

# Development, Approaches, and Functions of Public Health in Ethiopia

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**To cite this article:**

Yohannes Mekuria Negussie. Development, Approaches, and Functions of Public Health in Ethiopia. *Science Journal of Public Health*. Vol. 10, No. 6, 2022, pp. 249-251. doi: 10.11648/j.sjph.20221006.12

**Received:** November 1, 2022; **Accepted:** December 8, 2022; **Published:** December 27, 2022

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**Abstract:** As public health, functions are designed with the public good in mind. It is a difficult endeavor that is influenced by a wide range of policies from various sectors. Before the end of the nineteenth century, Ethiopia had little knowledge of current healthcare methods. Ethiopians began getting rudimentary public health services in the late nineteenth century, with the entrance of Christian missionaries and the medical revolution's sciences. Following that, various health institutions were built, and various policies were put in place. This review aimed to demonstrate the development, approaches, and functions of public health in Ethiopia by assembling relevant data from multiple literature databases, different books, and teaching materials. To protect and improve population health, public health employs models, technologies, experience, and data gathered through consumer engagement, translational research, and population sciences. Increasing public health is critical for a country's growth, particularly in developing countries such as Ethiopia, where the healthcare system is frail and woefully inadequate. Adequate policy responses to shifts in health patterns, as well as the number and capacity of community-based health worker training centers for the prevention and treatment of non-communicable diseases and injuries, are required with the ultimate goal of improving the health of Ethiopia's growing population.

**Keywords:** Development, Public Health, Ethiopia

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## 1. Introduction

Public health is "the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals" [1]. The science of protecting and promoting people's and communities' health is known as public health. To accomplish this mission, healthy lifestyles are promoted, disease and injury prevention research are conducted, and infectious disease detection, prevention, and response are studied. Protecting the health of entire populations is the main focus of public health. These populations can range in size from a single neighborhood to a whole nation or continent [2, 3].

The blend of sciences and expertise known as "public health" attempts to safeguard, advance, and restore a population's welfare. Public health is linked to global health, which is the health of populations around the world. It has been defined as "the field of study, research, and practice that focuses on improving health and creating equity in "Health

for all" individuals all over the globe". Instead of focusing on expensive therapies for specific patients, public health research in poor nations places a stronger emphasis on the search for low-cost control and prevention techniques that may benefit significant portions of the community [4, 5].

The fundamental shortcomings of public health systems in resource-poor nations, such as a lack of medical professionals who impede efforts to immunize, treat, and monitor patients' conditions, are significant obstacles to achieving these improvements. A robust public health infrastructure that is attained through national leadership is required to address this issue. Several related issues make it challenging to provide healthcare to those living in less developed nations. The types of illnesses and health risks, a lack of resources, an uneven distribution of those resources, the structure of the systems for providing healthcare, and the training of those systems' employees cause these. The pressures associated with fast-rising populations are intertwined throughout the health programs of less developed countries, complicating them at both the household and national levels [4-7].

Access to health care and public health programs differ significantly across developed and developing countries, and even within developing countries. Public health infrastructure is still being built in developing countries. There could be insufficient skilled healthcare staff, financial resources, or expertise to provide even the most basic level of healthcare and disease prevention. Poor maternal and child health is a significant public health concern in developing nations, which is worsened by malnutrition and poverty, as well as governments' unwillingness to execute public health initiatives [6, 7].

## 2. Materials and Methods

The document was prepared using a variety of sources to gather pertinent data, including PubMed, MEDLINE, CINAHL, HINARI, African Journals OnLine (AJOL), the Cochrane library, Google Scholar, and numerous teaching materials and books. After acquiring the works of literature, the information was organized into different categories based on the objectives. Finally, all of the findings and data from the sources were compiled, and the review was written.

## 3. Development, Approaches, and Functions of Public Health in Ethiopia

Ethiopia had limited knowledge of current healthcare procedures before the end of the nineteenth century. People were reliant on natural resources, and the ancient healthcare system used a variety of traditional procedures and herbal medicines across the country. Following the arrival of Christian missionaries and the sciences of the medical revolution, Ethiopians began receiving basic public health services in the late nineteenth century [8, 9].

The very first permanent health institution was a Russian hospital, which was created to treat wounded soldiers following the battle of Adwa in 1896, with the assistance of Russian medical missionaries. Menilek II created the first Ethiopian hospital, Menilek II Hospital, on the site of the Russian hospital when it closed in 1906. In 1948, the Ministry of Public Health, today known as the Ministry of Health, was established. Following its proclamation, the ministry has been tasked with promoting and preserving public health in the country, which includes conducting national health campaigns, national health education programs, and collaborating with other government agencies to improve the country's health services, among other things [8–11].

The Gondar Public Health College and Faculty of Medicine at the Haile Sellassie I University (now called Addis Ababa University) were established in 1954 and 1964 respectively. Between 1942 and 1977, the term "clinic" was replaced with a division between health stations, which provided basic curative and first-aid care, and health centers, which provided more comprehensive outpatient health care. Meanwhile, many people had severely limited access to any form of health care; in comparison to the more metropolitan administrative regions, those in rural areas had essentially no access. The government attempted in the 1980s to collaborate

with the Regional Health Office in the delivery of basic health education programs and the administration of basic health services to the rural population [9, 10, 12].

Following the change of government in Ethiopia, in 1991 the new government of Ethiopia put in place many political and socio-economic transformation measures. Among these, it developed the first national health policy in 50 years in 1993, which was followed by the formulation of four consecutive phases of comprehensive Health Sectors Development Programs (HSDPs), starting from 1997/98, and a health care financing strategy in 1998 to implement the policy.

The policy and the initial HSDPs were based on critical analyses of current national health problems and a greater understanding of newly emerging health issues in the country. The health policy emphasizes democratization and decentralization of the health care system, as well as the development of preventive, promotive, and curative components of health care, as well as ensuring health care accessibility for all segments of the population and encouraging community and non-governmental organizations (NGOs) participated in the health sector. In 1991, the Ethiopian Public Health Association (EPHA) was founded to achieve an ideal quality of health for Ethiopians [8, 13].

In 2002, the government launched a poverty-reduction initiative that included investments in education, health, sanitation, and water. In 2003, the Health Extension Program (HEP) was created, to install two government-paid female Health Extension Workers (HEWs) in each kebele to shift the focus of health care to health promotion and prevention. It is a healthcare delivery system that is run by, for, and by the people, including the community in the entire healthcare delivery process and encouraging them to maintain their health. The initiative encourages community ownership, empowerment, autonomy, and self-reliance by involving women in decision-making processes. In 2011, the government introduced the Health Development Army (HDA). HDA is a women-centered community movement inspired by military structures and discipline. Its special objective is to improve maternal health outcomes [8, 9].

During the past fifteen years, the federal ministry of health has built an impressive framework for improving the health of all including maternal and neonatal death. This has included a wide range of strategies such as making pregnancy safer (2000), the revised abortion law (2005), adolescent, and youth reproductive health strategies (2006), and reproductive health strategies (2006). There are also strategies for free service on key maternal and child health services (health care financing strategy). Community-based Health Insurance (CBHI) (2011) in 13 districts in four big regions with aim of giving equitable, accessible, and increased financial risk protection.

As a result of the devolution of authority to regional administrations, Offices at different levels from the federal ministry of health (FMOH) to regional health bureaus (RHBs) and woreda health offices share in the decision-making process, powers, duties, and coordinate the operation of the district health system under their jurisdiction [14, 15].

The recently implemented business process re-engineering (BPR) of health sectors has introduced a three-tier health care delivery system (Woreda /district health system, general & specialized hospital). Agreements on Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) brought focus on health from global partners. Health Sector Transformation Plan (HSTP) and the second Growth and Transformation Plan (GTP II) from 2015/16 to 2019/20 were developed to envision Ethiopia's Path to Universal Health Care through the strengthening of Primary Health Care. As public health, functions are framed having in mind the public good. It is a very complex task and is influenced by a wide range of policies across a range of sectors [14, 16].

## 4. Conclusion

Ethiopia has achieved tremendous success in recent years in tackling important health challenges, particularly in managing infectious diseases, reducing newborn, child, and maternal mortality, and supporting increases in health service coverage and utilization. Ethiopia, on the other hand, continues to suffer from a triple burden of disease, which is mostly caused by communicable infectious diseases and nutritional deficiencies, as well as non-communicable diseases and traffic accidents. Human resource shortages and high turnover, as well as a lack of key drugs and supplies, have added to the load [15, 17, 18].

New difficulties will emerge in the next decades that policymakers must address, including revaluation of the current health system, quality, and equity in health provision and finance, as well as the number and quality of health sector workers. With the ultimate goal of improving the health status of Ethiopia's growing population, it is necessary to ensure adequate policy in response to shifts in health patterns, as well as the number and capacity of community-based health worker training centers for the prevention and treatment of non-communicable diseases and injuries.

To safeguard and enhance population health, public health involves the application of models, technologies, experience, and data gathered via consumer participation, translational research, and population sciences. Improving public health is crucial for a country's growth, especially in developing countries like Ethiopia where the health care system is frail and inadequate.

## References

- [1] Winslow CE. The untitled fields of public health. *Science*. 1920 Jan 9; 51 (1306): 23-33.
- [2] Schneider MJ. Introduction to public health. Jones & Bartlett Learning; 2020 Mar 6.
- [3] Friis RH, Sellers T. Epidemiology for public health practice. Jones & Bartlett Learning; 2020 Mar 16.
- [4] Brown TM, Cueto M, Fee E (January 2006). "The World Health Organization and the transition from "international" to "global" public health". *Am J Public Health*. 96 (1): 62–72. DOI: 10.2105/AJPH.2004.050831.
- [5] Koplan JP, Bond TC, Merson MH, et al. (June 2009). "Towards a common definition of global health". *Lancet*. 373 (9679): 1993–5. DOI: 10.1016/S0140-6736(09)60332-9.
- [6] Lincoln C Chen; David Evans; Tim Evans; Ritu Sadana; Barbara Stilwell; Phyllida Travis; Wim Van Lerberghe; Pascal Zurn (2006). *World Health Report 2006: working together for health*. Geneva: WHO.
- [7] Jamison, D T; Mosley, W H (January 1991). "Disease control priorities in developing countries: health policy responses to epidemiological change". *American Journal of Public Health*. 81 (1): 15–22. DOI: 10.2105/ajph.81.1.15.
- [8] Wamai RG. Reviewing Ethiopia's health system development. *Japan Med Assoc J*. 2009; 52 (4): 279–86.
- [9] Studies A. The Development and Distribution of Health Care Services in Ethiopia: A Preliminary Review Author (s): Eileen Stommes and Seleshi Sisaye Source : Canadian Journal of African Studies / Revue Canadienne des Études Africaines, Published by : Taylor & Fra. 1980; 13 (3): 487–95.
- [10] Schneider M-J. Introduction to public health. *Rev Panam Salud Pública*. 2003; 13 (1): 58–9.
- [11] Gidey G, Sc M. Introduction to Public Health. 2005.
- [12] Macdonald J, Carle B, McGinnis B. Public Health 101 : An Introduction to Public Health. 2007; (November).
- [13] Bergen N, Ruckert A, Kulkarni MA, Abebe L, Morankar S, Labonté R. Subnational health management and the advancement of health equity : a case study of Ethiopia. 2019; 3: 1–13.
- [14] Dugassa B. The Significance of Collective Rights to Public Health Development : The Case of Oromia Regional State in Ethiopia. 2018; 6 (5): 203–14.
- [15] Downie R. Sustaining Improvements to Public Health in Ethiopia. 2016; (March).
- [16] Mann C, Dessie E, Adugna M, Berman P. Measuring Efficiency of Public Health Centers in Ethiopia. 2016;(December).
- [17] Human Resources for Health Decentralization's s impact on the health workforce : Perspectives of managers, workers, and national leaders. 2004; 11: 1–11.
- [18] EPHI and ICF. Ethiopia Mini Demographic and Health Survey 2019: Final Report. Rockville, Maryland, USA: EPHI and ICF. 2019. 1–207 p.