Proposal Protocol for Fund raising

(Grant Proposal, 2025)

Philanthropy for Pan-African society of Bioethics for Tertiary Teaching Hospital, Private Bio-banking, embryo programming, and Henoch Seminary

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July 2025

Contents

Abstract

East Africa is a strategic region with developing countries geographically integrated and striving for development, stabilizing peace and security/integrity. Maintaining the health status of these nations are among the prioritized agendas by their respective health policies of the region. On the contrary, there is none (zero) centralized biobank in East Africa regions that serves as a biomedical research center. Majority of the population (Islam and Christianity) in the region are religious adherents/observant -a manifestation of Bioethics and Religion demand. Persons with disability, handicap and impairments (special needs) are significantly left marginalized, abused and skewed with disproportionately limited health care facilities. Food insecurity and the significance of embryo programming are still an alarming issue in the region. We aim to fill the gap through an organized professionals network, systematic and strategical programs based on the human development agenda to alleviate the problems by implementing state of the art teaching hospital, engagement in scientific researches, grant proposal development and dissemination for fund raising activities. As part of a holistic project, we plan to realize center of excellence in medicine and Theology study and locate Henoch seminary in Addis Abeba, Ethiopia.

Introduction

As the biblical verse affirms ‘’He who is generous to the poor lends to the LORD‘’Prov 19:1.This is a philanthropic grant proposal. The project based in Addis Ababa, Ethiopia. Even though it is a faith based center, it is a holistic center that is free of religious conviction, race, color, sex, sexual orientation ,stigma and discrimination. This grant proposal is based on the current findings about problem of health access, disability inclusion, necessity of central Biobank in East Africa, poverty and population literacy in the region. As a whole, this is a multidimensional societal deprivation alleviation project. We aim to realize this project through philanthropic donation, membership contribution and income generating schemes with in the project time line.

Ethiopia

Ethiopia is currently a land locked country in the east of Africa with a population of 135 million as of 2025. Ethiopia is known for its unique culture, identity and diversity. Ethiopia, as narrated by many historians, is a country with three to five thousand years. She is a country that has never been colonized by foreign powers. Ethiopia is a land of origin that enabled her as a tourists destination peculiarly. She has her own alphabet and unique calendar, with a 13 months of sunshine. She is the seat of African Union(AU) and the third diplomatic center of the world. Ethiopia is a country with more than 80 languages spoken with ethnically diverse population. There are a total of eleven tangible and intangible heritages that are registered by UNESCO. Amharic is the official/working language and Affan Oromo is spoken next to Amharic.

With a history of many wars with foreign invaders and local unrest, Ethiopia still struggles to enable democracy flourishing in the country. Until the withdrawal of the Solomonic dynasty in 1971 , by the Derg committee, a socialist regime , Christianity was the official or national religion. While Orthodox Christians account 41 %, Islam follows with 33% and Evangelical Protestants about 20% (2007 census). The socialist regime was overthrown by the Ethiopian people revolutionary democratic front *EPRDF/ TPLF in 1991. The prosperity party emerged as a new political party after TPLF defeated by Ethiopian national defense force. Ethiopia is on the

list of UN's least developed countries, ranked **175th** among 191 countries by UNDP human development report by 2022!.

Literature Review

Ethiopia is a low income country with poverty index of **0.367** by IMF. More than 34% of the population live under poverty line, < $1.90 a day!. In Ethiopia, 29 newborns die per 1000 live births, and as much as 74% of all babies are born without skilled birth attendance (CSA,Ethiopia and ICF 2016). The Human Development Report, for instance, reports that 81.3 percent of the population survives on less than $US1 a day (UNDP, 2003). Poverty in Ethiopia is caused population pressure, illiteracies, and natural factors like drought, famine and war etc. A range of studies report that between 35 to 50 per cent of the population is poor (Ambisa, 2019). Food, shelter and health is still an alarming issues for millions in the country. Association of malnutrition ,infectious disease and stunting is also correlated with childhood cancer. As a study in Ethiopia revealed that, more than two-third (out of 71 cancer cases) were found to be concomitantly malnourished being stunted, wasted and under weight (Yifru & Muluye, 2015) .In rural Ethiopia choosing between family welfare and spending money for a sick newborn baby is often challenging:

> -''I had nothing and I sold the only sheep I had to get treatment for my child. Before my child got sick, I was planning for the future; if the sheep gave birth I could send my children to school. So after I sold my sheep, my plan will fail… When the sheep is not there, what would I do in the future?''(FGD, Mother, rural Ethiopia)(Onarheim et al., 2019).

Rationale

The Pan-African Society of Bioethics (PASB) envisions a continent where medical innovation, scientific research, and healthcare delivery are guided by ethical integrity and cultural wisdom. Philanthropy for the Society is not merely an act of benevolence but a strategic investment in Africa's intellectual sovereignty, health equity, and moral leadership in global biomedical discourse. The initiative seeks to strengthen ethical capacity across Africa's tertiary teaching hospitals, private bio-banking institutions, embryo programming research, and faith-informed bioethical education through Henoch Seminary.

Tertiary teaching hospitals are the lifeblood of Africa's healthcare ecosystem, serving simultaneously as centers of learning, research, and clinical excellence. Yet many institutions face chronic underfunding, ethical oversight gaps, and limited access to global bioethical frameworks. Philanthropic engagement will empower PASB to provide structured ethics education, research governance support, and policy guidance tailored to African contexts. This support ensures that innovations in surgery, genetics, and data use uphold human dignity, patient rights, and community trust.

Private bio-banking represents a frontier of African biomedical potential—storing genetic materials and biological samples that could unlock cures for endemic diseases and advance

personalized medicine. However, bio-banking also raises critical questions around ownership, consent, data sovereignty, and benefit sharing. Through philanthropic support, PASB can build regulatory models and ethical training programs that safeguard African genomic data from exploitation while promoting equitable research collaborations. Such frameworks can position Africa not merely as a source of biological material but as a leader in the stewardship of human biological heritage.

In parallel, embryo programming and reproductive technologies are reshaping the moral terrain of medical science. The capacity to influence early human development brings with it profound ethical implications concerning identity, personhood, and justice. PASB's philanthropic platform will fund interdisciplinary research and dialogues that integrate philosophy, theology, and biomedical science—creating African-centered responses to global biotechnological questions. The Society aims to nurture bioethicists who can articulate these perspectives in both local policy and international fora, ensuring Africa's moral voice is heard in global debates about human life and genetic intervention.

Henoch Seminary serves as the intellectual and spiritual partner in this mission, grounding bioethical reflection in the moral traditions and spiritual philosophies of African societies. Philanthropic investment here supports the formation of leaders who bridge science and spirituality, producing professionals who are ethically informed, socially conscious, and spiritually grounded. This partnership ensures that the rapid progress of medical science remains aligned with values of compassion, justice, and respect for life.

Ultimately, philanthropy for the Pan-African Society of Bioethics is an act of empowerment. It enables the cultivation of ethical expertise, institutional integrity, and moral imagination across African health and research systems. By supporting PASB's work with tertiary hospitals, bio-banks, embryo research centers, and faith-based education, donors invest in a future where Africa not only participates in the global biomedical revolution but shapes it according to its own ethical and cultural ideals.

Research Questions

RQ1: What strategies should be implemented to limit brain drain in health care professionals in East Africa?

RQ2: How should we address the lack of centralized bio bank that could address inter-continental needs in East Africa?

RQ3: How can we achieve a sustainable food security and prevent malnutrition and stunting in East African society?

RQ4: How do we integrate and intersect Bioethics and religion for holistic healing in light of Biochemistry religion?

Health in Ethiopia

Universal health coverage (UHC) focuses on ensuring everyone has access to a full range of quality essential health services from health promotion to prevention, treatment, rehabilitation and palliative care without financial hardship. However, low-income countries face different access barriers to health care. A study in four African countries shows that lack of transport, availability of services, inadequate drugs or equipment, and costs, are the four major barriers for access(Eide et al., 2015).

Taking Ethiopia as a case, about 30 neonates die per 1000 live births. The prevalence of wasting is high among under-five orphans, in a region of Ethiopia in the study 11.1% orphans were wasted from which
3.3 are severely wasted (Wete et al., 2019). There is considerable inequalities between the poor and the rich in many countries, and the gap is high, among other are Ethiopia(Quentin et al., 2014) . School feeding is implemented this days that has a good impact for the health of the public students. According to the 2016 Ethiopian demographic and health survey, the prevalence of stunting, underweight, and wasting among under-5-y children was 38%, 24%, and 10%, respectively. Hence, Ethiopia has prepared food based dietary guidelines based on priority in CVD, T2DM, protein energy malnutrition (PEM), and vitamin A, zinc, calcium, and folate deficiency (Bekele et al., 2023) . Even though there are some private and public health care centers(health centers , clinics ,general hospitals and referral hospitals), still accessing is still an issue for low income population classes. Both communicable and non-communicable diseases are rampant in the country. The issue becomes burning in the rural regions. Of these, the worst scenario is real on the street children/dwellers , a research finding shows street children are

encountering widespread challenges like social network fragmentation, child trafficking, harassments, and shortage of basic needs(Chimdessa, 2022) .

Poverty in Ethiopia

Table 1 Demographic Health and Development indicators of Ethiopia

Total population	95.9 million[a]
Life expectancy at birth (years)	62[a]
Total fertility rate	4.1[a]
Maternal mortality ratio (per 100,000 live births)	420[a]
Infant mortality rate (per 1000 live births)	50[a]
Under-5 mortality rate (per 1000 live births)	68[a]
Stunting in children under 5 years of age	40.1 %[b]
Hospital to population ratio	1:564173[a]
Number of hospitals (by levels/types)	125[a]
Physicians (GPs and Specialist) to population ratio	1:32132[a]
Total number of general practitioners	1213[a]
Total number of Specialists	331[a]
Health expenditure as % of GDP	4.7[c]
Per capital total expenditure on health	US$ 20.77[d]
Out of pocket payments (as % of total health expenditure)	34 %[d]

Sources:
[a]*Federal Democratic Republic of Ethiopia Ministry of Health, Ministry of Health Health and Health Related Indicators November 2014* http://www.moh.gov.et/documents/26765/0/Health+and+Health+Related+Indicators+2005+E.C/1b5b2a9f-a960-4024-8d92-519195364023?version=1.0
[b]*Central Statistics Agency [Ethiopia] Mini Demographic and Health Survey August 2014* http://www.unicef.org/ethiopia/Mini_DHS_2014__Final_Report.pdf
[c]*UNDP* – hdr.undp.org/en/data
[d]*Federal Democratic Republic of Ethiopia Ministry of Health, Fifth National Health Accounts, 2010/2011. Addis Ababa. Ethiopia,* https://www.hfgproject.org/wp-content/uploads/2014/04/Ethiopia-NHA-Findings-Briefing-Notes.pdf

The most striking and direct expressions of poverty are related to the ability to survive. Life expectancy provides such an indication.

This is a synergistic way in connection to ‘One medicine’ or ‘One Health’ approaches that integrate zoonotic, environmental, human related diseases that co exist in one world, a global movement. In rural Ethiopia, poverty not only directly affects the health status of individuals but also increases the duration of illness and hampers the cross effects of education on reducing the incidence of illness and the probability of seeking outside medical help (Asfaw, 2014). This way of alleviating health problems and poverty is a hallmark of international collaboration and acts (Lumpkin, 2010). Though accessing health care service is a basic right, still health care access is limited in East African countries, the magnitude among female use to be 38.8%(Tiruneh et al., 2024) .

Table A: The most recent MPI for Ethiopia relative to selected countries and region

	Survey year	MPI value	Head-count (%)	Intensity of deprivations (%)	Population share (%)			Contribution of deprivation in dimension to overall multidimensional poverty (%)		
					Vulnera-ble to multidim ensional poverty	In severe multidim ensional poverty	Below income poverty line	Health	Education	Standard of living
Ethiopia	2019	0.367	68.7	53.3	18.4	41.9	27.0	14.0	31.5	54.5
Rwanda	2019/2020	0.231	48.8	47.3	22.7	19.7	52.0	19.0	26.6	54.4
Uganda	2016	0.281	57.2	49.2	23.6	25.7	42.2	24.0	21.6	54.5
Sub-Saharan Africa	-	0.262	49.5	52.9	18.6	27.9	37.4	20.6	29.6	49.8

Table2. Multidimensional Poverty Index 2023, UNDP

Economy in Ethiopia

Ethiopia is among the least developed countries in the world with a per capita income of US$ 850 according to the World Bank. The poverty rate in the country is between 20 and 27 in almost all of the regions of the country except the 2 city administrations and Harari region. About 5% of the global population, predominantly in low- and middle-income countries, is forced into poverty because of out-of-pocket (OOP) health spending. One of the hindrance to access health service is of financial scarcity or economical. As a research revealed that, in Ethiopia, out of pocket health spending impoverishes a significant number of the population. Although the country had piloted and initiated many reforms, e.g. the fee waiver system and community-based health insurance, a significant proportion of the population still lacks financial protection(Obse & Ataguba, 2020) . On the other hand, complications during the intrapartum period continued to be the leading cause of death for women of reproductive age and newborns. In Ethiopia less than one in four mothers get quality intrapartum health care service (Negash et al., 2024).

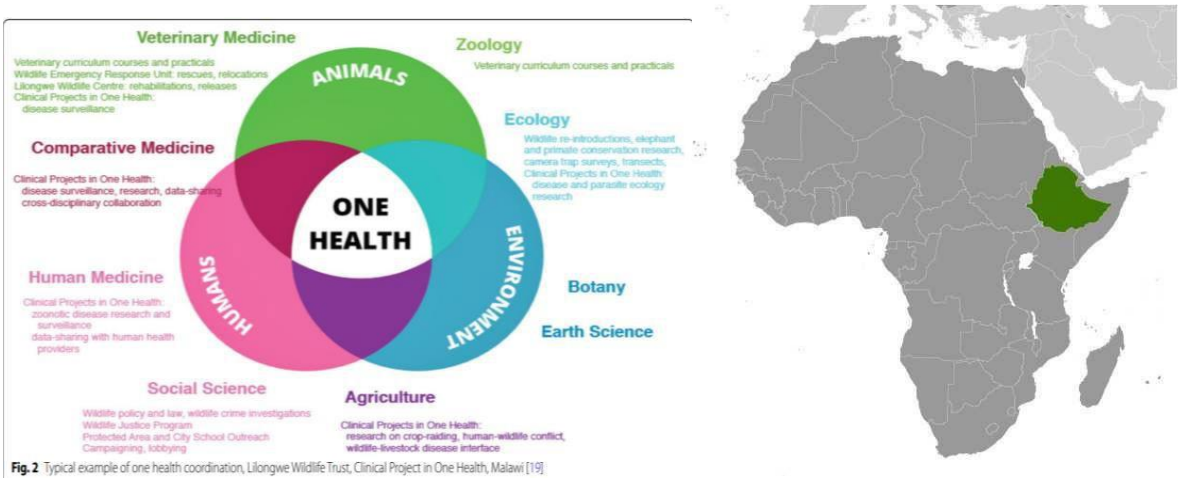

Fig. 2 Typical example of one health coordination, Lilongwe Wildlife Trust, Clinical Project in One Health, Malawi [19]

Medical/health care and disability

The World Health Organization (WHO) defines disability as an umbrella term that covers impairments, activity limitations and restrictions in participation (World Health Organization/ The World Bank 2011). Disability is more common among women, older people, children and adults who are poor. People with disabilities often do not receive the needed health care and approximately half cannot afford it. Data from four countries in the Region found that only 26% to 55% of people received the medical rehabilitation they needed, while only 17% to 37% received the assistive devices they needed such as wheelchairs, prostheses and hearing aids (WHO).

People with disabilities report seeking more health care than people without disabilities and have greater unmet needs. For example, a recent survey of people with serious mental disorders, showed that between 35% and 50% of people in developed countries, and between 76% and 85% in developing countries, received no treatment in the year prior to the study.

According to a study, about 15% of Ethiopian population are victim of one form of disability. Forms of disability and its features are expressed in different forms, like impairment and handicapped. Broadly categorized physical and mental disability. Disability is also related to spiritual dimensions and emotional wellbeing's of the disabled. The adoption of the UN Convention on the Rights of Persons with Disabilities (UN CRPD, 2006) is of great importance to foster universal human rights and inclusion of persons with disabilities**.** The slogan "Nothing about us without us" is symbolic for the strive of persons with disabilities for inclusive human rights implementation. There is apparent tendency of the so called 'stigmatized by association' pattern and perception.

Not only this- work productivity, employment opportunity, gender biases and literacy also coined with the type and forms of disability. Several factors contribute for the prevalence and occurrence of disability. These factors could be genetic predisposition, varies forms of sickness(eg. neuro degenerative diseases), trauma or accident and socio-economic factors. Public infrastructures are promoted and required to be disability inclusive. Special needs program are being launched and implemented though not sufficient with the diversity of the impairment, disability and handicaped category.

In Ethiopia the burden is two-fold as poverty and infirmity superimposed and associated, linked and escalate the challenge significantly. The scope of the challenges is diverted and exacerbated by inadequate inclusive schooling, less experts in the field, less health care coverage and significantly limited economic independence. Self-reliance and economic stability is far reaching for most of the vulnerable.

Several factors contribute to the prevalence of disability in East Africa, including poverty, lack of access to healthcare, conflict, and inadequate sanitation. Additionally, many children with disabilities in the region face barriers to education and other essential services. UNICEF data

highlights that while these children have the same rights as other children, these rights are often denied due to stigma, lack of accessible services, and other barriers.
Affirmative actions, inclusive programs and research based approaches might reduce, solve and empower those individuals in special needs.

Nutrition and embryo programming

Food security is defined by the Food and Agriculture Organization of the United Nations as 'access by all people at all times to the food needed for a healthy life' (Food and Agriculture Organization 1997). Health status has already been determined to a large extent by the quality of the nutritional environment from conception through infancy, childhood and adolescence to his or her present age. The effects of intrauterine malnutrition can persist throughout life. Poor feeding practices during the first 2 years of life have immediate and often long-term negative consequences on growth and development. Poor nutrition during the growing years affects growth and development potential. There are critical periods at the different stages in the life cycle, during which specific nutrient deprivations result in irreversible damage, which limit the full growth and functional potential of the individual.

The first Millennium Development Goal (Food and Agriculture Organization 2001b), 'Eradication of poverty and hunger', appropriately acknowledges this relationship by stating that poverty and hunger should be addressed simultaneously**.** '[m]alnutrition adversely affects mental development, physical development, productivity, the span of working years – all of which significantly influence the economic potential of man' (Berg 1973:5). The effects of intrauterine malnutrition can persist throughout life. Poor feeding practices during the first 2 years of life have immediate and often long-term negative consequences on growth and development. Poor nutrition during the growing years affects growth and development potential, while nutritional stress during adolescence and the reproductive years affects the health of especially women and consequently, the next generation. There are critical periods at the different stages in the life cycle, during which specific nutrient deprivations result in irreversible damage, which limit the full growth and functional potential of the individual(Opare-Obisaw, 2003) .

The "Barker hypothesis" postulates that a number of organ structures and associated functions undergo programming during embryonic and fetal life, which determines the set point of physiological and metabolic responses that carry into adulthood. Hence, any stimulus or insult at a critical period of embryonic and fetal development can result in developmental adaptations that produce permanent structural, physiological and metabolic changes, thereby predisposing an individual to cardiovascular, metabolic and endocrine disease in adult life (Eun Jin Kwon, 2017).

In early 2025, an estimated 61.6 million people in Eastern Africa were facing food insecurity. This includes over 11 million children aged 6-59 months and 4 million pregnant and breastfeeding women and girls who are acutely malnourished.

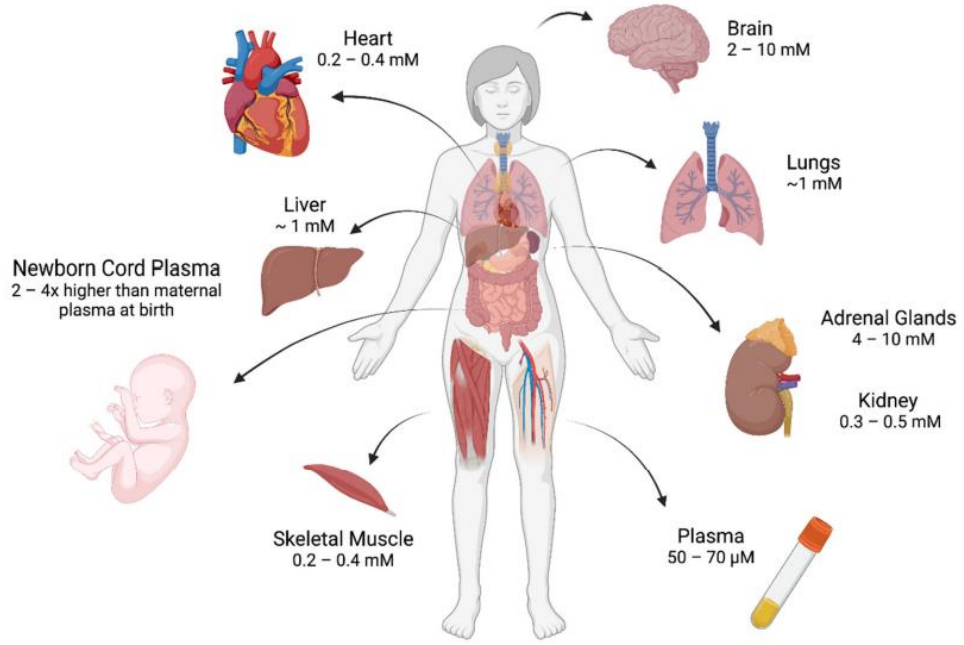

Fig 2. Tissue distribution of Vitamin C.

Biobank, necessity and exploitation

Bio bank is essential to collect, preserve ,transfer, and retrieve as well as conduct researches on biological samples that have great significance in prevention, controlling of diseases, drug discovery and treatment outcome of individuals. These infrastructures play a key role in the development of translational medical research**.** The availability of a Biobank in a given continent, if not in a country, is mandatory. When there is no biobank at near place, the cost of transportation, time duration and exposition of genetic exploitation will insue. Establishing a biobank is among the expensive medical investment categories globally.

East Africa is a country with zero centralized biobank hub that could have been addressed the intercontinental needs. According to researches until today, samples were taken from local populations for use in high-income countries with no local oversight or use of the sample(Staunton & de Vries, 2020)**.** There are also argument against commodification of the body and its parts, which includes biomaterials and data and holds that it is ethically wrong to commodify humans and their body parts. The arguments against commodification of biomaterials and data explored are the Kantian approach argument as it relates to interference of commodification with human dignity which is linked to a diminished sense of personhood, an argument against commodification that is based on a dilution of altruism and lastly the communitarian approach anti-commodification argument which emphasizes a social responsibility to the common good (Maseme, 2021). One of our mission is to fill this gap by realizing a centralized bio bank in east Africa- Ethiopia.

In a World Report, 54gene (a start up genomics company) was featured as the first pan-African biobank that plans to collect 40 000 bio-specimens from ten hospitals in Nigeria by the end of 2019. The World Report has subsequently been reproduced in the media. In a world where media reports are dominated by fake news, clarification of African biobank initiatives is imperative. While Moroccans stablish the first biobank in Africa, the Gambians are known to establish a DNA

biobank. There is also a stroke bio-banking and genomics research in SSA**.** After all, since 2010, "Human Heredity and Health in Africa" (H3Africa) is working to establish a bio bank in Africa as well. There are bio banking challenges and opportunities that are particular to Africa. Given bio-banking's central role in basic, translational, and clinical research, developing workable standards for bio-specimen management in African countries is a critical need. Our project will supplement and collaborate with H3Africa project, because collaboration is necessary to ensure the success of bio-banking projects in Africa.

Although under the General Data Protection Regulation (GDPR) avenues for data transfer exist, the ones feasible for transcontinental data exchange for biobank research rely on EU enforcement which in essence means limited oversight possibilities and, consequently, considerable risks to the EU data subject's privacy. International collaborations are frequently being created to support the establishment and proper running of biobanks in low- and middle-income countries. However, these collaborations cause cross-border issues – such as benefit sharing and data access. It is thus necessary to define and implement a fair, equitable and feasible biobank governance framework to ensure a fair balance of risks and benefits among all stakeholders (Chen & Pang, 2015).

Medicine and Theology

Etymologically, the word health is derived from an old English or Anglo-Saxon word 'hal' or 'hael' which meant; 'health', 'whole' and 'holy'. The context to which the word was used differentiated the particular meaning then. Overtime, the word has therefore come to mean… completeness and perfection of organization, fitness of life, and freedom of action, harmony of functions, vigor and freedom from all stain, unholy corruption and disease. Even the word to heal which means to restore to a state of wholeness, soundness or integrity is derived from the same root word 'hal'. The word holy also implies wholeness and purity of mind and spirit. Today, three types of definition of health seem to be possible and are used. The first is that health is the absence of any disease or impairment. The second is that health is a state that allows the individual to adequately cope with all demands of daily life (implying also the absence of disease and impairment). The third definition states that health is a state of balance, an equilibrium that an individual has established within himself and between himself and his social and physical environment.

African traditional medicine has come to stay despite the array of objections and negative compliments it received in time past and in fact still receives. It had strived and prospered in modern time. The alternative medical services have provided challenges to the orthodox medical practices all over Africa even in recent times. To Africans, health and wholeness can only be attained when all issues that affect and influence man are addressed, an issue which only traditional medicine can only provide (spiritual, physical, social, economic, psychological, etc)(Ajima & Ubana, 2018).

Since ancient ages, human beings have tried to examine and evaluate the relationship between spirituality, religion and medicine. The search for meaning in life is a universal phenomenon selective to human beings. Religion preserves healthy living for both the body and the soul. The interface of spirituality, quality of life and mental health is fascinating and sublime. Religion and spirituality play an essential role in the care giving of patients with terminal illnesses and chronic medical conditions. Patient's needs, desires and perspectives on religion and spirituality should be

addressed in standard clinical care. Whether modern medicine addresses holistic, compassionate and caring medical practice is a question to be answered. Ongoing research in medical education and curriculum design points towards the inclusion of competence, communication and training in spirituality. There are structured and reliable instruments available for assessing the relationship between spirituality, religion and health in research settings. Intervention based scientific studies in the arena of spirituality and modern medicine are needed(Singh & Ajinkya, 2012).

What we need

This proposal aims at targeting reducing untimely or premature death in the capital and awakening or awareness creation by building health infrastructure- one general teaching hospital – targeted producing qualified doctors that will serve Ethiopia and Africa and a holistic teaching hall- that will be used for teaching, preaching and training the vulnerable population groups. The overall modern health services utilization rate in the Eastern region of Ethiopia was low, which is 41.8% (Bazie & Adimassie, 2017). Since the population is known for deep religiosity, where 98% of the population regard themselves as religious, a spiritual therapy is one of the main target. The country is known as an island of Christianity!

As a feeding pastor and health professional, I would like to witness that this is a faith based organization, but addresses all sphere of society without discrimination. So, Im responsible for proposing fund raising globally, organizing, implementing and distributing resources for the target population up on realizing this planned teaching hospital.

Vision

- To realize a philanthropic based, non-profit teaching hospital in East Africa with a center of excellence in Bioethics, Bio-banking, nutrition and Henoch seminary by 2035.

Mission

- To be a leading tertiary health care in East Africa with competent health care practitioners with core principles of Bioethics:- autonomy, beneficence, non-maleficence and justice.

Objectives:

- To establish a state of the art private, non-profit teaching hospital that could produce health care practitioners that are relevant for Ethiopia and Africa
- To build a private wing non-profit centralized Bio-banking and research center that could address inter-continental needs.
- To interject Bioethics and dietetics/nutrition with the emphasis of gestational (pre-natal) and post-natal care in light of embryo programming.
- To realize a holistic center of excellence in Bioethics and Religion, aiming Henoch seminary center in East Africa, Addis Ababa ,Ethiopia.

Methodologies

This proposal is unique in a sense that it seeks financial support to build the intended tertiary care teaching hospital. However, all intended researches will be done in Ethiopia. Preliminary researches will be done first. Both quantitative and qualitative as well as mixed method will be employed. Ethical clearance will be obtained from institutional IRB, regional REC and National REC. Researches are dependent up on available funding and local security-peace and stability.

Relevance

Aimed at poverty reduction, empowering health access and targeting the most vulnerable groups due to displacement, drought, lack of employment and citizens of street dwellers. Literacy rate in

Ethiopia is low. Education is directly related to income and indirectly related to poverty. While in Ethiopia higher education system 70 %of them enrolled as a social science stream ,the rest ,i.e 30 % will be enrolled for natural science program.

Many among several persons ,in the country, will die without getting the first line medical treatment!. There is scarcity of research in this scenario. This is health expertise production that aims filling the gap seen in low income country- Ethiopia. According to recent reports, Africa needs 1.8million doctors/health professionals by 2030. Our proposed teaching hospital, when realized, produce 100 doctors per year!. To be fertile, individuals must access health services whenever they suffer from acute or chronic health problems.

As a mission of poverty reduction, producing healthy citizens are our main objective. These beneficiaries include ፦-street children, refuges and orphans who live in Addis Ababa and regional cities.

Impact

The United Nations (UN) has set a goal to minimize the global neonatal deaths to 12 per 1000 live births by the year 2030. **Preventing untimely and premature death** is the first priority service of our proposed teaching hospital. This approach relates with the universal health coverage and millennium development goals. The integrated teaching hospital will have a profound impact to the mentioned societal classes in Ethiopia. We estimate, tentatively, that about 150 patients will visit our center per day, given all proposed units being functional!. We directly contribute to the ***wellbeing*** of low income societies and for the vulnerable and the destitute. We produce highly ***qualified doctors and specialists*** that fill the health professionals scarcity in Ethiopia and Africa. Street children will get the service ***for free*** with continuous social and wellbeing training. Our center will be center of excellence in ***bio-banking*** service ,which is the first in Ethiopia. We address health care services through ***mobile clinic*** service in the peripheral regions.

Beneficiaries

This project is designed and aimed to benefit the poor, marginalized and vulnerable population in Ethiopia. It is entirely a philanthropic activity that targets the disadvantaged and unattended economically deprived societies. The hospital will have its own guidelines and regulations as to how cover, address and recruit these populations.

As there are more than fifteen million people living with disability in Ethiopia, our main targets include these societal groups, the orphans , street dwellers and the refugees and those who are economically crippled.

Tertiary Teaching hospital / ''*Ethiopia International Medical college*''

Aimed to produce medical doctors as undergraduate and specialists- in post graduate program. It is planned to accept students based on the criteria and number limit of the Ethiopian ministry of education and Ethiopian health minister (tentatively around 150 students per year- both undergraduate and post graduate students).

The medical college will have standard dormintories for students and a dining room. In addition, there shall include the recreational areas. Standard teaching class is mandatory. Furthermore, digital library is essential component of the proposed college.

To realize a sate of the art general hospital based on the Ethiopian health facility standard criteria. Map of the plan of the teaching hospital will be delivered upon land lease payment, finalization and completion of design and architecture plan by an experienced Architect. The main units under this general hospital include:

Summary

This proposal briefly summarizes the health issue, poverty concern and economic as well us educational levels in Ethiopia. It adequately addresses the relation ship between health care and disability, embryo development and nutrition, biobank and genetic exploitation and finally the interdependence of medicine and theology.

The matter is so burning and it needs urgent actions to alleviate the problem. To stand with humanity is to be humane and just. Prosper through generous granting!

I thank you for your time to read this grant proposal and decide to help us whether financially or materially. I also welcome to receive any idea, thought, that could scale up my fund raising program. I would like to inform and Im well pleased to forward my local bank account here or up on your request.

The Budget described above includes additional value tax and material importing taxes/costs. This grant proposal requires as described earlier ,a total of roughly, including contingency

Item	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Buy land												
Buying building materials. Still, sement, blocket, tin												
Construction begins												
1st phase of construction												
2nd phase of construction												
3rd phase of construction												
Final phase of construction												
Buying furnitures												
Buying musical instruments												
Buying lighting materials												
Training servants												
Inaugurating ceremony												

Table 1. Time plan for holistic hall

Internal medicine	Unit price	Cost calculation	Total price
Vital sign monitor	1500	1500 x10	15,000.00
PC	1666	1666x10	16,600.00
Lithotripsy machine	150,000.00	150,000.00	**150,000.00**
GYN/OBS			
3D/4D ultrasounds	4625 x 4	18,500.00	18,500.00
Refrigerator	250 x 5	500.00	500.00
Psychiatry unit			
EEG machine	3000.00x4	12,000.00	12,000.00
PC	1666x10	16,600.00	16,600.00
Radiology Unit			
Digital X ray machine	75,000.00	75,000.00 x 2	150,000.00
3D/4D Ultrasounds	4625	4625 x 4	9,250.00
CT scan	200,000.00	200,000.00 x 2	400,000.00
MRI	500,000.00	500,000.00 x 2	1,000,000.00
Mamography	80,000.00	80,000.00 x 2	160,000.00
PCs	1666.00	1666.00x 10	16,600.00
PET scan machine	350,000.00	350,000.00	**350,000.00**
Laboratory Equipments			
Stool microscope	2085x4	8340.00	8340.00
Blood microscope	2085x4	8340.00	8340.00
Hormone microscope	2500x2	5000.00	5000.00
Whole blood analyser	3500x3	10,500.00	10,500.00
Biobank	10,000,000.00	10,000,000.00	10,000,000.00
Vehicles			
Buses	445,000.00	445,000.00 x 2	890,000.00
Mobile clinic vehicles	1,000,000.00	1,000,000.00 x 2	2,000,000.00
ambulances	200,000.00	200,000.00 x 5	1,000,000.00
automobiles	42,000.00	42,000.00 x 2	84,000.00
Motor bikes	1,800.00	1,800.00 x 2	36,000.00
Rooms			
Digital library	83,000.00	83,000.00 x 2	166,000.00
Class	6,466.00	6,466.00 x 4	25,864.00
PCs	1666.00	1666.00 x 100	166,600.00
Dining room	85,000.00	85,000.00	85,000.00
dormintories	5,000.00	5,000.00 x 20	100,000.00
Total			**16,900,694.00**

Table2. Budget for Medical Equipment's

COSTS	**COST PER SQUARE FOOT**
Labor	$225
Contractor fees	$68
Architectural fees	$53
Subtotal	**$346**

MATERIAL COSTS	**COST PER SQUARE METER**
Concrete	$20
Masonry	$16
Metals	$25
Wood and Plastics	$30.52
Thermal and Moisture	$20.32
Openings	$8.90
Equipment	$15.34
Finishes	$52.34
Fire Suppression	$6.78
Plumbing	$35.55
Mirror Works	$6.21
Electrical	$35.23
Grand Total	**$236.69**

Table 3. Budget cost for Teaching Hospital

References

Ambisa, Z. (2019). Review on the Current Status of Poverty and Its Determinants in. *Journal of Poverty, Investment and Development Www.Iiste.Org ISSN 2422-846X An International Peer-Reviewed*, *50*, 44–56. https://doi.org/10.7176/JPID

Asfaw, A. (2014). HOW POVERTY AFFECTS THE HEALTH STATUS AND THE HEALTH CARE DEMAND BEHAVIOUR OF HOUSEHOLDS ? THE CASE OF RURAL ETHIOPIA A BSTRACT : *Https://Www.Researchgate.Net/Publication/238757464*, *June*.

Bazie, G. W., & Adimassie, M. T. (2017). Modern health services utilization and associated factors in North East Ethiopia. *PLOS ONE | Https://Doi.Org/10.1371/Journal.Pone.0185381*, 1–10.

Bekele, T. H., Trijsburg, L., Brouwer, I. D., Vries, J. H. M. De, Covic, N., Kennedy, G., Alemayehu, D., & Feskens, E. J. M. (2023). Dietary Recommendations for Ethiopians on the Basis of Priority Diet-Related Diseases and Causes of Death in Ethiopia : An Umbrella Review. *Advances in Nutrition*, *14*(4), 895–913. https://doi.org/10.1016/j.advnut.2023.05.005

Chimdessa, A. (2022). Initiation into the street , challenges , means of survival and perceived strategies to prevent plights among street children in Addis Ababa , Ethiopia 2019 : A phenomenological study design. *PLOS ONE*, 1–22. https://doi.org/10.1371/journal.pone.0272411

Ajima, O. G., & Ubana, E. U. (2018). The Concept of Health and Wholeness in Traditional African Religion and Social Medicine. *Arts and Social Sciences Journal*, *09*(04). https://doi.org/10.4172/2151-6200.1000388

Chen, H., & Pang, T. (2015). A call for global governance of biobanks. *Bulletin of the World Health Organization*, *93*(2), 113–117. https://doi.org/10.2471/BLT.14.138420

Eide, A. H., Mannan, H., Khogali, M., Van Rooy, G., Swartz, L., Munthali, A., Hem, K. G., MacLachlan, M., & Dyrstad, K. (2015). Perceived barriers for accessing health services among individuals with disability in four African countries. *PLoS ONE*, *10*(5), 1–13. https://doi.org/10.1371/journal.pone.0125915

Eun Jin Kwon, Y. J. K. (2017). What is fetal programming?: a lifetime health is under the control of in utero health. *Obstet Gynecol Sci*, *1*, 67–78.

Maseme, M. (2021). Commodification of biomaterials and data when funding is contingent to transfer in biobank research. *Medicine, Health Care and Philosophy*, *24*(4), 667–675. https://doi.org/10.1007/s11019-021-10042-3

Opare-Obisaw, C. (2003). NUTRITION AND REPRODUCTION. *Research Review*, *60*(6), 506–519.

Singh, D. K. M., & Ajinkya, S. (2012). Spirituality and religion in modern medicine. *Indian Journal of Psychological Medicine*, *34*(4), 399–402. https://doi.org/10.4103/0253-7176.108234

Staunton, C., & de Vries, J. (2020). The governance of genomic biobank research in Africa: Reframing the regulatory tilt. *Journal of Law and the Biosciences*, *7*(1), 1–20.

https://doi.org/10.1093/jlb/lsz018

Lumpkin, J. B. (2010). *The universal bible of the protestant, catholic, orthodox, ethiopic, syriac,and samaritan church*.

Negash, W. D., Asmamaw, D. B., Wassie, G. T., Azene, A. G., Eshetu, H. B., Terefe, B., Muchie, K. F., Bantie, G. M., Bogale, K. A., & Belachew, T. B. (2024). Less than one in four mothers get quality intrapartum health care services in Ethiopia. *Scientific Reports*, *0123456789*, 1–9. https://doi.org/10.1038/s41598-024-54506-x

Obse, A. G., & Ataguba, J. E. (2020). Assessing medical impoverishment and associated factors in health care in Ethiopia. *BMC International Health and Human Rights*, 1–9.

Onarheim, K. H., Sisay, M. M., Gizaw, M., Moland, K. M., Norheim, O. F., & Miljeteig, I. (2019). Selling my sheep to pay for medicines – household priorities and coping strategies in a setting without universal health coverage. *BMC Health Services Research*, *2018*, 1–12.

Quentin, W., Abosede, O., Aka, J., Akweongo, P., Dinard, K., Ezeh, A., & Hamed, R. (2014). *Inequalities in child mortality in ten major African cities Inequalities in child mortality in ten major African cities*.

Tiruneh, M. G., Fenta, E. T., Endeshaw, D., Eshetu, H. B., & Adal, O. (2024). Six in ten female youths in low-income East African countries had problems in accessing health care : a multilevel analysis of recent demographic and health surveys from 2016 –. *BMC Health Services Research*, 1–10.

Wete, A. T., Zerfu, T. A., & Anbese, A. T. (2019). *Magnitude and associated factors of wasting among under five orphans in Dilla town , southern Ethiopia : 2018 : a cross- sectional*

study. 1–10.

Yifru, S., & Muluye, D. (2015). Childhood cancer in Gondar University Hospital , Northwest Ethiopia. *BMC Research Notes*, 1–5. https://doi.org/10.1186/s13104-015-1440-1