

Main Theme

“Alcohol, Tobacco and Substance Abuse”

Proceeding

The 22nd Annual Conference



**ETHIOPIAN PUBLIC
HEALTH ASSOCIATION**

April, 2012
Addis Ababa, Ethiopia

Proceeding of the 22nd Annual Conference of Ethiopian Public
Health Association (EPHA)



October 31st to November 3, 2011

United Nations Conference Center (UNCC)

Addis Ababa, Ethiopia

April, 2012

Addis Ababa, Ethiopia

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This publication is sponsored by the US Centers for Disease Control and Prevention (CDC) in accordance to the EPHA – CDC Cooperative Agreement No. 1U2GPS001229

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Acronyms

ABIDE	Alliance for Brain-Gain and Innovative Development
AEPHCC	Accelerated Expansion of Primary Health Care Coverage
AFP	Acute Flaccid Paralysis
AFPHA	African Federation of Public Health Associations
ALERT	All Africa Leprosy, Tuberculosis and Rehabilitation Training
ANC	Anti Natal Clinic
APHA	American Public Health Association
ART	Antiretroviral Therapy
ARV	Anti Retroviral
ATCRI	Africa Tobacco Control Regional Initiative
BCC	Behavioral Change Communication
BMI	Body Mass Index
CBN	Community Based Nutrition
CBO	Community Based Organizations
CDC	Center for Disease Control
CPHA	Canadian Public Health Association
CPR	Counseling and Psychotherapy Research
CSO	Civil Society Organizations
EDHS	Demographic and Health Survey of Ethiopia
EHNRI	Ethiopian Health and Nutrition Research Institute
EJHD	Ethiopian Journal of Health Development
EMA	Ethiopian Medical association
EMWA	Ethiopian Media Women Association
EOS	Enhanced Outreach Service
EPHA	Ethiopian Public Health Association
ESOG	Ethiopian Society of Obstetricians and Gynecologists
ETV	Ethiopia Television
EWLA	Ethiopian Women Lawyers Association
EWWA	Ethiopian Women Writes Association
FANTA	Food and Nutrition Technical Assistance
FCA	Framework Convention Alliance
FGD	Focused Group Discussion
FMHACA	Food, Medicine and Health Care Administration and Control Agency
FMoH	Federal Ministry of Health
FP	Family Planning
HAART	Highly Active Anti-Retroviral Therapy
HAPCO	HIV/AIDS Prevention and Control Office
HBV	Hepatitis B Virus
HC	Health Clinic
HCV	Hepatitis C Virus
HEP	Health Extension Program
HEW	Health Extension workers
HMIS	Health Management Information System
HP	Health Post
HRH	Human Resource Health
HSDP	Ethiopia's Health Sector Development Program
HSDP	Health Sector Development Program
ICC	International Chamber of Commerce
ICCM	Integrated Community Case Management
IEC	Information Education Communication
IESO	Indoor Environmental Standards Organization

IMNCI	Integrated Management of Newborn and Childhood Illness
IMR	Institute for Medical Research
IRB	Institutional Reviewing Board
IYCF	Infant Young Child Feeding
JUSH	Jima University Specialized Hospitals
KDHS	Kersa Demographic and Health Survey
LB	Live Birth
MDG	Millennium Development Goal
MM	Maternal Mortality
MMR	Maternal Mortality Rate
MNCAH	Maternal, Neonatal, Child and Adolescent Health
MoE	Ministry of Education
MoFED	Ministry of Finance and Economic Development
MSC	Most Significant Change
MST	Ministry of Science and Technology
NCDs	Non Communicable Diseases
NGO	Non Governmental Organization
NIP	National Implementing Partner
PH	Public Health
PHCU	Primary Health Care Unit
PLHIV	People Living with HIV
PMC	Population Media Center
PMTCT	Preventing Mother to Child Transmission
RH	Reproductive Health
RLG	Radio Listeners Group
SBA	Small Business Administration
SCRHA	Strengthening Communities' Response to HIV/AIDS
SDPRP	Sustainable Development and Poverty Reduction Program
SNNPR	Southern Nations, Nationalities and Peoples Region
SSA	Sub Saharan Africa
STI	Sexually Transmitted Infectious diseases
SYGE	Save Your Generation Ethiopia
TVET	Technical and Vocational Education and Training
U5MR	Under 5 Mortality Rate
UNCC	United Nations Conference Center
WHO	World Health Organization

Background

The Ethiopian Public Health Association (EPHA) is a legally registered national, autonomous, non for profit, multidisciplinary health professional association established in 1989 G.C and re-registered in 2010 in accordance with the new registration and regulation of charities and societies proclamation. The association is established mainly with the mission of enhancing better health services in Ethiopia. Having over 4,525 members distributed all over the country occupying a range of positions in woreda (district) health offices, health facilities, MoH, private, government and non- government organizations, it is one of the leading health professional associations in the country envisions towards the attainment of an optimal standard of health for the people of Ethiopia. Thus, It is committed to improve the health status of the people of Ethiopia through the dedicated and active involvement its members and in collaboration with other stakeholders. The association has proven track records in strengthening professional's skills and capacity of its members through annual conferences, continuing education programs, and sponsorship of members to participate in international conferences, development of curricula, guidelines and research undertaking, among others.

EPHA organizes a conference annually, where members, partners, researchers, students, government representatives and invited guests come to gather and discuss topical public health concerns in line with main theme of the conference to be selected by EPHA. The annual conference is supposed to be a platform to exchange public health information and learning among members of the association and others. Along this, the conference is an episode when board members who finished their term of office would be replaced/re-elected for the II term by the general assembly at the final day of the event. Similar to the previous annual conferences, the 22nd was colorful with more than 600 participants and forty-eight oral and seventy-one poster presentations.

This report of the conference summarizes the main points discussed during the conference such as scientific presentations, questions raised from participants and responses made by presenters in both the plenary and concurrent sessions. In addition, The report includes preconference activities (Media campaigns on the main theme of Alcohol, Tobacco and Substance Abuse, Mass walk, and Continuing education), speeches, keynote addresses, the awarding ceremony of senior and young researchers and institutions for their contribution to the development of public health in Ethiopia, Chapters report, EPHA activities and audit report and finally on the preparations of the 13th World Congress on Public Health.

1. Executive Summary

The Ethiopian Public Health Association (EPHA) held its 22nd annual conference lasted from October 31 to November 3, 2011 at the United Nations Conference Center (UNCC), Addis Ababa, with the main theme **“Alcohol, Tobacco and Substance Abuse”**. The conference was preceded by pre-conference activities such as TV talk show, Mass walk, and continuing education programs. The core objective of the pre-conference activities was to increase public awareness and thereby bring the issue of controlling alcohol, tobacco and substance abuse to the attention of policy and decisions makers by showing the magnitude of the problem vis-a-vis the socio-economic and political environment of the country as well as the particular health hazardous that are caused due to “Alcohol, Tobacco and Substance Abuse.”

On the occasions of the pre-conference activities, high ranking government officials and invited guests, experts and experienced health professionals from different walks of life actively participated in discussing the main theme of the conference. The mass walk, which was jointly organized by EPHA and Save Your Generation Ethiopia (SYGE) took place on 31st of October, 2011, with the course commencing at Lideta church and ending at the Addis Ababa Stadium. Beautifully dressed scouts, students, EPHA’s executive board members, staff, and EPHA members as well as other interested individuals holding various slogans, wearing T-shirts and caps bearing on the main theme of the conference marched the avenues accompanied by Police Marching band of Addis Ababa City.

The conference was launched by Ato Hailegnaw Eshete, Executive Director of EPHA, and concluded with a closing remark by Dr Tewabech Bishaw, President of EPHA. In her closing remarks, Dr Tewabech addressed the crowd to stand with EPHA in influencing policy and decision makers to take immediate action on ratifying and implementing the **“Framework Convention on Tobacco”** as a priority focus area. Key note addresses were also given by representatives of respective organizations including government and student bodies.

The Continuing Public Health (PH) Education session convened on the 1st of December was attended by more than 500 participants. The session focused on, “The Role of Research Media Communication Intervention in Health Promotion” and “Communication for Development” agendas. At this important session, two renowned senior communication experts shared their long years of experience to participants with particular emphasis on addressing key public health concerns.

The 22nd EPHA annual conference was attended by His Excellency Dr Kebede Worku, State Minister of the Federal Ministry of Health, Honorable members of the House of Peoples Representatives, Ms Dawn Broussard, Deputy Country Director of CDC-Ethiopia, W/ro Yemesrach Belayneh, Country Director of David and Lucile

Packard Foundation-Ethiopia, invited guests, representatives of sister associations, and EPHA members in the country and abroad.

The main conference was launched by Dr Wakegari Deresa, Vice President of EPHA with brief introduction of the three-day successive program of the conference. Having expressed his appreciation to the participants of the conference, he asked of everyone to stand for a one minute of silence in memory of the two respected members of the association who passed away the prior year; the late Dr Seyoum Tatchief and Ato Wagayehu Sahlu. This was followed by a welcome address and a brief report by Dr Tewabech on the major achievements performed by EPHA in the past year. Subsequent keynote addresses were made by Ms Dawn Broussard, Deputy Country Director of the CDC-Ethiopia, and W/ro Yemesrach Belayneh, Country Director of David and Lucile Packard Foundation-Ethiopia. Following them, the conference was officially launched by Dr Kebede Worku, State Minister of the Federal Ministry of Health.

Before proceeding to the plenary session where scientific research papers were to be presented, an award ceremony took place where EPHA recognized individuals and institutions for their achievement in contributing to public health research and praiseworthy services. Dr. Tewabech Bishaw, President of EPHA, gave a short briefing on the selection criteria and biography of each awardees followed by His Excellency Dr Kebede Worku, State Minister of FMOH, awarding gold medals, cups and certificates of recognition for the selected individuals and organizations. The winners included Dr Teshoma Gebrie for Senior Public Health Service Award; Dr Alemayehu Worku for Senior Public Health Research Award; Ato Kebede Deribe for Young Public Health Research Award with Institution Awards being given to ALERT and Hamlin Fistula Hospital of Ethiopia.

For the first plenary session of the program on Alcohol, Tobacco, and Substance Abuse, three eminent and respected experts presented papers on the following topics: *'Legal Aspects of Alcohol and Substance Abuse'*, *'Araque' Production, Marketing, and Consumption,* and *Multi-media Communication, Strategies and Implementation on Alcohol and Substance Abuse* followed by question and answer (Q&A) and discussion with the participants. Other panel discussions on MDG 4: Child Health, MDG 5: Maternal Health and Human Resource for Health were also presented by various scholars on subsequent days.

Forty-eight oral and seventy-one poster presentations prepared by young researchers, who came from all over the country were entertained. The selected papers were focused on key public health topics such as Child Health, Nutrition, FP/RH/Maternal Health, Environmental Health, Communicable Diseases, Mental Health, HIV/AIDS, and Microbial Infections.

At Last, as per custom, a business meeting was held where EPHA's annual activities, audit, and chapters' reports were shared to members; Executive board members selected and resolutions passed on Alcohol, Tobacco, and Substance Abuse which is to be submitted to decision makers to take action accordingly.

Ato Hailegnaw Eshete, Executive Director of EPHA closed the conference after making a short statement calling on every participant to contribute and stand together with EPHA in controlling Alcohol, tobacco and substance abuse. The conference then officially closed with a social event organized at Ras Hotel where winners of the best poster presentations, among others, were awarded by Dr. Tewabech Bishaw, President of EPHA.

PART ONE

Preconference Activities

2. Pre-Conference Activities

It has been customary to undertake certain pre-conference activities on the main theme of the EPHA's annual conference. Therefore, before the launching of EPHA's 22nd annual conference, on October 31st, various pre-conference activities were undertaken with media coverage and mass walk having alcohol, tobacco and substance abuse as well as continuing PH education as a focus of attention.

2.1. Media Reporting: TV, Radio and Newspapers

As one of the pre-conference activities, a press-conference on the main theme of Alcohol, Tobacco and Substance Abuse was organized for journalists of varied media to raise awareness on the role they can play in addressing alcohol, tobacco and substance abuse issues. The press conference has been reported by Ethiopian News Agency, Ethiopian Radio and Television Agency, Ethiopian Herald, Addis Zemen, Mesenazeria, Sheggar FM, FM 97.1, The Daily Monitor and other private media outlets. ETV gave the issue exceptional coverage by organizing a rigorous discussion forum with participation of experts from different government sectors, NGOs, CBOs and the like. This media forum closed by calling on legislators and law enforcement bodies to play a key role in mitigating the overwhelming social, economic and public health impact of alcohol, tobacco and other substance abuse.

2.2 Mass Walk

The Mass walk organized by EPHA and Save Your Generation of Ethiopia, (SYGE), took place on October 31st, 2011 by marching from Lideta Church to the Addis Ababa Stadium. The main objective of the mass walk was to raise the public awareness on detrimental effects of alcohol, tobacco, and substance abuse and on efforts that need to be made to achieve a better socio-economic development by calling the attention of policy and decision makers to act on the issue. Over 500 people from various quarters including representatives from government and non-government organizations, EPHA executive board members and staff, members of EPHA and sister associations, scouts, students from five high schools, invited guests and interested groups took part in this sensitizing mass walk.

The march was launched with opening remarks by Ato Hailegnaw Eshete, Executive Director of EPHA, in which he stressed on the need for legislatives and law enforcement bodies to give special attention to this growing issue of public health concern. He also mentioned that recent studies showed that the consumption pattern of alcohol and other psychotropic substances is exacerbating the problem of HIV and other sexually transmitted infections (STIs) as well as contributing to criminal behavior, road traffic accidents, family breakdowns and unemployment. In relation to this, Ato Hailegnaw said that EPHA, in collaboration with the centers for disease control (CDC) and the Canadian Public Health Association (CPHA), has been striving to bring the attention of all

concerned bodies to institute enforceable legal provisions to control the consumptions of these harmful substances at the national level.

The Mass walk was festooned with colorful and evocative messages against alcohol, tobacco, and substance abuse including the slogan, *“The involvement of decision making bodies is vital to create a generation which is free from Alcohol, Tobacco and Substance Abuse”* and was accompanied by the Addis Ababa Police marching band. Along the path of the Mass walk various educational entertainment shows were displayed in the form of short dramas, poems and songs by SYGE’s entertainment club and students. .

In turn, at the end of the Mass walk, Dr Tewabech Bishaw, President of EPHA, noted that WHO studies in 2004 and 2006 had issued clear that alcohol and tobacco consumption are increasing, especially among the youth and she strongly urged that EPHA call on relevant government bodies to take urgent steps to ratify and implement the *Framework Convention on Tobacco*, as Ethiopia is among the few African countries which has not ratified the convention. In addition, representatives from the FMOH, non-government organizations, sister associations, students and invited individuals appreciated EPHA for taking such initiative and presented their respective supporting speeches at this historic occasion. A representative from the FMOH, who is the head of Non-Communicable Diseases Department, disclosed that there is a direct linkage between substance abuse and expansion of non-communicable diseases such as mental disorder, cancer and heart diseases, among others. In his concluding remark, he call for everyone at all levels to support EPHA’s efforts and initiatives in preventing and controlling alcohol, tobacco and substance abuse. Speakers from Medhanealem Comprehensive Secondary School, SYGE, and other organizations also provided key messages to the mass walk participants.

Simultaneously, while the mass walk was in progress, a live panel discussion was aired via Fana Broadcast Corporation on the magnitude and consequences of alcohol, tobacco and other substance abuse among the Mass.

2.3 Continuing Public Health Education

The continuing public health education forum was organized by EPHA with the aim of providing more information and insight to its members and other concerned bodies on this an ever growing health topics. Convened on the eve of the EPHA 22nd conference at the UNCC, the session was attended by more than 400 members of the association and invited guests from various partner organizations. The session was moderated by Ato Asres Kebede, and two distinguished experts, Dr Negussie Teferra from Population Media Center (PMC) and Dr Afework Ayele from UNICEF shared their long years of experience in “The Roles of Research Media Communication Intervention in Health Promotion” and “Communication for Development,” respectively.

Dr Negussie began his presentation by asking what does communication mean and what barriers exist? What issues crop up in the communication activities of the Population Media Center? What does research based communication refers to? He then proceeded to describe a range of definitions on the concept of communication including, *“Communication is the process of verbally and non-verbally sharing with another person or persons one’s knowledge, interests, attitudes, opinions, beliefs, feelings, and ideas in such a way that he understands what you are saying”*. If no mutual understanding has come about, you have not communicated- no matter what you have said and how well you have presented it. As you communicate, never forget that the goal of communication is to engender action. Its general objective is *“...to be received, to be understood, to be accepted and to get action”*. Effective communication involves two important elements: Knowing the subject matter, and the audience. He also showed the stages of Behavior Change and various factors which affects it. Lastly, he discussed his findings from the assessment of media communication and socio-cultural situation in Ethiopia in 2002 and 2005 and PMC’s experience of communication in radio serial drama.

Dr Afework on his part emphasized on the long-term experiences of UNICEF and its new approach of Communication for Development. He explained that the focus of communication had been changing from time to time (from 1946 - 2008) with respect to thematic areas of health selected by UNICEF. The field of communication was formerly resorted to in the agriculture sector and later adopted for health sector. After the two presentations, the following comments and questions were forwarded by the participants and reflections made by the panelists were summarized hereunder

Reflections from the Participants

- Persuading is taken to refer to propaganda and thus has a negative connotation. We shouldn’t confuse communication with persuasion. Communication is all about convincing and providing people with adequate information. After people have been well informed on a certain issues, room should be given for them to act, react or do whatever accordingly. It is thus important to substitute ‘persuasion’ with some other appropriate wording such as ‘convincing’ and ‘informing’.
- So often, we are bringing new communication jargons such as IEC, BCC, and the like with which we confuse people. Why don’t we introduce standard and universally acceptable technical languages?
- It was said that the ultimate goal of every communication effort is action. But how easy is it to connect positive changes witnessed in the behaviors of individuals or a mass are brought about by the intervention of a certain communication strategy as in the case of PMC?
- To develop various messages for a highly specified or segmented target audience involves a lot of effort in terms of mobilizing resources for an organization which is planning to employ communication interventions.

I see a kind of conceptual contradiction between developing focused messaging accordingly to the level of understanding of the diversified target group and resource capacity.

- How are media and communication referred to in the local language?
- In the reports of several organizations, we found a concrete statement saying this or that percent of the target audience has been changed or has shown some kind of behavioral change due to the particular communication intervention employed by the organization. How far are these conclusions valid? How are such changes measured?

Responses Made by the Panelists

- If we refer to the classical meaning of persuasion, it doesn't contradict our usage of the word in our context. Persuasion in our context refers to bringing a positive influence upon the attitude and thoughts of people. The logic is that if people are convinced they will be persuaded or positively influenced to change. By contrast, 'propaganda' refers to brain washing or misinforming, misleading or deceiving for a change which may be unwanted. Persuasion is not to mean forcing people to be convinced.
- More than 30,000 health extension workers are now deployed all over the country by the government to bring behavioral change. But as to the PMC, we have internationally accepted and nationally presented standard tools that helped us clearly identify the net impact as revealed in the behaviors of our target audience following our communication interventions.
- Role modeling communication is an excellent approach for behavioral change. In that regard, PMC has been engaged in producing real life stories on HIV/AIDS, traditional harmful practices and other critical health concerns. The team assigned for this task did not write real life stories by being based in Addis; rather, they wrote the stories by traveling to regions and communities and by interviewing individuals as key informants.
- Regarding the question of contradiction between resource capacities and developing various messages for different target groups as per their level of understanding, my reaction is that if we have to rely on different approaches to address different target groups, we have to do so as the situation dictates. We cannot use the excuse of resource limitation to utilize the same message for all. This has a danger of reducing the central point and effectiveness of the message in terms of cultural background, educational level, age or any other decisive parameters.
- Any communication message should be pre tested before dissemination for its accuracy appropriateness and conformity to the level of targeted groups whom we are planning to address.

- We did not communicate in the same way for all people. Before producing our material and began communication for behavioral change, we often do research on which communication channel is relevant to our specific target groups. Not only the medium of communication would be studied in the research, there are several issues that we also have to consider.
- Audience segmentation and the like are essential components of concern during development of the communication strategies to achieve certain goals.

PART TWO

Main Conference

3. CONFERENCE SESSION

The main conference officially opened on November 1, 2011 at the United Nation Conference Center, Addis Ababa. Prior to the launching ceremony, registration and distribution of conference related materials to the participants was carried by the EPHA.

3.1 Program Introduction

The session commenced with the program introduction by Dr Wakgari Deressa, Vice President of EPHA. On behalf of EPHA and himself, Dr. Wakgari welcomed all the participants and then asked for all to stand up for a one minute of silence in memory of two respected members of the association who passed away the prior year, the late Dr Seyoum Tatchief and the late Ato Wagayehu Sahlu.

Continuing his introduction, Dr Wakgari mentioned that this year was special for the association because it is the year that EPHA is preparing itself to host the 13th World Congress on Public Health in April 2012 and the establishment of African Federation of Public Health Associations (AFPHAs) with a permanent seat within EPHA. In addition, he underscored that EPHA's goals and objectives are heavily rely on the active participation of its members and its ability in implementing the strategic plan of 2010 – 2014. He also talked about the progress made by EPHA, including MDGs achievement to improvement of the health of the Ethiopian people for which EPHA has generated substantial grants from different donors and partners to run the multi-faceted activities of the Association. After inviting the president to make a welcoming speech, he shared information on the main theme and sub-themes of the panel discussions, the number of papers to be presented for concurrent sessions and posters presentations. He also noted that the business meeting and social evening were among the major events to take place at the conclusion of the conference.

3.2 Welcoming Address

Like Dr. Wakgari, Dr Tewabech Bishaw, President of EPHA also began her speech by welcoming all the participants of the 22nd EPHA Annual Conference and explained what had been done during the pre-conference sessions to raise awareness on the negative impact of alcohol, tobacco and substance abuse and shared her deep concern on the effect of Alcohol, Khat and Shisha on the youth in the country.

She further discussed the catchy advertisements geared to youth in particular that make them particularly vulnerable and urged action by concerned bodies to counter the alarming trend in the use and abuse of alcohol, Khat and Shisha. As in many countries, the link between substance abuse and increased HIV infection has come under greater scrutiny. Several studies indicate that excessive consumption of alcohol; khat, Shisha and other substances often impair judgment and exposes people to unprotected sex and multiple sexual relationships, increasing the risk of HIV infection, unwanted pregnancies and other related consequences. To tackle these alarming situations, she mentioned the following activities by EPHA with the support of the CDC and in collaboration with the African Tobacco Control Regional Alliances and Framework, and CPHA. PMC, Radio

Fana and Time Media Communication have implemented projects and promoted development activities, coordinated public education campaigns and advocacy for legislation. With the National Alcohol, Substance Abuse Policy and Administration, EPHA planned and organized trainings and awareness raising programs for parliamentarians, legislators, business executives and mass leaders. With the leadership of FMOH, relentless efforts have been made by EPHA and the Convention has already been presented to the Parliament for ratification. Along with these activities, EPHA advocates and promotes the availability of adequate care, treatment, support and facilities for those who are already affected by alcohol, tobacco and substance abuse.

From the distributed EPHA Annual Report 2010/2011 and related materials, she emphasized the following key highlights of EPHA achievements and institutional capacity strengthening:

- EPHA has carried out initiatives that contributed towards achieving the MDGs.
 - The Executive Board and Advisory Council members met as required to provide support, guidance and oversight to the secretariat.
 - With the support of various partners and its own members, EPHA has undertaken various project activities in the reporting period. The following are the brief accounts of achievements:
1. In collaboration with the CDC-Ethiopia, the emphasis on HIV prevention and control was maintained. These include demographic and health surveillance, standardized basic health care packages, leadership and strategic information training programs, support to leadership, field epidemiology and laboratory, and also the publication of *EJHD*, *Felege Tena Newsletter*, *PH Digest*, *the HIV/AIDS/STI/TB Bulletin* and *Master's Thesis Extract* and proceedings and abstracts of the 20th and 21st annual conferences. All have been going smoothly and expanding to reach more participants, institutions, members and other partners for free of charge.
 2. The support of the David and Lucile Packard Foundation has been maintained and further strengthened. The support to strengthen the link between households and PHCU for improving the RH/FP projects is proceeding smoothly and continuous effort is being made to improve and strengthen the referral system at different levels of the health system. With the support of the Packard Foundation, in collaboration with FMOH and SNNP regional Health Bureau, extensive works have been undertaken focusing on training of HEWs on implant insertion and removal. This is aimed at scaling up the community-based long acting family planning (FP). Over 1,500 HEWs and 90 HEW supervisors were trained. From the reports of the regions, over 750 health posts were equipped, strengthened and over 8000 mothers received services.

3. Collaboration with PATH-Ethiopia was also established and maintained in the effort to strengthen the community level monitoring and evaluation activities of the SCRHA project. The EPHA-PATH Project is focused on capacity building of CSOs and NIPs, introducing and implementing qualitative M & E techniques and producing project communication materials including a documentary and special edition newsletters on Most Significant Change (MSC) stories.
4. EPHA is accredited by the Ministry of Science and Technology (MST) and has established its own internal review board (IRB) system for reviewing and giving clearance for research proposals submitted by different individuals and organizations. Accordingly, in 2010 – 2011, it received 37 research proposals out of which it approved 28; rejected six on ethical grounds and three proposals are still under consideration. Owing to the competencies that EPHA possesses, it has applied for an expanded mandate under the procedure of the MST.
5. EPHA-CPHA/ATCRI/FCA Tobacco Control: Since EPHA became a member of the Framework Convention Alliance (FCA), it has organized training and advocacy workshop for 25 parliamentarians, distributed advocacy materials on tobacco control and organized panel discussions aired through the Ethiopian Radio and Television, etc.
6. Advocacy workshop on alcohol and substance abuse: “Melegna” radio and “Tenaystelegne” TV programs were launched. Different print materials produced and distributed; ‘ከትምባሆ ነፃ የሆነ ትውልድ ለማፍራት የሁላችንም ተሳትፎ ወሳኝ ነው’ was one such.



Picture 1 Partial view of the 22nd Annual Conference of EPHA

3.2.1. EPHA Organizational/Institutional Capacity Strengthening

- Based on the third (2010-2014) strategic plan, a new EPHA organizational structure has been approved. Accordingly a new organ gram was established in the reporting year. EPHA has an executive director; executive board headed by its president, an advisory council and a general assembly. According to the new organizational structure, EPHA has now Project Management Department; Research, Training and Publications Department; Members Affairs and Networking Department; Administration and Finance Department; and two more units which are accountable to the executive director. A new salary scale has also been introduced and the budget is clearly indicated on the manual distributed to all the staff.
- EPHA moved from Dembel City Center to a new office building on the road to '*Meskel Flower Hotel*'. Additionally, EPHA has procured and secured its own plot of land for the future location of the Association. The plot is 885 square km and is located in Addis Abeba, Arada sub-city, Woreda 7, Kebele 14/15, in front of the Kebena Shell.
- Latest data shows that EPHA has 4340 members of which 284 are Life members.
- The regional chapters has increased to 18
- EPHA has developed three strategic plans (SP); the strategic plan 2010 – 2014 is the third one which is under implementation. The third SP is mainly focused on strengthening of the association to further improve its functions and enhance members' contribution to the country's health sector development.
- Strengthening of the national, regional and global networking and close working relationships have been maintained with the FMOH, regional health bureaus (RHBs), CDC and various universities of the country, the David and Lucile Packard Foundation, PATH-Ethiopia, USAID, WHO and UNICEF and EPHA also strengthened its ties with professional associations including EMA, the Ethiopian Nurses Association, Ethiopian Nurse Midwives Association, ESOG, Ethiopian Pediatrics Association, Ethiopian PH Laboratory Association, the newly formed Ethiopian Public Health Officers Association and the Ethiopian Veterinary Association.
- Collaboration has steadily continued and strengthened with the APHA, CPHA and WFPHA. EPHA is a founding member of the AFPHA, which was established and officially launched on the 31st of August 2011 during the 16th WHO Afro Regional Committee meeting. EPHA played a key role in the establishment of the federation. The Secretariat of AFPHA is here in AA and EPHA is hosting it at present. The president of EPHA

has been selected to serve as Secretary General of the Federation, which is a great honor and achievement for EPHA.

- EPHA was active member in the organization and preparation of ICASA's 16th conference held in Addis Ababa from the 14 – 16th December, 2011. The EPHA is serving as a vice chair of the national coordinating committee of the conference.
- Preparations of the 13th WFPHA scheduled for 23- 27 April, 2012 are on progress. The Congress is a joint undertaking of the WFPHA and EPHA. The main theme is, "Moving towards Global Health Equity: Opportunities and Threats". Over 3,000 participants and PH students from all over the world are expected to attend this global event.

In her final remarks, Dr Tewabech urged all to join hands with a spirit of collaboration for a better future in PH and the attainment of the highest level of health care for the Ethiopian people and the world community at large. She once again thanked and welcomed all to the 22nd Annual Conference of EPHA.

3.3 Key Note Address

1. The first speaker in this was Ms Don Vice, Deputy Country Director of CDC-Ethiopia, representing Dr Thomas Kenyon, Country Director of CDC-Ethiopia. In her keynote address, she pointed out the good relationship and cooperative agreement between the two organizations, with an overall goal of building local capacity for evidence-based decision making, in consultation with stakeholders including EPHA, MoH, HAPCO, EHNRI and local universities. The areas of focus include:

- Generating of HIV/STI/TB related strategic information (SI)
- Public health information dissemination through various channels, and
- Fostering strong collaboration among local and international organizations to establish and implement long and short-term training programs that include SI capacity.

As a final point, the deputy country director of CDC-Ethiopia thanked the leadership of EPHA and promised to continue the partnership trying her Amharic with; '*Melkam Sebsaba and Melkam Weyeyet, Amsegnallo*'.

2. The second speaker was S/r. Yemserach Belayneh, Country Director of the David and Lucile Packard Foundation. She began her remarkable keynote address by congratulating EPHA for its leadership role in selecting a very timely and important topic; Alcohol, Tobacco, and Substance Abuse which prevents individuals from realizing their full potential; results in significant societal and economic costs, addiction, job loss, criminal behavior related to the acquisition and sell of illicit drugs and all of which are the major PH concerns on a global scale.

She also mentioned the good partnership and collaborative work her organization has with EPHA and Ethiopia since 1998 and touched on important upcoming PH events in which Ethiopia will be heavily involved both at the regional and international level. Finally she expressed hope that the conference would provide the framework for policy dialogue to regulate the production and consumption of these dangerous substances and thereby create high level commitment and a sense of urgency among all to design community and school-based education programs for the public in general and the youth in particular.

3.4 Opening Remarks

Before declaring the official opening of the conference, his Excellency Dr Kebede Worku, State Minister of FMOH appreciated EPHA for selecting the topic - alcohol, tobacco and substance abuse for panel discussion as this has multiple negative social and economical dimensions. Additional comments include:

- The relationship and contribution of alcohol, tobacco, and substance abuse to the expansion of non-communicable diseases is immense.
- Ethiopia is performing many activities for the achievement of the MDGs and in line with this it is implementing the five-year Development and Transformation Plans
- Based on the recent released EDHS report, although there are good achievements on immunization, CMR and IMR, much more needs to be carried out to decrease neonatal mortality.
- The 13th annual review meeting on the health sector development took place two weeks prior to the conference and where many issues related to health programs and policy directives based on the MDGs were raised and discussed.
- The 4th HSDP is one of the public plans that emphasize the expansion and strengthening of basic health care and offering quality health services. To achieve this, the skill and ethics of the health professional is vital through social mobilization and community participation.
- Underlying the importance of the upcoming conferences of the 16th ICASA and the 13th World Congress on Public Health to the country, the state minister requested all to participate actively to achieve to the goals while appreciating the efforts being made by EPHA for the establishment of the AFPHA.

He appreciated the topic selected for the panel discussions and requested EPHA to forward the resolutions reached thereby the conference so FMOH may help take all the necessary actions. Finally, he declared the opening of the conference by expressing his best wishes and requesting everybody to work together for the achievement of the MDGs.

4. Awarding Ceremony

EPHA regularly recognizes and awards individuals and institutions for their outstanding performances in public health services and research undertakings in the country. Hence, EPHA awarded three selected individuals and two institutions with gold medals, cups and certificate of recognition. The awards were presented by Dr

Tewabech Bishaw, President of EPHA, after short briefings on the selection criteria and biography of the awardees and congratulated by His Excellency Dr Kebede Worku, State minister of FMoH.

The gold medal winners were Dr Teshome Gebre, for Senior PH Service Award, Dr Alemayehu Worku, for Senior PH Research Award, and Ato Kebede Deribe, for the Young PH Research Award. The two institutions recognized for having made an immense difference with leprosy and fistula affected patients in Ethiopia were ALERT and the Hamlin Fistula Hospital respectively. Before winding up the session, brief speeches were given by the individual and institutional awardees. The following are few extracts taken from their remarks:

“It is my pleasure to get this prestigious recognition at the 22nd EPHA Annual Conference. I am delighted with the prize and recognition given to me by EPHA” Dr Teshome Gebrie.

“The award is encouraging for me to work more and even harder for the development of PH in Ethiopia” Dr Alemayehu Worku.

“On behalf of my brother, who is honored with this great recognition, I would like to say that this award is like a new responsibility given to him to further contribute his level best towards improving the PH situation in Ethiopia.” a brother of Ato Kebede Deribe.

“The Award will inspire all the staff to do more” ALERT Representative.

“Hamlin Fistula Hospital is one of the institutions that has success in bringing meaningful change”, Hamlin Fistula Hospital Representative.

5. PLENARY SESSION

The first panel discussion was on the main theme of the conference: **Alcohol, Tobacco and Substance Abuse**. It was moderated by Dr Atalay Alem and the panelists and the topics for discussion were:

5.1. “Legal Aspect of Alcohol and Substance Abuse in Ethiopia” -By Professor Tilahun Teshome

Professor Tilahun started his presentation by describing conceptual issues on substance/alcohol abuse, which refers to the overindulgence in and dependence on drugs and/or alcohol that brings about detrimental effects to the individual's physical and mental health, as well as to the health, security and personal wellbeing of those around him. Substance abuse has long been recognized as one of the leading causes of human suffering and social unrest in many parts of the world.

He further noted that the social and economic costs of substance and/or alcohol abuse are quite immense. There is the harmful behavior - the intoxication, addiction and substance and/or alcohol related crime stemming from the acts of those involved in illicit trafficking, particularly for drug trafficking. In the Ethiopian context, professor Tilahun pointed out that there has not yet been instituted jurisprudence to help to deter the current upsurge in substance abuse and the alarming rise in *khat* chewing in almost all parts of the country. New *khat* plantations have been on the rise over the past three decades so much so that even parts of the country where *khat* cultivation and chewing was virtually unknown have now become important centers of its production, distribution and consumption. The small town of Zenzelema a few kilometers north of Bahir Dar is a case in point.

Statistical data on the use and abuse of alcohol are difficult to come by because of the fact that the making, distribution and sale of traditional alcoholic beverages remain largely unaccounted for. In any case, the production and sale of alcohol in both urban and rural settings call for the need to devise viable sources of income generation for these people in order to bring about meaningful results in the national endeavor to do away, or at least to substantially reduce, harm associated with alcohol abuse. From the global point of view, he cited some of the problems and risks identified and the actions necessary to be taken. The world health assembly has identified the abusive use and consumption of alcohol as the leading risk factor of HIV AIDS in developing countries and the third in the developed ones. The statistics are indicative of the harmful use of alcohol with 2.5 million deaths attributed to alcohol each year.

The production, distribution and sale of alcoholic beverages represent a lucrative global industry in which large corporate groups, and even governments involved. With its multidimensional effects on the environment, trade, taxation, social policy, direct and indirect health care costs and labor relations, tobacco consumption also poses a big challenge to the economy and sustainable development. It is thus estimated to cost the world some 200

billion dollars annually in increased health-care costs. Concerning the policy environment and legal framework, Prof. pointed out what is at stake globally, regionally and nationally:

- Most governments have formulated policies and enacted laws that are meant to prohibit and to criminalize abuse of certain substances.
- Many agree that international drug control began with the 1912 *International Opium Convention*, a treaty which adopted import and export restrictions on the *opium poppy* psychoactive derivatives.

The following are the three most important instruments adopted by the UN to which Ethiopia is also a signatory:

- a. The 1961 Single Convention on Narcotic Drugs is the first comprehensive international legal instrument that consolidated earlier treaties and conventions on narcotics and broadened their scopes of application.
- b. The 1971 Convention on Psychotropic Substances establishes an international control system for psychotropic substances as a response to their increasingly expanded varieties that resulted from the advance in science and technology.
- c. The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances provides additional legal mechanisms for enforcing the two earlier conventions. It was also designed to provide the best possible means to be employed in the fight against drug trafficking with a further consideration of the link between drug trafficking and organized crime.

At the regional level, the African Union adopted three five-year plans of action in 1996, 2002 and 2007. Despite some successes, however, the overall implementation of these plans of action has been impeded by several factors, with political instability and corruption being the notable ones. Nationally, a legal research has revealed that the Ethiopian government was cognizant of the dangers that stem from the production, use and abuse of narcotic drugs even before the Italian invasion of 1936. A law on Prohibition of Importation of Narcotic Drugs was proclaimed in August 1930. Following the country's liberation from the Italian occupation in 1941, legal and institutional infrastructures were instituted to combat the abuse and illicit trafficking of substances. Some of the measures have been:

- a. The Dangerous Drugs Proclamation No 24/1942
- b. The Pharmacy Regulations of 1964 and
- c. Legal Notice No. 305/1965

The 1993 National Drug Policy was the first policy instrument with the objective to control substance abuse by establishing an effective system of drug administration and control at all levels, especially by developing capacity to ensure drug safety, efficacy and quality. The Drug Administration and Control Proclamation No. 176/1999 established the Drug Administration and Control Authority with wide ranging powers and responsibilities including the power:

- To prepare a list of drugs for the country
- To structure the drugs in the list into different categories

- To revise the list whenever necessary
- To formulate policy governing the sector
- To prepare draft legislation and present it for appropriate action by the Government

The Food, Medicine and Health Care Administration and Control Proclamation No. 661/2009, which cited the need to control and deter the illicit production, trafficking and use of narcotic drugs, psychotropic substances and precursor chemicals is espoused as one of the major policy initiatives reasons for the enacting the law. The scope of the new law was enlarged to cover a wide range of drug related issues as well as broader areas of health care and food administration. It also reestablished the Food, Medicine, Health, and Care Administration Authority to oversee its implementation.

Generally, with the exception of *khat*, it can be said that there are a good number of policy and legal instruments that could be instrumental in the fight against the illicit traffic and abuse of substances. *However*, their implementation leaves very much to be desired. When it comes to the use and abuse of alcohol, however, the regulatory climate is much weaker.

Unlike the substances issue, we do not have an internationally integrated legal regime for control of the undesirable consequences that stem from the use and/or abuse of alcohol. This deficiency in the international control climate is thus the crux of the alcohol policy debate. Six policy areas that include provision of definition of alcoholic beverages, restrictions on the availability of alcohol, drunken-driving legislation, taxation and price fixing, advertisement and sponsorship, and the creation of alcohol free environments have been identified by WHO. Ethiopian laws promulgated to date do not carry express provisions that are meant to criminalize drunkenness. There were and still are, of course, laws on:

- Hours of closure of amusement places
- Licensing of manufacturers of wineries, distilleries and breweries and
- Advertisement of alcoholic beverages beyond a specified amount of alcohol

The panelist, before summing up his presentation, highlighted the following action points:

- Effective implementation of the National Drug Policy and the newly adopted legislation on food, drug and health care administration.
- Adoption of a National Alcohol Policy and a comprehensive revision of current laws may among others, include issues in relation to:
 - Infrastructure for alcohol education to youth
 - Adoption and enforcement of drunk-driving laws
 - Specifying standard drinks

- Encouragement of issuance of guidelines on drinking in work places
- Putting in place mechanisms for protection of at-risk population groups
- Setting the minimum legal age for alcohol consumption
- Fixing hours and dates for the sale of alcohol
- Restricting the number of alcohol outlets
- Effective control over alcohol advertising
- Prohibition or restriction of alcohol sale in residential areas
- Provision of treatment and support services for alcohol dependant persons
- Fixing higher prices and levying high rate of taxes and
- Setting alcohol free areas

To protect the public from the manifold harms that stem from tobacco use, our laws taken into account:

- Adoption of policies and laws on smoke free environment in public and in workplaces
- Prohibition of cigarette-related advertisements; and
- Compulsory disclosure of the health risks of smoking on cigarette packs.

Professor Tilahun concluded his presentation by stating that implementation of the recently adopted Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases 2011-2014 will largely fill in the lacuna in the fight against drug and alcohol abuse. This, of course, means:

- Ratification and implementation of the Framework Convention on Tobacco.
- Banning the advertisement of alcoholic drinks in public media, *sports fields and events*, and restricting the sale of alcohol around school environments and to adolescents
- Regulation of the production and marketing of *khat*;
- Ban the advertisement of *khat* and other addictive substances in public media, shops and markets, and restrict the sale and use of *khat* in the school environment;
- Promotion of awareness about the health effects of substance abuse and misuse
- Improving access to sports, arts, cultural and other entertainment facilities at schools, workplaces and in the community; and
- Avoiding exposure to tobacco smoke, including second-hand smoke.

5.2. “Health and Wellbeing Related ‘Arequuee’ Production, Marketing and Consumption” - By Dr Yeraswork Admassie

Dr Yeraswork limited his presentation to the issue of the health and wellbeing related impacts of ‘Arequuee’ and recommended for those who are interested to refer to the source material. *“The Arequuee Dilemma: The Socioeconomics of Arequuee Production, Marketing and Consumption in Ethiopia”*. The presentation had two

parts: Part I: Areuquee Production and its Impacts and Part II: Areuquee Marketing and its Impacts, which were supported by different pictures. In Part I, he explained how Areuquee production is an arduous job require long hours of hard work at all stages of the production process. From the study conducted on this, for the production of a liter of Areuquee, it is estimated on average to take 2.5 kg of cereals, 11.72 liters of water and 2.5 hours of work. Concerning its economic benefits and significance, he pointed out:

- A. For the small scale producer women, it is a vital **source of cash and livelihood** through the sell of the Areuquee itself as well as sale and/or use of its byproducts.
- B. Income from Areuquee wholesale is much higher in the case of **large-scale producer-wholesaler**, such as those found in Arsi Negelle and the town of Debra Berhan.
- C. Areuquee production is no small matter, based on the study, slightly more than half of the households engage in its production (52%).

Concerning the impacts of Areuquee production, he pointed out its negative effects as:

- The demand for fuel and biomass, and, hence, the related impact on the environment;
- Food security: for instance, the 806,000 quintals of maize and wheat needed to produce the 32,240,000 liters of Areuquee that is “exported” yearly from the town of Arsi Negelle alone, would have met the annual grain, food requirements (or 75% of the total food requirement) of 403,000 people.
- The wellbeing and health of women and their children:
 - Extreme tiredness, sleep deprivation and weight loss of the producers,
 - Acute and chronic respiratory infections of various sorts,
 - Eye problems such as soreness, declining eye sight, acute headache and skin allergic reactions,
 - Accidents involving babies and increased workload on children.

In Part II, he explained Areuquee marketing in wholesale, retail trade, and its significance and impacts. Areuquee is wholesale marketed both in the rural and urban areas wherein urban centers figure prominently in both the wholesale and retail trading, and no wholesale activity takes place in the rural areas. Concerning Retail trade, he said Areuquee is retailed in one of two ways: take-away purchase by the bottle and in situ consumption by the shot glass, which is the most important type both in terms of volume and impact and takes place in

- specialized ‘Areuquee –bet’
- drinking and/or eating establishments that also retail Areuquee, and
- ordinary homes that sometime double as Areuquee -bet

As to the significance of Areuquee marketing, the panelist stated:

- Both for wholesalers and retailers derive substantial incomes from marketing Areuquee as compared to those who only distil it for others to sell

- Earnings from selling to sell by the shot is even more substantial, for example, in rural Demebecha, a 750 ml bottle of Areuquee the wholesale price of which is 9.00 Birr, would retail for 18.00 Birr
- It also has the function of boosting or “warming up” the business of certain establishments
- The significance of Areuquee marketing – both wholesale and retail – for the society at large cannot be overstated
- In none of the study sites, , there is very little that has nothing to do with Areuquee
- Areuquee production and marketing accounts for 85% of all employment in this town, 2007
- It is behind the 50 flour-milling establishments, each with an average of 5 mills
- The municipal revenue of 31,000 Birr in December 2009 from some 620,000 liters exported per week.

5.3 “Multi-media Communication Strategies and Implementation on Alcohol and Substance Abuse”

By Dr Negussie Tefera

As an entry to his presentation, Dr. Negussie discussed the general and specific objectives of his study. And then went on briefing activities carried out by Population Media Center.

The general objectives of the multi-media communication Strategy are:

To contribute to the reduction of alcohol, tobacco and substance abuse in Ethiopia by providing information and knowledge to the target audience along with persuading policy and decision makers to enact policies and legislations.

The specific objectives of the program are:

- Increase the awareness of communities and particularly of the youth on the negative consequences of alcohol and substance abuse.
- Build the capacities of change agents to facilitate community members to resist distribution of alcohol and other substances and thereby influence others to follow suit.
- Prevent onset and development of alcohol and substance abuse in Ethiopia through research-based multimedia communication programs, and
- Encourage policy dialogue among decision makers towards the legislation and implementation of the national alcohol policies/regulations.

The activities carried out to this effect were:

- Organized consensus building workshop
- Conducted rapid assessment and literature review
- Organized training for media practitioners, script writers and program producers
- Produced radio serial drama
- Established radio listeners group

- Developed and broadcasted a special radio program
- Print material produced
- Produced advocacy kits for decision and policy makers
- Developed and aired TV and radio spot messages and
- Organized capacity building training workshop for change agents (journalists and media practitioners, youth leaders, women leaders, teachers/directors, religious leaders) on alcohol, tobacco and substance abuse.

After highlighted these, Dr Negussie discussed details of activities performed:

- Consensus building workshop conducted for 25 participants who were drawn from EPHA, media agencies, AAU, St. Paul hospital, PMC, the food, medicine and health care administration and control agency (FMHACA) and Ministry of Women, Children, and Youth Affairs.
- Training provided to journalists, researchers, communication experts and writers who were directly working with PMC; there was a daylong discussion and consultation meeting conducted with senior experts and doctors having extensive experiences in studying on alcohol and substance abuse in Ethiopia.
- PMC staff writers and researchers paid a visit to observe the current situation of alcohol and substance abuse in the Amhara region (Debre Markos, Bahir Dar and Gonder), Oromia region- Nazareth and Shashemene, Southern region - Hawassa, Sodo and Yirgalem and Addis Ababa. Discussions and interviews were conducted with students, teachers, school directors, health officers, women leaders and other community members.
- Twenty Radio Listeners' Groups (RLG) were formed in five regional states. With the purpose of monitoring the programs, a listeners' group facilitation guide was developed and distributed. Diaries to be filled by RLG were also printed and distributed. Each listener group had 10 - 12 members composed of students, young persons, adults, members of youth clubs and women associations. The RLGs feedback (listeners' diaries) on each radio program was analyzed and used by writers and producers to modify the programs in line with the interest of the targeted community groups.
- Formation of a Technical Committee (Jury) for the specific purpose of selecting storylines: Jury members were (highly professional in the field) drawn from Theatre Art Department, Ethiopian Language Studies, AAU, Ethiopia Radio and PMC. Twelve award winning drama/theatre writers participated in the competition of writing a storyline for the radio serial drama to be aired and finally two storylines were selected and merged into one storyline, Yeregebu Fetloch.
- Rapid Assessment and Literature Review was conducted by PMC in partnership with EPHA and CDC and then published under title *the Rapid Assessment and Literature Review on Alcohol and Substance Abuse in Relation to HIV/AIDS with particular reference to the Youth in Ethiopia* by Mesfin Araya, MD, PhD and Negussie Deyessa, MD, MPH, PhD, in June/ 2011.

The rapid assessment and literature review was conducted with the objectives of:

- Identifying the research gap in relation to alcohol and substance abuse
- Identifying issues for production of the radio serial drama and other special radio programs
- Identifying issues for print materials production and
- Identifying benchmark indicators for final evaluation.

Selected towns and cities in Amhara, Oromia, SNNPR and Addis Ababa were covered with the use of qualitative study design (focused group discussions, in-depth interview of key informants and case studies).

The major findings thus were:

- Khat-chewing, alcohol drinking and tobacco use are recognized as major perceived problems among the youth population.
- Although cannabis is used by a relatively few youth groups, its magnitude is increasing at an alarming rate.
- More than a single substance use at a time is identified to increase the effect of one over the other
- Khat-chewing is found to be an entry for most youth substance users.
- While the pattern of use of substances varies in general, khat chewing followed by alcohol drinking is observed as a serious problem among the youth.
- Tobacco or/and shisha use can occur with khat chewing
- After longer period of Khat chewing, shift to cannabis use is highly probable

The perceived reasons for substance use were:

- Lack of places to spend leisure time
- Lack of proper awareness or curiosity
- Peer pressure, easy access to substances, to minimize or get rid of stress, being away from parental control (especially among university students)
- Frequent visits of night clubs, the belief that Khat helps concentration during reading, wrong perception that khat helps perform physical activity easily as well as avoid worries and the like.

The four major communication strategies devised and implemented by multi-media communication campaign to address alcohol, tobacco, and Substance Abuse are:

1. Research Based Radio Serial Drama with Title - "Yeregebu Feteloch"

The storyline has already been developed. Plots and episodes are being written by two experienced writers. Yeregebu Feteloch radio serial drama will be launched on Radio Ethiopia National Service by the end of November/ 2011, as a weekly 25-minute long program + rerun.

2. Special Radio Program – 'Fenote Lesket'Talk show - Magazine format

The special radio program was being featured in a magazine format in the form of a Panel discussion, interviews with experts on the field of real life stories, articles and phone-in programs. Launched since September 3, 2011, the radio program has been on air every Saturday evening after 9 PM via Ethiopia Radio. In addition, radio and TV Spots conveying key messages are written and ready for recording

3. Print Materials Production: Leaflets - 100,000 copies- printed and were being distributed.



Picture -2 Special Youth Booklet Alegenta (48 pages) 20,000 copies are being printed



Picture-3 A book - collection of best real life stories - "AZURE" 10,000 copies



Picture- 4 Information "Kit" Already Printed For Advocacy purpose

These printed materials will be distributed to all regions, youth clubs and centers, colleges and universities, health centers, civil society organizations and public libraries, etc.

4. Capacity Building and Awareness Creation Training for Change Agents

The capacity building and awareness creation program is aimed to produce a critical mass of change agents by giving knowledge and skills that would enable them to be instrumental in changing the attitudes of people under their influence on the issues of alcohol, tobacco and substance abuse. Based on this assumption, 32 journalists and media agencies from all regions of the county participated in the training and finally more than 26 radio and television programs on alcohol abuse were produced by the participants.

Youth clubs and association leaders from all regions participated in a training held in August 2011. Likewise, similar discussions and trainings were conducted in five regions. Besides, women leaders from all regions - 30 women who were working in key leadership positions participated at a capacity building and awareness creation training convened in September 2011. These included Head of women affairs office directorates, members of House of Representatives, and leaders from EWLA, EMWA, and EWWA.

We are also on the process of organizing similar meetings and panel discussions on alcohol and substance abuse. Senior high school teachers and student counselors who will be drawn from all regions - 32 will take part in Oct. 2011 capacity building training. They will be expected to use mini-media and organize discussion in their respective schools after completion of the training.

Training for Religious Leaders from all regions is also scheduled to take place in November, 2011.

Monitoring and Evaluation

- 1) Listeners' groups diaries analysis
- 2) Letters analysis - thousands of letters are expected
- 3) Radio quiz and feedback analysis - listeners who elaborate answers will be awarded
- 4) Focused Group Discussion - Bi-annual
- 5) Follow up supervision and interviews with PMC's trained 158 change agents and
- 6) Final Evaluation - (post intervention survey) will be conducted

Finally Dr Negussie tried to briefly state the expectations of PMC as

- A change in audience knowledge; WHAT PEOPLE KNOW
- A change in their attitudes; WHAT PEOPLE FEEL
- A change in their behavior; WHAT PEOPLE DO

Reflections from the Participants

- The state minister in his opening remarks unusually invited EPHA to submit a positional statements or resolutions that need government due attention and interventions. Hence, EPHA has to report and follow up the policy advocacy statement that will be made at the conclusion of the conference.
- We often hear from the community that 'Arequuee' is useful in some cases for some people. But in the presentation, we are only informed the negative socio-economic consequences of 'Arequuee'. I urge EPHA to further study on a broader scale and bring comprehensive scientific knowledge to the public.
- 'Arequuee' is not an exceptional local drink in Ethiopia. There is production and consumption of the same drink with strong alcoholic content in Bangladesh.

- Unless the advocacy campaign that EPHA has been initiating and undertaking with regard to preventing and controlling alcohol, tobacco, and substance abuse at the national level is sustained for sometimes, it would be doubtful to reach the ultimate success.
- The paper presented on Areuquee was purely a qualitative study. It is advisable if a quantitative research could be done to have a comprehensive and concrete knowledge on the consequences of the strong alcoholic local indigenous drink.
- Communication is a crosscutting task to inform, educate and communicate important developmental issues to the public in an artistic and persuasive approach. Practically, however, there are research outputs that remain in the shelf without being communicated to the public or without translating them in to practice. PMC, in this respect, has to take the initiative to change the statuesque in the way that would benefit the community at large.
- It would be resulted in long lasting solution if we incorporate alcohol, tobacco, and substance abuse in the curriculum of the health sciences courses at various levels the education.
- In some countries, warning signs and pictures that would result in a solution of the problem in the long run are posted on the packets cigarette; would this be legally acceptable in Ethiopia? What is the legal environment to address messages to the public in these ways?
- The research only mentioned that people are engaged in producing and selling locally distilled Areuquee for the sake of economic interest. We don't see alternative economic earning sources proposed as a recommendation.
- It is not clear as to why all the papers linked to NCDs merely with the abuse of alcohol, tobacco, and other health hazardous substances, while unhealthy diet, obesity and inactivity are also significantly contributing to NCDs.

Responses Made by the Panelists

- There are several useful researches produced but have remained on the shelf. PMC is doing its best to collect a lot of materials and adopting them into the local context to get the maximum out of them and to communicate to the community and bring meaningful results.
- The issue of looking for alternative income sources for Areuquee producers needs another independent inquiry.
- Seeking alternative income generating activities in general and for Areuquee producers in particular is mainly a developmental issue which requires political commitment at the national level. Perhaps, the policy change in land reform and women empowerment are some of the measures that will resolve the old-age existing economic burden upon Ethiopian women.
- Creating employment opportunities by the government and private sectors would take away women engaged in the production of Areuquee.

- The research conducted on 'Araque' focuses not only on the multifaceted problems related to the socio-economic conditions of the people. But also covers the health consequences caused by it.
- In social sciences, qualitative studies are more appropriate especially for such thematic areas dealing with drinking, consumption, and marketing patterns of 'Araque' in the community.
- Substance abuse is not the only cause of NCDs; there are also other factors such as obesity and inappropriate diet. In this research, however, the focus has been specifically on the link between substance abuse and NCDs.

6. Presentations of Papers on the Main Theme of the Conference

Five papers pertinent to alcohol, tobacco and substance abuse were presented by young researchers who came from various health institutions and universities. The moderator was Dr Mesfin Araya. The presenters and topics were:

6.1 “Prevalence and predictors of khat chewing among school going adolescents: A cross-sectional study in Harer town, Eastern Ethiopia” By Ato Asmamaw Hailu, et al

A descriptive cross-sectional study was made among 1890 high school students in Harer town. The aim was to find out the prevalence and associated risk factors of Khat chewing among school going adolescents. The overall prevalence was high, 2.4% (95% CI 22.2% - 26.2%). About 28.5% of females and 71.5% of males chewed khat. The independent predictors of Khat chewing were found to be male, old age, having friends who chewed and there being someone with a similar habit in the family. The subjective reasons given for khat chewing were “to have concentration”, “peer pressure” and “for enjoyment”, among others and it is thus recommended that strong measures such as educational campaigns to create awareness among school adolescents to reduce Khat chewing.

6.2 “Determinants of tobacco use among school adolescents in eastern Ethiopia: A cross-sectional study” By Ayalu Aklilu

A cross-sectional study on 1721 school adolescents was conducted in Harer town. The objective was to ascertain prevalence of tobacco use and its determinant factors among high school students. This investigation revealed that high proportion of school adolescents smoked cigarettes giving a prevalence of 12.2% (95% CI 10.8% - 13.9%) and the reasons mentioned were enjoyment, curiosity, and others. The main contributing or determinant factors for tobacco use were gender, age and having friends who smoke. Early cost-effective interventions and education campaigns targeted secondary school students are recommended.

6.3 “Prevalence and correlates of tobacco use in a rural population of Ethiopia” By Ayalu Aklilu, et,al

Presented by Ato Sibhatu Biadhilign, the objective was to investigate the prevalence and socio-demographic correlates of tobacco use in a rural town. A total of 548 individuals above the age of 15 years were randomly selected from the database of the Kersa Health and Demographic Survey (KDHS) and there was a current smoking prevalence of 27.8% (95% CI 24.3% - 31.6%). Being male was a strong predictor of tobacco use with prevalence of 38.3% (95% CI 33.8% - 43.0%). About 68% showed an interest to quit and 34% had tried to quit

but unsuccessful. There was found a high exposure to second-hand smoking (52%) and 33% of the smoking took place daily. Since the majority of the smokers were interested in quitting, it is an opportunity for interventions aimed at alleviating the problem.

6.4 “Effect of Khat (*Catha edulis*) on bronchial asthma in Jima University Specialized Hospital Adult Chest Clinic, Jima, Ethiopia” By Eden Yitna, et al

A comparative cross-sectional study was conducted on 170 asthmatic patients (98 were non-chewers and 72 chewers) with a 1.4 to 1 ratio of non-chewers to chewers. The objective was to investigate the effect of khat on bronchial asthma. Frequency of asthmatic symptoms were seen in 23 of the chewers and 43 in the non-chewers patients ($\chi^2=2.488$, $p=0.11$). Less frequent use of β_2 agonist was observed in 42 and 53 of chewers and non-chewers, respectively. Less frequent night time and chewing status was found to be positively associated with the prevalence. The mean predicted personal best of FEV₁ were 62% and 46% and PEF_R was 40% and 26% for chewers and non-chewers respectively. In conclusion, khat chewing asthmatic patients had better predicted personal best Forced Expiratory Volume (FEV₁) and Peak Expiratory Flow Rate (PEFR) than non-chewers with less frequent night time asthma attacks.

6.5 “Prevalence of substance use and its determinants among high school students in AA” By Dawit Teshome

As school-based cross-sectional study supplemented with a qualitative study design was carried out on 2,760 regular grade 10 and 12 students of 2010/11 academic year, selected from government/public, private and mission owned high schools. The objective was to estimate the prevalence, identify determinants, and describe academic and the influence on sexual behavior among high school children. Lifetime and 30 days prevalence of substance use i.e. alcohol drinking, cigarette smoking, Khat chewing, shisha and cannabis smoking were found to be 45.7% and 26.5%, 11.5% and 5.6%, 16% and 7.8%, 8.6% and 5%, 4.5% and 2.8%, respectively. Current alcohol drinking rates were positively associated among students aged 18, 19 years and above. Getting pocket money, having shisha smoking family and friends and having a drinking friends were also positively and significantly associated. Regarding current cigarette smoking, being male was positively associated. With respect to current khat chewing, males, age 18 years, having an alcohol drinking close friend and being in general a secondary school student were positively associated. Among the samples, 412 and 149 of the students had had sexual experience at least once in their lifetime and 30 days prior to the survey respectively. In conclusion, PH intervention targeted at youth risky behavior of the youth and its determinants need to be developed and put into practice.

Reflection from the Participants

- Some of the statements of the research are completely erroneous or do not reflect the real and valid information on the ground; statements which say Tobacco and Khat use for the purpose of religious prayers; some substance abuse have religious grounds and the like. In this regard, it is advisable to consult and refer to religious literatures, be it the Quran or Bible. It is assured that Muslims never allow substance abuse including Khat and, hence, some of the data needs revision.
- Working hard in expanding mental rehabilitation centers across the country is a must as the problem of mental illness is becoming a growing concern of PH and EPHA has to incorporate this pressing issue in its advocacy for controlling and preventing alcohol, tobacco and substance abuse.
- Most of the studies presented at the conference concentrated on the eastern part of Ethiopia while the problem of Khat chewing has now spread to all over the country. So that, our selection should have this wider perspective during selection of study locations.
- These days, certain attitudes and assumptions are greatly affecting research development in Ethiopia. Whenever we make conclusions, we need to be specific.
- Where are the categories of other home-made cigarettes in the form of chewing, sniffing, smoking?
- It is difficult to figure out the approaches employed by the researcher on the causal relationship between chewing khat and asthma.
- “Deacons” were using a substance called ‘*Iste Faris*’ in Amharic to stay awake longer for praying and receiving mystical experiences and insights into certain subject. What is the exact name and where can we obtain this substance and investigate the claim made about it?

Responses Made by the Presenters

- None of any great religions allow substance use in their literatures. So, it is acceptable to consider and make the necessary correction regarding statements used in relation to religion versus substance use.
- Most of the researches we have seen have their own limitations. So, the argument raised with regard to generalizing or oversimplifying conclusions thereof are not acceptable as one research cannot be applicable for all people or wider geographic areas.
- Unlike most parts of Ethiopia, cigarette and khat are much cheaper in the eastern part because of illegal smuggling across the border and the wide spread cultivation of khat plantations. These are perhaps the two reasons for the researchers’ special attention to Harer.
- Tobacco comes in different forms. In the study presented, almost 5% of the cigarettes were locally produced by rolling for smoking.
- Current data show that khat is exceeding skins and hides in terms of bringing hard currency to the country. There are multiple perspectives that we need to adopt and researches projects to be undertaken that to show us the magnitude of the socio-economic problem associated with Khat.

- Emanuel mental rehabilitation center is the only psychiatric hospital in Addis Ababa and here social stigma is attached with going for treatment there. In order to deal with substance abuse, it is of paramount importance to launch other rehabilitation centers in the country.

7. Panel Discussion on MDG 4: Child Health

Accentuating on the importance of the topic and success stories of EDHS in relation to the sharp decline of mortality of less than five years age children, Professor Bogale Worku, moderator of the session introduced and invited the panelists:

7.1 Epidemiology of Child Illness

The first panelist, Dr Tedbab Degefe's, presentation was on "*Epidemiology of Child Illness*". Initially, she discussed the trends of mortality of under-five children from the global, regional and national perspectives. From the global point of view, she highlighted the number of under-five deaths reported by WHO. She then went on stating number of deaths in various regions in the year 2010: Sub-Saharan African=3,709, Southern Asia=2,526, South Eastern Asia=490, Eastern Asia=331, Latin America and the Caribbean=249, Western Asia=165, Developed Regions=99, Northern Africa=95, Caucasus and SA=78 and Oceania=14. Globally the number of under-five death has declined from more than 12 million in 1990 to 7.6 million in 2010. Despite this remarkable decline at the global level, SSA has almost 50% of child death burden and the gap is widening among regions. In absolute terms, significant reductions of the mortality rate of under-five since 1990 has been achieved by Ethiopia, Liberia, Madagascar, Malawi, and Timor-Leste.

In relation to major causes of death in neonates and children of under-five in 2008, reports showed that neonatal deaths accounts for 41% of the under-five mortality and the main causes of death in neonates were prematurity and low birth weight=29%, birth asphyxia and birth trauma=23%, neonatal infection=25%, neonatal tetanus and diarrhea= 2% each, congenital anomalies=8% and others=11%. The causes of deaths children under-five were neonatal deaths=41%, pneumonia=14%, diarrheal diseases (postnatal) =14%, Malaria=8%, HIV/AIDS=2%, Others=13%, NCDs (postnatal)=4%, and injuries (postnatal)=3%. But for the African region the causes were newborn deaths=29%, diarrhea=17%, malaria=16%, pneumonia=14%, HIV/AIDS=4%, measles=1%, others=14%, NCDs=2%, and Injuries=2%.

The report revealed that Ethiopia is making substantial progress in achieving MDG - 4 goal. Some of the achievements are:

- Death of 257,332 (100,000 less than the previous year) Ethiopians under-five
- Over 50% of infants and 40% of U5 deaths in Ethiopia are neonatal
- Chronic malnutrition has dropped from 47% to 44%,
- Ethiopia is on the road to meet MDG 4 with accelerated progress (from the current rate of 4.4% annual reduction to 6%) and with more focus on neonatal deaths. About coverage of key interventions, (CPR has doubled; ANC and SBA is very low, PNC and EBF; although there is some progress, it remains below the

effective level of 90%. Disparity in child mortality by geographic location (urban and rural) is apparent because of the availability and access of services.

She finally summarized the epidemiology situation as follows:

- MDG 4 in Ethiopia has shown an average of 26% fall in U5MR in the last decade with average annual reduction of 4.4%,
- Neonatal deaths are about 120,000 per year, which is 42% of U5% deaths – up from 30%,
- Birth and the first week of life is key – but coverage of care is low
- Ninety percent of deliveries occur in home – lack of intrapartum and postnatal care and no increase in coverage of skilled care
- Infections and tetanus account for over 50% of neonatal deaths and are the most achievable to resolve
- High levels of disparity for key services especially professional care and treatment of common childhood illnesses by urban/rural, mothers' education and by socio-economic status.

Dr Tedbab underscored what could be done to accelerate the decline of child health in the coming three/ four years.

- Target the main causes of deaths and the most vulnerable newborn babies and children
- Empowering women, removing financial and social barriers to accessing basic services
- Innovations that make the supply of critical services more available to the poor and increasing local accountability of health systems
- Both universal coverage and targeting are needed
- Improve health-seeking behaviors and service uptake
- Address both acute and chronic malnutrition and
- Increasing use of public-private partnership.

Along this, she pointed out the key responsible bodies that need to act accordingly: Government (MoH, MoFED), health policy planners and implementers, health care professionals, development partners, academics of science and researchers, and civil societies and communities. She also pointed out the services that would help address newborn and child health deliveries through the PHCU.

In conclusion, if we are to achieve a more sustainable, more equitable progress towards the MDGs and beyond, she proposed the following points:

- Address the proximal determinants of child health that are to be delivered through strong PHCU in an equitable manner

- Address distal determinants implemented by other sectors, e.g. maternal education and
- Research investments in the “how-to” questions with as rigorous design as possible to better inform policy priorities pertinent to cost and effect of various strategies to implement effective interventions.

7.2 Ethiopian Policies and Strategies vis-à-vis MDG 4

Dr Neghist Tesfay was the second panelist who made a presentation on ‘*Ethiopian Policies and Strategies vis-à-vis MDG 4*’. She commenced her presentation by outlining the main areas of focus as HSDP, the Ethiopian child survival strategy and related child health Initiatives. In relation to HSDP, she described the development and period of HSDP I - IV from 1998 through 2014 /15 and the priority areas of HSDP IV. Hence, she mentioned the priority areas as maternal and new born health, child health, HIV/AIDS, TB malaria, and nutrition. With reference to HSDP IV and MDG 4, she had a table that revealed 10 strategic objectives. Of which, the first was SO1- C: Improve Access to Health Service. Under this, Maternal, Neonatal, Child and Adolescent Health, (MNCAH) are the main focus areas. Under MNCAH, HSDP has 16 targets, of which six of them are related with neonatal and child health; one of those 6 targets is target 10 which is to decrease U5MR from 101 to 68 per 1000 LB.

In relation to child survival initiative, she discussed the evaluation of child survival interventions (Lancet publications), to stimulate global partners to scale up key proven child survival interventions and to mobilize more resources for child health. It was because of this, the global child survival Partnership was formed in Feb. 2003 and Ethiopia was selected as a priority country. Hence, National Child Survival Partnership Steering Committee was established, national child health situation analysis was done in 2003 and the first National child survival partnership conference was held from April 22-24, 2004. The recommendations forwarded were to:

1. Establish a national child survival working group
2. Develop a comprehensive child survival strategy and implementation plan
3. Incorporate the child survival plan into HSDP III and
4. Link HSDP III to a Sustainable Development and Poverty Reduction Program (SDPRP) II

Based on these recommendations mentioned above, the Ethiopia Child Survival Strategy has been developed in 2005 with one module of a three-part strategy. The National RH Strategy and the National Nutrition Strategy were developed together to address the preventive and clinical care needs of the highly vulnerable maternal, newborn and child health groups. The phases are Phase I (2005-2009) – Access and Phase II (2010 -2015) – Quality and Utilization. The general objective was to reduce U5MR to 67/1000 by 2015 –a reduction by two-third from the 1990 rate of 200/1000 births and 52% from the 2004 rate of approximately 140/1000.

The specific objectives were:

- To proportionally reduce the neonatal, infant and child mortality rates while achieving the overall objective

- To ensure the greatest possible reduction of mortality among children of the poorest and most marginalized sections of the population
- To contribute to the reduction of maternal mortality to achieve the Millennium Development Goal by 2015 and
- To ensure the availability of quality essential health care for women and children in the community and health facilities.

Universal coverage of 23 interventions would reduce 2/3 of all child deaths and a core set of 6 intervention combinations would reduce over half of all child deaths in settings with high child mortality rate.

Minimum core set of six interventions include exclusive breastfeeding, complementary feeding with continued breastfeeding, immunization, ORT for diarrhoea (using new ORS with zinc, antibiotics for sepsis and pneumonia) and use of insecticide treated bed nets and prompt treatment of malaria. The Interventions are:

- Family/Community based care key interventions through the HEP includes clean delivery, temperature management and KMC, ITN for pregnant women, exclusive breastfeeding for 0-6 months, breastfeeding 6-11 months, water/sanitation/hygiene, ITN for U5 children, complementary feeding, ORT, Zinc for diarrhea management, supplementary feeding for malnourished children and Supplementary nutrition for malnourished pregnant women.
- People oriented outreach services, mainly through the HEP includes family planning, tetanus toxoid, folate supplementation in pregnancy, routine DPT3/Measles immunization, vitamin A – supplements and Hib vaccine.
- Clinical Care, mainly through the HCs includes delivery by skilled attendant, PMTCT: nevirapine, antibiotics for PROM, pneumonia and dysentery, vivax malaria treatment, neonatal resuscitation, treatment for iron deficiency in pregnancy, anti-malarial (ACT), ampicillin/ gentamycin for neonatal sepsis.

The existing child health initiatives include IMNCI (Integrated Management of New born and Childhood Illness), ICCM (Integrated Community Case Management), immunization with an introduction of new vaccines, Hep B & Hib, PCV (Pneumococcal vaccine), rota virus, new born corner establishments, HBB (Helping Babies Breathe), NICU (Neonatal Intensive Care Units), and nutrition. In reaching the MDGs, she described figures from EDHS 2000, showing children dying of malnutrition 57%, HIV/AIDS 11%, pneumonia 28%, neonatal related health problems 25%, malaria 20%, diarrhea 20%, measles 4%, AIDS 1% and other 2%. And also she gave figure that showed children dying at 0 – 30 days neonatal 29%, 1 – 11 months post-natal 29% and 1 – year child 42%. In conclusion, she wrapped up her presentation by indicating the way forward as:

1. Scaling up the urban and pastoralist HEP
 2. Maintaining coverage and improving quality of HEP in rural areas
- Strengthening the primary health care unit (1health center and 5 health posts)
 - Health development army
 - Scaling up best practices
 - Quality care provision at health facilities, and
 - Equipping, staffing health facilities

7.3 MDG 4: Child Health Programmatic Coverage and Scope

The third panelist was Dr Tesfaye Bulto who presented a paper on “*MDG 4: Child Health Programmatic Coverage and Scope*”. He initiated his presentation by outlining his main points for discussion. As a background, like the previous speakers, he also disclosed the Lancet Series (we know what Saves life) in the year 2003. Accordingly the child survival key programs identified by Dr Tesfaye were Immunization (EPI), Nutrition, Integrated Management of Newborn and Childhood Illnesses (IMNCI), and family/ safe motherhood. He presented a table showing the high impact key interventions grouping them as preventive and treatment/curative interventions and also the key inputs for interventions as policy advocacy and partnership, behavior change communication, capacity building including communities and system strengthening.

Concerning immunization, he presented the conclusions made by the World Bank: it is unfinished agenda, most cost-effective health interventions should have extraordinary claim on resources, and needs assistance for the foreseeable future. Based on this, the national partnership is strengthened, GAVI is supporting, EPI coverage is monitored as key health indicators by FMOH and ICC and HEP program launched in 2006 to expand the program. Hence, with the implementation of various strategies (ERI, RED etc.), Ethiopia has made commendable progress in routine immunization coverage. But we still fall substantially short of our moral obligation to guarantee all children equal access to effective vaccines.

Nutrition is one component of maternal and child health interventions. In this regard, he said that before 2003, nutrition was mainly considered in the context of emergency (malnutrition). After 2003, government of Ethiopia promulgated the national nutrition policy, UNICEF invested in Enhanced Outreach Services (EOS: Vitamin A, de-worming, measles immunization, hygiene education, and nutritional screening of children and pregnant/ lactating women) and Community Based Nutrition (CBN). The FMOH endorsed ENA, Advocacy, Infant Young Child Feeding (IYCF), USAID/ESHE and LINKAGES programs; other NGOs supported ENA implementation BCC strategy was integrated into the Ethiopian government’s health system. To show the progress made in relation to nutrition, IMNCI, and F/P, he showed some results from EDHS 2011;

- Exclusive breast feeding of 0-5 months.....52%, complementary feeding of 6-9 months51%, anemia levels were decreased by 10% among women and children (44 and 17% : *EDHS 2011*), stunted children (below -2 SD) reduced to 44%.
- Gives comprehensive clinical care from birth to five years of birth would address most of the key preventive child survival interventions, improves access, utilization, continuity and quality of health services, and motivates health workers by strengthening their confidence in giving clinical care.
- The CPR has increased from 5% in 1990 (NFFS) to 26% in 2011 (DHS).

He also noted the opportunities in relation to MDG 4 are

- Being incorporated into development strategies
- The HSDP III target was to reduce the IMR to 45 per 1000 and the U5 MR to 85 per 1000 live births
- Health Extension Program (HEP) launched
- Accelerated Expansion of Primary Health Care Coverage (AEPHCC) in 2005 and
- Strong partners support to HSDP implementation

The challenges for MDG 4 are also pointed out as:

- Moving from strategy to accelerated implementation: human resource development, system strengthening and -expansion of health infrastructure
- Lack of financial resources and technical support for child survival
- MDG progress can be threatened by the combination of high food shortage/price and others
- Poor maternal and newborn health implementation will compromise the reduction in newborn deaths
- Weak monitoring and evaluation system

Lastly, he finished by proposing the way forward towards achieving the MDG 4:

- Mobilize sustained national financing
- Increase coverage and quality of existing interventions and make available standard job aids, guidelines and references
- Follow trainings with supportive supervision using standard checklist and strengthen performance review meetings and
- Assure immunization and other interventions work in a reformed context of integration, decentralization, and privatization.

Reflections from the Participants

- Why does immunization remain as an unfinished agenda?
- Measles epidemics manifest here and there throughout the country these days. What kind of monitoring mechanisms do you have in place to test the efficacy/potency of the vaccines?

- With regard to service utilization, one of the presentations emphasized on creating demand. Is it only the demand side that is lacking? There is a need for conducting research to see the service utilization.
- Though physical accessibility is not the main problem, service quality needs to be emphasized as well. HSDP focuses on quality but we see the access is very low. Will there be any means to improve the success?
- There is a remarkable improvement in child death reduction, but it seems that there are remaining tasks. Most researches (60%) are focusing more on HIV/AIDS and related issues than pneumonia and diarrhea. Is this because of donor influence? The attention on hygiene, promotion and sanitation is low. Hence, emphasis should be given to diarrhea and pneumonia.
- How is the referral linkage taking place between primary hospitals and the other primary care units?
- What does development army means?
- What is the status of HMIS implementation? How its credibility is compared to the DHS data?
- What is the status of registration of vital events particularly births and deaths?
- Clarification is needed on the term donors' fatigue
- How is the qualification and skill of HEWs and the status of HEP in the pastoralist areas?

Responses Made by the Panelists

- There is high immunization coverage and yet there are outbreaks of measles. Further studies are to be carried out at three woredas in the southern region to see the coverage immunization. Based on the result, further interventions could be carried out and the comments were well taken by the panelists.
- Demand creation is not the only strategy to maximize the uptake of services. Other quality service dimensions like performance of health workers need to be rechecked. Hospitals are also undertaking their own reforms in this regard. A directorate in the FMOH is working on this issue but the implementation is at its infancy stage
- Majority of the preventive measures can be practiced at the community level that is why demand creation is needed at this level.
- ARV drugs are provided at the health institutions other than the hospitals and this will improve the MCH but the service needs to be revisited and strengthened.
- The focus of HSDP 4 is also addressing access besides to quality and utilization.
- In the PHCU, it is needed to link and strengthen HCs and HPs with the primary hospitals.
- Immunization remains an unfinished agenda. There are various factors like the cold chain system and utilization of the services and other related conditions that demand continuous vigilance in order to sustain the strength of the program.
- Development army refers to people supporting the HEP. One person is supposed to support 5 people in terms of implementing the HE package
- The HCs are responsible to provide technical support in a continuous fashion to the HEPs.

- The HMIS and WHO cluster approach show similar results in immunization coverage and by far higher than the results obtained through DHS.
- The birth and death registrations are given special attention and a family folder is being utilized in order to scrutinize these events.
- The HEP for the pastoralist areas is somewhat different and needs to be strengthened.

8. Concurrent Session

Oral presentations on child Health, HIV/AIDS and nutrition were held in different rooms simultaneously.

8.1. Child Health

Professor Telahun Teka moderated this session. The studies presented, reflections and responses made were:

8.1.1 “Evaluation of core group polio project in Ethiopia: coverage in routine immunization and supplementary immunization activities” By Dr Filimona Bisrat

The objective was to determine immunization coverage among children aged 12-23 months old, to compare baseline and midterm evaluation estimates, to determine knowledge and attitudes of mothers/caretakers about polio and acute flaccid paralysis (AFP) surveillance and to identify barriers against polio immunization in selected woredas of the Core Group Polio Project. A cross-sectional quantitative study complemented by a qualitative method was used. The findings suggested that the coverage of routine immunization by card or card plus recall significantly improved in almost all regions. Strong health education programs about polio vaccination should be developed so that parents are not afraid of having their children vaccinated during routine and/or polio campaigns. It is also necessary to do substantial work in informing and educating the community about AFP and its main signs in order to strengthen community-based surveillance.

8.1.2 “Factors affecting the immunization status of children aged 12 – 23 months in Ambo woreda, west Shewa zone, Oromia region” By Belachew Etana

A cross-sectional community-based study was conducted using the modified WHO EPI cluster sampling method. The objective was to assess immunization coverage and factors affecting immunization status of children aged 12-23 months. A total of 536 children of aged 12-23 months were selected from 8 rural and 2 urban kebeles. There was low immunization coverage among children aged 12-23 months in the study woreda. Antenatal follow up, institutional delivery and knowledge of mothers about the age at which a child is to begin and complete the vaccination are significant predictors of child immunization status.

8.1.3 “Assessment of prevalence of antenatal depressive disorders and associated factors among Adama hospital Antenatal Care clinic attendants in Adama” By Marth Assefa

A hospital-based cross-sectional study involving a total of 23 pregnant ladies was conducted. The main objective was to assess the prevalence of antenatal depressive disorders and associated factors among ANC attendants. Prevalence rate of antenatal depressive disorder was high and alarming (31.2%) among the

ANC attendants. The factors associated were problems related to economic, obstetric, and psychosocial and ANC services.

8.1.4 “Determinants of Infant Mortality in Kersa district, Oromia region, eastern Ethiopia: A case control study” By Kedir Teji

A cross-sectional study was carried out among 200 cases and 800 controls. The study was concerned with the determinants of infant mortality. Illiteracy of mothers, early age of delivery, unsanitary waste disposal were associated with infant mortality.

Reflections from the Participants

- What is the reason for the high dropout rate of immunization and what interventions do you propose?
- In the case control study, why was the matching criterion violated?
- What is the status of surveillance and even the cold chain in the study area?
- How have you fitted your variables in to logistic regression to outline the independent predictors that are not clear in the case control study? The hypothesis also needs clarification.
- How do you evaluate the existence and use of community volunteers to scale up the service? Did you try to triangulate your study by using other supportive evidences? And how is your integration with different levels of MoH?
- The way the monthly income variable is categorized lacks clarity. What was the effect of income on depressive disorders?

Responses Made by the Presenters

- The income status was taken from the document produced by the Federal Government in 2010. And having better income was not found to be protective against depressive disorders.
- In order to scale up the immunization status, volunteers are recruited from the society. After providing them basic information through training, they will start working with the HEWs.
- The core-group polio project is operating in the SNNRP. As far as integration is concerned, the core-group plans with Woreda health office.
- As to the case control study, there is a clear hypothesis, i.e. what are the reasons for death in under- five age children while others are surviving? Unmatched case control was used. While fitting some variables in to logistic regression model, some of them like the education status of mothers and the like were found to be statistically significant
- The immunization service coverage of the district is well indicated in the main document.

8.2 HIV/AIDS

Dr Kifle W/Michael moderated the discussion on HIV AIDS. The studies presented, reflections and responses made were:

8.2.1 “Viral hepatitis co-infection in newly diagnosed HIV-1 recent and long standing infections among VCT attendees, AA, Ethiopia”, By Jemal Ali

A cross-sectional study design was conducted with the objective to determine the prevalence of hepatitis B virus (HBV) and hepatitis C virus (HCV) co-infection among newly diagnosed HIV positive individuals. HIV and hepatitis B co-infection is high relative to HIV and hepatitis C co-infection in this setting and this incidental population. There was no significance difference of hepatitis B or hepatitis C co-infection among recent and long standing HIV infections. It is important to screen all HIV positive individuals for HBV and HCV at any stage of the HIV infection.

8.2.2 “HIV prevalence and associated factors among university students of Dire Dawa University, Eastern Ethiopia, 2009” By Birhan Mengistu

A cross-sectional study with internal comparison was conducted with the objective of determining the prevalence of HIV infection and to identify risk factors for HIV sero-positivity among the students. The prevalence of HIV was 2.5% with no significant difference between males and females. The students are at high risk of HIV infection. It is necessary to target them for intervention earlier in the high school.

- **Questions:** Explain how the prevalence of HIV became that low among university students and comment on homosexuality and its relation with HIV prevalence.
- **Answer:** The prevalence was low compared with reports from other universities but is still higher than the national figure. The issue of sex between the same sex and its relation with HIV had been addressed.

8.2.3 ‘Mortality and its predictors among HIV positive children on Antiretroviral Therapy at a Referral Hospital, Northwest Ethiopia’ By Digsu Negese

Institution-based retrospective follow up study was carried out among HIV positive children with the objective of finding predictors of mortality among HIV positive children on ART. A total of 549 patient records were included in the analysis. There was a high rate of early mortality and, hence, close follow up

of HIV positive children on ART particularly during the first six months is important to reduce early mortality.

Questions: What were the design of the study and the source of the data? What were the challenges faced?

Answer: The study design was cross-sectional and the data was obtained/collected from records. The challenge was incompleteness of the data.

8.2.4 ‘Survival and predictors of mortality among adults on antiretroviral therapy in selected public hospitals in Harer, Eastern Ethiopia’ By Tesfaya Digaffe

A retrospective cohort study was conducted among a cohort of PLWHA on ART in three hospitals in Harar. The objective was to analyze the survival and predictors of mortality in a cohort of adult HIV patients who started ART within three years. Total mortality rate over the follow up period was 3.9 per 100 person-years. Most of the deaths occurred in the first 3 months of ART initiation. Thus, a more fundamental issue and the greater challenge is the need for early HIV diagnosis and provision of appropriate longitudinal HIV care prior to ART eligibility.

Questions: What were the critical challenges faced? Based on the findings, what message can be passed to the community?

Answer: The major challenge was incompleteness of the data. *Early initiation of ART reduces the rate of early death* is a proper message that could be passed to the community.

8.3 Nutrition

Moderated by Professor Melkie Edris, the session was focused on nutrition and related health matters.

8.3.1 ‘Assessment of nutritional status and associated factors among adults living with HIV/AIDS in Addis Ababa’ By Bethелеhem Belay

The study used facility based cross-sectional design with the objective to assess nutritional status of adults living with HIV and associated factors. Respondents were 775 HIV positive adults who had pre-ART follow up. The prevalence of malnutrition was 23.1%. Severe, moderate and mild malnutrition was detected were 4.6%, 5.2% and 14.2% respectively, according to the respondents. Integrating and strengthening national assessment and counseling for People Infected with HIV should be the direction for the clinicians and program planners.

Questions: Did you see a semester or a full year record of the academic performance of the school children?

- Can you generalize your findings for Addis as a whole?
- BMI is not the only nutritional factor, other biochemical parameters like total protein, albumin, globulin ratio; hemoglobin, and the like need to be considered. Hence, is it possible to conclude the nutritional status well nourished or not by looking the result of BMI since it is not the only factor? BMI utilization varies from country to country, how is it classified and which source was utilized?

Answers:

- The full year assessment of the teachers was taken.
- Many points were considered during the analysis to make it representative. So, it is applicable for the source population.
- There are different standards for BMI, WHO and Food and Nutrition Technical Assistance (FANTA). I made use of the FANTA for the reason that it is being used by the health facilities to assess patients for possible interventions.

8.3.2 'Nutritional status of adolescents in selected government and private secondary schools of Addis Ababa, Ethiopia' By Yoseph Yohannes

A comparative cross-sectional study consisting of 1,024 adolescents from selected government and private secondary schools of AA was conducted. The objective was to compare nutritional status of adolescents and analyzing the risk factors associated with overweight/obesity. Overall, the prevalence of stunting (low height-for-age), underweight (low BMI-for-age) and overweight/obese (high BMI-for-age) in all school adolescents were 7.2%, 6.2% and 8.5% respectively. Students of AA being in a private school, lacking daily breakfast and consumption of animal products more than once a day are significantly associated with the condition of being overweight/obese during adolescents.

Question: In the recommendation made, it is stated that health and nutrition have to be included in the curricula, how much are you sure that it is not included?

Answers:

- It is not well harmonized in the curricula of high and elementary schools
- Obesity is highly associated with the private schools

8.3.3 "Assessment of nutritional status and its determinants among children aged 6 – 59 months in Dera town, Oromiya region, Ethiopia" By Abdo Bedru

Community-based cross-sectional survey was employed on a sample of 310 children aged 6-59 months. The objective was to assess the nutritional status and its determinants among these age groups. The overall malnutrition prevalence was found to be 53.9%. The study revealed that children were underweight 19%, acute malnutrition (wasting) 11.3% and chronic malnutrition (wasting) 23.6%. The main predictors for malnutrition were found to be the young age of the care giver, birth interval (at most 2 years), no prenatal care, no EBF practice, bottle feeding, feeding frequency (less than 3 times per day) no or partial immunization and early initiation of complementary feeding. These can be addressed and prevented using a contextualized holistic community program intervention integrated with strengthening the health delivery facilities.

Comment: One of the findings was complementary food was introduced after 12 months and this is a serious issue that needs immediate actions.

8.3.4 ‘The effect of iodine deficiency on academic performance of school children in Wolaita Sodo, Southern Ethiopia’ By Eskinder Wolka

School-based comparative cross-sectional study on a sample population of 270 children with goiter and 264 without goiter was conducted in a purposively selected primary school. Among children with goiter, high proportions (54.8%) were females and the proportion increased with age. Foods consumed (cabbage and cassava) were significantly associated with goiter. Goiter was significantly and independently associated with low academic performance. Awareness on endemic goiter and its impact on school performance and emphasis on prevention and control by the concerned bodies is recommended to alleviate the problem.

Comment: It is very hard to correlate iodine deficiency with educational performance since there are evidences that a student with goiter showed good performance.

General comments:

- The study designs needs to be checked
- The recommendations that are made should be based on the study findings.
- For the sample calculation, mostly the single population proportion is used, which could not address one of the specific objective on factors affecting or the magnitude of the problem and this has to be checked. If there are 2 or 3 specific objectives, it may necessary to consider different ways of approaching them.

9. Panel Discussion: MDG 5: Maternal Health

W/o Yemesrach Belayneh moderated the panel discussion on maternal health and the panelists and the topics were:

9.1 MDG 5: the International Perspective, By Professor Misganaw Fentahun

The presentation began by discussing the two medical causes of maternal mortality which were referred as direct and indirect. The direct causes are deaths related to the pregnancy and constitute 80% of the MM. The indirect deaths that are caused due to preexisting problems which are aggravated due to the process of pregnancy. Considering these causes alone could not bring entire change, rather prevention of MM has to be seen from various perspectives that take in to account individual conditions and circumstances. There are several levels of factors to be considered such as accessibility and quality of health services, reproductive/biological factors including age during pregnancy, parity, and the like and the underlying factors known as the 3 Delays, i.e. delay in making decision, delay in reaching care and delay in receiving care.

MDG 5 emphasizes on improving maternal health and reducing maternal mortality ratio by ¼ in 2015. Could we meet this target? In order to achieve the target, the annual decline should have been 5.5%, which is not practically the case. There are in fact variations between countries and regions with the achievements of the target. Assessment undertaken in 2005 showed MMR decreased by less than 1% from 1990 – 2005. Developed countries decreased MMR by 1/3 but the SSA is negligible. Ethiopia and other African countries are in the danger zone.

Measuring by using the impact indicators is becoming hard and rather intermediate/process indicators are considered, such as deliveries attended by skill birth attendants, (very low in SSA), number of births among girls between 15 – 19 years, F/P utilization. The challenges in Africa to reach the target specified are lack of national commitment, poor coordination, poor health system function, inadequate male involvement, HR development, poverty, poor attendance during labor and puberty, ineffective interventions, delay in taking actions, lack of monitoring and evaluation. To respond to these challenges, different national and international endeavors have been in progress with aim to improving the road-map to accelerate the maternal health.

In conclusion, he accentuated the multi-factorial maternal health issues:

- Tackling medical causes alone is not likely to solve MM
- The issue of MM has to go beyond the health sector. The Three Ds (delays) cannot be tackled only with the efforts of health professionals; other sectors are also supposed to involve in reducing MM to the required level.

9.2 MDG 5: Maternal Health in Ethiopia, By Dr Mengistu Hailemariam

While discussing MDG target and MDG 5, he explained that in general MDG is categorized to 21 quantifiable targets which can be easily measured by 60 indicators. MDG 5 in particular has two major targets and six indicators:

- The first is to reduce MMR by $\frac{3}{4}$ and this is measured by two indicators: the maternal mortality rate (MMR) and Proportion of births attended by skilled birth attendants.
- The second target is ensuring access to RH services by 2015. The indicators are 4; CPR, Adolescent birth rate, ANC coverage, and unmet need for FP. So where does Ethiopia stands in terms of these indicators?

The MMR figure in 1990 was 1,068/100,000 LB. According to EDHS 2000 and 2005; it was 871 and 673/100,000 LB, respectively. In 2008, WHO used a mode to estimate MMR of different countries across the globe and the Ethiopian figure was 470/100,000 LB. The Lancet journal in 2010 published MMR in Ethiopia as 590/100,000 LB. The target of the FMOH is to reach 267 by the end of 2015.

Skilled birth attendants using the recent EDHS is around 10%, CPR=29%, adolescent birth rate=17% (2005) and unmet need for FP is increased to 25%. The Health Sector Development Program (HSDP), which is developed by the FMOH as an instrument to reach MDG targets, aims to ensure basic and essential PHC for all at the end of 2015. Maternal, newborn and child health have been put as a major target. Some of the ambitious targets which are put in this document are MMR struggling to reach 267/1000, 000 LB, skill birth attendants=60%, basic emergency obstetric care to be given by all health centers, comprehensive obstetric health care in all hospitals at the end of 2015, to increase CPR to 65%, teenage pregnancy to down to 5%, to increase ANC up to 90%, unmet need to FP to reduce to 10% and postnatal care to increase to 78%. The data will be regulated through the HMIS.

What are the challenges to reach to the MDGs in 2015?

- The limited critical obstetric services. The single most important intervention to decrease MM is availing quality emergency obstetric and newborn care
- Referral system is poor. One of the three delays is directly linked to the referral system, which needs to be addressed
- Clients' up take of the services are limited
- There is limited male involvement

The opportunities on the ground to achieve the MDGs are:

- The policy environment by any measurement is conducive. Ethiopia is a signatory of many international conventions and declarations. It has been showing its commitment in terms of availing essential health care services and empowering and involving women fully in development processes. This is perhaps the foundation for the health policy.
- The sector is also engaged in rapid expansion of health infrastructures to increase access to health services. FP service is being carried out closely at the community level through HEP.
- To increase the demand for services up take, a huge health development army is established at the ground level where model families are formed as members. The main objective of the army is to mobilize the community for seeking and up taking level of the available services.
- A platform package is established where international partnerships come together with the MoH maternal, newborn and child health as a focus area.
- Skilled birth attendance is staggering below 10%. For those mothers who are not likely to deliver at the health facilities, a mechanism for delivering with clean and safe environment is established through the HEWs. They also distribute drugs to prevent postpartum hemorrhage which is one of main causes of MM.
- To prevent unsafe abortion, the country developed and changed the legal framework on abortion services in 2006. Based on this, a comprehensive abortion care is being advocated
- To provide blood transfusion, blood banks are being constructed in all regions.
- The country is engaged in massive production of HRH, revising and standardizing the pre-service trainings by producing non-physician clinicians. The accelerated midwifery program and expansion of the midwifery schools were initiated last year. Medical schools are also expanding across the country.

9.3 Governance and Maternal Health, By Professor Damen Hailemariam

He presented the results of a qualitative pilot study conducted at Ambo in the West and Fentale in the Eastern part of Oromia National Regional State by AAU in collaboration with International Clinical Epidemiology Networks. The objective was to undertake a systematic delineation and characterization as well as determination of the status of governance that are important to the delivery of maternal health services in Ethiopia. The methodology was in-depth interview of 170 respondents, desk reviewing, facility observations, 60 exit interviews and 15 FGDs. The study areas were selected in terms of the RH measurements. At the time of the study, Ambo was better and Fentale was having lower performances of RH activities. The study was completed in 2009. The respondents were from the central, district, and community levels, various types of health workers and community members including health service utilizers and non-utilizers. The variables used to measure the health service governance were corruption, transparency, political interference, responsiveness, political commitment, policy environment, sensitivity to socio-cultural factors, roles of international donors, affordability and sustainability of health services and accountability.

The result showed numerous positive and few negative issues to be addressed. Based on the findings of the study, the following recommendations were forwarded:

- Process of policy framing need to become more inclusive to address realities on the ground; create a framework for greater community oversight/monitoring and involvement. On this line, the FMOH is undertaking mass mobilization activities.
- Institute policy to ensure availability of basic emergency and comprehensive obstetric care.
- International donors should be harmonized. It is started to be in place.

Finally the presentation was concluded by a short briefing given by Professor Narendra Kumar Arora, the Director of International Clinical Epidemiology Networks. He closed the discussion by displaying the *“Multi-layered Sandwich Model”* for governance of PH system that was hypothesized by the investigator team at the beginning of the study. All the layers of the conceptual model and its ingredients were thought to be critical to the final **“taste” of the sandwich**, i.e. the health program. To deconstruct the elements and influence governance issues on the access to maternal health service in Ethiopia, an in-depth analysis of current status of governance and program components is essential.

Reflections from the Participants

- As a conference organized by a professional association, it is appreciable to hear scientific evidences, programs and experiences. But we need to translate research findings into action. When we see both the maternal and child health services, we have some successful results but some of the results have either no progress or very limited. The ambitious plans or the targets from the programs side versus the expected achievements on the service providers, there is an observable gap. What are the roles of professional association like EPHA, ESOG and others in bridging the gap in maternal health interventions? What do you recommend for EPHA and other professional associations to help bridging that gap, which will be very useful to achieving all the different goals in the health services?
- Skilled birth attendance is extremely important in decreasing maternal mortality but still we are far behind the target. WHO claims that partial birth attendance services will not contribute to maternal mortality. But the mandate of clean and safe delivery is given to HEWs, who are young and female and have no any experience of pregnancy and child birth. How can they contribute to maternal mortality? Skilled birth attendance means delivery attended by midwives and above to reduce MM. Why we are not able to train more midwives? Private training institutions in the country, which started to provide nursing training, have scaled up to become medical schools. Why not we give the chance to these institutions to train more midwives so that we can have more skilled attendances during delivery?
- From the statistics, we have learnt that there are indications that MM has been significantly declining from 1900 to 871 to 673 and now to 590/100,000 live births which overall shows a decrease by 50%. What are the

factors that have helped us to reduce MMR? What else can we learn from the reduction in MM instead of just focusing on skilled delivery?

- In the two studies, we have seen that there is an increase in the national financing. What is the parameter to claim that visa-a-vise the expected need of financing at the national level?
- When we see the three delays, they are the lack of various levels of the interventions by a range of institutions. The multi-faceted nature of the problem of MM requires the interventions of MoH, MoE, Ministry of Women and Children Affairs, and ministries concerned with water and sanitation, agriculture and other. These all may contribute to health determinants, which will eventually allow addressing the 3 delays from the different perspectives. So, how should be seen the governance issue to address the health determinants in relation to maternal and new born health?
- From the harmonization and alignment point of view, maternal and child health is expected to be result-oriented and outcome-focused involving all partners. Who are working in this area in Ethiopia?
- What role would EPHA play/contribute towards reducing MM? EPHA had two sessions dedicated in the 21st annual conference taking maternal and new born health and mortality reduction as the main theme and had deliberated a lot on the subject. Beside EPHA, we have also organized ESOG, Ethiopian Nurses Association, Ethiopian Nurses and Midwives Association and other development partners and come up with possible recommendations to reduce MM at the national level. What was unique about that deliberation was a group of 100 young persons and 100 women groups from the community of Tigray region participating in the discussions? The recommendations included all thoughts that were generated from the discussions and the recommendations of the annual conference, the EPHA and ESOG. EPHA and other associations, health and non-health ones should get together, brainstorm and come up with further recommendations. But mainly what we need is to get the assurance to take our recommendations seriously and consider them in policy decisions, strategies and actions for service provisions.
- I was not comfortable to see tendencies of blaming the victim's service up-taking as poor - underutilization of the health services. Some statements of the presentations contradict the lack of health facility seeking behavior as it was also reported that all services are not well utilized or our health workers are not committed or the necessary budget is lacking or donors' fatigue exist. These things contradict the former.
- How many regulations have so far been passed for women, kids, environment and related issues? How many governments refused because they have other national priorities? How many goals the UN has put but there is no accountability either by the UN or the countries which passively endorsed these goals? Ethiopia does not have that much evidence. Often rather we tend to just accept whatever we are told to do so. We better have our own national priorities based on sound and practical community level studies? We can identify our particular health challenges that need urgent response and indigenous remedies
- You selected Ambo and Fentale performances. How does governance look like in these places in relation to the indicators?

- Why did you focus on clinical services as a means to reduce MM. It is one basis for preventing MM.

Responses Made by the Presenters

To reach our ambitious targets, it is high time to sit together and come up with innovative interventions. Time is going fast and the dead line for MDGs is approaching. Professional associations like EPHA can help in accelerating the pace because of the peculiar expertise they possess.

- There are factors other than skilled birth attendants that have contributed to the reduction of MM in several countries. F/P is one case. In Ethiopia, the unmet need for F/P is 25%, which means 25% of the pregnancies could have been averted and thereby reduce the MM by 25%. There are also other factors but skilled birth attendance is the foremost contributing factor because most of the causes of MM are occurring during delivery. Unless we give quality birth services for laboring mothers, it would be very difficult to check MM. But it doesn't mean that we don't give attention to other factors which can reduce MM but if you see the figures we are lagging much behind with respect to skill birth attendants
- With regard to the parameter used to identify the increasing trend of resource allocation, the study was a purely qualitative one that involved several respondents of stakeholders in the health sector. Even though the grass-root level health facilities are found at the district level, the respondents were from the central MoH, regions and districts. We involved all the stakeholders. This was not a district level study alone, but the two districts were included to look at the facilities from the peripheral health point of view. According to the respondents, resource allocation both by the government and international organizations has shown increment. We didn't exactly determine the amount as the respondents confirmed that there was increment of resources in the government budget as well as from the international funding sources.
- There is a lack of transparency in human resource allocation in terms of transfer, placement and so on. There is a lot of complaint in monitoring the implementation of policies at both the district and peripheral levels.
- With respect to the role of professional associations particularly of EPHA, its members and EPHA are supposed to play key roles in all sorts of activities promoting maternal issues in the country. In some aspects, EPHA has the comparative advantage to initiate evidence-based interventions and advocate on maternal health issues.
- Excluding shortage of birth attendants, many mothers do not want to delivery in health facilities. There are indeed many other factors affecting the maternal health situation.
- Bringing birth attendants to home to help delivery is another alternative being used in some other counties. I am not sure if this is going to be feasible in our case.
- Clean and safe delivery is a little controversial issue than others
- We should not focus solely on the clinical aspects of maternal health. The problem of maternal health is very complex and multifaceted. You cannot address the entire problem with a single strategy of intervention. All

the three delays have to be addressed to bring about visible change. The reason this study focused on clinical aspects and skilled birth attendance was because all those indicators of MDGs are related to these points and the approach employed by the MoH and regional health bureaus are very complex, comprehensive and interlinked with each other.

10. Concurrent Session

10.1 F/P/RH/Maternal Health moderated By Dr Mengistu Asnake

10.1.1 Gender Based Violence and Adverse Reproductive Health Outcomes among Women with Disability in AA, By Nigist Sebsibie

A cross-sectional survey using an anonymous questionnaire supplemented by FGD was conducted among women with disabilities in selected associations of people with disabilities in AA. The objective was to measure the magnitude of gender-based violence and its association with adverse RH outcomes. Among the 528 respondents, the prevalence of physical violence was 40.5% and 30.8% in a lifetime and in the 12 month preceding the study respectively. The prevalence of sexual violence was 42.1% in lifetime and 57 % in the preceding 12 months. Both were associated with adverse RH outcomes (unwanted pregnancies, still birth and abortion). It is recommended that gender-based violence needs due attention, remedial actions and programs aimed at prevention.

10.1.2 Assessment of Factors Affecting Parents in Discussing Reproductive Health Issues with their Adolescent Children, By Tesfaye Asebe

A community-based cross-sectional quantitative study supplemented with a qualitative one was carried out among families having children aged 10 years old in Harer. The objective was to identify factors affecting parents in discussing RH issues with their adolescent children. The study showed that from a total of 751 participant parents, a small proportion of them discussed RH issues with their adolescent youngsters. Lack of knowledge, no cultural acceptance, fear and shyness and worry might encourage premarital sex, according to the parents. It is recommended that government and non-government health workers should play a promotive role in helping parents become effective communicators on RH issues.

10.1.3 Unmet Reproductive Health Care needs and Occurrence of Unintended Pregnancy among HIV Positive Women in Antiretroviral Treatment Units in AA, By Girum Zewdu

Facility-based cross-sectional approach supplemented by qualitative in-depth interviews on a sample of 548 HIV positive women in the ART follow up units of the city was undertaken. The objective was to assess unmet RH care needs and unintended pregnancy among HIV positive women enrolled in the ART units. Unmet demand for contraception in the study was 31%: 25% for spacing and 6% for limiting

births. Generally, HIV positive women, who had a higher chance for demanding contraception were those with sero-discordant parents and women who had unintended pregnancy after being diagnosed HIV positive. It is recommended that there is a need to seek new strategies to address RH care services for HIV positive women.

Reflections from the Participants

- Does the method for undertaking the study on assessment of factors affecting parents' discussion on RH issues with their adolescent children allow answering the research question?
- How is the presentation style and skills of parents in discussing sexual and RH issues with their children? Were communication barriers noticed or not when holding discussion among youngsters and their parents?
- Was there any attempt to assess aspects affecting the communication between the two groups?
- Unintended pregnancy is part of unmet need. What is the importance of treating this point separately?
- How is the calculation for the unmet need?
- What is the effect of the harmful traditional practices in the case of sexual violence?

Responses Made by the Presenters

- Studies have revealed that adolescents with good relationship with their parents delay sex and avert its adverse outcomes
- The religious aspects are not well addressed although its importance is undeniable
- Harmful traditional practices in Ethiopia contribute highly to the violence but these were not the focus area of the study
- Unintended pregnancy is part of the unmet need. There is also the possibility of under reporting in the unintended pregnancy due to social bias

10.2 Environment/Communicable Diseases, moderated By Ato Fassil Tesema

10.2.1 A comparative study of blood culture and Widal test in the diagnosis of Typhoid Fever in febrile patients, By Gizachew Andualem

The main objective of this study was to compare the result of the Widal test with blood culture in the diagnosis of typhoid fever in febrile patients and to determine the antimicrobial pattern of isolates. Data was collected and analyzed from 270 febrile patients with symptoms clinically similar to typhoid fever visiting the hospital. The Widal test has a low sensitivity, specifically and PPV, but it has good NPV, which indicates that a negative Widal test result is a good indication for the absence of the disease. Hence,

physicians should not depend entirely on the Widal test for the diagnosis of typhoid fever and should use other alternatives such as using clinical knowledge to differentiate typhoid fever from other febrile infections. Regarding drug resistance, both *S. typhi* and *S. paratyphoid* showed high resistance to the commonly used drugs against typhoid fever. Therefore, sensitivity test based prescription should be started to prevent continuous drug resistance.

Reflections from the Participants

- Self-reporting is the method used, how much is it reliable? Did you have any mechanism of counter checking/proving?
- In the blood culture and Widal test, 7 and 88 cases were identified respectively. What could be the possible reason?
- The Widal test has a high false rate and no confidence result. But the majority of clinics request for every patient and the vast majority of them are found to be positive. Is the finding communicated to other national laboratories in order to adopt the new titer of Widal test and apply the technique at the national level?
- If the study showed low specificity, what economic benefit do we gain? Because the tests are imported with hard currency. What could be the recommendation to DACA to ban this test?

Responses Made by the Presenters

- Not only private clinics even hospitals, if high titer of Widal and Weli Felix is reported, they treat patients with first generation drugs. Other clinical signs and symptoms have to be considered to treat febrile cases if blood culture is not available.
- There are different Widal kits that are imported from various countries that differ with each other. Some tests may be positive in a certain country and negative in another. But the specificity, sensitivity and predictive values are indicated on the leaflets as >98 and 99%. The recommendation is to import the test kits after performing the tests.
- The other problem is that the cut-off point is different. There is no standard cut-off point for Ethiopia but some countries have their own. In this study, the standard values of Spain and Barcelona were used.
- Document review and self report were used to avoid misclassification bias.

10.2.2 Determinants of Occupational Injury: A Case Control Study among Textile Factory Workers in Amhara Regional State, By Zewdie Aderaw

An institution-based case control study was conducted among 456 textile factory workers (152 cases and 304 controls). The main objective of this study was to assess the characteristics and determinant factors of

occupational injury among textile factory workers. Fingers (35.3%) and toes (14.2%) were the frequently affected body parts and most were caused by machinery and being hit by falling objects (17.9%). Young in age, being male, lack of training on health and safety, sleeping disturbance and job stress increased the risk of occupational injury. To reduce the occupational injuries among textile factory workers, providing basic health and safety training, reducing stress and providing counseling for better sleeping habits are recommended.

Reflections from the Participants

- Being young and being male are important determinants of injuries, how do you associate them?
- Did you consider confounding factors such as frequency of exposure to work, the type of machine used?
- The assortment of case and control in the operational definition does mean controls may end up as a case. This may be confusing and needs to be mentioned as a limitation.
- What were the backgrounds of the study participants? Were they from urban/rural or both?

Responses Made by the Presenters

- The assortment of cases and controls was one of the misclassification bias and reliability issue. After the baseline survey conducted to identify the prevalence or occurrence of injury within one year period among all workers, cases and controls were identified and the misclassification bias was addressed.
- The issue of being male could be regarded as the risk taking behavior.
- Although confounding factors were addressed, the rotation of workers from one area/department to another was the problem faced and didn't show any significance association with the outcome variable.
- Residence, sex and age were not taken into account because of resource limitation. But software used to adjust the variables and perform the analysis and control confounding factors.

10.3 Mental Health moderated By Prof. Reda Teklehaymanot

A brief background of information was given by the moderator that would address the participants the magnitude and seriousness of the mental health problem in the country. *No health without mental health* is the motto being advocated at present, used as an entry point to his briefing on the mental health situation in Ethiopia. He pointed out that the prevalence of people with mental illness in the rural areas accounts 11% of the total burden of diseases in general. Though the burden is quite significant, little or no attention has been given to rehabilitating mentally ill people except one initiative by the MoH, the FMoH has been engaged in producing a very comprehensive strategic plan towards preventing mental illness. Having said this, he introduced the presenters and the following papers were presented:

10.3.1 Prevalence of mental distress and its associated factors among regular undergraduate students of Adama University: A cross-sectional survey By Jemal Ebrahim

Institution-based cross-sectional study was conducted among regular undergraduate students with the objective of assessing the prevalence of mental distress, a common mental disorder symptom and its associated factors. The overall prevalence of mental distress was 21.6%. Statistically significant higher levels of mental distress were observed among students who reported to have family history of mental illness and those engaged in conflicts around dormitories. Khat users were more at risk of having mental distress compared with non-users. Higher levels of mental health distress were observed among students who never followed religious programs irrespective of their religion.

10.3.2 Assessment of antihypertensive therapy in diabetic hypertensive patients in Jimma University specialized hospital, Chronic Care Center By Beza Teshome

A retrospective cross-sectional study was conducted on patients' medical history records to evaluate antihypertensive therapy in diabetic hypertensive patients. Out of 428 diabetic hypertensive patients' cards reviewed 86.9% were analyzed. The selection of the type of antihypertensive drugs complied with the national guideline but there was under utilization of these drugs. To improve the blood pressure control and avoid complications diabetic hypertensive patients, appropriate selection of the drugs by the physicians as per the standard treatment guideline and based on the individual's health condition is necessary.

10.3.3 Prevalence of antisocial personality disorder and associated factors among AA higher Correctional Institution Prisoners: A cross-sectional study By Abraha Gosh

The objective was to assess the prevalence and factors associated with antisocial personality disorder among prisoners. The prevalence rate of antisocial personality disorder among the study population was lower. The associated factors were being male, single, no/low income and unemployment.

10.3.4 Patterns of treatment seeking behavior for mental illness in southwest Ethiopia By Eshetu Girma

A quantitative institution-based cross-sectional study was made involving 384 psychiatric patients at Jima University Specialized Hospital. This study tried to explore the patterns of help seeking behavior and associated factors for mental illness. The main depression disorder was schizophrenia, 48.4%. There was a significant delay in modern psychiatric help seeking in the majority of the cases. Traditional treatments are

the first place where help is sought for mental illness in this population. Most of the respondents claimed that mental illnesses were caused by supernatural entities. In the contrary, others believed that mental illnesses can be cured with biomedical treatment. Intervention targeted at improving public awareness about the causes and treatment of mental illness could reduce delay in treatment and thus improve treatment outcomes.

Reflections from the Participants

- The correlation between mental illness and hypertension does not sound well interlinked.
- Is there any mental health rehabilitation center in Adama University? If not, where did you find the data?
- Limited informants, only doctors who treated patients with mental illness were used as sources of information, why were not other stakeholders included?
- Operational definitions should be given on technical phrases and names such as mental distress, mental illness and mental disorder to make clear to the readers.

Responses Made by the Presenters

- The Principal Investigator had been in the clinic of Adama University for two weeks to serve mental ill students with clinical and psychiatric supports. That was an opportunity to collect and document routine data about students with mental illness. Only one psychologist working on a part time basis was supporting students with counseling service.
- The data collection period was not adequate to exhaustively utilize other relevant bodies.

11. Panel Discussion on HRH, Moderator: Professor Yemane Birhan

11.1 Overview of HRH, By Dr Yayehyirad Kitaw

Referring to the book *“Evolution of Human Resource for Health in Ethiopia”* written by three senior experts, Dr Yayehyirad Kitaw, Ato Gebre-Emanuel Teka and Ato Hailu Meche, he discussed HRH from distinctive historical point of references. His presentation was focused on four major historical time frameworks:

What happened on HRH in Post Italian occupation?

- The reconstruction phase 1941-1953
- The Basic health services period: 1954-1974
- The primary health care period: 1974-1991 and
- The sector wide approach period: 1991 onwards

What were the major problems in all the periods?

- Shortage and unequal distribution in HRH
- The responses were substitutes/task shifting and accelerated training for some health professionals like HOs
- The challenges were quality, management and attrition/brain drain

His presentation was supported by various graphs showing evolution of workforce, medical team, density, and current places of workforce: MD, HOs, midwives, skill mix, accelerated growth, and number of private schools. He concluded his presentation by quoting what he had said in 1990: *“Since education has a long term effect, we cannot limit our horizon to the immediate five years (future). What we will do for the next five years will have an impact on the next ten, twenty years and beyond”*,

11.2 Government Strategies on HRH, By S/r. Weynshete Tesfaye

The points on which she focused were:

Health Facility Expansion: In 2010, the number of Health Posts = 14,192 (1:5,600); HCs =2,142 (1:37,200) and Hospitals =116 (1:689,000).

Human Resource Development: The ratio of health professionals to the population for some HRH in 2010 was: Physicians=1:56, HOs. =1:26,000, Nurses=1:3,000, Midwives=1:40,000, and HEWs=1:2,500.

Opportunities for Success:

- Public university expansion, private health science teaching colleges
- Working in partnership, HRH strategic development and incentive package

Challenges:

- Quality of training, poor absorption capacity for some categories, such as laboratory, pharmacy, environmental health and the like significant gap in selected categories of HRH such as doctors, midwives, anesthesia, IESO ...

Cope up Mechanisms

- Career Development: for certificate (diploma) level trainings using TVET principle and policy; for HEW, nurses, lab, pharmacy, radiography, etc. training standardization using EOS curriculum and assessment guide.
- Retention scheme: Pre-deployment training for medical doctors, private wing for hospital staff, professional allowance for rare skill, provision of house for rare skill professionals, career development for HEW.

HSDP - IV Strategic direction:

1. Improve health workforce ratio from 0.7 per1000 to 1.7 per 1000 population.
2. Improve physician to population ratio from 1:37,996 to 1:5,500
 - Expansion of medical education: with conventional curriculum and new medical education
 - Integrated emergency surgery (M.Sc.) program
 - Accelerated midwifery program: baccalaureate program with university and level IV midwifery training (RHSC).
 - Accelerated anesthesia training program: baccalaureate program with university and Level V anesthesia training (RHSC).

11.3. Quality Assurance, By Dr Tesfaye Teshome

Dr Tesfaye launched his presentation asking the following questions: What is quality education in the Ethiopian context? Why do we bother at this point in time with human resource development at various levels in the country?

Before responding and clarifying on the questions he raised, he elaborated on the innovative curriculum developed for medicinal education - train those who studied biology and chemistry for 4 years and upgrade them to be physicians. There is a quantitative gap, which has to be solved by training more people but the quality issues is also something to be emphasized. This is to reduce the present doctors: population ratio, which is 1:36,158 while the WHO ratio is 1:10,000. Quality means fitness for purpose. If that is the case, how to assure health professionals in each and every department and university in which they are enrolled? In most cases three important elements of Quality Assurance are checked: input, process and outcome/output parameters. All these parameters have an impact on quality education provision but they are not the decisive factors.

Input parameters: checking the curriculum, laboratory, library, availability of competent professionals and the like.

Process parameters: how an individual student interacts with the staff, how that individual is exploiting the input parameters put in place and even the wisdom of the competent professionals, the way students are assessed, etc. Through the quality audit at 9 public and 6 private higher education institutions, it was found out that they were using normative assessment. They are suggested to use Criteria Assessment which means it has to focus on the skill, knowledge and attitude of that particular graduate is going to acquire on graduation. That needs to be measured. Institutional quality audit against 10 quality standards was undertaken against the mission, vision and standards of educational goals of each and every department and then the university. Governance, leadership, management, curriculum content and quality, staff mix, needs, academic and support staff and the quality assurance put in place, the support students are getting and the research output and the community services had been looked. The findings are published and distributed.

Now there is a move from institutional capacity building towards a program accreditation, which means focusing on each and every program. There are 5 skills on which the focus was made. It focuses on the basic generic types of knowledge and skill that particular graduate should have upon graduation. In this regard, what will be the roles of professional associations? As to the curriculum, they have to take the leadership in designing and developing it in a continuous manner. As far as the curriculum is concerned, the MoE, particularly the universities as a whole have harmonized curriculum and being utilized both in public and private higher education institutions.

The challenge in each public and private institution is the input parameter. The way forward is: Are we in a position to use whatever resources we have in hand in adequate manner? In the process parameter, we have to be role models, as a staff and professional contribute a substantial amount of time to enhance the teaching and learning process in each and every institution. As output parameter, program accreditation developed to a protocol, which focuses on professional assessment. It means any health professional who gets his/her degree upon completing of whatever number of credit hour and passes exam, whether to be professional or creates his of own job at a specific post. We have to have a passing result in a given qualified exam. EPHA, as a professional association, needs to advocate for such kind of professional assessment of exam.

Quality assurance units are developed in 9 universities at a directorate level and they have to assure quality. About 90 quality auditors are trained and the training will continue with the collaboration of professional associations. PH benchmark assessments are developed and need to be updated.

11.4. Successes and Failures in Engaging the Ethiopian Diaspora: The Quest for Achieving the MDGs and Sustain Them, By Dr Tewabech Bishaw

In her presentation, Dr Tewabech discussed the major challenges associated with losing highly skilled professionals from the global, regional and Ethiopian perspectives. Continuing the presentation, she remarked on what actions need to be taken to properly manage the problem and the good lessons to be learnt from the experiences of other countries.

She exhaustively discussed on the following important points pertinent to HRH and brain drain:

- Training and service institutions need HR to achieve MDGs
- There is a rich pool of knowledge and skills in the Diaspora
- Is the Diaspora a viable option? Able to contribute towards MDGs?
- What are the ways in which they could contribute? Virtual, short visit, equipment? Supplies? Funds? Long term?
- What does mean stopping the Diaspora from contributing?
- What can we do to incentivize and stimulate their engagement?
- What are the gaps? What are the critical areas we need to engage them?
- What are the sector policies and strategies? Does the sector clearly know where it needs Diaspora input?
- What kind of marketing strategy will appeal to Diaspora heart and mind?
- How do we also engage those qualified and experienced professionals in the country - interested currently under employed, minimally employed?
- What role can EPHA and other professionals associations play?
- What is their biggest asset in relation to our biggest needs? Their need? Their comparative advantages?
- What do they have that we want and how will they be enabled and engaged to make significant, visible and measurable impact?
- How can we create a symbiotic and win-win relationship between the Diaspora and local professionals?
- What is needed to facilitate the right people into the right places for the right impact on MDGs?
- Are we overestimating their potential? Are we underestimating their potential?
- Can we host them properly? Such that modalities are sustainable?
- Are there best-practices to emulate from?
- Is it easier to work with institutions or individuals? What do we learn from other countries?
- Evidences show that Diaspora professionals could effectively support country of origin.
- Countries like China, India, South Korea, South Africa, and Ghana have successfully engaged their Diaspora for development.

Dr Tewabech also highlighted critical elements that need to be given due attention–

- Strong Diaspora network, enabling country of origin and coordination mechanisms.
- Global consensus, regional advocacy and national action.
- Clarity on gaps, processes, policy, flexibility, readiness needed.
- Could initiate South-South and North- South collaboration.
- The partnership could be virtual, short visit supply and equipment and the like
- Win-win collaboration and gratification between Diaspora and in-country professional can promote retention in the long run.
- Organizations like ABIDE could facilitate and serve as a bridge and coordinating mechanism between the Diaspora and institutions/professionals in the country.
- Can Ethiopia effectively engage its Diaspora professional resources? Can EPHA establish formal link?

Reflections from the Participants

- The information provided by WHO puts the ratio of medical doctors to the population as 1: 10,000 but the condition in Ethiopia is 1: 36,000. This does imply that there exists a huge gap in producing physicians in the country. Then there is the fact that the physicians are also massively migrating to outside world for better work and living condition. The central question is why our physicians migrate to abroad? What are the key factors pushing them out? What needs to be done? Who should be involved in doing what to reverse the situation? These pressing issues must be thoroughly discussed and initiate a sort of collaborative actions. This condition could be reversed if only conducive environment is created locally. All associations have to come unified and act to replay to the demands of the professionals.
- The focus should not be only on those who are outside of their homeland but should also be on how best we can utilize the resource that we have at home.
- Various strategies have been in place to reduce the brain drain. For instance, it was suggested to provide land for higher education instructors but no one knows what has happened to it. Along this, lack of recognition, respect and carrier structure are factors that are exacerbating brain drain.
- How can we improve the quality of performances and the management? How is the FMOH doing on middle-level trainings?
- What does poor absorption mean? Does it mean health professionals like Medical Laboratory Technologists, Pharmacists, and Environmental Health Technicians are not needed in the country? Environmental health is the backbone of PH; yet it is currently a major problem in the country. Hence, what is the MoH doing to this direction? It is contradicting that the MoH has no place for such professionals to fit but never discontinue training them. Is there any mechanism of the two ministries to read each other – MoH and MoE?

- In the presentation, it was stated that HOs were aggregated in the urban and semi-urban areas. But is this acceptable from the accelerated HO training program point of view? May be, there is a need of defining what aggregating means.
- How sustainable is the incentives provided for rare skills by the FMOH? In the immediate future, giving special privilege to rare professions might have result in negative implications. Because the health care is a team effort and if there exists, perceived bias towards certain professions, others might be affected negatively, have you ever considered this?
- In the 1990's, around 70% of the health workers were in urban area and currently half of these are working in the urban areas, which looks wonderful progress. But what is your analytical calculation in this comparison that you have made?
- EPHA has to seriously scrutinize recommendations highlighted by the presenter on "*Quality Assurance*".
- What mechanisms did you use to ensure the quality of education in the private health institutions apart from document assessment? You might assess once or twice in a year. But it needs a continuous assessment to ensure the quality and produce qualified professionals for the country.

Responses Made by the Panelists

- Many concerns have been raised in relation to the Diaspora though much has not been discussed in detail. We have to find means of utilizing these potential resources. In order to accelerate our development, the collaborative effort of the human resources residing inside and outside the country is very relevant. The aim of Alliance for Brain Gain and Innovative Development (ABIDE) is to explore on how are we able to create improved living condition of people, improved services, etc. by using the collaborative efforts. We have to learn from the feeling and belief of Indians and Chinese who were living outside of their countries, "Whenever we travel, we have a piece of India, a piece of Chinese". The basic principle is to utilize the resource that we have in hand and to create conducive environment for all.
- The actual number of the human force that we have in urban areas is not recognized properly. We can debate on the number of people working in the urban areas but we cannot deny the significant progress made in this respect.
- Basically, quality assurance is not left only for the agency; it has to be shared by the institutions, teachers, and students. Everybody has to be responsible because when something is wrong in the education sector, everything will go wrong even in the other sectors. We need to believe and work on the sense of individual ownership of quality assurance.
- We can go many mileages if we effectively implement the ten recommendations made after evaluation of the universities of AA, Mekele, Harromaya, Hawasa, Arba Minche and Gondar.
- Unannounced visit is paid to private higher education institutes but doesn't seem to last long. The ultimate solution we propose is everybody to feel ownership of maintaining the quality.

- Lack of synergic and collaborative works of MoH and MoE is a basic problem in the country. Often they do not read each other. But this is not the case with regard to the agency. Whatever standards are produced, they will be discussed from inception until implementation with the concerned bodies.
- The FMOH is working hard on what is to be done on poor absorption of some health professionals.
- An Incentive package was implemented as a retention mechanism and to reduce the number of health professionals that are leaving the country. But the encountered challenge was that the incentive doesn't include all health professionals. Hence, it is being revised by the Ministry as it needs to mobilize huge resources.

12. Concurrent Session

12.1 HIV/AIDS

The session on HIV/ AIDS was moderated by Dr Tekeste Kebede.

12.1.1 'Assessment of alcohol use and risky sexual behaviors among local drink sellers in Addis Ketema sub-city, Addis Ababa', By Ibrahim Kedir

A cross-sectional study was made among 698 women engaged in selling tella and tej drinks. The objective was to assess the prevalence of alcohol consumption and its association with risky sexual behaviors among these women. The prevalence of alcohol use among these ladies was found to be 33.3%. Five hundred sixty six (984.4%) of the respondents had initiated sexual intercourse, out of whom 15% had sex with non-regular partners and 29.7% didn't use condom the last time they had sex. An HIV prevention program for local drink sellers is recommended.

12.1.2 "Disclosure of sero-status and associated factors among clinical service users in East Gojjam, Northwestern Ethiopia." By Beza Belayneh

Facility-based comparative cross-sectional studies using quantitative and qualitative methods were done to assess the status of disclosure of HIV positive sero-status and associated factors among clinical service users in East Gojjam. The result showed that 88.9% of respondents had disclosed their HIV status to at least one person, 80.9% disclosed to their current main sexual partners, 31.6% shared their status following having sex, 31.7% of the participants did not know their current main partners' HIV sero-status to their and nearly one third of them, 30.8% had disclosed their HIV status to their causal partners. Couple counseling and programs that initiated couple communication should be encouraged, due attention and programs addressing stigma and discrimination and support to PLWHA should be strengthened.

12.1.3 "Willingness to home-based HIV counseling and testing service among residents in Chagni town Administration and Guangua woreda, West Amhara Region, Ethiopia" By Dr Fikre Enquselassie

A cross-sectional HH survey using both quantitative and qualitative methods were conducted on 480 study participants with the objective of assessing willingness for home-based HIV counseling and testing service among residents in both areas. The study indicated that 92.7% of the respondents were willing to undergo HIV counseling and testing at home. The main reasons given for having HIV test were to know status and

to plan future life. Based on the finding, BCC/IEC activities should be strengthened to promote VCT service utilization, to increase knowledge about HIV/AIDS and to reduce stigma and discrimination.

12.1.4 “Validation of healthcare providers’ HIV related stigma scale, Jima zone, Southwest Ethiopia” By Garumma Tolu

Cross-sectional study was made in 18 health care facilities with the objective of validating health care providers HIV related stigma scale. Seven factors emerged from the four dimensions of stigma and discrimination during exploratory factors analysis. HIV knowledge, perceived institutional support, training on stigma and discrimination, educational status, HIV case loads, the presence of ART in the health care facility and perceived religiosity were factors associated with stigma and discrimination measured by the seven emerging latent factors. Further field tests at different levels of health care settings in Ethiopia are recommended.

12.2 Environment Health/Communicable Disease, moderated by Abera Kume

12.2.1 “Assessment of Outpatient Waiting for Service Patient Satisfaction and its Associated Factors in Felege Hiwot Referral Hospital, Bahir Dar, Amhara Region, Ethiopia”, By Tesfa Demlie

A cross-sectional quantitative study was conducted to measure the outpatient waiting and service times and to determine waiting time patient satisfaction and its associated factors. A total of 2037 patients/clients that attended Felege Hiwot hospital during the survey days were included in the study. Of the respondents, 38.9%, 32.3%, 12.66%, and 16.1% were very satisfied, somewhat satisfied, somewhat dissatisfied and very dissatisfied, respectively. Factors such as arrival of patients before the official opening hour, patients’ waiting time perception and actual patient waiting time were strongly associated with satisfaction. Providing service (before the official opening of the hospital) for early arrivals and appointment for follow-up patients are suggested for reducing the prolonged waiting of patients.

12.2.2 “The Reference Value of Immunological and Hematological Tests for apparently healthy HIV negative Adults in Bahir Dar, Ethiopia”, By Bayeh Abera

A cross-sectional study was conducted with the aim of establishing normal reference values of immunological and hematological values for apparently health HIV-negative adults in the town. A total of 405 adults participated in the study and absolute CD4⁺ T cells reference values were lower than those that Ethiopia has adopted. Females had higher CD4⁺ T cells counts than males. Establishing normal reference values locally has a paramount importance for quality of health care in the clinical management of patients.

12.2.3 “The Effect of HAART on Incidence of Tuberculosis among HIV infected Patients in Hawassa University Referral Hospital, Southern Ethiopia,” By Tarekegne Solomon

A retrospective cohort study design was used on 632 HIV positive adults, 15 years old and above, enrolled in the ART clinic of the hospital. The objective was to examine the effect of HAART on the incidence rate of TB and TB free survival among HIV positive adults in HAART receiving and HAART naïve groups enrolled in the ART clinic. TB incidence rate was 3.5 and 7.2 per 100 PYO in HAART and pre-HAART cohort respectively. Overall the chance of not developing TB was high in HAART cohort. Being on HAART, being married and widowed were factors related to decrease TB incidence. More efforts have to be made to reduce TB incidence, as, which most developing countries have achieved many years ago.

12.2.4 “Invasive Bacterial Pathogens and their Antibiotics Susceptibility Patterns in Jimma University Specialized Hospital, Jimma, Southwest Ethiopia,” By Tizazu Zenebe.

A cross-sectional study was conducted on 260 adult febrile patients with the aim of determining the bacteria flora of the blood stream infections and their antibiotic susceptibility pattern. From the total of 260 specimens only 8.8% were positive to seven different types of bacteria. The isolated bacteria were Coagulase negative Staphylococcus 26.1%, *S. aureus* 21.7%, *S. pyogenes* 13%, *E. coli* 17.4%, *K. pneumoniae* 13%, *Salmonella* spp. 4.3% and *Citrobacter* spp. 4.3%. Timely investigation of bacteria flora of the blood stream infections and monitoring of their antibiotic resistance pattern plays an important role in the reducing of the incidence of blood stream infections.

12.2.5 “Molecular Typing of Mycobacteria Isolated from Tuberculosis Patients at Debre Birhan Referral Hospital, North Shoa,” By Legesse Garedew

The objective of this study was to look for molecular characterization of mycobacterium strains implicated in tuberculosis. Structured questionnaires, acid-fast bacilli smear staining, culture and deletion typing and spoligotyping molecular techniques were used. This study showed that the presence of several clusters and new strains of *M. tuberculosis* circulating both in pulmonary and extra pulmonary TB patients in Ethiopia. With mapping of the population structure of *M. tuberculosis* is vital to understanding the transmission and disease dynamics of TB, set appropriate control measures, further similar studies are recommended.

Reflections from the Participants

- The recommendations made on assessment of outpatient waiting and service time seems to be too general. The methodological implementation on the ground is doubtful.
- Did you take the emergency and non-emergency conditions into account while assessing the situations? Did you share the findings with the hospital where the study was conducted? Did the early arrival contribute for long waiting time? Do you think that patient satisfaction is solely dependent on waiting time?
- How did you identify TB retrospectively in HIV patients?
- How did you manage those who entered the ART later?
- Did the seasons affect the results of the culture?

Responses Made by the Presenters

- Waiting time was considered at the laboratory and other procedural areas. Waiting and service times are different.
- Waiting time refers to the arrival to card registration until getting examined.
- Service time refers to the duration of each procedure takes.
- Patient satisfaction does not only depend on waiting time, there are also other factors.
- The type of TB was identified and closed cohort was used.
- Seasonal variation could be observed in the culture results.

13. Business Meeting

The annual business meeting where members of the association discuss internal businesses such as activity report, regional and chapters' report, audit report, board members selection/ substitution, was held in the last day of the conference on 23 November 2011. At first, the General Assembly nominated a moderator and secretary who could lead the business meeting following a request by the president of the association. Thus, professor Bayene Petros and Ato Elias Gabre Egziabher as a moderator and secretary were selected, respectively to facilitate the business meeting.

The moderator requested the proposed agendas to be approved by the assembly. The approved agendas accepted by GA were:

1. Activities Report of EPHA
2. Regional and Chapter Reports
3. Audit Report
4. 23rd EPHA and the 13th WFPHA conferences, and 24th EPHA hosting region?
5. Selection of three Executive Board members who finished their first term office,
6. Resolution

13.1 Annual Activities Report of EPHA

Dr Wakgari, Vice President of EPHA presented activities performed by EPHA in the reporting year to participants of the business meeting. Some of the areas he emphasized were:

- Membership promotion; steps taken to recruit new members, retain and reactivate old members. On line registration has launched to increase access. At present, there are 4,314 members, of whom 2,348 are active, 1,294 are inactive, and 284 are life members and no information given on the remaining.
- The new organizational structure of EPHA introduced with its own new staff salary scale and benefits arrangement. Thus, he disclosed that EPHA has 63 full time employees working in four departments and two units
- An area of 885 sq. m of land is secured for the head quarters building in Arada sub city, '*Kebena*' area. He mentioned that the plan is to build G+8 EPHA complex.
- EPHA works in strengthening sister or partners organizations both in technical and financial perspectives
- Implemented various projects in collaboration with funding partners. Among others, EPHA worked in expanding and strengthening HIV/AIDS interventions with support from CDC. In addition, EPHA has been working towards improving RH through the support of Packard RH/FP project, and also it has been implementing a range of community-based projects with MCPS, PATH Ethiopia, CPHA, among others.
- Capacity building trainings on a range of areas were provided to members and staff through short and long term basis.

- Strengthened the secretariats of the 13th World Congress with human and material resources. The African Federation of Public Health Association has been formed and placed in EPHA, Addis Ababa. EPHA had active role in the formation of AFPHA.
- EPHA has been actively participating in the organization of the 16th ICASA congress to be convened in AA, where the president of EPHA is acting as Vice Chairperson of the organizing committee
- Registered as a national resident association in accordance with the new registration and regulation of charities and societies proclamation.
- The EPHA Institutional Review Board received 37 proposals, out of which, 28 approved, 5 declined and the remaining are on line.
- Strengthened its existing chapters and established new ones. Currently, EPHA has reached to have 18 regional chapters
- The EPHA head quarter has moved from Dembel city center to a new building located on the way to Meskel Flower hotel
- EPHA disseminated various informational materials through publications such as the Ethiopian Journal of Public Health, Felegetena Newsletter, Public Health Digest, HIV/AIDS/STI/TB Bulletin , Master Thesis Extracts etc ...,
- EPHA Executive Board attended and participated in several national and international conferences and meetings.

Reflections from the Participants

- In the leadership training, the enrolled and the graduate numbers are not matching. The attrition is significant comparing to the enrolled trainees. What are the causes of the attrition?
- Members are cornerstones and power for any professional association. In view of this fact, EPHA needs to expand itself services and reach its members who are working in the rural area. How do we reach those working at the rural areas? What strategies do you have in this regard?
- The number of journals distributed was not compatible with the number of members. How many of the members receive the journals? Particularly, how many of the members working in the rural area can get the journals? On-line dissemination of publications is appreciable but how many of the members have internet access? Sometimes, the same copies would be sent twice and EPHA needs to revise its dissemination devices.
- Securing land is a new breakthrough in the history of EPHA but the issue of construction needs to be discussed with experts and come up with strategies. The first action whenever securing a certain land is to have standard fence and then design preparation based on the ideal plan of EPHA. It is highly important to look for various designs in country and abroad and to look for resources. Constructing G+8 building is not simple and the association has to design fund raising plan.
- The secured land is around Kebena, which is an area where health institutions were established for the first time. So we are lucky to have such a place and there is a poem in Amharic which reads as follows:

“ታምቤ አለሁና በጠና በጠና፡

ከሐኪሞች ሠፈር ውስጥ ቀበና”

- The inventory of members needs to be seriously scrutinized. It is highly important to identify why some members are inactive and take the necessary actions.
- Along with the actions being taken in the preparation for the 13th World Congress on Public Health and 16th ICASA conference, it would be useful discussing the issue with the relevant department in the Ministry of Foreign Affairs towards the successful organization of the events.
- The report didn't emphasize on the involvement of EPHA in various pressing national issues run by the FMOH. Does FMOH invite EPHA and involve it during policy development? How far EPHA has gone to implement the decisions made and policies formulated? For example, EPHA didn't participate in the national health policy workshops, why?
- The next strategic plan of the EPHA has been ratified and is being implemented but it still needs to be distributed to all members.
- What are the promises we made and agreed upon when the association got recognition by the government? All members have to know these terms of agreement.
- EPHA has to work in collaboration with sister associations to achieve more results in the health sector. But so far, nothing has been carried out with the Environmental Health Association.
- In most countries, when workshops, seminars and conferences are conducted, it is customary to dedicate lectures and seminars by celebrated role model individuals who contributed much to the country and then professional associations. This is an excellent incentive and motivating factor for EPHA members to consider
- The association seems to have internal brain-drain in its organizational system. It has to be equally disposed to all members. It needs to have good governance, transparency and democratic cultures. The Advisory Council members have not been properly utilized. Decisions should not be passed without consulting the advisory board.

Responses Provided by EPHA

The following responses were made by the president, v/president and the executive director of the EPHA secretariat

- EPHA had worked hard to get a plot of land over the last twenty years but it didn't work for various reasons. Recently, however, EPHA won the competitive bid and secured a piece of land. EPHA won the bid with a difference of 0.02 cents for it dares to build G+ 8 complex. For now, EPHA has established an independent committee to take care of the land and identify income generating schemes. The EB called for all members to join hands to make the expected complex a reality.

- The main factor for the high attrition rate was found to be the type of participants selected. Most of the participants were higher officials with high commitment and less time to follow the schedule and complete the courses. EPHA is discussing the issue to bring about new criteria that helps decrease the attrition rate.
- The issues raised in relation to the distribution of publications are well recognized. It is known that copies and the number of members are not matching. Other than this, however, there are several problems in the distribution scheme, such as change of addresses of members, return of documents by the post office, etc. In order to minimize the problem, the association tried to establish different mechanisms i.e to deliver house to house by incurring additional costs for the post office, sending to different health institutions in collaboration with the FMOH to disseminate the publications in their reach, but still the problem is not fully addressed. EPHA has a plan to use its chapters in the future.
- Indeed, the number of inactive members is steadily increasing. We have to solve this growing challenge through strengthening the regional chapters.
- Professional associations are expected to advocate policy issues more than being engaged in social work services. In view of this fact, EPHA closely works with FMOH and thereby significantly contributing for the advancement of public health at the national level.
- The resolution of the conference will be submitted to the FMOH and other relevant government organizations.
- In the 21st annual conference of EPHA that was held in Mekele town, over 1,500 copies of the strategic plan were distributed to members. We know that we need to print and distribute more copied to reach to all members.
- The issue raised with regard to Environmental Health Association and the Advisory Council is well noted and it is recognized as a take-home assignment for EPHA.

13.2 Regional and Chapter Reports

The summary report of 11 chapters was presented by Ato Fassil Tessema, a representative of Jima chapter situated at Jima University. The main activities performed by chapters, according to his presentation, were focused on promoting EPHA, recruiting new members and collecting annual fees from members. Along these activities, chapters disseminated all the necessary information sent from the head quarter to members during seminars and workshops besides to the follow up on students' thesis sponsored by the EPHA and motivating members to participate in events organized by EPHA.

Chapters always communicate with EPHA whenever problems arise and needs quick reaction. Having said this, he pointed out some of the major problems that chapter have been facing.

- Some Chapters do not have Vouchers for collecting fees
- Seldom there is a communication gap between EPHA and its chapters. Messages sent electronically from EPHA might not reach to all chapters

- Some members do not get the journals regularly. Most publications returned due to change of addresses of members
- Students who have registered as EPHA member would be lost after graduation without informing their addresses. This possibly is one of the factors for increasing number of in-active members
- Lack of space and office equipment particularly for the newly opened Chapters
- Lack of updated list of members for easy follow up
- Less participation of members in various workshops organized by EPHA

Possible Solutions suggested by the chapters' representative are:

- Various communication media have to be utilized by EPHA
- Updated list of members needs to be distributed to all Chapters
- New chapters need to be equipped and organized with material resources
- In order to increase new membership, the Chapters are supposed to be important promotional spots in their respective areas. Reasonable resources have to be allocated for Chapters to effectively perform in their duties.

13.3 Audit Report

- The audit report was submitted on July 7, 2011 by an external auditor firm known as Awake Gebre Selassie. The auditor at first highlighted what procedures they used to audit the EPHA account. Accordingly, evaluation had been made whether the balance sheets were prepared based on accounting principles. The Balance Sheet the (income and expenditure) of EPHA until July 31st, 2011 had been clearly audited and checked. The External Auditors mentioned that the report was prepared lying on principles of accounting.
- Based on the audit, the association had 40.8 million Birr as revenue and expended Birr 39.2 million in the fiscal year. In the report, there is a column to show the revenue and expenditure of last year that would help for comparison. After brief report by Ato Awoke, the general assembly collectively endorsed the audit report. (See the original Audit Report attached as annex I)
- The detail of the audit report prepared in a special manual distributed to members of participants as a reference.

13.4 23rd and 24th EPHA Annual Conferences, the 13th WFPHA Conference and the 16th Annual Congress of ICASA



- The President of EPHA, Dr Tewabech Bishaw made a brief explanation on the major activities so far performed for the preparation of the 13th World Congress on Public Health. Using the opportunity, Dr. Tewabech officially invited members of EPHA to share some responsibilities and contribute to the successful organization of the congress accentuating that it is an honor for EPHA to host such a grand international conference in home.
- The 13th World Congress on Public Health will be held at UNCC hall from April 23 – 27, 2012
- The main problem faced is lack of fund where only 50% is secured
- Five sub-committees (Fund Raising and sponsorship, Scientific, Communication and Promotion, Registration and Logistics, and Reception) formed and are being chaired by members of the Advisory Council and the EB. EPHA members who are interested to participate in the organization of the congress are requested to be involved in any of the subcommittees of their interest but she encouraged more members to be involved in the abstract reviewing group where shortage of professional human resource is witnessed.
- An advisory committee is formed and meets every month
- A Tele-conference is being conducted with the organizing committee in Geneva every month. On January 12, 2012, a group of people from Geneva will arrive to Addis Ababa to review and select papers to be presented in the conference and discuss on the final preparation activities of the event.
- About 250 oral and 300 to 500 poster abstracts are expected to be presented in the conference
- It is decided to run the 23rd Annual EPHA's Conference with the 13th WFPHA
- The 24th Annual EPHA Conference will be held in 2013 in one of the regions to be selected. The region that fulfills the criteria will be selected to host the annual conference in the succeeding business meeting. Having of organized Chapter, several PH professionals and availability of facilities for conducting the conference are considered as the criteria for the selection of the hosting region. The request has to be made for EPHA and it will be decided by the General Assembly in the coming conference.

Reflections from the Participants

- Why not regions have their own regional associations instead of working as Chapters? The question had been raised several times before but no answer has been given by association. EPHA doesn't seem to be in favor of this idea, why?
- Do other health professional associations establish after getting permission from EPHA?
- What are the assistances being made to strengthen the EPHA chapters in region?
- Who are the Regional Chapters and where are they located? How are Chapters opened in the Universities?
- The memorandum of the association of EPHA clearly states when to conduct the annual conference and when to select the board members. In the presentation, however it was said that nothing will be done before 2014. We need explanation on this?
- Is there any option to follow up the 13th world congress on-line?
- In 2013 probably the term for the president and other board members will come to an end. According to the memorandum of the association, the succeeding annual conference will be in a selected region. From the past experience however we know that most members do not attend annual conference held in regions. In one way or another, this may affect the board selection process. The Board needs to think on it and come up with idea in the April conference.

Responses Provided by EPHA

- EPHA also believes in the formation of public health associations by decentralizing to regions. The association has discussed on the issue of decentralization and opening regional association for many years. The main problem was the numbers of PH professionals in regions were very minimal. But at present, the trend has been changing; PH professionals in the regions are significantly increasing. EPHA is not only in favor of establishing the regional PH associations but also is committed to assist in establishing these associations. The Public Health Officers Association which was established recently can be cited as a good example for receiving the full support of EPHA.
- Chapters have to be seen as centers of incubation. Some are established following universities, some are established based on regions. The natural development might be coming and growing as regional associations. One day, EPHA may grow to a Federation of Health Professional Association of Ethiopia.
- EPHA always discusses on how to strengthening the Chapters. With the financial support of a donor, six chapters have already been equipped with office supplies recently and this effort will be continued in the future
- The Chapters are found in the Universities of Balie, Debre-Birhan, Dilla, Haromaya, Hawassa, Jijjiga, Jimma, Gondar, and Wollega, Health Science Colleges of Hawassa, North and South Wollo, Tigray, Afar, Regional Health Bureaus of Bahir Dar, Gambela, Harari, and Oromia.
- The 2012 annual conference will be organized together with 13th congress in April, 2012.

- On-line registration for the 13th World Congress is being facilitated. The comment provided to think of on line transmission of the congress is well appreciable and will be discussed with the concerned bodies.

Finally the General Assembly approved the motion that was presented by the Executive Board that the 23rd Annual Conference of EPHA to be conducted simultaneously with the 13th Congress.

13.5 Selection of New Members

The Vice President of EPHA presented that there are three members of the EB including the President who will finish their first term. It was also mentioned that Dr Kunuze, who was selected at the 21st Annual EPHA conference in Mekele, left for Kenya having a new job and replacement has been made to him. The EB, after consulting the Ethiopian Charities and Societies Agency and the Advisory Council replaced him by Dr Philimona who stood second in the selection during the Mekele conference. This action was taken because of the urgency and massive work for the preparation of the Congress. Dr Tewabech Bishaw, Dr Assefa Sime and S/r. Workenesh Kereta were finishing their first term of office at EPHA. The GA however exhaustively discussed on the issue and collectively approved the three members of the EB to continue for the second term of office. Such a move was accepted after referring to the memorandum of the association of EPHA and in considering the importance of involvement of these key members of EB in the preparation of the up-coming world congress.

13.6 Resolution

The first draft of the Resolution of the 22nd Annual EPHA Conference on Alcohol, Tobacco and Substance Abuse was presented by the Vice President of the Association. The Resolution has two parts, preamble and resolution and approved by the general assembly (see annex II attached with for the full version of the Resolution)

14. Social Evening

The social evening was celebrated at Ras Hotel in the presence several invited guests and members of the association altogether. On the occasion, three individuals who presented outstanding posters were recognized and provided with awards. After the recognition and awarding ceremony, Dr Tewabech Bishaw, President of EPHA, made short briefing on how the selection was carried out. Three people were selected and prepared criteria for the selection. The points were Relevance of the study=10%, Logical flow=10%, Methodology=30%, Contribution and added value to PH=30%, and Multi-professionalism=10%.

Based on these criteria, the winners were:

1st. Teklil Biza and friends from ENHRI scored 71.1%. The title of the study was “Prevalence of common pathogenic fungal agents in smear negative PTB registered patients at selected health facilities of AA: Laboratory based study”.

2nd. Ayalu Aklilu from Alemaya scored 68.1%. The title of the study was “Khat chewing and sexual initiation among in school adolescents in Easter Ethiopia: A case-control study”, and

3rd. Abebaw Gebeyahu from University of Gondar scored 68%. The title of the study was “Socio-cultural barriers of maternal health service utilization among Ethiopian women”.

Awarded the winners, she finally closed the social evening by thanking all for coming and participating in the annual conference and the social evening program.

The inspiring, educative, and excellently organized 22nd Annual Conference of EPHA that lasted from October 31st to November 3rd, 2011 adjourned at 3:00 p.m.



This publication is sponsored by the US Centers for Disease Control and Prevention (CDC) in accordance to the EPHA – CDC Cooperative Agreement No. 1U2GPS001229