

Fortune



Tebita; An Entrepreneurial Social Service

The difference between life and death could be in minutes and not being able to get prompt medical assistance should not be a reason to lose a beloved one. Tebita Ambulance & Pre hospital Emergency Medical Services tries to break these barriers in Ethiopia's medical care system, providing emergency ambulance service and medical help to those in need. For all its efforts though, poor infrastructure, especially roads amongst others, becomes quite the challenge, writes CHRISTIAN TESFAYE, FORTUNE STAFF WRITER.

One Thursday, in October of last year, was not a good day for Tigist Tantu, an event organizer. A close friend of hers, Yayehyirad Berhanu, was lying at Yerer Hospital, in Goro, before being informed he needed surgery.

He had to be transferred to another health care facility, Yekatit Hospital, a 10Km ride away. There was just one snag, the patient friend of hers needed supplemental oxygen the whole time, which is where Tebita Ambulance & Pre hospital Emergency Medical Services comes in.



Tebita Ambulance open the first Paramedic College in Ethiopia

“The hospital’s staff recommended them to us,” says Tigist recounting that fateful day. “We called, and they told us to get everything ready, such as the paperwork, as they will not wait long after arriving.”

As promised, they arrived, packed the sick friend onto the ambulance, and headed to Yekatit. Inside the ambulance – aside from the patient, Tigist and another friend – were a nurse to look after the patient and the driver.

They arrived there sometime around seven in the evening. But they had to wait a protracted four hours at the hospital without getting a bed even though they had scheduled beforehand.

“The whole time, he waited in the ambulance; they did not leave before he found a bed,” she says, grateful for the sort of professionalism she could barely find at the hospital.

For Tebita, this is just one of the tens of thousands of services given since its inception a decade ago. It provides pre-hospital care to its customers who contact it through its four code mobile number and to employers ranging from Heineken Breweries to the fuel retailer, Total.

“Pre-hospital care is part of the health industry that has gotten the least attention, especially unlike hospital care,” says Kibret Abebe, founder of the Company, who saw a gap while working as an anesthetist at Black Lion Hospital. “Patients come to the hospital only so that we write them a death certificate.”

Charging 20 Br a kilometer, Tebita cross-subsidies to support the ambulance services from his contracts with various employers such as international organizations like the British Council, the United Nations World Food Program (UNWFP) and Oil Libya.

After working 17 years in that field, he decided to take matters into his own hands. He sold a house he owned, along with his car, and bought three ambulances for 350,000 Br. But that was all. He would park his car at the premises of Addis Hiwot Hospital, around Haya Hulet, for there were no dispatch centers, and used his mobile phone to communicate with clients who would find his number on posters close to hospitals.

Access to finance was likewise scarce, and there was little help from the government even if he takes credit for working with the Ministry of Health (MoH) to draft the regulatory standards for such businesses. Human capital proved another bottleneck, especially personnel in the field of paramedics, as did the supply of medical equipment and ambulance spare parts, most of which have to be imported from overseas.

“I did not want to be a non-governmental organization (NGO); I am a social entrepreneur”, the latter of which Kibret empathizes sitting in his office at the premises of the main dispatch center of Tebita, where rent and other utilities cost him around 5,000 dollars. “There is no policy framework for social entrepreneurs and no tax exemptions,” explaining why it was hard to succeed.

For some of the problems they face, they found ways to circumvent, such as the poor road infrastructure of Addis Abeba, where paved roads are nonetheless increasing by 11pc. A motorcycle ambulance would be sent ahead of the ambulances equipped with life support systems, and secure the scene and even provide preliminary services until they get there.

As for the human resource problem, a paramedic college is on its way, which will start training as early as next month. Partnered with a driver's training school known as Rally, Weber State University in the United States and the Norwegian NGO Partner for Change, the course will last 15 months and is pro-bono.

Thus, the service has grown far from where it started. It has opened job opportunities for over 60 permanent employees and additional 25 temporary ones. It owns 11 ambulances of two sorts. Depending on the conditions of the patients, the ambulances sent will either have basic or advanced life support systems. The former would include medical equipment such as an oxygen tank and a glucose drip, while ambulances with an advanced life support (ALS) system include equipment such as intubators.

For all Kebret's hope of running a self-sustainable business, he does admit that financial assistance will not be turned away. Charging 20 Br a kilometer, Tebita cross-subsidies to support the ambulance services from his contracts with various employers such as international organizations like the British Council, the United Nations World Food Programmed (UNWFP) and Oil Libya.

And then there was a grant in 2013 from the United States Agency for International Development (USAID), amounting to 200,000 dollars, and technical assistance. It helped Tebita acquire more ambulances, which are being dispatched from the three dispatch centers in Addis Abeba. Such grants have thus allowed its founder to dream big and became the only private ambulance service provider in the country, along with the Ethiopian Red Cross Society (ERCS) – which has 435 ambulances and 215 ambulance stations.

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By 2022, Kibret hopes to give air ambulance services and expand its reach to all of Ethiopia's nine regional states.

Though reaching those levels would require the government to contribute, as Syed Perveez, general manager of Tebita, asserts.

“The government has to start working on private-public partnerships,” he says adding, “If the government manages to provide good education and health care, the country will flourish phenomenally”.

Syed, originally from India, believes that there is much that Ethiopia could take from the South Asian nation.

“The government saw value in [pre-hospital care] as with the advent of emergency medical services, the infant mortality rate and the maternal mortality rate can be reduced,” acknowledging that medical doctors’ productivity too will improve as “the paramedic already does 50pc to 60pc of the work.”

As it is, infant mortality rate stood at 48 deaths for every 1,000 live births in Ethiopia last year, according to the Central Statistical Agency (CSA). This is compared to the 34 deaths in the same subgroup in India, according to the nation’s Ministry of Health & Family Welfare.

India likewise outstrips Ethiopia in institutional delivery. Where Ethiopia’s Statistical Agency found that 26pc of births occur at a health facility, India’s stood at almost 47pc as far back as 2012, according to the United Nations International Children’s Emergency Fund (UNICEF).

Along with Tibeta the Ethiopian Red Cross Society, (ERCS) also well known for ambulance services, gives service to 300,000 people annually in 63 towns across Ethiopia. From this figure, Addis Abeba takes eight ambulances, in addition to each and every government hospital possessing its own ambulance as for Tigist and her friend, Tebita fills a gap that is often overlooked by the health industry. It monitors, treats and medicates – the latter when needed-patients, while also zigzagging through Addis Abeba’s often unpaved streets. By

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