

Public Health Research Digest

FOCUS ON HIV/AIDS, STIs AND TUBERCULOSIS

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

Volume 2.



No. 5

January 2005

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- Ethics in Health Research
- The status of HIV/AIDS– 2004 Global Overview
- ጥናታዊ ውጤቶች
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- Readers' Corner

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Public Health Research Digest

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Digest Editorial Note

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 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 Research Digest .

The Editorial Supervisor

The Profession of “Public Health” and its Association “EPHA”

Ethics of Health Research¹

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 author-

ity 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.

Research findings and advice to communities should be publicized by whatever suitable means are available. When HIV prevalence studies are conducted by unlinked anonymous screening, there should be, where feasible, provision for voluntary HIV antibody testing under conditions of informed consent with pre and post test counselling, and assurance of confidentiality.

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.

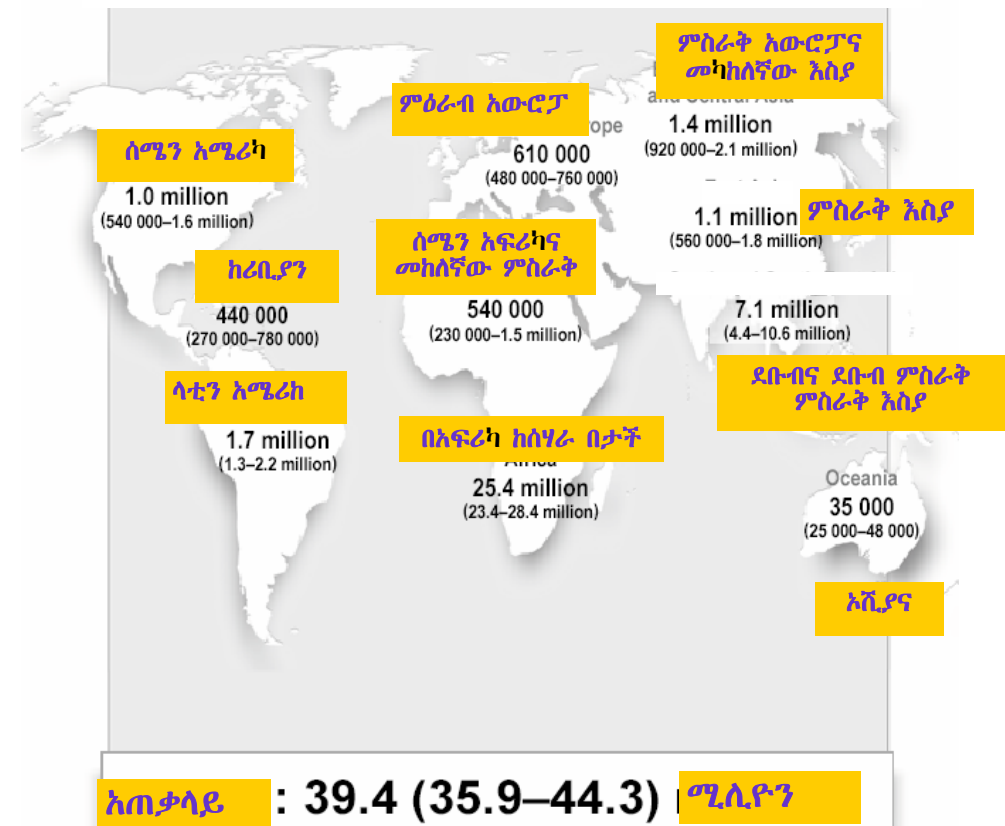
Article 36. Health care for the community under study.

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

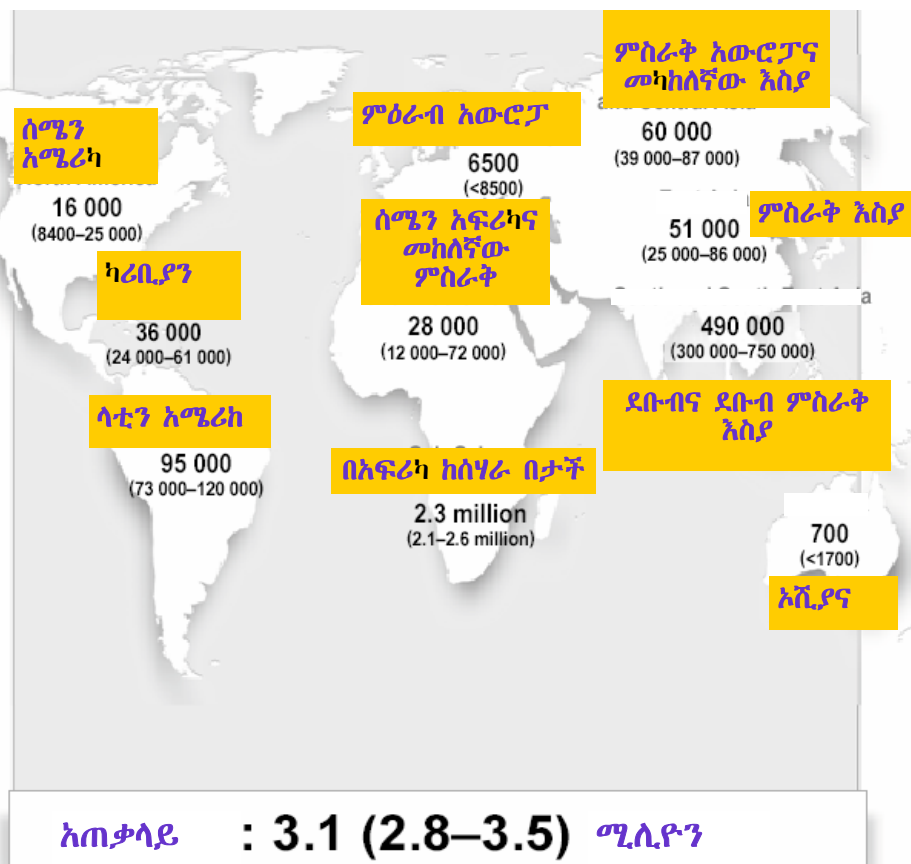
እ.ኤ.አ በ2004 በአለም ዙሪያ ከኤች.አይ.ቪ ጋር ሚናሩ አዋቂዎችና ህጻናት ቁጥር ግብት ²



AIDS epidemic update: December 2004



እ.ኤ.አ በ2004 በአለም ዙሪያ በኤድስ ምክንያት ህይወታቸውን ያጡ አዋቂዎችና ህጻናት ቁጥር ግምት



RESEARCH ABSTRACTS FROM JOURNALS

በዚህ ዕትም የሦስት ጥናታዊ ጽሑፎች ሃሳብ የአማርኛ ትርጉም የኢትዮጵያ የጤና ልማት መጽሔት (*The Ethiopian Journal of Health Development*) በእንግሊዘኛ ካሳተመው ፍሬ ሃሳብ ተወስዶ እንደሚከተለው ቀርቧል፡፡

1. በኢትዮጵያ ውስጥ የሚገኙ የኤች አይቪ ምርመራ ላቦራቶሪዎች የሚገኙበት አጠቃላይ ሁኔታ፣ ያሰገኙት ውጤት፣ የገጠሙ ችግሮችና፣ የመፍትሄ ሃሳቦች፡፡

አጥኚዎች ፤ በለጠ ተግባሩ ፣ ሃይለ መለሰ፣ ወገኔ ታመነ፣ ንጉሴ ገዛኸኝ ፣ ሕይወት ብርሃነ፣ ደሳለኝ ተሰማ እና ፀሃይነሽ መሠለ፡፡

የጥናቱ አላማና አስፈላጊነት

የላቦራቶሪ አገልግሎት በጤና አጠባበቅ ስርዓት ውስጥ ጉልህ ሚና ያለው መሆኑ ይታወቃል፡፡ ሆኖም ግን በቂ ያልሆነ፣ በአግባቡ ያልተደራጀና ደረጃውን ያልጠበቀ የላቦራቶሪ ተቋም ባለበትና የሰለጠነ የሰው ሃይል በሌለበት ሁኔታ ለአጠቃላይ የጤና አጠባበቅ አገልግሎትና በተለይ ደግሞ

ወረርሽኞችን ለመመርመርና ተለምዶአዊ የሆኑ በሽታዎችን ገፅታ (Endemic Diseases) ለመቆጣጠር አስቸጋሪ ይሆናል፡፡ ስለሆነም የላቦራቶሪ አገልግሎት የጥራት ደረጃ ፣ የአገልግሎት አሰጣጡ ውጤታማነትና ከተገቢው ደረጃ ተቆጣጣሪ አካል የጥራት ደረጃ ብቃት መረጋገጥ (Accreditation) የሚወሰነው ጥራታቸውን የጠበቁ የላቦራቶሪ መሳሪያዎችና የሰው ሀይል በበቂ ሁኔታ አሟልቶ መገኘት ይሆናል፡፡

በተለይ በኤች አይቪ ላቦራቶሪዎች በሚደረጉ ምርመራዎች ጥራት ያለው የምርመራ ውጤቶች የሚያሳዩ መለኪያዎች አስተዋፅኦ የጎላ ነው፡፡ ይህም የሚሆነው በተሳሳተ ካመዘጋገብ ጉድለት ምክንያት የሚመጡ የኤች አይቪ ፖዘቲቭ ወይም ኔጌቲቭ ውጤቶች በግለሰቦች የጤና ሁኔታና በአጠቃላይም ቫይረሱን ለመከላከል በሚደረገው ትግል ውስጥ ግዙፍ የሆነ አሉታዊ ተፅእኖ ስለሚያስከትሉ ነው፡፡

የዚህ ጥናት አላማም በሀገሪቱ የተለያዩ ክፍሎች የኤች.አይቪ. ምርመራ አገልግሎት በመስጠት ላይ የሚገኙ

ላቦራቶሪዎች /ክሊኒኮች የሚገኙበትን አጠቃላይ ሁኔታ መርምሮ በአገልሎት አሰጣጣቸው ሂደት የሚገጥሙ ችግሮችን ለይቶ ለማውጣትና ብሎም የመፍትሄ ሀሳቦችን በየደረጃው ለሚገኙ የፖሊሲ አውጪዎች ለመጠቀም ነው።

የጥናቱ ዘዴ፤

ጥናቱ በሀገሪቱ ከሚገኙ 74 የሚሆኑ መንግስትና መንግስታዊ ባልሆኑ ድርጅቶች ጥላ ስር የሚገኙ የኤች.አይ.ቪ. ላቦራቶሪዎች መካከል 42 የሚሆኑትን እ.ኤ.አ በዲሴምበር 2001 ዳሏል። ቴክኒካዊ ይዘቶችን የደህንነት (Safety) ሁኔታዎችንና የላቦራቶሪ አስተዳደርና አያያዝ የመሳሰሉና ሌሎች መሠል ቁልፍ ጉዳዮችን የዳሰሰ ጥናትም (Cross Sectional Study) ተካሂዷል። የናሙና ላቦራቶሪዎቹ የተመረጡት በነሲብ ናሙና (random sampling) ሲሆን፤ ከየአንዳንዱ የሀገሪቱ ክልላዊ መስተዳድር ደግሞ ቢያንስ አንድ ላቦራቶሪ ለናሙና ተወስዷል።

እ.ኤ.አ በጃንዋሪ 2002 በኢትዮጵያ ውስጥ በአጠቃላይ 90 የሚሆኑ የኤች.አይ.ቪ. መመርመሪያ ላቦራቶሪዎች የነበሩ ሲሆን ከነዚህም መካከል 74 የሚሆኑት በመንግስትና መንግስታዊ ባልሆኑ ድርጅቶች የሚተዳደሩ ሲሆኑ

16 የሚሆኑት ደግሞ በግል ይዞታ ስር ነበሩ። ከ74ቱም ውስጥ በትግራይ ክልል 10፤ በአማራ ክልል 10፤ በኦሮሚያ ክልል 10፤ በአፋር ክልል አንድ፤ በሶማሌ ክልል አንድ፤ በሀረሪ አምስት፤ በድሬዳዋ መስተዳድር አንድ፤ በጋምቤላ አንድ፤ በቤንሻንጉል ጉሙዝ ክልል ሁለት፤ በደቡብ ክልል 12 ፤ በአዲስ አበባ መስተዳድር አራት እና በጤና ጥበቃ ሚኒስቴር ስር በማዕከል ደረጃ የሚሠሩ ስድስት የኤች አይ ቪ መመርመሪያ ላቦራቶሪዎች ይገኛሉ።

የእነዚህ ላቦራቶሪዎችን አሠራር ለመገምገም በኢትዮጵያ የጤናና የምግብ ኢንስቲትዩትና በጤና ጥበቃ ሚኒስቴር እ.ኤ.አ ከ1972 ጀምሮ የመሠረተ ብሄራዊ የጥራት ማረጋገጫ ንግግራም (National Quality Assurance Scheme) አጥኚዎቹ በስራ ላይ አውለዋል። በግል ይዞታ ስር ያሉ ላቦራቶሪዎች በጥናቱ ውስጥ አልተካተቱም ።

የጥናቱ ውጤት፤

የላቦራቶሪዎቹ አጠቃላይ ገፅታና የሠራተኞች ሁኔታ

በጥናቱ ከተካተቱት 42 ላቦራቶሪዎች ውስጥ 32 /76.2 ከመቶ/ የሚሆኑት በሆስፒታሎች ውስጥ የሚገኙ 7 /16.7

ከመቶ/ የሚሆኑት በክልል የሪፈራል ላቦራቶሪዎችና 3 /7.1 ከመቶ/ የሚሆኑት ደግሞ በደም ባንክ ላቦራቶሪዎች የሚገኙ ነበሩ። በጥናቱ መሠረት ከነዚህ 42ቱ ላቦራቶሪዎች ውስጥ 27 /64.3%/ የሚሆኑት በአጠቃላይ በቴክኒክና በአሠራር ይዘታቸው የELISA እና ፈጣን የኤች.አይ.ቪ. ምርመራ የማከናወን ሙሉ ብቃት እንዳላቸው ተረጋግጧል። በጥናቱ ወቅትም በእነዚህ ላቦራቶሪዎች ውስጥ ተቀጥረው ከሚሠሩት ሠራተኞች መካከል 59.5 ከመቶ የሚሆኑት መለስተኛ የላቦራቶሪ ተክኒሻኞች፤ 3.7 በመቶ የሚሆኑት ደግሞ ከፍተኛ ቴክኒሺያኖች መሆናቸው ታውቋል። ከአጠቃላይ 37 /88.1 ከመቶ/ በሚሆኑት ላቦራቶሪዎችም ውስጥ በኤች.አይ.ቪ. ምርመራ ዘዴ ላይ ስልጠና ያለው አንድና ከአንድ በላይ ባለሞያዎች እንደሚገኙ ተረጋግጧል።

የተጠነት ላቦራቶሪዎች ሁኔታ፤

ጥናቱ በላቦራቶሪዎች ውስጥ የሚገኝ ውን የኤሌክትሪክ፤ የውሃ አቅርቦትና በቂ የሆነ የመመርመሪያ ቦታ መኖሩንም የዳሰሰ ሲሆን 36 / 85.7 ከመቶ/ የሚሆኑት ላቦራቶሪዎች ለኤች. አይ.ቪ. መመርመሪያ ልዩ የሆነ

ክፍል እንዳላቸው፤ 38 /90.5 ከመቶ/ ደግሞ የውሃ አቅርቦትና የኤሌክትሪክ አገልግሎት እንዳላቸው አረጋግጧል። የ ELISA ምርመራ ማካሄድ ከሚችሉትም 27 ላቦራቶሪዎች መካከል 17 የሚሆኑት ከ24 ለሚበልጡ ሰዓታት ያህል የኤሌክትሪክ ሃይል መቋረጥ ገጥሟቸው እንደሚያውቅ ተደርሶበታል። ሆኖም ግን ከ17ቱ ላቦራቶሪዎች ፤ 16 /94.7 ከመቶ/ የሚሆኑት ጄነራተሮችን በመጠቀም ችግሩን መቋቋም ችለዋል። ጥናቱ ጨምሮ እንዳመለከተው ከመቶ 60 የሚሆኑት ላቦራቶሪዎች በወር ውስጥ በአማካይ 60 ብቻ የሚሆኑ የደም ናሙናዎች ተቀብለው የመረመሩ መሆኑ ሲታወቅ 23 /58.4 ከመቶ/ የሚሆኑት ላቦራቶሪዎች ደግሞ ተደጋጋሚ የሆነ ለምርመራ የሚያገለግሉ ኬሚካሎች(Reagents) ዕጥረት እንዳጋጠማቸው ተናግረዋል።

የደህንነት አጠባበቅ፤ የቆሻሻ ማስወገድና ከመበከል ነፃ የማድረግ ሂደት፤

በጥናቱ ከተካተቱት 42 ላቦራቶሪዎች ውስጥ 23 /55 ከመቶ/ የሚሆኑት ደረቅ ቆሻሻን የሚያቃጥሉ መሣሪያዎችን (incinerators) የሚጠቀሙ ሲሆን፤ 25 /58 በመቶ/ የሚሆኑት ደግሞ ምንም ዓይነት የመበከልን ክስተት የማያስወግዱ እና ኬሚካሎችን

ወይንም ዘዴዎችን /Sterilization Techniques/ ሳይጠቀሙ ፈሳሽ የቆሻሻ ውጤቶችን በአካባቢው ወደሚገኙ የቆሻሻ ማስወገጃ ቦታዎች እንደሚለቁ ታውቋል።

በተጨማሪም ከመቶ 60 የሚሆኑት ላቦራቶሪዎች አልኮልና Sodium Hypochlorite የተባለ ኬሚካል መበክልን ለመከላከል የተጠቀሙ ቢሆንም 23 /54.8 ከመቶ/ የሚሆኑት እንደ ጓንት የመሣሰሉ የመከላከያ መሣሪያዎች እጥረት ያለባቸው ሲሆን 29 ከመቶ የማሆኑት ደግሞ ስለደህንነት /Safety/ ሁኔታዎች የሚያበራረሩ ማኑዋሎችን በጥብቅ እንደሚከተሉ ተናግረዋል።

የጥራት ማረጋገጫ፣ የጥራት ቁጥጥር፣ አመዘጋገብና ሪፖርት አደራረግ

ከአጠቃላይ 42 ላቦራቶሪዎች 27 /64.3 ከመቶ/ የሚሆኑት የELISA እና የአስቸኳይ ምርመራዎችን የማድረግ አቅም ሲኖራቸው አብዛኛዎቹ /62 በመቶ/ የሚሆኑት ላቦራቶሪዎች ለብሄራዊ የጥራት ማረጋገጫ ኘርግራም ባቀረቡት የፍተሻ ናሙና መረጃ /Feedback/ ሰጥተዋል። የአለም የጤና ድርጅት (WHO) መስፈርት የሚያዘውን የኤች.አይ.ቪ. መመርመሪያ ዘዴ

(Testing Algorithm) አጠቃቀማቸውም /38 በመቶ/ በጣም ዝቅተኛ መሆኑ ተደርሶበታል። በተጨማሪም 29 በመቶ የሚሆኑት ላቦራቶሪዎች የሚሰጧቸውን የምርመራ ውጤቶች እንደገና የማረጋገጥ ዘዴ የላቸውም። በሌላ በኩል ደግሞ ሁሉም ላቦራቶሪዎች የጥገና ችግር እንዳለባቸው ተደርሶበታል።

ከመቶ 50 የሚሆኑት ላቦራቶሪዎች ብቻም ለክልል ጤና ቢሮዎች ለዞን ጤና መምሪያዎች ወይም ለሆስፒታሎች የስታቲስቲክስ ክፍሎች ሪፖርት እንደሚያደርጉ የተደረሰበት ሲሆን አብዛኛዎቹ ክክልል ጤና ቢሮዎችና ከዞን የጤና ቢሮዎች ጋር ቀጥተኛ ግንኙነት እንደሌላቸውና ክትትልና ቁጥጥርም እንደማይደረግላቸው አስታውቀዋል።

ማጠቃለያ፤

የጤናውን ዘርፍ አገልግሎት አሰጣጥ በየደረጃው ለማሻሻል እና የኤች አይ ቪን ምርመራ ለማጠናከር ሲባል የብሄራዊው የኤድስ ሪፈራል ላቦራቶሪ በሁሉም ክልሎች የኤች አይ ቪ ላቦራቶሪዎችን አቋቁሟል።

እነዚህ ላቦራቶሪዎች ጠቃሚ የሆኑና የበሽታ ስርጭትን የሚያሳዩ መረጃዎችን ለማሰባሰብና ክትትልና ቁጥጥርም ለማድረግ ከመርዳታቸውም በላይ በክልሎች ለሚገኙ የላቦራቶሪ ሠራተኞች የሙያ ማሻሻያ ሥልጠና ማዕከላት ሆነው ለማገልገል ይችላሉ። ነገር ግን በተለይ በጥናቱ እንደተመለከተው 60 በመቶ በሚሆኑት ላቦራቶሪዎች የቅርብ ክትትልና ቁጥጥር አግባብ ባላቸው ባለስልጣናት ባለመደረጉ ሊያስገኙ የሚችሉት ውጤት ውስን ሆኗል። በመሆኑም የክልል የጤና ቢሮዎችና የዞን ጤና መምሪያዎች ለእነዚህ ተቋማት የቅርብ ክትትል ለያደርጉና ለሚገጥሟቸው ችግሮች አስቸኳይ መፍትሄ ሊፈልጉ ይገባል።

የዕቃዎች መበላሸትና አለመጠገን በላቦራቶሪዎቹ የታየ ሌላው ችግር ነበር። በአብዛኛዎቹ ላቦራቶሪዎች የእቃ ግዢ ሲፈፀም እቃዎችን የመጠገን ዕውቀት ያለው ቴክኒሺያን መኖር አለመኖሩ ሁኔታ ሳይጣራ ስለሚገዙ በሚበላሸበት ጊዜ ጥገና ለማድረግ አስቸግሮ ነበር። በመሆኑም የምርመራ ዕቃዎችን አሠራር (Operation)፣ አያያዝና ጥገና በተመለከተ ለቴክኒሺያኖች ስልጠና መስጠት ያስፈልጋል።

በጥናቱ እንደተመለከተው 60 በመቶ

የሚሆነው የደም ናሙና የተወሰደው ኤች.አይ.ቪ. አለባቸው ተብለው ከሚጠረጠሩ ሰዎች ነበር። ነገር ግን የጥንቃቄ ሕግጋት (Safety Guidelines) አለመኖራቸውና በቂ የሆኑ እንደ ጓንት ያሉ የሰውነት መሽፈኛ መሣሪያዎች 55 ከመቶ በሚሆኑት ላቦራቶሪዎች ውስጥ አለመኖራቸው ባለሞያዎች በስራ ላይ ለኤች.አይ.ቪ. እንዲጋለጡ የሚያደርጉ ሁኔታዎችን ሊፈጥሩ ይችላል። በመሆኑም እነዚህን ቁሳቁሶች በበቂ ሁኔታ ማቅረብና የጥንቃቄ ህግጋትንም ማክበር ያስፈልጋል።

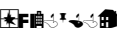
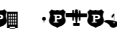
ለመመርመሪያ የሚውሉ ኬሚካሎች (Reagents) ዕጥረት ከማግኘት በላይ /58.4 በመቶ/ በሚሆኑት ላቦራቶሪዎቹ ላይ የታየ ሲሆን ይህም በኬሚካሎች ዕጥረት ምክኒያት ያልተመረመረ ደም በልገሳ መልክ እንዲሰጥ በር የሚከፍት ሲሆን አጥጋቢ የሆነ የምርመራ ሄደትና የምክር አገልግሎት እንዲኖር ያደርጋል።

በአጠቃላይም የክልል ላቦራቶሪዎች የሚገጥሟቸውን ከላይ የተዘረዘሩትን ችግሮች ለማቃለል ይቻል ዘንድ በተለያዩ ዘርፎች የተሰማሩ ድርጅቶች በቅንጅት እርምጃ መውሰድ ይገባቸዋል። ላቦራቶሪዎቹም

በብሄራዊው የጥራት ማረጋገጫ ንግግራም ዘንድ በመቅረብ ያሏቸውን እቃና የሰው ሃይል በማስመርመር ደረጃውን የጠበቀ አገልግሎት ለመስጠት መዘጋጀት ይኖርባቸዋል።

2. በደቡብ ምዕራብ ኢትዮጵያ ኤች አይ ቪ ባለባቸው አዋቂ በሽተኞች ላይ የሚታዩ የአንጀት ጥገኛ ተህዋሶች፤

አጥኚዎች፤ መሃመድ አወል፤ ስለሞን ገብረስላሴ፤ ተስፋዩ ካሳ፤ ገብረ ክብሩ፤

የጥናቱ አላማ፤ የአንጀት በጥገኛ ተህዋስያን  · መለከፍ በሞቃተማ የአለማችን ክፍል የሚኖሩ ኤች አይ ቪ ያለባቸው በሽተኞችን የሚያጠቃ በሽታ ሆኖ ይገኛል። እንዲያውም 50-96 ከመቶ በሚሆኑ የአለማችን ኤች አይ ቪ ያለባቸው በሽተኞች በአንጀት ተህዋስያን እንደሚጠቁ አንዳንድ ጥናቶች ያመለክታሉ። ተቅማጥም የዚህ ኢንፌክሽን አንድ መገለጫ ሲሆን ከ30-80 በመቶ በሚሆኑ በኤች አይ ቪ ቫይረስ በተጠቁ በሽተኞች ላይ ተስተውሏል።

እነዚህ ተህዋሶች (Pathogens) በኤች.አይ.ቪ. መያዝን ተገን የሚያደርጉና (Opportunistic agents) በአብዛኛው ከባድ፣ ሊድን

የማይችልና ተደጋጋሚ የሆነ የአንጀትና የጨንፈ (ዕፄ፡፩፡፳፭፡፳፱) በሽታ የሚያስከትሉ ሲሆን በአንጻሩ ደግሞ ኤች.አይ.ቪ የሌለባቸው ሰዎች ላይ የሚከሰቱ የአንጀት ኢንፌክሽኖች ከረር ያለ፣ ነገር ግን በህክምና ሊድን የሚችል የተቅማጥ በሽታን ያስከትላሉ።

ጥናቶች እንደሚያመለክቱት የተለያዩ የባክቴሪያ (Protozoa) አይነቶች ኤች.አይ.ቪ ባለባቸው በሽተኞች ላይ ለሚከሰቱና ሊድን የማይችል (Chronic) ተቅማጥን ያስከትላሉ። ከነዚህም መካከል *Cryptosporidium parvum*, *Isospora belli*, *Microsporidia species*, *Giardia intestinalis*, *Entamoeba histolyca*, *Cyclospora species*, *Blastocystis homis* and *Dientamoeba fragilis* የሚባሉ ይገኙበታል።

የዚህ ጥናት አላማም በተለይ በደቡብ ምዕራብ ኢትዮጵያ የሚኖሩ ኤች አይ ቪ ያለባቸው አዋቂ በሽተኞች ላይ የሚከሰቱ የአንጀት ተህዋሶችን አይነቶች ለመመርመርና እነዚህ ተህዋሶችን ኤች አይ ቪ ባለባቸው በሽተኞች ላይ ለሚከሰት ተቅማጥ የሚኖራቸውን አስተዋዕክ ለማየት

ነው።

የጥናቱ ዘዴ፤፤

አጥኚዎቹ 372 በሚሆኑ ኤች አይ ቪ ባለባቸውና በሌለባቸው በሽተኞች ላይ የጥናታዊ ዳሰሳ እ.ኤ.አ በ2001 ያካሄዱ ሲሆን ከእነዚህም መካከል 192 ኤች አይ ቪ ያለባቸው ሲሆኑ 180 የሚሆኑት ደግሞ ኤች አይ ቪ የሌለባቸው በሽተኞች ነበሩ። ይህ ምርመራ የተካሄደው ግን ለጥናት የተመረጡት በሽተኞች በኤች አይ ቪ የመያዝ ወይም አለመያዝ ሁኔታ ሳይታወቅ ነበር። ለናሙና ከተመረጡት በሽተኞች የተወሰዱትን የዓይነምድር ናመናዎች በጅማ ዩኒቨርሲቲ በሚገኘው የማይክሮባዩሎጂና ፖራሲቶሎጂ ላቦራቶሪ መርምረዋል። በመሆኑም እያንዳንዱ የሰገራ ናሙና በዕኩል ደረጃ ያለመድልዎ የላቦራቶሪ ምርመራ ተደርጎለታል። በጥናቱ ሂደት ሊድን የማይችል ተቅማጥ ተብሎ የተወሰደው በቀጭን ፈሳሽ መልክ የሚወጣ ዓይነምድር በቀን ውስጥ ከሶስት ጊዜ በላይ ከታየና ይህም ሁኔታ ለሁለት ሳምንታት ለበለጠ ጊዜ ከቆየ ነው።

ሁሉም የዓይነምድር ናሙናዎች

የበሽታ ተህዋስያን እንዳሉባቸው የተመረመሩ ሲሆን በኤች አይቪ በተቅማጥና በፖራሳይቶች ኢንፌክሽን መሃከል ሊኖር የሚችል ግንኙነት ለመመርመር ch- square የተባለ የአሀዛዊ ትንተና ተሰርቶ ነበር።

የጥናቱ ውጤት፤

ለስድስት ወራት በቆየው በዚህ ጥናት 372 የሚሆኑ በሽተኞች የአንጀት ተህዋስያን እንዳለባቸው ለማየት የተሞከረ ሲሆን ፡፡ የበሽተኞቹም ዕድሜ በአብዛኛው ከ 25-55 ዓመት ነበር።

ጥናቱ በመጨረሻ እንዳመለከተው የተቅማጥ በሽታ ኤች አይ ቪ ከሌለባቸው የ 53 /29.9 ከመቶ/ ይልቅ 99 /51.1 በመቶ/ በሚሆኑት ከፍተኛ ቁጥር ያላቸው ኤች አይ ቪ ያለባቸው በሽተኞች ላይ እንደሚኖር ተረጋግጧል።

192 ከሚሆኑት ኤች አይ ቪ ካለባቸው በሽተኞች መካከል 54 /28.1 በመቶ/ የሚሆኑት ከበድ ያለ የተቅማጥ በሽታ ያለባቸው ሲሆን 45 /23.4 በመቶ/ የሚሆኑት ደግሞ በድሜ ልክ /chronic/ የሆነ የተቅማጥ በሽታ እንዳለባቸው ተመልክቷል። በተጨማሪም 286 /51.9 ከመቶ/ የሆኑት ዕድሜ ልክ የሚቆይ

ተቅማጥ ካለባቸውና 17 /37.8/ ከመቶ በሚሆኑት ከበድ ያለ ተቅማጥ ባለባቸው ተመልክቷል። በተጨማሪም 28 (51.1 በመቶ) በሚሆኑት እድሜ ልክ የሚቆይ ተቅማጥ ባለባቸውና 17(37.8 ከመቶ) በሚሆኑት ከበድ ያለ ተቅማጥ ባለባቸው በሽተኞች ላይ የአንጀት በሽታ ተህዋስያን እንደሚገኙ ተመልክቷል። በተለይም *C. Parum*, *I belli*, *C. Catyenes* የተባሉት የባክቴሪያ ተህዋስያን የታዩት የዕድሜ ልክ ተቅማጥ ባለባቸውና ኤች አይ ቪ በደማቸው ውስጥ በሚገኝ በሽተኞች ላይ ብቻ ሲሆን በአብዛኛው *S. Sterocalis*, *SMansonii*, *Tichuris trichuriae*, *hook worm species* and *Trichostongylus colubri-form* የተባሉት የባክቴሪያ ተህዋሶች ኤች አይ ቪ ባለባቸው በሽተኞች የየዓይነምድር ናሙናዎች ላይ በበለጠ መጠን ተገኝተዋል።

ማጠቃለያ

የዚህ ጥናት ውጤት እንደሚያሳየው ተፈጥሮአዊ /pathogenic/ እና የሰውነትን በኤች አይ ቪ መዳከም ተከተለው የሚመጡ /opportunistic/ የአንጀት ፖራሳይቶች በጅማ ሆስፒታል በሚታከሙ አብዛኛዎቹ የኤድስ በሽተኞች ላይ እንደሚከሰቱ ነው። ይህም ውጤት በአዲስ አበባ በተደረጉ ሁለት ጥናቶች እንደሁም

በተንዛንያና በዩጋንዳ በተካሄደ ሌሎች ጥናቶች በተደረሱባቸው ውጤቶች ጋር ተመሳሳይ ነው።

3. በሕብረተሰብ ላይ የተመሰረቱ ድርጅቶች (CBOs) በኢትዮጵያ ውስጥ ኤች.አይ.ቪ/ኤድስን በመከላከል፣ በመቆጣጠርና በሽተኞችን በመንከባከብ ረገድ የሚኖራቸው ሚና (ክፍል 2)፤⁵

(ካለፈው የቀጠለ)

አጥኚዎች፤ ሄልሙት ክለስ፣ ታደሰ ዊሂብ፣ ዳመን ኃ/ማሪያም፣ ብሬንት ሌንድጆርን

(ባለፈው እትም የቀበሌዎች፣ የልምድ አዋላጆች፣ የማህበረሰብ ጤና ሰራተኞች የኤክስቴንሽን የጤና ሰራተኞች፣ እና በማህበረሰብ ላይ የተመሠረቱ የሰነተዋልዶ ጤና (Reproductive health) ሰራተኞች ሚና፣ የተገለፀ ሲሆን በዚህ እትምም የሌሎች ማህበራት ሚና ምን እንደሆነ ይዘን ቀርበናል።)

የሴቶች ማህበራት ሚና፤

የሴቶች ማህበራት መኖር በአጠቃላይ ሴቶች በአገሪቱ ፓለቲካዊና ኢኮኖሚያዊ እንቅስቃሴዎች ውስጥ የሚያደርጉትን ተሳትፎና ከዚህም የሚያገኙትን ጥቅም የበለጠ የጉላ እንዲሆን እንደሚያደርግ ይታወቃል። በእነዚህ ማህበራት አማካይነት ሴቶች ኤች.አይ.ቪ/ኤድስን ለመከላከልና ሌሎችንም የልማት ሥራዎች በበቂ ሁኔታ

ለማከናወን የሚያስችሏቸውን እንደ ብድርና የቴክኒክ ድጋፍ ማግኘት ይችላሉ። እነዚህ ማህበራት በተለይ በሴቶች ላይ የሚፈፀሙ የወንጀልና የድብደባ ክስተቶችን ጨምሮ በአጠቃላይ ጎጂ ልማዳዊ ባህሎች እንዲወገዱ ከፍተኛ አስተዋፅኦ የሚኖራቸው ሲሆን፣ የጾታ እኩልነት እንዲኖርና የሴቶችን መብት ለማስከበርም ይረዳሉ። ሴቶች በተለይ በቀበሌዎች በሚገኙ የኤድስ ኮሚቴዎች ውስጥ በሚያገለግሉበት ጊዜ እግረመንገዳቸውን ጾታን ያማከሉ የበሽተኞች እንክብካቤ ኘርግራሞች በአግባቡ ተነድፈው እንዲተገበሩ ግፊት የማድረግ ሚና መጫወት ይችላሉ።

የአትዮጵያ ሴቶች ፀረ ኤች.አይ.ቪ/ኤድስ ማህበር ተብሎ የሚጠራው ድርጅት ለምሳሌ በሽታውን የተመለከቱ መረጃዎችን የማስራጨት፣ ትምህርት የመስጠትና የመግባባት (IEC) ስራዎችን በሰፊው እያከናወነ ሲሆን፣ እ.ኤ.አ በ2001 በአዲስ አበባ ወረዳ አንድ ውስጥ ለሚገኙ 800,000 ነዋሪዎች ቤት ለቤት በመዘዋወር የኤች.አይ.ቪ/ኤድስ ግንዛቤ ማሳደጊያ ትምህርት ሰጥቷል። ይህንንም ሥራ በመላው ሀገሪቱ እንደሚያስፋፋም ገልጿል።

የወጣቶች ማህበራት ሚና፤

የወጣቶች ማህበራት ተገቢው ክትትልና ድጋፍ ከተደረገላቸው በተለይ በገጠር አካባቢዎች የሚገኙና ትምህርት ቤት ገብተው መማር ያልቻሉ አቻዎቻቸውን ስለወረርሽኙ በማስተማርና በመቀስቀስ ረገድ ጉልህ ሚና ሊጫወቱ ይችላሉ። እነዚህ ማህበራትም ከቀበሌዎች በተጨማሪ በሀይማኖት ተቋማትና በት/ቤቶች በመዘዋወር ሊሰሩ ስለሚችሉ ለወጣት ማህበራት የሚደረግ ማንኛውም የቴክኒክ ድጋፍ አስተዋፅኦዎቻቸውን የበለጠ ያደርግዋል። ከወጣቶች ማህበራት በተጨማሪም ሌሎች እንደተማሪዎች ስብስብ ያሉ የወጣት ቡድኖች (Student Groups) ኤድስን ለመከላከል በሚደረገው ርብርብ ጉልህ ሚና ይጫወታሉ። ለምሳሌ ከ2000 በላይ የሚሆኑ ተማሪዎች ከጉጃም ፀረ-ወባ ማህበርና ከአማራ የኤች.አይ.ቪ መከላከያ መቆጣጠሪያ ጽህፈት ቤት ጋር በመተባበር በክልሉ ለሚገኙ 600,000 ስዎች ስለሁለቱ በሽታዎች ትምህርት ሰጥተዋል።

የፀረ-ኤድስ ክባባትና የትምህርት ቤቶች ሚና

የትምህርቱ ዘርፍ በተለይ ወረርሽኙ የሚያስከትለውን ጉዳት ያተኮረ

ፓሊሲ ባለማውጣቱና የኤች.አይ.ቪ/ኤድስ መረጃና ስልጠና በስርዓተ ትምህርቱ ውስጥ እንዲካተት ባለማድረጉ ሲወቀስ ኖሯል። ወረርሽኝ ግን ለመከላከል አስተማሪዎችንም የመጠቀም ጉዳይ ብዙ ግምት የተሰጠው አይመስልም ። ነገር ግን በአንዳንድ ፓይለት ንግዶች እንደታየው አስተማሪዎች መሠረታዊ የጤና መመሪያዎችን በማሳወቅ ረገድ ጠቃሚ ሚና እየተጫወቱ ይገኛሉ። የትምህርት ሚኒስቴር ከጤና ጥበቃ ሚኒስቴር ጋር በመተባበር በ1990ዎቹ አካባቢ ተማሪዎች እንደአቻ አስተማሪዎች (peer educators) ሆነው የሚሰሩበት ሁኔታ በየትምህርት ቤቶቹ እንደጀመር አድርጎ ነበር። እ.ኤ.አ. በ1998/99 ና በ2000/2001 ሚኒስቴሩ ከ 1,034 እስከ 1,340 የሚሆኑ ፀረ-ኤድስ ክበባት እንዲቋቋሙ አድርጎ ነበር። የኛ ሮግራሙ ውጤት በጥልቀት ያልተገመገመ ቢሆንም የክበባቱ ታዋቂነትና ያስገኙት ጥቅም የተወሰነ ሆኖ ተገኝቷል። በገጠር አካባቢዎች የተማሪዎች ቁጥር አነስተኛ መሆኑና የተቀናጀ የቤተሰብ፣ የት/ቤቶች አስተዳደር፣ የተማሪዎች ተሳትፎና ድጋፍ አለመኖር የፀረ-ኤድስ ክበባት ውጤታማ ስራ እንዳያከናውኑ የሚያደርጉ ሆነው ተገኝተዋል።

ማጠቃለያ

ከላይ ከተጠቀሱት የተለያዩ የማህበረሰብ ማህበራት በተጨማሪ የሃይማኖት ድርጅቶች፣ ዕድሮችና ከኤች.አይ.ቪ ጋር የሚኖሩ ሰዎች ማህበራት (PLWHA)፣ የግብርና ኤክስቴንሽን ሰራተኞች፣ የባሕል መድኃኑት አዋቂዎች፣ ወረርሽኝን ለመከላከል በሚካሄደው ርብርብ ውስጥ የየራሳቸውን ሚና ይጫወታሉ። ሆኖም ይህ ጥናት እንደሚያመለክተው እነዚህ ማህበራት ወረርሽኝን በመከላከል ረገድ የሚኖራቸው ሚና የሚወሰነው በማህበራቱ ጥንካሬ፣ ከህብረተሰቡ ጋር አብሮ የመስራትና የመተባበር ሁኔታ ሲኖርና ከሌሎች ድርጅቶች በሚደረግላቸው ድጋፍ ይሆናል። ይህ ጥናት እንደሚያመለክተው የተለያዩ የማህበረሰብ ላይ የተመሠረቱ ድርጅቶች ኤች አይ ቪ ኤድስን በመግታት ሂደት የሚኖራቸው ውጤት የሚወሰነው ከድርጅቶቹ አፈጣጠርና አሠራር፣ ድርጅቶቹ የሚሰሩባቸው የማህበረሰብ ክፍሎች ሁኔታና ተሳትፎ፣ እንዲሁም ከሌሎች መሰል ሀገር በቀልና ከሀገር ውጭ የሚገኙ ድርጅቶች ጋር፣ የሚኖራቸው ትብብርና ግንኙነት ይሆናል።

- ቀበሌዎችና በእነሱ ሥር የሚንቀሳቀሱ የኤድስ ኮሚቴዎች ውጤታማና ግንባር ቀደም በማህበረሰብ ላይ የተመሠረቱ ድርጅቶች ሆነው ማገልገል የሚችሉትና የአጠቃላይ እንቅስቃሴው ፋና ወጊ የሚሆኑት ከቫይረሱ ጋር የሚኖሩ ሰዎችን የኑሮ ሁኔታና እንቅስቃሴ በበጎ መልኩ ተመልክተው ሲደግፉና ከሌሎች የማህበረሰብ ድርጅቶች ወረዳዎች ጋር ቅንጅት ሲፈጥሩ ነው።
- ከቫይረሱ ጋር በሚኖሩ ሰዎች ላይ ሊደርስ የሚችለውን ማግለል፣ መድልዎ እና ሌሎችንም ማህበራዊ ችግሮችን በማስወገድና የባህሪ ለውጥ ሊያመጣ የሚችል የኤች አይ ቪ/ኤድስ መረጃና ትምህርት ስርጭትን ጨምሮ በውሳኔ ሰጪ አካላት ላይ ያተኮረ የቅስቀሳ ስራ ማከናወንና በፈቃደኝነት ላይ የተመሠረተ ኤች አይ ቪ ምርመራ እንዲደረግ ማስፋፋት ጠቃሚ እርምጃዎች ይሆናሉ።
- በቅርቡ ከቫይረሱ ጋር አብረው በሚኖሩ ሰዎች አማካይነት

ተመስርተው ለበሽታው ስለባዎች እንክብካቤና ድጋፍ ለማድረግ በመንቀሳቀስ ላይ የሚገኙ ድርጅቶችና አንዳንድ የቅስቀሳ ስራ በማከናወን ላይ የማገኙ የሴቶችና የወጣቶች ድርጅቶችም የሚኖራቸው ሚና የጎላ ይሆናል። በተጨማሪም በሀገሪቱ የተነደፈው ብዙ ሴክተሮችን ባማከለ የድህነት ቅንሳ ን ራግራም ውስጥ በማህበረሰብ ላይ የተመሠረቱ ድርጅቶችን በገንዘብና በቴክኒክ የመደገፍ ሀሳብም በተመሳሳይ መልኩ ሊበረታታ ይገባዋል።

አጥኚዎቹ ጨምረው እንዳስረዱት እድሮችና በሀይማኖት ላይ የተመሠረቱ ድርጅቶች ቀጣይነት ባለውና አግባብ ካላቸው ድርጅቶች ጋር በጥምር ሆነው እንዲሠሩ ቢደረግ የኤች አይ ቪ ኤድስ መረጃን ለማስራጨት፣ ስልጠና ለመስጠትና ፍቃደኝነት ላይ የተመሠረተ ምርመራ ለማድረግ የሚረዱ ሞጁ ሎችና ለምክር የሚያገለግሉ የትምህርት መስጫ ቁሳቁሶችን

ለማዘጋጀት ይረዳሉ፡፡

- በተመሳሳይ መልኩም የባህል ህክምና ሰጪዎችን/አዋቂዎችን በፀረ ኤች አይ ቪ ኤድስ ስራዎችና ኘሮግራሞች ላይ በቅንጅት ለማሳተፍ ከተፈለገም ቴክኒካል ይዘት ያለው ስልጠና መስጠትና የህክምና አሰራር ሥራቸውንም በአግባቡ መቆጣጠር ያስፈልጋል፤ በተለያዩ ሥራዎችና ባህሎች ውስጥ የሚኖራቸውም ሚና ለይቶ ማስቀመጥ ከጤና አገልግሎት ሰጪዎችና ሌሎችም ግብረሰቦች ጋር የሚኖራቸውን ቅንጅታዊ አሰራር ለማሳካት ይጠቅማል፡፡ በአዲስ መልክ ተደራጅተው አገልግሎት መስጠት የጀመሩት የኤክስቴንሽን የጤና ባለሙያዎችና ማህበረሰብ ላይ የተመሠረቱ የስነተዋልዶ ጤና ሠራተኞች የሚያከናውኑት ተግባር በተለይ በልምድ አዋላጆችና የማህበረሰብ የጤና ሠራተኞች ሙያ ቢታገዝና ቢጠናከር ውጤት ያለው ሥራ ሊሰራ ይችላል፡፡
- በትምህርት ቤቱ የሚገኙ የፀረ ኤድስ ክበባትም በተማሪዎች ላይ የባህሪ ለውጥ የማያመጣ ሥራ ሊሠሩ የሚችሉት ከትምህርት ቤት አስተዳዳሪዎች፣ ከወላጆችና ተማሪዎችን በአጠቃላይም

ከሕብረተሰቡ አግባብ ያለው ድጋፍና አመራር ሲያገኙ ነው፡፡

ተመራማሪዎች በበሽታው ላይ የሚደረጉ ጥናቶችንም በሚመለከት የሚከተሉትን አስተያየቶች አቅርበዋል፤

- የሙከራ ጥናቶች፣ በማህበረሰብና በድርጅቶች ላይ የተመሠረቱ የምርምር ፍላጎቶችን በማጥናት በማህበረሰብ ላይ የተመሠረቱ ድርጅቶችን አሠራር መቆጣጠርና ማሳደግ ይቻላል ፡፡
- እነኚህ የምርምር ስራዎች ተቀራራቢ የሆኑ የትምህርት ዘርፎችን ያካተቱ ናቸው፤ የማህበረሰብ ሳይንቲስቶች፣ የ ስ ነ ል ሶ ና ተመራማሪዎችን፣ እንዲሁም የጤና አጠባበቅ ተመራማሪዎችን አስተዋፅኦ ከግምት ውስጥ ሊያስገቡ ይገባል፡፡ አላማቸውም ኤች.አይ.ቪ.ን መከላከል የበሽታውን ስለባዎች መንከባከብና የመደገፍ እንቅስቃሴዎችን መሠረተ አሠራርና፣ አመራር ማወቅ እና በሂደቱም የሕብረተሰብ ተሳትፎን እንዴት ማጠናከር እንደሚቻል መመርመር ይሆናል፡፡
- ተግባርን መሠረት ያደረገ ምርምር

በማድረግ ተጨማሪ መንግስት ያወጣውን ኤች.አይ.ቪ/ኤድስ ፓሊሲና ስትራቴጂ ዶክመንት በመጠቀም እነኚህ በማህበረሰብ ላይ የተመሠረቱ ድርጅቶች ወረርሽኝን ለመቋቋምና ለመከላከል ለሚሠሩዋቸው ስራዎች መሠረት የሚሆኑ መመሪያዎችና ኘሮግራሞችን መቅረጽ ያስፈልጋል፡፡

- የተመረጡና ውጤታማ ሊሆኑ የሚችሉ በማህበረሰብ ላይ የተመሠረቱ ድርጅቶችን ስራና ኘሮግራሞች፣ ለማሳደግ፣ ለማጠናከር፣ ለመምራት፣ ለመቀናጀትና ለመከታተል የሚረዱ ጥናቶችም ሊደረጉ ይገባል፡፡ በተለይም እነኚሁ ድርጅቶች አዳዲስ ስራዎችንና ኘሮግራሞችን በሚቀርጹበት ጊዜ እንዴት አድርገው የሕብረተሰብ ተሳትፎን

ማሳደግ እንደሚችሉና በሂደቱም ከቫይረሱ ጋር የሚኖሩ ሰዎችን መብት የሚያስከብሩ የሰብአዊ መብት ድንጋጌዎች እና የአሰራር ምግባርና መርሆዎችን ሊያስከብሩ የሚችሉበትን ሁኔታ መፍጠር ያሻል፡፡

- በተጨማሪም እነዚሁ ድርጅቶች እንዴት አድርገው ፕሮግራሞቻቸውን በተመጣጣኝ ወጪና ቀጣይነት ባለው መልኩ ሊያጠናክሩ እንደሚችሉና ልምዶቻቸውንም ለሌሎች በማህበረሰብ ላይ ለተመሠረቱ ድርጅቶች፣ እንዲሁም በክልልና በብሄራዊ ደረጃ እንዲስፋፉ ማድረግ እንደሚችሉ የሚጠቁሙ ጥናቶችን ማከናወን ያስፈልጋል፡፡

HIGHLIGHTS ON PREVENTION CARE AND SUPPORT

ኒልሰን ማንዴላ የኤድስ ኮንሰርት ለማካሄድ አቅደዋል፡፡⁶

ጃሃንሰበርግ የደቡብ አፍሪካ ሪፑብሊክ የመጀመሪያው ጥቁር ኘሬዚደንት የነበሩት የ86 ዓመቱ ኒልሰን ማንዴላ ኤች አይ ቪ ኤድስን ለመዋጋት የማያስችል ገንዘብ ለማሰባሰብ የሚረዳና ታዋቂ የሙዚቃ ሰዎች የማሳተፉበት የሙዚቃ ኮንሰርት በመጨረሱ የካቲት ወር ለማካሄድ እንዳቀዱ አስታወቁ፡፡

የኘሬዚዳንትነት ሰልጣናቸውን ከለቀቁ እ.ኤ.አ ከ1997 ጀምሮ በኤች አይ ቪ ኤድስ ዘመቻ ላይ ያተኮሩት ኒልሰን ማንዴላ የሚያዘጋጁት ይኸው ኮንሰርት 41664 ደቡብ አፍሪካ በመባል የሚጠራ ሲሆን ይህ ቁጥር የተወሰደው ኘሬዚደንቱ በእስር ላይ በነበሩበት ጊዜ የተሰጣቸውን የእስረኛ መለያ ቁጥር ነው፡፡

ባለፈው ዓመት ህዳር ወር ውስጥ ለመጀመሪያ ጊዜ የኤድስ ኮንሰርት ከተካሄደ ወዲህ አሁን የሚካሄደው ሁለተኛው ኮንሰርት ሲሆን በአለም ደረጃ እውቅና ያላቸው ዘፋኞች የሚካፈሉበትና ይዞ የተነሳው ጭብጥም በተለይ በአሁኑ

ጊዜ ሴቶች በወረርሽኙ በከፋ ሁኔታ መጠቃታቸውን የሚያሳይ ነው፡፡

አምስት ሚሊዬን የሚሆነው ህዝቧ በቫይረሱ የተጠቃባት የደቡብ አፍሪካ ሪፑብሊክ በመላው አለም በወረርሽኙ ከተጠቁት ሀገራት ቀዳሚውን ስፍራ ይዛለች፡፡

ውጤታማ በሆነ መልኩ ኤድስን ለመዋጋት በሴቶችና በልጃገረዶች ላይ ትኩረት ማድረግ ያስፈልጋል፡፡⁷

የዘንድሮውን የ2004 የአለም የኤድስ ቀን ምክንያት በማድረግ በአሜሪካ የሚገኘው የአለም አቀፍና የስትራቴጂያዊ ጥናቶች ማዕከል (Center for Strategic and International Studies) በተዘጋጀ አወደ ጥናት ላይ በተደረገው ይይዙ ላይ አንድ የአፍሪካ ሀገር አምባሳደር እንደተናገሩት አሁን ኤች.አይ.ቪን ለመዋጋትና ለማሸነፍ ከተፈለገ አለም በተለይ በዝቅተኛ ኑሮ ላይ የሚገኙ ሴቶችና ልጃገረጆችን ህይወት ማሻሻል እንደማግባ ገልፀዋል፡፡

የውይይቱ አወያይ ጨምረው እንዳስታወቁት ማግለልን ጨምሮ

ሴቶችንና፣ ልጃገረዶችን ለኤች.አይ.ቪ. ኢንፌክሽን የሚያገልጡ ሁኔታዎችን የማስወገድና የመከላከል ስትራቴጂዎችን መንደፍና ከኤች.አይ.ቪ. ምርመራ ጋር የተያያዙ ችግሮችን መመርመር ሴቶችንና ልጃገረዶችን ጨምሮ በአጠቃላይ ትውልድን ከኤች አይ ቪ መጠነ ሰፊ ጥቃት ማዳን ይቻላል ብለዋል፡፡

ከጾታ ሚና/ gender/፣ ከተፈጥሮ/ /አካላዊ /biological/ ፣ እንዲሁም ባህላዊ ፣ ማህበራዊና ኢኮኖሚያዊ ምክንያቶች ጋር በተያያዙ ሁኔታዎች ምክንያት ሴቶች ከወንዶች የበለጠ በቫይረሱ የመያዝ አድል ሲኖራቸው በሌላ በኩል ደግሞ ቫይረሱ በግብረ ስጋ ግንኙነት ጊዜ ከሴት ወደ ወንድ ከሚተላለፍ ይልቅ ከወንድ ወደ ሴት የመተላለፍ እድሉ በሁለት እጅ የበለጠ ይሆናል፡፡ በተጨማሪም ሴቶችና ልጃገረዶች እድሜያቸው በገፉና ኤች.አይ.ቪ. ሊኖርባቸው በሚችል ወንዶች ተገደው ወሲብ ስለሚፈጽሙና ስለሚደፈሩ በቫይረሱ የመጠቃት እድላቸው ከፍ ያለ ይሆናል፡፡

አንድ የውይይቱ አወያይ እንዳስገነዘቡትም በወረርሽኙ ምክንያት ታመው ለሚተኙ በሽተኞችና በቫይረሱ ምክንያት ወላጅ ያጡ ሕፃናትን የመንከባከብ ሀላፊነት በሴቶች ላይ ስለሚወድቅ ወደ ላቀ ድህነትና ብሎም ለኤች.አይ.ቪ. ሊያጋልጥ ወደሚችለው የሴትኛ አዳሪነት ህይወት የመግባት ዕድል ይገጥማቸዋል፡፡ በተጨማሪም የኢኮኖሚ ጥገኘነት የሚገጥማቸው ሴቶች ገንዘብ ማግኘታቸውን እንጂ በምን ጊዜ እና ከምን አይነት ሰው ጋር ግብረ ስጋ ግንኙነት መፈፀም እንደሚገባቸው መምረጥ አይችሉም ፡፡

በመሆኑም በተለይ ሴቶችና ልጃገረዶች ላይ ያተኮረ የመከላከል እስትራቴጂ መንደፍና መተግበር ይኖርበታል ያሉት ተሳታፊዎቹ በሂደቱ ግን አዋቂዎችንና ሕፃናት ወንዶችም መረሳት እንደሌለባቸው አስገንዝበዋል፡፡

Updates, Progresses

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 gen-

eral 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 Insti-

tution was finally given to Gondar College of Medicine and Health Sciences.

Free HIV Drugs Distribution to be Undertaken by Government⁸

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 estimate 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, taboo), 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 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 infec-

tions, albeit their limitations. In the area of HIV/AIDS, several key and relevant researches have been done. Of the overall previous researches done and currently being 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 PLWHA 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 *Neisseriae 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], repre-

senting 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.
- 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 as 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

- Scaling-up ART and integration into the health care systems
- Role of positive tradition like gudefecha, extended family etc to keep orphan children at family circle and to initiate sustainable community based care and support
- *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
 - HIV in workplace and its economic impact of HIV/AIDS epidemic.
 - 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 *Neisseriae 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 viceversa.

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 assess 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 programme for PLWHA
- Role of co-trimoxazole prophylaxis in reducing morbidity/mortality due to TB or other OIs prevalent among PLWHA 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

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Readers' Corner

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	= <u>3.6</u>

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:

1 st Digest issue	= 0%
2 nd Digest issue	= 0%
3 rd Digest issue	= 5%
4 th 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 accidentally 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"

Glossary: The meanings of some of the words used in this Digest

1. AIDS Epidemic:- በአንድ ወቅት በአንድበተወሰነ ሕብረተሰብ ውስጥ የኤድስ በሽተኛ ብዛት ዘወትር ከተለመደው ሥርጭት በበለጠ መልኩ ሲታይ ነው።
2. Antiretroviral therapy:- በተለምዶ እድሜ ማራዘሚያ ህክምና እየተባለ የሚራው ሲሆን የሚሰጡትም መድኃኒቶች የተለያዩና በጥምር የሚወስዱ ሲሆን ይህም የመድኃኒቶችን ፍቱንነት በመጨመርና በሰውነት ውስጥ የሚገኘውን የኤች.አይ.ቪ ቫይረስ መጠን በመቀነስ የሰውነት የበሽታ መከላከያ ስርዓት በከፊል እንዲያገግምና እንዲሁም ያደርስ የነበረውን ጎዳት ለመቀነስና ለመከላከል የጎላ አስተዋጾ በማድረግ ሕመማን ተጨማሪ ዓመታት እንዲኖሩ የሚረዳቸው ነው።
3. Attitude:- ሰዎች ቀደም ሲል ከነበራቸው ገጠመኝ በመነሳት ለነገሮች፣ ለግለሰቦችና ለሁኔታዎች የሚኖራቸው የመውደድ ወይም የመጥላት፣ የመቅረብ ወይም የመራቅ የሰሜት፣ የእምነት እና የአመለካከት አቋም ነው።
4. Bacilli:- የነቀርሳ በሽታን የሚያስከትለው ጀርም ነው።
5. Cases:- ጥናቶች የሚደረጉባቸው ሰዎች ወይም ክፍሎች ናቸው።
6. Control group:- በአንድ ጥናት ወቅት በጥናቱ ናሙና ከተካተቱት ግለሰቦች/ቦድን የሚገኙ ውጤቶችን ለማነፃፅር የሚያገለግል የጥናቱ አንዱ ክፍል ነው።
7. Elisa test:- ሰዎች ሁኔታ አይ. ቪ መያዣቸውን ወይም አለመያዣቸውን ለማረጋገጥ የሚደረግ የምርመራ ዘዴ ነው።
8. HIV Infection:- የኤድስ ቫይረስ ሰውነትን በመውረርና በመራባት ጥቃት ሲፈጽም ነው።
9. Rapid test:- የኤች. አይ. ቪን ምርመራ ውጤት ለማረጋገጥ የሚደረግ የምርመራ ዘዴ ነው።
10. Extra-Pulmonary TB:- የነቀርሳ በሽታ ከሳንባ ውጭ ወደሌሎች አንላት ሲሰራጭ ነው።
11. Practice:- ሰዎች የተወሰኑ ዓላማዎችን ለማሳካት የሚወስዱት የድርጊት እርምጃ ነው።
12. Prevalence:- በአንድ ወቅት በተወሰነ ሕብረተሰብ ውስጥ በሚኖሩ ሰዎች መካከል በአንድ በሽታ የተያዙ ሰዎችን መጠን የሚያመለክት ነው።
13. Pulmonary TB:- ሳንባን የሚያጠቃ ነቀርሳ ሲሆን የበሽታው ጠንቆችም ከሕመምተኛው የሳንባ

ቁስል በአክታ አማካይነት ይወጣል፡፡

14. Sera:- በጥናቱ ናሙና ከተካተቱት ግለሰቦች የተወሰደ ደም ተጣርቶ ዝቃጩ ከወጣ በኋላ የሚቀረው እዥ መስል አክታቸውን ወሰዶ አጉልቶ በሚያሳይ መነጽር ለማየት በሚያስችል መስተዋት ላይ በመቀባት የሚደረግ ምርመራ ነው፡፡
15. Smear Positive/Negative በጥናቱ ናሙና የተካተቱ ግለሰቦች በነቀርሳ መያዛቸውንና አለመያዛቸውን ነማረጋገጥ አክታቸውን ወስዶ አጉልቶ በሚያሳይ መነጽር ነማየት በሚያስችል መስተዋት ላይ በመቀባት የሚደረግ ምርመራ ነው፡፡
16. Statistical significance:- በሁለት ወይም ከዚያ በላይ በሆኑ አማራጮች መካከል ያለውን የትስስር መጠን ወይም በሁለቱ መካከል ያለው ልዩነት የሚታየው በአጋጣሚ መሆን አለመሆኑን ለማመልከት የሚያስችል አሃዛዊ ማረጋገጫ ዘዴ ነው፡፡
17. Substance abuse:- በተፈጥሮ ወይም በፋብሪካ የሚዘጋጁ ዕጾችን ግለሰቦች ከሚጠበቀው በላይ ወይም ለረጅም ጊዜ በተከታታይ የመጠቀም ጉጂ ባህሪ ነው፡፡
18. Tuberculosis:- የነቀርሳ በሽታ
19. Sexuality- ተዋሕዶ
20. Risk Behavior- የተጋላጭነት ባህሪ
21. Quantitative and Qualitative methods- የአይነትና የመጠን መረጃዎች አሰባሰብ ዘዴ
22. Random- ነሲብ
23. In-depth interview- ጥልቅ ቃለመጠይቅ

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1. The Executive Committee of EPHA

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|----|------------------------|-------------------|
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