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- AIDS in Ethiopia-TIMELINE (Part One)

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This Publication is sponsored by the US Centers for Disease Control and Prevention (CDC) in accordance with the EPHA-CDC Cooperative Agreement No. U22/CC U0 22179—02
Public Health Digest

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It is generally acknowledged by many studies that one of the most debilitating shortcomings of the health system in Ethiopia is the shortage, at all levels, of qualified human resources. It is thus only appropriate in light of this basic fact that one of the major strategies employed by the Ethiopian Public Health Association is the facilitation of advanced training opportunities for professionals in the field of public Health. This approach is mainly implemented by the EPHA-CDC project which each year plans to sponsor a selected cadre of health professionals for a Masters Degree in public Health.

Last year alone the first batch of some 12 PH professionals completed their studies at the Medical Faculty of AAU, producing an equal number of thesis works focusing mainly on HIV/AIDS related issues. The thesis works were commended for their relevance and originality to the end that they were made to be published in the form of abstracts in a special booklet produced by the project. Needless to say that an Amharic version of these important works, thus forms the basic part of materials included in this latest issue together with another article translated from the latest issue of the Ethiopian Journal of Health Development, as usual.

The editors of this bulletin also believe that, in addition to providing the extracts of major HIV-AIDS related studies as is usually done on the “Research Abstracts from Journals Section”, there is a need to provide articles that expound general knowledge on the epidemic to the average reader. One other column has, thus, been introduced in this issue, which will henceforth explore the various negative socio economic and developmental impacts of the epidemic. Dubbed: ‘Special Focus’, the first piece carried in this issue examines the massive negative effects the epidemic results on the Education Sector. Subsequent issues will focus on the epidemic’s impact on the various other major sectors of the economy.

The Status of HIV AIDS section, as usual focuses on the general picture of the epidemic worldwide followed by an AIDS timeline graphic that traces the progression of the epidemic in Ethiopia since the early 1980’s together with the various actions and events taken by the government to mitigate the crisis.

Any suggestions and comments for improvement of the digest are as always welcome.

Publications Officer
OBJECTIVES OF THE P.H DIGEST ARE TO:

- Improve the knowledge, and practices of public health professionals in the areas of 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 on 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 Digest.
EPHA-CDC Project conducts HIV/AIDS Studies consultative Workshop

A five day long ‘HIV/AIDS Studies Consultative Workshop’ organized by the EPHA_CDC project was held at the Adama Ras Hotel in Nathreth Town in May 2005.

Some 40 professionals working in diverse capacities in the health sector participated in the workshop which was convened to make a thorough technical assessment of six research proposals on HIV/AIDS received by the project and which were prepared by different consultants. The initiative is part of EPHA’s diverse activities to help advocate the implementation of scientifically proven interventions that would minimize human suffering resulting the various negative impacts of HIV/AIDS.

Opening the workshop the research and dissemination officer of the project, Ato Berhanu Legesse remarked that the initiative is part of EPHA’s diverse activities to help advocate the implementation of scientifically proven interventions that would minimize human suffering resulting the various negative impacts of HIV/AIDS.

The initiative is part of the various activities the undertakes to promote public health by facilitating the development of evidence based policy and public health interventions.

Similar activities have also been accomplished in the past by the project including the sponsoring of a major study on “Identifying HIV/AIDS, Sexually Transmitted Infections and Tuberculosis Research Gaps and Priority Setting Agenda in Ethiopia”. The study results have already been published and distributed to researchers and policy makers in the health sector.

It is also to be remembered that last year also, the project has sponsored some 12 post graduate and one PH.D thesis undertaking in the area of HIV AIDS.

The workshop participants were divided in to six separate groups to examine and critically refine the six separate studies so that the consultants will have a chance to further enrich their proposals in a manner that will give practical value to their studies.

AIDS drugs hit roadblock in Africa; Dispute over generics stalls treatment efforts

By John Donnelly, Boston Globe Staff | June 20, 2005

PRETORIA -- African nations are refusing to accept US Food and Drug Administration approval of generic AIDS drugs, delaying the delivery of the less costly medicine to patients, according to US, UN, African, and drug company officials.

The problem highlights the lack of coordination between parallel US and UN drug regulators, which is frustrating US efforts to rapidly expand treatment in regions hardest-hit by the deadly virus.

Four countries -- Nigeria, Uganda, Ethiopia, and Tanzania -- have told South African generic drug maker Aspen Pharmacare that its FDA approval for antiretroviral drugs had no standing in their regulatory reviews of medicine, and that they have long required a study of the drug’s safety and quality from the World Health Organization, officials confirmed in interviews last week.

Opening the workshop the research and dissemination officer of the project, Ato Berhanu Legesse remarked that the initiative is part of EPHA’s diverse activities to help advocate the implementation of scientifically proven interventions that would minimize human suffering resulting the various negative impacts of HIV/AIDS.

This roadblock, unanticipated by US officials, has set off a flurry of anxious discussions in recent weeks among US, UN, and African officials, including a phone call from US global AIDS coordinator Randall L. Tobias to WHO's director general, Dr. Lee Jong-wook, requesting immediate approval of any FDA-tested drugs.

US officials said no one has been denied AIDS drugs so far because of their inability to deliver less expensive generic medicines, which can cost under $200 a year per patient.

The United States is now buying and distributing brand-name drugs costing between $500 and $800 a year.

It is unclear when the United States will begin buying the less expensive drugs, although officials plan to start purchasing generic medicine in some countries within six months. But if the process takes longer and AIDS treatment programs continue to rapidly register more patients as expected, activists say US reliance on brand-name drugs could mean growing numbers of people on waiting lists for the life-extending medicines.

Essentially, they argue, the cost of the more expensive drugs will eventually exceed budgets.

If US officials "started a regulatory system that everyone could have agreed to more than a year ago, we would have been much farther along," said Paul Zeitz, head of the Global AIDS Alliance, an advocacy group based in Washington, D.C. "They created the controversy."

A year ago, US officials said they would buy generic AIDS drugs for
Africa as long as those medicines met the same safety standards established for sale in America. They said WHO standards would not ensure the same quality standard and rejected an option to send US scientists to Geneva to bolster the WHO staff.

Establishing a parallel review system for AIDS drugs created tension between WHO and the US global AIDS program. But WHO officials said in telephone interviews from Geneva that they are working with FDA scientists to speed exchange of information on any drugs approved by the US regulator. WHO regulators have declined, however, to give a rubber stamp to FDA-approved drugs.

"We'll approve those drugs very quickly. We're more than happy to have that kind of relationship" with the FDA, said Dr. Jim Yong Kim, WHO's head of HIV/AIDS programs. He added that the Africans' reliance on WHO standards "shows the importance of our process, and the strength of our relationship with the countries."

The FDA has approved four generic AIDS drugs in the last seven months. At least one of the generic drug makers, Ranbaxy of India, has registered its drug with some African countries. WHO officials said they are now reviewing some of the FDA-approved drugs.

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(pediatric care) հիվանդության 
գործընթացը::

**Քանակ**

հայկական պատմություն / հերթական հատուկ հիվանդություն: h15 ցանկության դեմ հակառակ վերահայտացվելու համար: Այս հատուկ հիվանդությունը հաստատելու համար պերիանություն տեղի են: հայկական. հայտնապարտ. 1998 տար հայտն. 2003 պատմահար: 

| (presenting symptoms) հայացք ունեցող ինֆեկցիոն հատուկ հիվանդություն բիոալյումին <br> (pneumonia) | հայտնապարտ. նախագիծ 1998 տար հայտն. 2003 պատմահար: |
| --- | --- | --- |
| նարինջ պատճառ | 48 | 53.9% |
| անցկացույց | 39 | 50.0% |
| անցկացույց թերթ | 42 | 47.2% |
| թերթ առօրյա կողմ | 41 | 46.1% |
| թերթ առօրյա պատճառ | 37 | 41.6% |
| թերթ առօրյա պատճառ (pallor) | 27 | 30.3% |
| թերթ առօրյա կողմ | 26 | 29.2% |

Page 4
(36.9%) pneumonia, 70 (78.7%) respiratory distress, 1.8% asthma, 89 (90.9%) bronchitis, 8 (9.0%) influenza, 47 (52.8%) COPD, 23 (25.8%) bronchiolitis, 22 (24.7%) sinusitis. 29.2% of the patients were admitted in the hospital for 1.8% asthma, 41.6% respiratory distress, 53.9% COPD, 37.5% pneumonia.

**Methodology:** We conducted a retrospective study of electronic medical records of patients admitted to our hospital with respiratory conditions. We analyzed the demographic characteristics, the duration of hospitalization, and the outcomes of treatment.

**Results:**

- **Duration of Hospitalization:**
  - Median: 5 days, Range: 1-14 days.
  - 70% of patients were discharged within 7 days.
  - 10% of patients stayed longer than 10 days.

- **Outcomes:**
  - 68% of patients were discharged in good health.
  - 32% of patients were discharged with residual symptoms.

**Conclusion:** Respiratory conditions are a significant cause of hospitalization. Early diagnosis and appropriate treatment can improve patient outcomes. Further studies are needed to identify risk factors and develop effective prevention strategies.
<table>
<thead>
<tr>
<th>Year</th>
<th>Study Type</th>
<th>Sample Size</th>
<th>Prevalence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>Behavioral Surveillance Survey</td>
<td>98</td>
<td>98.2%</td>
</tr>
<tr>
<td>2002</td>
<td>Cross-sectional study</td>
<td>2003</td>
<td>19.6%</td>
</tr>
<tr>
<td>2003</td>
<td>Pre-tested Focus Group Discussion</td>
<td>910</td>
<td>68.2%</td>
</tr>
</tbody>
</table>

**Note:** IEC = International Economic Corporation
1. **Unsafe infections/unsafe injections**

2. **Needle sticks**

3. **Abscess**

Fig. 1. Safety practices in the health institutions. Sidama, 2003/2004.


315 /89.5 mõõd./ põllum.-

3.15 /89.5 mõõd./ põllum.-

1.15 /89.5 mõõd./ põllum.-

2.15 /89.5 mõõd./ põllum.-

3.15 /89.5 mõõd./ põllum.-
HIGHLIGHTS ON PREVENTION CARE AND SUPPORT

Page 17
The text on the page is too distorted and unreadable to provide a natural text representation.
### Global summary of the HIV and AIDS epidemic, December 2004

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Adults</th>
<th>Women</th>
<th>Children under 15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living with HIV in</td>
<td>39.4 million</td>
<td>37.2 million</td>
<td>17.6 million</td>
<td>2.2 million</td>
</tr>
<tr>
<td>2004</td>
<td>(55.9 – 44.3 million)</td>
<td>(33.8 – 41.7 million)</td>
<td>(16.3 – 19.5 million)</td>
<td>(2.0 – 2.6 million)</td>
</tr>
<tr>
<td>People newly infected</td>
<td>4.9 million</td>
<td>4.3 million</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with HIV in 2004</td>
<td>(4.3 – 6.4 million)</td>
<td>(3.7 – 5.7 million)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS deaths in 2004</td>
<td>3.1 million</td>
<td>2.6 million</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2.8 – 3.5 million)</td>
<td>(2.3 – 2.9 million)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Global estimates for adults and children end 2004

- **People living with HIV**: 39.4 million [35.9 – 44.3 million]
- **New HIV infections in 2004**: 4.9 million [4.3 – 6.4 million]
- **Deaths due to AIDS in 2004**: 3.1 million [2.8 – 3.5 million]
**AIDS in Ethiopia - Timeline**

1984 ➞ First HIV Infections in Ethiopia Identified
1985 ➞ Government Issues the First National AIDS Control Strategy
1986 ➞ First AIDS Cases Officially Reported in Ethiopia
1987 ➞ A Separate HIV/AIDS Dep’t is Set Up Within the Ministry of Health (MOH)
1988 ➞ MOH Establishes a National HIV Surveillance System
1989 ➞ HIV Prevalence Among the General Adult Population Reaches 2.7%
1991 ➞ MOH Prepares the First Draft of an HIV/AIDS Policy for Ethiopia
1997 ➞ HIV Prevalence Rises to 7.1 Percent by 1997 and Further Grows to 7.3% in 2000
2001 ➞ MOH Estimated that the Prevalence Has Declined to 6.6% and the Number of Ethiopians Living with HIV/AIDS Has Swollen to 2.2 Million, of Whom 2 Million Are Adults
2000 ➞ The National HIV/AIDS Prevention and Control Council is Established with the Country’s President as its Chair, HIV/AIDS is Declared a National Emergency
2000 ➞ A National HIV/AIDS Policy is Officially Issued
2002 ➞ A Total of 1.2 Million Ethiopians Have Died by End of 2002

*To be Continued on Next Issue*

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**Readers’ Corner**

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

This Public Health Research Bulletin has been quarterly published by the EPHA-CDC Project for the last year. Since the review, four issues were produced and disseminated all over the country. An evaluation format was sent to the readers of the Digest to assess its usefulness. Nevertheless, only a limited number of respondents have 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

**Status of the respondents by area of work**

- 47% from health facilities
- 29% from health offices
- 24% from organization other than health

**EPHA Membership Status of the respondents**

- 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
A college physics professor was explaining a particularly complicated concept to his class when a pre-med student interrupted him. "Why do we have to learn this stuff?" one young man blurted out. "To save lives," the professor responded before continuing the lecture.

A few minutes later the student spoke up again. "So how does physics save lives?"

The professor stared at the student for a long time without saying a word. Finally the professor continued. "Physics saves lives," he said, "because it keeps the idiots out of medical school."

**************************************************

Five surgeons are discussing who makes the best patient to operate on.

The first surgeon says, "I like to see accountants on my operating table, because when you open them up everything inside is numbered."
The second responds, "Yeah, but you should try electricians! Everything inside them is color coded."
The third surgeon says, "No, I really think librarians are the best; everything inside them is in alphabetical order."
The fourth surgeon chimes in: "You know, I like construction workers...those guys always understand when you have a few parts left over at the end, and when the job takes longer than you said it would."

But the fifth surgeon shuts them all up when he observes: "You're all wrong. Politicians are the easiest to operate on. There are no guts, no heart, and no spine, and their head and rear end are interchangeable, too."
Glossary: The meanings of some of the words used in this Digest

1. AIDS Epidemic:-
2. Antiretroviral therapy:-
3. Attitude:-
4. Bacilli:-
5. Cases:-
6. Control group:-
7. Elisa test:-
8. HIV Infection:-
9. Rapid test:-
10. Extra-Pulmonary TB:-
11. Practice:-
12. Prevalence:-
13. Pulmonary TB:-
14. Sera:-
15. Smear Positive/Negative:-
16. Statistical significance:-
17. Substance abuse:-
18. Tuberculosis:-
19. Sexuality:-
20. Risk Behavior:-
21. Quantitative and Qualitative methods:-
22. Random:-
23. In-depth interview:-
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:

2. May 2005, Vol 95, No. 5
8. MOH AIDS in Ethiopia 2005

1. The Executive Committee of EPHA

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2. Dr. Getnet Mitike Secretary General
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4. Ato Tiruneh Sinnishaw Member
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