

The Besroul Centre for Global Family Medicine

Dr. Patrick Chege Memorial Research Award Poster Presentation

**Family Medicine program in Ethiopia:
Overview, Scholarly activities and the way forward**

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Introduction: Ethiopia with a population of over 115 million, health service is structured into three levels of care, primary, secondary and tertiary. The primary healthcare unit is expanding significantly. Despite the overall progress in health services delivery, Ethiopia still falls short of Universal Health Coverage(UHC) and the national average physician-to-population ratio is 1: 17,000, which is below the WHO minimum target of 1: 10,000 for developing countries. In 2019 the UHC index was still very low at 39%. Morbidity and Mortality from communicable diseases have declined However, mortality due to non-communicable disease has increased by 38% between 2000 and 2016. The introduction of family medicine is a strategy to improve these adverse health outcomes and manage health care costs. The family medicine program was first launched on February 4, 2013, at the Addis Ababa University, College of Health Sciences with support from Toronto University. The current training consolidates clinical skills to improve the comprehensiveness and quality of care and enables Family physicians to function as scholars and health system leaders.

Methods: Descriptive study design, secondary data from a review of the background and the curriculum, reports from scholarly activities from the department.

Outcome: A total of 25 residents are currently enrolled in the family medicine residency program. Since 2016 a total of 40 Family physicians have graduated and are playing their role in the Ethiopian healthcare delivery system mainly in the primary healthcare settings a quarter remain as faculty. Quality improvement and mentored research projects mainly done in primary care settings are mandatory skills to finish the residency program. Another residency program started St. Paul's Hospital and working collaboratively, Future directions focus on expanding the residency program.

Lesson learned and the way forward: In Ethiopia, the current supply of trained health workers is insufficient to address the health care needs. The Federal MOH has worked to build a strong primary care system over the past 2decades, therefore the introduction of family medicine as a strategy will provide the country with a new cadre of highly trained comprehensive care physicians especially contributing to this level of the health system.