

Ethiopian Emergency Medical Services: Bridging up the Gaps in Pre-hospital Services

Woldesenbet Waganew^{1*}

Emergency medical services (EMS) delivered to patients requiring resuscitation, stabilization, or preventive care prior to their transfer to a healthcare facility are known as pre-hospital care ⁽¹⁾. In Ethiopia, insufficient pre-hospital emergency services significantly impact the healthcare system, contributing to the country's elevated rates of morbidity and mortality from preventable conditions. Communities with limited access to healthcare facilities are particularly impacted by the absence of a structured pre-hospital care system. This delay in receiving essential pre-hospital services exacerbates health disparities and contributes to unfavorable health outcomes ^(2, 3).

Ethiopia's public health has been severely affected by the lack of pre-hospital care. The undesirable outcomes of acute illness and injuries, such as death, impairments, and high healthcare costs, are caused by both the severity of the initial illness or injury and the delay in receiving pre-hospital care ⁽²⁾. Particularly vulnerable groups, such as women, children, and older people, suffer disproportionately as a result of extra variables impeding their prompt access. Enhancements in this field are critically needed since they could lead to a considerable reduction in the mortality and disability associated with trauma and other acute medical conditions ^(1, 3).

A comprehensive pre-hospital care framework must be established to enhance health outcomes in the Ethiopian health care system. In order to do this, funds must be allocated for emergency medical technician training, a pre-hospital care system must be established, and national EMS guidelines and protocols must be developed to standardize care ^(2, 3). Creating a dependable emergency communication system and raising community knowledge of available services can also help to speed up response times ⁽²⁾. Building sustainable pre-hospital care systems requires improving logistical and other necessary resources, which can be achieved through cooperation and collaborative effects with relevant stakeholders, including governmental, non-governmental, and international organizations ⁽²⁻⁵⁾.

Citation: Woldesenbet Waganew. *Ethiopian Emergency Medical Services: Bridging up the Gaps in Pre-hospital Services*: PAJEC.2024; 2(2): page 1 – 2.

Key words: pre-hospital care, emergency medical services, pre-facility medical care, Ethiopia.

1. St. Paul's hospital millennium medical college

Correspondence: Woldesenbet Waganew

Email: woldegeessam@gmail.com

Received: September 12, 2024

Accepted: September 13, 2024

Published: October 10, 2024

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Therefore, quick action is needed to overcome Ethiopia's pre-hospital shortcomings, underscoring the significance of an integrated and closely watched strategy. Ethiopia's health results and economic growth could suffer significantly if these gaps are not addressed.

Acknowledgment

I would like to express my sincere gratitude to the authors whose works have significantly contributed to the development of this article.

References

- 1) Abebe A, Kebede Z, Demissie DB. Practice of Pre-Hospital Emergency Care and Associated Factors in Addis Ababa, Ethiopia: Facility-Based Cross-Sectional Study Design. *Open Access Emerg Med*. 2023 Sep 6;15:277-287. doi: 10.2147/OAEM.S424814. PMID: 37701880; PMCID: PMC10493197.
- 2) Denu ZA, Osman MY, Bisetegn TA, Biks GA, Gelaye KA. Barriers and opportunities of establishing an integrated pre-hospital emergency response system in North West Ethiopia: a qualitative study. *Inj Prev*. 2022 Aug;28(4):347-352. doi: 10.1136/injuryprev-2021-044487. Epub 2022 Feb 28. PMID: 35228314; PMCID: PMC9340032.
- 3) Sultan, M., Abebe, Y., Tsadik, A.W. et al. Trends and barriers of emergency medical service use in Addis Ababa; Ethiopia. *BMC Emerg Med* 19, 28 (2019). <https://doi.org/10.1186/s12873-019-0242-5>
- 4) Olani AB, Beza L, Sultan M, Bekelcho T, Alemayehu M. Pre-hospital emergency medical service utilization and associated factors among critically ill COVID-19 patients treated at centers in Addis Ababa, Ethiopia. *PLOS Glob Public Health*. 2023 Feb 1;3(2):e0001158. doi:

10.1371/journal.pgph.0001158. PMID: 36962872; PMCID: PMC10021779.

- 5) WHO Emergency care system framework [Internet]. Who.int. World Health Organization; 2018 [cited 2024 Sep 12]. Available from: <https://www.who.int/publications/i/item/who-emergency-care-system-framework>