The latest, completely revised and updated version of the series of books on the “Epidemiology and Ecology of Health and Disease in Ethiopia” was recently published and made ready for distribution.

Sponsored by the Ethiopian Public Health Association under generous funding from the US Agency for International Development (USAID), the latest version of the book is the result of dedicated and painstaking work by some 89 prominent public health and medical specialists.

Prof. Yemane Berhane, MD, MPH, PHD, Dr. Damen Hailemariam, MD, MPH, PHD and Dr Helmut Kloos, PHD executed the massive task of compiling and editing the 850 page-long manuscript, in addition to contributing lots of articles themselves to the 53 chapters of the latest compendium.

The first edition of the ‘Ecology of Health and Diseases in Ethiopia” was the first of its kind to be prepared on the subject published by the Ministry of Health in 1998 under the editorship of Drs. Zein Ahmed Zein

### EPHA WEBSITE launched

The Ethiopian Public Health Association has recently launched a new website in order to enable its members and other interested people access information related to the associations activities, its various projects, publications, and announcements and to enable interested people access and register for membership online. It could be accessed through: [www.epha.org.et](http://www.epha.org.et)

### XVIIth EPHA Annual Conference to be held later this month

The XVIIth annual conference of the Ethiopian Public Health Association is scheduled to be held from October 26-27, 2006 in Harar City.

This year’s annual conference which will deliberate on the main theme of “Emerging Public Health problems in Ethiopia, was organized by EPHA in collaboration with Haramaya University, Harari Regional Health Bureau, Dire Dawa Regional Health Bureau and East Hararge Zonal Health Department.

The conference is also expected to discuss on the sub themes of:
* Human resource crisis in Health,

Cont’d on Page 2.

Becoming a member of the EPHA affords you the privilege of contributing your share of expertise to the development of the health sector of our country, thereby also strengthening your belongingness to the important profession of public health.

Cont’d on Page 2.

and Helmoott Kloos. It consisted of 35 chapters by 25 contributors dealing with topics centered mainly on environmental, demographic and socioeconomic conditions; as well as health services and endemic diseases.

The second edition was released by the same editors in 1993 and it more comprehensively examined the preventive human health problems in their political, socio-economic, cultural and biotic settings, and demonstrated the value of detailed field of knowledge of individual health problems,” according to Ato Gebre Emanuel Teka, who authored the foreword to the latest book.

The latest edition by contrast presents topics that are timely and enlarged in scope and which cover wider areas such as the determinants of human health as well as issues currently related to human welfare such as gender issues, the economy with emphasis on poverty reduction as well as the impacts of both famine and food security, according to the foreword.

The editors of the latest compendium also note that by addressing several emerging and hitherto neglected health problems, it adds a new dimension to the understanding of health and diseases in Ethiopia. While giving coverage to a wide range of health and disease related issues, the book also gives emphasis to priority diseases in Ethiopia and to issues traditionally regarded as non-priority.

(Reported by Seifu mahifere)

XVIIth EPHA Annual Conference ...Cont’d from page 1.

* Environmental degradation: Water scarcity and its consequences,
* Substance Abuse;
* The challenges of RH/HIV/AIDS in meeting the Millennium Development Goals (MDGs)

Six panels are already scheduled to be convened during which more than 50 scientific papers will be presented. Most members of EPHA as well as a wide range of other health professionals and people from other related disciplines are expected to attend this annual event.

It is to be remembered that last year’s EPHA’s 16th Annual conference was held at The Hilton Hotel in Addis Ababa and dwelt on the main theme of: The Health Service Extension Program in Ethiopia; Experiences and Prospects and sub-theme was: Health Sector Millennium Development Goals.

The Executive Board of EPHA

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EVOLUTION OF ORGANIZED PUBLIC HEALTH TRAINING IN ETHIOPIA

By: Dr. Gebreselassie Okubagzhi, Senior Health Specialist (Paper presented at the 15th EPHA Annual Conference)

The Pre-public Health College Era

* An infantile form of management of health services structure (unit) under the Ministry of Interior during the reign of Minilik II.
* Increase in health facilities and institutions dictated the upgrading of the unit to a Directorate level which was exclusively run by expatriates.
* The problem of staff was further aggravated by the Ethio-Italian occupation and in 1946 there were 106 physicians and 88 nurses among whom two were Ethiopians.

The Public Health College

* Early Landmarks of structured health manpower training included the following:
  * The opening of the first nursing school in 1949.
  * Opening of the Public Health College in Gondar in 1954
  * The first medical school in Addis Ababa in 1963.
  * Due credit should also be given to the contribution of hospitals who were the pioneers of paramedical training such as those popularly known as “dressers”

Major Developments preceding the establishment of Public Health College

Global Situation
* Increase in morbidity and mortality due to communicable diseases

* Weaknesses in the existing health infrastructure
* Introduction of a health center concept
* Health center by design included services such as Communicable Disease Control, MCH, Environmental Sanitation, Health Education, and Medical Care and collection of Statistical Information and directed by physicians.

Challenges Encountered

Due to insufficient number of physicians to run health centers, each country devised its health manpower strategy to staff and direct the activities of health centers. Some countries in East Africa resorted to services of medical assistants (medical superintendents) and health officers in Ethiopia who provided leadership to health center operations but training by countries differed in duration and scope of training.

The Establishment of Public Health College with the Gondar Team Concept

Influenced by global movements introducing the health center concept, Ethiopia responded to the international movement by establishing the Public Health College in 1954 to train the appropriate cadres of health to effectively operate the health centers.

The overriding initial principle governing health center operation is Teamwork. The Gondar team training program was in response to this. The Core members of the Gondar team included health officers, community nurses and sanitarians who were trained together and assigned as
a team to health centers in rural areas.

An evaluation of the effectiveness of Gondar graduates was done in 1974 and found that the services of the graduates were effective and highly appreciated by communities, government officials and international organizations.

The Gondar team concept started to dwindle with the termination of the community nurse training and further declined with discontinuation of the health officers program.

The Public Health College was initially staffed mainly by highly experienced expatriate staff who had international experience in training programs and in collaboration with national available staff succeeded in creating a unique and new training program which had no match globally. The uniqueness can be traced to its ability to train a health officer with a good knowledge of curative and preventive skills and competence in health management and other professionals (Community Nurses and Sanitarians) who were competent in providing community and household level services. In addition, there was a well articulated plan for national staff recruitment and training and the college was able to attain staffing and leadership by nationals in the early seventies.

There were very few national public health experts in the country who had undergraduate and post graduate training. The number of public health professionals increased as the graduates of the college returned after attending graduate schools in USA, Beirut and Europe. They accounted for a bigger portion of the country's public health professionals during the initial stage of public health development in the country. A significant proportion of public health development can be attributed to the efforts of the college which trained the initial core of public health professionals who assumed leadership in public health and consequently contributed significantly to the development of the public health profession in Ethiopia.

Other public health training institutions in Ethiopia

* Opening of the first medical school in 1963
* The establishment of the District Health Management Training Center in 1986
* The Jimma Health Sciences Institute
* Increase in the number of nursing and health assistant schools
* The proposed establishment of the school of public health.

Lessons Learned

1. The public health college is credited for establishing a unique training program which provided dedicated and well trained health cadres willing to work in rural settings under difficult circumstances. The training module adapted by the college was critical in shaping the trainee's behavior and development of appropriate skills which could be utilized for training cadres of health in the future but these rich experiences have not been developed or even maintained in the subsequent training of health professionals in the country.

2. Discontinuation of training programs is serious and potentially an expensive business and should be based on clear evidences that the termination will result in better outcomes and the option taken will help improve the weaknesses inherent in the terminated training. The discontinuation and reestablishment of the health officers program indicates deficiencies in the process of making decisions regarding termination of training programs. Closure of Community Nursing and Health Assistant training
can probably be traced to similar faulty processes. It should be noted that the three cadres of health had internal and external conflicts and it appears that the decision to close was to no small extent influenced by this situation, i.e., using closing as one of the conflict resolution mechanism instead of taking less risky management decision to resolve the problems.

3. Health manpower training requires long term planning and regular monitoring. The impact of any training program can be felt after an elapse of some time. It may be essential to give the process sufficient maturity time to unveil its strength and weaknesses and decisions to reach termination should be considered after a thorough assessment of the situation. The alternative options to replace them should also be properly analyzed to ensure that the new option is better than its predecessor. A lesson is learned that serious consideration should be given to properly assess tangible evidences and alternatives before a decision is taken.

4. The establishment of the college truly reflected international partnership in creating an innovative training program which is well adapted to local situations thus highlighting the enormous contribution of international partnership in the design and implementation of innovative training programs.

5. Gondar College was the first institution in the country and even in Africa to introduce and realize team approach to solving community health problems and this lesson should be taken as one of the guiding principles in the training of health workers.

6. Gondar College was instrumental in initiating the growth and development of public health in Ethiopia.

7. The Training of Gondar College of Medical Sciences is highly influenced by the established tradition of public health as witnessed by the fact that the majority of District Health Managers were graduates of GCMS and many of the participants in public health graduate program of the community health of the Addis Ababa Medical Faculty are Gondar graduates.

Some Points for Reflection

* Ethiopia has been successful in pioneering innovative public health training during the last fifty years. Have we been able to exploit the opportunities and lessons learned to enhance the development of public health services?

* The graduates of the public health college worked successfully as a team in health centers and gradually provided the core of national, regional and district leadership in health services. How far has the team training approach prevailed in all health learning institutions?

* The absence of a comprehensive strategic health manpower development plan may well account for frequent changes in the type of health manpower trained, witnessed in the termination of some health workers training. Is it critical to develop a comprehensive health manpower development plan? If yes how should it be developed and how do we ensure adherence to the plan?
Some points on adolescent sexual and reproductive health

Adolescents are young people between the ages of 10 and 19. Adolescent sexual and reproductive health refers to the physical, mental, and emotional well being of adolescents, and includes freedom from:

- unwanted pregnancy
- unsafe abortion
- sexually transmitted infections (STIs), including HIV/AIDS
- all forms of sexual violence and coercion

More than one billion young people are entering their reproductive years - the largest generation in history. To reach their potential, young people must be empowered with the facts and services they need to make informed reproductive health decisions.

- Adolescent girls account for more than 10% of all births worldwide.

Every year, a quarter of all unsafe abortions — approximately 5 million — are performed on adolescent girls aged 15-19.

- Girls in sub-Saharan Africa aged 15-19 are 5 times more likely to have HIV than boys their own age.

- Between 40% and 58% of sexual assaults are committed against girls aged 15 and younger.

Adolescents need a supportive environment

- Ensure access to a minimum of 7 years of education.

Provide comprehensive sexual and reproductive health information and services.

- Review and revise existing policies that negatively affect adolescents

- Parents, policy makers, educators, and health care providers should work in partnership to provide adolescents with the tools they need to have a healthy and satisfying adolescence and to become healthy, productive adults.

- Involve young people as key decision-makers in program design, implementation, and evaluation

- Provide comprehensive, accurate information in a manner appropriate to their age group and sex

- Address barriers to accessing health and information services

- Empower adolescents to make life choices that are best for them
Providing adolescents with sexual and reproductive health education

**MYTH**
Sexual and reproductive health information promotes promiscuity and early sexual activity.

**REALITY**
Sexuality education contributes to:

* higher levels of abstinence;

* later initiation of sexual activity;

* Sexuality education can help protect young people from some of the potential risks of sexual activity.

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**Essential components of youth-friendly services**

Youth-friendly reproductive health services:

* Meet the full range of young people’s sexual and reproductive health needs;

* **Involve young people** in the design, implementation, and evaluation of services;

* Provide non-judgmental and confidential counseling are accessible and affordable.

* Provide effective referral linkages

(Taken from: Family Care international.)
ANNOUNCEMENT

The representative of the Gondar University College, Ato. Amsalu Feleke recently sent a letter announcing the formation, recently, of “The Gondar University Hospital Health Professionals Association”.

As Ato Amsalu noted in his letter such worthy initiatives are in line with EPHA’s long held objective of periodically forming health professional associations in different institutions but which has so far not materialized.

As one of the few major professional associations of long standing history in the country, EPHA appreciates such important initiatives and encourages other professionals working in diverse institutions to follow the example of Gondar University College and form various indigenous associations of like nature.

EPHA EXECUTIVE BOARD