

The Misdirection of Healthcare Facilities: Don't You Need to Wake up Before it's Too Late?

Professor Desta, Asayehgn
April 2014

While the fundamentals of human rights place health services as indispensable for the exercise of other human rights conducive to living a life of dignity, the human capital theory locates health as fundamental to enhancing the efficiency and productivity of the labor force. Given these as fundamental rights of health services, it is disheartening to note that a number of policy makers in a number of developing countries don't seem to have a sustained political will to allocate their limited health sector budget to providing accessible health care facilities for their citizens.

Because of some irrational health care policies they knowingly or unknowingly have designed, the health care facilities available in developing countries seem to be squarely tailored to serve the interest of those endowed with wealth. However, if the rich cannot get adequate health care facilities at home, they are able to use their birth rights and wealth to get prompt exit visas and go abroad for medical treatment. As anticipated in this type of political culture, poor people remain grounded, ill and dying, with no access to basic health care facilities because they have been denied of their basic rights.

While I was growing up, the town of Adwa, Tigray, Ethiopia, was recognized for its hospital and world-famous doctors. A case in point is, Dr. Yetbarek G/Egziabher a well-known internist and one of the founders of medicine for Bilharzias, very rampant in the town of Adwa used to work in Adwa Hospital. Currently, despite the alarming economic growth that Ethiopia has recorded over the last ten years under the developmental state paradigm model, it is sad to note that the poverty rate of people living below \$1.25 a day in Ethiopia is very close to 30 percent (see Desta, 2014).

Based on the abject poverty that is quite apparent in Ethiopia, it seems to be more conspicuous in the town of Adwa. The majority of inhabitants of the town of Adwa have not been able to share in the benefits of economic growth which Ethiopia has achieved during the last ten years. The inhabitants of Adwa lack access to health care facilities that could have cured them from existing rampant medical conditions, and they lack access to preventive care that could have prevented the appearance of such diseases through the supply of basic necessities.

The most pathetic scene is that of the once famous Adwa Hospital, still is operating in old buildings with inadequate facilities for proper health care. The existing hospital uses outdated equipment, worn-out beds and limited up-to-date medicines in the so called pharmaceutical units.

Furthermore, the hospital has a weak infrastructure. The main campus is covered with wild grass and is not able to meet the basic hygienic and sanitary standards. Because of congestion, patients wait for hours to get medical services. Forced by necessity, the rooms in the hospital have been turned into co-ed rooms. Not concerned about the cultural values of the patients, both sick men and women who desperately need hospital treatments are forced to sleep in one room in order to get meager and substandard medical attentions.

As narrated by the chief doctor of Adwa hospital, the rooms in the hospital smell terrible because the hospital lacks cleaning facilities and the bed sheets used by the patients are not always washed because the existing washing machines are often out of order. In most cases, before being admitted to the hospital, patients are required to bring their own towels and bed sheets. Though they might be on the verge of death, patients have little chance of being admitted to the hospital if they don't have bed sheets. Another cause for alarm is that the operating rooms of the hospital do not have reserve electric generators in the event the hospital runs out of electricity while the doctors and other medical practitioners are undertaking very serious medical procedures.

Some of the reasons for the pathetic situation of health services at the Adwa hospital can be attributed to inefficient and unwise management systems. Because the Adwa Hospital lacks funds, it is understaffed and poorly managed. The hospital is run by practicing medical professionals, rarely equipped to meet administrative challenges. It also creates a role conflict between the practice of medicine and administrative know-how. In addition, since some of the managers of the hospitals are also members of the existing political party or are appointed directly by the party in power, they may attach no significance to their productivity or the quality of their services to the hospital.

To correct these anomalies observed in the management of the Adwa hospital, a number of well-intentioned donors are collaborating and working day and night to raise funds so that the Adwa Hospital may be re-engineered to revitalize its operations. However, the financial support I gave to build the vocational school at the Queen Sheba School is now underutilized and has been allocated for unintended purposes; and whether we like it not, the 45 million Ethiopian birr donated by well-intentioned alms and other philanthropists is subject to rampant and unexpected inflation, rather than being used to renovate the Queen Sheba Schools. A penny worth's lesson that could be given to philanthropists is that donating funds and facilities to update existing buildings, or bestowing state of the art washing machines or electrical generators is likely to be a white wash. Yes, the various donations could serve as window-dressing but the expected newer buildings and equipment are unlikely to be properly maintained and sustainable for the future generations. As usual, because of the lack of a strategic plan, if renovated, the buildings in the hospital are likely to be rotten in few years time. Moreover, this traditional method of fund

raising to renovate buildings and update equipment and then handing it to the government is not likely to serve the health needs of the countless destitute living in Adwa.

The existing down-trodden system is not likely to change if we rely on conventional strategies. Thus, we are at a position where we feel morally responsible to call for fundamental change. Simply put, nothing will change at Adwa Hospital unless the existing structure changes. To maintain sustained health services for the Adwa community, we need to assert ourselves and demand that the existing Adwa Hospital be administered autonomously. If we are serious, let us call for the people of Adwa to be the owners of the proposed renovated Adwa Hospital and form their own board of directors to run it.

However, if the current administration is opposed to our demand, let us ask for an empty piece of government owned land to build a new hospital for the people of Adwa. Then, let us make it the moral duty of all health practitioners living abroad and the health practitioners working in Ethiopia to allocate two weeks of their one month vacation time to render services to the new and autonomous hospital. Since the hospital will be self-directing, it must be governed by a board of directors selected by residents of Adwa. These directors of the Adwa People's Hospital would have the discretion to recruit and train employees to fulfill the urgent needs of the patients. The financial sources for the hospital could be generated from private donations, external assistance, charity, lotteries and the hospital's own funds. I think the future of Adwa People's Hospital is likely to be cost-effective, transparent, technically-efficient, serving patients at reasonable cost, responding with health-related services, and accountable to the people of Adwa.

In a nut shell, instead of using a conventional way of donating a lump sum of funds to revitalize the functions of an existing, outdated government-controlled hospital with short term benefits, we need to commit our individual efforts to establishing a healthy and sustainable life for the Adwa community. To put it mildly, we need to wake up before it's too late. It will not serve any purpose if we cry day night from yonder surrounded by relatively cheaper health benefits while our people are suffering from chronically poor health services. Don't you agree?