



Annual Impact Report 2025



Ethiopia Anaesthesia
Development Program

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Background to EADP

Ethiopia is Africa's second most populous, and its oldest independent country. It is landlocked, sitting in East Africa, bordering Somalia and Eritrea. The capital city is Addis Ababa. Ethiopia truly is a melting pot of over 50 different ethnicities and languages. This diversity gives Ethiopia its cultural richness, but also has been a source of conflict. Ethnic tensions in Tigray in the northern areas have escalated into war in 2020, with blockade and fighting still on-going. Like many countries, Ethiopia has a lack of physician anaesthesia providers. Historically the speciality has been nurse led, however the lack of trained anaesthesiologists is now being addressed by increased residency intakes.

The EADP is a collaboration between the GADP, Canadian Anesthesiologists' Society International Education Foundation (CASIEF) and Addis Ababa University, represented by the anaesthesia department at Tikur Anbessa Specialist Hospital (TASH), also called Black Lion Hospital. Our aim is to build surgical capacity by delivering quality anaesthesia teaching. This is primarily achieved through teaching, collaboration, and the deployment of global teaching fellows to Addis Ababa. After the pandemic this activity is now picking up with in country delivery of the VAST simulation program.

Tikur Anbessa Hospital is an 800-bed tertiary referral centre in Addis Ababa, and one of Ethiopia's largest hospitals. It performs a variety of surgeries, from paediatric, neuro, cardiac, vascular, as well as many specialised GI and endocrine operations. It has a cardiac, surgical and general ICU, which is run jointly with anaesthesia. There are two emergency theatres, two obstetric, three orthopaedic, and nine main theatres hosting a variety of specialities. The residency program is three years. At the start of 2025 there were 8 full time consultants, 14 first year, 15 second year, and 19 third year resident anaesthesiologists.





Current Situation

2025 has been a challenging year for our colleagues in Ethiopia. Healthcare strikes have rocked the country as the Ethiopian Health Professionals Movement (EHPM) protested against poor conditions, salaries and corruption. This period resulted in violence towards residents, arrests and heightened tension. Immense strain was put on consultants and residents and burn out was common.

The cost of living in Addis has also sky rocketed, meaning many residents can no longer afford to remain in the city. The drop out rate from the residency program has increased as a result, leading to more onerous duties for colleagues who remain. Despite this, the residents continue to engage with teaching and training, and the consultants continue to work hard to deliver care.



Our in country fellows in Ethiopia work with the team in TASH to deliver a series of teaching sessions. These are in response to the needs of the residents and cover topics such as regional anaesthesia or critical emergencies.

The backbone of the teaching is the Vital Anaesthesia Simulation Training Foundation Year (VAST FY) program. This is run in twice weekly sessions, and uses simulated scenarios to cover a breadth of topics. VAST is delivered to the R1 residents, with the aim of taking them from novice to intermediate anaesthesia providers in a year.



**What
we
have
been
up to**

Our remote fellows deliver weekly case based teaching on Fridays. Cases are presented by the residents and discussed via Zoom. The cases chosen reflect the complex and difficult case mix in TASH, and can be a challenge for all involved!

2024

Education priorities & goals for the year

- Work towards more sustainable education delivery through increased involvement of local residents
- Develop research methodology for training
- Improve quality and participation in remote education sessions

Our progress so far

VAST facilitators course ran by CASIEF in Harrar in 2024. This week long course saw Ethiopian and international faculty and participants come together in Harar. The first part of the course trained new facilitators to run the VAST course and the second course helped them put their new skills into practice facilitating the VAST course for local participants. In facilitating the VAST simulation sessions. VAST forms the basis of our in-country teaching.

In collaboration with CASIEF, TASH and AAU, we developed a role for a **Local Education Fellow**, a newly graduated Ethiopian anesthesiologist who assisted with the delivery of the VAST FY curriculum at AAU over 12 months. This has put overall responsibility for teaching and the VAST course with the local team resulting in a more sustainable model for the future.

Initial feedback has been extremely positive. On the remote side we have had an Ethiopian consultant attending our sessions and this has helped to boost participation and engagement.



For a few years, the request from TASH has been for meaningful research methodology teaching, to help residents with their final thesis. Through collaboration with GASOC and OUGS, we managed to put on a **two day research methodology webinar**. For more information on this read ahead to our collaborations section.



Remote education in global health has its advantages and role, with certain clear limitations. We would all like to always teach in person, but it just isn't feasible! We have worked to improve our Friday sessions which are now **mapped to the anaesthesiology curriculum**, and split into modules.

Additionally, we have invited internationally acclaimed guest speakers with **subspecialist interest** to speak. An issue raised was the timing and logistics meant residents found it hard to present the sessions and attend on top of their clinical work. We altered the sessions so that our remote fellows lead, reducing the burden on the residents.

2025 Teaching Delivered

In person

5 in-country fellows

63 residents in total

78 VAST sessions

21 skill based sessions

including regional blocks,
eFONA, ECG interpretation

Ongoing unquantifiable
microteaching moments by
the bedside or in the OR

Remote

6 remote fellows

13 remote volunteers
supporting teaching

39 remote sessions

4 guest speakers

2 day research methodology
webinar



Ethiopia Anaesthesia
Development Program

Dr Amanuel Yishak Local Education Fellow

"Teaching at TASH has been one of the most meaningful components of my professional journey as a recently graduate anesthesiologist. It includes my daily clinical duties in the operating theatres, and intensive care unit. I have been privileged to contribute both to the delivery of clinical anesthesia care and to the education and mentorship of residents. Balancing these responsibilities clinical service and academic teaching has shaped my perspective on what it means to practice, teach, and sustain excellence in anesthesiology in a resource-limited setting.

Within this structure, I have worked closely with residents and interns, providing bedside teaching, case discussions, and simulation-based training. Dividing time between patient care and education has been demanding, yet rewarding. One of the most rewarding aspects of my teaching experience has been serving as a facilitator for the Vital Anesthesia Simulation Training (VAST) course. The curriculum has proven particularly valuable for first-year residents, who are often transitioning from theoretical medical training to hands-on anesthesia practice. For these junior trainees, VAST effectively lays the foundation for clinical decision-making and team coordination, providing an organized approach to perioperative care and patient safety.

Engaging senior residents through the same curriculum posed a different challenge. Many of them already possess a solid grasp of the fundamental concepts, which can make some of the basic modules less stimulating. To address this, co-facilitators and I tried adopting scenario-based simulation and hands on skill-set training, customizing the sessions to include complex cases, ethical dilemmas, and crisis management situations that challenge critical thinking.

While the satisfaction derived from teaching and mentorship is immense, the journey is not without challenges. The rising cost of living and under-compensated physician work create an environment where many clinicians are forced to take on extra duties to sustain themselves and their families. Nevertheless, I remain profoundly grateful, I am able to make a living, provide care to patients in need, and play a part in shaping the residents. Reflecting on my experience, I firmly believe that both EADP and VAST should be sustained and expanded."



"I have learned that the trainees' theoretical knowledge is textbook-like which has been a remarkable reflection on my own recall of theory. The main area where the trainees struggle is to then translate that knowledge into practical skill, so this is where I have focussed my teaching. In addition to 'bedside teaching' I have worked to develop models to aid in the 'gameification' and deconstruction of practical skills. I have made a fiberoptic scope maze, some agar-based ultrasound games and a polystyrene epidural model. Each of these has deliberately focussed on individual components of the relevant skill (for example trainees struggle with needle-location on ultrasound so I have made a phantom which has a number of needles 'hidden' in the agar for them to find and get on-screen). I aim to have a skills day in the coming weeks to ensure that all of the R2 and R3 residents get the opportunity to for small group teaching in these skills. "

Dr Michael Stewart In Country Fellow 2025





Achievements and advocacy

The department at TASH has shown immense dedication and resourcefulness, despite all the challenges they have pushed on with their quality improvement work and introduced an electronic booking system for theatres. The consultants continue to provide teaching and supervision for the residents whilst under incredible load themselves. The two most rewarding developments this year are

The completion of three years of VAST training. This is a testament to the hard work of the team, and of course, the commitment of the residents.

The department at TASH has been boosted by 6 new consultants, all "homegrown" EADP alumni, who have already greatly improved morale and energy around the wider group.

Advocating for the residents is an important part of our ethos at the EADP. We position ourselves as a point of contact and support. Sadly this year with the strikes, this role has been tested, and we have been on hand for ad hoc pastoral support and informal mentorship. An anonymous resident has been empowered to write down their position on the strike, which has been picked up by the World Anaesthesia Society Newsletter (due to be published Dec 2025).

RESEARCH METHODOLOGY INTENSIVE WEEKEND		
Eastern African Time (GMT)	Day 1 8th Feb 2025	Day 2 9th Feb 2025
09:30-10:00 (06:30-07:00)	REGISTRATION	
10:00-10:45 (07:00-07:45)	WHAT IS EXPECTED ON THE MMED DR NURA KEDIR / NETIYA ALFERID	ETHICS, HEALTH EQUITY AND CONSENT PROF BRUCE BICCARD
11:00-11:45 (08:00-08:45)	HOW TO DO A LITERATURE REVIEW DR AMAKI SOGBODJOR	QUALITATIVE RESEARCH MR DENNIS MAZINGI
12:00-12:45 (09:00-09:45)	LUNCH	
13:00-13:45 (10:00-10:45)	FINDING AND REFINING RESEARCH QUESTION DR TIM DAWES	HEALTH ECONOMICS RESEARCH DR MARK SHRIME
14:00-14:45 (11:00-11:45)	DIFFERENT KINDS OF RESEARCH DR GERLIN NAIDOO	STATISTICS MR SOHAM BANDYOPADHYAY
15:00-15:25 (12:00-12:45)	BREAK	
15:30-16:15 (12:30-13:15)	HOW TO REVIEW A PAPER DR NAVNIEL GATA-AURA	QUANTITATIVE RESEARCH MR SOHAM BANDYOPADHYAY
16:30-17:15 (13:30-14:15)	HOW TO CAPTURE DATA DR MARK SZYMANKIEWICZ	QUESTIONS AND ANSWERS (LIVE)
FEEL FREE TO CONTACT GASOCANAESTHESIA@GMAIL.COM IF YOU HAVE ANY ENQUIRIES		
		



Bruce Biccard
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Research, consent and ethics to ensure health equity

APORG
AFRICAN PERIOPERATIVE RESEARCH GROUP

DEPARTMENT OF ANAESTHESIA & PERIOPERATIVE MEDICINE
UNIVERSITY OF CAPE TOWN



Collaborations

2025 saw our first major collaboration with the Global Anaesthesia, Surgery, and Obstetric Collaboration (GASOC), and the Oxford University Global Surgery group (OUGS). Drawing on our mutual expertise, we arranged a 2-day, intensive weekend seminar, recruiting internationally acclaimed faculty, focusing on basic research methodology relevant to an LMIC setting.

The seminar was held in February 2025 and was for all surgical, anaesthesia and obstetric residents, and was well attended. Developing research has been a long-term commitment for TASH, and all residents must complete a thesis in their final year. This seminar helped equip the residents with the initial tools, and the feedback received was overwhelmingly positive. We are planning to repeat this course in 2026 and also working out how to sustainably develop research teaching further.



GLOBAL SURGERY,
ANAESTHESIA &
OBSTETRICS

Where are our alumni now?

Gondar
Bahir Dar

Tikur Anbessa
St Paul's Hospital

Debir Berhan

Hawassa

And more – we are trying to keep track!!

Future Directions and how to get involved



There remains much work to be done in Ethiopia to fulfill the potential of the country. Overall anaesthesia provision remains scarce. Stories come out of the rural areas of preventable death due to lack of access to safe surgery. EADP is working towards closer collaboration with the Ethiopian Society of Anaesthesiology, to have a more coherent and long term approach to nationwide anaesthesia education. We are exploring widening our support to other hospitals in the North in Gondar, and more South in Hawassa. Alumni of the EADP are developing anaesthesiology residencies in regional hospitals outside the capital, demonstrating the value of the ripple effect, and the impact they can have on healthcare in Ethiopia.

For more information about the EADP feel free to reach out to us at info@gadpartnerships.com.

Lastly thank you to all our friends, partners and colleagues, without your support, be it with your time, your expertise or donations, the work of the EADP would not be possible. The biggest thank you however to our colleagues in Ethiopia, residents and consultants, who do incredible work in incredible circumstances.



Thank you!

Contact Us



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