.

For the second, it is neither always possible to initiate a perfect policy from the beginning nor it is a wrong thing to start with a policy that has certain degree of imperfection. What becomes a necessary step, however, is to have a plan to change or make repeated modifications to bring perfection throughout the implementation process. The notion that you have to get it perfect from the start is the enemy of improvement; if you wait for perfection, it is never going to happen; and so what you have to do is test it and then, if found to be imperfect, modify or change it.² Hippocrates acknowledged the fact that experience is prone to mistakes, mistakes that could be encountered any time while helping patients humbly with good judgments.^{3,4} Thus, according to Hippocrates, when such occurs what one should do is learn from encountered mistakes that may even bring humiliation and then, take care not to repeat the same mistake; otherwise, fears not to make mistakes should

²Kenney C. The best practice, How the New Quality Management is Transforming Medicine, Public Affairs, NY 2008).

³Adams, F. Francis; The Genuine Work of Hippocrates, 1939

⁴Merikas, GS; Hippocrates: still a Contemporary; A journal of art and science, Vol. 8, No.3

not dissuade anyone from acting timely to help patients with the opportunity in hand.

I think it is this kind of approach that EPRDF employed and started the journey by creating a four tier healthcare delivery structure. The lower tier is composed of a primary healthcare (PHC) unit which contains five health posts (HPs) with intended functions that included but not limited to providing and promoting preventive healthcare services; and first aid and emergency services; and education on family health and healthy living styles. Importantly, HPs are the ones responsible for mobilizing communities for actions. Thus, HPs are of paramount importance when it comes to providing basic healthcare services to the majority of the rural population who were left out without access for years. HPs have offered to the rural community the opportunity to get access to basic services close to their locality. Healthcare workers who have a basic training are residing close to the community to provide basic services, disseminate health information, empower and coordinate communities' involvements and actions.

Without exaggeration, this is one of the commendable achievements of the EPRDF's health policy. The health education and information that HPs are providing certainly enhances the communities awareness and consciousness to seek early medical attention and to demand for better, advanced and comprehensive care and treatment, at a reachable distance and locations.

Yes, HPs are of paramount relevance and importance in terms of providing basic health services to the majority of the rural Ethiopians. However, the rural community deserves to get better health service than what HPs are offering. HPs should not be the destiny to the rural Ethiopians; the wave of change should continue to progress at the same momentum until the rural community are better served; and planning for a second wave of change to establish healthcare facilities that provide comprehensive cares becomes a necessary future project.

Relevantly, the Cuban success story is very relevant to share and a good model to learn from. I am aware of the existence of different opposing ideas from both opponents and proponents of the Cuban healthcare delivery system and their disagreements mainly emanate from political ideologies. Until today, Cuba is a

country that sticks to its socialist ideology, resisting the creation of a competitive market to liberalize its government controlled healthcare delivery system.

However, unlike many other countries that used to advocate the same political ideology, Cuban healthcare is known for its success story. Cuba strongly fought for the declaration of Alma-Ata before it was official to establish one of the world's most effective and unique healthcare systems; and the centerpiece of this system is the community-based polyclinics, made available nationwide to serve a catchment area of between 30, 000 and 60, 000 people.⁵ Lately, an average polyclinic is designed to offer about 22 services that included but not limited to rehabilitation, x-ray, ultrasound, optometry, endoscopy, thrombolysis, emergency services, traumatology, clinical laboratory, family planning, emergency dentistry, maternal-child care, immunization, and diabetic and elderly care; and specialization in family medicine has become a requirement for more than 97% of medical graduates.⁶

Today, Cuba is not only providing universal healthcare to its citizens but also a better quality care and a better organized and integrated services through a multi-specialty polyclinics, upgraded with the addition of a family doctor and nurse to enhance clinical services and help the people understand all dimensions of their health: biological, psychological and social.⁷ Today, Cuba is rated as one of the countries with highest life expectancies, 77 years. It also has low infant mortality rate, even better than some of the most advanced countries in the world and the mystery Cuba's success firmly stands on the culture of hardworking, determination, and political willingness to establish healthcare system that is equitable, efficient, effective, and timely accessible to majority of the people.

The existing reality dictates the Cuban style to rightly fit the Ethiopian situation. Obviously, there is inadequate availability of infrastructures which are favorable conditions for providing social services. As the situation stands right now, the burden primarily rests on the Ethiopian government to expand and improve the

⁵ WHO: Cuba's primary health care revolution: 30 years on; Bulletin of the World Health Organization; <http://www.who.int/bulletin/volumes/86/5/08-030508/en>

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health service provision. The facts on the ground do not seem to motivate the private sector to invest in rural places.

Looking into the Future

The world is quickly becoming more industrialized and urbanized as people migrate to cities.⁸ In 1950, less than 30% of the world population were living in an urban setting while today it is about 50% which is expected to grow to 60% by the year 2025.⁹

At present over 80% of the Ethiopian population lives in rural places. Lately, however, industrialization is escalating; different kinds industries have become operational while others are still in the process. Some business people have started investing in mechanized farming in different parts of the rural Ethiopia and as a result, several rural villagers are becoming suburbanized dwellers.

As reported by various studies, industrialization is associated with various health risks. Industrial products are claimed to be responsible for posing health risks either via accidental physical injuries or by causing acute chemical poisonings or via a long-term exposure to chemicals released into the general environment.¹⁰ For example, cancer is considered as the number one environmental disease tied to industrialization.¹¹ Asthma and other respiratory disease can be induced by pollutants and chemicals from industry.¹²

Apparently, with the process of industrialization and lifestyle modification, the etiology and pathology of diseases are getting more complex, demanding for sophisticated technologies and highly qualified healthcare professionals to deal with. The world is also in a futuristic fantasy of developing new approaches of diagnosing and treating diseases using the sciences and technologies of genomics, nanomedicines and personalized medicines.¹³ Medical and pharmaceutical researchers believe that it will be a common practice to see doctors performing medical

⁸University of Michigan. **Global Urban Population in Developed and Developing countries; 2002.**

Available at: http://www.globalchange.umich.edu/globalchange2/current/lectures/urban_gc/.

Accessed November 2012.

⁹Ibid.

¹⁰World Resources Institute; Industrialization and health; <http://www.wri.org/publication/content/8347>

¹¹Blake, U (2010). How Toxins are Changing Disease Patterns; As the environment changes so do disease patterns and diseases distributions; available at <http://suite101.com/article/how-toxins-are-changing-disease-patterns-a286433>; accessed November 10, 2012.

¹²Ibid.

¹³Awake. Will Modern Science Cure The World? January 2007

procedures by placing tiny devices-known as nanomachines which carry microscopic computers with very specific instructions-inside human body. Because they are very small and are hoped to travel through tiny capillaries to deliver oxygen to tissues, remove obstructions from blood vessels and plaque from brain cells, and even hunt down and destroy viruses, bacteria, and other infectious agents and may also be used to deliver drugs directly to specifically targeted cells.

Genomics, study of gene structure, is also drawing the attention of researchers as a promising future advancement in medical practice. The human gene is the basis for this scientific approach. Scientists are in the hope that they will soon be able to identify specific genes that predispose us to a disease. This can allow doctors to understand, for instance, why certain individuals are more prone to cancers than others are or why one type of cancer is more aggressive in some people than in others or may also reveal why a drug proves effective for some patients while not for others.¹⁴ Such specific genetic information may give birth to personalized medicine-which suggests that medical care can be tailored to match a unique genetic profile.¹⁵ For example, if a study on an individual's gene reveals that they are predisposed to develop a certain disease, doctors could detect such a disease long before any symptoms appeared. Such specific genetic information may also alert doctors the likelihood of having an adverse reaction to medication. This information may give doctors the ability to prescribe a precise kind of medicine and the dosage for the particular case.

Thus, the focus of medical and pharmaceutical technologies is changing. It is getting more diversified, modernized and sophisticated. The focus of the future is on developing new approaches of diagnosing and treating diseases using the sciences and technologies of genomics, nanomedicines, and personalized medicines. And the present day Ethiopia is progressing into a future day Ethiopia. With the process of urbanization occurring in Ethiopia, a shift in diet is inevitable-from fresh homemade whole food, mostly rich in protein and roughage in content and with no other additives to factory processed and canned foods which contain

¹⁴Ibid

¹⁵Ibid

different additives including flavorings, sweeteners, preservatives, colorants; and other indirect additives such as packaging materials that would have immediate contact with the actual product.

Industrial chemicals are also relevant to the future day Ethiopia's health problems. Without doubt, the future day Ethiopia will be a home for more urbanized societies; and more lifestyle and environmental changes will occur and such changes are associated with the emergence of NCDs. That is not all! In the future day Ethiopia, dealing with non-communicable diseases will not be the only reality. Communicable diseases of either bacterial or viral origin will continue to remain challenging in Ethiopia as the nature and type of bacterial and viral diseases are getting more complicated and sophisticated worldwide than ever before; and resistance is also a growing concern as many bacteria are becoming unbeatable with most of the currently available antimicrobials circulating in the market.

In short, the realities described above are clear indicators of the conditions and realities that the future day Ethiopia will be facing. Thus, there is a need to revisit the existing policy and design an integrated approach that not only focuses on providing primary health services but also pay a proportionate attention to providing comprehensive healthcare delivery that targets all dimensions of human health: biological, psychological and social.

Obviously, the future day Ethiopia needs more specialized and skilled health professionals to deal with the emerging NCDs; to cope up with new medical and pharmaceutical technologies; to challenge the medical concerns related to changing in lifestyles and environmental conditions consequent to the process of urbanization and industrialization.

The End