

EPHA Conducts Biannual Review and Planning Meeting

Ethiopian Public Health Association /EPHA/ conducted biannual performance and contingency planning meeting from August 25-26, 2017 at Gold Mark Hotel, Bishoftu.

The meeting aimed at looking into the level of performance of the Association in general and the project and non-project activities in particular with a due focus on performance of departments and units as a ground to advance learning and take advantage of the evaluation for the contingency planning.

The meeting was officially opened by the opening speech of Ato Semegnew Mengistu, Deputy Executive Director of EPHA, who guided the participants to focus on fundamental issues and stated the general progress in view of encouraging chapters and sub-chapters to maximize their participation.



All the departments and units highlighted the achievements against the plan. The presentations focused on activities undertaken, challenges in the process and steps taken to tackle the challenges.

Reflections and suggestions were made by participants on how to strengthen the departments. The plans receive due attention from participants and what came out of the reflections has been the need to develop the documents and perhaps consider them as one consolidated plan.

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EPHA Conducts RH/FP Project Familiarization and Action Planning Workshop.

The Ethiopian Public Health Association /EPHA/ in Collaboration with Jimma Zonal Health Department conducted Reproductive Health / Family Planning RH/FP project familiarization and Joint Woreda based Action Planning Workshop on 21 October 2017, at Honey Land Hotel, Jimma.

On the occasion, Ato Semegnew Mengestu, Deputy Director of EPHA stated that this project is the first of its kind in re-focusing the Long Acting Reversible Contraceptive (LARC) services. Congratulating on the momentous contraceptive insertion/removal services provided in only ten days operation, Ato Semegnew also emphasized on the issue of sustainability which would better be addressed through non-stop strength to provide quality services.



Eventually, he acknowledged the commitment of both EPHA project team and the Jimma Zone Health Department for their coordinated effort towards achieving the objectives of the project.

Ato Kunuz Hajibediru, Head of the Jimma Zone Health Department, on his part appreciated EPHA for the support as well as the project which has been timely to address the services to the community. He also stated that the Zonal Health Department has been ready to welcome such projects as they advance community advantage and collaboration. In this regard, Ato Kunuz promised to seek ways of alleviating problems related to water and electricity supplies in view of fostering the services to the community.

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Startup kits were distributed to the Health Posts and joint woreda based action planning was undertaken.

A total of 40 participants from EPHA, Jimma Zone Health Department, Health Centers and Level IV HEWs from Health Posts attended a day long workshop.



Simultaneously, another EPHA team held similar project familiarization and Joint Woreda based Action Planning Workshop in collaboration with West Wollega Zonal Health Department. This workshop held at Yerosan Hotel, Nejjjo town with 41 total participants from EPHA, the Zonal Health Department, Health Centers and Level IV HEWs from Health Posts.

EPHA has been implementing Expanding Comprehensive Family Planning Service project at Community Level, in Oromia, Ethiopia with a financial support from the David and Lucile Packard Foundation since 2016.

The project aimed at the provision of client-oriented quality comprehensive family planning services in selected model Health Posts (HPs). The project has been effective in undertaking capacity building works across 150 model Health Posts manned with level IV Health Extension Workers (HEWs) in view of creating model health posts with effective referral linkages.

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The meeting was concluded by the closing remark of Dr. Alemayehu Mekonnen, the Executive Director of EPHA, who appreciated all the participants for their commitment and for the achievements gained during the reported period.



Role Model

Karl Heinz Böhm

16 March 1928 – 29 May 2014

"There is no first, second or third world. We all live on one and the same planet, for which we carry joint responsibility."



Born on the 16 of March 1928 in Darmstadt, Germany, Böhm was the son of Austrian conductor Karl Böhm and German-born soprano Thea Linhard. He was an only child, and spent his youth in Darmstadt, Hamburg and Dresden. Böhm acted in about 45 films and also in theatre.

In 1976, he travelled to Africa to recuperate from breathing problems. When he saw the poverty there with his own eyes, he decided to act. Five years later he appeared on a primetime German TV game show called "Wetten dass...? (Wanna Bet?) Böhm bet that not even one in three viewers would donate a single German mark for people in Africa. He won that bet - more than a million deutschmarks were donated and later the same year. Böhm founded the aid organization "Menschen für Menschen" (Humans for Humans) which has a staff of more than 700 people in Africa.

Some 360 schools were set up with help from the foundation, hundreds of wells were dug and arable land created. A credit system enabled women to become independent.

Böhm also tackled the sensitive topic of Female Genital Mutilation (FGM).

In 1981, when he founded Menschen für Menschen (Humans for Humans), Böhm was actively involved in charitable work in Ethiopia, which helps people in need in Ethiopia.

In October 1981, Karlheinz Böhm travelled to Ethiopia. Near the town of Babile, in eastern Ethiopia, he met about 1,500 semi-nomads from the Hauiwa tribe that lead a miserable existence in a hunger camp without any prospects for the future.

He met people at eye level and listened to them, he asked what they needed most. Less than two years later it was done: the farmers could reap their first truly profitable harvests, and the hunger camp in Babile was closed forever.

By helping the people in the Erer valley, Karlheinz Böhm laid the foundation for his "help for self-help".

Thirty years later, more than 5 million people benefit from long-term projects with the goal to enable farmers to promote their development, and with that the development of the entire region, themselves.

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Currently, there are 15 project areas in Ethiopia, on a surface of about 56,000 km². six of them could be entirely transferred to the responsibility of the population. This made parts of Karlheinz Böhm's wish come true: "one day not to be needed any longer". He served for more than 30 years in the organization.



Böhm was married four times and had seven children. In 2002, the Austrian state honored him for his decades-long commitment to Ethiopia. More awards followed in Germany, but the one which probably meant most to him was when he was made an honorary citizen of Ethiopia in 2003. In 2011, a statue of him stands in "Karl Square" in Addis Ababa.

Source: allafrican.com, Encyclopedia, www.menschenfuermenschen.at

Alma-Ata.... From page 8

The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, nongovernmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.

Source:- www.who.org



Health Concern

World AIDS Day 1 December 2017

To complement the global World AIDS Day 2017 campaign which promotes the theme **"Right to health"**, the World Health Organization will highlight the need for all 36.7 million people living with HIV and those who are vulnerable and affected by the epidemic, to reach the goal of universal health coverage.

Under the slogan **"Everybody counts"**, WHO will advocate for access to safe, effective, quality and affordable medicines, including medicines, diagnostics and other health commodities as well as health care services for all people in need, while also ensuring that they are protected against financial risks.

HIV/AIDS facts

HIV continues to be a major global public health issue, having claimed more than 35 million lives so far. In 2016, 1.0 million people died from HIV-related causes globally.

There were approximately 36.7 million people living with HIV at the end of 2016 with 1.8 million people becoming newly infected in 2016 globally.

54% of adults and 43% of children living with HIV are currently receiving lifelong antiretroviral therapy (ART).

Global ART coverage for pregnant and breastfeeding women living with HIV is high at 76%.

The WHO African Region is the most affected region, with 25.6 million people living with HIV in 2016. The African region also accounts for almost two thirds of the global total of new HIV infections.

HIV infection is often diagnosed through rapid diagnostic tests (RDTs), which detect the presence or absence of HIV antibodies. Most often these tests provide same-day test results, which are essential for same day diagnosis and early treatment and care.

Key populations are groups who are at increased risk of HIV irrespective of epidemic type or local context. They include: men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and their clients, and transgender people.

Key populations often have legal and social issues related to their behaviours that increase vulnerability to HIV and reduce access to testing and treatment programmes.

In 2015, an estimated 44% of new infections occurred among key populations and their partners.

There is no cure for HIV infection. However, effective antiretroviral (ARV) drugs can control the virus and help prevent transmission so that people with HIV, and those at substantial risk, can enjoy healthy, long and productive lives.

It is estimated that currently only 70% of people with HIV know their status. To reach the target of 90%, an additional 7.5 million people need to access HIV testing services. In mid-2017, 20.9 million people living with HIV were receiving antiretroviral therapy (ART) globally.

Between 2000 and 2016, new HIV infections fell by 39%, and HIV-related deaths fell by one third with 13.1 million lives saved due to ART in the same period. This achievement was the result of great efforts by national HIV programmes supported by civil society and a range of development partners.

Source: www.who.org

Declaration of Alma-Ata

The International Conference on Primary Health Care, meeting in Alma-Ata on twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following

Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social health care process. development and contributes to a better quality of life and to world peace.

IV

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of selfreliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

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VII

Primary health care:

1. reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
6. should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;

7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

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