



Political Economy Analysis

WP1 Ethiopia

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AIM of the PEA

- Disclose the epidemiological, geographical, socio-cultural, economic, political and health system contexts in Ethiopia in which CA wellbeing and in particular mental wellbeing develops/created and recreated; and
- Develop a stakeholder analysis on key stakeholders' power, interests, intentions, and alliances to assess the influence and resources they bring to bear on decision-making relating to CA wellbeing.



Epidemiological Context: The distribution of health problems and the attributed burden of them .

High mortality and morbidity from communicable diseases and maternal and child health conditions (FmoH, 2020).

Mental health problem comprised 11% of the total burden of diseases

- Schizophrenia and depression included in the top ten most burdensome conditions, out-ranking HIV/AIDS (FMOH, 2019).

About 23% of children in Ethiopia have mental health problems (Mental Health Innovation Network, 2015).

One quarter of school adolescents had a poor health related quality of life mainly due poor mental health (Hunduma et al., 2022)

A third of Ethiopian adolescents show symptoms of depression (Demoze et al., 2018; Girma et al., 2021; Tirfeneh and Srahbzu, 2020).

Epidemiological Context

Ever use of Khat is 31.2% among men (EDHS, 2016) and 45.6% of the youth consume alcohol more than six times in a month (FDRE, 2016)

Community health workers report widespread childhood mental health problems (Tilahun et al., 2017).

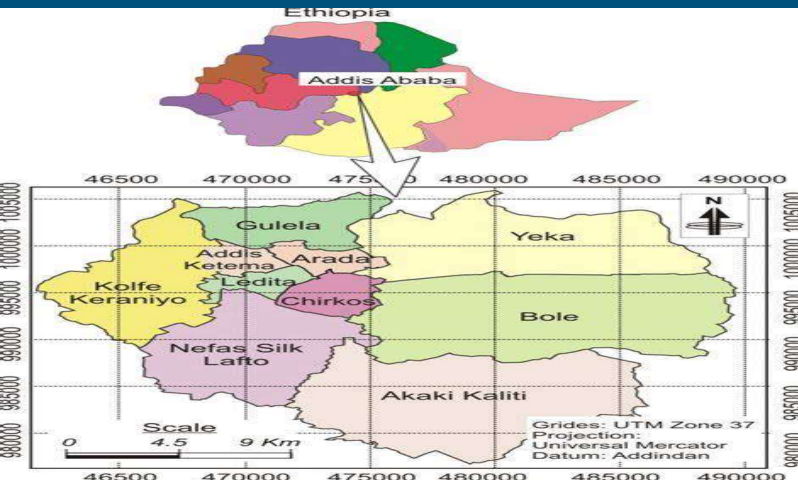
People with mental problems face enormous psychological challenges, disabilities, and reduced life expectancies (FMoH, 2019).

Mental health problem is one of the most stigmatized conditions in Ethiopia.

There is no legislation to protect the rights of people with mental health problems in Ethiopia (WHO, 2014).

- Affected individuals are denied their basic rights including exclusion from education and employment opportunities (FMoH, 2019).

Geographical context



Only 21% of its population live in urban areas in 2019(World Bank, 2019).

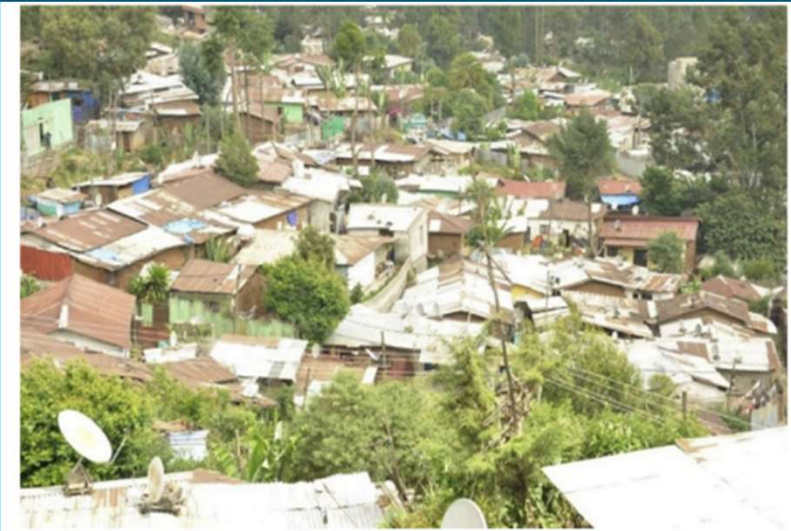
- Fastest urbanizing countries in Africa

More than 4 million people are living in Addis Ababa

Increasing demand for housing and transportations

Most residents live in crowded and substandard housing (World Bank, 2019).

Little time for physical activities and leisure



Geographical context

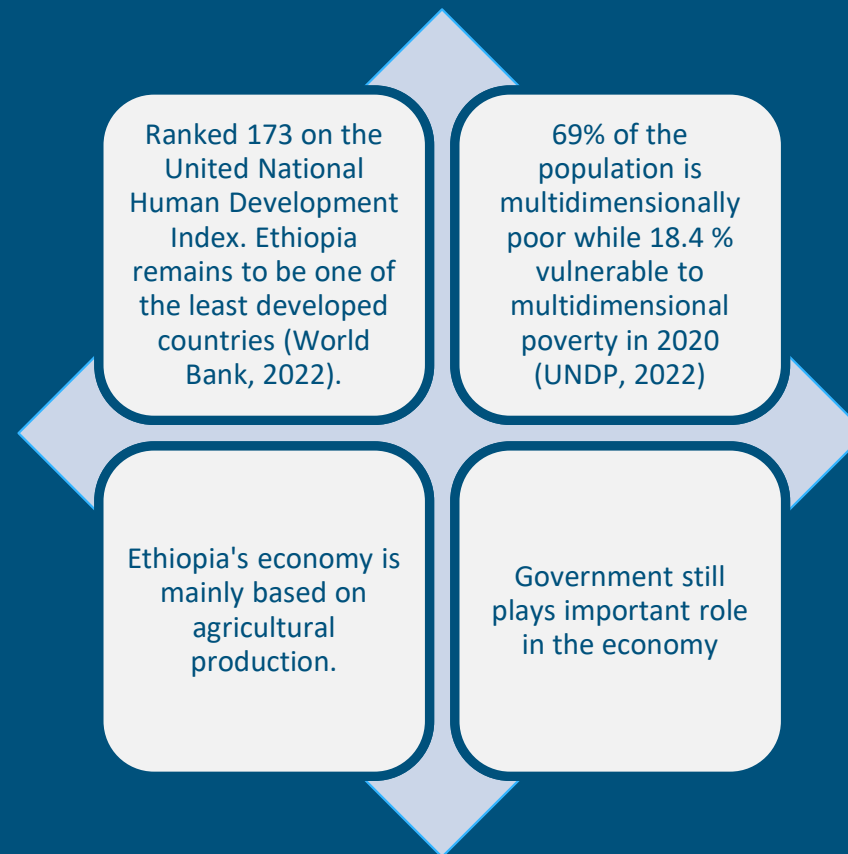


Rural to urban migration is high at about 44.4 % (World Bank, 2019)

Many migrants are forced to live in slums in deteriorating conditions.

Migration could loosen people's strong social networks of friends and family

Economic context



Economic context

For unto everyone that hath shall be given, and he shall have abundance: but from him that hath not shall be taken away even that which he have (Matthew 25:29). Mathew Effect by Merton, 1968



Low economic position leads to social stress, infections disease and lack of quality medical treatment.



Low education status and unemployment are among the strong predictors of mental health problems (Alem et al. 2007; habtamu et al. 2022)



MHP could cause poverty as people with better economic conditions could drift downward to lower economic positions

Cultural Context

Supernatural explanations are pervasive (Abera et al 2015; Nicole & Shyngle 2013; Malvaer, 1995; Jacobson & Merdassa, 1991; Madu & Ohaeri, 1989).

Traditional treatments are more suitable for mental health problems (Abera et al. 2015; Mulatu 1999).

Belief in scientific causes of mental health problems is increasing (Teferra and Shibre (2012)

Parents perceptions have more importance in utilization of mental health services

Children have agency

- Co-existence of beliefs

- Fear of stigma

- Recognized by interventions e.g. malaria (Abamencha et al. 2021)

Cultural context



Traditional values and norms are strictly enforced

- Norms are enforced verbally and physically
- 98.6% of Ethiopia's children had experienced violent punishments (Save the Children 2005).
- Domestic violence is pervasive in Ethiopia, and it has affected children's physical and mental welling (Jones et al 2021; Young Lives, 2019; The African Child Policy Forum and Save the Children Sweden, 2006).
 - Abused children are reluctant to report abuse to formal institutions (Young lives, 2019)
 - Leniency among the criminal justice system to treat reported cases seriously (The African Child Policy Forum and Save the Children Sweden, 2006).

Implication for the mindfulness intervention

- Reaction from parents/family members
- Community support for mental health intervention

Education

- Ethiopia has made remarkable progress in expanding access to education over the past two decades (UNESCO, 2015).
 - Education budget has been increased (World Bank, 2018).
 - 27% of its budget to education in 2017
 - The number of primary schools has been tripled in a decade (FMoE, 2018). Primary students climb from only 3 million to nearly 21 million (MoE, 2018)
 - Closing in on universal primary enrolment.
- Poor infrastructure and low pedagogical quality
- Low salary, poor training and unmotivated teachers
- Pupil to teacher ratio is 34. 6 (Education statistical abstract, 2022)



Education

School's culture and social environment

- Students can be bullied, labeled and abused
- Corporal punishment

Academic environment

- Role conflict
- Less time with family and friends

The physical environment

- Overcrowded and poor physical environment

Social environment

- Family situation
- Unsupportive school environment

Political context: Series of political events

EPRDF came to power in 1991

A national constitution enacted in 1995

Ethiopia is composed of 12 states and two city administrations

Conflict in 2005 following election

Abiy Ahmed came to power in 2018

Civil war and internal displacement in 2020

Imposition on government

Political context

Attracts international organizations and countries due to its strategic location

- Receives significant amount of aids
- Healthcare supported by UN, EU, UK, USA, Canada, Italy, Ireland, Netherlands, Spain

Aid brought success in providing development programs (Balabanova et al. 2013).

- Reduce infant and maternal mortality, increasing life expectancy and reduction of communicable diseases (Østebø et al. 2018).

Aid may come at the expense of sovereignty

- Donors decide on priorities and strategies
- Ethiopian National Mental Health Strategy developed in line with the interest of global actors
- Has context and local community's' voice considered?

Political context



Ethiopian Ministry of Health plays a leading role in mental health leadership and governance

Ensure supply of medicine, securing financial resources and strengthening research and evaluation



Mental health service is governed by

Federal ministry of health at national level

Regional bureaus at regional level



Government lacks commitment

Inadequate mental health promotion services (Yitbarek et al. 2021)

Ethiopian Health Policy and System



Mental health identified as important public health problems in national health policy in 1993.

Aims to tackle MHP

- The development of community-based facilities, health education and capacity development activities (FDRE, 1993).



Mental health is included Health Sector Development Programme (HSDP) as one of the priority areas.



National Mental Health Strategy came out in 2012 and was implemented until 2016.

Strategy helped increase the number of mental health care providers in the country (Ministry of Health, 2019),

Inadequate resources and limited information among health professionals have been major challenges (Desalegn, 2016; Getinet, 2016; Kahsay, 2015; Selamu 2019).

Ethiopian Health Policy and System

- Ethiopian National Mental Health Strategic Plan

The Ethiopian Ministry of Health has led and coordinated the development of the second national mental health strategic plan (2020-2025).

WHO Global Comprehensive Mental Health Action Plan 2013-2020,

The Sustainable Development Goals (SDGs)

UN Convention on the Right of People with Disability (Ministry of Health, 2020).



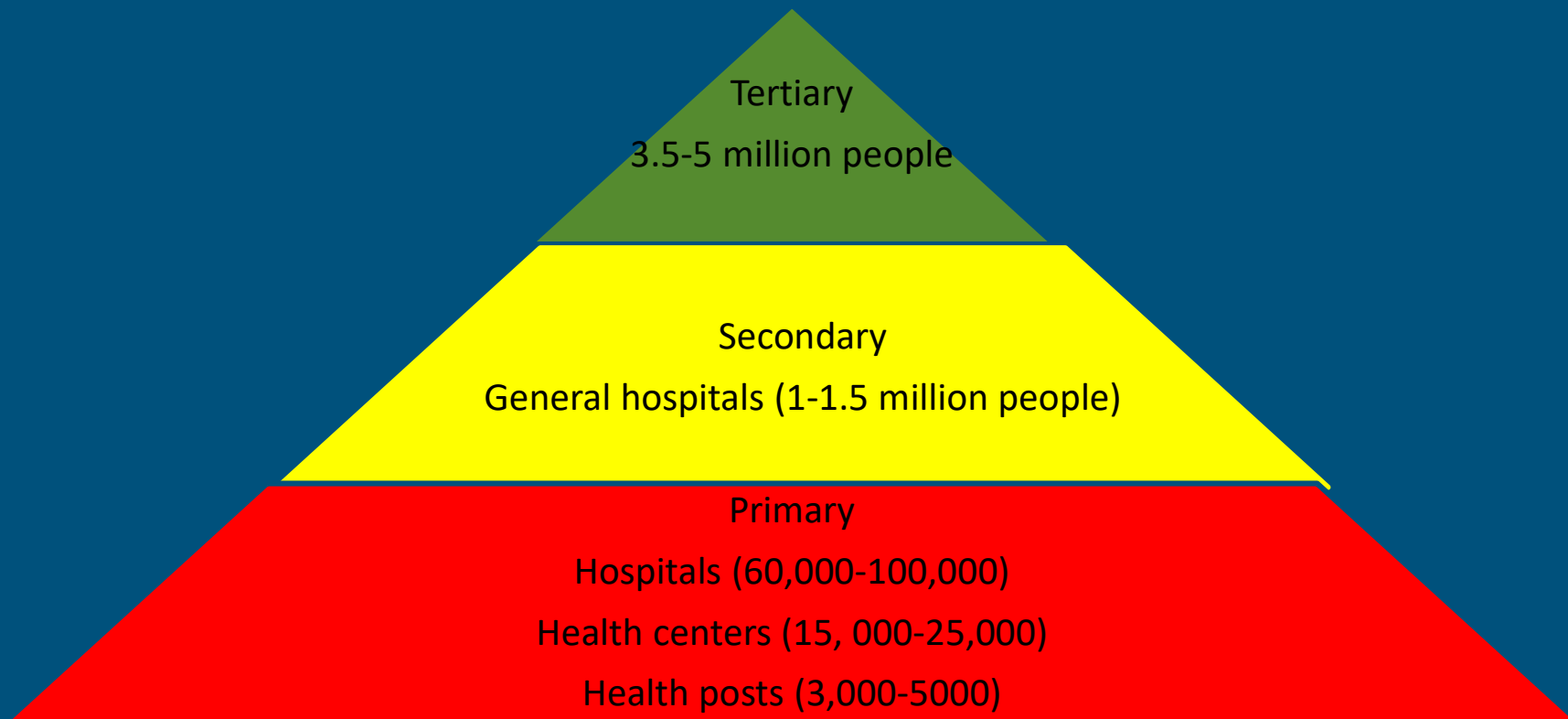
The strategy aims at addressing child and adolescent mental health through school-based programs.

Ethiopian Health Policy and System

Other relevant Policy documents

- National Adolescence and Youth Health Strategy
 - National School Health and Nutrition Strategy
 - School Health Program Framework
 - National child policy
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Ethiopian Health Policy and System



Ethiopian Health Policy and System



A dearth of health facilities



One dedicated psychiatric government hospital in Ethiopia with 268 beds



Estimated 25% of Ethiopia's hospitals provide mental health services at the outpatient level

11 in Addis Ababa and 100 regional hospitals (primary, secondary and tertiary care hospitals)



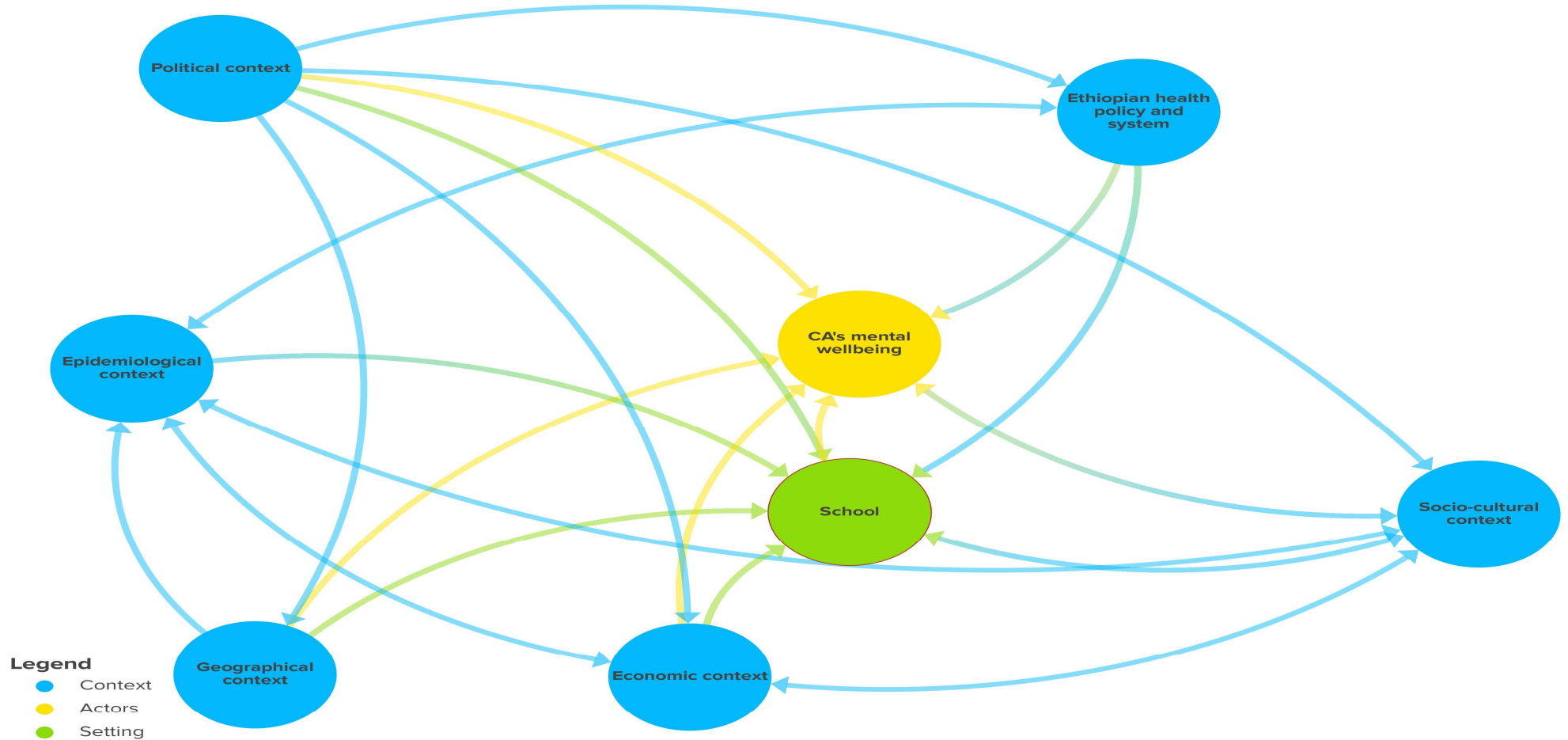
About 26% of health facilities integrated mental health services into their general services



Only two hospitals have Child and adolescent mental health

No in patient services for children and adolescents (Ministry of health, 2020).

Complex system map of the context, actors and setting



Identified stakeholders

1. School and the wider community: community organizations, associations and committees, parents and caregivers
 2. Health practitioners (mental health specialists, general primary health care workers including doctors and nurses, and HEWs);
 3. Persons affected by mental illness including those with psychosocial disabilities, their families, carers and service user groups;
 4. Civil society organisations including Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs) and Faith Based Organisations (FBOs).
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Identified stakeholders

- 5. Media
 - 6. Donors including DFID UK, DFID regional or country offices, and other funding agencies.
 - 7. Parliament, prime minister office, council of ministers and regional governments
 - 8. Ministry of health, Ministry of education, ministry of women and children
 - 9. International organizations: WHO, UNICEF
 - 10. Academia
 - 11. Health professionals training institute
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Policy Actor Interviews

Ministry of Health

Health practitioners

Ministry of education

Ministry of women and social affairs

Health professionals training institute

Academia



Preliminary findings from PAI: Contextual categories Identifying the form and nature of what exists ?

Identifying the form and nature of what exists ?

Increasing number of CA with mental health problem

- Impacts interpersonal relations, education, family members

Awareness problem/lack of preventive activities

Mental health is neglected

- Individual, family, government; and
- Researchers
 - No national data
 - magnitude, vulnerable population

Insufficient mental health service

Contexts: Identifying the form and nature of what exists ?

- International partners
- Political commitment
 - National mental health strategic plan and other strategic plans
 - Not low but no budget
 - Lack of coordination between National Ministries and regional bureaus
- Collaboration between sectors
 - The Ministry of Education, the Ministry of Health, and the Ministry of Women and Social Affairs are jointly responsible for early childcare development.
 - Trainings/meeting=collaboration
 - Staff suffer from burnouts and highly interested in incentives from interventions



Contexts:

- Identifying the form and nature of what exists ?

School environment

- Deviant activities, substance use, liquor and Khat stores

Health Extension Program is linked to schools

- NCDs and mental health have been added
- HEWs lack knowledge and skill

School based health interventions

- Deworming, school feeding and WASH

Absence of mental health professional staff at primary schools

- Inability to hire

School clubs, parent-teacher associations, child right committee

Children (the mental wellbeing of children) is neglected

- Emergency activities are prioritized
- Government allocates no budget

Diagnostic: Examining the reasons for, or causes of, what exists

Increasing number of CA with mental health problems

- Genetic causes
 - Nutrition
 - Interpersonal relationship
 - Punishment (corporal punishment)
 - Abuse
 - School bullying/ substance use
 - Attention-deficit/hyperactivity disorder (ADHD)
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Diagnostic



Awareness problem/lack
of preventive activities

Supernatural/traditional
explanations

Inevitability of mental health

Diagnostic: Mental health is neglected

Individual

- Lack of awareness

Family

- Lack of understanding
 - Comes and goes by itself
- Fear of stigma

Schools

- Stigma and profiling against students with mental health problem

Government

- Priority diseases
- Lack of funding
- Prevention reduces revenue

Researchers

- Budget (Why do you allocate budget for a health problem in LMICs?)

Evaluation: Appraising the effectiveness of what exists

Inadequate
mental health
services

Lack of
preventive
health behavior

Lack of
awareness

Lack of budget

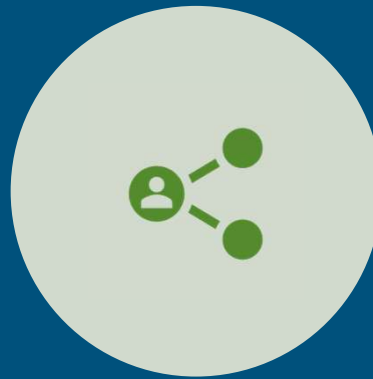
Lack of
attention

Lack of
coordination of
activities

We will soon try to answer some strategic questions



WHAT PLANS AND
ACTIONS ARE NEEDED?



SERVICES REQUIRED TO
MEET THE NEEDS?



WHAT CAN BE
IMPROVED?

A few more points



Identifying the context factors was to learn about effect modifiers



Under what condition the mindfulness intervention would be operating?



Interventions can't be wholly understood at intervention delivery points-schools



Interventions may not change contextual factors

Ways to withstand challenges

Utilize opportunities

Acknowledgement

- Team Ethiopia
 - Pamela and Lucia
 - Key informants
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....But a big thank you to all of you!!!

- Thank you



Acknowledgments

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This research was funded by the NIHR (NIHR133712) using UK aid from the UK Government to support global health research. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the UK government, the Court of the University of Aberdeen, the Board of Directors of the University of Rwanda, the Board of Directors of Addis Ababa University, the Board of Directors of The Sanctuary, or our International Advisory Board.