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Ethiopia: Transforming Healthcare

"Healthcare is not a privilege. It's a right. It's a right as fundamental as civil rights. It's a right as fundamental as giving every child a chance to get a public education." Rod Blagojevich. While some countries around the world see healthcare access as a right, many see it as a privilege that should only be granted to those who can afford it. Currently, the United Nations Food and Agriculture Organization estimates that about 795 million people of the 7.3 billion people in the world are suffering from chronic undernourishment. This is aggravated by the lack of healthcare access and education in many nations. Transformative healthcare policies and advancing the capabilities of healthcare institutions in third-world countries can drastically improve this situation. Ethiopia is one of the many underdeveloped countries that can greatly benefit from an improved healthcare system. Ethiopia is located in the horn of Africa, surrounded by Eritrea, Somalia, Kenya, Sudan and Djibouti. It has an area of 426,400 mi² and a population 94.1 million. The main language spoken in Ethiopia is Amharic, although there are many other indigenous languages spoken throughout the country. There are many different ethnic groups throughout Ethiopia including Oromo, Amhara, Somali, Tigray, Gurage and more. The majority of Ethiopians are of mixed ethnicities. Currently, Ethiopia's government is in the form of a Federal Parliamentary Republic. The prime minister, Hailemariam Desalegn, serves as the head of the government. The president, Mulatu Teshome, is considered head of state but his powers are largely ceremonial. Despite Ethiopia's fast growing economy, it is still one of the poorest countries on the continent of Africa.

Many factors throughout the history of Ethiopia have led it to its current status of hunger and poverty. During the early 1980's Ethiopia faced one of the worst famines in history, caused by a drought in the late 70's that affected most African countries.² The government is said to have neglected its people throughout this famine and instead spent money on weapons for the civil war. Ethiopia still feels the effects of that and many other droughts to this day. Today, about forty percent of Ethiopians are said to be malnourished. Eighty percent of the total population lives in rural areas where the main source of income is agriculture. The average Ethiopian rural household size is 5.1 people³. The majority of rural families own farms that are less than five acres in size. The main crops grown in Ethiopia include: grains, wheat, teff, barley, corn, sorghum and millet. The typical diet for a rural family includes wheat, teff, beans, beef and chicken. Agricultural issues are mainly caused by periodic droughts, soil degradation, overgrazing and deforestation. Due to inflation, prices for purchasing food are high especially for poor rural households. This leads to higher food insecurity and lower dietary diversity. The reduction in meal sizes make families shift to poor quality and less expensive food options as a coping strategy.

¹ "2015 World Hunger and Poverty Facts and Statistics by WHES." 2015 World Hunger and Poverty Facts and Statistics by WHES | Pearltrees. N.p., n.d. Web. 01 Mar. 2017.

² Milner, Kate. "Flashback 1984: Portrait of a Famine." BBC News, 6 Apr. 2000, news.bbc.co.uk/2/hi/africa/703958.stm.

³ "Ethiopia Rural Socioeconomic Survey." World Bank. Central Statistical Agency, 7 May 2013. Web. 01 Mar. 2017

The population of Ethiopia has been on a rise since the late 1970's which has only increased the levels of poverty. Currently, about twenty-nine percent of the country's population lives under the national poverty line.⁵ Barriers to employment and earning a living wage are a lack of access to education, healthcare, labor market information and job search skills. Although healthcare has become more accessible for urban, rich families, it is still an issue for the poor and especially those living in rural areas. There's a great shortage of healthcare facilities in many cities and rural villages of Ethiopia. Over four fifths of the population lives in rural areas where access to healthcare is a struggle. Many rural families have to travel long distances just to receive primary care. In addition, there is a shortage of well-trained medical staff at certain facilities. Most rural patients are referred to larger clinics but even then, their options are limited. From 2000-2010, there were only 1,806 doctors practicing in Ethiopia which is less than one physician per every ten thousand people. Without healthcare access and education, many different diseases and illnesses will cause low productivity on farms and decrease the ability to earn sufficient income to feed families. It is said that the top causes of death in Ethiopia can be easily avoided with a better healthcare system. In addition, primary access to healthcare for rural families will result in healthy people who can plant crops and feed themselves as well as others. For rural families, who aren't farmers, access to healthcare will allow them to better earn a living wage and be able to afford food. Education also plays a role in this situation. Only 45% of rural children enroll in first grade, compared to the 90% of urban children that enroll in first grade. More than 60% of rural children don't advance to secondary school and only 39% make it to fifth grade. This is mainly because farmers need their children to help by herding cattle and fetching water from distance water wells. Access to education can drastically improve the concerns with healthcare. For example, women in rural areas usually undergo female genital mutilation (FGM) at a young age which causes many problems in their future lives. If rural families were better educated about the negative effects of FGM, it is likely they will stop this practice. Many rural families are also known to use traditional healing methods and medicines rather than going to a healthcare facility when someone becomes ill. With education, these families will know when to approach a healthcare professional.

Along with undernourishment and poverty, Ethiopia also has an HIV/AIDS epidemic. HIV is a sexually transmitted infection that attacks cells in the body's immune system. AIDS is the final stage of an HIV infection and occurs when the immune system is damaged and vulnerable to other infections, as a result. HIV/AIDS is one of Ethiopia's greatest causes of death and has decreased the life expectancy drastically. According to the World Health Organization, there are nearly 1.2 million people living with HIV/AIDS in Ethiopia. Ninety thousand of those with HIV/AIDS are pregnant women. Annually, there are an estimated fourteen thousand HIV-positive births and a total of twenty-eight thousand AIDS death and an estimated eight hundred thousand AIDS orphans.⁸ Farmers and other working families impacted by HIV will

⁴ FEYISSA, GIRMA. "Ethiopia's Population Growth-It's Consequence." AddisFortune, 8 Apr. 2017, addisfortune.net/columns/ethiopias-population-growth-its-consequence/.

⁵ "Contact CIA." Central Intelligence Agency, Central Intelligence Agency, www.cia.gov/library/publications/theworld-factbook/fields/2046.html.

⁶ "Poverty & Healthcare." Our Africa, www.our-africa.org/ethiopia/poverty-healthcare.

⁷ "Ethiopia National Education Profile." EPDC.

⁸ "Ethiopia: Analytical Summary - HIV/AIDS." World Health Organization. African Health Observatory, n.d. Web. 01 Mar. 2017.

produce less of what they are expected to deliver and, as a result, members of a family will not have enough to feed on. Currently, the Center for Disease Control and Prevention (CDC) office in Ethiopia works with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to implement an HIV program. This program directly attempts to save the lives of those with HIV/AIDS through treatment and prevention strategies. The CDC also works with Ethiopia's Ministry of Health to support HIV counseling and testing, blood safety, early infant diagnosis and strengthening health systems. Health system strengthening includes supporting the development of different workforce areas such as epidemiology, health information systems and HIV monitoring and evaluation. These different efforts have led to a decline in the number of citizens affected by HIV/AIDS.

Right now, the biggest barrier to improving the situations in Ethiopia is corruption of the government. The Ethiopian government is in control of all aspects of the economy. This complete control makes it hard for the average citizen to take action and contribute to the development of the country by participating in various sectors of the economy. For example, all healthcare facilities in Ethiopia are run by the government and rely on funds from the government. However, the government itself really doesn't have the funds to provide quality healthcare to all its citizens. Because of this, many healthcare facilities aren't properly funded and cannot serve all of the people in need of care. For this reason, the Ethiopian government must begin to hand over some responsibilities to the people. The Ministry of Health should still be in charge of overlooking all the healthcare facilities, but the government should also encourage the establishment of private clinics by average citizens. To ensure the success of these private facilities, no taxes should be collected for the first few years to allow the facilities to make profit and simply focus on providing the best care possible. In addition to encouraging the establishment of more healthcare facilities, the Ethiopian government must also grant all Ethiopian citizens, living in both urban and rural areas, the right to affordable healthcare. No one must choose between health and financial stability. Therefore, the government should put laws in place that protect that right. The UN can assist by making sure that the government is doing just that, as the UN is one of the main donors of Ethiopia's government.

Another barrier holding back Ethiopia's healthcare system is the nation's financial instability. As mentioned above, poverty and corruption is a very big issue in Ethiopia. One of the solutions to this can be getting foreign aid, whether that be from organizations such as the UN, or other nations. The money provided from foreign aid should go towards investing in the quality of the existing healthcare facilities. However, with foreign aid, there is always the possibility that the money won't go towards what is expected. Therefore, there must be an auditing system installed by a third party such as the UN. This will ensure that there's strict scrutiny of government officials who steal the money and use it for their personal business. As with many other issues, financial instability is not something that can just be fixed with foreign aid. In order to decrease the levels of poverty and make Ethiopia a thriving country, we need to address the issues that are leading to poverty in the first place. These are issues such as lack of education, poor healthcare, lack of democracy etc... Ethiopia's poor infrastructure is another factor that prevents citizens from getting care. Expanding physical access to the existing healthcare facilities by constructing rural road networks can drastically improve the lives of rural families. New infrastructure can be built using money from foreign aid. In addition, the Ethiopian government should allow the private ownership of land so that non-governmental organizations can also construct these new roads.

⁹ "CDC In Ethiopia." www.cdc.gov/globalhealth/countries/ethiopia/pdf/ethiopia-2013.pdf.

Education is key in order to create a sustainable solution to any issue. Primary education should be mandatory in Ethiopia in order to create awareness on healthy nutrition and to end the cycle of poverty. In addition to primary education, rural families should receive agricultural education. This would include learning about how to farm, increase productivity, use farm products in a way to provide maximum nutrition, variety in planting, harvesting, etc... The Food and Agriculture Organization of the United Nations (FAO) has already assisted Ethiopia in the areas of agricultural productivity, competitiveness, and sustainable natural resources. 10 The FAO should continue its work while also collaborating with the Ethiopian Association of Organic Agriculture (EAOA) to educate rural farmers. Ethiopia has ample water resources and land that could be used to increase crop production provided that the farmers are educated and guaranteed to use their land privately. Organizations such as the CDC should also continue to teach people about avoiding HIV/AIDS and other fatal diseases. Other organizations may teach families how to treat malnutrition and how to keep a balanced diet. The people of Ethiopia are not the only ones that need to be educated. In order to receive foreign aid, citizens of other nations must also be informed about the issues in Ethiopia. Once others are aware, they will most likely be willing to contribute to the cause. However, the Ethiopian government and its citizens must first present a plan of action and be able to measure the achievements. This way, other nations can be sure that their aid is going towards something that will actually help Ethiopians.

In conclusion, access to education, affordable healthcare and advancing the capabilities of healthcare institutions in Ethiopia will greatly improve the nation's issues with hunger and malnutrition. The work of the FAO, CDC and other organizations has drastically helped the situation in Ethiopia. With more assistance from the Ethiopian government and organizations such as the UN, Ethiopia can grow into a more developed nation with reduced levels of poverty and food insecurity.

Works Cited

"2015 World Hunger and Poverty Facts and Statistics by WHES." 2015 World Hunger and Poverty Facts and Statistics by WHES | Pearltrees. N.p., n.d. Web. 01 Mar. 2017.

¹⁰ "FAO Country Profiles: Ethiopia." FAO, www.fao.org/countryprofiles/index/en/?iso3=ETH.

Milner, Kate. "Flashback 1984: Portrait of a Famine." BBC News, 6 Apr. 2000, news.bbc.co.uk/2/hi/africa/703958.stm.

"Ethiopia Rural Socioeconomic Survey." World Bank. Central Statistical Agency, 7 May 2013. Web. 01 Mar. 2017

FEYISSA, GIRMA. "Ethiopia's Population Growth-It's Consequence." AddisFortune, 8 Apr. 2017, addisfortune.net/columns/ethiopias-population-growth-its-consequence/.

"Contact CIA." Central Intelligence Agency, Central Intelligence Agency, www.cia.gov/library/publications/the-world-factbook/fields/2046.html.

"Poverty & Healthcare." Our Africa, www.our-africa.org/ethiopia/poverty-healthcare.

"Ethiopia National Education Profile." EPDC.

"Ethiopia: Analytical Summary - HIV/AIDS." World Health Organization. African Health Observatory, n.d. Web. 01 Mar. 2017.

"CDC In Ethiopia." www.cdc.gov/globalhealth/countries/ethiopia/pdf/ethiopia-2013.pdf.

"FAO Country Profiles: Ethiopia." FAO, www.fao.org/countryprofiles/index/en/?iso3=ETH.