

Perspective

The evolution of modern child healthcare in Ethiopia: A brief treatise

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“There can be no keener revelation of a society’s soul than the way in which it treats its children.” Nelson Mandela

Summary

Pediatrics is a relatively new medical specialty, which was first institutionalized in Europe and North America in the mid-19th century. It was delivered as part of the general medical service until the Ethio-Swedish Pediatric Clinic (ESPC) was established in Addis Ababa in 1959. Before that, child healthcare services were provided in the country in various pioneer general hospitals and lower-level health facilities. This continued after 1959, along with child healthcare services provided at maternal and child health clinics, and later in a few children-only facilities. The Ethio-Swedish Pediatric Clinic played a pivotal role in introducing and laying the foundation for the state-of-the-art services, training, and research in pediatric and child healthcare in Ethiopia.

The ESPC, along with the Children Nutrition Unit (later renamed the Ethiopian Nutrition Institute), is considered a historical landmark in the mapping of health and nutrition profiles of children in the country, and the initiation and development of pediatrics, including care for sick and malnourished children. Child healthcare services, training, and research continued to expand with the influx of Ethiopian pediatricians and nurses trained abroad, and the establishment of the Department of Pediatrics at the School of Medicine of Addis Ababa University, supplanting the ESPC. The increase in the number of institutions of higher education and public and private health facilities greatly contributed to the expansion of services to children in the country.

The pattern of diseases in children has remained similar to the pattern documented earlier (1959-1975), when pediatric services were initiated, although HIV/AIDS and Coronavirus Disease-2019 (COVID-19), have been major new developments. Common childhood illnesses have primarily included acute respiratory infections/pneumonia, diarrhea, fever, malaria, and malnutrition, which have been major contributors to the high child mortality and morbidity. Current reports show that Ethiopia has made major strides in reducing infant and childhood mortality. Under-five mortality has dropped from 202 to 67, and infant mortality from 129 to 64 per 1,000 live births, from 1990 to 2016, respectively.

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With the expansion of public and private pediatric teaching institutions and services in Addis Ababa and other parts of the country, scientific publications on maternal, newborn, and child health in Ethiopia have increased significantly, with a substantial portion published during the last decades. Progress in pediatrics and child healthcare led to the formation of the Ethiopian Pediatric Society in 1995, and the establishment of its organ, the Ethiopian Journal of Pediatrics and Child Health, in 2005. Though the country has made major strides in reducing child mortality, challenges remain, particularly in neonatal mortality, child malnutrition, and development.

Keywords: *Pediatrics, Modern Child healthcare, History, Ethiopia.*

Background

Pediatrics and Child Health:

The word “pediatrics” means “healer of children,” derived from two Greek words: (pais = child) and (iatros = doctor or healer) (1). Nils Rosen von Rosenstein (1706-1773) has been called “The Father of Pediatrics”, and his book *Diseases of Children, and Their Remedies*, London, 1776, is generally regarded to be the first modern textbook on the subject (2). The field is a relatively new medical specialty, developing only in the mid-19th century, led by Abraham Jacobi (1830–1919), who is known as the father of American pediatrics (3). Considering the history of medicine, pediatrics is relatively a recent discipline, and so are the institutions devoted to it. It became a medical specialty in the mid-nineteenth century. Before that time, children were cared for in general hospitals within general medicine, obstetrics, and midwifery services. It was in the 19th century when the pediatric hospitals, as we know them today, appeared in Europe (L'Hôpital Des Enfants-Malades, Paris, 1802) (4) and North America (Children's Hospital of Philadelphia,

1855) (5). The first department of pediatrics was established at Harvard University in 1888 by Dr. Thomas Morgan Rotch (6)

The historical evolution of childcare reflects diverse cultural beliefs and practices, impacting everything from hygiene practices and food preferences to perceptions of illness and healing. In ancient times, child healthcare was often rooted in cultural beliefs and practices, with many societies attributing illness to supernatural causes and relying on rituals, herbal remedies, and the guidance of shamans or healers, rather than scientific understanding. As far back as 400 BC, Hippocrates addressed pediatric concerns, including conditions like asthma, clubfoot, and mumps (7). Among the ancient Jewish population, hygiene, proper nutrition, and parenthood were highly esteemed. A large family was often viewed as a divine blessing. Similarly, Christianity emphasized the protection of the vulnerable by the strong and the care of the ill by the well, underlining the intrinsic value of children (8). Muslims have adopted and improved many practices, such as home-made

herbal and medicinal tonics, dietary restrictions, and amulets to ward off bad spirits (9).

Science and innovation have profoundly impacted child healthcare and the quality of their lives, albeit a variation in pace across time and space. As emphasized by Verma. M, et al. (10), child healthcare has benefited from innovation and evidence-based approaches, enhancing children's attainment of the maximum functional potential in their growth and development. This makes children distinct from adults, signifying and necessitating pediatric nursing, a specialized nursing profession that focuses on the medical care of infants, children, and adolescents from birth up to the age of 18. Underscoring this, Florence Nightingale in her seminal book "Notes on Nursing," wrote: "It is the real test of a nurse whether she can nurse a sick infant" (11). Inaugural pediatric nurses, such as Anna Haswell (1908), also stressed the special nursing services required for child health (6).

Country Context:

Ethiopia, a country in the horn of Africa, attained its current size of about 1.1 million km² around 1900 and then had an estimated population of about 9.6 million (12). The population steadily grew and, currently, Ethiopia is the second most populous country in Africa, next to Nigeria (13). Based on the Ethiopian Central Statistical Agency (CSA) 2007 census, the country's population was estimated at 74 million, and was projected to increase to about 109 million by July 2024 (the estimate by other

sources, viz. international organizations, was much higher, ranging from 120 million to 135 million), of which some 23% lived in urban areas, and about 45% were under 19 years of age (14,15). The population is diverse in ethnic groups, languages, settlement patterns, and culture. Over a century now, the country has faced significant challenges, including recurrent periods of drought and famine, epidemics/pandemics, internal conflicts, occupation (2023-2041 by Italy), and political instability, as well as ongoing issues with poverty, inequality, and human rights abuses.

Historically rooted in agriculture and trade, Ethiopia's economy has transitioned from a traditional, largely agrarian model to a more diversified economy with significant growth in recent decades, although challenges remain. Modern health services, in general, have developed in the country over six periods from 1500 to present: Period of introduction (1500-1900), period of Ethiopianization (1900-35), Italian occupation (1935-41), period of restoration and basic health services (1941-74), the primary health care period (1974-91), the sector wide approach period (1991-onwards) (16). These fairly distinct categorization of the period during which modern health services helps to understand the historical perspectives, the role of each level, the events antedating the current health system organization, and the pattern of governance of the system, as well as the evolution of modern child healthcare in Ethiopia.

As described by Pankhurst R. (17), though Ethiopia long had its system of medical lore, and a remarkably extensive local traditional pharmacopoeia, the people of the country were for centuries deeply interested in foreign medical practices of all kinds. The quest for modern medicine started during Emperor Lebna Dengel's reign in the 15th century, when the emperor appealed to the Portuguese king for physicians and surgeons to cure illnesses. The quest was no less apparent in the eighteenth century, at the time several early nineteenth-century European foreign travelers also acquired considerable reputations for their medical skills, justified or unjustified. Of note, the care given by the Scottish James Bruce in 1769 to children who suffered from severe smallpox epidemic at the Massawa port, Tigray, and the royal court in Gondar constituted a landmark event.

By the middle of the nineteenth century, some modern medicines were relatively well known and relatively much used in the country's more important towns, particularly in governing and related circles in Shoa and Tigray. The coming of modern medicine to Ethiopia advanced significantly further during the reign of Menelik, when foreign contacts, particularly with his early ties with Italians, expanded. Before and after the battle of Adwa in 1996, the Russian Red Cross missions, which duly set up Ethiopia's first hospital in Addis Ababa. The Italians, French, and British legations all added medicine to their diplomatic activity, providing

fringe benefits to the population.

Foreign medicine also began in the provinces at about the same time. In Harar, Ras Makonnen Hospital (Ethiopia's second provincial hospital) was initiated in 1901 with the support of French missionaries, entirely run by them. The Russian Hospital was closed in 1906, a serious blow to medicine in the country. In 1910, the first government hospital in Ethiopia, Menelik II Hospital, was established and staffed by Russian health personnel, and served as a training facility for auxiliary health personnel until the Italian invasion in 1936 (17).

During World War II, Ethiopian nurses came from a variety of countries. In 1939, Princess Tsehai, Emperor Selassie's daughter, completed her training and became the first nurse in Ethiopia. In 1945, Swedish medical and nursing personnel were recruited to alleviate the healthcare workforce in Ethiopia. In addition, the World Health Organization (WHO) "Field Mission" sent a physician and nurse to help organize "dresser" courses, or courses in auxiliary nursing (18). The Russian Red Cross Hospital, named after Dejazmatch Balcha, was founded in 1947. It was the first Russian multidisciplinary medical institution in Africa, and provided medical care to Ethiopians for nearly 80 years.

There was no enunciated health policy in Ethiopia before the 1950s, since when the need for preventative and curative services through a network of hospitals, health centers,

and health stations was recognized (16). A comprehensive Health Services Policy was adopted at the end of the Imperial period, facilitated by the World Health Organization, but its implementation was thwarted by the regime change that took place in the early 1970s. In the mid-1970s, Ethiopia's health policy shifted towards disease prevention and control, rural health services, and community involvement, paving the way for the adoption of the Primary Health Care (PHC) strategy. The policy, which has remained in place since 1991, capitalizes on decentralization, regional empowerment, and the needs of less-privileged rural communities (19). The private and other non-governmental sectors, along with international collaboration, are encouraged, as are institutional capacity building and the promotion of self-reliance. Healthcare facilities (both public and private), human resources for health, and health research, including for children, expanded progressively over the last 75 years.

Aim of the Article

The history of modern institutionalized child healthcare and pediatric specialization in Ethiopia, in essence, begins with the opening of the first children's hospital (1959) and continues through the founding of the Ethiopian Pediatric Society (1995), the publication of the Ethiopian Journal of Pediatrics and Child Health by the Society (2005), and up to the present. Ethiopian traditional medicine is highly complex and diverse, varying significantly among different ethnic groups, which requires detailed cover-

age. However, due to its complexity, it is beyond the scope of this article. This piece provides a brief historical overview, highlighting the key milestones that have led to the development and growth of child healthcare services and pediatric specialties in Ethiopia.

Modern Child Healthcare in Ethiopia

During the Italian occupation (1935-1941), the Italians had a pediatric center named after Graziani's mother (Amelia Clemente Graziani), which primarily catered to Italian children, but also treated 'natives' with trachoma (20). The prevention and treatment of diseases in children was not a specialized discipline in Ethiopia until 1957, but was integrated into the general health services in the country (21). There was one outpatient department in Addis Ababa, catering to about fifty children daily. However, training in pediatrics and childcare was provided at the five nursing schools across the country and at the Public Health College and Training Center (PHC&TC) in Gondar, Northwest Ethiopia, which was part of Haile Selassie I University. PHC&TC was training health officers, nurses, and sanitarians, who were deployed in teams to staff health centers throughout the country, with a primary focus on preventing diseases in children and safeguarding maternal and child health as one of their major roles and responsibilities.

Gondar Public Health College and Training Center

During their five-year occupation of Ethiopia, the Italians built two hospitals, one clinic for emergency cases, and one recovery center in the city of Gondar. One of the hospitals was “blacks only” and was located at ‘Samuna Ber’, and the other was a “whites only” hospital in Qusquam (Che Che la) (22). In the immediate post-invasion period and for some time after, the former was looted and got dilapidated over time, and the Qusquam hospital remained the only medical service center providing midwifery and healthcare for adults and children, though the services were overburdened and remained inadequate.

The Adababay Iyasus clinic was opened for emergency purposes in 1939, which was located at the center of the city, in the former Italian commissariat building (western corner of ‘Fasil Gimb’, or “Fasilladas Castle”). In 1944, Che Che la hospital, with limited hospital facilities, was transferred to the hands of Ethiopians. It was overwhelmed with the then-rampant diseases, including “fibre correntee” (relapsing fever), typhoid fever, rabies, meningitis, malaria, and typhus epidemics. A study conducted in the region in the early 50’s indicated that 45% of children above the age of six months suffered malnutrition, 85% had malnutrition, and over 60% had trachoma (23).

Despite the enormous health problems in the forties and early fifties, Gondar and the rest of the country had no medical doctors. All 80

physicians existing in the country were foreigners. This was partly the impetus for establishing the Public Health College and Training Center (PHC and TC) in Gondar. The Adababay Iyasus and Charqos clinics (established later) were staffed with personnel supplied by the college, who provided maternal and child health care services in addition to the free midwifery services in the city. Outside the city, two other rural health centers were opened at Qolla Diba and Dabat sometime in 1950. The Schools of Nursing and the PHC& TC were established in Gondar in 1954, and taught pediatrics as an important subject. Yet, healthcare services in the city failed to match the increase in population.

During the military rule regimes, the name PHC& TC was changed to Gondar Medical School, and the multi-disciplinary training program was revived in 1972. It subsequently changed to Gondar College of Medical Sciences, until 2003 when the college/medical school became part of the so-called Amhara Regional University (Figure 1), which comprised the Bahir Dar Polytechnic Institute and the Pedagogical Academy. Meanwhile, waterborne diseases, malaria, and above all, AIDS were taking their toll upon the city’s population. Either unable to afford paying for medicine, which is getting expensive and unavailable, or because of losing hope in modern medicine, people increasingly turned to traditional medicine and “healers.”



Figure 1. University of Gondar (Amhara Regional University)

Ethio-Swedish Collaboration Projects in Health

As part of the Swedish Agency for International Assistance projects in Ethiopia, three projects in the field of health—the ESPC, the Health Centers Project, and the Children’s Nutrition Unit—were agreed and initiated as part of the general plan of Ethiopia’s Ministry of Health in 1957. The country at the time was an empire with a total population

(including Eritrea) of 20.9 million (24).

Ethio-Swedish Pediatric Clinic:

By the time ESPC, the first project, was planned, there was no facility specifically dedicated to providing pediatric service or training anywhere in the country. Such a service was introduced in Addis Ababa in 1957, when the country’s first facility for children,

ESPC, was initiated through a collaboration between the Ethiopian Government and the Swedish International Development Cooperation Agency (SIDA) (25). ESPC was inaugurated in

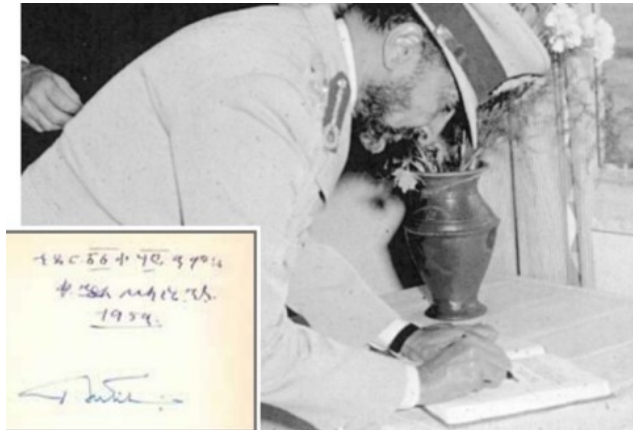


Figure 2. Emperor Haile Selassie and signing guestbook at the event of the ESPC on December 2, 1959

1959 within the premises of the former Princess Tsehai Hospital by Emperor Haile Selassie in the presence of Prince Bertil, representing the Swedish Government (Figures 2 and 3).



Figure 3. Emperor Haile Selassie and Prince Bertil being introduced to staff by Professor Mannheimer

Adopted from Hofvander Y (25)

ESPC Inaugural Speech of Emperor Haile Selassie. Dec. 2, 1959: On this day, when we inaugurate the ESPC, it is a source of great pleasure to find in our midst His Royal Highness Prince Bertil, Duke of Halland, who has made a long and arduous journey to be among us on this memorable occasion. This clinic is devoted to the preservation and protection of the health and well-being of infants and young children — those too young, too frail to help themselves. Our Lord Jesus Christ said, “Suffer the little children to come unto me,” and surely no endeavor of mankind’s can more confidently count upon the benevolent blessing of Our Father in Heaven than that which has found expression in this building

and the purposes to which it is dedicated Our concern for all of our people, and particularly for the young and those in need, has found expression in the educational and public health programs which We have inaugurated throughout Our Empire. We have not failed to note, during the few months which it has been in operation, the praiseworthy results already achieved, and We are pleased to inaugurate it as a distinguished addition to the health facilities of Our nation.”

The clinic was initiated by a Swedish pediatrician, Professor Edgar Mannheimer, who was recruited as head of the mission. He was a famous pediatric cardiologist who edited

several books on child behavior. He was the first director of the ESPC, 1958–1965. In Figure 4, he was with Margit Phillis, an efficient and well-reputed nurse and matron. Professor

Mannheimer died in a car accident while he was on a visit to Uganda, laid to rest at the cemetery in Gulele, Addis Ababa.



Figure 4. Professor Edgar Mannheimer with Matron, Margit Phillis. Adopted from Hofvander Y. (25)

The ESPC, along with the Ethiopian Nutrition Institute (ENI) established in 1962, was a historical landmark in the initiation of an organized institutional care for sick and malnourished children and the mapping of the health and nutrition profiles of children in the country. The design of the ESPC was modeled after the pediatric department of Eskilstuna county hospital, Sweden, with two wards and an outpatient department aimed at taking care of 10–15 outpatients daily but shortly it increased to more than 100 patients daily. The 45-bed hospital was inaugurated in 1959 and was expanded to 100 bed capaci-

ty in 1966, partly to accommodate the teaching-learning needs of students from the Faculty of Medicine, in the then Haile Selassie I University (HSIU) (26).

The ESPC treatment portfolio covered diseases rampant among children, including malnutrition. In its early days, ESPC conducted rounds (Figure 5) followed by hectic consultation sessions in the mornings. It had a large outpatient department (OPD) managing about 13,000 new patients and 70,000 patient visits annually.



Figure 5. In-patient round/care at ESPC

Child welfare services at the OPD included supervision of healthy babies, vaccinations, advice regarding feeding, health education, and curative services. Its social units advised and supported children with socio-economic problems, placing orphans in families and children's homes, and created opportunities for children to play (Figure 6). Ethiopian and Swedish nurses working in pairs made a first screening of the severity of the child's conditions in the OPD.

Much effort was devoted to instructing the parents about the danger of the commonly practiced traditional operations – cutting of the uvula, extraction of the canine teeth, circumcision of both boys and girls, and burning of the skin over the abdomen, the chest, around the eyes and ears, if aching or being inflamed. The parents usually did not stay with their children, as was the custom these days, but came on visiting

hours. There was often a problem in convincing the parents to have the children stay long enough to complete their treatment, e.g., TB cases. Oftentimes the sick children were taken home too early. The first five years, decrease in spite of very competent staff and good resources. the mortality among in-patients only slowly decreased from a high level of about 23%.

In the 1960s, the Lideta Maternal and Child Health Center (Lideta MCH Clinic) was established not far from ESPC with funding from the Swedish branch of Save the Children, led by pediatrician Dr. Ulla Larsson. This clinic provided services that improved child health and nutrition in Addis Ababa attracting large numbers of expecting mothers and pre-school children to the facility.



Figure 6. Children playing outside the Tsehai Hospital (left), ESPC (center) and ENI (right). Adopted from Hofvander Y.

Based on a model from Kampala, Uganda, ESPC started an outdoor child health center in 1960/61. It was intended for small children under three years of age and their mothers with who were gathered in school yards in the vicin-

ity of their homes, get examined and treated for minor illnesses, and vaccinated (BCG, Triple, smallpox) under a tree, hence, the name “Under three under tree” session (Figure 7).



Figure 7. “Under three under tree” health education. Adopted from Hofvander Y. (25)

In addition, a week’s ration of about 300 grams of Dried Skim Milk (DSM) was distributed (Figure 8) to the attendants, which enhanced their participation in the vaccination program and health talks. However, its benefits remained

unascertained, and in about a year, United Nations Children’s Fund (UNICEF) stopped the supplies, and the program was terminated (27).



Figure 8. Distribution of DSM– the final “post” in the “under tree under three” session. Adopted from Hofvander Y. (25)

Five Ethiopian nurses had been trained at the Swedish Red Cross nursing school in Stockholm for 2–3 years “postgraduate” training (25). Training of pediatric nurses (Figure 9)

was not initiated along with the training of pediatricians training until 2012 under school of nursing at AAU, and neonatal nurses in 2018.



Figure 9. A trained nurse providing neonatal care. Adopted from Hofvander Y. (25)

ESPC taught pediatrics for three months to nurse students from Addis Ababa’s three schools of nursing, Taffari Makonnen Hospital in Wollega Province. The teaching consisted of lectures, bedside teaching, and visits to institutions related to social pediatrics. In addition, health officers, community nurses, and dressers from the School of Social Work and many other institutions were trained at ESPC. Later, when the School of Medicine started, it became the center for pediatrics education for AAU.

Of great importance in this process was undoubtedly the influx of newly graduated doctors from the American University in Beirut, and of well-trained Ethiopian nurses from the Red Cross School of Nursing in Stockholm. In 1966, a Department of Pediatrics was created in the Faculty of Medicine, AAU. Professor Yngve Larsson, who was the director of ESPC follow-

ing Professor Edgar Mannheimer organized the pediatric training and designed its content, making it applicable to the health and disease situation in the country, and also for setting the standard based on international references.

The first and longest-serving Ethiopian Director of ESCH (1973-83) was Prof. Demissie Habte (Figure 10). He completed his undergraduate medical education at the American University of Beirut, and his pediatrics training at the New York Hospital, Cornell Medical Center. He served as a clinician and the first Ethiopian director of ESPC, chairman of the DPCH, and Dean of the Faculty of Medicine. He also directed the WHO Diarrhoea Training center, and established collaborations between DPCH/ Faculty and international organization, strengthening training research, and services.



Figure 10. Professor Demissie Habte examining a child at ESPC

ESPC provided services coupled with training, education, and research, but this was an era when the application of evaluation, statistics, and research just began. However, during the period 1959–1973, some data at the ESPC were analyzed, and no less than fifty-nine articles were published, 42 of which were published in the Ethiopian Medical Journal (EMJ) 25). An

illustrative case showing the types of illnesses seen at the OPD is given in Table 1, and cases admitted and managed as inpatients in Table 2. Nearly two-thirds of patients seen at the OPD were cases with gastroenteritis and respiratory diseases, while gastroenteritis, respiratory diseases, nutritional deficiency, and accidental injuries constituted most of the in-patients.

Table 1. Disease in children seen at ESPC OPD, 1961

Disease	Number	Percent
Respiratory disease	4,048	39.9
Gastroenteritis	2,317	22.8
Skin disease	608	5.9
Eye disease	535	5.3
Ear disease	361	3.5
Parasitic disease	284	2.8
Whooping cough	120	1.1
Measles	43	0.4

Table 2. Disease by age in children at in-patients at ESPC IPD, 1961*

Disease	Age						Total	% Mortality
	0-6 mos	7-12 mos	1-2 yrs	2-3 yrs	3-4 yrs	>4 yrs		
Gastroenteritis	94	31	16	4	2	2	149	31.5
Respiratory	48	40	26	9	5	14	141	34.8
Deficiency	12	11	25	15	3	9	66	33.3
Accidents	13	13	5	10	7	10	58	15.3
Meningitis	12	13	6	4	2	8	45	46.7
Tuberculosis	0	5	3	6	1	16	31	29.0
Infectious	17	0	4	4	4	13	38	28.9
Prematurity	41	0	0	0	0	0	41	58.5
Other	39	12	11	10	11	55	138	13.0

In the 1970s, for over 50 million people, there were fewer than five Ethiopian pediatricians. As of 1975, the SIDA support to ESPC ended, and the Swedes left the country. The relationship between Ethiopia and Sweden underpinned much of the progress seen then pediatrics and child health dwindled. AAU then had a severe shortage of teaching staff. Prof Demissie Habte, Prof. Nebiat Tafari, Dr. Tekletsion Woldemariam and Dr. Belay Giorgis from the Armed Forces Hospital shouldered both the clinical work,

teaching activities, and research.

In 1974-1975, the whole ESPC was moved to the Tikur Anbessa Specialized Hospital (TASH) (Figure 11) along with other departments in Princess Tsehai Memorial Hospital. The ESPC was mainly housed on the seventh floor of TASH, with a ward on the 6th floor dedicated to newborn care. When the DPCH at the School of Medicine supplanted ESPC at TASH, the AAU became center for pediatrics training and education.



Figure 11. Street view of Tikur Anbessa Hospital, ESPC and then DPCH on the 7th Floor

To address the shortage of academic staff, the AAU launched postgraduate programs in various fields, including clinical medicine. The DPCH enrolled the first batch of postgraduate students in 1979. Dr Hagos Beyene and Dr. Efreem Alemayehu were the first Pediatric specialists who graduated in 1982. In the ensuing years, the pediatric graduate program progressively expanded. The number of graduates, academic staff, and research activities has substantially increased. Currently, 22 medical schools run residency programs in pediatrics in Ethiopia. As a result, numerous studies were conducted, and the results published, mainly in the EMJ. Between 1975 and 2009, about 200 articles were published, most of them in the EMJ (25). The studies served as a basis for improving the quality of medical education and enhancing the development of the faculty.

Pediatric education, research, and services were further strengthened with sub-specialty training at the AAU and other universities in major regions of the country. The first pediatric surgeon was Dr. Girma Melaku, who was trained in the United Kingdom and assisted in the training of other pediatric surgeons. In 2009, the Fellowship Program in cardiology was launched at AAU in collaboration with the Children's Heart Fund of Ethiopia. In the following year, a fellowship in hemato-oncology was started in collaboration with Aslan, an American organization linked to George Town University, and two radiologists were trained in pediatric radiology, in collaboration with the Children's Hospital of Philadelph-

ia, USA, with support from Professor Kassa Darge. In collaboration with the University of Toronto, Canada, a staff was trained in child and adolescent psychiatry.

Ethio-Swedish Health Center Project:

The Ethio-Swedish Health Center Project (ESHCP) was a public health initiative that had its headquarters at the ESPC, sharing a common director. The project aimed to support the construction of health centers and health stations in two of the 13 provinces of the country, and establish public health departments as well as provide supervision to all health facilities in the two provinces. The project also assisted in decentralizing health services to the rural areas. Pediatrics constituted an important service area and primarily focused on preventive activities.

Children's Nutrition Unit:

The Children's Nutrition Unit (CNU) was founded in 1962 as the third component of the joint Ethio-Swedish project. The unit functioned under the Ministry of Health with support staffing and financial support from SIDA. Its activities mainly include the collection of food samples from foods eaten by children in both urban and rural areas, and analyzing the food components. Nutritional status was assessed for groups of and supplementary plans were developed based on assessment results and implemented. Many scientific investigations were made and published in the "CNU series." Examples of this are a study on the effects of the iron overload in the tef diet,

comparison between privileged and non-privileged children concerning their growth, effects on the brain growth of severe malnutrition, the prevalence of iodine deficiency, et cetera.

It became the Ethiopian Nutrition Unit (ENI) in 1968, when the Ethiopian Government took over responsibility for and increased the scope of the nutrition program to include pregnant and lactating women, school-age children, and other

adult groups. It carried out nutrition and food science-related research and interventions, as well as providing nutrition training and laboratory services to the public, universities, and other organizations. This was realized by specialist teams working on medical nutrition, community nutrition, food production, training, and information, and through its well-equipped Food Science and Nutrition laboratories.

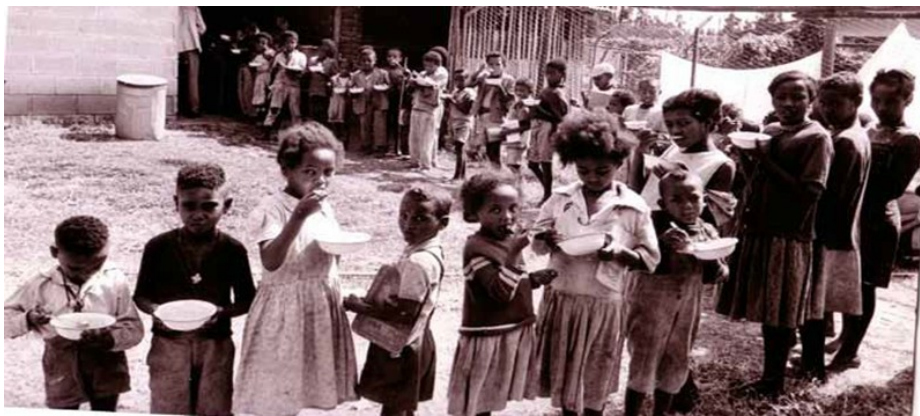


Figure 11. FAFFA School lunch in Ijaji, Chelia. Oromia Adopted from Hofvander Y (22).

ENI's nutrition program involved a wide range of research into causes and mitigation of malnutrition as well as development of supplementary feeding for children. The Institute developed nutritious porridge, "FAFFA" ("grow strong and healthy") based on locally available ingredients, which became a nation-wide success in feeding needy school children (Figure 11) and is still produced today and particularly for use in famines and in times of disaster.

Child Healthcare in Other Pioneer Facilities

Birla at Yekatit 12 Hospital, Addis Ababa:

In 1969, pediatric service was opened in a separate building on the compound of Yekatit 12 Hospital, which was built with the support of the

Indian community in Addis Ababa. It was named Birla after the Indian philanthropist who took the initiative for the construction of a separate building for pediatric and child health services. Birla was inaugurated in the presence of Emperor Haile Sellasie, who made the opening speech at the ceremony. This pediatric service was also supported by staff deployed from ESPC until the Yekatit 12 hospital established a medical college (Figure 12). In addition, Armed Forces and Police hospitals delivered pediatric services. Later when private practice was allowed more private centers sprout in the country staffed by graduates from the AAU, Faculty of Medicine residency program.



Figure 12. Nurses providing pediatric care at Birla

Dessie Children Hospital, Dessie:

Dessie Children Hospital was established by Dr. Tamrat Retta late in 1970s in Dessie Town, Wollo Province. Later on, it was taken over by the MoH. This hospital was supported by physicians and nurses assigned from the ESPC for a few years with Dr. Tamirat to establish the hospital based on the ESPC model.

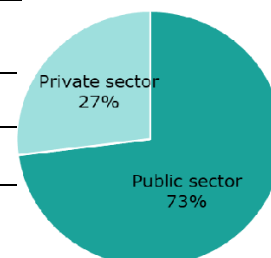
Public and Private Pediatric Facilities and Services Expansion, 1975-2024

Over the last five decades, Ethiopia's health services have evolved significantly, with a focus on expanding access to healthcare, particularly in rural areas, through initiatives like the Health Service Extension Program (HSEP) (28) and the

Health Sector Development Program (HSDP) (29). The country has a three-tier healthcare delivery system with public hospitals, health centers, and health posts, which has steadily expanded over the years (30). The private health sector catering for children is relatively small and fragmented (approximately 20% of total market share), serving mostly the high- and middle-income groups in large urban areas (31). The health infrastructure, both public and private, is distributed unequally and is concentrated in the most populous and urban areas. The total number of public and private facilities by level as of 2017 is shown in Table 3.

Table 3. Number of health facilities by level and ownership (2016/17)

Facility level	Public	Private	Subtotal	% Private
Hospitals (including specialty and referral)	302	62	364	17
Specialty centers/Specialty clinics	0	867	967	100
Health Centers/Medium clinics	3,724	1,308	5,032	26
Health posts/primary and lower clinics	17,187	5,401	22,588	24
Subtotal	20,598	7,638	28,236	27



Source of public data: NOH- Health Indicators Data 2016/17 functional facilities

Source for private data: Private specialty center and clinics

Ethiopian Private Health Facilities Owners Association 2017. Data for health centers and posts are from MOH Health Indicators report 2016/17.

The most recent data available from the MOH HRH in 2023/24 indicate that the private sector operates and manages nearly half of all medical training institutions and plays an important role in producing nurses, midwives and allied health professionals (Table 4).

Ethiopia has made major strides in reducing the infant and childhood mortality rates. Indeed,

Ethiopia has achieved its Millennium Development Goal (MDG) to reduce the mortality rate for children under the age of five (Table 6). Under-five mortality dropped from 202 in 1990 to 67 with 5% annual rate of reduction, and infant mortality from 129 to 64 per 1,000 live births (32).

Table 6. Trends in Childhood Mortality (1990 to 2015)

Rate (per 1,000 live births/year)	1900	1995	2000	2005	2010	2016
Neonatal mortality (<1 mos)	63	68	49	39	37	29
Post-neonatal mortality (2-12 mos)	70	62	48	38	22	19
Infant mortality (Birth-1 year)	129	111	97	77	59	48
Child mortality (1-5 years)	96	94	77	59	31	20
Under-five mortality (Birth-5 years)	202	172	166	123	88	67

Sources: EDHS 2016

The disease pattern has remained basically as it was during the preceding period (1959-1975), although HIV/AIDS, COVID-19, and different types of cancer have been new developments. Common childhood illnesses in-

clude acute respiratory infections, diarrhea, fever, pneumonia, malaria, and malnutrition, which are major contributors to high under-five mortality rates (33,34). With the expansion of public and private pediatric teaching

institutions and services in Addis Ababa and the rest of the country since 1975, publications on maternal, newborn, and child health (MNCH) in Ethiopia have increased significantly, with a substantial portion published within the last decades (35). Major issues covered included infectious diseases, malnutrition, maternal and child health, and the impact of social determinants on child health, with a particular focus on areas like immunization, neonatal care, and adolescent health. Groundbreaking research outputs were produced, and with the pediatric residency program expanding, more research was done at the DPCH, AAU, and in most medical schools in the country. Some of the publications contributed to child health programs globally, including programs on neonatal health, diarrheal and respiratory diseases, Integrated Management of Neonatal and Childhood Illness (IMCI), possible serious bacterial infections (PSBI), and more. A summary of publication categories is given in Table 3, Section V below.

The Ethiopian Pediatric Society

Ethiopian Pediatric Society (EPS) is a voluntary professional association established in 1995, representing pediatricians, pediatric subspecialists, pediatrics residents, and other people who work with and care for children (36). The EPS was established through the leadership and initiative taken by Professor Sileshi Lulseged, and the draft constitution was drafted in consultation with Dr. Azeb Tamrat, pediatrician and the then State Minister of Health, and other senior pediatricians at the Department of Pediatrics and

Child Health of the College of Health Sciences, Addis Ababa University. Dr. Abubaker Bedri served as the first president of EPS, and the Society was re-registered with the Ethiopian Charities and Society Agency (CSA) on April 24, 2013, as an Ethiopian Resident Charity Non-Governmental Organization, based on the government's new regulation (37).

EPS is a member of the Union of All African Pediatric Societies and Associations (UNAPSA) since 1995 and a member of the International Pediatric Society (IPA) since 1996. As a national association/ society of pediatricians, EPS has worked together with governmental and non-governmental organizations on children and youth by nurturing excellence in healthcare, advocacy, education, research, and support of its members (38). The EPS played an advisory role in the planning and implementation of policies and regulations related to child health, which are anchored in contemporary knowledge and evidence. Spanning over the last three decades, the society has been active in bringing members under its umbrella and organizing and providing sessions on continued medical education and workshops relevant to children and youth in Ethiopia. It has worked closely with Ethiopia's Ministry of Health and other national and international stakeholders. Its membership has increased progressively over the years, and, currently, it has 250 paid-up members and six regional chapter offices.

Society has played key roles in promoting research in pediatrics and child health, and fostering and enhancing professional development for its members through continued medical education and workshops relevant to the health and well-being of children.

Among its major core mission, EPS established the Ethiopia Journal of Pediatrics and Child Health in 2005, and published and disseminated research outputs to its members and other stakeholders in Ethiopia and beyond. A working group of pediatricians led by Professor Sileshi Lulseged drafted the bylaw governing the relationship between the Journal and its parent association based on the EPS constitution (36). The bylaw was endorsed by the EPS General Assembly at its second annual meeting in 1996.

The first editorial Board of EJPCH consisted of Professor Amha Mekasha (Editor-in-Chief), Dr. Abubaker Bedri, Dr. Tilahun Teka, Dr. Tesfaye Tessema, and Dr. Abebe Gebremariam, who led the journal during its early and formative years.

The Journal published one issue per year until 2016 and two issues per year from 2016 onwards (39). Over the two decades of its lifetime, EJPCH published 185 articles in 24 issues in 19 volumes. Of the articles published in EJPCH, two-thirds were on HIV, TB/respiratory diseases, and neurologic/mental health, asthma/other respiratory cardiovascular, and renal diseases constituted three-quarters of non-communicable diseases published (Table 3).

Table 3. Disease categories in EJPCH publications (2005-2024)*.

Topic	Number*	Percent
Neonatal problems	37	1.4 [‡]
Infectious diseases		
HIV and other STDs	14	34.1
Vaccine preventable diseases	7	17.1
TB and other respiratory diseases	7	17.1
Malaria	3	7.3
Parasitic infections	3	7.3
Other infections	7	17.1
Total	41	100
Non-communicable diseases		
Neurological & mental health	11	20.4
Asthma and other respiratory	10	18.5
Cardiovascular diseases	10	18.5
Renal and urinary diseases	9	16.6
Neoplastic diseases	7	13
Diabetes and other endocrine	3	5.6
Gastrointestinal disorders	3	5.6
Anemia and other hematologic diseases	1	1.8
Total	54	100
Other conditions		
Health systems research	22	53.7
Nutrition/Malnutrition	10	24.4
Ophthalmic/dental/ENT	3	7.3
Ped Surgical problems	2	4.9
Community-based surveys	2	4.9
Growth and development	1	2.4
Violence against children	1	2.4
Total	41	100

* Adopted From History of EJPCH (25)

** Does not include topics covered by the 22 editorials, while the editorials were counted and included in the published articles.

[‡]N=173 - neonatal problems [37 (21.4%), infectious diseases 42 (23.7%), non-communicable diseases 54 (31.2%), other conditions 41 (23.7%)

Challenges and Prospects

Ethiopia faces significant challenges in child health with a high infant mortality rate and common health concerns like lower respiratory infections and diarrheal diseases (40). Malnutrition, including stunting, underweight, and wasting, remains a significant problem, affecting a substantial portion of children under five. Infections, including diarrhea, fever, and pneumonia, are major causes of morbidity and mortality in children. In recent years, the country has been through several challenges, including COVID-19, conflict, internal displacement, and other public health emergencies like cholera and malaria epidemics. The country faces significant challenges in human resources for health, including shortages of skilled personnel, uneven distribution, and high attrition rates, particularly in rural areas, impacting access to healthcare and health outcomes (41). Geographic, economic, and gender inequities remain significant barriers to reducing mortality among children under five (42).

Though the country has made significant strides in reducing under-five mortality, challenges remain, particularly in neonatal mortality and child malnutrition. More emphasis needs to be made on early childhood development, integrated management of newborn and child illnesses, and community-based interventions. The Health National Adaptation Plan (43), and the National Early Childhood Development and Education Policy Framework (44) support the nurture and development of children and stipulate the necessary care and protection for children from social,

economic, and political problems, and specific care, support and rehabilitation services for children in difficult situations. The National Newborn and Child Survival Strategy, which is part of the Health Sector Transformation Plan (HSTP) (45) aims to reduce under-five and infant mortality rates.

In addition, though child health nursing has improved in the last few decades, many advancements are needed to enhance and uplift the standards of pediatric nursing in Ethiopia by strengthening pediatric nursing specialty program, enhancing nurses' career advancement and recognition as well their remuneration, increasing the nurse-patient ratio and creation of multidisciplinary and intersectoral research forums with the active involvement of pediatric nurse specialists. As we move forward, these and related policies and strategies in place are instrumental in strengthening and improving pediatric and child healthcare in Ethiopia.

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