

Haile Selassie and his quest to develop a Westernised medical system in Ethiopia

Julianne Weis explores how a colonial mindset on Africa's place and capacity in relation to Western medicine was fixed and applied to Ethiopia, even though the East African country had never been subject to sustained, colonial occupation like neighbouring African nations.

When Emperor Haile Selassie returned to Addis Ababa from exile in 1941, he granted immediate amnesty to the Italian forces, despite the brutality of their occupation, and shifted his focus to bringing what he termed “foreign-inspired civilisation” to his independent African nation. ([My Life and Ethiopia's Progress](#), 6)

The emperor introduced a number of political reforms, including a new constitution, parliament, and investment in education. Haile Selassie also prioritised the building of a modern medical system for Ethiopia, primarily in hospital construction and personnel training. In his memoir, Haile Selassie noted that his father, as governor of Harar, “had a strong desire to see the people get accustomed to the work of civilisation which he had observed in Europe. It was for this reason that he established the first hospital in the city of Harar.” ([My Life and Ethiopia's Progress](#), 17)

For Haile Selassie, the construction of a Westernised medical system was seen as a symbol of Ethiopia's advancement. Years of medical diplomacy followed, with the Russians, British, and Americans competing for influence in Ethiopia with gifts of hospitals, physicians, and training schools. There was consistent tension, however, between the intentions of Haile Selassie to build a physician training school and elite medical network, with foreign donors who preferred investment in lower-level training programs which focused on preventive, community health.



University of Gondar grew out of what was once the Public Health College, which was established in 1954.

Image Credit: University of Gondar

In an exchange between the Ethiopian emperor and Rockefeller Foundation, American officials contended that there was no capacity in Ethiopia to sustain a school to train physicians – the nation's population was too uneducated, and infrastructure too undeveloped. Instead of a medical school, the American “Point IV” program, a precursor to USAID, set up a public health training college in Gondar, a mid-size town northwest of Addis Ababa. The Gondar College focused on the training of health officers and community midwives who would work in rural areas, at rudimentary health centres. They were primarily tasked with preventive health through vector control, sanitation, and public health education.

For the first time in Ethiopia's history, women were conscripted as paid professionals at the Gondar College. However, women's capacity as medical professionals was restricted based on both internal and foreign bias against their gender and nationality. Instructors from the World Health Organization emphasised the primarily caring, supportive nature of Gondar midwives: they were not trained to handle obstetric emergencies or provide curative services, but were instead asked to teach Ethiopian mothers proper sanitation, nutrition, and child-rearing.

Male health officers were similarly trained to focus on prevention over cure, but were still granted authority over female midwives, and the women were told to call on male health officers in the case of birth complications.

The restrictions placed on Ethiopians trained in medicine were symbolic of larger tensions between the independent African nation and its foreign supporters. While Ethiopia had never been subject to sustained, colonial occupation like neighbouring African nations, a colonial mindset on Africa's place and capacity in relation to Western medicine were fixed and applied to Ethiopia.

Haile Selassie intended Ethiopia to have a robust, Western-style health system, with indigenous doctors, administrators, and health officers. Instead, foreign officials consistently ignored the emperor's requests, preferring a "low-tech," preventative medical approach, asserting that this was more "appropriate" to Ethiopian needs, culture, and capacity.

Disaffection among Gondar graduates was common. Male health officers would abandon rural health postings, given the infeasible task to alter socio-behavioral practices in the impoverished countryside, when most patients at their health centres sought curative medicine. Female nurses and midwives were similarly hampered by their training as mere auxiliaries: while they could assist normal deliveries, there was nothing to be done in cases of obstetric complication or emergency. There was little investment in a robust health system for Ethiopia, as foreign aid officials continued to stress the necessity of altering living standards and domestic practices in the name of public health. However, living standards in Ethiopia were predicated primarily on situations of material poverty and restrictions of livelihood. Public health instruction on preventing disease through sanitation and improved nutrition is useless to a population in material poverty.

When Haile Selassie's regime fell to the Derg in 1974, his legacy in introducing medicine to the empire was mixed: in the twilight years of his regime, he had finally secured international backing to build his long-awaited medical school in the capital. But the promise of the Gondar College was dulled by ineffective policy priorities on public health instruction, and an inadequate investment in rural medical networks.

This article is based on the [Journal of Women's History](#) article, [Medicalization and Maternal Health: The Use of Female Health auxiliaries to modernize Ethiopia under Haile Selassie, 1930-1974](#) by Julianne Weis.

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