

HEALTH COMMUNITIES RESEARCH

ETHIOPIA FOCUS

Quantum / AHA
March 2021



INTRODUCTION & CONTENTS

OBJECTIVES OF THIS REPORT

We have an ambition to encourage the Ethiopian healthcare community to take greater action on the air pollution challenge.

To achieve this aim, we conducted comprehensive research among the Ethiopian medical community to:

- Understand how key health communities in Ethiopia perceive air pollution.
- Explore what kinds of communications and strategies would encourage them to act on the issue, and what stops them from acting on air pollution today.

The findings within this report are based on 16 in-depth qualitative interviews and a quantitative survey with 200 Ethiopian healthcare professionals.*

CONTENTS

This report is structured in 5 parts:

1. Key take-outs and strategic recommendations for driving action among Ethiopian HCPs (Health care professionals)
2. HCP Personal-Professional Motivations
3. Ethiopian health culture
4. Ethiopian HCP perceptions of air pollution
5. Summary of key motivators and barriers to action on air pollution

*See appendix for detail on sample

PART 1

KEY TAKEOUTS AND STRATEGIC RECOMMENDATIONS

In order to act on any issue HCPs need high levels of both :

AGENCY + ISSUE MOTIVATION

HCPs that feel empowered and in control of their actions and their consequences. This creates **perceived ability to act.**

When an issue is perceived as important at both a public health level but also to HCPs as individuals with their own ambitions and values. This creates **desire to act.**



We found that most Ethiopian HCPs sit in the 'disempowered indifference' space.

HCPs neither prioritise action, nor have the means to do so.

HCPs need to see the importance of the issue, then seek possible action routes.



There are 5 personal-professional motivations that spur HCP action

These motivations tend to be shared with HCPs around the world and reveal potential drivers and barriers for acting on public health issues:

SECURITY

"I want to get through the day unscathed."

CARE

"I want to give meaningful help to individuals"

COMMUNITY

"I want to belong and to contribute to the collective"

DUTY

"I want to fulfil my role and act as a role model for others."

GROWTH

"I want to be leading challenges."

HCP considerations for acting on public health issues

- | | | | | |
|---|--|---|--|---|
| <ul style="list-style-type: none"> • Can I make time and headspace for this issue? • Am I too junior to act? • Does it fit with the official rules and guidelines? | <ul style="list-style-type: none"> • How will my action enhance the lives of my patients in a meaningful way? | <ul style="list-style-type: none"> • How will my action make tangible, positive changes within my community? | <ul style="list-style-type: none"> • Does acting on this issue help fulfil my duties as a health professional? | <ul style="list-style-type: none"> • Will my efforts be rewarded with high status recognition? |
| | | | <ul style="list-style-type: none"> • Is acting on this issue a good use for my skills and status? • Does acting on this issue create any risks to my reputation? | |

AGENCY

ISSUE MOTIVATION

Ethiopian HCP's often feel a low sense of agency due to strains of their developing health system

Despite this, the urgent health needs in the country means that **76%** have felt motivated to act on on a public health issue in the past.

A fledgling system that struggles to cope with the nation's health needs

Most Ethiopians rely on public healthcare, which is concentrated in urban areas. The system is basic and lacks necessary infrastructure and HCP capacity/skills.

The population faces multiple serious, systemic health issues

Poverty, low health education and high prevalence of infectious disease locks HCPs in a cycle where they are forever treating urgent conditions vs improving prevention.

Lack of collaboration across public health bodies is a missed opportunity

There is an active NGO presence in health care and a better-resourced private system, but different pillars fail to work together to improve public health.

Respect and deference towards the strong top-down hierarchy

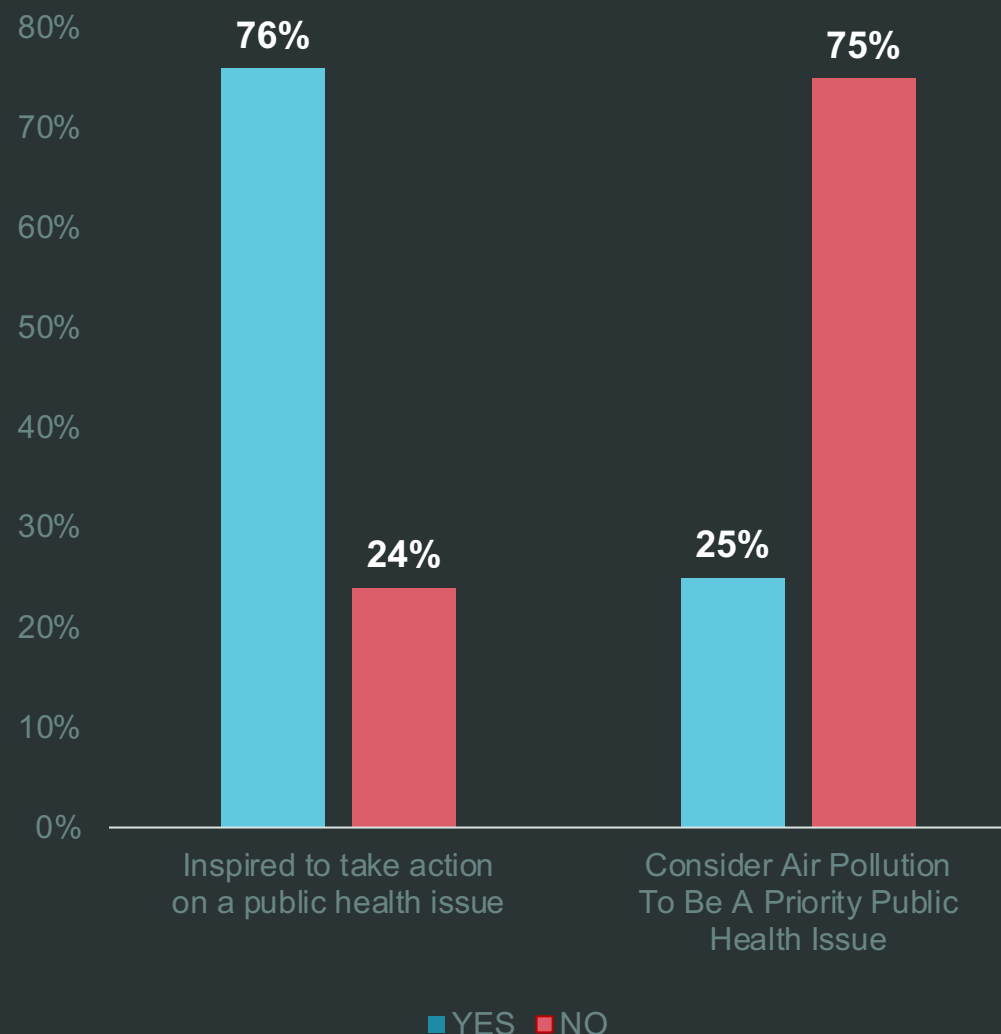
HCPs usually trust government and established authorities. There is also a hierarchy within HCP roles that elevates doctors into positions of greater authority.

Reliance on government to lead the way to bigger change

HCPs believe they can influence patients at an individual level, but feel helpless to drive any larger societal changes. For this they hope that government will intervene.

Despite a high willingness to act on public health issues, only **25%** Ethiopian HCPs consider air pollution to be a priority

HCPs note that increasing industrialisation and urbanisation have correlated to a rise in respiratory and air pollution related illnesses, but still feel like air pollution is a nascent issue.



Ethiopian HCPs view air pollution as an emerging, low priority issue

**51% have taken no
action**

35% have advised patients

**13% have influenced the
policies of where they work**

**11% have shared knowledge or
research**

They mains reasons they deprioritise it are:

Lack of localised and current scientific evidence

HCPs can outline the common causes of air pollution, but struggle to articulate how it impacts health beyond general linkage to respiratory health. Dated teaching and a lack of local knowledge lowers their confidence in talking about it.

More threatening issues compete for attention and resources

Prioritising air pollution today is seen as misguided and naïve when more pressing health issues have yet to be solved – it is described as “luxury talk” when there are other serious systemic health issues to solve.

Absence of air pollution in institutional agenda

HCPs are guided by what the authorities say and they have not seen either the government, NGOs, medical community or local media talking about the need to solve air pollution.

A nascent issue and future problem

There is a sense of complacency that air pollution in Ethiopia is still in its early stages, thus efforts to stem air pollution can wait.

There are three roles where there is particularly high potential for Ethiopian HCPs to take greater action

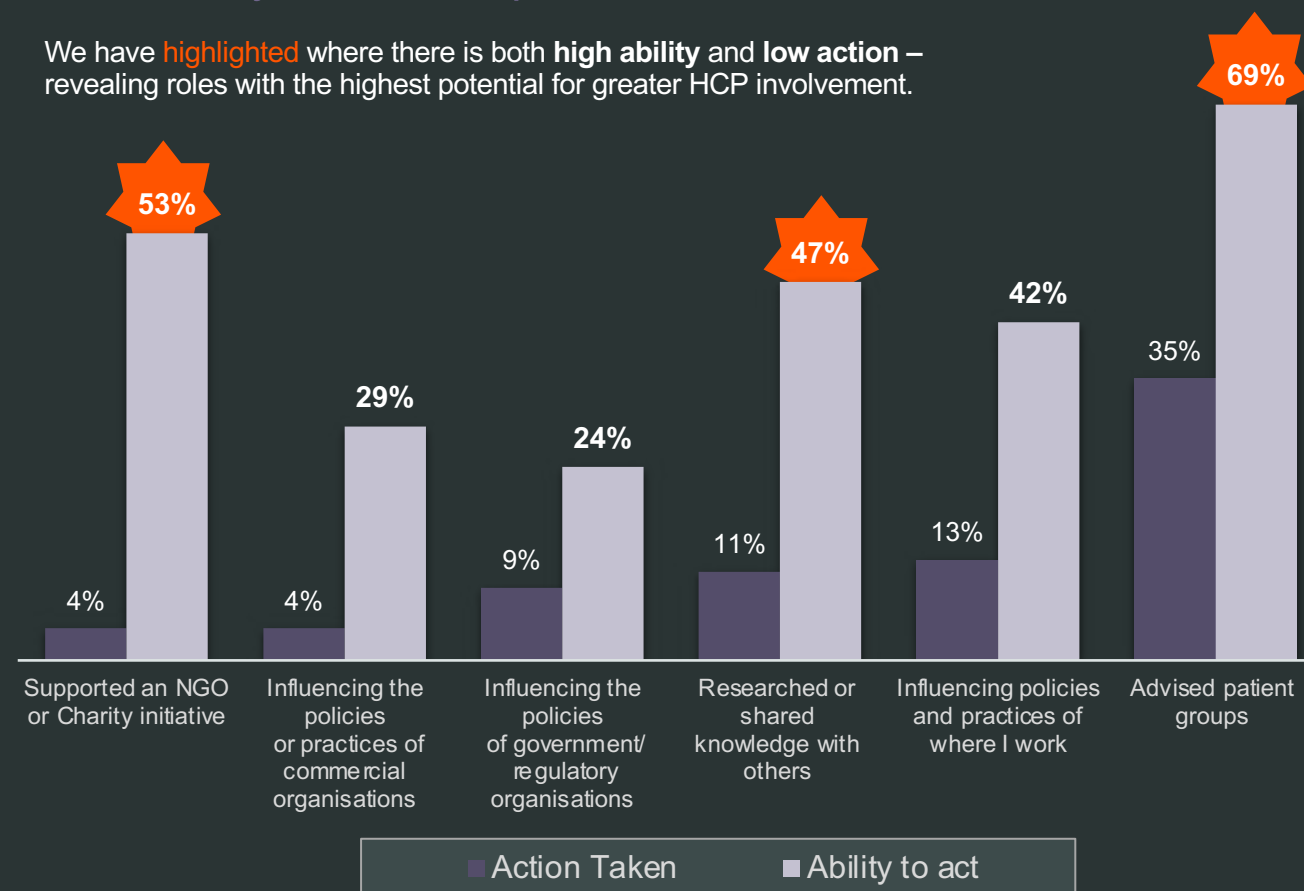
1. Advising patients
2. Supporting NGO/Charity initiatives
3. Influencing their place of work

An existing culture of NGO activity and participation is a particular consideration here – it can be leveraged to much greater effect for tackling air pollution.

The chart below shows how Ethiopian HCPs responded to two survey questions:

1. How able they feel to act in certain roles
2. Action they have taken on air pollution

We have highlighted where there is both **high ability** and **low action** – revealing roles with the highest potential for greater HCP involvement.



THIS LEADS US TO A STRATEGIC FOCUS OF:
CREATE URGENCY AND EASE OF ACTION

To unlock HCP
action in...

Advising
patients

Supporting
charities &
NGOs

Sharing
research &
knowledge

PRIORITY ACTION AREAS

1.
**EXISTING HEALTH
SYSTEMS / NGO
INITIATIVES**

2.
**MAKE THE ISSUE
VISIBLE AND
MEASURABLE**

3.
**GENERATE AND
DRIVE EVIDENCE**

KEY AREAS FOR ACTING ON STRATEGIC FOCUS

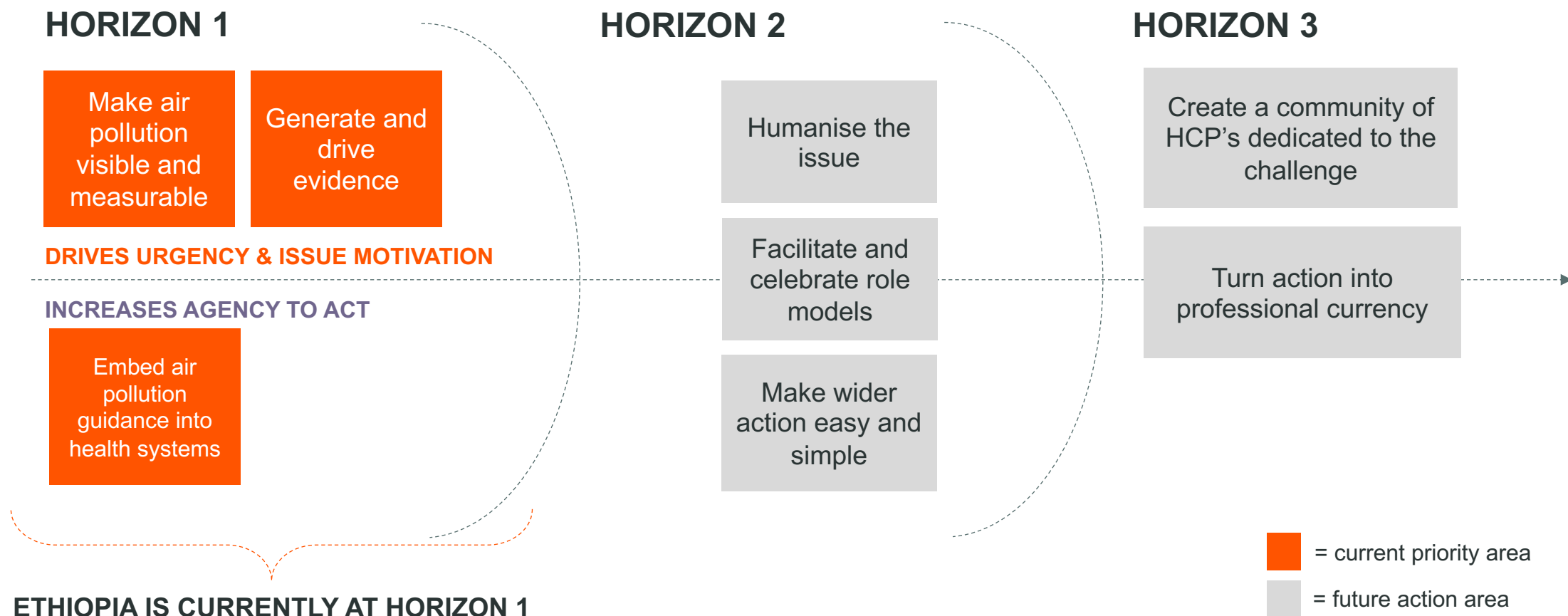
STRATEGIC FOCUS

Facilitate ease and prestige of tackling air pollution to increase HCP action in advising patients, research and knowledge sharing and supporting charity and NGO initiatives.

PRIORITY ACTION AREAS	Embed into existing health systems (and NGO initiatives)	Make the issue visible and measurable	Generate and drive evidence
WHO Which members of the HCP population should be targeted?	<p>Given the strains on Ethiopia's developing health system, all HCP roles would benefit from clear advice from the health system that makes it easier for them to offer advice and make decisions around when air pollution requires their action.</p>	<p>All HCP roles, taking into account that certain HCPs may move between different locations and need localised inputs (e.g. community health workers)</p>	<p>All HCPs – there is a common belief that air pollution is not a critical problem in Ethiopia yet which needs to be addressed among all roles.</p> <p>Specialists will be looking for both local data, but also evidence related to the demographics they work with,</p>
HOW Illustrative tactics	<ul style="list-style-type: none"> - Ensure that air pollution is recognised on the training curriculum and within standard healthcare practices. - Distribute guidance on clean air management and practices to local clinics and hospitals. - Look for opportunities with existing NGO/Charity initiatives to incorporate a Clean Air element. 	<ul style="list-style-type: none"> - Distribute air quality meters to hospitals and clinics and install local alert systems - Issue best practice guidelines on clean air for hospitals and clinics in terms of managing their own air pollution levels. - Use design hacks that are easy to scale at low cost – e.g. Cyanometer to measure sky colour. 	<ul style="list-style-type: none"> - Conduct and share studies that are specific to Ethiopia – focusing on key demographics (e.g. children, pregnant women, the elderly) and specialist areas. - Distribute monitors so that they are able to see the real time situation and that a problem really does exist. - Provide research in a format that is easy to share within their networks.

SEQUENCING OF FUTURE ACTION AREAS

Looking beyond the immediate priorities outlined in the previous slide, there are a number of further action areas that organisations looking to engage HCPs could consider as their trajectory for action. We have laid these out as horizons as certain areas depend upon the success of other areas before they can be successfully implemented.



HORIZON 2

Deepening emotional engagement and increasing ease of action



HORIZON 3

Scaling action and engagement to the wider HCP community



PART 2

PERSONAL-PROFESSIONAL MOTIVATIONS

WE FOUND 5 PERSONAL-PROFESSIONAL MOTIVATIONS THAT SPUR HCPS TO ACT:

Summarising the motivation...

SECURITY

"I want to get through the day unscathed."

They are seeking...

- Financial and job security.
- A release from day to day stress.
- Successfully conform to existing systems and protocols.
- Financial or material reward .

CARE

"I want to give meaningful help to individuals"

- Seeing an individual/patient improve and recover
- Helping others to improve their lives.
- Relationship building with individuals.
- A feeling of altruism.

COMMUNITY

"I want to belong and to contribute to the collective"

- Relationship building within their community.
- Recognition as a contributor.
- Perceiving visible improvements to their local networks.
- A feeling that they are part of something meaningful.

DUTY

"I want to fulfil my role and act as a role model for others."

- Gaining social respectability.
- Fulfilling their role as a healthcare professional.
- Correctly following scientific evidence
- Demonstrating competence to themselves and others.
- Demonstrating socially respectable behaviours to others
- Contributing to professional causes and challenges.

GROWTH

"I want to be leading challenges."

- Professional advancement and status.
- The buzz and stimulation of solving difficult problems.
- Being in the limelight, and seen as a source of inspiration (flattering their professional ego).
- Personal growth and challenge.

MICRO / INTERNAL FOCUS

Orientated towards their personal needs and relationships

These are motivation that apply across the international healthcare community, although they are expressed in different ways in different cultures.

MACRO / EXTERNAL FOCUS

Orientated towards how others view them

MOTIVATION #1

SECURITY

*"I want to make it through
the day unscathed."*



SECURITY

DEALING WITH THE STRESSES AND PRESSURE OF THE JOB

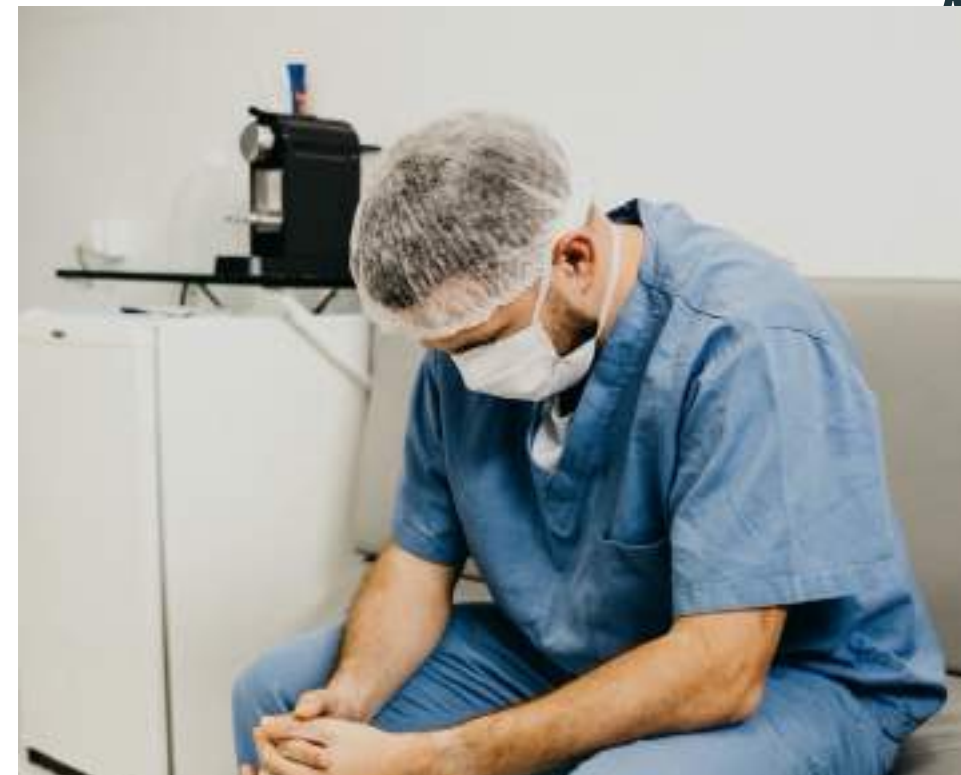
Security-driven HCPs are most often found working in hectic and low paying roles within the medical community.

The combination of an unrelenting role, plus their relatively low status in the medical community means that they don't often have the headspace to think about causes beyond their day-to-day, and that their main focus is upon achieving basic needs such as financial stability, sleep, and taking care of their own health.

Among their pressures and concerns are:

- Overwork within their role
- Long hours
- Anti-social hours
- Demands to work at short notice / with urgency
- Under-compensation within their role, leading to financial worries
- Managing family and home life

They are most likely to be nurses, pharmacists, health workers, and midwives, but can also be GPs and Specialists who are junior in their career journey.



DESIRES OF HCPS WITH A SECURITY MINDSET:

- Financial security
- Emotional security / freedom from stress
- Following official systems or protocols
- Extra financial or material reward

A FUNCTIONAL AND DEFERENTIAL MINDSET

SECURITY ORIENTATED HCPS PRIORITISE THE HERE-AND-NOW AND STICK TO DIRECTION AND GUIDELINES FROM THOSE WITH AUTHORITY

RESTRICTIVE WORLD VIEW	REALIST, NOT IDEALIST	NON-CONFRONTATIONAL AND RISK AVERSE	DEFERENTIAL TO AUTHORITY AND PROCESSES
<p>Life is about coping with multiple realities and not losing control.</p> <p>This leads to an inability to see a bigger picture beyond daily life and roles.</p>	<p>They are hardworking but also aware that they have limited resources & tools to work with.</p> <p>Hence, recognize that their efforts can only go so far.</p>	<p>Security-driven HCPs prefer to go with the flow.</p> <p>They do not wish to jeopardize their hard earned position, and are therefore are unwilling to take risks or make themselves stand out.</p>	<p>They are either consciously or subconsciously aware of their juniority – either in terms of inexperience, or because they occupy a less “expert” role. Therefore, they look to seniors and official protocols for guidance.</p> <p>When they do have ideas or solutions for improvements to the system and services, these are often held back unless solicited or if others first provide similar suggestions.</p>

“Income is very little. We are living hand to mouth and providing what service we can to the people.”

Nurse, Addis Ababa

MOTIVATION #2

CARE

*“I want to give meaningful help
to individuals.”*

CARE

THE CENTRAL MOTIVATION THAT LINKS ALL HCPS

The idea of giving care and helping others is often the central reason why many HCPs decided to enter the medical field.

Most HCPs feel rewarded when they can see progress and recovery in the patients that they work with. For some, even helping a patient to have a good death is seen as an important way of providing help and care. It is all about the positive impact that they are able to have on individuals.

Conversely, it is demotivating for HCPs when they feel that their patients do not listen to them or are indulging in self destructive behaviours that they have no power to change.



THE REWARDS OF CARE:

HCPs are motivated by the concept of care-giving because it provides the following outcomes:

- The tangible reward of seeing an individual/patient improve and recover
- The feeling of altruism that comes from helping other individuals to improve their lives:
 - Through education, prevention, treatment and advice
 - Especially to vulnerable or at risk demographics (e.g. poor, elderly, wayward youth, teenage mothers)
- A feeling of virtue.

DIMENSIONS OF GOOD CARE

DELIVERING TANGIBLE IMPROVEMENTS TO INDIVIDUAL LIVES

LISTENING TO THE PATIENT

Good care can come from being the person that a patient confides in, and HCPs get a lot of out two-way conversations with patients where it feels like they are building a relationship. This is particularly important to fully understand the patient on an individual and human level.

IMPROVING THE ISSUE OR DELIVERING A CURE

All HCPs want to see that they have made a tangible positive difference to the patient's health. This could be guiding them on the road to full recovery, or providing an improvement in their quality of life.

PROVIDING EMOTIONAL SUPPORT

Keeping the patient's spirits high, consoling them in times of difficulty, and ensuring that they are treated as a human throughout their experience.

SUPPORTING THE PATIENT'S FAMILY

Some HCPs see their duty of care as considering the patient's wider network, and how their loved-ones may also need supporting through their patient's illness.

EDUCATING THE PATIENT AND THEIR FAMILY

Going beyond specific diagnosis and treatment, to ensure improved wellbeing of the patient, by creating awareness of issues and risks that has come to HCP's knowledge, and to introduce preventative measures.



“When I was in 11th grade, my cousin fell, broke his spine, and had to undergo surgery. I was impressed how he recovered, and so I fell in love with the profession in how the doctor was able to help him. It is so hopeful for me that everyday there is a new life, a baby born. Even if it’s just a little that I do for them, like providing a sedative, to know that it helped them feel better is enough for me.”

GP, Addis Ababa

MOTIVATION #3

COMMUNITY

"I want to belong and contribute to the collective."

COMMUNITY

THE DESIRE TO MAKE A DIFFERENCE EXTENDS BEYOND THEIR IMMEDIATE DAY JOBS

As well as being medical professionals, HCPs are also regular citizens who seek to belong and contribute to their local communities.

The desire to make a positive difference in the community was common across HCP types. Social glue and teamwork is an important aspect of this motivation, with HCPs looking to be invited to take part in activities that will create a sense of togetherness as well as positive local change.

When they engage in community building activities, they are not necessarily thinking as medical professionals, but in other social roles; whether as parents, friends, teachers or neighbours.

**CLEAN
AIR
FUND**



COMMUNITY

PARTICIPATION HAPPENS AS BOTH AS MEDICAL PROFESSIONALS AND REGULAR CITIZENS

HCPs can play two roles in the community:

- **AS HEALTHCARE PROFESSIONALS**

If there is a healthcare angle, they can step forward as to help develop healthcare guidelines and solutions, while also serving as educators and trainers of other volunteers.

- **AS REGULAR CITIZENS**

If there is no healthcare angle, they participate as a regular citizens to execute ideas developed by others, their status as HCPs not giving them additional influence or deference over others. In these moments they are thinking in other social roles; whether as parents, friends, teachers or neighbours.

Both roles are fulfilling, but it gives them an extra buzz to be able to use their healthcare skills.

THE REWARDS OF COMMUNITY ACTION:

- Teamwork
- Relationship-building and social cohesion
- Social recognition
- Tangible improvement to their community
- The feeling of investing in a better future and being part of something meaningful

At present, many contribute as regular citizens, so there is also an opportunity to connect this activity to their skills and interests as HCPs.



“There is a campaign called Green Legacy that has already planted 4 million trees in Ethiopia. They had come to our community and I heard them out and agreed with the cause. They came with seeds and plants for us and I did it with my neighbours, planting flowers and trees.”

Nurse, Addis Ababa

MOTIVATION #4

DUTY

*"I want to fulfil my role in society
and set a good example."*

DUTY

DEMONSTRATING THE RIGHT KNOWLEDGE, BEHAVIOUR AND VALUES TO FULFIL THEIR POSITION AS A ROLE MODEL

Duty-driven HCPs were often attracted to their professions due to the reputation of healthcare as a respectable career path and its status as a vital pillar of society.

Crucially, their sense of duty extends beyond the delivery of individual care to embrace the responsibility of being a role model within the wider community.

They are conscious of how others see them and are serious about setting an example not just through good medical practice, but by living the values and behaviours that are seen as fitting of a healthcare professional.

As a consequence, they have an innate sense of their own authority and potential influence. But as this understanding is also based on respect for traditional hierarchies, societal structures and communal practices, they are not necessarily egocentric or outspoken characters.

On the contrary, when it comes to overcoming a challenge, they are often humble and don't automatically see it as their place to speak out or create disruption.

THE DESIRES OF THE DUTY-DRIVEN:

- Being a “good” guardian of their patients
- Social respectability
- Fulfilling their role as a doctor to promote awareness of health issues
- Contributing to shared medical knowledge
- Promoting harmony and balance
- Keeping up to date on medical knowledge and news

DUTY

OPERATING WITH A MINDSET THAT IS CONVENTIONAL, HARMONIOUS AND DEDICATED

RELIABLE AND CONSCIENTIOUS	CONSERVATIVE AND CONVENTIONAL	RESPECTFUL OF PEERS AND INSTITUTIONS	SERVICE ORIENTATED	UNCOMFORTABLE WITH CONFLICT
They have a high sense of their duty of care as a health professional – and reliability and working hard are a key part of this.	They adhere to established medical norms and practices. They have a strong sense of professionalism that tends to centre around notions of tradition, integrity and commitment.	While duty-driven HCPs may see areas of improvement in health systems, they are overall respectful of their peers and the protocols in place. They look to official institutions for guidance.	The idea of acting (and being seen to act) for the wider good is a principle that guides them in their professional practice. Taking on the role of guide and mentor for patients and the wider community is therefore appealing..	On the whole, they prefer harmonious engagements. Conflict is un-welcome for them and they would prefer to achieve change through supportive and collaborative action.

“I do communicate with the medical director and give suggestions on what should be done based on issues we face in the healthcare institution I work in. If I see younger patients taking the wrong path I also give them advice, and to show my support for them”

GP, Addis Ababa

MOTIVATION #5

GROWTH

"I want to be leading conversations"



GROWTH

HCPS WITH A GROWTH ORIENTATION ARE EXCITED BY OPPORTUNITIES TO ADVANCE THEIR SPECIALISM AND THEIR CAREERS

Growth-driven HCPs are often found in more senior, specialist or prestigious positions.

Like many HCPs, their core desire is to help others, but they also have a strong career and growth orientation and are energetic about advancing their own individual prospects.

They are very confident in their own abilities and active in the wider medical community. Whether it's through teaching, training, writing for journals, or lobbying and advocacy, they feel it is important for them to have a voice.

However, the impact of action on their career is always in the back of their mind.

They are a small portion of HCPs, and most likely to be specialists, but some more motivated HCPs may adopt this mindset in other roles.



THE DESIRES OF THE GROWTH-DRIVEN:

- Professional advancement and status
- Intellectual challenge and problem-solving
- Being in the limelight, and seen as a source of inspiration for other doctors (flattering their professional ego)
- Know they have done all they can to help their patients/society
- The promise of personal growth

GROWTH

THEY FEEL OBLIGED TO USE THEIR STATUS AND EXPERTISE FOR THE GREATER GOOD, AND TO BE SEEN AS THE ONES MAKING A DIFFERENCE

AMBITIOUS AND DETERMINED	EAGER WITH A CHALLENGE	READY TO LEAD	BIG-PICTURE ORIENTATED	OCCASSIONALLY EGOCENTRIC
<p>They have their eyes on a bigger prize.</p> <p>They are always looking for ways to enhance their career and opportunities for personal and professional growth.</p>	<p>Problem-solving is not a daunting task for Growth-orientated HCPs.</p> <p>Many enjoy embracing a new challenge and get a buzz from finding solutions.</p>	<p>They are naturally confident in their own abilities, and feel it is only right to use their gifts to be vocal on the issues that matter.</p> <p>They seek power and authority and want to be able to influence the wider medical community.</p>	<p>They tend to have a better awareness of the wider situation in their country – both current and future.</p> <p>This relates to health issues, but also to the politics of the medical world, and how that links to wider societal systems and government.</p>	<p>They take pride in their achievements and often consider themselves superior in their knowledge and skills.</p> <p>They want to be viewed as pioneers in their profession, and measure success by these individual achievements.</p>

The Growth mindset did not come through strongly for the HCPs that we spoke to in Ethiopia.

They have many other concerns on their minds, and simultaneously there is a degree of under-confidence in the training that they receive locally and lack of collaboration between different organisations that might otherwise feed into this mentality.

IMPLICATIONS FOR ACTION ON AIR POLLUTION

These motivations reveal potential drivers and barriers for acting on public health issues:



PART 3

ETHIOPIAN HEALTH CULTURE





ETHIOPIA HEALTH CULTURE AT A GLANCE

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A fledgling system that struggles to cope with the nation's health needs

Most Ethiopians rely on public healthcare, which is concentrated in urban areas. The system is basic and lacks necessary infrastructure and HCP capacity/skills.

Population faces multiple serious, systemic health issues

Poverty, low health education and high prevalence of infectious disease locks HCPs in a cycle where they are forever treating urgent conditions vs improving prevention.

Lack of collaboration across public health bodies is a missed opportunity

There is an active NGO presence in health care and a better-resourced private system, but different pillars fail to work together to improve public health.

Respect and deference towards the strong top-down hierarchy

HCPs usually trust government and established authorities. There is also a hierarchy within HCP roles that elevates doctors into positions of greater authority.

Reliance on government to lead the way to bigger change

HCPs believe they can influence patients at an individual level, but feel helpless to drive any larger societal changes. For this they hope that government will intervene.

Results in a **LOW-MIDDLING** sense of agency among HCPs.

Despite this, the urgent health needs in the country means that **76%** have taken action on a public health issue in the past.

Ethiopia is a developing nation riddled with myriad health issues, with HCPs having to focus on treatment than prevention

HCPs call out a wide range of health issues, both communicable and non-communicable.

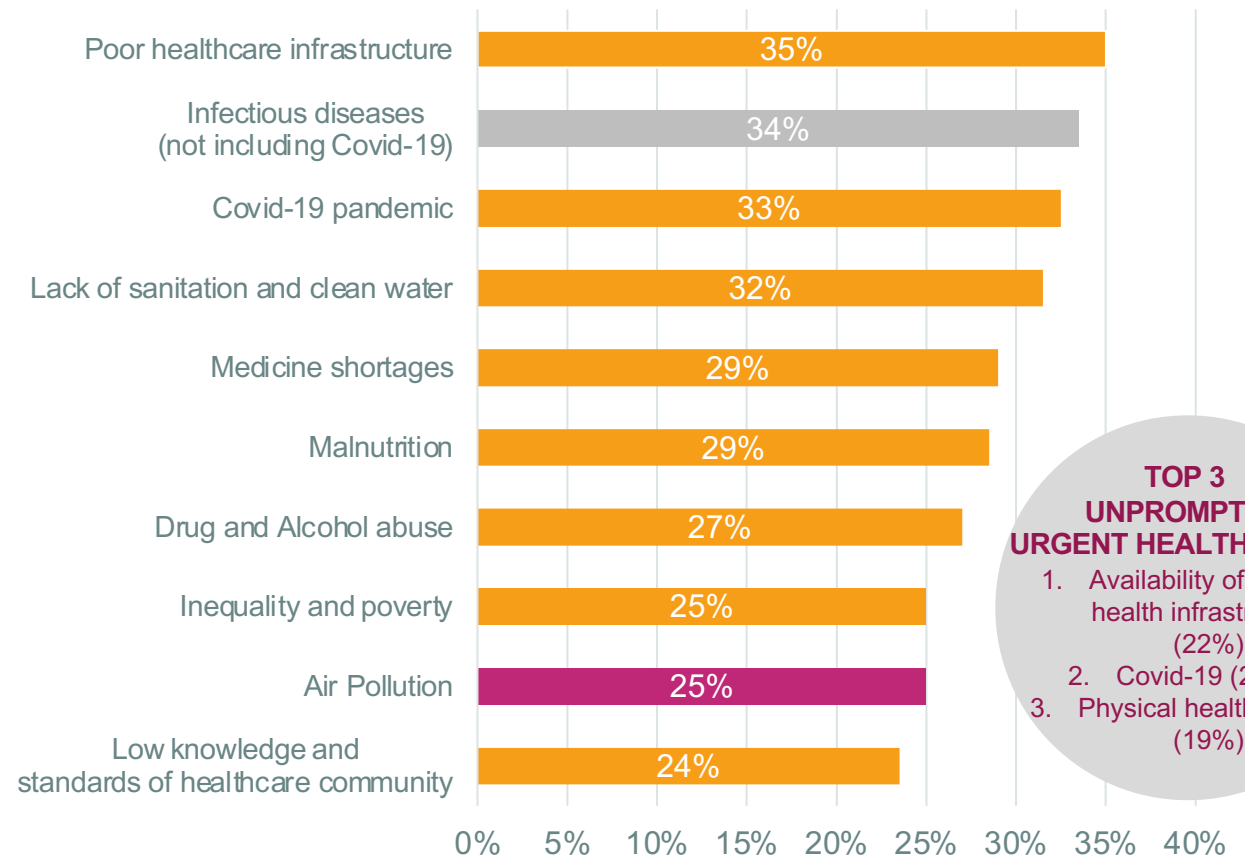
Given the high rates of morbidity and number of critical cases that pose serious threat to patient's quality of life and mortality, HCPs have no choice but to focus on treatment, in order to provide quick relief and to save lives.

We can't cure everything, but we can curb these things... we [HCPs] only focus on the consequences currently." Pharmacist, Addis Ababa

Key health issues HCPs address include:

- **Communicable and Infectious Diseases:** Malaria, STDs such as HIV/AIDS, malaria, typhus, etc
- **Non-Communicable Diseases:** Cancer, Cardiovascular, Diabetes, Hypertension, Respiratory issues and lung infections, etc
- **Addiction related issues (drugs, alcohol, smoking)**
- **Maternal and Child health**, especially for teenage mothers

TOP 10 PUBLIC HEALTH ISSUES (PROMPTED)



TOP 3 UNPROMPTED URGENT HEALTH ISSUES

1. Availability of quality health infrastructure (22%)
2. Covid-19 (22%)
3. Physical health issues (19%)

HEALTH CULTURES: ETHIOPIA

Many health issues are systemic, with poverty, low education levels, and poor environmental conditions seen as most serious

Importantly, HCPs recognize the the real issues to solve are the underlying structural issues. Addressing these would effectively prevent many health issues from from deteriorating or even taking place, thus breaking chronic cycles of illness and poor health.

HCPs believe many health issues today are pervasive and persistent due to:

POVERTY

Poverty remains a key issue in Ethiopia, and the poor are most exposed to unhealthy environments and at risk of adopting harmful lifestyle practices e.g. living near factories emitting pollution, burning coal indoors as the cheapest energy source

LOW EDUCATION LEVELS

Results in complications and morbidity due to ignorance and negligence of patients, limiting early detection, intervention, and proper treatment. Most pertinent to lower income, but common in mid-high income and educated classes too

POOR ENVIRONMENTAL CONDITIONS

The “development-first” mindset is viewed by some HCPs as causing environmental deterioration that worsens health

- Factory emissions leading to pollution of water, land, air, especially water contamination and for those living near factories
- Rapid Urbanisation without supporting infrastructure: overcrowding, poor hygiene, lack of waste disposal system, increased vehicles and exposure to vehicular exhaust


“We’re a developing country and everything comes down to costs and resources for the population, which is one of the biggest issues for healthcare in our country.”
GP, Addis Ababa

While there are multiple challenges, HCPs believe the lack of health education at the right touchpoints as a root cause of the many persistent and pervasive health issues

HCPs wish to **create a culture of health consciousness** via comprehensive and effective health education, in order to mitigate the many health issues caused by people's lifestyle practices, from hygiene to diet and nutrition, sexual health, reproduction, substance use, and child care.

However, these are absent at the right preventative touchpoints - such as schools and media.

Instead, health education tend to be limited to those already with illness, when they visit healthcare centres or hospitals for treatment.



"It is very challenging to change behaviours, mindsets of the populace, as they are low educated with low knowledge of healthcare practices."

Community Healthcare Worker,
Addis Ababa

"Many people have degrees, but they still don't have awareness of basic health. We can prevent health issues by educating people."

GP, Addis Ababa

A fledgling public healthcare system struggling to cope with the healthcare demands of the entire nation

Most Ethiopians are only able to afford public healthcare, which is concentrated in urban areas. This results in many patients traveling from across the country to seek medical treatment in Addis Ababa.

However, the public system is ill-equipped to provide timely and quality healthcare to the entire population, and HCPs feel it is in need of an overhaul.

LACK OF RESOURCES AND INFRASTRUCTURE

Daily challenges around

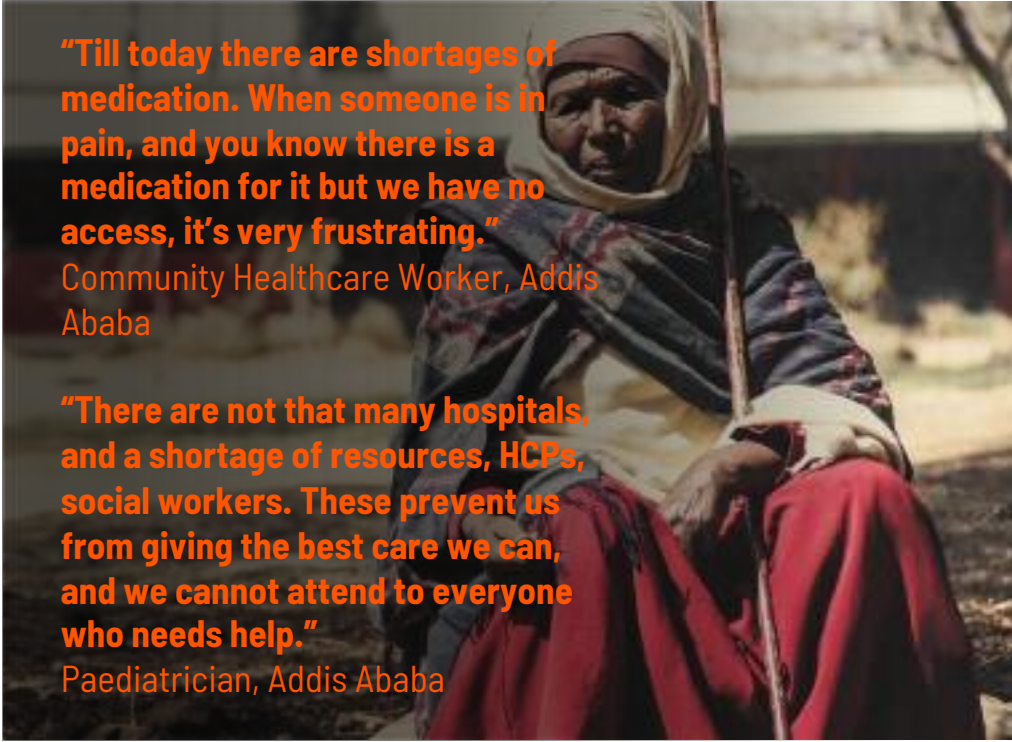
- insufficient supply of medication
- Shortage of medical tools, lack of serviceable equipment
- Inadequate infrastructure e.g. hospital beds, healthcare centers in rural and semi-urban locations

SHORTAGE OF CAPACITY

A serious shortage of HCPs in public healthcare, resulting in

- Touch-and-go consultations and treatment
- Inability to provide treatment for all who seek it.

Incommensurate salaries to the amount of work reinforce the shortage, as HCPs turn to better-paying roles in private healthcare, but whose costs are beyond reach of most Ethiopians.



"Till today there are shortages of medication. When someone is in pain, and you know there is a medication for it but we have no access, it's very frustrating."

Community Healthcare Worker, Addis Ababa

"There are not that many hospitals, and a shortage of resources, HCPs, social workers. These prevent us from giving the best care we can, and we cannot attend to everyone who needs help."

Paediatrician, Addis Ababa

The system is further challenged by the basic and low quality healthcare it is able to provide

The Ethiopian healthcare system is only able to address basic, straightforward, or well-established issues. New or complex issues add significant stress to the system, and require overseas treatment or aid to address.

This is mostly recognized and raised as a concern by doctors and overseas-trained HCPs, who emphasize the following challenges:

RUDIMENTARY KNOW-HOW

- HCP training in Ethiopia perceived to be fairly elementary
- Lack of continuous advance of skill and knowledge after graduation from medical school

ABSENCE OF STANDARDISED GUIDELINES

Poor quality and consistency of healthcare due to low levels of standardisation in practice and protocols

MALPRACTICE THAT COMPOUND HEALTH ISSUES

HCP ignorance and negligence is seen as dire problem that prevents patients from receiving the healthcare they need, even causing more harm than good

"There are no clear guidelines or management of healthcare in this country. It is all dependent on the hospital your work for. Sometimes the guidelines are just the ones we had from school, not updated."

GP, Addis Ababa

"What frustrates me most is when patients have gone to other doctors before who did not have a good understanding of the issue, resulting in too much damage done by the time patients come to me. It is very difficult to undo the effects, impossible to turn back time."

GP, Addis Ababa

Ministry aspires to ensure quality health service (Ethiopian Herald, 2019)



ADDIS ABABA- Ministry of Health (MoH) said ensuring quality health service, its over 1000 health centers and 500 hospitals throughout the country, would be its priority objective.

Speaking on the 50th annual medical conference and international health and wellness exhibition in Addis Ababa, Minister of Health said strengthening infrastructural facility is the beginning of ensuring quality the Ministry would exert its level best effort on it.

He stressed that the Ministry is working to install laboratories in every health center and would accomplish the task within the coming year.

On the other hand, Amro noted that delivering quality medical science education is given due attention. According to her there are 1500 medical students are currently studying in colleges. "We will downgrade the medical schools that do not give quality medical education and we could go to the extent of shutting them down if they do not improve," he underscored.

The Minister said his government is working on enhancing public-private partnerships and would also encourage and support the engagement of the private sector in order to provide health services, which are not available in the country, and reduce citizens' overseas medical cost.

Training and other capacity building interventions will be given for health workers in collaboration with the Ethiopian Medical Association, Amro said.

Dr. Gemechu Haimo President of the Association for his part said, quality medical service is the base for health profession and if there is no quality the damage would be worse. "The Nation has been concerned in quality more than quality ever the past decade, but all medical schools, health workers and our association need to put more effort in ensuring quality medical service," Gemechu stressed.

While the lack of collaboration across organisations misses the opportunity to alleviate pressure and address challenges

HCPs believe that greater collaboration and integration between different pillars of healthcare in the country can improve overall healthcare for the population. This can be achieved via:

1. Culture of sharing to improve knowledge, skills, quality
2. Consolidating resources for greater efficiency and capacity to provide healthcare to more patients
3. Greater alignment to ensure more effective solution implementation and sustained impact

PUBLIC	PRIVATE	NGO
<p>HIGHEST PATIENT REACH</p> <ul style="list-style-type: none"> • Most accessible to majority of patients due to affordability <p>BUT UNABLE TO MEET DEMAND</p> <ul style="list-style-type: none"> • Myriad challenges limit ability to provide healthcare for all • Little centralisation within public health bodies, let alone with other healthcare pillars 	<p>QUALITY BUT EXCLUSIVE</p> <ul style="list-style-type: none"> • Perceived to be more advanced with higher quality HCPs, more resources, better infrastructure • Operates in silo, catering to middle & upper classes <p>AVAILABLE CAPACITY</p> <ul style="list-style-type: none"> • Regular and reasonable working hours, thus bandwidth to do more 	<p>SOLUTION-FOCUSED</p> <ul style="list-style-type: none"> • Active NGO landscape seen as filling in the gaps of public healthcare with focus on creating programs and solutions to solve persistent issues <p>LIMITED IMPACT</p> <ul style="list-style-type: none"> • However, impact is short-term or uncertain due to inconsistent funding and volunteers

"I feel meetings, seminars with other HCPs, organisation, and industries will be useful but we need an organised system to achieve this. As of now, integration is a problem even between HCP to HCP."
Paediatrician, Addis Ababa

HCPs recognise that such collaboration and integration is challenging and cannot be achieved from ground-up; instead, a concerted and committed effort from the top (e.g. Health Ministry) is required.

HCPs only champion and solve health issues with patients when there are scientific evidence and official guidelines

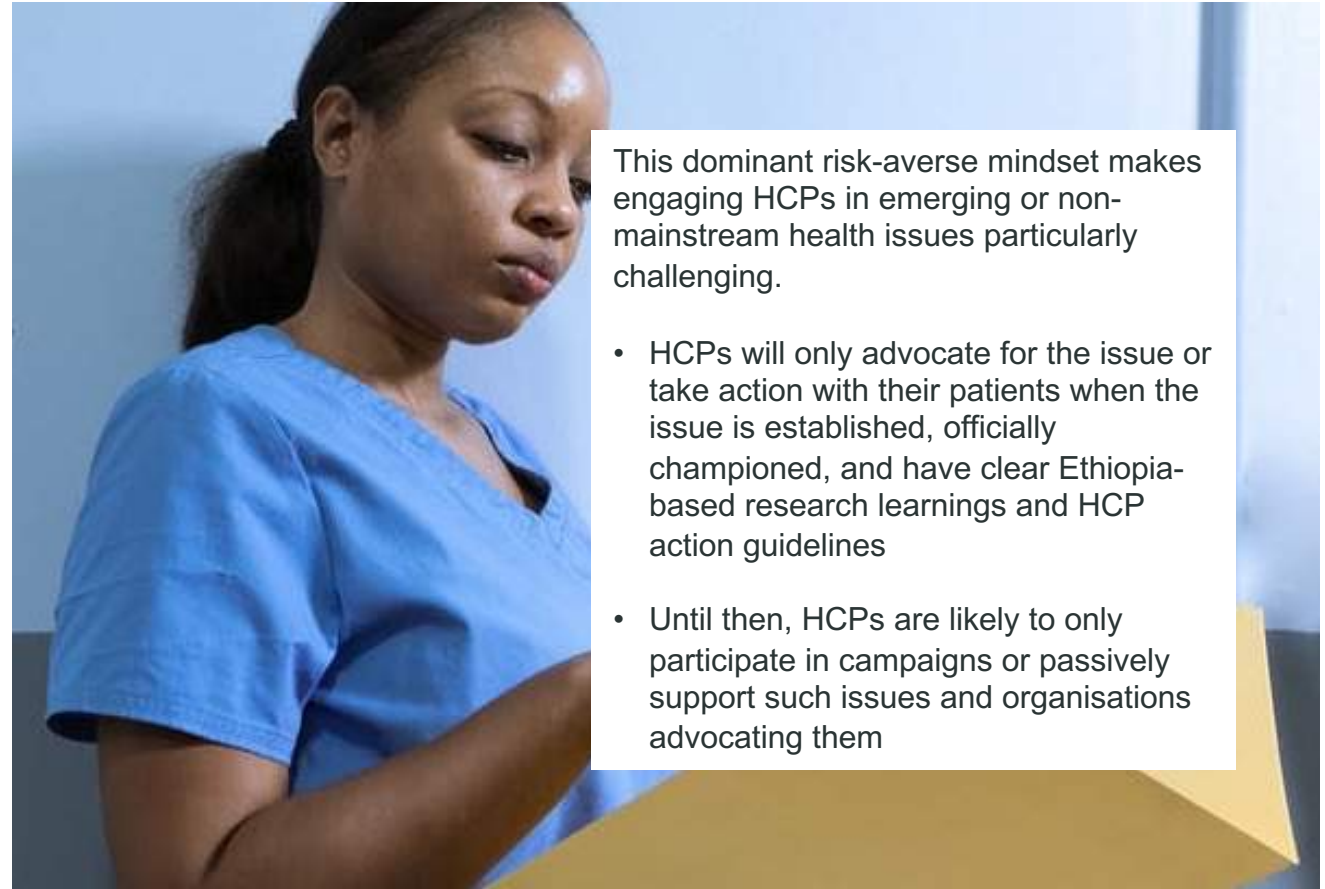
HCPs fundamentally operate on the basis of science, and seek Ethiopia-specific research evidence:

- i. As the fundamental step to understanding the issue
- ii. As a tool to drive issue awareness and recognition amongst policy makers, HCPs, and the public, before solutions can be created
- iii. To support new guidelines in treating patients

Without such scientific proof, HCPs are unwilling to express a medical opinion or recommend solutions to patients, as they worry about adverse effects in patients.

Even when health issues are conclusively proven by science, HCPs tend to

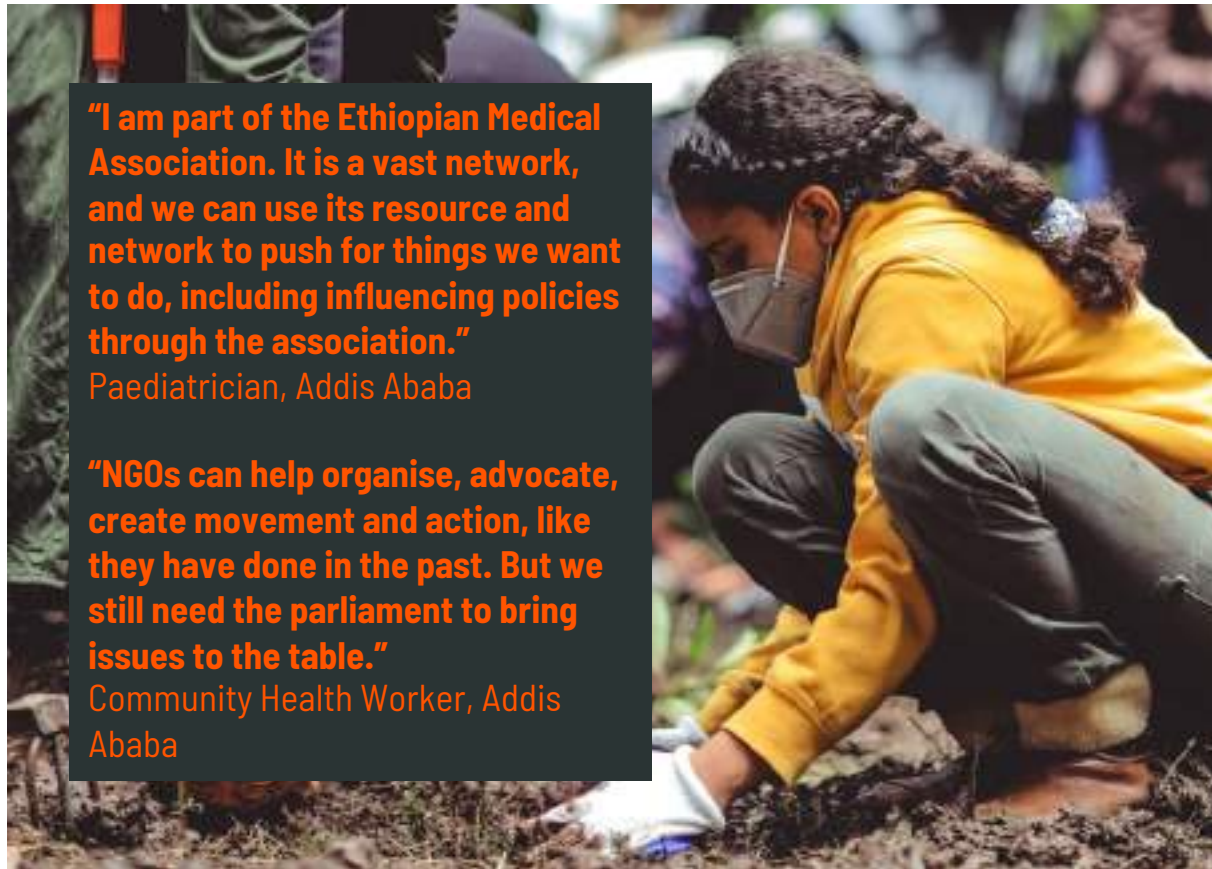
- Take action only when there are official endorsement and guidelines
- Follow the key talking points and protocols to patients being cascaded to them



This dominant risk-averse mindset makes engaging HCPs in emerging or non-mainstream health issues particularly challenging.

- HCPs will only advocate for the issue or take action with their patients when the issue is established, officially championed, and have clear Ethiopia-based research learnings and HCP action guidelines
- Until then, HCPs are likely to only participate in campaigns or passively support such issues and organisations advocating them

There is strong respect for and deference to authority. Most HCPs have a positive view of government and established institutions



"I am part of the Ethiopian Medical Association. It is a vast network, and we can use its resource and network to push for things we want to do, including influencing policies through the association."

Paediatrician, Addis Ababa

"NGOs can help organise, advocate, create movement and action, like they have done in the past. But we still need the parliament to bring issues to the table."

Community Health Worker, Addis Ababa

TOP-DOWN CULTURE THAT IS WELL-EARNED

Most HCPs express positive views of authority; there is trust that they will do the right thing, and believe that desired change and impact is best achieved through government leadership and endorsement.

The respect and subservience to authority is not imposed on HCPs, but is willingly given due to the experience, expertise, and leadership by example (e.g. Green Legacy initiative)

HIERARCHY WITHIN HEALTHCARE

- 1. Government** e.g. Prime Minister, Health Ministry and Minister
- 2. Medical Association** e.g. Ethiopian Medical Association
- 3. NGOs** (local, international) – exemplary authorities in specific topics e.g. Mekedonia
- 4. Medical Institution** e.g. Hospital Director, Head of health unit

In particular, HCPs express desire to be part of professional HCP networks (associations, NGOs) for its range of benefits, including shared and up-to-date knowledge, accessing opportunities, and higher potential to create change due to strength in numbers.

Clear hierarchy also exists between types of HCPs – based primarily on their level of expertise – impacting agency & influence

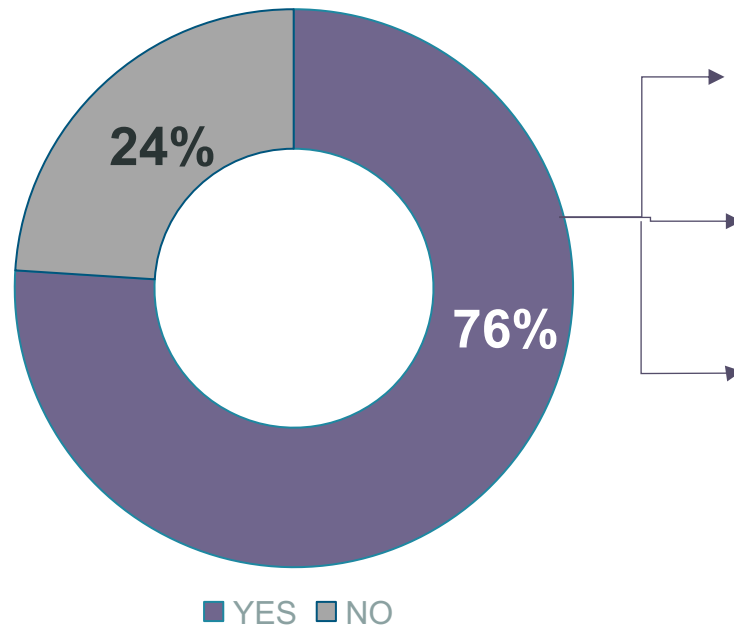
Hierarchy between HCP types are distinct based on the amount of medical expertise they possess, which impacts the amount of agency and influence they yield.

DOCTORS COMPREHENSIVE HEALTH EXPERTISE	PHARMACIST NICHE HEALTH EXPERTISE	NURSES, MIDWIFE, COMMUNITY HEALTH WORKER GENERAL EXECUTION
<ul style="list-style-type: none"> • Most educated, seen as possessing authority in overall health and any specialisation they may have (e.g. paediatrics, pulmonary, heart) • Their expertise is respected by patients and other HCPs, while enabling some influence over healthcare organisations and system <p>Greater experience and seniority elevates a HCP's agency and influence within healthcare organisations e.g. Head Nurse, Senior Doctor</p>	<ul style="list-style-type: none"> • Focused on one aspect of health and respected within that domain • Strong influence on patients but not on the healthcare system 	<ul style="list-style-type: none"> • Role is focused on execution and care, rather than diagnosis or solution-finding. • Accept their role, with some desiring greater agency earned through experience or further studies to become an expert.

“My role is to just do what the institute or organization wants us to do. The solutions need to come from higher ups... as a common individual it is difficult for me.”
Nurse, Addis Ababa

Regardless, all HCP types feel empowered to influence at the individual level, and over 3/4 have already taken action

Q7a. Have you ever been inspired to take action on a public health issue?



+90% Resp., Card & Midwives, 88%
GPs, 52% Nurses

The most mentioned forms of action were:

ADVISING PATIENTS / PATIENT GROUPS (86%)

Action might include proactively asking patients about their living conditions to identify possible health risks (other than the health issue they are seeking medical consultation for), and making recommendations to prevent potential issues

SHARING KNOWLEDGE AND RESEARCH (62%)

SEEKING TO INFLUENCE THE POLICIES AND PRACTICES OF WHERE I WORK (46%)

- Some HCPs independently create solutions to problems currently faced by the health centre, despite the extra work and even spending their own money (e.g. paying for patient's medication).
- Doctors and senior HCPs feel empowered to suggest and lead solutions to heads of their institutions

"During Corona, there was no place to stay in healthcare center for those with symptoms but not confirmed cases, and who got kicked out of their homes. So we [HCPs] thought to build a house for them to stay, and contributed our savings and asked for district government support. This could house 30 patients, and was a community problem and solution."
Nurse, Addis Ababa

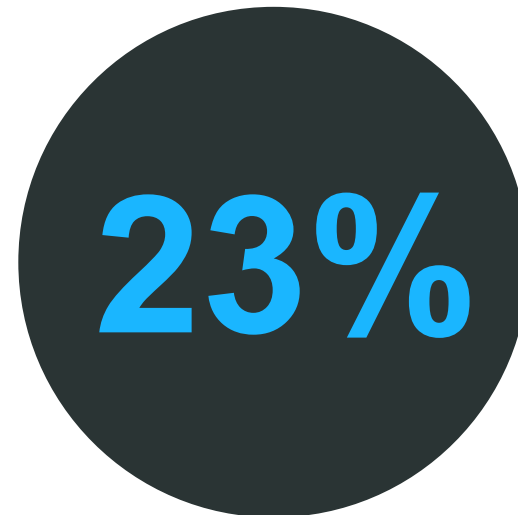
Improving lives, fulfilling professional duties, and providing education are key reasons that they act

HCP's top reasons for taking action on a public health issue:

Most HCPs understand their unique position to help patients improve their lives as respected healthcare professionals, and are passionate about doing so.

Most try to go beyond the call of duty to help patients. Although impact of such influence and action is limited to individual patients, it nonetheless is a motivation for most HCPs.

Their top reasons for action reflect their passion for helping others and for their jobs.



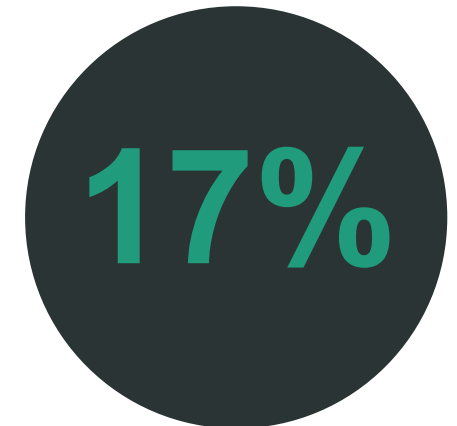
MAKING AN IMPACT

For the general good / betterment of society / doing the right thing / to help others/ positive impact/ Issue close to heart



PROFESSIONAL OBLIGATION

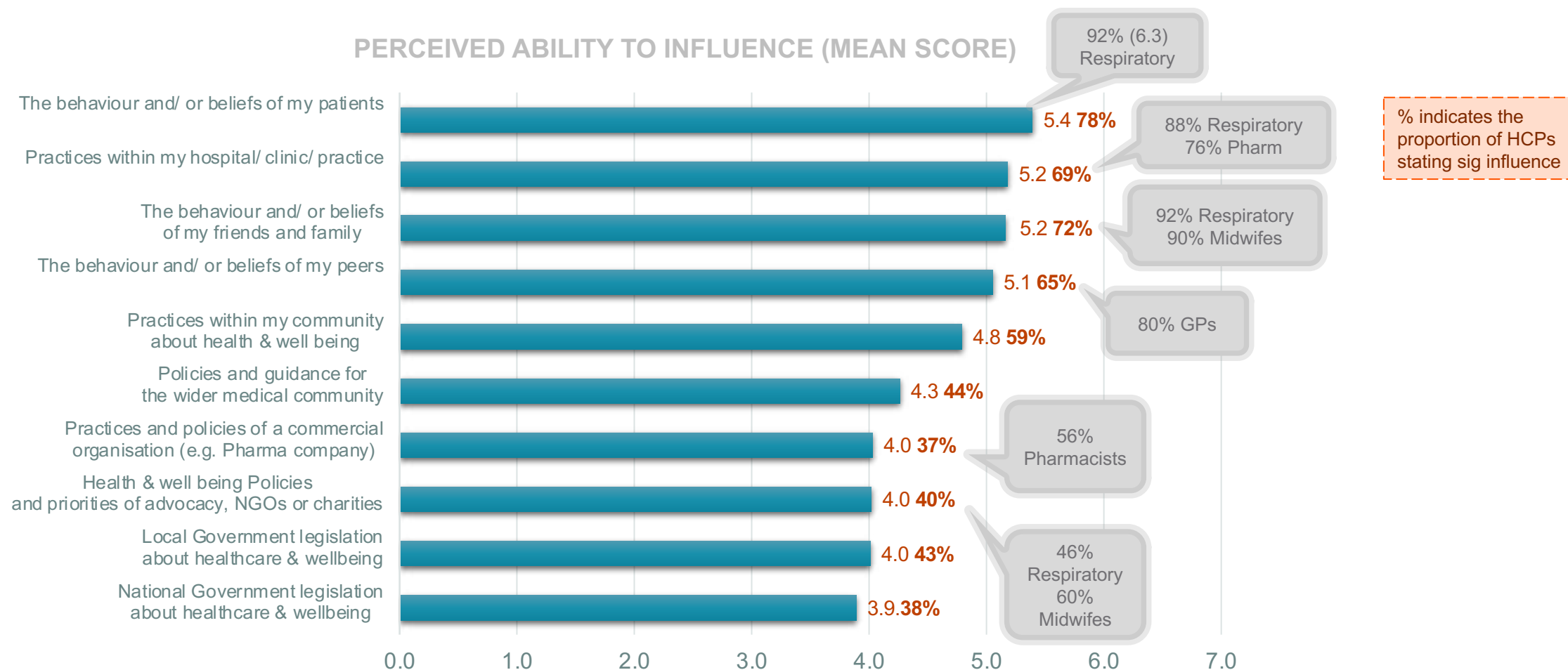
Professional obligation / professionalism / part of my role/Share knowledge / experience



EDUCATION & AWARENESS

Improving awareness, improve health education/ combat fake news/Enable people to make (better) decisions/choices

Overall, they feel that they hold most influence among patients, peers and their clinics, and least among govt and other organisations



They feel much more can be done by the authorities, as there are limits to what HCPs can do and achieve

HCPs believe that wide-scale change can happen, but this is most effectively achieved when led by the authorities from the top down, as HCPs face multiple challenges in creating impact with scale, such as:

LIMITED TIME WITH EACH PATIENT

High volume of patients per day, restricting time HCP can spend with each patient. Their priority is thus to treat specific issue, often unable to gain deeper understanding of structural causes and making preventative recommendations for those.

TIME AND ENERGY SCARCITY

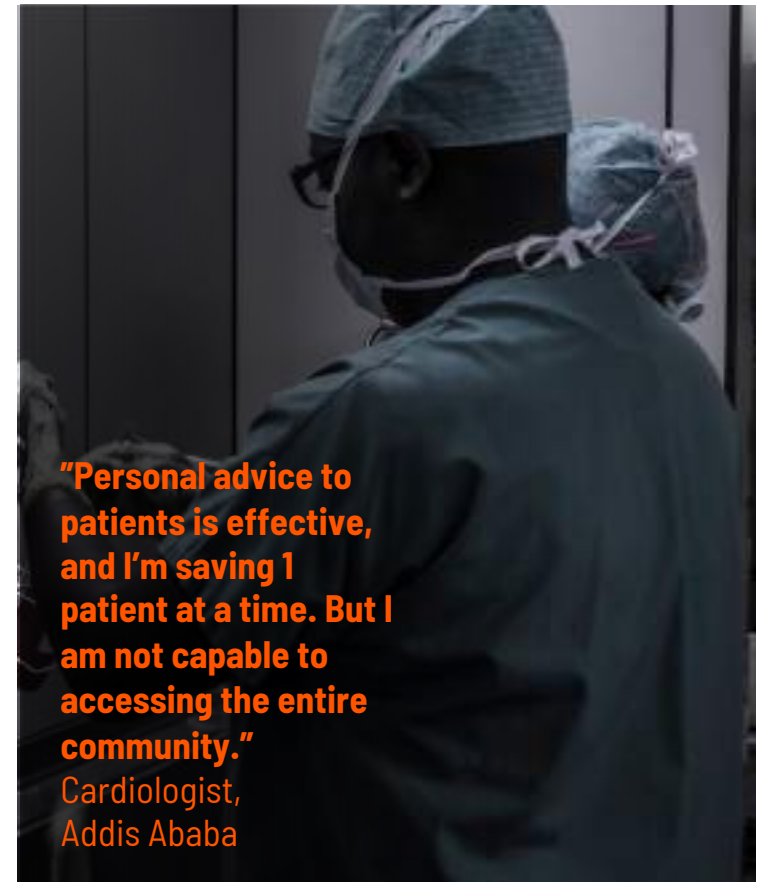
- Long hours lead to exhaustion and inability to further extend themselves to think about emerging issues, participate in other causes, or upgrading knowledge and skill.
- Even HCPs in private sector mention volunteering at public health centres, stretching themselves out of a sense of care and duty to help patients.

LACKING REACH TO WIDER COMMUNITY

HCPs are only able to treat one patient at a time, and without access to population if they do not come to them as patients.

INABILITY TO CHANGE STRUCTURAL ROOT CAUSES

Some HCPs feel that recommended solutions they provide are futile, as patients are unable to easily adopt them e.g. move home away from polluted area, change drinking water source, stop using coal for cooking



"Personal advice to patients is effective, and I'm saving 1 patient at a time. But I am not capable to accessing the entire community."

Cardiologist,
Addis Ababa

A resultant mix of helplessness today and hope for the future. HCPs see government-led initiatives as the solution and pin their hopes on strong leadership from the top

Ultimately, HCPs feel stuck in a healthcare Sisyphean cycle of never-ending battle of health issues and illnesses.

The government is seen as the key, who can solve the root issues in the healthcare system and structural problems in society.

GOVERNMENT AS LINCHPIN CONNECTING ALL SECTORS

- Health issues are often interlinked with causes rooted in other sectors, such as industry, education, and environment.
- As the highest authority in the nation, the government is the key actor to connect and mobilise all sectors, to:
 - Work towards a common goal
 - Contribute within their respective domains

CULTURAL OBEDIENCE TO GOVERNMENT

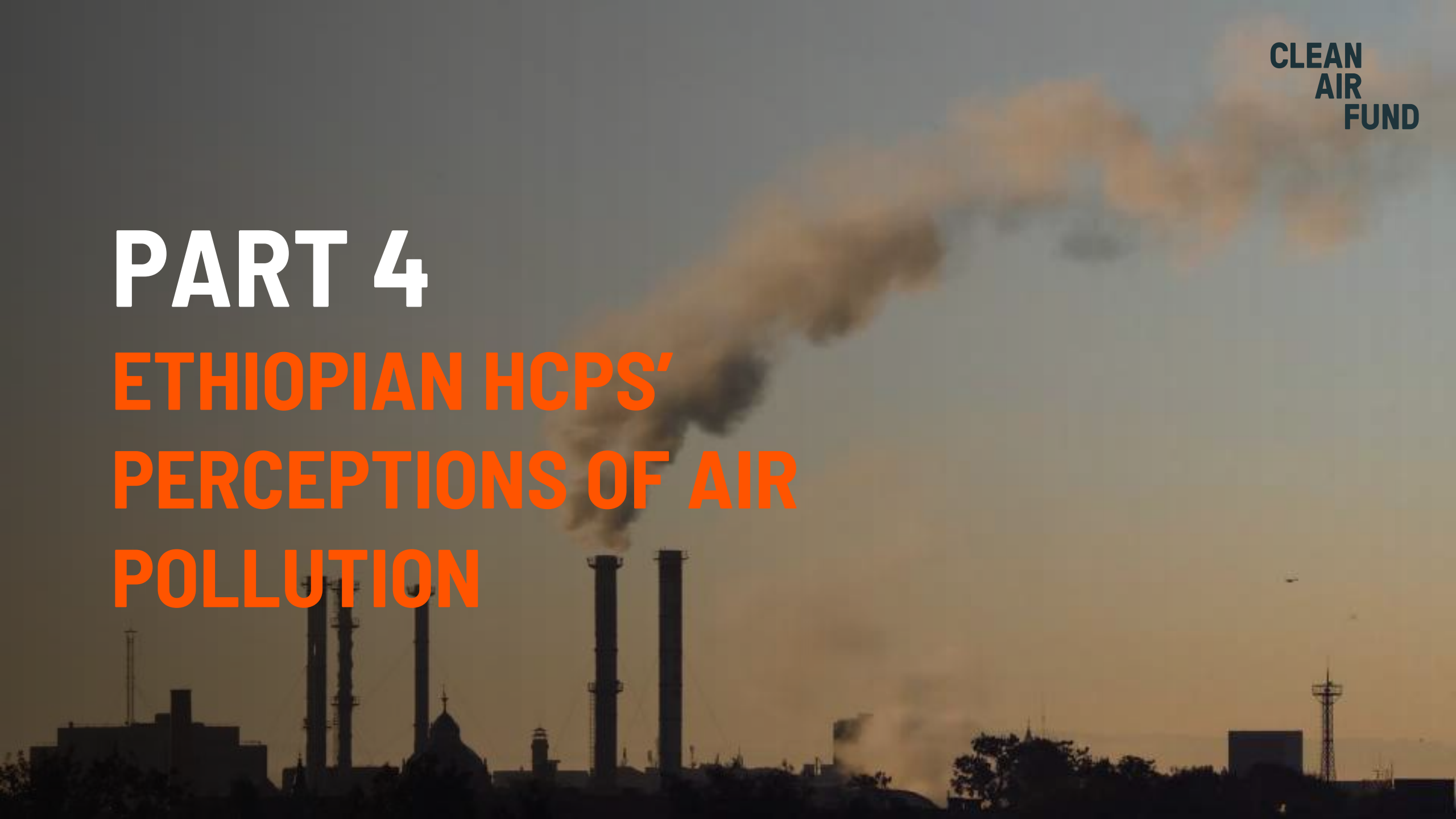
- Official government mandates through policies and campaigns tend to be embraced by professionals and the public
- Power of government to enforce compliance, proven to work in other health crises e.g. Covid-19, HIV
- Government involvement and support also generates high visibility necessary to create awareness and compel action

“During coronavirus, some people were unwilling to comply with wearing masks even though there was notice to wear them. But the government took action. It was a command from the Prime Minister and President. Those who didn’t were fined. It became adopted effectively, as people are more receptive to government command than other means”

GP, Addis Ababa

PART 4

ETHIOPIAN HCPS' PERCEPTIONS OF AIR POLLUTION





ETHIOPIAN PERCEPTIONS OF AIR POLLUTION AT A GLANCE

CLEAN
AIR
FUND

HCPs recognise air pollution as an emerging issue in Ethiopia

HCPs note that increasing industrialisation and urbanisation have correlated to a rise in respiratory and air pollution related illnesses.

However, it is not considered an urgent public health priority.

They main reasons they deprioritise it are:

Lack of localised and current scientific evidence

HCPs can outline the common causes of AP, but struggle to articulate how it impacts health beyond general linkage to respiratory health. Dated teaching and a lack of local knowledge lowers their confidence in talking about it.

More threatening issues compete for attention and resources

Prioritising AP today is seen as misguided and naïve when more pressing health issues have yet to be solved – it is described as “luxury talk” when there are other serious systemic health issues to solve.

Absence of air pollution in institutional agenda

HCPs are guided by what the authorities say and they have not seen either the government, NGOs, medical community or local media talking about the need to solve air pollution.

A nascent issue and future problem

There is a sense of complacency that air pollution in Ethiopia is still in its early stages, thus efforts to stem AP can wait.

Results in a **LOW** sense of issue motivation.

51% have taken no action

35% have advised patients

13% have influenced the policies of where they work

11% have shared knowledge or research

PERCEPTIONS OF AIR POLLUTION: ETHIOPIA

HCPs recognise AP as an emerging issue in Ethiopia, as they have personally witnessed the rise of its causes and effects

Air pollution is seen as a new and emerging issue that has increased in recent years, a side effect of the country's development.

BLAMED ON INDUSTRIAL DEVELOPMENT AND URBANISATION...

The new culprits of AP include:

- i. Factory emissions causing pollution of water, land (soil), and air
- ii. Vehicular exhaust, especially from more ubiquitous older car models
- iii. Rapid deforestation for urban and industrial use, removing the key regulator of air quality: plants

Indoor AP from cultural lifestyle practices continue to be key causes of AP, such as:

- iv. Cooking with biofuel in poorly ventilated homes
- v. Burning non-biodegradable garbage

...CORRESPONDING WITH THE RISE OF AP-RELATED HEALTH ISSUES

All HCPs observe a rise in **respiratory health issues** that they correlate with the spike of AP causes. These include lung infection, asthma, pneumonia, etc

Some HCPs link other health issues to AP, including:

- **Cardiovascular issues** e.g. COCD, heart failure, stroke – some doctors
- **Cancer** e.g. lung cancer
- **Kidney** failure and other related issues
- **Weakened infant health and immunity**, due to early age exposure to AP that impairs the healthy development of their vital organs

57% of HCPs have personally seen significant health related consequences as a result of air pollution **on their patients health.**

Of these, 71% are Respiratory specialists and 68% are Cards

The urban poor are viewed as most vulnerable to AP, although the issue exists across the country

Based on personal observations and logical conclusions from interactions with patients and local communities, HCPs have identified several demographics as most affected by AP:

URBAN RESIDENTS

Living in areas with poorer air quality due to

- high vehicular density compounded by hours on the road due to traffic congestion
- Nearby factories emitting pollutants

LOWER INCOME

The following issues are prevalent amongst the urban and rural poor:

- Living in poorly ventilated homes (e.g. no windows), and only able to afford biofuel for cooking (instead of electric stoves)
- Burning garbage, a necessary evil due to poor waste management, which can lead to infections and diseases. Most also lack of education about the harmful effects of burning garbage.

MOTHERS AND CHILDREN

High exposure to indoor AP due to high amount of time spent at home.

"A child's lungs grow significantly in the first 2 years after they are born, and you can see the effect on their lungs if child is birthed in a place with air pollution. They can become undernourished, have other complications such as susceptibility to allergies, hypertension, asthma, even brain development issues and cancer."

Pediatrician, Addis Ababa

"AP is dire in some places. People living around factories, they are susceptible to lung cancer because of the daily inhalation of smoke. I have encountered people like that."

Community Healthcare Worker, Addis Ababa

However, in the context of many other health challenges it is rarely a top-of-mind consideration for HCPs

Only **8%** Ethiopian HCPs stated air pollution as one of their 3 most **top-of-mind urgent health issues** (unprompted)

Most frequently mentioned top-of-mind issues include:

- Availability of quality health (22%)
- Covid-19 (22%)
- Physical health issues (19%)
- Poverty / social deprivation (16%)

And **51%** Ethiopian HCPs have **not yet taken any action** to tackle air pollution or improve air quality.

"In Addis Ababa where we can still breathe easily, there is no urgency to address it. Although we should deal with it now, and not wait till there are problems."

Pharmacist, Addis Ababa

28% describe themselves as actively involved in campaigns to help, but **73%** are either currently inactive, or believe that other issues are more important.

However, understanding of the issue is generic and outdated for most HCPs, with only some doctors having deeper knowledge

The most common reasons why the Ethiopian HCP community deprioritises air pollution are:

**LACK OF LOCALISED
AND CURRENT
SCIENTIFIC EVIDENCE**

Low confidence
to address AP

**ABSENCE OF AP
IN INSTITUTIONAL
AGENDA**

Nonchalance
reinforced by
authorities

**MORE THREATENING
ISSUES COMPETING
FOR ATTENTION AND
RESOURCES**

Compelled
to deprioritise
AP

**A NASCENT ISSUE
AND FUTURE
PROBLEM**

Complacency
towards AP's
severity

“The air pollution issue is lagging behind [in priority] because it is not researched or understood. So people [and HCPs] do not feel the need to address it. We need research and to take findings to policy makers for their action.”

Nurse, Addis Ababa

PERCEPTIONS OF AIR POLLUTION: ETHIOPIA

LACK OF LOCALISED AND CURRENT SCIENTIFIC EVIDENCE

Only **31%** HCPs would be confident explaining **all** of air pollution's effects to patients and peers

51% would feel confident explaining some effects.

HCPs can outline the common causes of AP, but struggle to articulate how AP specifically impacts health beyond general linkage to respiratory health.

A resultant lack of confidence to address the issue, even amongst those who have observed AP-linked health effects in patients

The reality of AP knowledge today is as follows:

DEARTH OF LOCALISED RESEARCH

Most evidence of AP are based on research in the West or African continent. This leads to uncertainty as to the specific challenges and criticality of AP in Ethiopia

"We need to first have a basic understanding of the problems, even for professionals like us." Cardiologist, Addis Ababa

HCPs are also unable to conclusively prove causation, not just correlation of the sources of AP and observed health effects

"There is a rise of respiratory issues, but AP is just one cause..." Nurse, Addis Ababa

DATED KNOWLEDGE FROM SCHOOL

HCP's AP knowledge is mostly derived from when they were in school, which is theoretical and dated

"Textbooks are the main thing I remember relating to air pollution."

Paediatrician, Addis Ababa

PERCEPTIONS OF AIR POLLUTION: ETHIOPIA

ABSENCE OF AP IN INSTITUTIONAL AGENDA

HCPs have a nonchalant attitude as AP is not seen as urgent, a belief corroborated by the absence of AP from government, NGO, medical, and media agenda

HCPs take their cue from leading authorities in the country, believing that urgent issues to address are the ones being prioritised by institutions. AP is however absent from trusted authorities and knowledge sources.

ABSENCE FROM GOVERNMENT AGENDA

“There are many discussions about AP at global level, like the Paris Accord. But in Ethiopia our government needs to talk about this more, with concrete plans and action.”
GP, Addis Ababa

LACK OF NGO FOCUS

“I do not recall any campaigns on AP. No NGOs approach HCPs either to address AP. If there are, there are very little.”
Paediatrician, Addis Ababa

NO ACTIVE MEDICAL DISCOURSE

“I remember talking about AP in school with friends, about garbage burning and pollution. That’s it. These days its just in the news, but that’s more on global warming, ozone layer...”
Pharmacist, Addis Ababa

LACK OF REPORTS ABOUT AP IN ETHIOPIA

HCPs recall little or no mention of AP in Ethiopia, in key information sources such as media, medical journals, institutional reports

“Mostly we get western news about AP. There is no data on AP and its consequences in Ethiopia.”
Paediatrician, Addis Ababa

PERCEPTIONS OF AIR POLLUTION: ETHIOPIA

MORE THREATENING ISSUES COMPETING FOR ATTENTION & RESOURCES

Prioritising air pollution today is seen as misguided and naïve when more pressing health issues have yet to be solved

Ethiopia has a range of more critical issues that need to be addressed

- **Structural root causes** that impact myriad other issues, such as poverty, malnutrition, education
- **Health issues** that are life threatening or seriously impact patients' quality of life, such as communicable and non-communicable diseases, child and mother mortality.
- **Water Pollution and Climate Change** garnering more attention due to perceived higher criticality than air pollution

Even amongst the few HCPs who feel AP should be addressed today to prevent escalation and exacerbation of its effects in future, they are **forced to deprioritise AP** due to **limited healthcare resources and capacity**, which need to be channelled to the most critical issues today



"While I think AP should be given the same urgency to address as other issues, it is not a priority for most people. they might even think AP talk is luxury talk, as there are other things like malnutrition, diarrhoea, pneumonia that are more important. Yet you want to talk about AP when those are unsolved? No."

Community Healthcare Worker, Addis Ababa

PERCEPTIONS OF AIR POLLUTION: ETHIOPIA

A NASCENT ISSUE AND FUTURE PROBLEM

There is a sense of complacency that AP in Ethiopia is still in its early stages, thus efforts to stem AP can wait

Most HCP's imagination of AP is benchmarked to countries whose AP issue is more severe and well documented, such as China.

Urgency is thus catalysed only when severe AP signs are tangibly experienced e.g. heavy smog clouding visibility or difficulty breathing.

However, such **severe conditions are absent in Ethiopia**, reassuring HCPs that AP is not yet serious.

Furthermore, Ethiopia seen to be in early stages of economic development journey. HCPs are comforted by this, believing

- The issue to be more pressing in more developed and industrialised countries in Africa (Nigeria, South Africa) and Europe
- That it will be years before serious negative effects of AP will surface in Ethiopia



"Our country has not grown to a point where we need to be concerned with AP. AP has not reached the drastic stage like in other countries."

Cardiologist, Addis Ababa

"In Africa, I feel South Africa and Nigeria suffer from AP more, due to higher industrial and vehicular output. In Ethiopia, we have some time to modify and correct things."

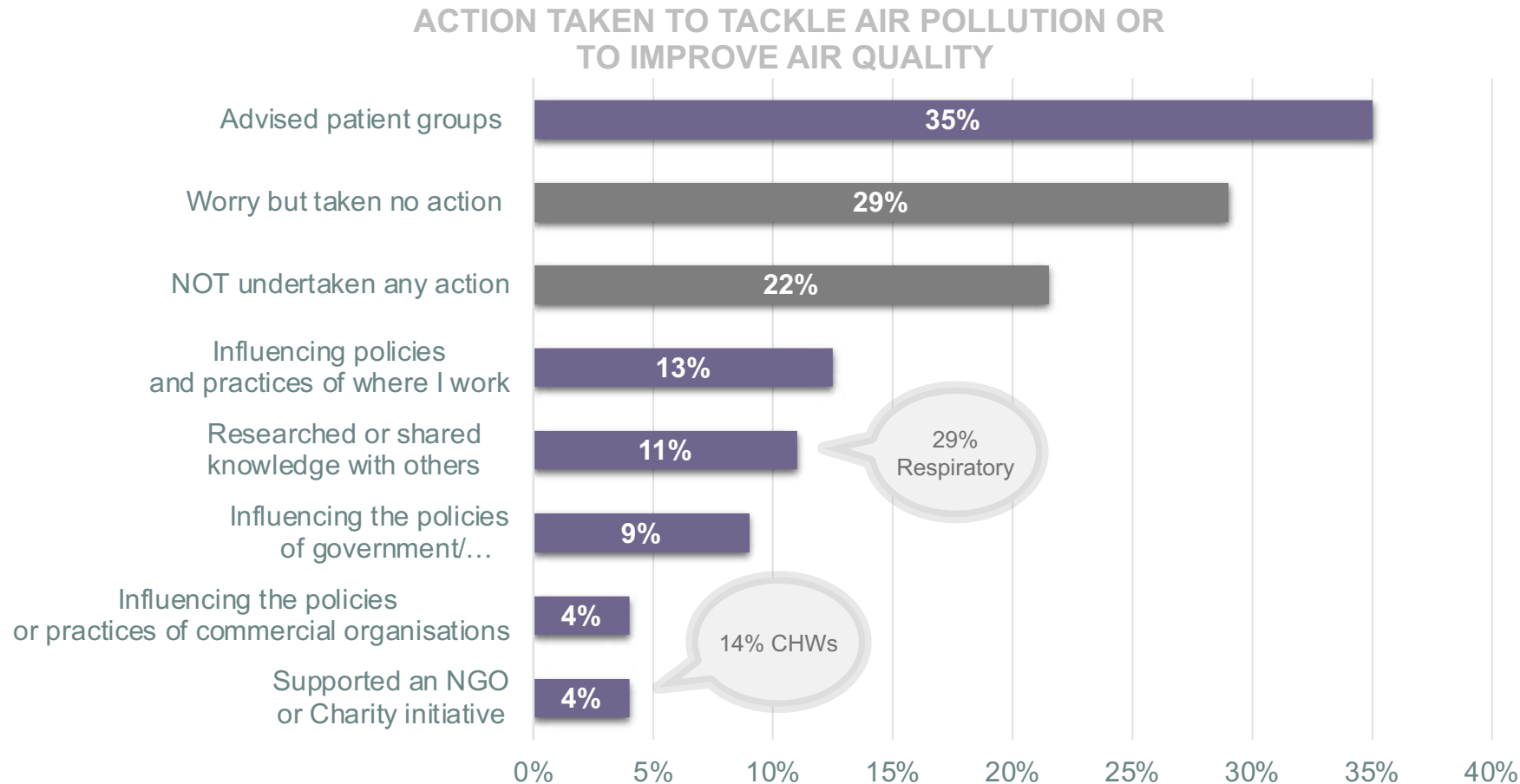
GP, Addis Ababa

“In the future we are going to see the effects of air pollution. But right now, other things need to be prioritised. 40% of children are malnourished, no access to water, electricity. When I think about those things, they are more concerning.”

Paediatrician, Addis Ababa

PERCEPTIONS OF AIR POLLUTION: ETHIOPIA

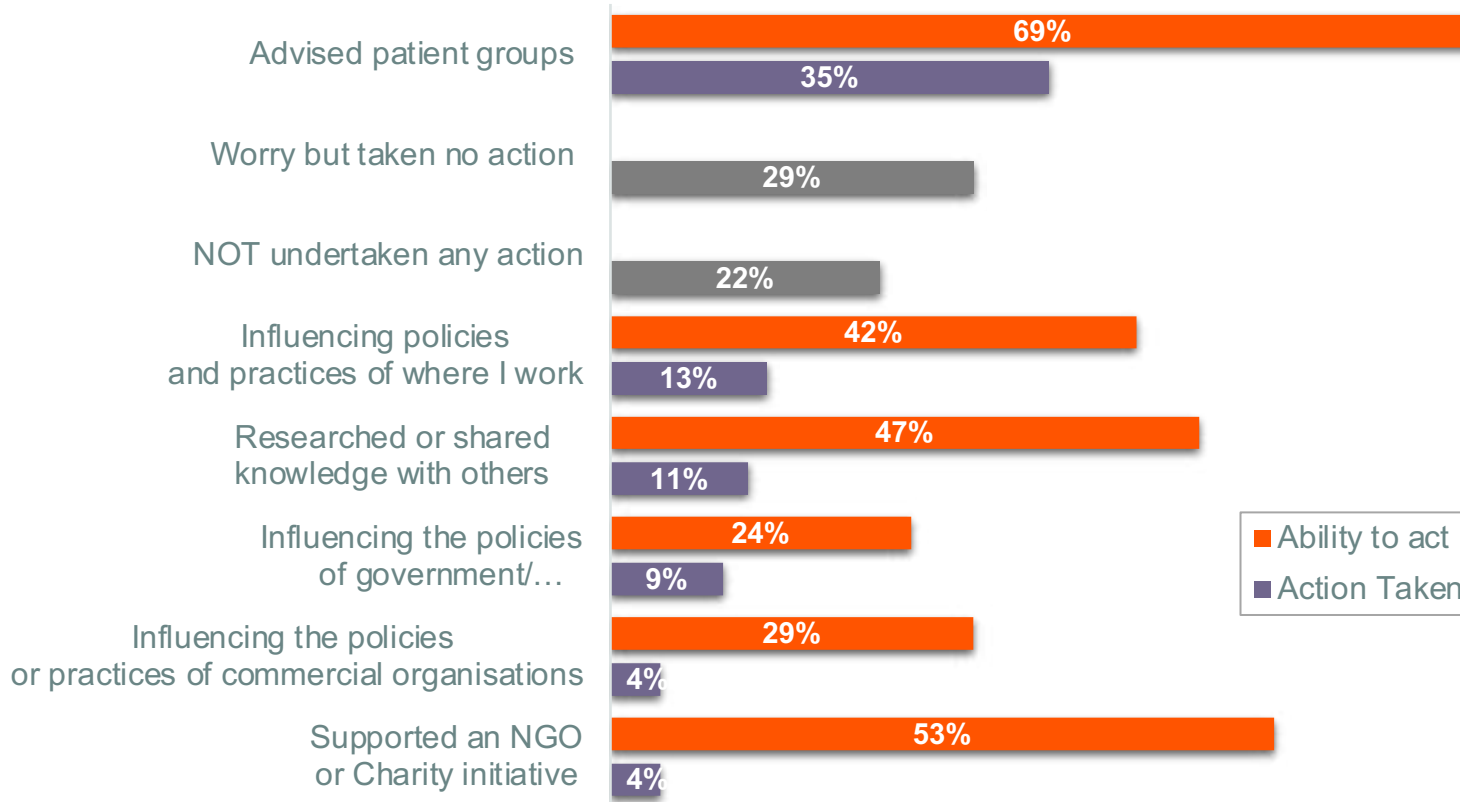
So far, less than half of HCPs have taken action on air quality, with most action focused on advising patients



PERCEPTIONS OF AIR POLLUTION: ETHIOPIA

Many HCPs feel empowered to influence on air pollution, but this does not currently translate proportionately into action

ABILITY TO ACT ON AIR POLLUTION VS ACTION TAKEN



There is a disparity between HCP's perceived ability to act and what they do in practice, which suggests significant untapped potential within the HCP population.

Top stated factors that make roles difficult:

- **Not enough evidence of the effects of air pollution** (advising patients & sharing knowledge)
- **Other issues get more status and recognition** (Working for/volunteering with a Charity, NGO or campaign & Influencing the policies of government or regulatory organisations)
- **Unclear how I could make a difference** (Influencing commercial organizations)
- **Don't have the authority or ability to influence** (Influencing the policies of government, regulatory and commercial organisations)
- **Bureaucracy would stop me making any difference** (Influencing the policies of government, regulatory and commercial organisations & polices and practices of where I work)
- **Air pollution isn't covered in official guidelines & protocols**

PERCEPTIONS OF AIR POLLUTION: ETHIOPIA

HCPs will only champion and act with evidence-based understanding and solutions endorsed by leading authorities

Ownership on the AP issue is generally low.

There is an unanimous echo from all HCP types that fundamental research on the issue is the necessary first step to **understand the issue locally, and give HCPs confidence to talk about and advocate the issue.**

These conclusive science-based findings based on is a tool to then raise awareness, arouse concern, and lobby for action

- Amongst authority figures and institutions
- Amongst HCPs
- Amongst the public

Only after these are achieved can solutions can be created and the necessary action taken, which HCPs feel

- Must be based on scientific findings and logic
- Must be endorsed by authorities, such as through policies and official guidelines

"It needs more extensive research to back it up, so we can create talking points, create campaigns, do outreach."

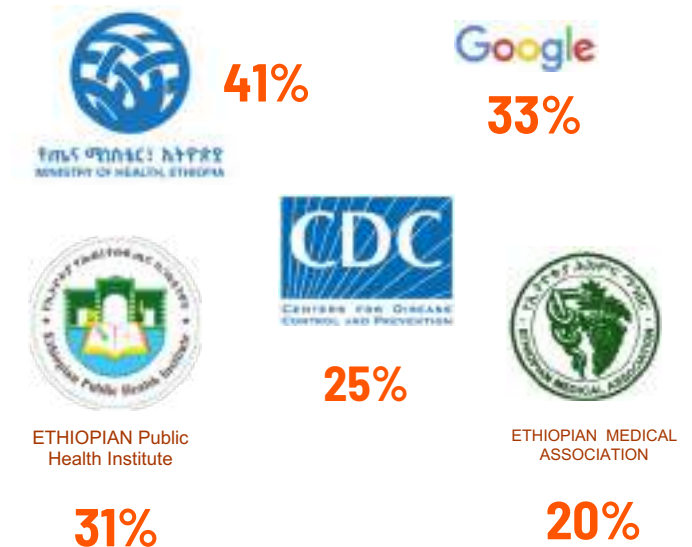
Pharmacist, Addis Ababa

"The HIV issue was handled well. It communicated and explained the urgency of HIV and its impact on people, using research-based evidence to build a case to address it. And in the end they received institutional and government support. "

Nurse, Addis Ababa

POPULAR & TRUSTED INFORMATION SOURCES

That HCPs believe have presented convincing articles about the effect of air pollution.



Action today is via participation in campaigns as regular citizens, or advice to patients on eliminating indoor AP within the home

HCP rise to the occasion to participate in campaigns and drives to improve society, be it health, environment, or helping vulnerable groups.

They also volunteer in their capacity as HCPs when there are specific roles that require HCP training, and which are within their skill sets or domain of specialization, such as conducting basic health screening or education volunteers on healthcare talking points and protocols with the public.

Beyond participation in these occasional campaigns, the action taken is only via individual recommendations to reduce AP exposure, if AP causes are identified in patients' environment.

HCPs do not initiate any other action on their own, nor do they actively seek information and knowledge on AP in their own time.

"I remember the car free day in Addis Ababa in certain parts of the city. It was supported by the Ministry of Health, to encourage people to exercise more instead of driving all the time... to reduce to amount of traffic and air pollution. It was done on Sundays and it was good, people participated! Many HCPs went to screen the situation, measure blood sugar levels. There was an invitation by the Health Minister to ask us if we wanted to participate in this campaign, and we prepared our own kits to do the tests. It wasn't forced, my friends and I volunteered. Overall positive response."

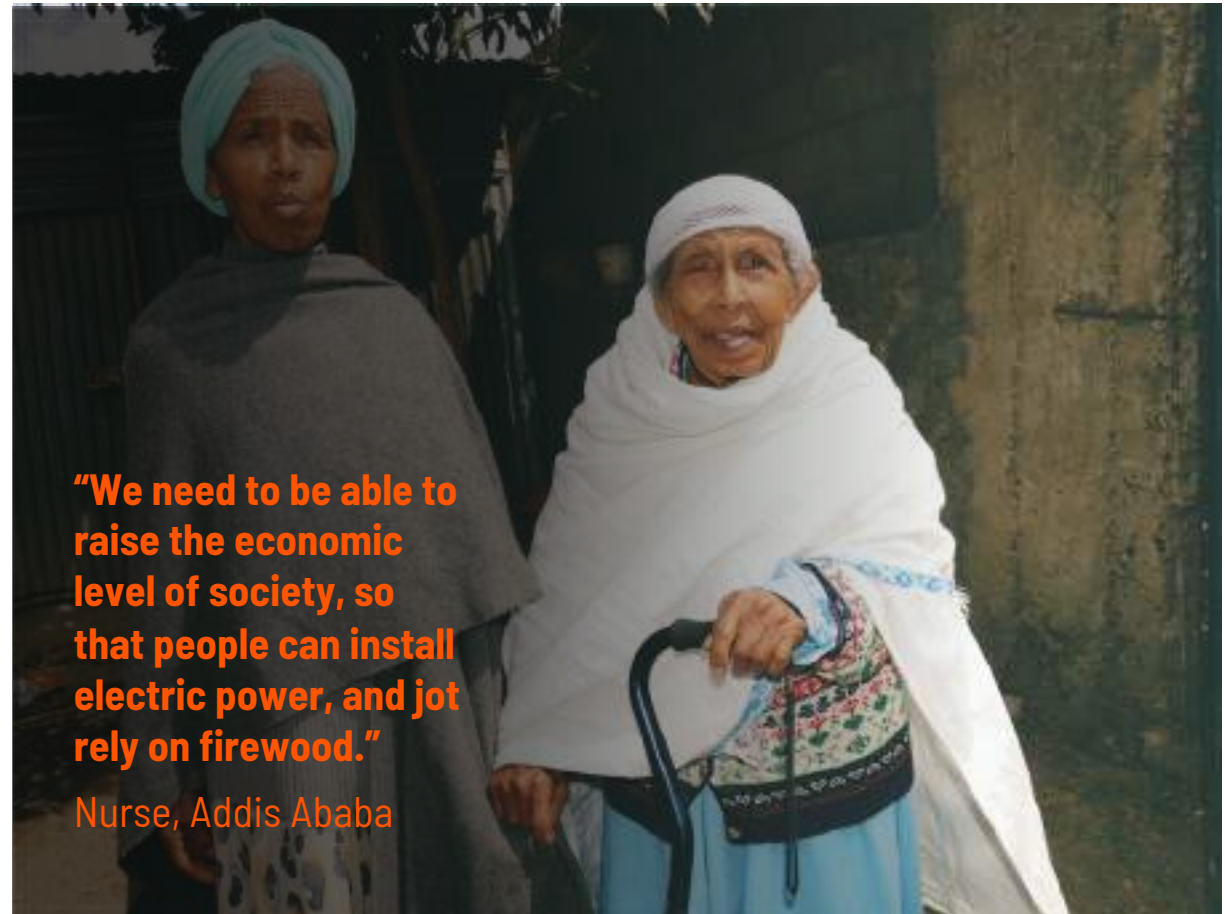
Pharmacist, Addis Ababa

Patients are largely unable to implement the current solutions against AP. Recommending these is seen by HCPs as futile.

The solutions against AP that HCPs know of are centered around removing patients from harmful environmental conditions.

However, most of these are impractical for patients:

- Too expensive e.g. electric stoves not affordable vs coal for cooking
- Unrealistic e.g. patients have to commute to work and there are no alternative means of traveling to work that reduces outdoor exposure to AP
- Not within control e.g. factory emissions cannot be solved at an individual level



"We need to be able to raise the economic level of society, so that people can install electric power, and not rely on firewood."

Nurse, Addis Ababa

As a primarily environmental and industry issue, action needs to be owned by professionals in these sectors, spearheaded by the government

AP is a complex and multi-faceted issue involving and affecting many sectors of the country, but is fundamentally an industrial and environmental one.

HCPs feel that they are merely dealing with the after effects of AP. Solutions need to be focused on addressing the root causes, which is beyond the purview and expertise of HCPs.

The government is looked to as the key actor that should and can drive action on AP, to

- Take ownership and leadership on the issue
- To bring together multiple sectors and cascade tasks for each to solve, within the remit of their expertise and influence

HCPs see their role in the AP issue as

- Conducting research on the effects and impact on health
- Spreading awareness and education at individual level with patients, or in campaigns

“The individual and individual organisations cannot address issues. The government must address it. We need consolidated mobilisation led by the government then we can all work together to contribute [in our own way].

Pharmacist, Addis Ababa

“In this country, the health minister and federal government need to champion the issue, raise awareness, declare the impact, implement the solutions. If the higher authorities are talking about it there has not been any actionable plan passed down to the bottom. HCPs like us are not doing anything as it has not been cascaded down to us”

Pharmacist, Addis Ababa

PART 5

SUMMARY OF MOTIVATORS AND BARRIERS TO HCP ACTION ON AIR POLLUTION

SUMMARY OF HCP MOTIVATORS AND BARRIERS TO ACTION ON AIR POLLUTION

Our engagements across our five countries have revealed several common motivators and barriers to acting on air pollution:

BARRIERS

Competing stressors

"My headspace is occupied with higher priority issues."
"I'm too junior to make an impact."

Maintaining their standing

"Getting action wrong could hurt my reputation."
"It's not in my official training, guidelines or duties."

Overcoming helplessness

"It's a fight to get individuals to care."
"There is nothing that my patients can do."
"The government won't listen or act."

(Mis)understanding the problem

"This is a problem for other experts."
"There isn't enough evidence of the health impacts."

Lack of inspiration on action they could take

"It's unclear what kind of action I could take / role I could play"
"There is no high status leadership on the issue."

MOTIVATORS

Giving something tangible

"I want action to enhance the lives of my patients / community in a meaningful and tangible way"

Feeling part of something

"I want to work with and contribute towards my community."

Living out core HCP values and identity

"I want my action to help fulfil my duties as a health professional."
"I want to make good use of my unique skills"

Gaining recognition

"I want my action to be rewarded with high status recognition"

THANK YOU

APPENDIX

SAMPLE & METHODOLOGY

QUAL 1hr in-depth interviews	
HCP Specialism	No. Ethiopia
Generalist (GPs or Family Practice doctors)	3
Specialists: Lung / Respiratory	2
Specialists: Paediatricians	2
Specialists: Cardiologists	2
Community health workers	2
Nurses	2
Midwives	1
Pharmacists	2
Total	16

QUANT 15 minute survey	
HCP Specialism	No. Ethiopia
Generalist (GPs or Family Practice doctors)	40
Specialists: Lung / Respiratory	24
Specialists: Paediatricians	25
Specialists: Cardiologists	22
Nurses	25
Midwives or Post-Natal Health visitors	10
Community health workers	29
Pharmacists	25
Total	200