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- The Status of HIV/AIDS

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Public Health Digest

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Objectives of this Digest

- Improve the knowledge, and practices of public health professionals in the areas of HIV/AIDS, STIs 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 Organizes Workshop on Health M&E Curriculum

The Ethiopian Public Health Association in collaboration with the CDC and Jimma university recently organized a week long workshop designed to lay the grounds for ‘the first ever Monitoring and Evaluation’ course related specifically to the health sector to be given at the masters level in Ethiopia.

The move followed a series of consultations by EPHA and Jimma University which resulted in a draft M&E curriculum, which would be enriched through discussion by the participants of the workshop which consisted of individuals representing different stakeholders working in the health sector.

Convened in September 2005, the workshop had the following specific purposes:

- To describe the terminology and uses of M&E as currently conceptualized in the Ethiopian National M&E Plan
- Differentiate monitoring and evaluation
- Be familiar with logic modeling, especially logic models for the program and logic models of evaluation and their application to program planning
- Be able to use logic models for planning
- Understand the need for special training in M&E and how it can be used to both improve program performance and enhance retention among health staff.

A major part of the workshop was the presentation on the basics of monitoring and evaluation by a noted professor from Tulane University in the USA. The presenter outlined a definition on the Evaluation Concept, expounded on the various terminologies it involves with particular emphasis on the health sector and later examined the concept and methodology of M&E as compared to other related themes like academic research, disease surveillance, operations research/evaluation, as well as policy and economic evaluation.

While these are the highlights of the M&E workshop the final outcome of the whole process is to lay out the necessary formalities for the creation of a post graduate program in M&E at Jimma university. This would eventually lead to developing a corps of new professionals in Health Monitoring and Evaluation who, after completing the prescribed academic course, will work in the Public Health Sector of Ethiopia.

The program envisions two levels of training, one being a higher diploma course primarily for professionals in other fields who already have a first degree and don’t wish to pursue a Masters degree. The MSc degree would be primarily for those wishing to complete an original research project and thesis, and who wish to develop a professional career as an Evaluator.

The specific Objectives of the Higher Diploma Programme are:

- To train M&E specialists who will provide critical leadership to achieve sustained improvement in the coverage and quality of health programmes,
- To develop M&E specialists who will be capable of understanding the organization and delivery of health programmes, including the justification and assumptions embedded in such programmes.
- To develop M&E specialists capable of designing and implementing monitoring and evaluation plans for priority health programmes, including health policy,
- To develop M&E specialists, who at every level of the health system can advise in the use of data for evidence based decision making.
- To develop M&E specialists capable of using new technologies to achieve their goals.
- To train a cadre of M&E specialists who will specialize the field of M&E in Ethiopia and lead the successful development of this field.
1. Mobile people/

All articles translated by Selfu Mahifere
<table>
<thead>
<tr>
<th>Prevention method</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believed in changing behavior</td>
<td>110</td>
<td>16.5</td>
</tr>
<tr>
<td>Abstaining</td>
<td>363</td>
<td>43.3</td>
</tr>
<tr>
<td>Faithfulness</td>
<td>373</td>
<td>49.8</td>
</tr>
<tr>
<td>Avoid sharing of sharp objects</td>
<td>41</td>
<td>6.2</td>
</tr>
<tr>
<td>Believed in condom use</td>
<td>29</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Table 5. Percentage of HIV/AIDS preventive methods reported by respondents in Gummer woreda, November to December 2003.
Table 6. Number of current sexual partners reported by respondents in Gumerworeda, November to December 2003. (n=564).

<table>
<thead>
<tr>
<th>Number of sexual partner</th>
<th>Male n (%)</th>
<th>Female n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 (0.4)</td>
<td>19 (5.9)</td>
<td>20 (3.5)</td>
</tr>
<tr>
<td>1</td>
<td>212 (87.6)</td>
<td>293 (91.0)</td>
<td>505 (89.5)</td>
</tr>
<tr>
<td>2</td>
<td>28 (11.6)</td>
<td>9 (2.8)</td>
<td>37 (6.6)</td>
</tr>
<tr>
<td>≥3</td>
<td>1 (0.4)</td>
<td>1 (0.3)</td>
<td>2 (0.4)</td>
</tr>
</tbody>
</table>

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Figure 2. AIDS cases treated as in patient by age group in Dil chora Hospital, Dire Dawa, July 2002 to June 2003

(Source: Extracts of MPH thesis works by EPHA-sponsored Graduate Students in public health, Sept 2004.)
### Variables

<table>
<thead>
<tr>
<th>Patient condition at discharge</th>
<th>Length of hospitalization of admitted patients</th>
<th>Diagnosis of admitted patients</th>
<th>History of opportunistic infections before coming for treatment (VCT)</th>
<th>History of multiple sexual partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>1-10 days</td>
<td>Tuberculosis plus RI1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Died</td>
<td>11-20 days</td>
<td>Chronic diarrheal disease plus RI1</td>
<td>Yes</td>
<td>Not recorded</td>
</tr>
<tr>
<td>No change</td>
<td>&gt;30 days</td>
<td>Sepsis plus RI1</td>
<td>Not recorded</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>44</td>
<td>46</td>
<td>48</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>75</td>
<td>4</td>
<td>23</td>
<td>273</td>
<td>273</td>
</tr>
<tr>
<td>5.8</td>
<td>48</td>
<td>48</td>
<td>499</td>
<td>499</td>
</tr>
<tr>
<td>100.0</td>
<td>80</td>
<td>80</td>
<td>800</td>
<td>800</td>
</tr>
</tbody>
</table>

### Table of Risk Factors Favoring HIV Transmission

<table>
<thead>
<tr>
<th>Risk factors favoring HIV transmission</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of risk factors, opportunistic infections, diagnosis and patient condition at discharge</td>
<td>2532</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Figure 1:** HIV test positives by age group at DILchora Hospital, July 2002 to June 2003.
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Aids 'kills one in three' in SA
BBC 18 May 2005
Almost one in three deaths in South Africa are caused by Aids making it the leading killer, according to research. In two provinces, the figure is as high as 40%, says an unreleased report by South Africa's Medical Research Council. Research was based on the study of death statistics for the year 2000.

A researcher admitted that the report relied partly on estimations, since Aids-related deaths are not always identified on death certificates.

South African media have obtained the document, but the government had declined to comment before the report is released officially.

"HIV/AIDS is the leading cause of death and premature mortality for all provinces," the document states.

"The high death rates due to HIV/AIDS highlight the urgency to accelerate the implementation of the comprehensive plan for the treatment and prevention of HIV and Aids," the report argues. The MRC report is the first to include a provincial breakdown of Aids-related deaths.

In KwaZulu-Natal province, 41.5% of deaths are attributable to Aids, followed by Mpumalanga with 40.7 percent, the report says.

Changing patterns
In Gauteng, South Africa's economic heartland, Aids accounts for 32.5% of deaths, according to the report. Lead researcher Debbie Bradshaw told the South African Press Association that the findings were based on various data sets, including official cause of death figures.

It also considered changing patterns in death ratios, and identified nine death-causing conditions that showed a distinct change.

"There is some uncertainty, because we don't have the truth at hand to compare it against," Dr Bradshaw said. "But we don't think we are over- or understating the picture. These are the best estimates we can come up with."

More than five million South Africans are HIV positive and the government has been criticised by Aids campaigners for being slow to roll out anti-retroviral drugs to all.

Africa: Funding Shortfall Crippling Aids Efforts
Posted to the web May 17, 2005 IRIN Johannesburg

As the General Assembly readies itself for a high-level meeting on HIV/AIDS early next month, senior UN officials are warning that a funding shortfall could derail the global battle against the pandemic.

According to UNAIDS, international spending on various aspects of the disease rose from US $2.1 billion in 2001 to $6.1 billion in 2004, but the shortfall in 2005 would be in the region of $6 billion, since funding is expected to remain stagnant or increase marginally. Stephen Lewis, the UN special envoy for HIV/AIDS in Africa, said the struggle for funds to save lives was "an obscenity and a mortifying international indignity", in view of the vast resources devoted to military expenditure by the world's richest countries.

Lewis told the Inter Press Service news agency: "We are only talking of relatively small sums of money - a maximum of about $20 billion by 2007 - to save several millions of lives. There is something dreadfully out of whack."

New Report Warns Of Long-Term Economic Impacts From HIV/AIDS
WASHINGTON, December 1, 2004—Policymakers and analysts looking to address the economic issues facing countries severely affected by HIV/AIDS must take into account the numerous social, economic and fiscal effects of the epidemic, warns a new research report released today. In the absence of any government intervention, the report cautions that an otherwise growing economy severely affected by HIV/AIDS could contract to about one-third its size in three generations. Public intervention could prevent this, but it will have to be a substantial effort — to
the tune of 3 to 4 percent of GDP over and above what is currently being spent.

“The economic and social consequences of the increased mortality and morbidity associated with HIV/AIDS are serious and diverse,” says Markus Haacker, primary author of the report and Economist at the International Monetary Fund. “Economic growth slows for many reasons, most directly because the working-age population expands more slowly or contracts. But there is considerable uncertainty regarding the size of this effect, especially in the longer run. At the same time, the economic effects, from the individual and household perspective, are very diverse, with profound policy implications.”

The new report, The Macroeconomics of HIV/AIDS, analyses how HIV/AIDS adversely affects not only the accumulation of human capital — that is, peoples’ life skills, knowledge and experience built up over a period of years — but also negatively affects physical capital, exacerbates poverty and inequality, debilitates welfare programs and impacts government finance and public services.

“AIDS, like all causes of premature adult mortality, is also a potentially powerful generator of poverty and inequality,” says Shanta Devarajan, co-author of the new research findings, and Chief Economist of the World Bank’s South Asia Region. “AIDS does much more than destroy the existing ability and capabilities—the human capital—embodied in its victims; it also weakens the mechanism through which human capital is formed in the next generation and beyond.”

The report notes the direct welfare effects of HIV/AIDS through increased mortality substantially outweigh even the worst projections of the impact on GDP per capita. HIV/AIDS also poses a tremendous challenge to governments facing severe epidemics.

The simple fact that AIDS kills young adults can have profound implications for the whole economy. By killing young adults, often in the prime of their lives, AIDS has an effect not only on its victims, but on their children. Children of AIDS victims are less able to attend school, and also miss out on the life-skills that parents teach their children. In this way, AIDS cuts off the mechanism by which human capital—the engine of long-term economic growth—is transmitted from one generation to the next. If the outbreak of AIDS causes the next generation to be less educated, it means that they, in turn, are less able to provide for their children’s education, and so on.

“It is widely known, that in the most affected countries, the pandemic has eroded the economic and social gains of the past thirty years.” says Jean-Louis Sarbib, Senior Vice President of the World Bank’s Human Development Network. “This new economic report is unique in that it provides us with the most comprehensive view to date of the impact of HIV/AIDS on every sector in society.”

The Macroeconomics of HIV/AIDS was written for a broad readership, including officials in international organizations, donor agencies, implementing agencies, and country governments who formulate and carry out policies to fight the epidemic, and representatives of NGOs advocating an expanded response to HIV/AIDS worldwide.

The new report brings together studies by authors from diverse backgrounds, including contributions from academics and multilateral institutions, and think tanks, such as the Center for Global Development, International Labour Organization, International Monetary Fund, London School of Economics, University of California, Los Angeles, University of Heidelberg, UNAIDS, U.S. Bureau of Census and the World Bank. The Macroeconomics of HIV/AIDS report will be discussed at a forum to be held at the IMF’s headquarters in Washington in honor of World AIDS Day 2004.

The report is the first IMF book focused on a public health issue, and it fills a gap between studies of specific sectors and the economy as a whole, and adds a comprehensive discussion of the epidemic’s fiscal effects. It emphasizes how HIV/AIDS affects society and the economy through its impacts on the individual and household level, and also how the macroeconomic impact, combined with the increase in mortality rates, affects the welfare of individuals and households.
Focus - the impact of HIV
AIDS on the Health Sector

Effective strategies to address AIDS need robust, flexible health systems. However, the epidemic hit just when many countries were reducing public-service spending to repay debt and conform to international finance institutions’ requirements. On top of this, the epidemic itself has contributed to rapid health-sector deterioration by increasing burdens on already-strapped systems and steadily depriving countries of essential health-care workers. Staff losses and absenteeism caused by sickness and death mean health-care sectors must recruit and train more staff. At the same time, large numbers of uninfected workers are suffering from burnout and emotional exhaustion.

In African countries, studies estimate AIDS causes between 19% and 53% of all government health employee deaths (Tawfik and Kinoti, 2001). For example, Malawi and Zambia have experienced five- to sixfold increases in health-worker illness and death rates (UNDP, 2001). In fact, the epidemic is quickly outstripping growth in the supply of health-sector workers (Liese et al., 2003). This comes when the need for health-care services is increasing rapidly in heavily-affected countries.

Health-care workers need to be sensitized to the effects of AIDS, so they can provide non-stigmatizing care. But AIDS also adversely affects uninfected patients’ quality of care, as overburdened health-care sectors adopt a triage approach that de-emphasizes patient care for conditions less severe than AIDS (USAID, 2002).

Taking action
In most low- and middle-income countries, action is urgently required to strengthen chronically weak health systems and protect the health and safety of personnel. Opinions remain varied on possible strategies, but consensus emerged at a high-level forum on the health Millennium Development Goals on the following key actions: Policy initiatives to address push-pull factors that encourage health-sector personnel to migrate to other regions or countries, which leads to chronic understaffing. Other widely promoted actions include: targeting HIV-positive health workers for antiretroviral treatment; improving salaries and benefits to retain and attract back highly trained staff; and reducing rigid application of professional rules so health and non-health professionals can take on additional functions.

A ‘system-wide approach’ that harmonizes multiple-donor support, as well as giving low- and middle-income countries a greater role in setting priorities and deploying resources. Strengthening countries’ health-management information systems and establishing structures to monitor progress towards the health-related Millennium Development Goals.

Expanding pre-service and in-service training.
Ensuring workers’ occupational safety and health by providing information, protective clothing, and adequate equipment.
Expanding the service-provision roles of NGOs and private providers.
Glossary: The meanings of some of the words used in this Digest

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

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