



# ፊሊግ ጤና Felege Tena



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## First ever book on 'The Evolution of Public Health Practice in Ethiopia' in the pipeline

Three highly acclaimed veterans of the public health sector in Ethiopia, Dr. Yayehyirad Kitaw, Ato Gebre Emmanuel Teka and Ato Hailu Meche are set to complete the first comprehensive book ever written on the subject of the 'Evolution of Public Health Practice in Ethiopia.'

The work was initiated by the three authors on the premise that though attempts have been made by various authors in the past to cover several important aspects in the history of public health in Ethiopia, 'a comprehensive analytical study that goes beyond a chronological narration of the subject has never been attempted to date.'

The authors admit that the work cannot be described as a full-fledged history of public health in Ethiopia, but that it presents a 'reasoned explanation of the tribulations of the public health movement [in Ethiopia] with its ups and downs.'

They also noted that they have tried to critically analyze major events related with public health in Ethiopia, while also closely scrutinizing and presenting weaknesses and failures observed in the process.

The almost 300 page long book is expected to be a landmark achievement for the Ethiopian Public Health Association (EPHA), which has played a great role in facilitating and supporting this initiative from its outset.

In an attempt to enrich the contents of

the document the EPHA also organized a one day discussion forum on 24, March 2006, where by a selected group of reviewers presented their assessment of specific chapters of the document coupled with comments and suggestions by other noted professionals in the field, so that the authors could incorporate these ideas and further enrich their work.

Speaking on the opening session of the workshop the president of the EPHA, Dr. Mengistu Asnake commended the authors for producing such an important

### Inside this issue::

- \* **First ever book on 'the Evolution of Public Health in Ethiopia'**
- \* **New Initiatives on ICT application for the Health Sector**
- \* **It is high time we authorized nurses for the provision of key and essential interventions in health care in Ethiopia, / abstract of a study/.**
- \* **THE EVENT OF PIPED WATER SUPPLY INSTALLATION WITHIN MENELIK'S PALACE** Some tips on HIV VCT
- \* **ጥቂት ነጥቦች ስለ "ሶስት በአምስት" የኤድስን የመከላከል አለም አቀፍ ምንጎና የድርጊት መርህ ግብር**
- \* **Miscellaneous**
- \* **Obituary- Dr. Adanech kidanemariam**

document and noted that EPHA's role in supporting such a worthy initiative shows the huge

*Continued on page 2.*

## New Initiatives on ICT application for the Health Sector

The role that Information communication technologies have played in transforming the way almost all sectors of the global economy are functioning cannot be over exaggerated. Needless to say, their application in the health sector is also becoming even more apparent especially in developing countries like Ethiopia.

A good demonstration of the emphasis on the application of ICTs in the health system in our country is the initiative taken by the Ethiopian Telecommunications Corporation, the Federal MOH and the Ethiopian

ICT Development Agency as well as the UNECA, who recently collaborated to organize a two day workshop on the theme of "ICT and Health".

The event had the specific objective of discussing various mechanisms that could improve the effective application of ICTs in the health sector as well as examining issues related with health such as Tele Medicine and Health Information Management Systems /HIMS/ as applies in the Ethiopian context.

*Continued on page 2.*

*Becoming a member of the EPHA affords you the privilege of contributing your share of expertise to the development of the health sector of our country, thereby also strengthening your belongingness to the important profession of public health!*

**First ever book... Cont'd from page 1.**

contribution the Association can make in health sector reform and improvement in the country. 'Examining the progress made in the past together with weaknesses witnessed in the course of history obviously contribute to devising effective strategies to deal with public health problems in the country,' he concluded.

The Executive Secretary of the EPHA Dr. Getnet Mitike on the occasion mentioned three specific reasons why such a work should be considered significant:

- \* The development of public health practice in Ethiopia is not duly studied and information regarding public health in general is fragmentary and highly complex.

Because of these weaknesses, we have a situation whereby, instead of our own local sources, our perspective in public health is mostly based on the perspectives of others.

- \* The presently expanding health institutes in the country as well as the increasing number of public health professionals need properly and comprehensively documented information on public health in the country.
- \* Such a work would also serve as an effective advocacy tool with respect to the strengths and weaknesses of public health practice in Ethiopia, thus positively influencing policy and decision makers towards improving the status of public health in Ethiopia.

The book has nine chapters the first three

of which provide general and extensive background material that provides mainly the context within which the evolution of public health service in Ethiopia should be studied. Chapter two is specifically devoted to a general review of traditional medicine in Ethiopia and the third one deals with the introduction of foreign medicine in the country. The core of the book is contained in chapters five up to eight where the years from 1941 to 2002 are examined.

The authors are expected to finalize the text and the book will be published before the 2006 Annual Conference of the EPHA.

*(Reported by Seifu Mahifere)*

**New Initiatives on ICT .....Cont'd from page 1.**

Conducted from 9-10 March 2006, the workshop entertained presentations on subjects like, 'Ethiopian Medical Challenges: Telemedicine as a Possible Solution', 'Telemedicine in Ethiopia- Challenges [encountered] and Experiences [gained] in the field, 'adopting an Information Technology Transfer Framework for Ethiopia's Health Care Sector', 'Embedding Telemedicine in its Social Context,' and 'Telemedicine and Continual Medical Education'.

Other topics covered included 'Efforts, challenges and potentials in the Application of Telemedicine in Ethiopia, 'E-Health Policy, Ethics and Standard of the Service,

the role of donors and the private sector in relation to telemedicine, Health information Systems program in Ethiopia- Current status and future directions, ICT and medical education.

A virtual exhibition was also organized as part of the whole endeavor while experts from Ethiopian Telecommunications Corporation in collaboration with medical professionals also made demonstrations in telemedicine practice through a video conferencing program held between the conference center and a clinic in Awassa town in Southern Ethiopia.

*(Reported by Seifu Mahifere)*

**The Executive Board of EPHA**

1.	Dr. Mengistu Asnake	President	5.	Dr. Abeba Bekele	Treasurer
2.	Dr. Getnet Mitike	Vice President	6.	Dr. Yared Mekonnen	Member
3.	Dr. Misganaw Fantahun	Member	7.	Ato Mirgisa Kaba	Member
4.	Ato kebede Faris	Member			

**It is high time we authorize nurses for the provision of key and essential interventions in health care in Ethiopia, By Ermias Getaneh, MD, MSc.**

**The Problem**

A series of government-led Health Sector Development program (HSDP) reviews have underlined that chronic shortage and inequitable distribution of professionals in the health sector has seriously affected the implementation of essential health programs. For instance, it is indicated that Ethiopia has one of the lowest ration of doctors to population ratio in the world.

Non-conducive working environment and low salaries make migration to the private and NGO sectors as well as to the international very attractive for highly qualified health professionals. Particularly, the current scarcity of General Practitioners in rural hospitals is seen as a serious concern. There is poor deployment scheme and most of these limited numbers of staff operate in urban areas. As a result the majority rural areas have faced a continuous shortage of humane resources.

The rural areas rely on midlevel health care providers (especially nurses) that are not well prepared and not allowed by the country's legislation to provide life saving essential health care including HIV/AIDS treatment when it is needed. This is especially a critical constraint in the proper and timely utilization of resources from the various global initiatives as well as efforts to attain the Millennium Development Goals. Legal constraints and hesitant recognition by specialist doctors and professional associations impede the improvement in coverage of key life saving primary health care functions, particularly to the rural areas.

**Rationale**

Several advantages can be cited in authorizing midlevel health care providers, primarily nurses, in offering a range of essential care interventions. Anticipated advantages are:

\* Nurses cost less to remunerate and motivate. Presumably there would be inherent motivation arising from their job enhancement and enriched status within their communities.

\* Retention in rural health services and other deprived areas is the other important comparative advantage.

\* Assist devolution of traditional key hospital based essential health care interventions at health center level.

\* Junior health workers are closer to community based health extension workers and community health agents.

**Special significance of the Initiative to Accelerate implementation of the HIV/ART Program.**

The rapid HIV/ART scale up plan of the Ministry strongly substantiates the need to further accelerate decentralization of the service at health center level. This service delivery transition requires that nurses take on a more active and central role in the treatment and care of individuals living with HIV. Their participation in multidisciplinary treatment teams is crucial to ensuring that Ethiopia provides anti-retroviral therapy to the thousands of Ethiopian living with HIV. Such participation in these new health care teams requires that nurses acquire range of knowledge and skill competencies.

**Conclusion**

Cognizant of the fact that a chunk of health care providers in Ethiopia are midlevel health care providers, mainly nurses, it is high time to authorize them to offer the required basic care and treatment of key MDG targeted communicable Diseases, including HIV/ART, TB and Malaria. Furthermore, the prevailing worrisome global and domestic economic trend, including high population growth and rising health demands, dictate the country simply cannot afford enough qualified doctors and many of those available would not serve in the rural areas.

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**EVENTS SURROUNDING THE INSTALLATION OF PIPED WATER SUPPLY INSTALLATION WITHIN MENELIK'S PALACE**

***Contributed by Ato Gebre Emanuel Teka***

**INTRODUCTION**

The era of Menelik II is significant in the annals of Ethiopian history as an unparalleled era of innovation. Menelik obviously attached great importance to the question of modernization.

From the outset of his reign, he was most anxious to import foreign technicians. Thus, in 1877 MENELIK sent a message to a Swiss trader at Aden with whom he had business contacts, asking him to send him some Europeans skilled in various crafts. They were to serve as instructors to Ethiopian workers and also employed as engineers working for the Government.

The trader informed Emperor Menelik II's request to some of his compatriots with the result that three young Swiss technicians arrived in Ethiopia in 1878. Their names were Appenzeller, a specialist in iron works; Zimmermann, a specialist in wood work, and Alfred Ilg, a graduate of the Zurich Polytechnic Institute. Appenzeller and Zimmermann soon returned to Europe, but Alfred Ilg remained in Menelik's service for many years and played an important part in the country's development in both the technical and political fields (1)

Engineer Ilg became a favorite advisor and implementer of many innovations that the Emperor brought about during his reign.

One of the many innovations of immediate Public Health importance introduced at the

time was the installation of piped water at the MenelikII Palace by Ilg in 1894. Tsehafe Taezaz Gebre-Sellassie (Minister of the Pen), and Chronicler of Emperor Menelik II, recorded as follows the project involving the installation of piped water at the palace of Menelik in Addis Ababa. ( Addis Ababa was established by Emperor Menelik as the capital of Ethiopia in 1887.)

*Atse Menelik had commanded Engineer Ilg to bring water from the heights of Entoto by means of a canal made of cement.. When this water arrived in the plains of Addis Ababa, Ilg dug great wells the inside of which were covered with Lime, sand and cement so that the water should always remain clean.*

*ILG placed beside it an apparatus (pump) brought from the country of the 'Ferenje' which had cost seven thousand Talers. Then the engineer dug [a ditch] in the earth to an equal depth, covered it with Lime, placed tubes end to end and made the water within them to flow to the palace enclosure. . . .(1,2).*

ILG recorded that the project met with widespread derision at the court before the installation work started. Many people considered it impossible for water to be made to flow uphill, while others suggested that the whole affair could be nothing but a financial swindle. The scheme, however, received Menelik's full support and was carried to fruition despite the scoffs of critics, and was in due course considered sufficiently remarkable to justify a lengthy description in the official chronicle of the reign.

The surprise occasioned by ILG's invention may be further illustrated by a couple of contemporary poems collected long afterwards (3)



ፈለገ ጤና  
Felege Tena

አዲስ አበባ ላይ አየን ታሪክ  
ውኃ ሲሰግድሰት ላጤ ማኒሊክ  
እንግዲህስ ዳኘው ምን ጥበብ ታመጣ  
ውኃ በመዘወር ወደ አየር ሲወጣ

We have seen wonders in Addis Ababa,  
water worships Emperor Menilik.  
O' Dagneu what more wisdom will you bring.  
As you already make water soar into the air

ንጉሥ አባ ዳኘው እንዴት ያለ አመጣ  
ውኃ በመስኮት ላይ በአየር ላይ ሲወጣ  
ያደፈ ሲታጠብ የጠማው ሲጠጣ  
እዩት በኛ ጊዜ እንዲህ ያለ መጥቶአለ  
ደሞ ጥቂት ቢቆይ ከፈረንጅ ይበልጣል

King "Abba" Dagneu" how great he is becoming.  
He make the water rise into the air through a window,  
while the dirty can be washed and the thirsty drink.  
See what wonders have already come in our times  
No wonder that one someday he will even outdo the  
FERENGE (foreigners) (1)

From this time on, the chronicler relates that the clothes of Atse Menelik and Etege Taytu and of their favorites and guards were washed in the palace and no longer in the near by river. In addition piped water was made available around the whole of the palace and for watering the garden in the palace.

Note. The remarkable invention of Alfred ILG (of the time) was used only within the confines of the sovereign palace, while the population of Addis Ababa depended on rivers, streams, springs etc.

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**ጥቂት ነጥቦች ስለ "ሶስት በአምስት" የኤድስን የመከላከል አለም አቀፍ**

**የድርጊት መርሃ ግብር (Translation by Seifu M.)**

እ.ኤ.አ በ2003 በተከበረው የዓለም ኤድስ ቀን ላይ የዓለም ጤና ድርጅት (WHO) እና የተባበሩት መንግስታት ጥምር የኤድስ ኘሮግራም (UNAIDS) "3 በ 5" የተባለውንና በአዳጊ ሀገሮችና ወደ አደጉት ሀገሮች ደረጃ በመሸጋገር ላይ ባሉ ሀገሮች ለሚኖሩ 3 ሚሊዮን ከኤድስ ጋር ለሚኖሩ ሰዎች ውጤታማ የሆነ የእድሜ ማራዘሚያ ህክምና (Anti Retroviral Treatment) ለመስጠት ዝርዝርና ተጨባጭ የሆኑ ኘላን በመቅረጽ ለአለም አቀፉ ህብረተሰብ አቅርቦው ነበር። ይህም ኘላን የእድሜ ማራዘሚያ ህክምና በዓለማችን ላይ ለሚገኙ ለሁሉም በቫይረሱ ለተጠቁ ሰዎች አቅርቦት ማዳረስ ለሚለው ዋነኛውና የመጨረሻው የአለም አቀፉ ህብረተሰብ ዓላማ የሚመራ መሆኑ ይታመንበታል።

**ስለችግሩ ጥቂት ነጥቦች**

- \* በሁለት አሰርት አመታት ብቻ 30 ሚሊዮን የሚሆኑ ሰዎች በኤድስ የሞቱ ሲሆን አሁን ባለው አሀዝ መሠረት በአለም ላይ 40 ሚሊዮን የሚሆኑ ሰዎች በቫይረሱ ተይዘው ይገኛሉ።
- \* በአሁኑ ጊዜ በማደግ ላይ ባሉ ሀገሮች ብቻ 6 ሚሊዮን የሚሆኑ ሰዎች አስቸኳይ የሆነ የእድሜ ማራዘሚያ ህክምና ይሻሉ አገልግሎቱን የማያገኙት ግን በጠቅላላው ከተያዙት 8 በመቶ የሚሆኑት ብቻ ናቸው።
- \* በሽታው በጣም አስከፊ በሆነ ሁኔታ ያጠቃው በአፍሪካ ከሠሀራ በታች ያለው ክፍል ነው። በዚህ ክልል 28.5 ሚሊዮን የሚሆኑ ሰዎች በኤች. አይ. ቪ የተያዙ ሲሆን ኤች አይ ቪ ኤድስ ማህበረሰቦችን በአጠቃላይና የጤና አሰጣጥ መዋቅሮችን በከፋ በመገዳትና በማፈራረስ የአካባቢውን ሕዝቦች የወደፊት ዕጣ ፈንታ ላይ ጥቁር ጥላ አጥልቶ ይገኛል።

**የዕድሜ ማራዘሚያ ህክምና ለምን ያስፈልጋል?**

\* ህክምናው ዕድሜን ለማራዘም በመርዳት ኤድስ ዘላቂ (Chronic) እንጂ የሞት ፍርድ እንዳይሆን ያደርገዋል እንደምሳሌም ሀብታም ሀገሮች በኤድስ ሊከሰቱ የሚችሉ ሞቶችን በ70 ፐርሰንት መቀነስ ችለዋል።

- \* የእድሜ ማራዘሚያ መድሀኒቶቹ ሰዎች በበሽታው ላይ ያላቸውን ጥላቻና የተሳሳተ አመለካከት ለማስለወጥ ሊረዱ ይችላሉ።
- \* ኤች.አይ.ቪን ከመከላከል አኳያ የእድሜ ማራዘሚያ ህክምና የኤች.አይ.ቪን መተላለፍ/ስርጭት ሊቀንስ ይችላል።
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**"3 በ 5" የሚባለው መርሃ ግብር ምንድን ነው**

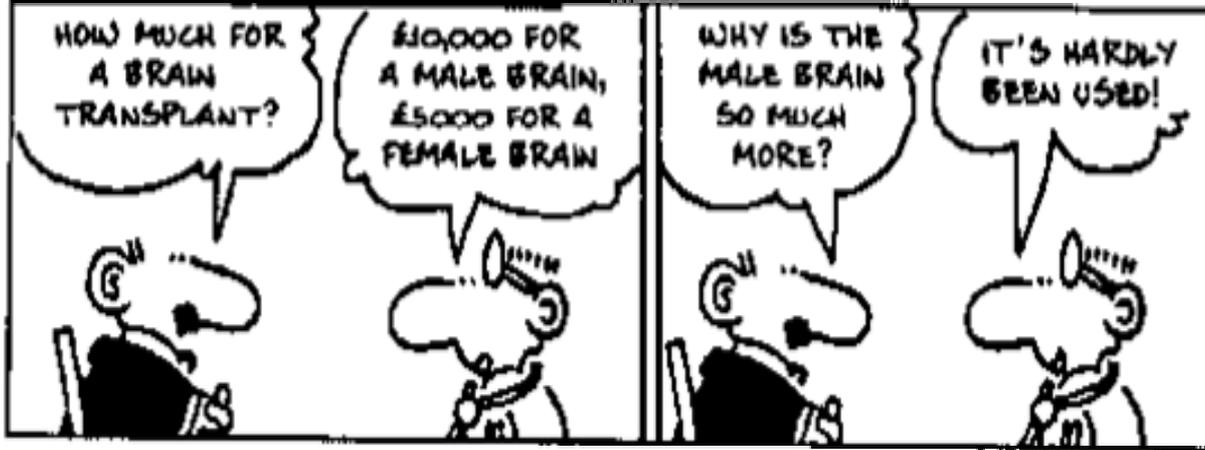
"የ3 በ 5" ን ግቦች ለማሳካት የዓለም ጤና ድርጅትና (WHO) የተባበሩት መንግስታት ጭምር የኤድስ ኘሮግራም (UNAIDS) በሚከተሉት ጉዳዮች ላይ በማተኮር ይንቀሳቀሳሉ።

- \* በቀላሉ ሊተገበሩ የሚችሉና ደረጃቸውን የጠበቁ የእድሜ ማራዘሚያ ህክምናን ለመስጠት የሚያስችሉ ዘዴዎችን መቀየስ።
- \* የመድሀኒቶችን አቅርቦትና የበሽታ ምርመራ አገልግሎትን ውጤታማና አስተማማኝ በሆነ መልኩ ለማቀላጠፍ የሚረዱ አዳዲስ ዘዴዎችን መቀየስ እንዲሁም ከመድሀኒቶቹ አቅርቦትና ህክምና አሰጣጥ በተያያዘ መልኩ ፈጣንና ቀጣይነት ያለው እርዳታ ለሀገራት መስጠት።
- \* በዓለም አቀፍ ደረጃ ጠንካራ የሆነ የሥራ ቅንጅትና የአድቮኬሲ ሥራ ማከናወን።

**የ'3 በ 5' ግብ እ.ኤ.አ. በ2005 መገባደጃ ላይ 50 በሚሆኑ በማደግ ላይ በሚገኙ ሀገሮች ለሚኖሩ 3 ሚሊዮን ሰዎች የእድሜ ማራዘሚያ ህክምናን ለማዳረስ ነው።**

## Humour

### HAMBONE by Mike Flanagan



*Taken from the internet*

### Obituary....Cont'd from page 8.

Impressed by her remarkable performance at the college, the administrators invited her to work as a junior lecturer for the college, which was mainly staffed by expatriates. What is more, they decided to send her to America for an advanced study in nursing, 'to try' and see if community nurses could be trained abroad and serve the college as professionally as the expatriates, and if successful, 'to Ethiopianize the college.'

No doubt Dr. Adanetch proved successful, grabbing her bachelor of science in nursing from Syracuse University, New York in 1971 and her masters in public health from Colombia University in 1974.

Upon return here, she spent considerable time in teaching and research at the Gondar Department of Community Health and, later, at the Addis Ababa University Medical Faculty. Thus began the journey of one unique woman whose decades of extraordinary contribution to the field of public health in Ethiopia, which reached to its climax when she became the first ever woman to

serve in the capacity of a minister.

She was already serving under the title of Associate Professor at the AAU medical faculty when in the early 1990s she was invited by the then Transitional Government of Ethiopia to serve as a Minister of Health ('again as a guinea-pig') with the promise that after completion of her term of two and a half years, she will return to her lovable job at the AAU.

She describes her career as a Minister as successful, enabling her to visit many marginal and risk-prone areas of the country and to undertake an assessment of health conditions there with special emphasis on contagious diseases. She also played a key role in the formulation of the National Health Policy of Ethiopia.

Dr Adanetch is survived by a son and a daughter.



### Background information on BIRD Flu

(Taken from *The poultry site guide to bird flu*  
<http://www.thepoultrysite.com/avianflu/bird-flu-news.asp>)

**Avian influenza** (aka bird flu, avian flu) is caused by a type of influenza virus that is hosted by birds, but may infect several species of mammals.

#### Diagnosis

#### How to Recognise Avian Influenza

What to look for:

- Ruffled feathers
- Soft-shelled eggs
- Depression and droopiness
- Sudden drop in egg production
- Loss of appetite
- Cyanosis (purplish-blue coloring) of wattles and comb
- Edema and swelling of head, eyelids, comb, wattles, and hocks
- Green diarrhoea
- Blood-tinged discharge from nostrils
- Incoordination, including loss of ability to walk and stand
- Pin-point hemorrhages

(most easily seen on the feet and shanks)

- Respiratory distress
- Increased death losses in a flock
- Sudden death
- Nasal discharges

Precautionary requirements include cleaning and disinfection of premises and the establishment of a Biosecurity barrier to help prevent spread of the disease is essential.

**Useful Links** for Information on Bird Flu, please visit these sites:

- [Avian Influenza WHO information/](http://www.who.int/csr/disease/avian_influenza/en/)  
[http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)
- [Avian Influenza CDC information/](http://www.cdc.gov/flu/avian/)  
<http://www.cdc.gov/flu/avian/>

### Obituary

#### Dr. Adanetch Kidanemariam (1943-2006)

It is with Profound sadness that we here announce the death of Dr. Adanech Kidanemariam (Ph.CNM) a distinguished public health professional, and the first ever woman to serve in the capacity of a minister in the country's history. The Ethiopia Public Health Association wishes to express its sadness over the loss of Dr Adanech, a great pioneer in public health practice in Ethiopia who has played important roles in landmark public health related activities including in the formulation of the National Health Policy of Ethiopia.



Speaking of her life history to a private newspaper, Dr. Adanech once said that she had a passion for indulging in new and complicated tasks in the course of her life so much so that she considered herself as a 'guinea pig'. She was, for example the

only female student to pass the eighth grade in her home town of Hossana in 1951 when she was afforded the chance to join the Haile-Selassie I Public Health College and Training Institute in Gondar from which she graduated as a community nurse.

*Cont'd on page 7.*

### **ANNOUNCEMENT- SUBMISSION OF ABSTRACTS, 2ND ANNOUNCEMENT**

**PLEASE BE INFORMED THAT THE FINAL DATE FOR SUBMISSION OF ABSTRACTS FOR THE FORTHCOMING EPHA ANNUAL CONFERENCE IS ON JULY 30TH 2006. YOU MAY SEND YOUR ABSTRACTS VIA E MAIL OR BY CD COPY.**

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