Collateral damage in Africa’s war on AIDS

With the HIV epidemic drawing most of the world’s attention – and donor cash– Canadian Ronald LeTt struggles to help newly minted doctors compensate for the neglect that now plagues the continent’s traditional medical woes. Wendy Glauser reports

The world’s aid donors spend $8-billion to $10-billion every year to fight the spread of HIV, close to 90% of the amount Ethiopia spends on its entire health system.

While HIV and malaria make easy headlines and inspire celebrity-driven campaigns, the grim state of public hospitals in countries such as Ethiopia does not. Here, health-care workers are “begging the government for sterilization machines, antibiotics, even syringes,” Dr. Tena says.

Hospitals are also in desperate need of manpower. According to World Health Organization statistics, Ethiopia has 2,200 physicians for a population of more than 80 million – three doctors, in other words, for each 100,000 people.

The shortage is only slightly more severe than that in most countries in the region but just dropping in compari-son with Canada, which has 2.4 physicians for each 10,000 people.

In these circumstances, young doctors are thrown into rural hospitals with much text

book knowledge but little practical experience. In Ethiopia, says Aberra Gebzebe, another local CNS trainer, medical-school graduates can find themselves working 100 kilometers down a bumpy road from the nearest hospital. They are expected to perform life-saving operations that, as Dr. LeTt points out, someone who isn’t a surgeon in Canada “would never end up doing.”

And the patients they see are often near death. “We don’t manage simple cases in this hospital,” says Tefu Bekele, head of Hawassa’s medical school. “We’re managing ruptured uteruses, we’re managing obstructed labours and we’re managing patients that are seriously injured.”

Hoping to prevent some of the fatal mid-operation mishaps and post-surgery infections that happen when patients are very sick, doctors are overwhelmed and supplies are empty. Vancouver-based CNS now runs surgical and management training workshops in seven African countries. Every year, it sends several Canadian doctors to help run the sessions, but the bulk of the instructors are African.

Those running the program insist that it saves lives, but persuading donors isn’t always easy. As Dr. Gebzebe explains, “We get money when we talk about HIV, but when we say there’s a problem of laundry in a referral hospital or there’s no generator, that’s seen as a government affair.”

Dr. LeTt is less diplomatic. “There’s not a heartthrob to surgical care,” he says, walking down the main street in Em- hassa, his voice punctuated by moutains from store-front gelato blisters, honking Rickshaws, and traffic. “Sah, Sah, from street children looking for a handout.

“Donors are used to dying children on the street,” he says, “but surgery is intellectually more complex.”

ROBBING PETER ...

What’s more, he feels the international community focuses on infectious diseases because it fears they will spread to the developed world.

The global donor community spends $8-billion to $10-billion every year on fighting the spread of HIV, close to 90% of the amount Ethiopia spends on its entire health system. In Uganda, the “donor darling” of Africa and one of the other countries CNS works with, two organizations – the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to fight AIDS, Tuberculosis and Malaria – spend as much at fighting HIV, which affects 6% per cent of the population, as the government gives to all of its public hospi-tals.

Partly because of the donors’ preference and partly because most sub-Saharan Africans can’t use the ballot box to improve their health care. As Dr. LeTt argues, little progress has been made since the 1970s. In fact, the continent began decline.

In 2001, most African countries pledged to spend 1% of their budgets on health, but only Botswana and South Africa has reached that goal. The Ethiopian government does spend more than a per cent of its budget to health care and in East Africa, according to CNS figures, even though it was in 1983.

Fitzam Weidegold, a thin, bespectacled medical student, is well aware of the challenges ahead of her. “I know we’re not well paid,” she says. “I know that, even if we have good skills, the materials we need aren’t there.”

But she remains undeterred. “Once I heard on TV that so many mothers and children are dying in birth because health-care workers don’t know the right things, that clicked something in me. ‘Why not me? I thought’.”

LEADERSHIP SKILLS

In a training session, Dr. LeTt is pacing the room, holding his glasses by the earpiece and lecturing about good leadership. “Many times I hear young doctors in Africa say, ‘I couldn’t do this because I didn’t have the instrument,’ ” he says, “but that shows a lack of leadership, because these things are available.”

Fill out the requisition forms, he says, even if the bureaucracy makes you want to scream. “Befriend the head of laundry, advise them, and in the end, the shortages, ‘a major obstacle to getting surgery done in Af-rica,’ won’t be a problem.”

Recognising that the Ethiopian government is unlikely to start throwing more money at health infrastructure and realising that frustration and colo-visions just “aren’t very enough” to attract aid, CNS is appealing to the new generation of Afican health-care workers to revitalize the system.

Young African doctors will continue to leave their coun-tries — there are more Ethiopian doctors in Botswana than there are in Ethiopia,” student Shekideh Muruela notes. They will also continue to opt to work for HIV agencies or the aid of the countries where they can earn, according to Dr. Tena, “three, four times” what they earn in Ethiopia.

Fortunately, some will resist complacency. “I know I would make more money in politics or engineer- ing, but I think, in the long run, I’ll be more happy in medicine,” Dr. Tena says.

“Labouring mothers come in, and you help them deliver a baby, and … it’s so nice, you know?”

A Canadian writer Wendy Glauser spent the winter in Ethiopia.