



Critical Issues for AU-EU Collaboration on Health and Science

February 17, 2022

Good afternoon,

I would like to thank the organizers of this webinar for giving our institution the opportunity to speak on the topic “**Challenges of providing healthcare for the needy during war**”.

Who are we?

My institution is called Ayder C.S. Hospital – College of Health Sciences, one of the largest such institutions in Ethiopia. It is a governmental institution administered by Mekelle University. We are located in Tigray region, the northernmost region in Ethiopia.

I am the Chief Executive Director in charge of both the hospital and the college.

Background Information

Our college is more than 18 years old, and the hospital is more than 14 years old. We had very humble beginnings: with 02 academic programs (Medicine and Pharmacy), less than 100 students (all undergraduate), no PhD holders. The hospital had stood empty for nearly a year when we joined the institution 15 years ago. There was only one specialist, a surgeon, and few general practitioners.

In the last decade, our institution had grown fast, thanks to the hard work of our staff, the huge support from our university, local and international partners. We now have more than 3,500 staff in both the college and the hospital among which we have more than 20 PhD holders, researchers and more than 100 specialists in several medical disciplines; academic programs grew to more than 65 (more than 13 of them being specialty programs in medicine and few PhD programs).



Our hospital used to serve a total catchment population of more than 9 million, having annual patient visits of nearly 300,000, more than 8000 major surgeries, more than 5000 deliveries annually. Our hospital also owned modern medical equipment.

What happened to the health care service of our institution after the war?

The service nosedived soon after the war broke out more than 15 months ago with slight improvement in the middle. However, since the beginning of the siege in early July 2021 (more than 7 months), the hospital service has deteriorated so rapidly even though we have tried and are still trying hard to serve the public with whatever we can get.

- No budget received from the government for more than 7 months.
- Our staff haven't received their salaries for more than 8 months. Neither can they withdraw whatever money they have from the banks as they are completely shut down from the central government's side.
- Our pharmacy drug and supplies stock, which used to be more than 80% in the years before the War, has plummeted to less than 10-15%. We reuse gloves, use traditional cotton made clothes as gauzes, expired drugs and supplies are widely used when available, IV fluids are not available. IV antibiotics (which we got from MOH of Ethiopia through ICRC) are so few that we will run out of them after a few days; we lost more than 60 patients who could have been saved or kept alive by using dialysis service which is available only in our hospital; patients who spent hundreds of thousands of birr out of their pockets or through NGOs on kidney transplantation and heart valvular surgeries done abroad have run out of the drugs they need to take for the rest of their lives, Chronic diseases are becoming increasingly difficult or impossible to manage. We use expired kit to test for HIV, we cannot diagnose HIV in children under 18 months of age, NO CD4 count or Viral load to monitor treatment, many patients are missing their follow up, drugs are in short supply; No treatment for Hepatitis B and C viruses (we were the only center in the northern region), drugs for mental illnesses are not available, cancer patients cannot get chemotherapy or radiotherapy, COVID-19 is completely forgotten (no vaccine, very few supplies for prevention and treatment, no PCR for diagnosis – all of them that existed before the war are gone except the one in our hospital and we cannot get supplies), items for surgery are in very short supply, basic laboratory tests aren't available.

- Spare parts for vital equipment such as oxygen plant, imaging equipment (CT and MRI) etc cannot reach us.
- Ambulance service has literally stopped in most parts of the region; transportation cost has skyrocketed because of the serious shortage of fuel. Thus, patients are having huge difficulties reaching hospitals in time.
- Food for patients, linen, detergents and cleaning agents etc: we have to beg to keep the hospital running.

Thus, imagine, a hospital in a region that has been blocked for more than 7 months with no road or air access to other regions, no banking service, no telephone or internet service, very limited to none fuel supply, no budget, frequent electricity outages, no salary And yet we are forced to look at the faces of patients every day who are seeking solutions It is indeed hell on earth.

In conclusion:

We ask our brothers and sisters in the world, through the international, continental and regional institutions, to stop this man-made tragedy and allow humanitarian aid to come into our region very quickly and being unrestricted.

We believe the world has all the tools in its hands to make that happen.

We would like to thank journals such as the Lancet, BMJ and Associations such as IDF, WMA and all the scholars, our partners, and other institutions such as ICRC, World Vision, WHO that have either echoed our plight to the world or tried their level best to supply our hospital with whatever supplies the government of Ethiopia has allowed them to transport.

Thank you again the organizers for the opportunity you have given us!

