



Medical Crisis in Tigray

November 2020 to April 2021 | Explained>



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Destruction of Tigray's Healthcare System

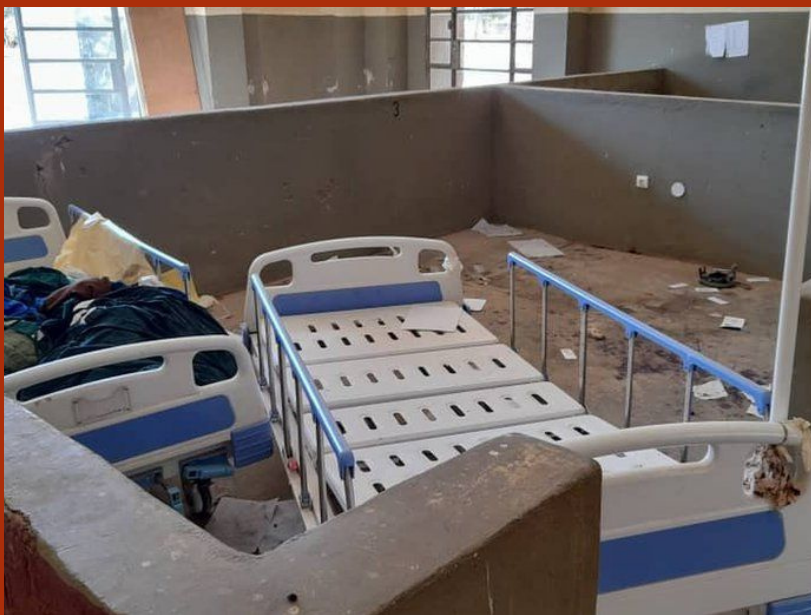
- According to MSF, prior to the war, Tigray had one of the best health systems in Ethiopia with relatively well-equipped and well-functioning hospitals as well as referral systems throughout the region.
- As a result of the war, Tigray's health system has completely collapsed due to widespread and deliberate looting, vandalizing, as well as total destruction of health facilities by Eritrean and Ethiopian troops.
- **“I've been doing this work for a long time and I've never seen the complete collapse of a healthcare system as in Tigray. It's shocking.”**— Médecins Sans Frontières emergency manager on the ground, April 2021
- Time magazine has reported that more than 82 percent of health centers are not functioning, and there is limited access to the few remaining functional hospitals due to ambulances being looted, set on fire or turned into military vehicles by the Eritrean and Ethiopian armies. — March 25, 2021
- Many of the standing health facilities are also experiencing basic medical supplies and equipment shortages.
- Some of the functioning hospitals are inaccessible to civilians because they have been turned into military camps for the Eritrean troops, or are only open to military personnel.
- Additionally, many healthcare providers have been displaced or are unable to work without compensation as a result of the war. Hence, there is a dire shortage of healthcare personnel throughout the region.

Current Situation of Tigray's Health Facilities by Region



Eastern Tigray

- Adigrat hospital, one of the biggest hospitals in Tigray serving millions of people, is nearly non-functional. According to reports:
 - Only 2.5% of health workers are currently working;
 - Supplies and equipment have been looted or burnt;
 - The referral system has collapsed due to ambulances being looted by Eritrean soldiers.
- Fasti, Freweini and Hawzen hospitals were looted, hence have completely shut down.



Southern Tigray

- Michew, Mekoni, Adishu, Adiguden, and Kuha hospitals are suffering from shortage of medical supplies and are only open in the daytime due to a 6:00 PM curfew.

Current Situation of Tigray's Health Facilities by Region - Continued



Mekelle (Capital city)

- Ayder Referral Hospital, Mekelle Hospital, and health centers are working at 30-40% capacity due to shortages of water, medical supplies, and equipment.
- Ambulance services do not operate between 8:00 PM and 6:00 AM due to curfew restrictions.



Central Tigray

- Hospitals in Adwa and Abiy Addi have been completely destroyed.
- Hospital in Semema was looted twice by soldiers and then set on fire.
- Axum hospital only functions at 10% of its capacity due to shortage of supplies and attrition of health workers.



Western Tigray

- Slekлека, Shul, and Sheraro hospitals were looted and destroyed and are no longer functioning.

Northwestern Tigray

- Health facilities in Debre Abay and Mai Kuhli have been looted and completely destroyed.

Crisis Implications - Impact on Women

- The medical crisis in Tigray has been exceptionally difficult for women in the region.
- **Maternal health**
 - There have been an increasing number of alarming reports of women dying during childbirth because they were unable to get to a hospital due to the lack of ambulances, rampant insecurity on the roads, a night-time curfew, and/or due to no functional hospitals being available within reach as a result of the widespread destruction of health facilities.
 - Many women are giving birth in unhygienic conditions and informal displacement camps, and very few pregnant women are receiving antenatal or postnatal care, resulting in a higher maternal mortality rate.
- **Sexual and Gender-Based Violence (SGBV) survivors**
 - Since the start of the war, there has been widespread use of SGBV, including rape, as a weapon of war against Tigrayan women. Thus far, over 10,000 Tigrayan girls and women are estimated to be survivors of SGBV.
 - Many of the rape survivors are not receiving adequate medical or psychological services for the injuries and the trauma they have experienced. There are also reports of fistula cases as a result of rape.
- Additionally, many women do not have access to sanitary pads and are left vulnerable to UTIs, fungal infections, reproductive tract infections, and other major health complications.

Crisis Implications - Impact on Children



Malnutrition

- There is an alarming shortage of food supplies and access to clean water posing grave threats of children developing **acute malnutrition**.
- The few functioning health facilities in Tigray do not have the capacity to cope with the increasing number of children suffering from acute malnutrition and its health implications.

Lack of vaccines

- Due to the widespread looting and destruction of hospitals, there is a shortage of vaccines. As a result, many children have not been vaccinated, **increasing child mortality rates** as well as the likelihood of future **outbreaks of infectious diseases**.

Psychological trauma

- UNICEF reported that many families who fled Tigray into Sudan and those internally displaced have been separated and there were many unaccompanied children among the refugees and internally displaced persons (IDPs).
- An increasing number of children have also been orphaned due to the war, leaving them vulnerable to abuse, psychological instability and delay or lack of access to medical services.
- Thus, many children are in need of medical and psychological attention to help them cope with the deep psychological traumas that they have been subjected to.

Crisis Implications - Impact for chronically-ill individuals



Lack of medication

- There have been reports of patients with chronic illnesses, such as tuberculosis, diabetes, or HIV/AIDS, requiring continuous medical attention and a supply of life-sustaining medication, having died as a result of Tigray's dismantled health system. Pharmacies and hospitals throughout the region are out of medications or do not have the electricity to maintain the necessary conditions for storing drugs, such as insulin, which need to be kept cold.
- Recently arriving medication at main hospitals are not being distributed to rural areas due to the threat of ongoing violence and no means of transportation.

Food scarcity

- The nutritional needs of chronically-ill individuals, whose livelihood is not only dependent on medication but also on a nutritionally diverse and regular diet, are not being met in the shelters housing thousands of internally displaced Tigrayans.
- These shelters have a scarce supply of clean water and food (wheat bread being the main food available) and are unable to provide the sanitary conditions required to maintain the health of those with compromised immune systems.

Infectious diseases

Threat of acute watery diarrhea

- The lack of clean water as well as the unhygienic and overcrowded conditions of informal camps have led to diarrhea being the second-biggest medical problem in these sites. This is especially concerning as it is a leading cause of child morbidity and mortality, and its transmission and severity are enhanced by malnutrition.
- These concerns will be heightened during the approaching rainy season as transmission of diseases such as acute watery diarrhea, malaria, or cholera will increase leading to potential disease outbreaks. Children, the majority of whom are currently **malnourished** and **unvaccinated** against many infectious diseases, will be most impacted by these outbreaks.

Spread of sexually transmitted infections (STIs):

- As a result of the abhorrent number of sexual assault cases, the number of those contracting STIs (including HIV) is on the rise along with demands for abortions and emergency contraceptives.

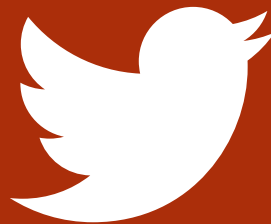
COVID-19 precautions neglected

- Little to no COVID-19 precautions are able to be observed in the overcrowded and unhygienic shelters where millions of displaced Tigrayans currently reside.
- Respiratory tract infections are the most common ailments in the region, yet COVID tests are unavailable to identify affected patients and isolate them. The lack of diagnostics results in the exposure of potentially COVID infected individuals to immunocompromised patients with pre-existing respiratory illnesses.

Call to Action

- The deliberate and cruel destruction of the Tigray healthcare system has and will continue to result in the suffering and deaths of Tigrayan civilians for years to come.
- The looting and vandalism of health facilities, the stealing of ambulances, the lack of access to medication, the absence of dependable electricity, and the scarce supply of food and clean water will lead to long-term public health concerns for the region.
- To prevent the crisis from exacerbating, the international community should demand the following actions be taken by the Ethiopian government immediately:
 - Cessation of hostilities by Ethiopian forces and withdrawal of Eritrean forces, Ethiopian forces and Amhara militias from Tigray;
 - Allow unfettered humanitarian access to all of Tigray;
 - Allow unrestricted access to local and international media;
 - Restore Tigray's destroyed infrastructure (e.g. roads and hospitals);
 - Restore the health facilities throughout Tigray by funding the return of medical staff, replacing destroyed medical equipment, providing sufficient and needed medicine, returning/replacing ambulances, providing electricity, water, and other necessary resources for the proper functioning of health facilities; and
 - Secure transportation of food to inaccessible parts of Tigray to prevent famine, especially, during the fast approaching rainy season.

Stay Involved



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#TigrayGenocide, #TigrayCantWait

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