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INTERNATIONAL COLLABORATIONS TO ESTABLISH FAMILY MEDICINE IN ETHIOPIA

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Keywords: collaboration, family medicine, leadership development, post-graduate medical education

Ethiopian, Canadian, and U.S. faculty collaborated to envision and prepare faculty to launch the first family medicine postgraduate training program in Ethiopia. Leaders employed principles of adult education to engage key stakeholders in a cascade of collaboration involving government, academic and community leaders, faculty, and trainees. Within six years, the first graduates were serving as new family physician faculty and the government approved expanding training to new sites.

Relevance

Despite remarkable progress in medical science, more than a billion people in the world lack access to the most basic primary health care (PHC) services. PHC is the foundation of an effective health care system; it addresses health care needs through community-based access to comprehensive, preventive, and curative care (Kidd, 2013; Starfield, 1994). Many nations have

insufficient human resources to deliver essential PHC. This shortage is most pronounced in sub-Saharan Africa, including Ethiopia.

Ethiopia faces an exceptionally high prevalence of diseases combined with one of the lowest physician-to-population ratios in the world. This is compounded by a rural-urban gap, in which the majority of physicians are concentrated in cities, while most of the population lives in rural areas. In 2013 the majority of Ethiopian physicians were generalists who had completed medical school and a one-year general internship. Postgraduate training options were limited and focused on subspecialization. There was no postgraduate training for family physicians, exacerbating limited access to comprehensive PHC. Additionally, most Ethiopian generalists felt ill-prepared to provide comprehensive PHC services, and many physicians emigrated to higher income countries (Philpott et al., 2014).

Influences

New initiatives may arise from the grassroots with leadership from local community members; top-down, government-led efforts; and/or outside influences. The Ethiopian Family Medicine (FM) educational initiative arose from a combination of influences from individuals and organizations within and outside of Ethiopia.

Relationships, partnerships, and projects were evolving among Addis Ababa University (AAU), the University of Wisconsin–Madison (UM–Madison) Center for Global Health, the North American–Ethiopian physician diaspora organization People to People, and the University of Toronto (UT). Universities, the U.S. and Canadian governments, and foundations provided faculty and funding for a series of initiatives. These partnerships led to the first emergency medicine postgraduate training program in Ethiopia. This work provided the foundation for the U.S.-funded Medical Education Partnership Initiative (MEPI) to strengthen medical education and the capacity of the Ethiopian health care system, including undergraduate and postgraduate training. Stakeholders were influenced by political agendas; access to (or lack of) resources; divergent communication styles; and differing cultural, ethical, and professional norms. Trusting relationships were critical to sustain progress, address conflicts, and manage uncertainties.

Purpose

Following several years of collaborations, faculty of AAU, UM–Madison, and UT agreed to launch the first Ethiopian FM postgraduate training program in

2013. Partners included the Ethiopian Ministry of Health (MoH), leaders of local medical schools, community health centers, and expatriate consultants. Faculty had already established good working relationships and identified shared interests and mutual goals. They were ready to address the challenge of establishing the first FM program in a country with little understanding or history of the discipline, and with very limited human and financial resources.

Example

The decision to launch FM training arose from the urgent need to reduce the dire shortage of health professionals. Leaders agreed on the goal of producing well-trained family physicians who could effectively treat any patient and/or manage emergencies and make referrals to community organizations, consultants, and/or hospitals as needed. They envisioned that well-trained family physicians could strengthen the Ethiopian PHC system.

The program was developed through principles of adult education, including local and expatriate leadership, needs assessment, bidirectional visits, continuing education, and faculty development (Donaldson & Kozoll, 1999). Human and financial resources were deployed strategically. International partners invested resources in catalytic efforts to boost capacity through faculty development but avoided funding that might impair long-term sustainability. Instead, local partners, including AAU and the MoH, allocated resources to launch and sustain these programs.

Implications

By early 2017, while the program was in early development, it had produced 11 graduates (Addis Ababa University Family Medicine, 2014). The program continued to recruit new residents but was not yet at full capacity. Leadership included four expatriate and two Ethiopian faculty who were among the first program graduates. The vision had been embraced by additional Ethiopian medical schools; for example, Gondar University launched a FM program in 2016 and Jimma University was considering plans for a program.

Although these developments are promising, the future of FM in Ethiopia remains uncertain. The AAU–FM department is supported by the medical school but has few faculty and does not have a defined budget. Although MoH and additional medical schools have expressed interest in further expansion, there has been limited support for recruiting or retaining trainees or faculty. Residents and graduates have launched an Ethiopian Society of Family Physicians to provide a unified vision and collective advocacy.

One of the biggest barriers to development of FM in Ethiopia is a lack of clarity among stakeholders regarding the roles of family physicians in the health system. Most efforts have focused on developing the training program but not on integration of family physicians into the Ethiopian health system. Future program leaders are encouraged to ensure that key stakeholders are fully supportive and have approved career pathways for graduates prior to launching similar programs.

Although the story of training family physicians for Ethiopia is still evolving, this work provides evidence that relevant educational programs can develop, even in resource-limited areas, with positive relationships among leaders and input from key stakeholders and through bidirectional collaborations based on principles of adult education. We hope these efforts will expand so that one day all Ethiopians will have access to high-quality, comprehensive PHC services.

Suggested Cross-References

For more information on concepts and ideas discussed in this article, please see the following articles in the compendium: 15, 28, 58, 59, 63, 64

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