E-Poster

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The State of PM&R in Ethiopia

Topic: Infrastructure and Resources

Karam Hamada[1], Tesfaye Berhe[2], Sena Dhugassa[3], Tariku Tadesse[4], Niña Carmela R. Tamayo[5], Jina Libby[6]

[1]*Philippine American Physiatrist Association (PAPA), Las Vegas, NV, United States*
[2]*St. Paul's Hospital Millennium Medical College (SPHMMC), Addis Ababa, Ethiopia*
[3]*Vice Provost, St. Paul's Hospital Millennium Medical College (SPHMMC), Addis Ababa, Ethiopia*
[4]*Ethiopian Prosthetic and Orthotic Service (EPOS), Addis Ababa, Ethiopia*
[5]*Cleveland Clinic Edwin Shaw Rehabilitation Hospital, Philippine American Physiatrist Association (PAPA), Copley, OH/Tacoma, WA, United States*
[6]*Penn State Health Department of Physical Medicine and Rehabilitation, State College, PA, United States*

BACKGROUND

The World Health Organization (WHO) estimates that about 17.6% of Ethiopians live with some form of disability. For these individuals residing in both rural and urban settings, there is an ever growing need to maximize functional independence and limit physical morbidity. Our aim is to showcase the many innovative and community-oriented ways that physiatrists currently deliver rehabilitation care as well as highlight the steps being taken to develop the future of PM&R in Ethiopia.

METHODS

This descriptive design synthesizes existing literature spanning PubMed, Google Scholar and ResearchGate regarding the current state of rehabilitation care in Ethiopia. Articles were screened for relevance and full-text articles were reviewed for inclusion. In addition, a series of interviews were conducted in-person and virtually with some of the local leaders currently spearheading rehabilitation care.

RESULTS

Our research revealed that there are currently no formal physiatry services established in Ethiopia, but instead a number of fragmented rehabilitation services scattered throughout the country. Rehabilitation care is currently provided through partnerships between the Ethiopian Ministry of Health, local universities and private non-governmental organizations. In 2018, the first physiatry fellowship program was established at St. Paul's Hospital Millennium Medical College (SPHMMC) in collaboration with the International Rehab Forum. There are currently four qualified physiatrists and two in training spanning all of Ethiopia. The rehabilitation workforce currently includes: 16 doctors of physical therapy, ~1000 physiotherapists, 25-30 speech therapists, three occupational therapists, and 20 orthosis and prosthesis specialists. The few trained physiatrists within Ethiopia work to incorporate their training not only into their respective clinical institutions, but also into the creation of new facilities such as the Ethiopian Prosthetic and Orthotic Service (EPOS). Future directions at this time are focused on building the country's first ever inpatient rehabilitation unit and a network of satellite sites to best uplift Ethiopians living with disabilities.

CONCLUSION

In Ethiopia, there is a rapid increase in the demand for sustainable rehabilitation care. Current objectives are to increase the number of trained physiatrists and develop the country's first ever inpatient rehabilitation unit. The goal is to locally supply the durable medical equipment needed for individuals with disabilities.

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Corresponding Author:
Karam Hamada
Philippine American Physiatrist Association (PAPA), Las Vegas, NV, United States
Email: karammhamada@gmail.com