

ፋላግ ጤና

Newsletter of the Ethiopian Public Health Association

Quarterly newsletter of the Ethiopian Public Health Association



News and Updates

Volume 19, No.2

EPHA UPDATES

The Ethiopian Public Health Association convened 20th Annual Conference .

The EPHA delivered the 20th EPHA annual conference from oct.26-28, 2009 with the main theme of the year **"Road Traffic accidents as a Major Public health Concern in Ethiopia"** at Hilton hotel in Addis Ababa.

The theme was chosen based on the feedback from the 19th annual conference and through further discussion with the advisory Council of the EPHA on the magnitude of the problem in Ethiopia

Beside the main theme, there were a number of panel discussion sessions on major public health issues like, Natural Nutrition policy, Reproductive Health in higher learning Institutions, Multi-sectoral Response to HIV/AIDS Interventions



Based on national and international experiences. In addition to this, Experts in the field have presented and shared their findings and practices from researches. There was also paper and poster presentation in concurrent sessions.

The EPHA annual conference generates and disseminates the research findings in...

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Tobacco Control stakeholder's meeting held in Ethiopia

Stakeholders' Meeting Examines Strategies for the Ratification of the WHO-Framework Convention on Tobacco Control in Ethiopia.

The Ethiopian Public Health Association (EPHA), in collaboration with the African Tobacco Control Regional Initiative (ATCRI), held a meeting for the ratification the WHO- Framework Convention on Tobacco Control in Addis Ababa, Ethiopia on 14th December, 2009.

Local and international experts and implementing partners reviewed the current status, prospects and progresses made in

Advancing Tobacco Control in Ethiopia. Participants examined the latest data and guidelines on tobacco baseline information and made recommendations on the need for collecting valid and reliable data that will reveal the true picture of tobacco control issues in Ethiopia. Moreover, the need for effective strategies to ratify the Framework Convention on Tobacco Control (FCTC) was also elaborated.

Representatives From the house
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*Be member of
EPHA,
enhance
public health
situation!*

Calendar: Upcoming Events

UPCOMING EVENTS

World TB Day - March 24th

World TB Day, falling on 24 March each year, is designed to build public awareness that tuberculosis today remains an epidemic in much of the world, causing the deaths of several million people each year, mostly in the third world.

24 March commemorates the day in 1882 when Dr Robert Koch astounded the scientific community by announcing that he had discovered the cause of tuberculosis, the TB bacillus.

At the time of Koch's announcement in Berlin, TB was raging through Europe and the Americas, causing the death of one out of every seven people. Koch's discovery opened the way toward diagnosing and curing tuberculosis.

The year 2010 marks the halfway point for the Global Plan to Stop TB (2006-2015). It is clearer than ever that we must scale up efforts and continue to seek new and innovative ways to stop TB if we are to achieve our targets. We have made considerable progress. But the evidence points to an urgent need to do more, do it better and do it faster.

The theme of Innovation speaks to the need for a new way forward. The slogan **On the move against tuberculosis** reflects this theme through a simple, flexible and easily translatable phrase.

This year's campaign will focus on individuals around the world who have found new ways to stop TB and can serve as an inspiration to others. The idea is to recognize people who have introduced a variety of innovations in a variety of settings.

World Cancer Day 4 February 2010

Cancer is a leading cause of death around the world. WHO estimates that 84 million people will die of cancer between 2005 and 2015 without intervention.

Each year on 4 February, WHO joins with the sponsoring International Union Against Cancer to promote ways to ease the global burden of cancer. Preventing cancer and raising quality of life for cancer patients are recurring themes.

A national cancer control program is a public health program designed to reduce the number of cancer cases and deaths and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, and palliation, making the best use of available resources.

A comprehensive national cancer program evaluates the various ways to control disease and implements those that are the most cost-effective and beneficial for the largest part of the population. It promotes the development of treatment guidelines, place emphasis on preventing cancers or detecting cases early so that they can be cured, and provide as much comfort as possible to patients with advanced disease.

Source: www.who.int

Stakeholders' Meeting ... cont'd (From page1)

of people's representatives, Ministry of Health, Government Communication Office, Ethiopian Revenue and Customs Authority, Ethiopian Drug Administration and Control Authority (DACA), World Health Organization (WHO), Framework Convention Alliance, African Tobacco Control Regional Initiative (ATCRI), Addis Ababa University, Members of the Media and other concerned stakeholders participated the meeting held, December14, 2009.

THEMATIC CONCERNS

HIV/AIDS Vaccine is Found to be Partly Effective

Source: <http://www.hivresearch.org>

By Bonnie Goldman, September 28, 2009

About the Trial

After years of failure and frustration, a major breakthrough has been announced in the field of HIV/AIDS vaccine development: For the first time, a vaccine candidate has been found to be at least partly effective in protecting humans from HIV. The trial, known as the Thai Phase III HIV Vaccine Trial (or RV144), was the largest HIV/AIDS vaccine study ever conducted in humans. Although it was sponsored by the U.S. Army Surgeon General, it took place in Thailand and was conducted by the Thai Ministry of Public Health in collaboration with Thai and U.S. researchers.

The trial had been controversial. Many well-known researchers in the HIV/AIDS vaccine field had not expected a positive result, since the two vaccines used in RV144 had each been tested separately in smaller trials, and neither had been found to have any protective benefit against HIV.

In an editorial that was, published in Science in January 2004 soon after RV144 began, 20 HIV/AIDS researchers expressed their displeasure: "The scientific rationale that has been offered for the new trial in Thailand is considered by the authors to be weak," they wrote.

Nonetheless, the study continued

-- and it was a massive undertaking. The US\$105 million study (75 percent of the funding came from the U.S. National Institute of Allergy and Infectious Diseases [NIAID], the rest from the

U.S. Army) began in October of 2003 and did not end until June of 2009. Of the 60,000 people who were initially recruited for the trial (26,675 of whom were screened), 16,402 men and women between 18 and 30 years of age were selected for enrollment and split almost evenly into two groups: One group received a placebo, while the other received six doses over six months of the prime-boost vaccine.

The volunteers had varying levels of risk for HIV infection, with only a minority being members of groups that are traditionally considered to be at "high risk," such as men who have sex with men or intravenous drug users. The study was not designed to examine the prime-boost vaccine's efficacy in these high-risk groups, according to Merlin Robb, M.D., the HIV program director for the U.S. Military HIV Research Program which sponsored the trial.

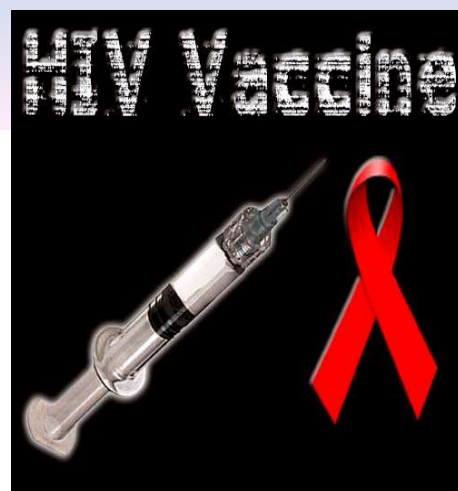
The 8,197 volunteers who were selected to get the prime-boost vaccine regimen received the following:

In the final analysis of the trial, 74 of the 8,198 volunteers who received the placebo became infected with HIV, compared with 51 of the 8,197 volunteers who received the prime-boost vaccine regimen, meaning volunteers who received the vaccine were 31.2 percent less likely to be-

come HIV positive after three years of follow-up.

- ALVAC HIV vaccine (the "primer" dose). This is a modified canarypox vaccine (developed by Sanofi

Pasteur). It was administered at four different times: first at the beginning of the trial, then at one month, three months and six months.



- AIDSVAX B/E vaccine (the "booster" dose). This is a glycoprotein 120 vaccine (developed by VaxGen, Inc., and now licensed to Global Solutions for Infectious Diseases). It was administered to participants at two different times: the three-month and six-month marks in the study.
- HIV testing took place every six months for three years. Participants also received HIV prevention counseling at each clinic visit.

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Summary of Research findings

የወባ በሽታ፣ የወባ ትንኝ ና ህክምናውን አስመልክቶ በመከላከልና ኢትዮጵያ በተለይም በገጠሩ ከፍታማ (ደጋማ) አካባቢዎች ያለው የህብረተሰብ ክፍል ግንዛቤ ምን ይመስላል?

መግቢቱ ለገሰ እና ዋቅጅራ ደረሳ

በዚህ ዙሪያ የተደረጉ ጥናቶችን ምን ይላሉ?

መግቢያ

የከፍ ማ ሰ ዎች የወባ ወረርሽኝን ንደ ኢትዮጵያ፣ ኬንያ፣ ኡጋንዳና ግዛሪያ ባሉ የምስራቅ አፍሪቃ ሀገራት በተለይም .ኢ.አ ከ1980ዎቹ መጨረሻ ጀምሮ ከፍተኛ የጤና ችግር ሆኗል።

አብዛኛውን ጊዜ በአየር ንብረት ለውጥ የተነሳና በሌሎችም ከመሬት አጠቃቀም ለውጥ ጋር ተያይዘው በሚጠቀሱ ምክንያቶች፣ መድኃኒቱ ከበሽ ወ. ጋር መላመዱ፣ በበሽ ወ. ያልተያዙ ሰዎች ወደ ወባማ አካባቢዎች መሰደድና የተሟላ የጤና አገልግሎት ያለመኖር ለችግሩ መባባስ ተጠቃሽ ምክንያቶች ሆነው በጥናቱ መግቢያ ቀርበዋል።

በኢትዮጵያ የወባ በሽ በአብዛኛው በዝቅተኛ ሰ ዎች የሚኖሩ የህብረተሰብ ክፍሎች የጤና ችግር ተ ደርጎ ሲወሰድ ቆይቷል። ከቅርብ ጊዜ ወዲህ ግን የመልከዓ ምድር አቀማመጥ ሳይወስነው በመካከለኛውና በአንዳንድ ከፍ ማ ሰ ዎችም ዋና የጤና ችግር ንደሆነ ጥናቱ ይገልጻል።

ከዚህም ባሻገር በከፍ ማ ሰ ዎች የሚኖሩ በበሽ ወ. ያልተያዙ ሰዎች የወባ ወረርሽኝ በሚከሰትባቸው ሰ ዎች በተለያዩ ጉዳዮች ማለትም በሰፊ፣ ለም መሬት ፍለጋ ፣ በስራ ፍለጋና በሌሎች

ምክንያቶች ወደ ዝቅተኛ ሰ ዎች የሚያደርጉት ተደጋጋሚ ንቅስቃሴ ለሽ ወ. መዛመት ምክንያት ሆኖ በጥናቱ ቀርቧል።

በጥናቱ ንደተገለፀው በርካ የጥናት ዉጤቶች ህብረተሰቡ በወባ ዙሪ ያ ያለው ግንዛቤ አነስተኛ በመሆኑ ለበሽ ወ. መስፋፋት የራሱን ጫና ማሳደሩን ያመለክ ሉ።

የወባ ወረርሽኝ በከፍ ማ ስፍራ ዎች መስፋፋቱ ንዳለ ሆኖ የዚህ ጥናት ትኩረት ግን የወባ ስርጭትና መከላከልን አስመልክቶ መሰረ ዊ ግንዛቤ ላይ ምንም አይነት መረጃ በሌላቸው የሀገሪቱ ከፍ ማ አካባቢዎች በምዕራብና ሰሜን ሸዋ ንዲሁም በመካከለኛው ኢትዮጵያ ነዎሪዎች ዙሪያ ንደሚያጠነጥን ተ ብራርቷል።

በመሆኑም በጥናቱ ህብረተሰቡ ስለወባና የወባ ትንኝ ፣ የበሽ ውን መንስኤና የስርጭት መንገዱን ንዲሁም የመከላከያና የህክምና ዘዴውን አስመልክቶ ህብረተሰቡ ያለውን ግንዛቤ ይቃኛል።

የጥናቱ ዘዴዎች

የጥናቱ ሰ ዎችና የህብረተሰቡ ሁኔ

ይህ ማህበረሰብ ተኮር ጥናት የተካሄደው .ኢ.አ. ከመስከረም 2005 - የካቲት 2006 ዓ.ም ሲሆን አላማውም በምዕራብና ሰሜን ሸዋ ዞኖች ንዲሁም በኦሮሚያ ክልላዊ መንግስት በሚገኙ በተመረጡ አምስት ወረዳዎች ና ዘጠኝ የገበሬ ማህበራት ፣ ህብረተሰቡ ስለወባ የወባ ትንኝ ፣ የበሽ ውን መንስኤና

የስርጭት መንገዱን ንዲሁም የመከላከልና የህክምና ዘዴውን ለመዳሰስ ነው።

በጥናቱ የተካተቱት ከአዲስ አበባ ከ30-110 ኪ.ሜ ርቀት ላይ የሚገኙት የሆለ ፣ ጊንጭ፣ ሱሉል ፣ ሙከጡሪና ሸኖ ወረዳ ነዋሪዎች ናቸው።

ከገበሬ ማህበራት ደግሞ ላላ ጎጆ፣ ዎርካ ወረቦ ፣ በሽኪልቱ ፣ ጋለሳ ኮ ገሽሪ፣ ጎራክ ባ ፣ ጎራ ዎርቶ ፣ ወሰርቢ ፣ አዳዲመቶ ና የሞጎራ ጋራ ዎርቶ አካባቢ ነዋሪዎች ናቸው።

ለጥናቱ የተመረጡ አካባቢዎች ከባህር ጠለል በላይ በ2,236 ና 3,022 ሜትር መካከል ባለው ከፍ ላይ የሚገኙ ሲሆን ከአካባቢው የወረዳ ጤና ጽ/ቤቶች በተገኘው መረጃ መሰረት .ኢ.አ በ1998 ዓ.ም አንዳንድ አካባቢዎች የወባ ወ ረርሽኝ ተከስቶ ነበር።

የተመረጡት የገበሬ ማህበራት ከዚህ በፊት የወባ ወረርሽኝ ያልተከሰተ ባቸው ወይም በቅርቡ የተከሰተባቸው፣ ለወባማ አካባቢዎች ቅርብ የሆኑና ነዋሪ ዎቹ በተለያዩ ምክንያቶች የወባ ወ ረርሽኝ የሚከሰትባቸው ስፍራዎች በተ ደጋጋሚ የሚሄዱ ናቸው።

የጥናቱ ግብአቶች መጠን ግምት

ከዚህ ቀደም በህብረተሰቡ ግንዛቤ ዙሪያ የተሰራ የጥናት ዉጤት ባለመኖሩ ኢ.አ.አይ/ ኤን.ኤፍ.ኦ EOI/ NFO 2002 ንደ ግምት መነሻ ተወስዷል።



Summary of Research ...cont'd

የጥናቱ ግብአቶች መረጣና መረጃ አሰባሰብ

የአካባቢዉ የጤና ጽ/ቤት ተወካዮች በወረዳዉ ውስጥ በከፍ ማ ሰ ዎች ያሉና የተቀመጠዉን መስፈርት የሚያሟሉትን የገበሬ ማህበራት ለይተዉ ንዲያቀርቡ ተደረገ። ከዚያም 2 ወይም 3 የገበሬ ማህበራትን ንደ ሎተሪ በማዉጣት ከ ነኛ ውስጥ ለአጥኝዉ ምቹ ተብለዉ የተወሰዱ አካባቢዎች ተመረጡ።

ከዚያም ጥቂት መንደሮች ከመካከላቸዉ ተለዩና በዉስጣቸዉ ያሉ ቤቶች ተዘረዘሩ።

በተመረጡት የገበሬ ማህበራት ባሉት የመኖሪያ ቤቶች መሰረት ለጥናቱ በተመረጠዉ ቁጥር ልክ በተመጣጣኝ ሁኔ ንዲሰራጭ ተደረገ።

በቃለ መጠይቁ የተካተቱትም የቤቱ ማዎራ ወይም አባዎራ ናቸዉ።

ስለወባ፣ የወባ ትንኝ ፣ የበሽ ውን መንስኤና የስርጭት መንገዱ ንዲሁም የመከላከያና የህክምና ዘዴዉን አስመልክቶ የተዘጋጁት ጥያቄዎች የጥናቱን አላማ በማስቀደም በኦሮሚኛ ቋንቋ በማብራራት መቅረባቸዉ ተጠቅሷል።

የተገኙ ዉጤቶች

በጥናቱ ከተካተቱት 770 የህብረተሰብ ክፍሎች መካከል 436 ያህሉ ወንዶች ሲሆኑ ከ20-100 የ ድሜ ክልል

ዉስጥ ይገኛሉ። የሴቶች ቁጥር 334 ሲሆን ከ18-80 የ ድሜ ክልል ዉስጥ ያሉ ናቸዉ። ከነዋሪዎቹ መካከል 91.2 በመቶ ያህሉ የኦሮሞ ብሔረሰቦች ሲሆኑ ከ ነዚህም ውስጥ 94.8 በመቶ ያህሉ የኦርቶዶክስ ምነት ተከ ዮች ናቸዉ። ንዲሁም 69.2 በመቶ ያህሉ ያልተማሩ ናቸዉ።

ከተጠኝዎቹ መካከል 751 (97.5 በመቶ) ያህሉ ስለ ወባ ሰምተዉ ንደሚያዉቁ የገለጹ ሲሆን ከዚህም ውስጥ የወንዶች ቁጥር ከሴቶች ይበልጣል። ከ50 በመቶ በላይ ያህሉ ደግሞ ራሳቸዉ ወይም የቤተሰባቸዉ አባላት በወባ ተይዘዉ ንደሚያዉቁ ተናግረዋል።

ጥቂቶቹ የጥቁር ፍየል ደም መጣት ወይም ሥጋዉን መብላት ለበሽ ዉ ፍቱን መድሃኒት ነዉ ይላሉ።

7 ዓመት የቆየ ኩብት መ ጠን ለበሽ ዉ ፈዉስ ነዉ ያሉም ንዳሉ በጥናቱ ተጠቁሟል።

ስለወባ ሰምተን ናዉቃለን ካሉት መካከል 90 በመቶ ያህሉ የወባ በሽ ከሰዉ ወደ ሰዉ ንደሚተላለፍ ያምናሉ። ከወንድ ምላሽ ሰጭዎች አንፃር ሴቶቹ ስለወባ ያላቸዉ መረጃ አነስተኛ ነዉ። በጥናቱ ድሜና የትምህርት ደረጃ ከህብረተሰቡ ግንዛቤ ጋር የሚተሳሰር ሆኖ አልተገኘም።

አንዳንዶቹ በንክኪ፣ ልብስ በመጋራት፣ በምራቅ፣ በትዉከትና በላብ በሽ ዉ

ንደሚተላለፍ ይናገራሉ። አብዛኞቹ (81 በመቶ) ያህሉ ወባ የፆ ልዩነት ሳያደርግ ወንዶቹንም ሆነ ሴቶችን ሊያጠቃ ንደሚችል ያምናሉ። ከተጠኝዎቹ መካከል 17.6 በመቶ ያህሉ ብቻ በሽ ዉ በወባ ትንኝ አማካይነት ንደሚተላለፍ የተናገሩ ሲሆን ቀሪዎቹ ቆሻሻ ዉሃ መጠጣት ፣ ያልበሰለ በቆሎ መብላት፣ ከቤት ዉጭ መመገብ ንዲሁም ርሃብና የዉሃ ጥምን ለበሽ ዉ መንስኤ አድርገዉ ማቅረባቸዉ በጥናቱ ተብራቷል። ጥቂቶቹም በህልም ከድመትና ከዉሻ ጋር መተኛት ለበሽ ዉ መንስኤ ንደሆነ ያምናሉ።

የወባ በሽ ምልክቶችን አስመልክቶ ከግማሽ በላይ ያህል ተጠያቂዎች በሰጡት ምላሽ ማንቀጥቀጥን ንደ አብይ ምልክት የጠቀሱ ሲሆን ቀሪዎቹ የራስ ም ት፣ የሰዉነት መቀዝቀዝ፣ የሆድ ቁርጠትና የጀርባ ህመም ንዲሁም የምግብ ፍላጎት ማጣትን ንደ ምልክት ጠቅሰዋል።

የወባ በሽ ህክምናን አስመልክቶ ለቀ ረበዉ ጥያቄ 81.6 በመቶ ያህሉ የወባ መከላከያ መድሃኒት መዉሰድ ተገቢ ንደሆነ ሲመልሱ 28 በመቶዉ ደግሞ ነጭ ሽንኩርት መብላትን ንደ መፍትሄ አስቀምጠዋል። ጥቂቶቹ ደግሞ የጥቁር ፍየል ደም መጠጣት ወይም ሥጋዉን መብላት ለበሽ ዉ ፍቱን መድሃኒት ነዉ ይላሉ።

ወደ ገጽ 7 ዞሯል

Thematic con...cont'd (From page 3)

THEMATIC CONCERNS

The researchers noted that they didn't see evidence that participants had increased their HIV risk behavior during the study. In the final analysis of the trial, 74 of the 8,198 volunteers who received the placebo became infected with HIV, compared with 51 of the 8,197 volunteers who received the prime-boost vaccine regimen, meaning volunteers who received the vaccine were 31.2 percent less likely to become HIV positive after three years of follow-up.

The findings met (albeit barely) the scientific definition of "statistical significance," which means that the results of the study are most likely *not* due to chance. However, some scientists are muttering that the results are underwhelming for the astonishing amount of publicity that is being generated by this news

Much analysis on the findings still needs to be done. For instance, it is not known *which* of the two vaccines in the regimen offered the greater level of protection, or how important it was that *two* vaccines were given instead of just one.

For those who were infected with HIV during the trial, the researchers did not see any sign that the prime-boost vaccine affected their viral load. The majority of the HIV-positive participants will be followed in another trial; all received HIV treatment and care as a part of the study.

It is worth noting that the vac-

cine was *not* designed to protect against every strain of HIV. The vaccine was created to test against two HIV subtypes: B, which is the most common strain in the U.S. and Europe, and E, which is the most common strain in Asia. However, about 85 to 90 percent of the population in this trial has HIV subtype E, and the majority of the HIV infections in the trial also occurred in people with this subtype. Therefore, it's still unknown whether this vaccine has the same effectiveness against subtype B as against subtype E, or whether it works the same in other areas of the world and against other strains of HIV.

However, the news that this vaccine had *any* benefit at all is extremely welcome. After so many HIV/AIDS vaccine trial failures, it has powerful implications for our long journey to create a viable vaccine.

The U.S. Army Surgeon General, the official sponsor of the trial, announced on Sept. 24 that a six-month regimen consisting of a "prime-boost" combination of two vaccines was found to be safe and lowered the risk of getting HIV by 31.2 percent compared to placebo.

But is this story truly as game-changing as most news headlines initially made it seem?

Reactions to the Results
As the news made its way through mainstream news outlets, many HIV/AIDS activists were less than impressed. One of the first groups to voice caution was Gay Men's Health Crisis, one of the biggest HIV/AIDS

organizations in the U.S. "While these results give us great hope, a fully effective HIV vaccine is still a ways off," warned Marjorie J. Hill, the group's CEO. "In the meantime, we know that using condoms and not sharing needles are two of the most effective HIV prevention technologies. With 7,500 people newly infected each day around the world, comprehensive sex education and access to proven prevention tools can prevent thousands of HIV infections right now."

Another organization, Treatment Action Group (TAG), one of the oldest and most respected HIV/AIDS treatment activist organizations in the U.S. offered even stronger reservations "Based on the limited amount of information that has been released, it appears that the statistical significance [of the results] hangs on very few cases of HIV infection," it said in a statement. "TAG urges caution in interpreting the findings until more detailed information is available."

Other organizations and members of the scientific community responded to the study results enthusiastically, although none suggested that the modestly optimistic results from this study mean that a fully effective HIV vaccine is right around the corner.

(To
page
9)



Summary of Research ...cont'd

7 ዓመት የቆየ ኩብት መጠን ለበሽ ወፊ ፈጠራ ነው ያሉም ንዳሉ በጥናቱ ተጠቅሟል።

በአጠቃላይ 63.5 በመቶ ያህሉ ዘመናዊ የህክምና ዘዴ አዋጭ መሆኑን ሲናገሩ 34.1 በመቶ ያህሉ ግን ባህላዊ መንገድ የተሻለ ነው ብለው ንዲያምኑ በጥናቱ ተመልክቷል። አብዛኞቹ ነዋሪዎች የበሽ ወፊ መከላከያ ዘዴዎች ላይ ግንዛቤ የላቸውም። አጎበር የሚ ወቀው በ1.7 በመቶ ያህል ተጠያቂዎች ብቻ ነው። ፀረ ወባ መድሃኒቱ በ9.6 በመቶ ያህሉ ይ ወቃል።

ወባ የሚከሰትበትን ወራት አስመልክቶ ለቀረበው ጥያቄ ከመስከረም ስከ ህዳር ያሉት ወራት በ51 በመቶ ያህል ተጠያቂዎች ተመርጧል። ይህን ወቅት የመረጡበትን ጊዜም ሲያብራሩ፣ ቅዝቃዜ፣ ሙቀት፣ ያበቦቹ ሽ ፣ የቆመ ወሃና ሌሎችንም ምክንያቶች ጠቅሰዋል።

ከተጠኝዎቹ መካከል 73.6 በመቶ ያህሉ የወባ ትንኝን ለይተው ንዲ ሚያወቁት ሲገልጹ ከ ነጂህም መካከል የወንዶቹ ቁጥር ከሴቶቹ ይልቅ ከፍ ያለ ነው። በ0.05 በመቶ ብልጫ አለው።

የወባ ትንኝ የመራቢያ ስፍራን አስመልክቶ ለተነሳው ጥያቄ 31.3 በመቶዉ የቆመ ወሃ ሲሉ ቆሻሻ ቦ ዎች፣ ወሃ፣ ጫካ ፣ የድንጋይ ስር፣ ደረቅ ስፍራዎች፣ ወይም ጭቃማ ቦ ዎች በቀሪዎቹ ተጠቅሰዋል። ስለወባ ትንኝ ከሰሙት 451 ግለሰቦች መካከል 81.6 በመቶ ያህሉ ትንኝ ወባን ንዲም ስተላልፍ ጠቅሰዋል።

ከ ነዚህ ውስጥም 42.6 በመቶዉ በሌሊት ብቻ ስትነክስ ስተላልፋለች ብለው የሚያምኑ ሲሆን 16.2 በመቶ ያህሉ በቀን፣ ንዲሁም 30 በመቶዉ በማንኛውም ሰዓት ል ስተላልፍ ንዲምትችል ገልፀዋል።

የወባ በሽ መንስኤና የመተላለፊያ መንገዱን ንዲሁም የመከላከልና የህክምና ዘዴዉን አስመልክቶ ህብረተ ሰቡ ያለው ግንዛቤ ከቦ ቦ የተለያየ ነው።

የሽኖ፣ሙከጡሪና ሱሉል አካባቢ ነዋሪዎች የወባ በሽ መንስኤን አስመልክቶ

የሽኖ፣ሙከጡሪና ሱሉል አካባቢ ነዋሪዎች የወባ በሽ መንስኤን አስመልክቶ ከጊንጭና ሆለ ነዋሪዎች የተሻለ ግንዛቤ አላቸው።

በአንፃሩ የጊንጭ አካባቢ ነዋሪዎች የተለመዱ የበሽ ወፊ ምልክቶችን በማወቅ ረገድ ይበልጣሉ።

ከጊንጭና ሆለ ነዋሪዎች የተሻለ ግንዛቤ አላቸው። በአንፃሩ የጊንጭ አካባቢ ነዋሪዎች የተለመዱ የበሽ ወፊ ምልክቶችን በማወቅ ረገድ ይበልጣሉ።

ህክምናዉን በተመለከተ ደግሞ የጊንጭና የሆለ አካባቢ ነዋሪዎች ዘመናዊ የህክምና ዘዴን ቅድሚያ በመስጠትና ስለ ወባ ትንኝ በማወቅ በኩል ከሌሎች አካባቢዎች ይልቅ የተሻለ ግንዛቤ ላይ ናቸው።

ሆኖም የወባ በሽ በወባ ትንኝ ንክሻ ንዲሚተላልፍ የመረዳቱ ሁኔ በተመሳሳይ ደረጃ ላይ ይገኛሉ።

በዚህ ጥናት በመካከለኛው ከፍ ማ የኢትዮጵያ ቦ ዎች ወይንም ሸዋ አውራጃ ተብለው ይጠሩ በነበሩ አካባቢዎች ስለወባ በሽ መንስኤ የመተላለፊያ መንገዱ ምልክቶችና የህክምና ዘዴዎች ንዲሁም የመከላከያ መንገዱ ላይ የህብረተሰቡ ግንዛቤ ምን ይመስላል የሚለው ተዳሷል።

ዉጤቱም ንዲሚያመለክተው የወባ በሽ በሁሉም የ ድሜ ክልል በሚገኙ ሰዎች ላይ ሊከሰት ንዲሚችል የአካባቢዉ ነዋሪዎች ግንዛቤ አላቸው።

አብዛኞቹ በጥናቱ የተካተቱት የህብረተሰብ ክፍሎች ንዲጠቀሱት፤ በተለመዱ የወባ ምልክቶች ላይ ና በዘመናዊ ፀረ-ወባ መድሃኒት ጥቅም ዙሪያ ያላቸው አመለካከት በተደጋጋሚ የወባ ወረርሽኝ ከሚከሰትባቸው አካባቢ ነዋሪዎች ብዙም የራቀ ዉቀት ደረጃ ላይ አይደሉም።

በሌላ በኩል ጥናቱ በተካሄደበት አካባቢ ያሉ ነዋሪዎች ስለበሽ ወፊ መንስኤ፣ የመተላለፊያ መንገዱና የመከላከያ ዘዴዉ ያላቸው ዉቀት ጥቂት ነው። ወይም የላቸውም።

ከተጠያቂዎች ብዛት አንፃር በጣም ትንሽ የሚባሉት ብቻ ወባ ከሰው ወደ ሰው በወባ ትንኝ ንክሻ አማካይነት ንዲሚተላልፍ ገልፀዋል።

በተጨማሪም ከዚህ ቀደም በወባማ አካባቢዎች በተደረጉ በርካ ጥናቶች ስለ በሽ ወፊ ስርጭት የህብረተሰቡ ግንዛቤ አነስተኛ ንዲሆነ በጥናቱ ተጠቅሟል።

ወደ ገጽ 9 ሆሯል

BENEFIT MORE**Use Caution with Herbal Supplements**

Last year's headlines about interactions between the herb St. John's Wort (used to treat depression) and certain prescription drugs (including protease inhibitors) caught many people by surprise. Even a product that comes from plants or is "all natural" can interact with medications or cause changes in the body. The reason for the interaction with St. John's Wort is that this herb speeds up an enzyme in the liver that also processes certain kinds of drugs, including protease inhibitors. If the enzyme works faster, then the drugs are cleared from the body too quickly -- a dangerous situation for people with HIV because the virus may be less suppressed. In contrast, research with human liver cells shows an herb called milk thistle may slow down this liver enzyme. This work was published in the journal *Drug Metabolism and Disposition* (28:11, p. 1270, 2000). Although research is needed to confirm this effect in humans, the slow-down of this enzyme system possibly could cause drugs to be processed more slowly, resulting in a build-up of drugs in the body and leading to more side effects or toxicity.

Don't Flip Over Blips

In a recent paper published in *The Journal of the American Medical Association* (286:2, p. 171, 2001), researchers analyzed the frequency of temporary, low-level increases in viral load ("blips") and whether such episodes could predict failure of anti-HIV drugs. The researchers looked back at 2 studies, ACTG 343 and Merck 035, and used patient blood samples to measure viral load. They found that blips over 50 copies were frequent, but did not predict failure of the drugs -- in this case AZT, 3TC, and indinavir (Crixivan) -- over 4.5 years. A more important measure of drug durability seems to be how low the virus is suppressed when the drugs are first begun. Achieving a viral load less than 50 usually predicts long-term effectiveness of anti-HIV drugs. The researchers note that intensifying treatment (increasing dose or adding a drug) or changing treatment may not be necessary for patients experiencing blips. However, blips were not defined as an exact viral load (like under 500) or period of time (like 2 months). Also, the study did not look at issues like medication adherence, which can affect the success of drug combinations.

Sexual Problems and HIV Drug

Two recent reports suggest that HIV-positive individuals experiencing symptoms of lip dystrophy (a broad term describing changes in body fat occurring because of HIV infection, anti-HIV drugs, or both) may also experience sexual problems. At the recent *1st International AIDS Society Conference on HIV Pathogenesis and Treatment* in Argentina, researchers from London reported that 63% of HIV-infected patients with fat changes complained of sexual difficulties. Men reported problems that included erectile dysfunction, orgasm problems, and loss of sex drive. In women, loss of sex drive, painful intercourse, and orgasm problems were reported. One observation was that few males had low levels of testosterone (male sex hormone), but several men showed increased levels of estrogen (female sex hormone). The researchers plan to study sexual problems in a larger group of patients, on and off anti-HIV therapy. The second report, published in the journal *AIDS* (15:8, p. 1019, 2001), found that a high number of patients on highly active antiretroviral therapy (HAART) complained of sexual problems, including a loss of sex drive or erectile dysfunction. A decrease in sexual interest was reported more frequently by individuals (men and women) whose anti-HIV drugs included protease inhibitors. For example, 34% of men taking protease inhibitors reported sexual problems compared to 12% of men who never took protease inhibitors.

The researchers believe that the relationship between sexual dysfunction and side effects of anti-HIV drugs (like lip dystrophy and neuropathy) should be studied further.

Source HIV Treatment ALERTS! July 2001

Summary of Research...cont'd (from page 7)

Thematic con...cont'd (from page 6)

የወባ በሽ ከሰው ወደ ሰው ንደሚተላለፍ ከሚያወቁት ግለሰቦች መካከል ቀላል የማይባል ቁጥር ያላቸው ሰዎች የሚያምኑት ከትንሹ ንክሻ ይልቅ ሌሎች በርካ መንገዶች ንዳሉ ነው።

በሚያስደንቅ ሁኔ ከግማሽ በላይ የሚሆኑት በጥናቱ የ ቀፋት ነዋሪዎች ምንም ንኢን ለምን በ ነኝህ ወራት ንዲህ ንደሚሆን ባያውቁም በወባማ ቦ ዎች በከፍተኛ ደረጃ ወባ የሚዛመቱበትን ጊዜ ጠንቅቀው ያወቃሉ።

ዉጤ ማ ህክምና ከተገቢ የፀረ ወባ መድኃኒት አቅርቦት ጋር ማመቻቸት በወባ ምክንያት የሚከሰተ ዉን ሞትና ስቃይ ለመቀነስ አይነተኛ ስልት መሆኑ አያከራክርም።

በዚህ ጥናት ከተለያዩ አካባቢ ነዋሪዎች ተነፃፃሪ ሃሳቦች ተንፀባርቀዋል።

የጊንጭና ሆለ አካባቢ ነዋሪዎች የወባ በሽ ምልክትን በማወቅ ረገድ የተሻለ ግንዛቤ አላቸው። በሌላ በኩል የሱሉል ፣ መከፈፈና ሽኖ አካባቢ ነዋሪዎች ባህላዊ የህክምና መንገዶችን ከሚመርጡት ይፈረጃሉ። 34 በመቶ ያህሉ ንዳዉም ከዘመናዊ ህክምና ይልቅ በባህላዊ መንገድ መጠቀም የተሻለ መሆኑን ያምናሉ። ይህ አስተሳሰብ በአካባቢዉ ነዋሪዎች ላይ የራሱ የሆነ ጫና ማሳደሩ በጥናቱ ተሰምሮበ ል።

ማጠቃለያ

ጥናቱ የተካሄደባቸው አካባቢ ነዋሪዎች ወደ ወባማ አካባቢዎች በተደጋጋሚ ተጉዘዋል። ይሁንና ስለወባ በሽ የመተላለፊያ መንገዶች በቂ መረጃ የላቸዉም። የጤና ተቋማትን ጠቀሜ በከፍተኛ ሁኔ ቢረዱትም ዉጤ ማ የሆነዉ የወባ የህክምና ዘዴና የመከላከያ መንገዱ ላይ የለበትም።

በመሆኑም የጤና ትምህርት ፕሮግራሞች በኢትዮጵያ ክፍ ማ ቦ ዎች ስለወባ በሽ መከላከያና መቆጣጠሪያ ዘዴዎች በስፋት ትምህርት መስጠት ንዳለባቸዉ በማስ ወስ ጥናቱ ተጠቃሏል።

The AIDS Vaccine Advocacy Coalition (AVAC), which was not associated with the study, was particularly effusive, issuing its own press release.

Today marks an historic milestone in the search for an AIDS vaccine; we now have evidence that it is possible to reduce the risk of HIV infection with a vaccine," said AVAC Executive Director, Mitchell Warren. "It will take time and resources to fully analyze, understand and validate the data, but there is little doubt that this finding will energize and redirect the AIDS vaccine field as all of us begin the hard work to translate this landmark result into true public health benefit."

The 20th Annual Conference... Cont'd (From page 1)

area of child health and nutrition, reproductive health, Tuberculosis, HIV/AIDS, Road Traffic Accidents, Malaria and other chronic diseases and emerging PH problems.

EPHA also awarded professionals and institutions for their best contribution in Public Health as part of the 20th Annual conference. Several pre-conference events were also accomplished. A colorful mass rally was held from Emperor Minilek square up to Ethiopian National Theater .A Public Health Leadership training for EPHA chapters focal persons was also held in Gehion Hotel for two days from Oct 23-24,2009.

All the research candidates selected by the Award Committee were awarded at the conference. For the Institutional Award the Ethiopian Red Cross Society (ERCS) is a winner.

The conference was held at the time when the association was in the process of finalizing its 3rd five year strategic plan for the period of 2010-2014.

In the conference the former EPHA president Dr Mengistu Asnake was Replaced By Dr Tewabech Bishaw. New executive board members Dr.Kunuze Abdela,S/r Tekebash Araya,S/r workneshe Kerata and Dr.Assefa Sime were elected replacing board members who completed their term.

SOCIAL ASPECT OF HEALTH

You hear about tobacco control and the WHO FCTC, but what are they?

Tobacco control refers to a range of comprehensive measures to protect people from the effects of tobacco consumption and second-hand tobacco smoke. Tobacco consumption is currently the single leading preventable cause of death, which results in the premature death of nearly five million people a year. If current smoking patterns continue, the number of deaths will double to 10 million a year by 2020. Key aspects of tobacco control include measures that :protect children and youth from tobacco, especially by preventing them to take up tobacco consumption; support tobacco users to quit; help protect non-smokers from exposure to second-hand tobacco smoke; and regulate tobacco products.

The WHO Framework Convention on Tobacco Control (WHO FCTC) is an international treaty which was adopted in May 2003 by the 56th World Health Assembly. It is the first legal instrument designed to reduce tobacco-related deaths and disease around the world. The Convention has provisions that set international standards and guidelines for tobacco control in the following areas: tobacco price and tax increases, sales to and by minors, tobacco advertising and sponsorship, labeling, illicit trade and second-hand smoke.

10 facts on the tobacco epidemic and its control

Tobacco kills up to half of those who use it. Yet tobacco use is common throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use.

Most of tobacco's damage to health does not become evident until years or even decades after the onset of use. So, while tobacco use is rising globally, the epidemic of tobacco-related disease and death has yet to reach its peak.

Fact 1

The tobacco epidemic kills 5.4 million people a year from lung cancer, heart disease and other illnesses. Unchecked that number will increase to more than eight million a year by 2030. Tobacco use is a risk factor for six of the eight leading causes of deaths in the world.

Fact 2

Tragically, the epidemic is shifting towards the developing world, where 80% of tobacco-related deaths will occur within a few decades. The shift is caused by a global tobacco industry marketing strategy that targets young people and adults in developing countries. In addition, because most women currently do not use tobacco, the tobacco industry aggressively reaches out to them to tap into this potential new market.

Fact 3

The tobacco epidemic is man-

made and entirely preventable. Yet, only 5% of the world's population lives in a country that fully protects its population with any one of the key policy interventions that have significantly reduced tobacco use in the countries that have implemented them.

Fact 4:

The six most effective policies that can curb the tobacco epidemic are outlined in WHO's MPOWER strategy:

Monitoring tobacco use and prevention

Protecting people from tobacco smoke

Offering help to quit tobacco use

Warning people about the dangers of tobacco

Enforcing bans on tobacco advertising, promotion and sponsorship

Raising taxes on tobacco

Fact 5

MPOWER policy 1: monitoring tobacco use and prevention

Assessment of tobacco use and its impact must be strengthened. Currently, half of the countries in the world – two out of three in the developing world – do not have even minimal data about youth and adult tobacco use.

Fact 6:

MPOWER policy 2: protecting people from tobacco smoke

More than half of countries worldwide, accounting for nearly two thirds of the population of the world, allow smoking in (To page 11)

EMERGING CONCERN

Traumatic Brain Injury

A traumatic brain injury (TBI) is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Concussions, also called "closed head injuries", are a type of TBI. Not all blows or jolts to the

head result in a TBI.

The severity of such an injury may range from "mild", i.e., a brief change in mental status or consciousness to "severe", i.e., an extended period of unconsciousness or amnesia after the injury. TBI can cause a wide range of functional changes affecting thinking, sensation, movement, language, and/or emotions. Some symptoms may appear immediately after the injury and other symptoms may not appear for days or weeks.

Because of the nature of the injury and the symptoms, sometimes people may not recognize or admit that they have a problem. In post-concussion/mild TBI patients, recovery time is within weeks/months, but a small percentage has persistent symptoms. Patients with moderate to severe TBI may never fully recover their pre-injury function.

The rate of combat-related brain injuries in service members returning from the current conflicts in Iraq and Afghanistan appears to be higher than in previous conflicts. Nearly 30% of all patients with combat-related injuries seen at Walter Reed Army Medical Center from 2003 to 2005 sustained a TBI.

Blast injuries are a significant cause of TBIs. TBI is often associated with severe multiple trauma, post traumatic stress disorder (PTSD) or undiagnosed concussions. Screening patients who are at risk for a TBI is important in order to ensure that TBIs are identified and appropriately treated.

Source: www.org.int

Social Aspects...cont'd

government offices, work spaces and other indoor settings. Smoke-free policies in the workplaces of several industrialized nations have reduced total tobacco consumption among employees by an average of 29%.

Fact 7: MPOWER policy 3: offering help to quit tobacco use Among smokers who are aware of the dangers of tobacco, three out of four want to quit. Comprehensive services to treat tobacco dependence are available to only 5% of the world's population. It is difficult for tobacco users to quit on their own and most people benefit from help and support to overcome their dependence. Countries' health-care systems hold the primary responsibility for treating tobacco dependence.

Fact 8: MPOWER policy 4: warning about the dangers of tobacco Graphic warnings on tobacco product packaging deter tobacco use, yet only 15 countries, representing 6% of the world's population, mandate pictorial warnings that cover at least 30% of the principal surface area.

More than 40% of the world's populations live in countries that do not prevent the use of misleading and deceptive packaging terms such as "light" and "low-tar" - none of which actually signify any reduction in health risk.

Fact 9: MPOWER policy 5: enforcing bans on tobacco advertising, promotion and sponsorship

About half of the children of the world live in countries that do not ban free distribution of tobacco products. National-level studies before and after advertising bans found a decline in tobacco consumption of up to 16% following prohibitions.

Fact 10: MPOWER policy 6: raising taxes on tobacco products

Increasing tobacco taxes by 10% generally decreases tobacco consumption by 4% in high-income countries and by about 8% in low- and middle-income countries. A 70% increase in the price of tobacco would prevent up to a quarter of all tobacco-related deaths among today's smokers.

Source: <http://www.tobaccofacts.net>

News Letter Of The Ethiopian Public Health Association



Editor's message

Humors

Dear Readers,

In the last several editions, EPHA through its "Felege Tena" newsletter has striven to contribute in a most effective ways to the Public Health issues in the nation's changing health situation. To help achieve its principal aim, which is to promote evidence based policy making and practice in the public health sector, the newsletter has been trying to articulate research outputs and news in the sector. As it is the most effective means of informing the sector actors, the newsletter will continue to make its contents more readable, more reliable and that cover host of current issues. To this effect, in its upcoming editions the newsletter will try to include among other agendas: organizational updates, research findings and best practices, humors, thematic concerns, Social Aspects information on upcoming events as well as editor's messages.

Therefore, hoping that you will enjoy reading the Newsletter, we also welcome your feedback. Your views on topics of mutual concern are important to enrich the debate and practices in the public health issues. Please send your views and comments to:

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Operating on Engineers

Five surgeons were taking a coffee break and were discussing their work.

The first said, "I think accountants are the easiest to operate on. You open them up and everything inside is numbered."

The second said, "I think librarians are the easiest to operate on. You open them up and everything inside is in alphabetical order."

The third said, "I like to operate on electricians. You open them up and everything inside is color-coded."

The fourth one said, "I like to operate on lawyers. They're heartless spineless, gutless, and their heads and their tails are interchangeable."

The fifth surgeon says "I like engineers. They always understand when you have a few parts left over at the end."

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