



# Access to Health



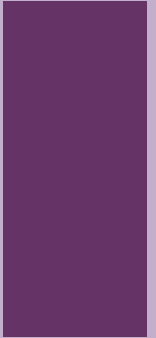
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# Legal Context

## The Right to Health in Ethiopia's Constitution

- “The State has the obligation to allocate ever increasing resources to provide to the public health, education and other social services.” (Art. 41 cl. 4)
- “Workers have the right to...[a] healthy and safe work environment.” (Art. 42 cl. 2)
- **“All international agreements ratified by Ethiopia are an integral part of the law of the land.”** (Ethiopian Const., Art. 9 cl. 4)



# + Legal Context

## The Right to Health in Ethiopia: International Agreements

- **“The right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”** (ICESCR, Art. 12)
  - Reduce infant mortality and provide for child development
  - Improve environmental and industrial hygiene
  - Prevent, treat , and control diseases
  - Create conditions to assure all sick persons receive medical services and attention
- **“Every individual has the right to enjoy the best attainable state of physical and mental health.”** (ACHRP, Art. 16)
  - States...shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

# + Governmental Organization

Country  
Ethiopia



Region  
Southern Nations, Nationalities and People's Region



Zone  
Kafa Zone



Woreda  
Decha Woreda



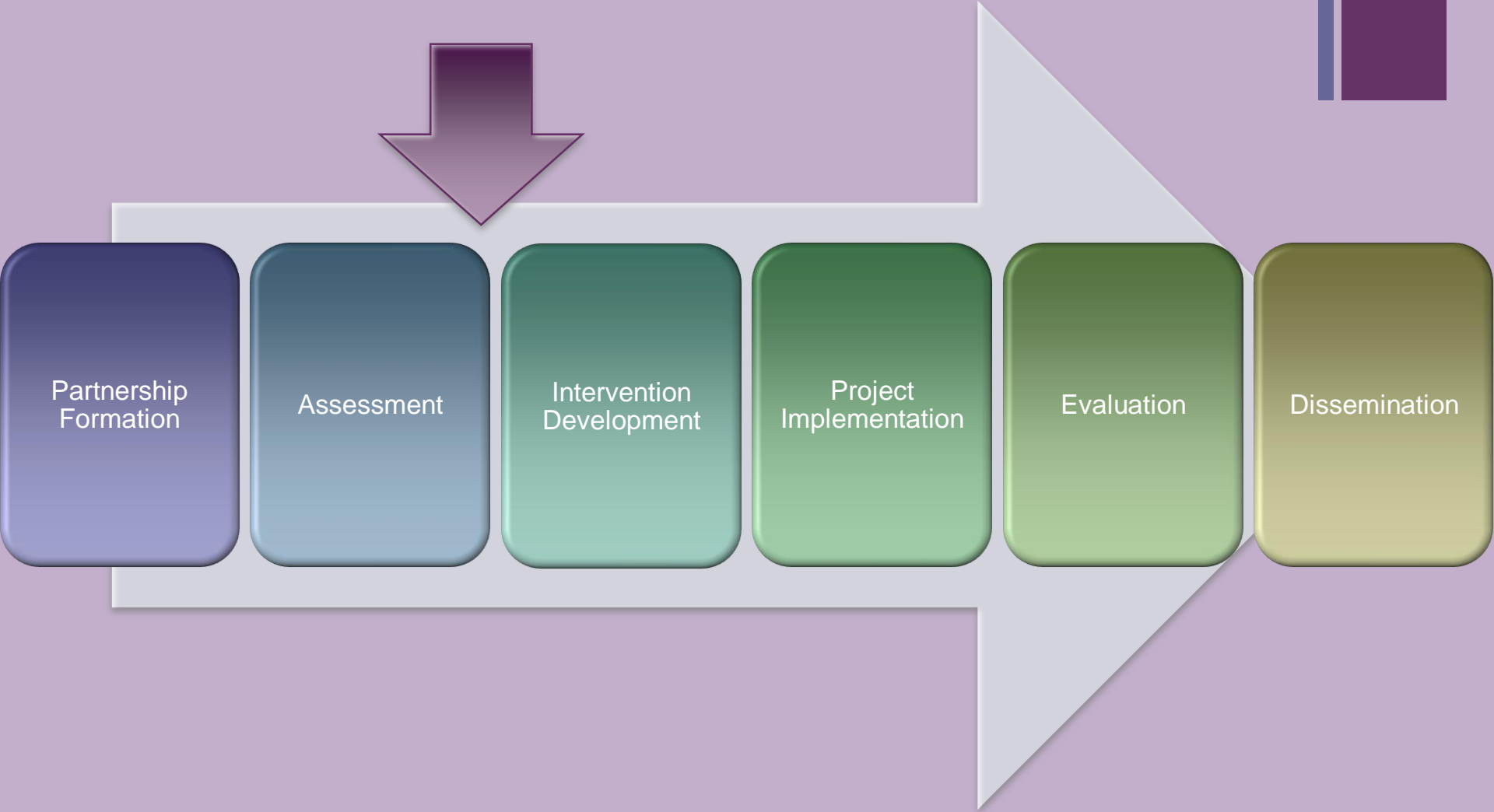
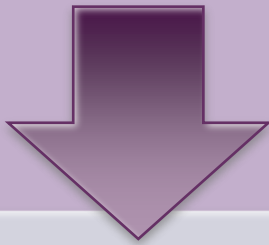
Kebele  
Bonga



# + Peace Care Model

- Built on Global Community Health Collaborative (GCHC) model
  - Sustainable translation of evidence-based global health through a unique community-university partnership that leverages the infrastructure of a trusted development agency.
- Solutions should:
  - Originate in the community
  - Be developed with community involvement
  - Leverage existing resources
  - Be implemented within the framework of existing health systems
  - Make use of appropriate technology

# + Peace Care Model



Partnership  
Formation

Assessment

Intervention  
Development

Project  
Implementation

Evaluation

Dissemination

# + Bonga: Community

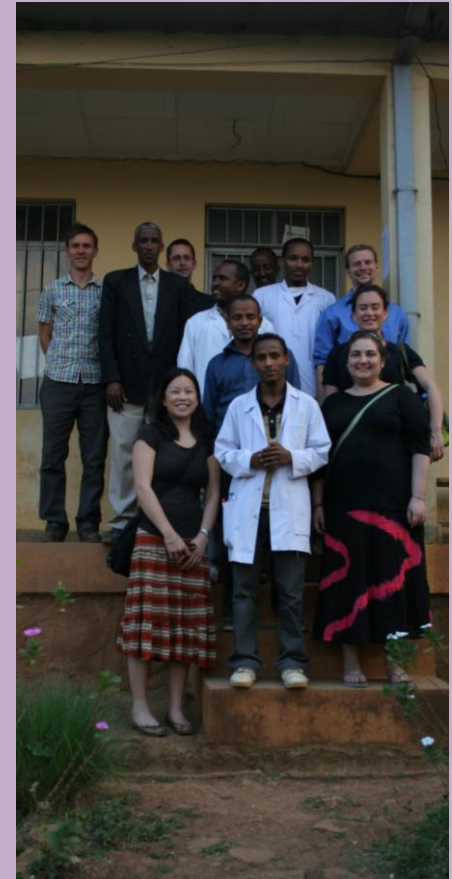
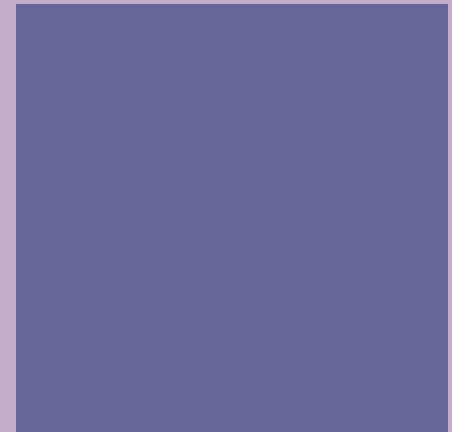
- Bonga Population has doubled to approximately 40,000 in the eighteen months
- Social services stretched thinly: Across the SNNPR, all public school students attend school in alternating morning and evening shifts
- Orthodox Christians and Muslims seem to coexist peacefully in a cohesive community





## Bonga: Health Facilities

- ◆ Primary health workers in Bonga: doctors, nurses, health officers, midwives
- ◆ Licensing and government regulation present an obstacle to capitalizing on any Northwestern-Bonga training programs
- ◆ Potential Areas of Focus: Emergency Obstetric Care; General Emergency Care; Trauma
- ◆ Public Health Concerns: Potable Water; Malnutrition

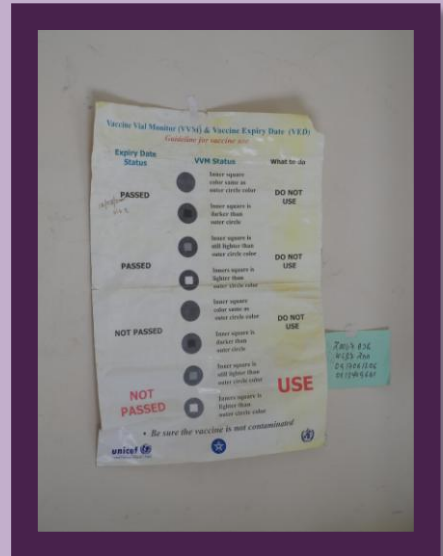
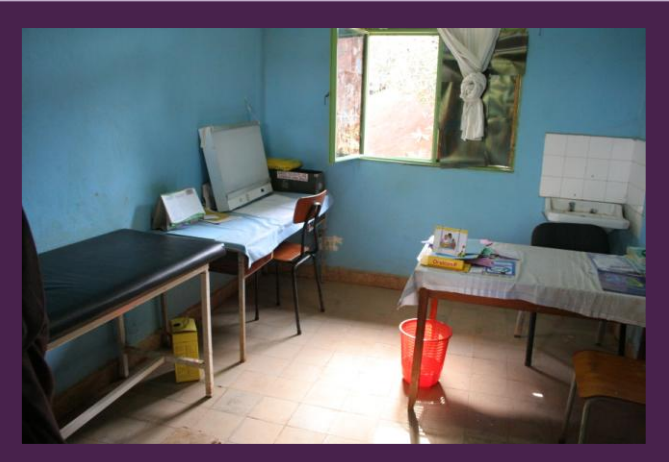




# Bonga Hospital

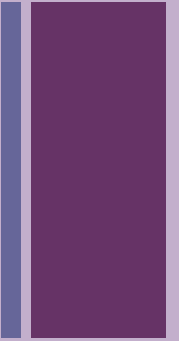
## Hospital Staff:

- 5 Doctors
- 9 Health Officers
- 5 Midwives
- 27 Nurses



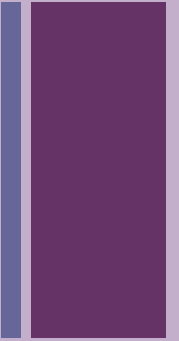
# + Next Steps

- Focus Groups
  - Community members
  - Community leaders, including religious leaders
- Finalize focus of health intervention
- Obtain health statistics
- Strengthen relationship between Northwestern and Bonga
- Develop/Modify curriculum
- Implement health intervention



# + Lessons Learned

- Cultural considerations
- Focus on one health issue
- Role of a strong leader
- Community buy-in
- Multi-disciplinary approach





# Amasegenallo!

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