

Ethiopia Health Aid: From 2 to 22

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AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Activity Disclaimer

We have no relevant financial relationships to disclose.

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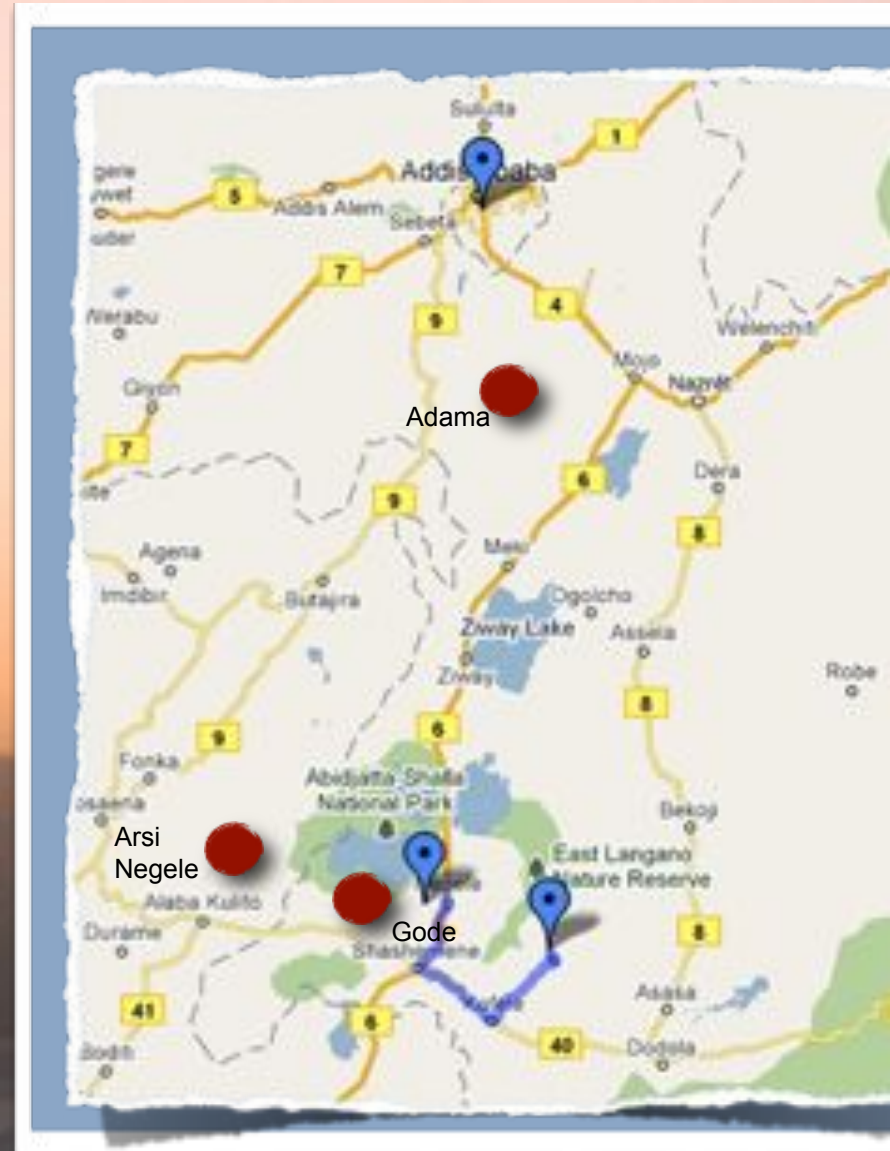


Welcome
and intros

Learning Objectives

- Identify initial steps in creating a clinical and educational mission for a developing hospital in rural Ethiopia
- Describe the challenges in fostering culture change over several trips
- Utilize a model of mass health screening events in providing rural health screening
- Establish mechanisms for sustainable change.

Ethiopia Health Aid Mission Sites





Evolution of Commitment

From 2 to 22
Our Medical Mission Team



Mission Statement

To build healthy, self-reliant
communities in rural Ethiopia through

Education,

Health, and Community

Action

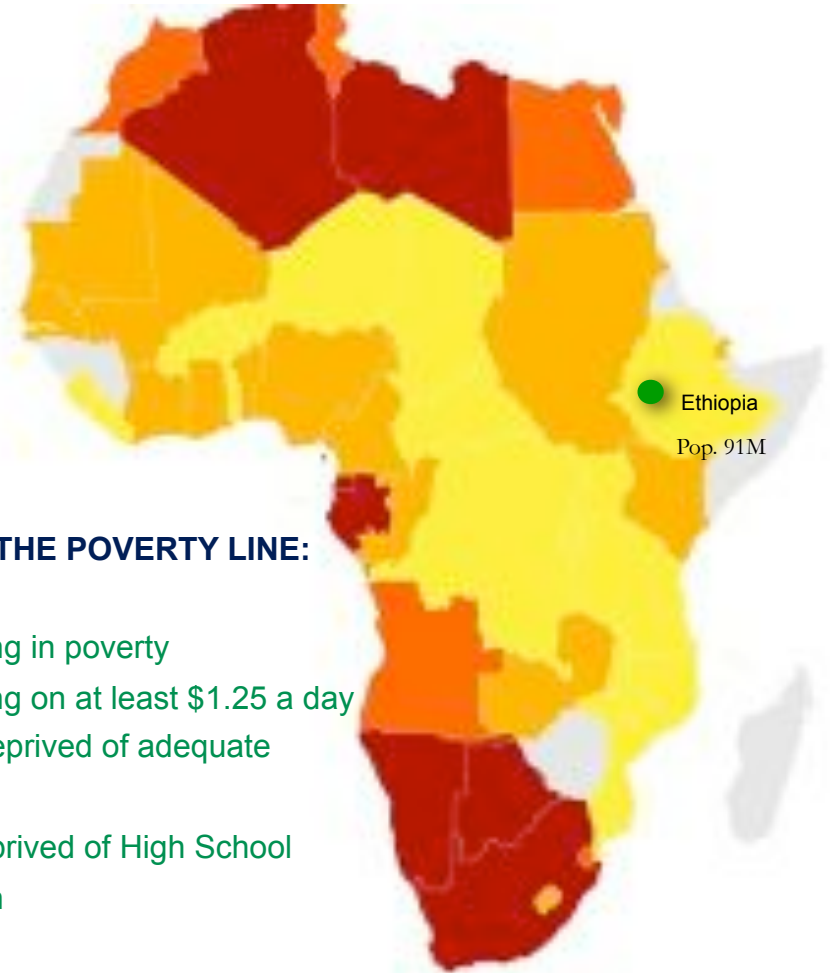


Where in the World do we serve?

- Where the need is greatest
- Where transformation is sustainable
- Where progress can be duplicated

BELOW THE POVERTY LINE:

90% Living in poverty
39% Living on at least \$1.25 a day
61.5% Deprived of adequate schooling
70% Deprived of High School education

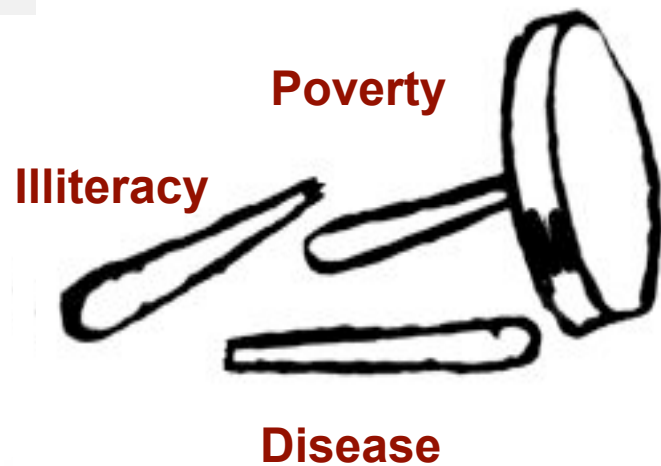


Poverty map
GNI per capita
Atlas method
(Current US\$)

Source: World Bank 2009



Address the Inequity Triad



THE INEQUITY TRIAD is the delicate balance of socio-economic factors that determines whether communities thrive or barely survive

- Do the legs balance?
- Address all as equally as possible
- Stability determines Survival

EHA Approach: EDUCATION + HEALTH + *ACTION*

Investing in local talent

- ensures continuity
- reverses brain drain

Medical Missions

- growth plans for stakeholders
- twice a year, same sites
- learn, teach and heal





Education

Gender equality and education are related

- 62% are deprived of adequate schooling, having no access to secondary school¹
- 0.1% of females ages 15-19 complete secondary school in rural Ethiopia²
- There is only one high school for every 80,000 students in rural Ethiopia¹



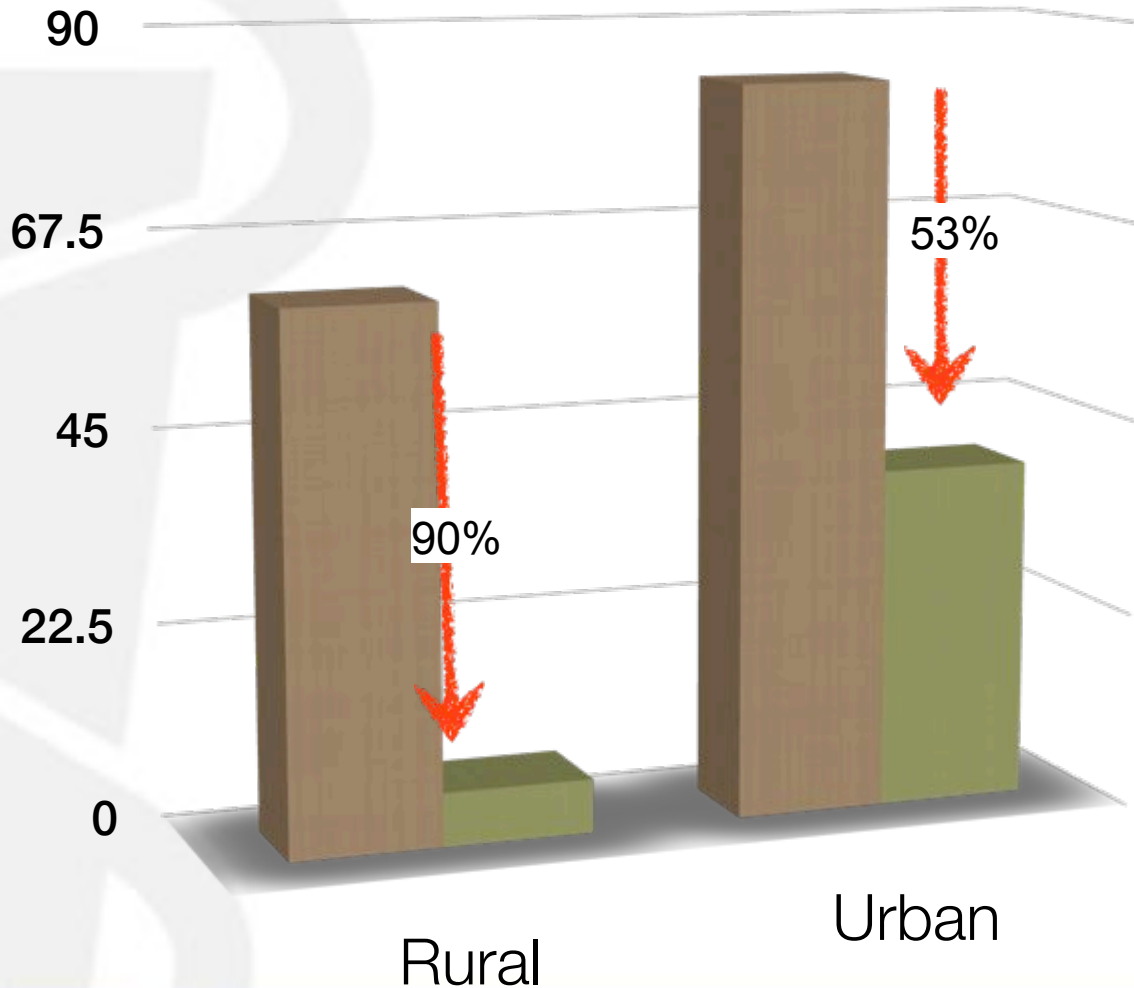
Sources: (1) Multidimensional Poverty Index, Oxford Poverty & Human Development Initiative, 2010; (2) Ethiopia DHS Study 2011, Central Statistical Agency, Addis Ababa, Ethiopia; ICF International. Calverton, Maryland, USA, March 2012



In Rural Ethiopia:

- Most boys go to school
- Girls rarely attend school
- Girls and women do much of the work to support daily needs in the home – collecting water, wood for fires.

Attendance drops significantly in Rural High Schools



In rural high schools, there is a **90% drop** in attendance as students move from primary to high school

In urban high schools, there is a **53% drop** in attendance as students move from primary to high school.

■ Primary School Attendance ■ High School Attendance

Source: Ethiopia DHS Study 2011, Central Statistical Agency, Addis Ababa, Ethiopia; ICF International. Calverton, Maryland, USA, March 2012.

Gode Village



The Education Revolution



A community's health status, patient compliance, mortality rates, and incidence of disease are directly linked to its literacy status.

Gode Middle School 2003: the first step



- First step in Dr. Hinika's vision to build the community
- Support for the project contingent on the villagers working to bring electricity to the village.
- Building the infrastructure for change has been extraordinary, leading also to building of roads

Gode High School



- And next, the high school – started in 2010, now completed its 4th year, with an enrollment of over 2500 students.
- It has received national recognition as a public-private partnership, AND leading high school soccer team

Gode High School - 2,500 students



College Bound!



Education for Gode ... and beyond

- College scholarships -
- Middle school – bringing electricity
- High school – now 2,500 students strong
- Future dreams – medical college





Health

Healthcare by the Numbers



Physician and Hospital Access

- » Hospital-to-patient ratio range = 1:99,000 to 1:1,082,761
- » Doctor-to-patient ratio ranges = 1:4,715 to 1:107,602
- » Anesthesiologists = 14 Surgeons = 106 OB/Gyn = 77
- » General Physicians = 1421

Population of Ethiopia = 95,045,679

Primary Care Capacity

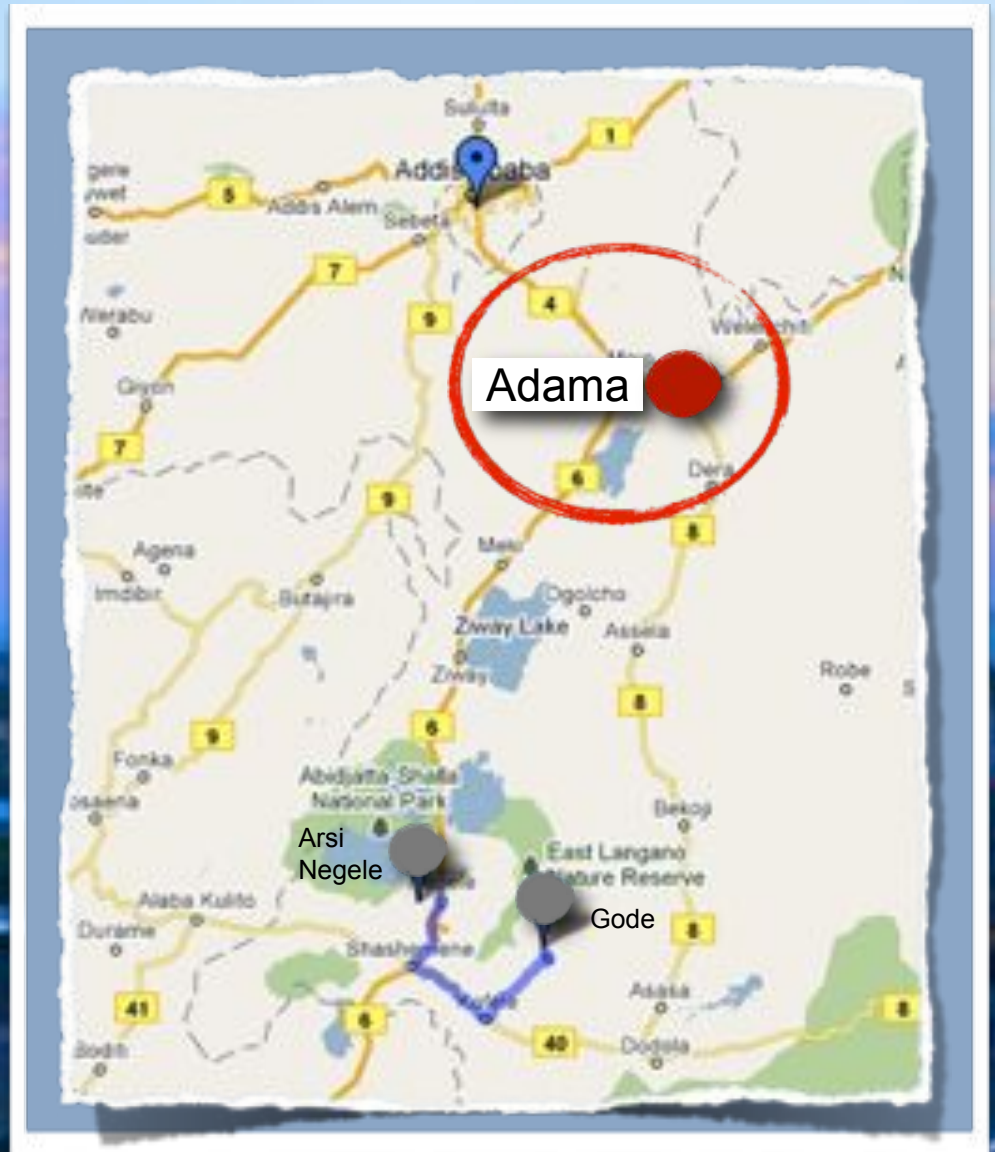


Family Medicine as model of care

- » cover a multi-dimensional spectrum of age, disease type and severity
- » provide care in a broad range of hospital settings (ER, ICU, Med/Surg, OR)
- » provide care in public health, mobile, rural and community clinics

Source: Solutions for the Global Surgical Crisis: The Role of Family Medicine in Surgery, Obstetrics and Anesthesia. Doohan, Derbew, McQueen

Adama City



Family Medicine and Hospital Care

Adama General Hospital and Medical College



A Multi-Disciplinary Approach to Patient-Centered Care







Surgical Capacity



Priorities and Considerations:

- # 1: Is it life-saving and does it improve the patient's quality of life?
- # 2: large need, easily performed, high success rate, sustainable post-surgery
- # 3: moderate risk, trained OR and nursing support, specialists able to monitor
- # 4: high risk, requires skilled OR support, high maintenance post-surgery



Leading cause of death among young men 15-44

- Road traffic injuries alone are the second leading cause of death in young adults.
- When we lose our young people to accidents and injuries, we lose our future



Trauma Threatens Our Future

1990

2010



The leading cause of death in older children aged 5 - 14 years and among the top 4 killers in young adults aged 15 - 44 years

TRAUMA NOW SURPASSES HIV/AIDS AS A LEADING CAUSE OF DEATH

In addition to death, injuries account for a considerable degree of disability, estimated at 12% of total disability adjusted life years lost.

A photograph of a busy road in a developing country. In the foreground, two people are walking across the road. A black cow is also crossing the road. In the background, two red trucks are driving. On the right side of the road, there is a cart loaded with goods, pulled by a person. The road is paved and has white dashed lines. The background shows some trees and a clear sky.

Do we REALLY need a
National Trauma System?



Knowledge Exchange Program

- Teachable Moments
- A walk in their shoes
- Mentoring & Shadowing
- Education & Empowerment
- Process Improvement

And now, Adama
Medical College
has opened!







Remote Healthcare



- Role of Family Doctors in remote village settings like Gode
- Education and prevention are key
- Wide range of cases: most with high acuity
- Mass screening events, potential for mobile clinics
- Disease screening for prevention and research









GODE CLUST POPN PROFILE		
1	TOTAL POPN	18258
2	MALE POPN	8946
3	FEMALE POPN	9312
4	HOUSE HOLDS	3804
5	< 5 YEARS	2994
6	< 3 YEARS	1643
7	< 1 YEARS	566
8	EST. PREGNANT	730
9	EST. NON PREG	621
10	EST. LIVE BIRTH	3286
11	WCBA	4017
12	< 15 YEARS AGE	8764
13	0-59 MONTHS	3286
14	24-59 MONTHS	2008
15	15-49 YEARS	8673
16	< 2 Years Age	1041

Ad 2006

TENTOP DISEASES SEEN IN GODE GENA HEALTH CENT
IN 2005 2006 Ad 2006

TYPES OF DISEASES

1	RESPIRATOR TRACT INFECTION	192
2	STI	171
3	OTITIS MEDIA	153
4	PUD	102
5	WOUND	95
6	TONSILITIS	71
7	ANEMIA	60
8	ROMATOID ARTHIRTES	51
9	DIARRREAL DISEASES	42
10	HELMENTHIAS	39









HEALTH SYSTEM

- Surgical teams for care and training in Adama General Hospital
 - High level of partnership, greater perceived benefit
- Medical outpatient services
 - Parallel care, “relief” for the regular staff
 - Low culture of continuing education
- Mass screening in rural area
 - Less opportunity for community education



Action

Action Brings HOPE: Health. Opportunity. Progress. Education.



- The combined improvement of all three elements is greater than the sum of its parts
- Public - private partnerships
- Developing Human Capital
- Reversing the Brain Drain

EHA CARE MODEL

The Health Access Continuum



Basic Health
Centers or
Mobile Clinics
in Rural
Villages

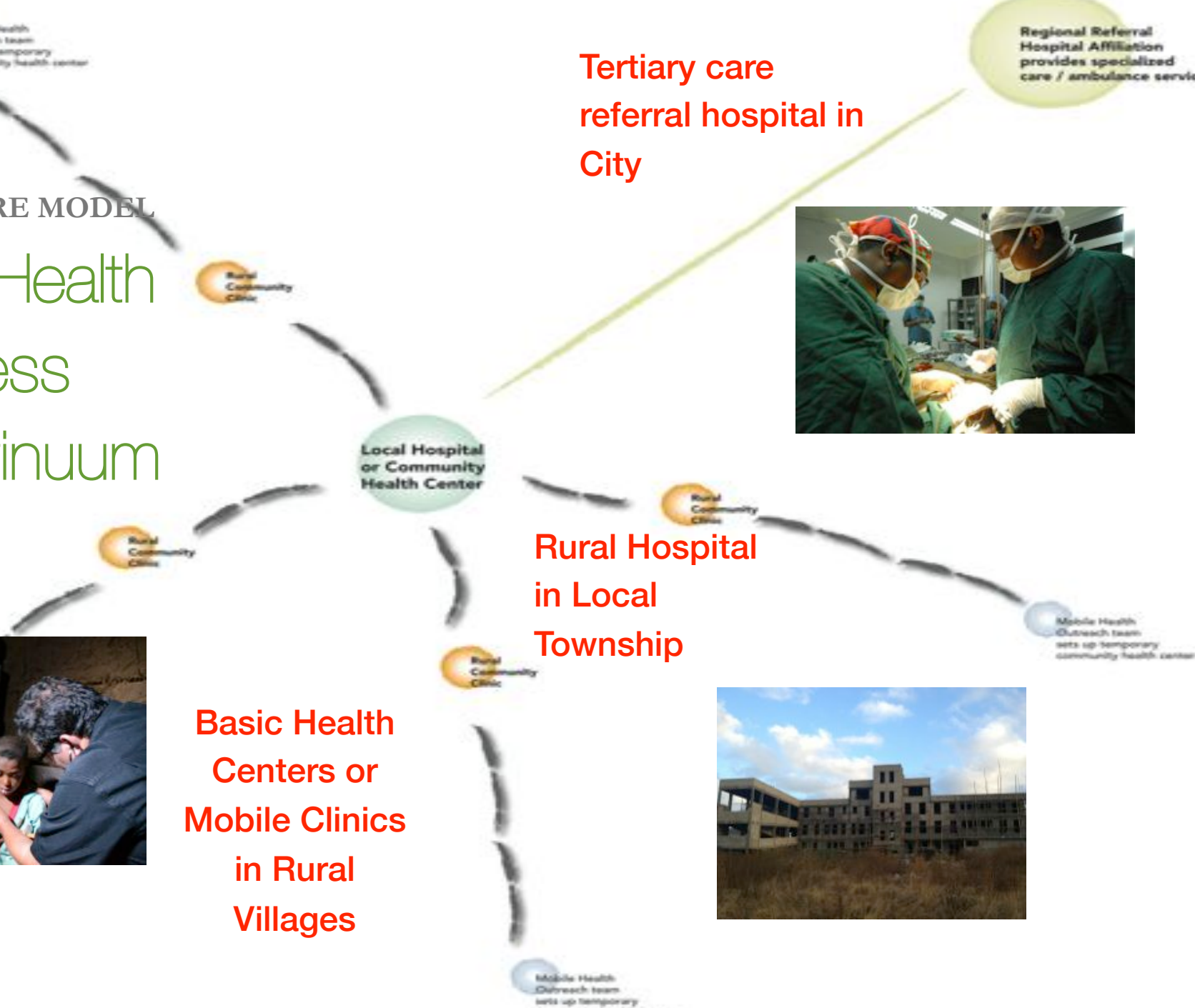
Tertiary care
referral hospital in
City



Rural Hospital
in Local
Township



Regional Referral
Hospital Affiliation
provides specialized
care / ambulance service



2007




August 2011



August 2012

Wubitu Hinika, RN, BSN



“Growing up, it was our dream—my husband’s and mine—to help our people one day. There are no hospitals around here. We wanted to build a hospital for those who have nowhere to go.”



May 2014



What are our next steps?

Continue semi-annual missions?

Build broader partnerships?

Residency networking?





www.ethiopiahealthaid.org

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