FOCUS ON HIV/AIDS, STIs AND TUBERCULOSIS

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FOCUS ON HIV/AIDS, STIs AND TUBERCULOSIS

Quarterly P.H.R. Digest of the Ethiopian Public Health Association (EPHA)

Volume 2
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With the increase in the spread and impact of the HIV/AIDS epidemic, a correspondingly large amount of activities are being accomplished both by governmental and non-governmental agencies in terms of raising awareness and bringing about behavioural change to arrest the growth of the epidemic. Part of this is the campaign for the promotion and expansion of Voluntary Counselling and Testing services utilization by the general public as VCT is an internationally acknowledged, essential strategy for HIV prevention and AIDS care.

The editors of this bulletin have this time found it logical to include in this issue, a summary of the results of a major study titled ‘the Status of HIV screening laboratories in Ethiopia, achievements, problems encountered, and possible solutions’. Quite a lot of points have been examined and useful recommendations on the issue passed by the researchers, that we hope will claim the attention of concerned authorities and the institutions themselves.

The previous issue of this bulletin gave wide coverage to a study about the role of community-based organizations in the fight against HIV/AIDS, a finding so comprehensive that only half of its contents could be accommodated in that issue. This issue thus carries the second and last part of that study followed by one other original research finding that deals with the prevalence of intestinal parasites in HIV-tested adult patients in southwestern Ethiopia.

While the columns on the Status of HIV AIDS in Ethiopia and Updates, Progress in the fight against the epidemic are dealt with in the usual manner, the editors have also included an important new addition to the contents of this bulletin that summarises the findings of a major study on the identification of research gaps in HIV, STDs and TB in Ethiopia, a study that was commissioned by EPHA and undertaken by consultants hired for the purpose.

It is also to be remembered that together with the previous issue we had also sent an evaluation questionnaire seeking comments and recommendations from our readers on how to make the digest better suited to their needs. The limited number of feedbacks received so far were generally favourable to the status of the bulletin as it stands now. While this leaves no doubt about the wisdom of continuing with the publication of this bulletin with even more enthusiasm, many comments and suggestions for improvement have also been forwarded that we think are worth considering in the preparation of future editions of the bulletin. A summary of the evaluation results have been printed in a special section at the back.
OBJECTIVES OF THE P.H. RESEARCH DIGEST ARE TO:

- Improve the knowledge, and practices of public health professionals in HIV/AIDS, STI and TB.
- Introduce latest research findings, best practices and success stories to the general public through public health practitioners, trainers, planners and researchers.
- Motivate health workers to engage themselves in operational studies through the dissemination of abstracts from studies conducted by health professionals working in health care and training institutions.

TARGET AUDIENCE:

The target groups for the Digest are health professionals in general; and trainers in training institutions, public health practitioners in health centers and hospitals, in particular. This Digest will also be extended to people not engaged in the health sector but who are interested in the subject on a demand-basis for free subscriptions.

STRATEGY:

Three to four thousand copies would be published quarterly. Distribution would follow the modalities of other EPHA publications. Regional, zonal and woreda offices, institutions of the MOH & HAPCO branch offices will also be used for distributing the Digest.

Readers of this Digest are invited to provide comments they feel need to be taken into account to improve the quality of this Digest. The editors of this Digest also want to thank in advance all concerned professionals who in one way or another extended their views, support and contributions to the realization of the Public Health Research Digest.

The Editorial Supervisor
The following piece is a follow up to the series on 'public health code of ethics for Ethiopia', published on the fourth issue of this Digest in October 2004.

Article 30: Selective disclosure of information.
An acceptable study technique involves selective disclosure of information which seems to conflict with the principle of informed consent. For certain epidemiological studies non disclosure is permissible, even essential, so as not to influence the spontaneous conduct under investigation, and to avoid obtaining responses that the respondent might give in order to please the questioner. Selective disclosure may be benign and ethically impossible, provided that it does not induce subjects to do what they would not otherwise consent to do. An ethical review committee may permit disclosure of any selected information when this course is justified.

Article 31. Undue influence.
Prospective subjects may not feel free to refuse requests from those who have power or influence over them. Therefore, the identity of the investigator or other person assigned to invite prospective subjects to participate must be made known to them. Investigators are expected to explain to the ethical review committee how they propose to neutralize such apparent influence. It is ethically questionable whether subjects should be recruited from among groups that are unduly influenced by persons in authority over them or by community leaders, if the study can be done with subjects who are not in this category.

Article 32. Inducement to participate.
Individuals or communities should not be pressured to participate in a study. However, it can be hard to draw the line between exerting pressure or offering inappropriate inducements and creating legitimate motivation. The benefits of a study such as increased or new knowledge, are proper inducements. However, when people or communities lack basic health services or money, the prospect of being rewarded by goods, services or cash payments can induce participation. To determine the ethical propriety of such inducements, they must be assessed in the light of the traditions in the culture. Risks involved in participation should be acceptable to subjects even in the absence of inducement. It is acceptable to repay incurred expenses, such as for travel. Similarly promises of compensation and care for damage, injury or loss of income should not be considered inducements.

Article 33. Communication of study results.
Part of the benefit that communities, groups and individuals may reasonably expect from participating in studies is that they will be told of findings that pertain to their health. Where findings could be applied in public health measures to improve community health, they should be communicated to health authorities. In informing individuals of the findings and their level of illiteracy and compensation must be considered. Research protocols should include provision for communicating such information to communities and individuals.

Article 34: impossibility of communicating study results.
Subjects of epidemiological studies should be advised that it may not be possible to inform them about findings that pertain to their health, but that they should not take this to mean that they are free of the disease or condition under study. Often it may not be possible to extract from pooled findings information pertaining to individuals and their families, but when findings indicate a need to health care, those concerned should be advised of means of obtaining personal diagnosis and advice.

When epidemiological data are unlinked, a disadvantage to subjects is that individuals at risk cannot be informed of useful findings pertinent to their health. When subjects cannot be advised individually to seek medical attention, the ethical duty to do good can be served by making pertinent health care advice available to their communities.

Article 35: Release of Study Results.
Investigators may be unable to compel release of data held by governmental or commercial agencies, but as health professionals they have an ethical obligation to advocate the release of information that is in the public interest.

Sponsors of studies may press investigators to present their findings in ways that advance special interests, such as to show that a product or procedure is or is not harmful to health. Sponsors must not present interpretations or inferences, or theories and hypotheses, as if they were proven truths.

Article 36. Health care for the community under study.
The undertaking of an epidemiological project in a developing country may create the expectation in the community concerned that it will be provided with health care, at least while the research workers are present. Such an expectation should not be frustrated, and where people need health care, arrangements should be made to have them treated or they should be referred to a local health service that can provide the needed care.

(To be continued on next issue)
The Status of HIV/AIDS

AIDS epidemic update: December 2004
ELISA and other assays

<table>
<thead>
<tr>
<th>Incinerator Type</th>
<th>ELISA</th>
<th>Cross Sectional Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round incinerators</td>
<td>25%</td>
<td>27% /64.3%</td>
</tr>
<tr>
<td>Elliptical incinerators</td>
<td>42%</td>
<td>42% /88.1%</td>
</tr>
<tr>
<td>Non-mechanical incinerators</td>
<td>74%</td>
<td>74% /90.5%</td>
</tr>
</tbody>
</table>

Note: The data for incinerators shows a significant overlap in results between ELISA and cross-sectional studies, indicating the effectiveness of both methods in detecting emissions. The cross-sectional study provided a more comprehensive overview, allowing for a better understanding of the overall emissions profile. The ELISA method, on the other hand, offered a more targeted approach, focusing on specific areas of concern.
Sodium Hypochlorite

Testing Algorithm

Feed-back (WHO) International Standards

Safety Guidelines

Reagents

Operation
Section: Gastrointestinal (Intestinal parasites) (Protozoa)  
Cryptosporidium parvum, Isospora belli, Microsporidia species, Giardia intestinalis, Entamoeba histolytica, Cyclospora species, Blastocystis hominis and Dientamoeba fragilis.

Pathogens (Opportunistic agents)  

Section: Chronic

Pathogens 372 samples of 180 samples of 192 samples of 45 samples of 54 samples of 53 /29.9 % 99 /51.1 % 372 samples of 192 samples of 286 /51.9 %

**Reproductive health** (Reproductive health) 

**Parasite** 

**Strongyloides stercoralis** is a pathogenic/parasitic/nematode/pathogenic/pathogenic. The parasite is characterized by the ability to cause a range of symptoms, including gastrointestinal distress, respiratory problems, and even systemic illness. The adult parasites live in the small intestine, where they feed on host blood. The eggs are shed in the feces and can survive in the environment for several months, allowing the parasite to remain a constant threat in endemic areas.

Strongyloides stercoralis is a small, slender, thread-like nematode that can cause a variety of symptoms, including abdominal pain, diarrhea, nausea, and vomiting. The larvae can cause a condition known as hyperinfection syndrome, which can be life-threatening in immunocompromised individuals.

**Opportunistic** 

**Infectious** (opportunistic) 

**Strongyloides stercoralis** is a parasitic worm that can cause a variety of symptoms, including abdominal pain, diarrhea, nausea, and vomiting. The larvae can cause a condition known as hyperinfection syndrome, which can be life-threatening in immunocompromised individuals.

**Student Groups**

**Parasite** 

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(peer educators)
HIGHLIGHTS ON PREVENTION CARE AND SUPPORT

HIGHLIGHTS ON PREVENTION CARE AND SUPPORT

Center for Strategic and International Studies

The American Public Health Association

The American Public Health Association (APHA) is the nation’s oldest and largest organization of public health professionals and advocates. The organization is committed to promoting measurable improvements in the health of the nation. The APHA is dedicated to the pursuit of health equity and the reduction of health disparities among all people. The organization is committed to the prevention of disease and the promotion of health through education, research, policy advocacy, and practice. The APHA is a membership organization with over 100,000 members and over 50,000 professionals. The organization is headquartered in Washington, DC.
EPHA Conducts XVth Annual Public Health Conference

The Ethiopian Public Health Association conducted its 15th Annual conference last October under the theme, “50 years of public health training in Ethiopia, Achievements, challenges and the way forward.”

The sub-theme selected for the conference was ‘ART and its implications in the prevention and control of HIV/AIDS.’

Held at the conference hall of Gondar University of Health Sciences the three day conference deliberated on a range of issues of public health importance. Some 38 peer reviewed papers were also presented orally by health professionals from across the country while 47 other abstracts were presented in the form of posters.

Wz. Berhane Kelkay, who is well known all over the country for making her HIV +ve status public and devoting her life to teaching about HIV/AIDS also made a moving presentation on the general status and plight of PLWHAs in the country.

The conference also included a brief ceremony whereby four individuals who made special contributions in Public health service and research were honoured with EPHA Awards.

Accordingly the Senior public Health Research Award was conferred on the Honourable Dr. Beyene Petros, who is a member of the House of Peoples’ Representatives of the FDRE and is currently working at the Addis Ababa University.

The Public Health Service Award went to Ato Yimer Tessema, a veteran instructor in Gondar Public Health College Gonder who is recognized for his work and dedication in the area of environmental health sciences.

The 2004 Young Public Health Research Award went to Dr Yared Mekonnen of EHNRI while the Certificate of Recognition for a Non-Health Professional was conferred on Ato Zewdu Getachew from Down of Hope Ethiopia.

A Certificate of Recognition for Institution was finally given to Gondar College of Medicine and Health Sciences.

Free HIV Drugs Distribution to be Undertaken by Government

IRIN News: Ethiopia is to begin free distribution of potentially lifesaving drugs for people living with HIV, according to US officials supporting the program.

The move is part of a US $43 million scheme from the US government of antiretroviral drugs for up to 15,000 people this year.

"You can consider this the start of the treatment era, in which free treatment will be made available in increasing numbers over the years," Tadesse Wuhib, head of the US Centres for Disease Control (CDC) in Ethiopia, said.

According to government plans, the number of people receiving the drugs will be expanded to 210,000 people within the next five years, which would involve screening 20 million people for the virus.

The treatment will be carried out in 20 hospitals around the country. Pay-as-you-go treatment began in September 2004, but under the new government strategy, the programme will be expanded to people living with HIV who cannot afford the cost of the drugs.

"It is a complex treatment to deliver," Dr Tadesse added. "It is not only drugs that you are providing. You need to put in place [a] health care infrastructure and health care systems - the personnel capacities, as well as the overall capacities to be able to deliver."

He said that over the last year work has been put in place to ensure that the 20 hospitals can effectively deliver the drugs to patients.

"Those gaps are being corrected in these sites and as things expand, that has to go hand in hand - the level of capacity, the level of readiness," he added.

However, potential barriers remain. Currently only half the population of 70 million people have access to any kind of health facilities in the country. The annual health budget is around US $140 million.
Identifying HIV/AIDS, Sexually Transmitted Infections and Tuberculosis Research Gaps and Priority Setting Agenda in Ethiopia

(A summary of a study conducted by consultants commissioned by EPHA. The data for the study was collected in Sept 2003.)

HIV/AIDS, Sexually transmitted infections (STIs) and tuberculosis (TB) have become among the major causes of human sufferings in Ethiopia. Recent estimates suggest that there are approximately 2.2 million Ethiopians infected with HIV [1]. Major determinants for the rapid spread of the HIV/AIDS epidemic in Ethiopia include behavioural factors such as unprotected sexual intercourse and multiple sexual partners. The underlying causes include socio-economic factors such as poverty (associated with unemployment, commercial sex work), ignorance (lack of awareness and/or due to misconceptions), gender inequality, cultural barriers (silence, stigma and discrimination, denial, promiscuity, abduction, rape and female genital mutilation, taboos), war and displacement [2-6]. Several researches have been carried out in Ethiopia with respect to the above infections/diseases [7]. The researches have added greatly to the available information on several issues regarding the three infections. Nevertheless, the researches had little impact to influence the growing HIV/AIDS/STI and TB epidemics in the country. Moreover, coordination and integration between institutions undertaking researches in these areas were not adequately addressed. There is also a huge discrepancy between the magnitude of HIV/AIDS, STIs and TB burden in Ethiopia and the research conducted related to these diseases. This will require a lot of more work on disease burden, prioritising research agenda and resource allocation by national and international agencies and organizations.

This is the context in which the present assessment was undertaken. Its goal is to contribute to the setting of National HIV/AIDS/STI/TB Research Agenda for prioritising research needs, developing new and improved interventions, monitoring their impact, and implementing national strategies to decrease the burden of HIV/AIDS/STI and TB.

The present assessment reports information on data from review of the existing literature on HIV/AIDS, STIs and TB-related research in Ethiopia [Database available from CDC/EPHA Project Office, 8]. The assessment also included a comprehensive review, focus group discussions and key informant interviews, and individualized questionnaire assessment with relevant bodies involved in research on the above three focus infections/diseases. It focused on few selected organizations in which the assessing team conducted special key informant interviews on HIV/AIDS/STIs and TB-related research. Based on the above, this assessment identified what has been done in the past as well as currently undergoing research activities related to HIV/AIDS/STIs and TB.

Overall, several studies have been conducted throughout the last two decades in the areas of HIV/AIDS, STIs and TB in Ethiopia. The researches have added greatly to the available information on several issues regarding the three infections, albeit their limitations. In the area of HIV/AIDS, several key and relevant researches have been done. Of the overall studies, several were underway 15% address IEC/BCC issues, 3% condom promotion and distribution, 3% VCT, 4% management of STIs, 2% blood safety and universal precautions, 0.6% PMTCT, 26% care and support of PLHWA and only 0.6% issues related to legislation and human rights. The majority, almost 47%, focus on issues related to surveillance and related research.

There has been very little research undertaken related to STIs in Ethiopia and most of those research conducted previously are outdated [9, 10]. With the exception of Addis Ababa, there has been no systematic STI surveillance in the country. Of the overall STIs related research done previously or currently underway, majority (44%) are related to studies on prevalence of STIs, including socio-epidemiological surveys and sentinel surveillance. Studies on risk factors for STIs comprised 11% and those involving socio-economic research were 4.3%, KAP studies were 7%, validation of syndromic management of STIs were 7%, surveillance of drug resistance of Neisseria gonorrhoea were 10%, assessment of diagnostics tools for STIs were 1%, STI/HIV interactions were 14%, clinical research were 8% and other various activities were 9%.

Few institutions have been conducting TB research [11]. Of all studies related to TB research conducted or currently pursued in Ethiopia, the majority focus in clinical research and TB diagnostics [including development of rapid assay for identification of resistant MTB], representing 20% and 31%, respectively. Studies on prevalence, including surveillance, of TB comprise 19% and drug-research studies, including surveillance of drug resistant MTB and adherence issues of anti-TB treatments in DOTs account for 13% of all studies. TB/HIV co-infection studies represent 9% and sociodemographic aspects, including community-based studies account for 4%. Studies on KAP were 1%, TB lymphadenitis including the aetiological identification of MTB associated with TB-lymphadenitis were 3%, TB vaccine were 3%, and others 9%.

Although several studies have been conducted in Ethiopia the last two decades, the assessment found out that there still remain major gaps of research in the three diseases, including challenges and obstacles to undertaking research related to the above diseases. Based on the identified research gaps and several relevant research issues on HIV/STI/TB research priorities have been recommended (Panel 1-3).

Setting National Research Priority Agenda

Achieving this goal will require concerted work in scaling up of current efforts to implement interventions of proven effectiveness and research to determine how to implement these interventions and monitor their impact, and to develop improved and new interventions, including specific control tools.

Currently there exists unprecedented window of opportunity in undertaking research in order to help to the design and implementation of interventions, policies and service delivery in the context of...
HIV/AIDS, STIs and TB in Ethiopia. These include: (i) the government’s commitment; (ii) availability of increased funding from several partners; (iii) acceptance of partnership in scaling-up programmes; and (iv) mobilization of the civil society, including PLWHA.

Based on the above, this assessment identified what has been done in the past as well as currently undergoing research activities related to HIV/AIDS/STIs and TB in Ethiopia, and the challenges and obstacles to undertaking research related to the above diseases. In addition, it has identified the research gaps. Based on that, key priority research areas have been identified. Suggested strategies in order to implement the identified priority research activities include:-

- Improve governmental commitment towards research.
- Improve communication between organizations.
- Foster collaboration among institutions. Strengthen/encourage networking institutions involved in research related to HIV/AIDS, STIs and TB.
- Implementation of results of research findings.
- Improve dissemination of research results.
- Create a health-research information system.
- Orient research to be community-based.
- Encourage more research to be done, through establishing more centres and creating incentives for researchers.
- Organize resources for research.
- Encourage private-public partnership.
- Advocate to promote the need for need-driven research and its utilization by policy makers.
- Improve capacity for health research systems management.

Define role of stakeholders.
Establish monitoring & evaluation mechanisms for assessing research results.
Implementation of national strategic plans on priority research agenda on HIV/AIDS, STIs and TB.

Based on the above, the following actions should be considered as roles for EPHA in fostering research of public health importance in Ethiopia.

1. Strengthening health information system, such as creating a dedicated web site and database system of previously conducted researches in Ethiopia as well as current state-of-the-art.
2. Strengthen capacity building, such as training at all levels, including short-term and long-term training.
3. Fund raising activity.
4. Advocacy role, both in the national and international arena.
5. Play coordination role between various stakeholders.
6. Bridging role in facilitating the application of research results by policy makers.
7. Undertake project proposals with impact on policy and programmatic issues.
8. Provide expertise advice.

The identification of priority research agenda to decrease the burdens of HIV/AIDS, STIs and TB is a first step towards a level of response, which parallels the magnitude of the HIV/AIDS, STI and TB epidemics. Moreover, the concerted effort of all stakeholders is necessary in order to implement the strategy, and deliver the interventions to reduce transmission as well as HIV/AIDS-, STIs- and TB-related morbidity and mortality.

Panel 1. HIV/AIDS research priorities:

- **IEC/BCC:**
  - Research to understand high-risk behaviour, including research into the determination of high-risk behaviour and its associated networks, but also research to find the best approach to IEC and preventive aspects. Besides widely recognized high-risk groups (CSWs, truck drivers, MSP) research should be directed at adolescents.
  - Research into the effectiveness of interventions in changing high-risk behaviour, esp. role of positive traditional practices
  - Role of indigenous communication or folk media channels
  - Test impact of targeted and standard IEC materials on behaviour change among specific groups.
  - Impact of IEC/BCC on health-seeking behaviours for prevention, care and support.
  - Impact of BCC programs on reduction of stigma and discrimination.
  - Participation of adolescents and young people in prevention, care and support.
  - Quality of IEC materials produced by media

**Condom promotion and distribution:**

- Studies on misconceptions, cultural/religious influences on resistance to condom use
- Promotion of female condoms among specific groups, such as CSWs
- Monitor effective demand and utilization of condoms
- Willingness to pay and use of condoms
- Impact of condom use on STI prevalence

**VCT:**

- Integration of VCT in various health services
- Developing quality control tools for evaluating VCT, including training.
- Evaluation of rapid HIV testing kits for VCT.
- Quality control of HIV-testing algorithms for VCT services.
- Impact of rapid HIV testing algorithms in scaling-up VCT services.
- Assessment of socio-demographic characteristics of VCT clients
- Impact of VCT on behaviour change, including risk reduction.
- Impact of VCT on seeking access to care among PLWHA.
- Issues related to couples counselling, esp. disclosure of HIV status to partners.

- **Management of STIs:**
  - [refer under STI research priority].
- **Blood safety and universal precautions:**
  - Safety/quality of blood supply, including other blood borne infections, such as hepatitis-B and –C viruses.
  - PEP for health workers, including epidemiological studies on the risks of transmission after occupational accidents, acceptability of HIV testing and treatments by HCW, side effects of treatments and viral resistance.
  - Attitude of health professionals towards universal precautions.
  - Assessment of other modes of HIV transmission, esp. due to infected needles.

- **PMTCT:**
  - Acceptability of VCT for PMTCT, treatments, adherence,
  - Appearance of viral resistance
  - Impact of breast feeding on risk of transmission
  - New drugs/regimens for PMTCT,
  - Supplementary interventions, nutritional or micronutrients
  - Different feeding options, including their impacts in infant morbidity/ mortality
  - Various models of PMTCT plus.
  - Attitude of professionals towards PMTCT services
  - Integration of PMTCT, for e.g. with ANC services.

- **Care and support of people living with HIV/AIDS (PLWHA):**
  - Assessment of demand of PLWHA.
  - Assessment of continuum of care….from institutional to home-based cares, two-way referral systems, HBC, CBC, Etc…
  - Community-based care, esp. role of “Eders” in Ethiopia
  - Role of APLWHA on care and support
  - Developing/evaluating diagnostic and treatment algorithms for OIs.
  - Developing and evaluating simple markers (clinical algorithms and/or biological markers) for initiation & monitoring ART
  - Simplified therapeutic regimens, paediatric formulations & therapeutic strategies (dosages).
  - Improving adherence, comparing various models of DOTs, psychosocial follow-up, HBC, involving CBOs, etc…
  - Side-effects of drugs, role of other underlying infections on ARVs toxicity, such us hepatitis
  - Interactions of ARVs with other medicines, inc.traditional medicine
  - Surveillance of anti-retroviral drug resistance at National level, drug resistance monitoring in treatment failures incl. evaluation of its risk factors, incidence of resistant variants among the patients treated.
  - Addressing nutritional problems, role of intestinal parasites

- **Legislation of human rights:**
  - Magnitude of stigma and discrimination.

- **Surveillance and research:**
  - Continuation and expansion of surveillance, including second generation sentinel surveillance and expansion esp. to rural areas.
  - Quality control of sentinel surveillance activities
  - Microbicides research determining its effect on the incidence of HIV, including STIs
  - Contribution of harmful traditional practices in the spread of HIV epidemic, esp. in rural areas.
  - Role of traditional medicine in the treatment of HIV/AIDS, incl. OIs, STIs and TB.

Panel 2. **STIs research priorities:**

- Continuation and expansion of surveillance of STIs in order to determine disease burden.
- Assessment of rapid diagnostic tools for identification of STIs.
- Operational research in order to improve syndromic diagnosis and treatment algorithm:
  - validation of syndromic diagnosis and management of STIs in different populations.
  - improve syndromic management algorithm for vaginal discharge through innovative development and validation of point-of-care tests for gonorrhoea and chlamydia.
  - monitoring of drug sensitivity of *Neisseria gonorrhoea*
  - determine whether specific therapy for herpes should be added to the treatment algorithm for genital ulcer syndromes.
On the STI/HIV interactions:

- the prevalence of HIV among STI patients
- the role of concomitant HIV infection on effectiveness of syndromic STI treatment and pattern of drug resistance.
- Impact of STI treatment on HIV incidence and vise-versa.

Operational research to assess strategies to increase coverage of effective STI treatment through:

- involvement of private health sector
- informal health providers, and promotion of appropriate treatment seeking behaviour
- Operational research trials of interventions: mass treatment alone or combined with improved syndromic treatment
- trials of interventions targeted at high-risk groups (e.g. periodic presumptive treatment of CSW)
- trials of interventions to protect adolescents and young people against STIs
- trials of the effects of episodic or suppressive herpes treatment on HIV-1 transmission.
- assessment of the effects of microbicides on the incidence of STIs, including their effects on the incidence of HIV infection.
- evaluation of the HSV2 vaccines, including their effects on the incidence of HIV infection.

Panel 3. TB research priorities:

- Continuation and expansion of surveillance of TB in order to determine disease burden, including surveillance of drug resistant MTB
  - TB diagnostics
    - development of rapid test for identification of drug-resistant MTB
    - rapid diagnosis of latent TB
    - rapid diagnosis of active TB, includes improved diagnostic accuracy for smear-negative TB
    - diagnostic test capable of distinguishing recent from long standing TB infection to help measure directly the rate of TB transmission in adults and monitor trends in transmission rates in communities and health-care settings
    - improving QC on TB diagnosis, esp. smear microscopy
    - operational research to assessing strategies to implementing scaling-up of bleach-diagnostic method of as a tool of improved TB diagnosis
    - the aetiological identification of MTB associated with TB-lymphadenitis, including the role of *M. bovis* in TB in pastoral community.

- TB treatment issues
  - Feasibility study of implementing community involvement on DOTS, such as home-based DOTs
  - Operational research to assess strategies to increase coverage of effective DOTs through development of public-private partnership
  - adherence issues of anti-TB treatment in DOTs, IPT
  - Drugs effective against latent TB

Socio-economic aspects of TB and TB/HIV
- Perceptions, causes of stigma among TB patients, esp. assessing the role of being treated for TB as a cause of stigma for being labelled also as infected with HIV.

ARV/TB treatment issues:
- drug toxicity of anti-TB drugs among HIV patients
• interaction of anti-TB & ARVs, developing algorithms when to start ARVs in the presence of TB co-infection
• impact of ARVs on secondary incidence of TB
• TB appearing under ARV treatment as immune reconstitution syndrome

TB/HIV interactions
• Impact of HIV positivity on smear-negative TB
• Prevalence of active TB in VCT clients
• IPT operational issues, incl. morbidity, mortality, value of chest X-ray in TB prevention programm for PLWA
• Role of co-trimoxazole prophylaxis in reducing morbidity/mortality due to TB or other OIs prevalent among PLWA and resistance of organisms to the antibiotic

• Role of nutrition on TB, supplemental intervention on MDR TB
• Development/evaluation of TB vaccines with the aim of improving already existing and/or new vaccines, including the development/analysis of assays of immune protection markers
• Networking of Regional labs.

Acknowledgement

The work identification of HIV/AIDS/STI and tuberculosis research gap and priority setting agenda in Ethiopia presented in this report was undertaken by a group of consultants commissioned by the Ethiopian Public Health Association (EPHA). Thus EPHA would like to thank all the institutions and organizations for their unprecedented support during this assessment. In addition, the EPHA would like to thank CDC-Ethiopia for financial support and the study team—Dr. Tsehaynesh Messele, Ato. Amare Degene and Dr. Dawit Wolday

References

Summary of the Response on the Assessment of the Public Health Research Digest

This Public Health Research Bulletin has been quarterly published by the EPHA-CDC Project for the last one year. So far four issues have been produced and disseminated all over the country. An evaluation format was sent to the readers of the Digest to assess its usefulness through their feedback expected in a period of two-months. Nevertheless, only a limited number of respondents have so far filled and sent back the one page assessment form. The following is a tallied summary of the results:

Status of the respondents:

- 17% from Addis Ababa
- 83% from regions and Dire Dawa Adm. Council
- 47% from health facilities
- 29% from health offices
- 24% from organization other than health
- 65% from EPHA members
- 35% from non-EPHA members

Respondents views:

The response was rated out of a maximum of 5

(Rating: 1= Poor 2= Average 3= Good 4= Very good 5= Excellent)

- Overall satisfaction on the Digest = 3.8
- Accuracy = 4.1
- Completeness of the Digest = 3.6
- Relevance = 3.9
- Layout = 3.6
- Print Quality = 4.2

Ease of reading/understanding = 4.4
Timeliness = 3.6
Digest overall average = 3.9
(Overall, to the nearest 4 point represents very good in the rating)

Response on deciding the future of the PHR Digest

Decisions:
- Continue as is = 61%
- Terminate it = 0%
- Only change title and continue = 22%
- Merge with other EPHA publications = 11%
- Others = 6%

Preference of Title:
- Use as is = 44%
- Public Health Bulletin = 44%
- Others = 12%

Cover design preferred as:

- 1st Digest issue = 0%
- 2nd Digest issue = 0%
- 3rd Digest issue = 5%
- 4th Digest issue = 77%
- Others = 18%

Note. EPHA is in the process of exploring ways of changing the title of this Digest. We would appreciate it if you could recommend an appropriate title for the content. EPHA is thankful for those readers who took their precious time to forward their valuable comments to improve the content of the PRH Digest.

The Editorial Supervisor.
Doctor: I have some bad news and some very bad news.
Patient: Well, might as well give me the bad news first.
Doctor: The lab called with your test results. They said you have 24 hours to live.
Patient: 24 HOURS! That's terrible! WHAT could be WORSE? What's the very bad news?
Doctor: I've been trying to reach you since yesterday.
Nurse: Doctor, the man you've just treated collapsed on the front step what should I do?
Doctor: Turn him around so it looks like he was just arriving!

"Doctor, are you sure I'm suffering from pneumonia? I've heard once about a doctor treating someone with pneumonia and finally he died of typhus."
"Don't worry, it won't happen to me. If I treat someone with pneumonia he will die of pneumonia."

A mother complained to her doctor about her daughters strange eating habits." All day long she lies in bed and eats yeast and car wax. What will happen to her?"
"Eventually," said the Doctor, "she will rise and shine!"

A guy walks into work, and both of his ears are all bandaged up. The boss says, "What happened to your ears?"
He says, "Yesterday I was ironing a shirt when the phone rang and I accidently answered the iron."
The boss says, "Well, that explains one ear, but what happened to your other ear?"
He says, "Well, jeez, I had to call the doctor!"

Doctor: "I've got very bad news. You've got cancer and Alzheimer's."
Patient: "Well, at least I don't have cancer"
Acknowledgement and Calls for Articles and Abstracts.

The producers of this digest would like to thank the US Centers for Disease Control and Prevention for funding this publication. We would also like to invite readers to send their research works and other articles for publication in the next issue. Comments and views from researchers, trainers and service providers are particularly encouraged.

References:

8. IRIN UN Integrated Regional Information Networks, December 10, 2004