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# The Challenges of Physiotherapy in a Developing Country Such as Ethiopia- Short Communication

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**Abbreviations:** NGO: Non-Government Organization; DPT: Doctor of Physiotherapy; A- DPT: Anti- Doctor of Physiotherapy

## Introduction

Physiotherapy plays a great role in delivering quality health care particularly when rehabilitation services are integrated into primary health care systems. The role of physiotherapy is not fully utilized in developing countries for several reasons. In many of the developing countries such as those in Sub-Saharan Africa, including my own, Ethiopia, there is very little knowledge and awareness on the functions and advantages of physiotherapy as an important component of the health care system which, is not well developed in these countries. The number of trained physiotherapists is very limited in most countries. Furthermore, as estimated in 2018 there were 7.6 million people in the World (4.2 million in urban and 3.4 million in rural areas) [1]. Africa was estimated to have 43% of its population living in rural areas [2]. As a consequence of the large uneducated populations in rural areas of Africa, there is hardly adequate knowledge of the medical discipline and awareness of the advantages of physiotherapy which had also not been fully integrated into the primary health care system in the countries referred to. On top of this, wrong cultural beliefs on diseases and disabilities that may result from them, negatively affect the maximal utilization of physiotherapy treatment when it is available. What we observe is the development of physiotherapy services in big health institutions and private clinics, predominantly in urban areas. These services are hardly accessible to the large masses of poor rural people.

Wegner L et al. [3] from South Africa rightly observed that in large percentages of residents in rural areas, poverty and high incidence of disability reinforce each other to present serious challenges to provide 'healthcare for all' including physiotherapy services. Presently, I am working in rural central Ethiopia in an NGO providing medico-rehabilitation services. Over the years, we have observed the high prevalence of musculoskeletal and orthopedic problems, particularly due to traumatic injuries. As a retired neurologist, I have also witnessed the many problems of neuromuscular conditions, disabilities, mobility problems, etc. In addition, in the absence of physiotherapy service, there is hardly any access to mobility aids for those that require them. The majority of other serious conditions such as, neurological deficits secondary to cerebrovascular accidents are often not recognized. They are neglected with the sufferers left at home as a burden to their poor families who have no possibility to seek consultations at higher medical centers. Likewise, geriatric disease burdens are also not addressed.

Within these realities, I find it hard and paradoxical to be repeatedly reminded that there is a priority to set up and upgrade the Doctor of physiotherapy (DPT) programmes in African countries with the arguments that this would be a mechanism to increase the workforce capacity of primary care providers in the health care system. I have no particular objection to the DPT programmes being pursued. It will certainly produce high caliber physiotherapists, but would that guarantee that the rural population will have better access to this vital service? My long experience has thought me that, in the African setting, health professionals that are offered high-grade training and doctorate degrees tend to shy away from routine practical professional responsibilities in favor of office-centered supervisory or

managerial duties. What is more, a DPT will be very reluctant to leave the urban setting and venture out to remote areas to serve the rural population. The arguments I am presenting should not be considered to be Anti-DPT. However, I like to bring to the attention of those involved in the subject that we, in Sub-Saharan Africa should give priority to the neglected rural population through the provision of basic physiotherapy services as pointed below.

What then do I propose?

a) We should produce as many as possible, low-caliber and motivated physiotherapists with diplomas or B. Sc degrees that would serve the rural population before we turn all our attention to the production of DPTs. This has also been emphasized by Franz of South Africa [4]. The shortage of physiotherapists in Africa is alarming. For instance, in Ethiopia, with a population of 110 million people, there are only 900 practicing physiotherapists (0.08 per 10,000 population [5].

b) It should be the duty of health policy makers that after some years of devoted service in Primary Health Centers selected low grade physiotherapists should be given the priority and support to upgrade themselves to DPT.

c) Physiotherapists with DPT should be encouraged to sensitize policymakers and assist the healthcare systems to produce as many lower caliber physiotherapists as possible that would join and work with the primary health care teams in the rural setting.

In low-income Developing Countries the healthcare system should organize and encourage the participation of the communities in awareness creation programmed on the vital role of physiotherapy in the Primary Healthcare System.

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