

Proceedings of the Workshop on a Review of the
Identification of HIV/AIDS/ Sexually Transmitted Infections
and Tuberculosis Research Gaps and Priority Setting
Agenda in Ethiopia

Held from April 28-30, 2004, at Adama Ras Hotel, Nazareth

Organized by:

The Ethiopian Public Health Association (EPHA) in collaboration with
the US Centers for Disease Control and Prevention (CDC)

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Acknowledgement

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Table of contents

Page

Acknowledgement -----	1
Acronyms -----	3
Introduction -----	4
Executive Summary -----	5
Introductory remark -----	9
Opening remark -----	10
Presentations of the consultant group -----	12
Discussion -----	32
Group work presentations -----	38
Discussions on group presentations -----	49
Closing remark -----	53
Annex 1: Summary of programs -----	54
Annex 2: List of Participants -----	56

Acronyms

AAU	Addis Ababa University
AIDS	Acquired Immune Deficiency Syndrome
AHRI	Armour Hansen Research Institute
ART	Anti-Retroviral Therapy
BCC	Behavioural Change Communication
CDC	Communicable Disease Control
DOT	Directly Observed Therapy
EHNRI	Ethiopian Health and Nutrition Institute
EPHA	Ethiopian Public Health association
FGD	Focus Group Discussion
IDR	Institute of Development Research
IEC	Information Education and Communication
KAP	Knowledge Attitude and Practice
MF	Medical Faculty
MOH	Ministry of Health
NGO	Non-Governmental Organization
OSSA	Organization for Social Services on AIDS
PLWHA	People Living With HIV/AIDS
STIs	Sexually Transmitted Infections
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
TOR	Terms of Reference
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Introduction

The workshop to review the study on the identification of HIV/AIDS/STIs and TB research gaps and priority setting agenda in Ethiopia was conducted from 28 to 30 April at Adma Ras Hotel in Nazareth.

The workshop was attended by representatives from MOH, ESTC, universities, research institutions, EPHA Regional Chapters, other governmental and non-governmental institutions. The workshop was officially opened by Dr. Getnet Mitike, the Secretary General of Ethiopian Public Health Association.

The major aim of the workshop was to review the document prepared by national consultants for the study on the identification of HIV/AIDS/STIs and TB research gaps and priority setting agenda in Ethiopia. The consultants, who are currently engaged in scientific work at EHNRI, presented their work in the morning session. The first speaker presented the background and methodology part, the second presenter dealt with the results part while the third one presented on the recommendations and future steps.

After the presentation, the workshop participants were divided into three groups to review the document. The group work continued for nearly two days and the comments of the groups were presented and discussed from late afternoon of the 29th of April to the 30th of April. The consultants mentioned that they were grateful for the valuable comments forwarded by the workshop participants and promised to incorporate the comments in their next document by including data from all the relevant organizations that are missed for one or another reason from the previous draft report.

The conference was then officially closed at 11:00AM with a closing remark by Dr Yemane Teklai, from the Ethiopian Science and Technology Commission.

Executive Summary

A workshop for reviewing the draft document prepared by the national consultant group on identification of HIV/AIDS, STIs and Tuberculosis research gaps and priority setting agenda in Ethiopia was held in Nazareth from April 28-30, 2004. The workshop was organized by EPHA in collaboration with CDC and attended by representatives and experts from MOH, ESTC, teaching and research institutions, and other governmental and non-governmental organizations.

The Research and Dissemination Officer of EPHA-CDC project, Ato Berhanu Legesse, commenced the workshop by giving an introductory remark. This was followed by an opening remark by the Secretary General of EPHA, Dr Getnet Mitike. Both speakers emphasized the seriousness of the HIV pandemic and the need for control and prevention activities that are guided by research findings and scientific evidences. They indicated that, in an effort to meet this need, the EPHA-CDC project commissioned a team of consultants to identify gaps and set priorities in research on HIV/AIDS/STIs/TB and stressed the expectation from the participants to critically review the document and enrich and develop it with their comments.

The consultants then made their presentations. The first speaker, Ato Amare Dejene, dealt with the introduction, objectives and methodology. He said because HIV/AIDS, STIs and TB are more important in developing countries and interventions available in the developed countries may not be appropriate in our setting, among other reasons, there was an urgent need for operational research to find out how best programs can deliver an effective response. He described the burden of the three diseases in Ethiopia and revisited the national response to HIV/AIDS pandemic, STIs and TB one by one. He added that despite the number of research done in Ethiopia, they had had little impact in influencing the unabated HIV/AIDS pandemic and high prevalence of STIs and TB.

Given this background, the researchers embarked on the contractual agreement with the EPHA-CDC project. The objectives of their assessment were to identify and analyze gaps and efforts on HIV/AIDS, STIs and TB research done over the last 15-20 years and set a national priority agenda to help curb the spread as well as negative effects caused by HIV/AIDS, STIs and TB. He expressed his belief that their work would provide insights to researchers to focus on critical and research areas relatively not addressed. It would also help inform decision-making particularly in relation to the allocation of scarce resources.

He indicated that they used two approaches in their methodology. The first approach was analysis of available secondary data while the second method involved generating and summarizing primary data from stakeholders working on the three focus diseases through in-depth interviews and FGDs. In the literature review, they examined journals, reports from MOH and technical reports from different organizations and also browsed the Internet. The in-depth interview was carried out with individuals from selected institutions, heads of institutions and professionals from service provider organizations.

They had also conducted two FGDs with experienced researchers in the area of HIV/AIDS, STIs and TB, representing research institutes, UN agencies, NGOs and service providers.

The second speaker, Dr Tsehaynesh Messele, took up the results section of the document. She started by identifying what she called the “key players” in HIV/AIDS, STIs and TB research at a national level, namely; academic institutions, research institutions, NGOs and GOs involved in HIV/AIDS, STIs and TB interventions.

She said that they had reviewed more than 400 publications, reports and thesis works on HIV/AIDS, more than 120 STIs and more than 200 TB related research and presented them in tables. According to the tabular illustrations, most HIV/AIDS studies were on surveillance and research, care and support of PLWHA and IEC and BCC, while many of the research on STIs were prevalence/surveillance and clinical research. Much of the research on TB was in the area of clinical research, diagnosis and prevalence/surveillance.

In-depth interviewees identified the research gaps. The most frequently cited gaps were VCT and IEC/BCC as far as HIV/AIDS is concerned. Most respondents mentioned prevalence/surveillance and clinical research regarding STIs, diagnostics and TB lymphadenitis with respect to TB research gaps.

The FGDs pointed out the assessment of the impact of HIV/AIDS on education and the economy, the role of harmful traditional practices in HIV/AIDS transmission and the need for more BCC research as the main research gaps. Regarding STIs related research they emphasized the need to do a lot like the extent of different STIs in the population and the impact of HIV on other STIs. With respect to TB related research, they mentioned a number of issues including the level of MDR TB and its role in treatment failure and the development of a quality assurance system for TB.

Dr Tsehaynessh also discussed the challenges, some of which include the lack of clear mandates to implement the efforts in various initiatives and the failure to disseminate and properly utilize research results. She wound up her presentation by identifying research priorities based on key informant interviews, individual questionnaires and FGDs and outlining the resource requirements. VCT and IEC/BCC ranked highest for HIV/AIDS, epidemiological studies and the prevalence/surveillance for STIs and diagnostics and prevalence/surveillance for TB research.

The third speaker, Dr Dawit Welday, presented the recommendation and future steps. Under HIV research priorities, he described a series of recommendations relating to specific interventions, i.e., IEC/BCC, condom promotion, VCT, blood safety and universal precautions, care, support and the treatment of PLWHA, legislation of human rights as well as surveillance and research. He did the same with STIs and TB.

In his presentation on the future steps, he stipulated the strategies required for setting a research priority agenda. Some of the steps he pointed out included; improving

government commitment towards research, fostering collaboration between organizations, improving the dissemination and implementation of research findings, improving capacity for health research systems management and establishing monitoring and evaluation mechanisms for assessing research results. He finalized his presentation by suggesting for EPHA to play a role in strengthening health information systems and capacity building through training, advocacy, coordination among different stakeholders and providing expert advice, to mention a few.

The audience then briefly reflected on the presentations by forwarding questions and comments. Some of the major points raised were the following:

- The need to work with social scientists, the private sector and all other relevant stakeholders.
- The methodology part requires modification in terms of specifying and characterizing the research reviewed, institutions approached, personalities involved in the in-depth interview and FGDs.
- The consultants should have reviewed some of the documents already available, such as the national policy, strategy and priorities of research.
- The consultants should work more on setting priorities to have a fewer list because there was not much difference between the gaps identified and priorities set.
- A question was also raised on whether the consultant team could substantiate their claim that policy makers were reluctant in taking up research findings.

After a brief reaction from the consultants, three groups were formed among the participants to comment on the draft document. The groups discussed thoroughly for almost two days and presented to the plenary session. The most salient points discussed in the plenary session were the following.

- The document is too lengthy and has redundancy.
- There are lots of editorial, grammatical and typographic errors.
- There are inconsistencies and the figures cited need to be updated.
- The methodology requires a major revision. The study design, population, sampling method, number of participants in FGDs and interviews, criteria for selection of individuals and institutions and how the data were analyzed need to be discussed explicitly.
- The need to review other available documents and discuss with authorities at different levels.
- The need to treat published researches separate from other sources of secondary data.
- The need to follow the standard criteria for priority setting already in use in health sciences.
- In the results, the gaps and priorities identified should not be annexed. They should rather be in the main body of the document as that is the whole aim.
- Tables need improvement: arranging cells in order of magnitude and indicating numbers alongside percentages.

- Integrating and showing the complementarity between the qualitative and quantitative method results and the need to do thorough analysis of the literatures reviewed.
- The need to do more FGDs with different stakeholders but every time keeping the homogeneity of the groups and approaching more institutions.
- The discussion should be based on the findings, not the opinions of the consultants.
- In the recommendations, the suggested strategies look like recommendations. This needs to be correctly named and the recommendations should logically follow the results and discussions.

Then the consultants thanked the participants for their constructive comments and suggestions and promised to incorporate most of the things said.

A closing remark was finally delivered by Dr Yemane Teklai from the Ethiopian Science and Technology Commission (ESTC). In his remark, he appreciated the partnership between EPHA and CDC and talked about the plan by the EPHA-CDC project and ESTC to build research capacity in the country. He also noted that the ESTC is making efforts to upgrade health research in Ethiopia.

Introductory remark by Ato Berhanu Legesse; Research and Dissemination Officer, EPHA-CDC project

Dear Dr. Getnet Mitike, EPHA Secretary General,

Dear Dr. Yayehyirad Kitaw, EPHA Executive Committee Member and Chairperson of the EPHA/CDC Project,

Dear participants and consultants,

I would like to welcome you all to the HIV/AIDS, STIs and TB research gap identification and national agenda setting study review and refinement workshop organized by EPHA and funded by CDC.

As you all know, in spite of the efforts made by all parties, HIV/AIDS has reached a level of threat to the people and affecting the development of our country. According to some estimates, Ethiopia has stood third in the world in terms of the number of people living with HIV/AIDS, and with over a million children who have become orphans due to the epidemic.

In Ethiopia, the HIV/AIDS problem is still increasing, exacerbated by the growing prevalence of STDs and Tuberculosis. Recognizing the present risk of the epidemic, the Ethiopian Public Health Association (EPHA) believes that scientifically proven interventions must be implemented and sustained to minimize human suffering and the negative socio-economic impacts of HIV/AIDS and related diseases.

In realizing this, operational research should be conducted by professionals. The undertaking of such research should accelerate informed decision making to prioritize program planning and solve operational problems. It should also aim at coordinating service delivery to achieve maximum results by optimizing the use of scarce resources.

Therefore, EPHA has signed a five year agreement with CDC to implement the EPHA/CDC project, with the goal of improving public health practices through its components, namely: Policy and Advocacy, Training and Improving Service Delivery as well as research and dissemination in the areas of HIV/AIDS/TB/STI.

Many activities have been implemented by the EPHA/CDC project, one of which is a study on the identification of research gaps and agenda setting on HIV/AIDS/ STI and TB. The research gap identification and agenda setting study is primarily designed to address the major shortcomings observed so far in research prioritizing, effective utilization of resources and the application of research results for the control of the focus diseases in general and HIV/AIDS in particular before embarking heavily on research undertakings. Thus, EPHA has commissioned a team of consultants to undertake a study to identify the research gap and set agenda in Ethiopia.

Now that the study output of the consultants is ready for comments, EPHA has called upon this workshop to review the study and develop it further. The consultants are expecting a lot of input from your skills and experiences to refine the document before it is finalized. The workshop will be in session for three days, with the objective of refining and further developing the study document by making corrections, clarifications, and supplementing the missing links, gaps and priorities. It is also expected to lay down the direction for further collaboration among institutions working in HIV/AIDS/STI and TB research by providing additional inputs on practical arrangements to implement the national research agenda.

To achieve these objectives, the workshop is designed in such a way that more time is provided for discussions by participants both in group and plenary sessions rather than presentations by the consultants. However, the workshop program is flexible and as we go along with the deliberations we can make adjustments based on the progress.

Hoping your stay with us will be fruitful, the organizers will do everything possible to ensure your comfort during the workshop. I also thank CDC for their generous financial support for the workshop. I thank you very much again for attending this workshop.

After his introductory remark Ato Brehanu invited Dr. Yayehyirad Kitaw to chair the session.

Dr. Yayehrad Kitaw on his part welcomed all the participants and stressed the importance of identifying research gaps in HIV/AIDS/STIs and TB and invited Dr. Getnet Mitike, the Secretary General of EPHA, to make an opening address.

Opening remark by EPHA Secretary General, Dr. Getent Mitike

Distinguished Guests, Researchers, Colleagues, Ladies and Gentlemen,

On behalf of the Ethiopian Public Health Association (EPHA) and our partner, CDC-Ethiopia and CDC-Atlanta, I would like to welcome you all to this extraordinary workshop.

As you all know effective programs, control and prevention activities are guided with research findings and scientific evidences. Research activities that are based on needs and identified gaps are extremely useful for program implementation and evaluation as well as ensuring efficient utilization of scarce resources.

HIV/AIDS is a challenge and the need to frame research activities and outputs is evident. As a leading public health association in Ethiopia, EPHA is contributing its share to strengthen the national efforts in research and control/prevention activities against HIV/AIDS/STIs and TB.

Identification of research gaps in this regard will shape our research agenda and help government bodies, stakeholders and researchers to maximize their efforts and resources on priority issues of the country.

We hope that most of you have received the draft document on the identification of research gaps and priority setting in HIV/AIDS, STIs, and TB in Ethiopia. EPHA strongly believes that this gathering will come up with relevant ideas and experiences to enrich the draft document so that it would be ready for use by implementers and stakeholders after accommodating your inputs.

In conclusion, I would like to thank CDC –Ethiopia and CDC-Atlanta for the continuous support and partnership that we are having. I also extend my appreciation for the consultants who worked hard to produce this document although we are behind schedule. I also thank the EPHA-CDC officers and the EPHA secretariat for being able to realize the workshop.

And finally, once again, I would like to thank you all for coming here in spite of your busy schedules and wish you a successful deliberation.

Thank you!

Presentations of the consultant group

Dr. Yayehyirad Kitaw invited the first presenter, Ato Amare Dejene, from the consultant group to present the objectives and methodology of the study.

Ato Amare Dejene is a member of the consultant team, has an MSC degree in Epidemiology and Biostatistics and an MPH in Public health. He has been engaged in different organizations at various professional levels including HIV/AIDS and harmful traditional practices since July 1971. Currently he is the head of the Epidemiology and Bio-Statistics Service in the Ethiopian Health and Nutrition Research Institute.

Ato Amare presented part of the research work, which included the introduction, objectives, and methodology for about 45 minutes.

HIV/AIDS/STI/TB Research Gap identification

1.0 Introduction

- Health research is essential to the design and implementation of interventions, policies and health service delivery, in order to control and prevent the adverse effects posed by communicable diseases, such as HIV/AIDS, sexually transmitted infections (STIs) and tuberculosis (TB).
- Although demographic and epidemiological transitions are being experienced with respect to HIV/AIDS, STIs and TB in the developing countries, these countries are bound to benefit more from the research findings undertaken in more industrialized countries.
- However, transmission of the findings from the more advanced countries to the developing world is not straightforward in view of the following factors:
 - a) HIV, STIs and TB which are not highly prevalent in the more advanced countries still represent a large share of the disease burden in the developing countries;
 - b) The determinants of these diseases can vary greatly between geographical regions;
 - c) The level of development and performance of health systems to address the three diseases vary greatly between countries;
 - d) Access to effective HIV/AIDS, STIs and TB treatment, medicines and other research results particularly for the poorer segments of the population are very different between and within countries; and
 - e) Interventions for HIV/AIDS, STIs and TB available in advanced countries may not be directly adaptable to developing countries or appropriate to developing countries.Therefore, there is an urgent need for operational research within developing countries to find out how best programmes can deliver an effective response.
- To date, several researches have been carried out in Ethiopia with respect to HIV/AIDS/STI and TB.

The studies have added greatly to the available information on several issues regarding the three infections.

- Nevertheless, the researches have had little impact on the growing HIV/AIDS/STI and TB epidemics in the country. Moreover, coordination and integration between

institutions undertaking research in these areas were not adequately addressed.

- The aim of this study is to identify and analyze efforts and gaps on HIV/AIDS, STIs and TB research and set a national research priority agenda to help curb the spread as well as the negative effects due to the epidemics caused by HIV/AIDS, STI and TB.
- By identifying research gaps in the areas of HIV/AIDS, STIs and TB in Ethiopia, one would be able to note what relevant researches are missing or not done in order to understand more about the three focus diseases.
- Thus, the gap identification is an important initial step for decision makers and founders to decide around use of limited resources, researchers to have insights on critically needed but unaddressed research questions.

2.0 Background

2.1 Problem Context

- HIV/AIDS/STIs and TB are the leading causes of morbidity, mortality and disability. It accounts for 6 million deaths per year of the 20 to 50% of global disability adjusted life years
- For two decades, HIV/AIDS has been the leading cause of death in Africa, with 60 million sick, 20 million dead so far and out of this 3 million of them died in 2002
- 95% PLWHA are in developing countries and at the end of 2001, 42 million people were living with HIV/AIDS out of which 28 million (70%) are in sub-Saharan Africa, with average HIV prevalence in the adult population being 8-10%
- 24 countries >5%, 16 countries >10%, 15000/day 3.5 min 2003

Panel 1: Selected Ethiopia Demographics

- Total population: 67,000,000
- Life expectancy, 1990: 53 years
- Projected life expectancy, 2010: 46 years
- Infant mortality rate: 144/1000
- Estimated HIV seroprevalence among adults aged 14 to 45: 6.6%
- Estimated number of HIV-infected adults nationwide: 2,100,000
- Estimated number of HIV-infected children: 100,000 Number of child orphans: 1,200,000
- 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.

- STI are the ten top causes of outpatient visits.
- Thus, STIs have increasingly been recognize
- Despite the above facts, STIs prevention and control activities have been neglected.
- Currently, there is no systematic surveillance of STIs except routine syphilis tests for pregnant women in antenatal clinics.
- Diagnosis of STIs has been difficult and treatment is based on syndromes case management that has not been validated yet. Moreover, STIs contribute in fuelling the HIV- epidemic in Ethiopia.
- Although, vast majority of adults in Ethiopia have latent TB infection.
- Tuberculin reactivity of 53% and 38% in HIV-negative and HIV-positive individuals, respectively, and 62% among HIV-negative students in Addis Ababa has been reported [Reviewed by Wolday et al, 2003].
- The high rate of latent TB infection indicates that re-activation after the advent of co-infection with HIV would result in a significant increase of incident TB.
- Indeed, epidemiological observations indicate that HIV infection has emerged as probably the most significant factor associated with progression from latent TB infection to active disease (Wolday et al, 2003), although TB in HIV-positive Ethiopian patients is also commonly caused by recent infection with *M. tuberculosis* (Bruchefeld et al, 2002).

2.2 The national response

- The first (1987-1990) and the second medium-term plan (1992-1996) (MOH, 1991).
- Efforts were IEC, condom promotion, surveillance, patient care and expansion of HIV testing laboratories in different health institutions.
- Despite the above efforts, however, the interventions had little impact to influence the growing HIV epidemic in the country. Moreover, coordination and integration between stakeholders were not adequately addressed.
- A National HIV/AIDS Policy through consultation with the various stakeholders.
- During the first half of 1998, 2000-2004 for all the nine Regions and two City Administrations (MOH 1999a, MOH 1999b, MOH 1999c).
- Finally, the National AIDS Priority Strategies for the period 2001-2005 were identified.
- This provides a National Strategic Framework for the implementation of the Ethiopian Multi-Sectoral HIV/AIDS Project (EMSAP) (NACS 2001).
- The National AIDS Prevention and Control Council was then established in April 2000. The council is headed by the President of the Federal Democratic Republic of Ethiopia.
- The council consists of members from sector ministries, regional states, NGOs, religious bodies and representatives of civil societies and associations of people living with HIV/AIDS (APLWHA).
- The council oversees the implementation of the federal and regional HIV/AIDS plans, examines and approves annual plans and budgets, and monitors plan performance and impact.

- The council has also appointed a National HIV/AIDS Board of Advisors to oversee the plan.
- National HIV/AIDS Prevention and Control Secretariat (NACS) was also established under the Prime Minister's Office to coordinate and facilitate the EMSAP supported by the World Bank (Okubagzhi and Singh, 2002).
- In 2002, NACS was restructured and named as HIV/AIDS Prevention and Control Office (HAPCO) by proclamation.
- The EMSAP is one of the first two multi-country HIV/AIDS programme projects financed by the World Bank in sub-Saharan Africa. The EMSAP approach has been used as a model for many other HIV/AIDS projects in Africa (Okubagzhi and Singh, 2002).
- Priority intervention areas of the strategic framework of the National response to HIV/AIDS in Ethiopia have been designed to guide the implementation of programs to prevent the spread of HIV/AIDS epidemic (HAPCO, 2003). These are listed in panel 2.
- The control and prevention effort on STIs started in 1961.
- A tripartite agreement between the MoH, WHO and UNICEF was initiated followed by the establishment of the Venereal Diseases Control Centre in Addis Ababa (Currently, Kazanchis Health Center).
- In 1984, the center changed to health center to promote primary health care that also included STIs. Later on an STI Prevention and Control Division was established at the Epidemiology Department of the MoH.
- In 1991, when the Department of AIDS Control Program was established, the STI Prevention and Control Division integrated with the AIDS Control Department.
- Between 1989 and 1994, EHNRI served as a National STI Referral [diagnostic] Center and at that time 8 Regional Referral Centers and 32 STI Clinic Sites were established with the aim of expanding services and implement treatment of STIs based on etiological approach.
- Later, between 1995 and 1997 USAID-supported initiative (AIDSCAP) was established and 5 Regional laboratories and 24 STI Clinic Sites were included to provide STI services and treatment based on syndromes management.
- Then, in as of 1996, Medicines Sans Frontiers-Belgium started a program involving all 18 Health Centers in Addis Ababa Administration and 13 Health Centers in Tegray Region.
- The program implemented a syndromes STI treatment algorithm approach.
- There is lack of data to accurately estimate STD episodes diagnosed/treated in Ethiopia.
- The strategies set by the Ministry of Health (MOH, 2001) in order to reduce STIs aimed at avoiding unsafe sex and limit the number of sexual partners.
- The components of the public health package of STI prevention and care are mentioned in panel 3 below.

Panel 2: Priority intervention areas of the HIV/AIDS national strategic response

- Information, education and communication (IEC) and behavioural change
- Communication (BCC)
- Condom promotion and distribution
- Voluntary counselling and testing services
- Management of sexually transmitted diseases
- Blood safety and universal precautions
- Prevention of mother-to-child transmission of HIV infection, care and
- Support of people living with HIV/AIDS (PLWHA)
- Legislation of human rights
- Surveillance and research

Situation of the diseases in sub-Saharan Africa

- There is compelling evidence of the importance of STDs as a major determinant of HIV transmission.
- Transmission of HIV between adults in sub Saharan Africa is mainly through heterosexual intercourse, and is facilitated in the presence of other STIs.
- STIs are highly prevalent in many parts of Africa and could account for a substantial proportion of HIV infections.
- Thus, improved control of STIs has been promoted as an effective strategy to reduce HIV transmission although its impact remains a subject of debate.
- Currently, the prevalence of HIV in Addis Ababa is as high as 64% among persons infected with STIs (Wolday et al, 2003).
- Even without the HIV epidemic, STIs pose an important public health problem.

Panel 3: The components of the public health package of: STIs prevention and care

- Promotion of safer sexual behaviour
- Condom promotion and provision
- Promotion of health-seeking behaviour
- Integration of STI prevention and care facilities into primary health care, reproductive health care facilities, private clinics and others
- Specific services for populations at risk, such as commercial sex workers (CSW), adolescents, long-distance truck drivers, military personnel and prisoners
- Comprehensive case-management of STIs
- Prevention and care of congenital syphilis and neonatal conjunctivitis
- Early detection of symptomatic and asymptomatic STIs

TB Component:

- TB has been recognized as a major public health problem in Ethiopia.
- Closely linked to the HIV/AIDS and STI epidemic
- TB is fuelled by HIV infection.
- TB is also the most frequent cause of morbidity and mortality in PLWHA. In Ethiopia, approximately 50% of TB patients are infected with HIV.
- In some hospitals in Ethiopia, the HIV prevalence in TB patients has been recorded as over 70%.

- The burden of TB is estimated at between 150 to 280 per 100 000 people per year.
- Effective and affordable drug combinations to cure TB infection are now available.
- However, TB bacilli resistant to a single or multiple drugs have emerged.
- This might be increased too in the presence of HIV.
- The increased incidence of multi-drug resistant TB poses threat not only to HIV-infected persons, but also to the general community as well.
- Poorly managed disease treatment and inadequate control programmes are the primary causes of drug resistance.

Efforts in TB Control

- The effort to control TB started in the early 1960s with the establishment of the TB centers and sanatoriums in three major urban areas in the country.
- However, these centers had had no overall impact in reducing the burden of TB in Ethiopia.
- Following the introduction of the concept of National TB Control Programmes by the WHO, the Ministry of Health adopted this concept and established a National TB Control Programme in 1976.
- The programme, however, remained inactive due to lack of resources till 1992 whereby a standardized and well organized TB programme, incorporating directly observed short course treatment (DOTS) was implemented in few areas of the country (MOH, 2002).
- Currently, the DOTS geographical coverage has reached 71% of the country. The objectives and strategy for TB control are listed in panel 4 below.

Panel 4: The objectives and strategy for TB control

- Interrupt transmission of TB
- Reduce morbidity and mortality
- Prevent emergence of drug resistance
- Early case detection
- Adequate chemotherapy
- Provision of comprehensive patient care

Situation of TB Control

- The scales of the HIV/AIDS, sexually transmitted infections (STIs) and tuberculosis (TB) epidemic and associated problems demand effective and urgent action.
- The strategic goal is to prevent the spread of the infections, decrease vulnerability of individuals and communities, to care those affected by the diseases and to reduce the adverse socio-economic consequences of the epidemics due to the above diseases.

Research on HIV/AIDS, STIs and TB

- To date, several researches have been carried out in Ethiopia with respect to HIV/AIDS/STI and TB.
- 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.
- The national HIV/AIDS/STI/TB research agenda must address all the immediate determinants and underlying causes mentioned above, hence, there is a need for prioritising research needs in developing new and improved interventions, monitoring the impacts, and implementing national strategies to decrease the burden of HIV/AIDS/STI and TB

3.0 Objectives

The objectives of the assessment were to:

- i. Identify and analyze gaps and efforts on HIV/AIDS, STI and TB research
- ii. Set national research priority agenda to help curb the spread as well as negative effects due to the epidemics caused by HIV/AIDS, STI and TB

4.0 Methodology

- Two important approaches used.
- The first approach is by using secondary data in the form of literature review from the available information.
- The second approach is using primary data from stakeholder or institutions working on HIV/AIDS, STIs and TB by making in-depth interviews with individuals involved on research and interventions including institutions and health service provider organizations.

4.1 Secondary data/liter. Rev.

- In this area, literature review or secondary data was collected from different sources. The main source documents were:
- **Journals:** Peer-reviewed national and international journals were reviewed to get information on published articles related to HIV/AIDS, STIs and TB. These were referred in the secretariat libraries, research institutions and universities documentation centers.
- **Internet:** It may be difficult to collect all HIV/related issues from scientific journals only. Hence the assessment was also performed from the Internet to have a look on research works conducted on HIV/AIDS/STIs/TB both at national and international levels.
- **Technical reports/Grey literature:** There are many technical reports that are put on shelf after conducting research on HIV/AIDS/STIs/TB by many organizations both at government and NGO levels. Intensive assessment was conducted to reach to these grey literature by collaborating with different organizations.
- **Ministry of Health reports:** Apart from the annual reports, the Ministry of Health produced different reports and relevant documents on HIV/AIDS, STIs and TB for the past two decades. Intensive review was conducted in collaboration with the relevant departments.

4.2 Primary data collection

4.2.1 Quantitative approach

- During the primary data collection, an in-depth interview was performed with individuals working on HIV/AIDS from selected institutions, heads of institutions and professionals from service provider organizations.
- For the target groups, a semi-structured questionnaire was prepared.
- The first questionnaire (Q1) was used to interview individuals from research institutes and other organizations working on HIV/AIDS, STIs and TB.
- The 1st questionnaire (Q1) mainly contained:
 - Addresses of respondents
 - Demographic characteristics of the respondents
 - Experience on HIV/STIs/TB research, publications and unpublished documents
 - Opinion on research gaps on HIV/AIDS, STIs and TB
 - Opinion on priority areas
 - Suggestion on future interventions
 - Other relevant information
- The second questionnaire (Q2) was prepared to interview heads or representatives of selected institutes and the main points included in the questionnaire were:
 - Address of the institute and the respondent
 - Demographic characteristics of the respondent
 - Experience of the institute/organization on HIV/AIDS, STIs and TB
 - Information on unpublished documents
 - Opinion on missed opportunities or points what were supposed to be in the past on HIV/AIDS, STIs and TB.
 - Cost of the projects
 - Problems encountered
 - Suggestion on future directions and
 - Others
- The third instrument was prepared to collect information from service providers to identify their research needs in the future in the areas of HIV/AIDS, STIs and TB. Major points included under this were:
 - Addresses of respondents
 - Demographic characteristics
 - Research needs of the organisation in the above three focus diseases
 - Others
- All the three data collection tools were pre-tested and the necessary modification incorporated before the final application.
- Moreover, the methodological tools were discussed with a CDC-expert in Atlanta, who forwarded very useful comments, which were incorporated.
- All in all, a total of 38 organizations were selected from research institutes, NGOs, UN agencies and service provider organizations.
- Every attempt was made to include all institutions involved, directly or indirectly, on research relevant to HIV/AIDS, STIs and TB. Although it would be impossible to

ensure that all 100% of the institutions working on research on the three focus diseases have been included, we believe that greater than 85% of them have been included.

4.2.2 Qualitative Approach

- Under the qualitative approach, two focus group discussions were conducted with experienced researchers in the area of HIV/AIDS, STIs and TB, representing research institutes, UN agencies, NGOs and service providers.
- The participants of the first focus group discussion were selected from research institutes, WHO and the Ministry of Health.
- The participants of the second FGD were selected from CDC, service providers and private organizations.

For the FGD, discussion points were prepared by the consultant team. These included:

- Experiences of professionals on HIV/AIDS/STI/TB
 - Experiences of different organizations on HIV/AIDS/STI/TB
 - Activities on HIV/AIDS/STI/TB research in the past 15-20 years
 - Unnecessary duplication in research efforts
 - Supposed to be done?
 - Major gaps on HIV/AIDS/STI/TB research in the country
 - Priority areas and measures in the future cost implications
 - Other issues.
- During the discussion the lead consultant served as a moderator and the two assistants recorded points raised by the participants.

4.3 Analysis of the results and preparation of reports:

- The information collected from document review, the three target groups and the focus group discussion were analyzed to produce the draft report.
- Both the secondary and the primary data were analyzed to produce the draft report.
- These included the list of the pool of senior researchers on HIV/AIDS that can serve as national core researchers to prepare multidisciplinary research grant proposals, existing institutional arrangements, policy framework, strategies and coordination mechanisms and areas of concentration in HIV/AIDS/STI/TB research, fully considering government, non-government, private and civic societies.
- In general during the analysis, activities performed in the last 15-20 years were extracted from the secondary data and the primary data. Moreover research gaps and priority areas are identified in the area of HIV/AIDS, STI and TB.
- Following this, future directions, resource requirements, and others were suggested by the assessment team.

Dr. Yayehyirad kitaw invited the second presenter, Dr. Tsehynesh Melese from the consultant group to make her presentation.

Dr. Tsehynesh Melese is the lead consultant and has a Ph.D, in Immunology. She has been working in various positions beginning from 1988. Currently she is working as the, national research manager of the Ethio-Netherlands AIDS Research Project /ENARP/.

She has contributed a lot in the field of public health. She presented the result part of the study for about 30 minutes.

RESULTS

Key players in HIV/AIDS and TB research

Academic institutions;

e.g. AAU-MF, Jimma Univ., Gonder Medical College

Research institutions;

e.g. EHNRI –IODRD, ENARP, ECPAST, AHRI, ALERT

Non- governmental organizations involved in HIV/STI/TB interventions;

e.g. ISAPSO, MMM, OSSA

Government organizations involved on HIV/AIDS/STI/TB intervention and promotes/facilitates research activities;

eg., HAPCO, MOH, ESTC, MOLSA, MOA, MOE

Review of research conducted the last 15 to 20 years on HIV/AIDS, STIs and TB in Ethiopia

Published literature

Unpublished literature (reports, thesis works, workshop proceedings, and others)

More than 400 publications, reports, thesis works on HIV/AIDS related research

More than 120 STI related works

More than 200 TB related research

HIV/AIDS Research in Ethiopia

Area of study	Percentage
IEC/BCC	12
Condom promotion and distribution	2.0
VCT	10.0
Management of STIs	0.5
Blood safety and UP	0.6
PMTCT	0.3
Care and support of PLWHA	21.0
Legislation of human rights	1.0
Surveillance and research	53.0

STIs Research in Ethiopia

Area of study	Percentage
Prevalence/surveillance	45.0

Risk factors for STI	9.0
Socio-economic	4.0
KAP	6.0
Syndromic Treatment	2.0
Drug resistance	8.0
Diagnostics	1.0
STI/HIV interactions	3.0
Clinical research	11.0
Others	9.0

TB Research in Ethiopia

Area of study	Percentage
Clinical research	22.0
Diagnosis	21.0
Prevalence /surveillance	17.0
Drug research/resistance	13.0
TB/HIV co-infection	9.0
Socio-demographic	4.0
KAP studies	1.0
TB lymphadenitis	2.0
TB vaccine	2.0
Others	8.0

In general several studies have been conducted and these efforts have contributed to the generation of relevant information in the three disease areas. However, gaps still remain in these areas.

Research Gaps identified

Based on key informant interviews and individual questionnaires the following research gaps have been identified. The details are shown in the annex.

Distribution of respondents indicating HIV/AIDS research gaps

Area of intervention	% of Respondents identifying gap	Rank
IEC/BCC	80.0	2
Condom promotion and distribution	20.0	10
VCT	88.0	1
Management of STIs	24.0	8
Blood safety and UP	22.0	9
PMTCT	56.0	5
Care and support of PLWHA	64.0	4
Legislation of human rights	48.0	6
Surveillance and research	40.0	7
Other issues	72.0	3

Distribution of respondents indicating STIs research gaps			
Area of research	Respondents identifying gap (%)		Rank
Prevalence/surveillance	52.0		1
Epidemiological studies	32.0		3
Diagnostics	28.0		4
Clinical research	50.0		2

Distribution of responding indication TB research gaps			
Area of research	Respondents identifying gap (%)		Rank
Prevalence/surveillance	30.0		3
Drug research resistance	25.0		4
TB lymphadenitis	35.0		2
Clinical research	12.0		5
Diagnostics	50.0		1
TB vaccine	9.0		6

Focus groups discussions involved

-relevant professionals, health service givers, private sector representatives,

Issues that need to be addressed

HIV/AIDS related research (1)

- Impact assessment on education, economy
- Role of harmful traditional practices
- More BCC research is needed, proper condom utilization needs assessment

Issues that need to be addressed

HIV/AIDS related research (2)

- Cultural factors related to barriers in condom utilization
- Females condoms acceptability
- Crucial demands of PLWHA(financial, psychological, health care)

- Representativeness of ANC based surveillance/need for population cohort
- Incentives that encourage VCT attendance
- Effective VCT in reducing risk behaviours
- Quality of counselling
- Methods used in couple counselling
- Development of natural UP guidance

Issues that need to be addressed in HIV/AIDS related research (3)

- Role of harmful traditional practices
- ART resistance monitoring
- Possible ART toxicity problems
- International partnership in vaccine research
- Capacity and infrastructure development for vaccine research

STIs-related research

A lot remains to be done!!

- Extent of different STIs in the population
- Impact of HIV on other STIs
- HIV intervention impacts on STIs
- Condom use and its role in the reduction of other STIs
- Validation of syndromic therapy

Issues that need to be addressed in TB-related research

- The level of MDR TB and its role in treatment failure
- Development of quality assurance system for TB
- Prophylactic effect of TB treatment on HIV
- Micronutrient intervention in TB patients
- Private sector involvement in DOTS program expansion
- Socio-economic aspects of TB including adherence, causes of stigma
- Adequacy of the current health care system for TB

Challenges

- Lack of clear mandates to implement the efforts in various initiatives
- The research results are not being disseminated well and not utilized

- Operational and organizational problems
- Absence of advocacy meetings in the area where there are research results
- The need for research is not understood by higher officials'
- There is a problem of fund utilization
- Lack of inventory of who is doing what
- Lack of documentation on health research

Research priorities

Based on key informant questionnaires and FGD

Distribution of respondents indicating HIV/AIDS research

Area of research gaps	% of Respondents prioritising gap	Rank
IEC/BCC	78.0	2
Condom promotion and distribution	30.0	10
VCT	72.0	1
Management of STIs	40.0	8
Blood safety and UP	60.0	9
PMTCT	50.0	5
Care and support of PLWHA	56.0	4
Legislation of human rights	36.0	6
Surveillance and research	32.0	7

Research priorities

Based on key informant interviews, individual questionnaires and FGD
distribution of respondents indicating STIs research priorities

Distribution of respondents indicating STIs research gaps		
Area of research	% of Respondents prioritising gap	Rank
Prevalence/surveillance	22.0	2
Epidemiological studies	38.0	1
Diagnostics	16.0	3
Clinical research	10.0	4

Research priorities

Based on key informant interviews, individual questionnaires and FGD distribution
of respondents indicating TB research priorities

Area of research	Respondents giving priority	RANK
Prevalence/Surveillance	54.0	2
Drug research resistance	25.0	4
TB lymphadenitis	35.0	3
Clinical research	16.0	5
Diagnostics	60.0	1
TB vaccine	10.0	6

Resource requirements

The resource gaps are still big compared to what needs be

- Additional human resource development, with expertise in clinical epidemiology, sociology, and behavioural sciences
- Capacity building in the area of health research-systems management
- Allocation of adequate funds to conduct research, including the purchase of equipment necessary for undertaking the research
- Partnering with national and international stakeholders in resource.

Thanks to:

- All individuals, organizations and institutions involved in the assessment
- This audience

Dr. Yayehyirad kitaw thanked Dr. Tsehynesh Melese for her presentation and invited the third presenter from the consultant group to proceed with his presentation.

The third presenter — Dr. Dawit Wolday —is a member of the consultant team and has Ph.D in Immunology. He has been working at various professional levels in different organizations since 1986. Currently he is a laboratory manager at the Ethio-Netherlands, AIDS Research project at EHNRI. He presented the recommendations and the future steps of the study for about 48 minutes.

Recommendations and future steps

HIV/AIDS Research Priorities.....1 &2

IEC/BCC

- Research to understand high risk behaviour, including research into the determination of high risk behaviour and its associated network, but also research to find the best approach to IEC and its 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, especially the role of positive traditional practices.

- Test impact targeted and standard IEC materials on behaviour change communication
- Impact of IEC/BCC on health -seeking behaviour for prevention, care and support
- Participation of adolescents and young people in prevention, care and support
- Quality of IEC materials produced by the media

HIV/AIDS Research Priorities.....3

Condom promotion

- Studies on misconception, as well as cultural/religious influences on resistance to condom use
- Promotion of female condoms among specific groups such as CSW
- Monitor effective demand and utilization of condoms
- Willingness to pay and use of condoms
- Impact of condom use on STIs prevalence

HIV/AIDS Research Priorities4

VCT

- Integration of VCT in Various health services
- Developing quality control tools including those for evaluating VCT, and training
- Rapid HIV testing: evaluation for VCT; Quality control of HIV testing algorithms; and impact of rapid HIV testing in scaling -up VCT
- Assessment of socio-demographic characteristics of VCT clients
- Impact of VCT on behavioural 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.

HIV/AIDS Research Priorities..... 5

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 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

HIV/AIDS Research Priorities..... 6

PMTCT

- Acceptability of VCT for PMTCT, treatment, adherence
- Appearance of viral resistance
- New drug /regimens for PMTCT
- Impact of breast feeding on risk of transmission
- 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.

HIV/AIDS Research Priorities..... 7

Care, Support & Treatment of PLWHA

- Assessment of demand 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 PLWHA on care and support
- Developing/evaluating diagnostic and treatment algorithms for OIs.
- Developing and evaluating simple makers (clinical algorithms and/or biological markers) for initiation & monitoring ART)
- Simplified therapeutic regimens, paediatric formulations and therapeutic strategies (dosages)
- Improving adherence, comparing various modules of DOTs, psychosocial follow-up, HBC, involving CBOs, etc.....

HIV/AIDS Research Priorities..... 8

Care, Support & Treatment of PLWHA

- 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 ARV's drug resistance: treatment failures incl. evaluation of its risk factors, incidence of resistant variants among newly- infected patients, in PMTCT programs
- Addressing nutritional problems and integration into health care systems

HIV/AIDS Research Priorities..... 9

Legislation of Human Rights

- Magnitude of stigma and discrimination
- Determinants that contribute for increased stigma and discrimination
- Attitude of HIV- infected towards protection of others

HIV/AIDS Research Priorities..... 10

Surveillances 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 incidence of HIV, including STIs
- HIV in workplace and its economic impact of HIV/AIDS epidemic
- Contribution of harmful traditional practices in spread of HIV epidemic, esp. in rural areas
- Role of traditional medicine in treatment of HIV/AIDS, inc. OIs, STIs.

STI Research Priorities.....1

- Continuation and expansion of surveillance of STIs in order to determine disease burden
- Assessment of rapid diagnostic tools and identification of STIs.
- Operational research in order to improve syndromic diagnosis and treatment algorithm
- Validation of syndromic diagnostic and RX of STIs in different populations
- Improve syndromic management algorithms for vaginal discharge through innovative development and validation of point-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

STI Research Priorities.....2

On the STI/HIV interventions

- The prevalence of HIV among STI patients
- The role of concomitant HIV infection on effectiveness of syndromic treatment and pattern of drug resistance
- Impact of STI treatment on HIV incidence and vice-versa

Operational research to assess strategies to increase coverage of effective STI treatment through:

- Involvement of private health sector
- Informal health providers
- Promotion of appropriate treatment seeking behaviour

STI Research Priorities.....3

Operational research trials of interventions:

- Mass treatment alone or combined with improved syndromic treatment
- Targeted intervention of high-risk groups (e.g. periodic presumptive treatment of CSWs)
- Intervention 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 incidence of STIs, including their effects on the incidence of HIV infection.
- Evaluation of the HSV2 vaccines, including effects on incidence of HIV infection.
- Contribution of inheritance marriage to HIV epidemic

TB Research Priorities1

Surveillance

Contribution and expansion of surveillance of TB

- In order to determine disease burden

- Surveillance of drug resistant MTB, including MDR

TB Research Priorities1

Diagnostics

- Rapid diagnosis of active TB, includes improved diagnostic accuracy for smear- negative TB
- Development of rapid test for identification of drug- resistant MTB
- Rapid diagnosis of latent 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 Research Priorities3

Treatment

- Feasibility study for implementing community involvement on 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
- ARV/TB treatment issues:
 - drug toxicity of anti- TB drugs among HIV patents
 - interaction of anti-TB &ARVs, developing algorithms when to start ARVs in presence of TB co-infection
 - impact of ARVs on secondary incidence of TB
 - TB appearing under ARV treatment as immune reconstitution syndrome

TB Research Priorities4

TB/HIV interactions

- Impact of HIV positivity on smear -negative TB
- Prevalence of active TB in VCT
- IPT operational issues, incl. morbidity, mortality, value of chest X-ray in TB prevention programs for PLWHA and resistance of organisms to the antibiotic
- Socio-economic aspects of TB and TB/HIV:
 - perceptions, causes of stigma among TB patients, esp. assessing the role of being treated for TNB as a cause of stigma for being labelled also as infected with HIV

TB Research Priorities5

Other issues on TB

- 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 makers
- Networking of regional labs
- Establishing improved health information systems
- Access to research findings:
 - the research or medical community
 - the public
 - application of research findings at the policy and programmatic levels
 - mechanisms for adequately collected and disseminated information on research findings

Future Steps.....1

Strategies for Setting Research Priority Agenda

- Improved government commitment towards research
- Improved communication between organizations
- Foster collaboration between organizations
- Strengthen/encourage 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
- Encourage more research to be done, through establishing more centers and creating incentives for researchers
- Organize resource 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 stake holder
- Establishing monitoring & evaluation mechanisms for assessing research results
- Implementation of national strategic plans on priority research agenda on HIV/AIDS, STIs and TB.

Future Steps.....2

Roles for EPHA

- Strengthening health information systems such as creating a dedicated web site and database system of previously conducted researchers in Ethiopia as well as current state-of-the-art.
- Strengthening capacity building such as training at all levels including short term and long term training.
- Resource mobilization activity
- Advocacy role both in the national and international arena

- Play coordination role among various stakeholders
- Bridging role in facilitating the application of research results by policy makers.
- Undertake project proposals with impact on policy and programmatic issues
- Provide expert advice.

Thank you!!!

Discussion

After the presentation by the consultants, discussions followed but before the discussions the chairperson reminded the participants of the existence of a group work for in-depth deliberations and that participants need to discuss only the highlights to stimulate the group discussions.

Many participants thanked the EPHA for addressing a national issue and arranging the workshop in collaboration with CDC. The Presenters (consultants) were also acknowledged for their daunting work. The comments are listed below:

- One participant noted that aside from one of the consultants and one of the rapporteurs, there is not one woman in the workshop though it is known that there are also women researchers in this country. Therefore, EPHA should try to maintain gender balance in future workshops.
- “AIDS is not only a health problem but also a social, economic, and security problem. The social and cultural roles and traditional harmful practices are in the domain of social sciences. The medical researchers cannot deal with the problem alone. But we don’t see adequate representation of experts in social sciences and economics. Therefore, it is high time that we work together in an interdisciplinary fashion”, another participant noted.
- “Ethics, the ethical review process and capacity building for ethics were omitted from the document. However, whenever we talk about research, we have to emphasize the issue of ethics,” another said. This comment was later reinforced by the same speaker, saying he raised it for two reasons: firstly, he wanted to stimulate discussion on ethics as AHRI was recently nominated as secretariat of the Pan-African Bioethics Initiative. The second reason is the question of ethics in research undertakings. He asked if it would be ethical to study and tell someone he had MDR TB when Ethiopia does not have the second line drugs. The same thing applies to diagnosing someone with HIV/AIDS and not being able to provide treatment.
- “Recent statistics show us the increasing involvement of the private sector in health service provision especially in urban centers. Therefore, we need to involve them not only in HIV/AIDS/STIs/TB research but also in other HIV-related operational research. Research should not be left to research institutions alone. As much as possible will be good to engage all sectors. There should not be any

restrictions or filtrations on funding when research proposals are submitted by the private providers”.

- “It would have been better if the number of studies done in each specific area were specified. We would also like to know which geographic areas were canvassed. I presume, for instance, that most of the studies on STIs were concentrated in Addis. I suggest for the consultants to show the scope of the studies done in each specific disease and compare the status of Ethiopia with other worst hit sub-Saharan African countries like Uganda and South Africa in terms of research and response to the pandemic. That would give a complete picture.”
- “The role of the different sectors (stakeholders) in addressing HIV/AIDS should also be researched and the consultants should come up with some mechanisms to involve them as we are facing problems in this area. The document does not examine the capacity of institutions and professionals to conduct research. This needs to be assessed. Also missing in the document is policy research, which should have been considered. Unless we come up with recommendations based on concrete findings, blaming the government alone would not lead to anything.”
- “Coping mechanisms at individual, family and community levels regarding the focus diseases also need to be studied. What is their status? What should be done for them in the future in all aspects? What researches were done and what in future. We know that there are millions of AIDS orphans in this country but there was no mention of it in the document based on findings apart from the nominal inclusion.”
- “There is no system of monitoring and evaluation in our country and that partly is the cause of all these problems. Yet it was not addressed in the document.”
- “Professionals, particularly health professionals are falling victim to HIV/AIDS and no good study has been done in this area. Therefore, it needs consideration based on a proper assessment of the situation.”
- “The methodology part requires qualification. You have indicated that more than 400 researches were reached in the literature review. Avoid saying more than this and that and try to specify the actual number of publications done in the focus diseases. Similarly, instead of only showing the percentage of respondents, try to capture the actual magnitude in parenthesis. We would like to see whether the number of respondents was significant enough to arrive at a valid recommendation or not. “
- “Regarding institutional participation, it would have been better if you categorized them. Some are funding agencies and some are implementing institutions. We could not also see clearly the involvement of the private sector.

- We would have liked to know their interest and commitment. Their priorities could be different. Try to keep the balance.”
- “You have to make distinctions among research, thesis, surveillance, reports, guidelines, workshop proceedings, etc. These are all different. If you have to talk about researches you should stick to researches because they give us scientific evidence. You also discuss about thesis, surveillance and reports separately.”
 - “You have not referred to the research policy in the country. We have a research policy, strategy and national research priority already set and approved by the government. The ethics issue raised previously is there in the document but is only a small part of it. I am not saying it is perfect that has to be critically examined but should be consulted as a guiding document and recommendations should emanate as a result of the critical examination of the policy, strategy and level of implementation.”
 - “The research gaps identified and priorities set should be placed in the main body of the document, not annexed because that is the whole purpose of the study—identifying gaps and setting priorities.”
 - “I would like to see inventory of research done so far covered in the literature review, from which anybody can have the opportunity to make critical analysis. In response to this comment, it was learned that they already had an appendix and that would be circulated later for the group work. Still the comment pertaining to the analysis of the research inventory by categorising them in major disciplines like clinical, epidemiological, socio economic etc should be done as main body of the document.”
 - “It is obvious that priorities could change all the time. With respect to HIV/AIDS, for instance, priorities could change as a result of disease dynamics, advent of ART, changes in prevention strategies, etc. To strengthen this point, I would like to reflect on my observations. Some 10 to 15 years back, we were under HIV epidemic at which time a lot of KAP studies were done. Now we are under AIDS epidemic and our interests and interventions have changed parallel to that. I believe the earlier studies have contributed to the understanding of the epidemic. Therefore, it is not appropriate to underplay the role of KAP studies, even though they may not be a priority area at present.”
 - “In the document I saw little difference between the gaps identified and list of priorities set. These are different and despite the difficulty you should try to prioritize based on some criteria and resources you have in mind.”
 - “Regarding the categorization of research areas, some refinements have to be done. Important issues are lacking like advocacy and management of programs. For instance, is advocacy part of IEC/BCC or where is it? Management issues like

coordination and fund utilization are relevant but did not come out in the categories.”

- “Antiretroviral therapy should come out as a prominent issue in the general categories. Little has been done so far in this area and it is a timely issue.” (Responding to this comment, the consultants said that they adhered to the format of the national priority areas of interventions for HIV/AIDS, where, ART is under the umbrella of care and support and hence they could not put it on its own.)
- “The social sciences and economics department should have been included in the list of the key players in research you identified.”
- “I disagree with the notion of underestimating the role of basic research in our country. It may not have an equal status but it is also important to some extent. It is difficult to take everything from textbooks especially with respect to HIV/AIDS as there are basic differences as for instance with the laboratory aspect.”

Reacting to this comment, the presenters made some clarifications. They said that they did not mean to undermine the need for basic research in Ethiopia. Rather they wanted to emphasize the importance of need-driven research and not only donor-motivated ones. They strengthened this point by reflecting on the enlightening study done by Dr Tsehay on the CD4 count of Ethiopians, which is useful for designing the program and monitoring ART.

Specific answers were also forwarded to some questions forwarded from the participants:

Q. “Has your endeavour included identifying gaps in research done by students/experts of social science or was it only medical research? You talked about relevant stakeholders. Does it include social scientists?”

A. As we demonstrated in the methodology part, we examined all research including those by social scientists provided that they were related to HIV/AIDS/STIs/TB. We searched the collections at the AIDS Resource Center presuming all works on HIV/AIDS related issues to be there at AAU-MF library. But we admit that we did not go to the Kennedy library and will accommodate them if there are anymore.

Q. What is your opinion on the role of traditional medicines in the prevention of HIV/AIDS/STIs/TB? It was not addressed in the presentations.

A. The role of traditional medicines in the fight against HIV/AIDS is not addressed very well and we found only one publication by the pharmacy department, which we have put in the appendix. We hope more research will be conducted in this area in the future.

Q. Why should STIs appear before TB in the document? STIs have been there for many years and do not cause serious morbidity and mortality. Besides, studies done in Rakai,

Uganda, had shown that the treatment of STIs did not have any relevance in interrupting HIV/AIDS transmission.

A. The order of mention of the three diseases is based on a vigorous study done by EPHA-CDC, and is in line with the TOR and the knowledge of the association between the three diseases. The other point is that we have to be very cautious in making statements like STIs did not contribute to the HIV/AIDS pandemic quoting the experience in Rakai-Uganda. We know beyond any doubt that STIs did contribute to the spread of the HIV/AIDS pandemic especially in sub-Saharan Africa. The controversy is on the impact of STIs treatment on HIV incidence. The Mwanza-Tanzania intervention clearly improved syndromic management of STIs resulted in 42% reduction in transmission, while the Rakai-Uganda trial did not show any benefit. But epidemiologists have forwarded two explanations among others for the difference. One is the maturity of the epidemic in Rakai (>15%) compared to a rising epidemic (6%) in Mwanza. Secondly, the prevalence of herpes was higher in Rakai for which the drug of choice (acyclovir) was not included in the syndromic management. This analysis has been published in *The Lancet*. Therefore, we encourage people to treat STIs to prevent HIV infection.

Q. What was the professional mix of the respondents and FGD participants like? It is important to know this because people are likely to reflect their own areas of interest, kind of professional bias, and as a result may even change the priority setting. It would be advisable to have fair representation of different disciplines like public health, biomedics and others, to avoid skewness.

A. We have the age and sex composition of the respondents with us and we can make it available if required. Regarding the professional mix, we involved health care professionals and some people from the education sector. We had also contacted social scientists one way or another when we talked with NGOs like OSSA. We had also attempted to talk to the social science experts at AAU-IDR but failed. We also believe the public health people were likely to hold and reflect a mixed perspective, medical and social. One point we want to say though is that it was difficult for us to get the busy intellectuals to have a moment with us. Anyway, we will try to improve on that.

Q. I wonder if the document has identified a shift in research priority over the years and the document has a room for shift in priority in the future. Are the identified priorities meant only for now or serve for sometime in the future?

A. We believe that research priorities are dynamic. What we tried to do was to identify gaps and priorities for the current context. Regarding the situation previously, we heard that there was one document at the MOH but we could not find it. As a result, we didn't attempt to see the trend over time.

Q. Who were the consultants? What was the composition of the consultant team like?

A. The consultants are biomedical scientists, credible and selected through a legitimate bid process.

Q. What problems did the consultants face during compilation of the information?

A. It was a big task to begin with. There were so many problems especially getting professionals and intellectuals for the interview and FGD in their tight schedule. However, whatever problem we stumbled upon EPHA was there to support us.

Q. Have the consultants achieved their objective as per the TOR in the eyes of EPHA-CDC project?

A. That remains to be decided by EPHA. But we think we have done even beyond what is expected. We set out to assess 10 institutions but finally dealt with 45.

Q. You said that policy and decision-makers are reluctant and even show some passive resistance in taking up research findings. This is very serious and the whole purpose of this exercise is to identify gaps and priorities and use research findings. We are trying to show these people that we should do research, make interventions and so on. I wonder if the consultants could substantiate this claim.

A. Regarding the discontent and frustrations among the research community, it came from many of the FGD participants, who were leaders of institutions. I can cite examples of success stories that were not adopted to support this assertion. Successful involvement of Idirs in DOTS program in Gondar, home-based care for malaria treatment, and bleach technique for the diagnosis of TB. But it was not only lack of commitment by policy makers but also lack of communication and information dissemination, which we tried to address in the future.

Group work presentations

Group A:

This group concentrated on examining the following parts:

- Comments on the overall document
- Flow of the document; table of contents, abbreviations, and annexes
- Appendices
- Executive summary
- Introduction
- Background

Comments by the group on the overall document

- It is comprehensive and covers most of the important issues
- Who is it the document prepared for? Policy makers? and/or Researchers? What about access to document? This needs to be clearly stated.
- What about malaria versus STIs?
- Capacity building needs more emphasis
- Global fund and the 3X5 WHO programme on HIV/AIDS are not addressed!
- Heavily weighted on the biomedical side
- The document is found to be lengthy and repetitious and the text part needs to be shortened to a maximum of 25-30 pages.
- Annexes should come as appendices separately
- The document contains many typographical errors; it looks as if the consultants never even used the computer checking system for spelling.
- Sources of data in some cases are ambiguous and lead to questions. The number of HIV/cases is sometimes 2.2 million and some times 3 million and it should be referenced well.
- Tables are not clear, some tables are arranged in numbers and others are in alphabetical order and so on.
- Sample sizes and source of respondents are not given
- Focus group composition is not shown at all.

Flow of the document

- Executive summary should be up front (some people only read the summary!)
- No sections are needed in an executive summary!
- Combine the introduction and background, with one succinct introductory paragraph (paragraph 3)
- Annexes should go at end as appendixes as document is already too long!

Abbreviations

Some abbreviations like WHO and UNAIDS are completely missing. Some abbreviations like STD/STI. And some are not complete like, EHNRI was abbreviated as EHRI. Some of the abbreviations mentioned by the group as either missing or erroneously abbreviated are stated below

- Aidsmap ALERT
- Escap EMSAP

- Go KAP
- MTB PEP
- PYO STD
- UP UNICEF

Executive Summary

On the executive summary since the group thinks that the executive summary is very important, it has suggested the following two paragraphs as the beginning and end of the executive summary.

Suggested first paragraph of the summary

HIV/AIDS, STIs and TB represent a major disease burden in Ethiopia. Recent estimates suggest that there are 2.2 million Ethiopians infected with HIV. 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, lack of awareness, gender inequality, cultural barriers, war and displacement. Several studies have been carried out in Ethiopia, but the results appear to have had little impact to influence the growing HIV/AIDS/STI and TB epidemics. Moreover, coordination and integration between research institutions has not been adequately addressed. There is also a huge discrepancy between the disease burden in Ethiopia and the research effort. This will require a major effort on prioritising research agendas and resource allocations 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. 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 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 infections, 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 research

There has been very little research undertaken related to STIs in Ethiopia and most of those research conducted previously are outdated. 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%. Table 2. Distribution of previously undertaken and currently pursued researches on STIs in Ethiopia

Few Institutions have been conducting TB research. 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], representing 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. The identified research gaps are presented and several relevant research issues on HIV/STI/TB, which should be given priority in the future are recommended.

Policy-makers at the federal or regional level could use information derived from this assessment. Moreover, this information can be used to relate HIV/AIDS, STIs and TB-related research priorities for funding from both National or international sources.

This project has identified the following major gaps for HIV/AIDS, STI and TB research in Ethiopia:

- Identification of appropriate IEC/BCC interventions for the three groups of diseases
- Assessment of the impact of VCT services on the HIV/AIDS epidemic in Ethiopia
- Assessment of blood safety and universal precautions
- Assessment of the provision of care and support for PLWHA and their service providers
- How to improve PMTCT services in Ethiopia
- Improvement of prevalence and surveillance studies for STIs in Ethiopia
- Evaluation of current and novel approaches for the diagnosis and treatment of STIs in

Ethiopia

- Development and evaluation of new diagnostic methods for TB, including MDR TB
- Improvement of the diagnosis and treatment of extra pulmonary TB
- Improved case detection, surveillance and implementation of DOTs
- Identification of social and cultural factors affecting HIV/AIDS/STI and TB transmission/control efforts
- Identification of issues related to ARV treatment – eg. Efficacy, compliance, resistance

The last two points did not appear in the tables and are suggestions for further consideration to include them in the last document.

Background

- Too lengthy and do not again split it into sections.
- Use paragraph 3 to introduce the background
- The background is too general and needs focus

Group "B " Presentation

This group examined the objectives and recommendations forwarded in the document

Members of the Group:-

1. Mogessie Ashenafi
2. Abebe Shume
3. Amsalu Feleke
4. Fikru Tesfaye
5. Misganaw Lijalem
6. Ashenafi Haile
7. Kebebew Muche
8. Betru Tekle
9. Dagnachew H/Mariam
10. Mitike Molla

General Comments

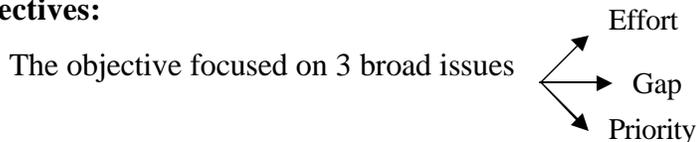
- The draft document is:
 - Full of grammatical & editorial problems that can be easily edited by a spell checker, but have been overlooked
 - Poorly formatted:
 - Black letters on black background
 - No break into paragraphs eg. Page 18-19, 25-26, these have to be corrected.
 - Make the document attractive & readable, for example there are some points in the introduction that can be listed as a, b, and c to simplify and make it readable.
 - Full of repetition of ideas in different places.
- Recommendations seem based on the consultants' experience, not based on the information collected
- Compare the TOR with what has been done so far to ensure completeness (this is indicated at the end of the document)

- Facts & figures should be updated (source to be cited), like group "A". The presenter of this group also mentioned the number of people infected with HIV/AIDS to be 2.2 million and 3 million in the same document.
- Lack of completeness & arrangement of reference materials should be handled carefully
- Objectives, results and discussions are not strongly interrelated, and discussion is scanty
- Problem in proper identification of interviewee and reference materials,
- Research topics that are recently finalized and under study are identified as research gaps, eg. Validation of syndromic approach already done by EHNRI, WHO, MOH and CDC. There are also some studies done on TB, which should be included in the review.
- The consultants used the old strategic framework for HIV, but HAPCO has developed a new version of it and can consult HAPCO. The TB program has its own 5-year plan and the proceedings of program review meetings, the consultants can consult the MOH for this.

Eg. The 4 PMTCT sites established by UNICEF should have been written as “in collaboration with UNICEF, MOH & HAPCO”, since it is a result of this collaboration.

- Review the TB Research Agenda already existing in the national TB/Leprosy control office of the MOH.
- Require to define gap and methods of priority setting and gaps
 - What is the bench mark indicator to measure the gap i.e, how they extracted the gap/methodology? This is not clear in the document and should be clearly stated.
 - Ranking should use standard criteria for priority setting.
- There are also some corrections like "Secretariat library " which should be stated as AIDS Resource Center, "Secretariat report" should also be stated as HAPCO report
- "Qualitative/Quantitative approach - methods – need proper explanations
- Page 15 - "methodological tools discussed with a CDC-expert in Atlanta" Should be rephrased as "discussed with experts" since it gives different connotations.
- Use of the word "several". It is good to indicate the exact number in order to avoid vagueness in a study since nothing quantified is stated initially e.g.
 - 5.1.1. - "Several key & relevant research have been conducted" ". Be specific.
 - Executive summary needs revision
 - Page 20 ".... of the overall STI related research." How many are they?

Objectives:



- It was wise to take one research topic at a time and deal with each properly since these three are broad research topics.

- Target audience as well as information collection tool are also different and hence you need to separate this
- The objectives should be written as indicated on the terms of reference.

Methodology

- Absence of study design and sampling techniques, the only thing stated in the methods part was the method of data collection.
- There is no sampling technique mentioned in the document but it is not clear how and why EPHA set 10 and the consultants went to 45.
 - Page -15 "..... We believe that >85% have been included" How do you justify this statement where you have not used a sampling frame.
- Comments on pre-testing the instrument
 - Mention the number of participants & some of the major feedbacks incorporated.
- Questionnaire didn't include issues such as mainstreaming & capacity of the organization, but this is one of the issues stated in the TOR.
- Page 14- "quantitative approach - in- depth interview" (but most question were closed ended) this has to be corrected.
- Who collected the information using the questionnaire should be stated clearly? The qualifications of the data collectors should be stated clearly.
- Comments on the FGD
 - Why and how they classified into two
 - Number of participants in each group
 - Homogeneity is not maintained - diverse ideas
 - Conduct additional FGD and policy makers separately to identify their priorities and gaps from researchers, service providers, trainers, friends
- Page 15-16 doesn't have any relation with analysis
 - Describe how the collected qualitative and quantitative data were organized & analyzed

Results

- Comments on the table
 - Put numbers in front of percentages n (%)
 - Listing in alphabetical or according to their frequency (rank)
 - Put breakdowns on the tables not on the text (separately)
 - eg. -Surveillance & research
 - Care & support to PLWHA
- Unacceptable redundancy
 - Text should not contain all the figures found in the table
- Page 17 - specify number of published, unpublished reviewed
- HIV/AIDS,STI,TB related studies shall be analyzed & grouped by major category as Clinical, Public Health , Epidemiological, Socio-Economical etc. and by sub-category
 - eg. By year, sex & scope of study (national/regional/specific target group); Put published/unpublished thesis, research, reports, assessments separately (Don't mix them-up)

- Page 18
Surveillance & research? (Treat these separately)
- Page 21 "institutions dedicated to HIV/AIDS." (Involved in)
- Page 22-23
5.2 - is a repetition of methodology
5.3- missions & objectives of the institutions..... (or merge 5.2 & 5.3)
- Page 24
HAPCO/RHAPCOs are not included under gov't institutions involved in HIV/AIDS
- Page 24
5.4- "The aim of the gap identification.for the betterment of health care system in Ethiopia." Need rephrasing since the gap identification is not addressing only health problems"
eg. Prevention & control of HIV, STI, and TB impact alleviation
- Page 25
5.4.1. Table 2 it is stated as distribution of respondents but it should be stated as
 - "Frequency of distr. of respondents"
 - Other issues constitute 72% which ranked 3rd, it is good if it is listed.

Results

- Integrate findings of qualitative and quantitative data to supplement your analysis on literature review of the researches conducted on Ethiopia in HIV/AIDS/STI/TB
- Redundancy about FGD
- Page 27
Table 3..... STI research gap.....critically examine
 - Prevalence/surveillance -52%
 - Epidemiological studies 32%
 We can't separate prevalence studies from epidemiological studies.
- Identifying redundancy of research topics and duplication of efforts was one of the items to be assessed as in the TOR but nothing is done with this respect.
- Page 30
"Currently 15 pilot PMTCT sites are to be established all over the country
(There is an information gap since the sites are currently more than 15)
- It is also mentioned that "TB drug resistant survey is currently ongoing in AA....." but it is on going all over the country. Therefore it is suggested that, either get full and correct information about these activities or just focus on the research topics
- Page 32
Challenges.....
Not properly addressed, it is better to merge it with those on page 28 under the title "other challenges & obstacles".
- Page 32
Prophylactic effect of INH on TB, not the converse.

Priorities

- Is it a reference document or subject to be operationalized as per the mandates of the main actors on HIV,STI & TB ? Make it purpose oriented by classifying it for different groups of implementers like, teaching institutions, research organization, service givers etc.

Then,

- Priorities may require grading. eg. National, regional community ...etc,
- May require consensus building discussions with the major actors
- Page 35
 - Resource requirements are not exhaustive and hard to recommend
 - Require proper evaluation of institutional capacity
 - Discussion is mixed with results and recommendations
 - eg. "Current IEC materials should be assessed" this should be on the recommendation.

The other e.g. is "parliament & policy issues should be reviewed" it should go to the recommendations, however the consultant themselves should do this review.

 - Discussion shall be the domain of the consultants (their own interpretation of the results) of course, based on the data gathered
 - E.g. the experience of other countries can be discussed
 - Nothing was mentioned about TB
 - What are the limitations this assessment/study
 - The group was reserved to comment on the recommendations, because, comments provided so far by the group will definitely change the recommendations provided on this draft document.

Comparison of scope of work as the TOR & Performance

Grade 1-5

1. Least performance
2. Unsatisfactory
3. Satisfactory
4. Good
5. Best performance

<u>Number of scope of work</u>	<u>Grade</u>
1	2
2	3
3	2
4	1
5	1(shall be done in the next step)
6	Relevance is questionable
7	2 (central & relevant)
8	1
9	1

10	.....	1 (too ambitious scope)
11	.....	2
12	.....	1 (capacity was not seen)
13	.....	5
14	.....	Grade is not given

DISCUSSIONS ON THE DOCUMENT BY GROUP C

Members of Group C

Dr .Yemane Teklai

Dr .Zelalem Gizaw

Dr. Zelalem Kebede

Ato Shemsu Ali

Ato Shimelis Tibebe

Ato Negga Baraki

Dr. Tegbar Yigzaw

Dr. Omer A Omer

Executive Summary

- Not refined/sources not cited properly
- Has editorial errors (spelling/grammar)
- Avoid the phrase ‘Key players’ and replace it with ‘consulted institutions’
- Research endeavours in TB and STIs have a long history (>20 yrs) in Ethiopia.
- Avoid subtitles (replace with paragraphs).

Introduction/Background

Page 1, 4th line up from the bottom of paragraph 1: Should be ‘ADOPTABLE’ instead of ‘ADAPTABLE’

Page 2, Para 2, line 5: ‘Coordination between institutions undertaking research in these areas were not adequately addressed’. Explain why.

Background

- Repetition of sentences and paragraphs
- Demographic and vital statistics data incorporated need to be updated
- References should be included
- Some of the studies cited may require validation (e.g., syndromic management of STIs)

National response

- All research undertakings should have an element of monitoring and evaluation
- There should be a structured system for the prioritization of research agendas under a national system/program
- All health related interventions should have strong research components incorporated from the outset.
- Page 8, panel 2: Update the panel (14 areas of intervention)

Methods

- Categorize published research, thesis, reports, proceedings, surveillance, etc
- Show numbers before percentages
- The way the methodology is presented appears that due/critical analysis of the literature appended was not carried out
- The complementarity between the quantitative and qualitative research findings not clearly outlined in the document
- Criteria for the selection of discussants in the FGD and individual interviews not indicated
- It appears that the qualitative method is given more emphasis than the analysis and the argument is based on the quantitative data, especially the literature review.

Results

- Distinction b/n published research, reports, surveys, etc
- HAREG/PMTCT Project: USAID not mentioned as a partner
- There should be a separation of ongoing and completed research cited in the document (e.g., PMTCT).
- Figures/findings presented in the panels should be in the order of their ranks and errors in rounding up figures. Percentages should be corrected

Research gaps identified

- Criteria and the selection process for the selection of the research consultants not clearly outlined
- The mix of participants in the FGD should be noted and excerpts from the discussion and the arguments for or against the key issues presented

Research gaps identified – 2

- The differences in the ranking between quantitative and qualitative researches should be justified (HIV/AIDS: 25 and 33)
- To make the recommendations plausible, the findings of the quantitative and qualitative findings should be outlined clearly to show a well-structured and congruent approach without making the document unmanageably bulky

Challenges

- Substantiate the comments made on challenges and obstacles faced in the research environment in the country
- Lack of advocacy/lobbying on the part of researchers apparent
- The link b/n policy makers and research community is not strong
- Marked lack of individual/institutional capacity all over the country
- Networking b/n research and academic institutions weak and has no legal framework
- There is a need to organize nation-wide, continuous and state-of-the-art training sessions on conducting research.

- Ethical issues related to all research proposals should be dealt with in a clear and unambiguous manner. All the facts related to ethical issues should be substantiated.

Focus Group Discussion

HIV/AIDS related research:

- Page 29, 'HIV is not a health issue and how best it can be mainstreamed to other areas needs to be determined'. There are guidelines on mainstreaming, which require referring.
- KABP studies appear in the document to be of less importance in the ranking of priorities
- Child/adolescent health services and interventions in HIV/AIDS are not mentioned in the document (in- and out-of-school) and targeting on research in the fields mentioned above should be given emphasis.

Challenges – page 32

- Absence of resource centers for researchers
- Institutionalization of research activities should be urgently addressed
- Research methodology should be incorporated in the curricula of pre-service training institutions and should be provided continuously in the form of in-service and medical education.
- All research undertakings should be backed up with element of social science/qualitative research whenever appropriate. Findings of qualitative research should complement and/or guide quantitative researches.

Research priorities Identified

- Findings of the literature review not included in table 5, including the text.

Resource Requirements

- All relevant disciplines should be included: social/behavioural science, economics, preclinical disciplines, public health, legal/medico-legal, ethics, political science, etc.
- Recommendations forwarded in the document should be compatible with the findings of the literature review and where there is a discrepancy, adequate justification should be provided.

Resource Requirements

- Emphasis should be given to institutional and interdisciplinary coordination to ensure the success of research undertakings.
- Individual good-will, honesty and positive interpersonal relationships are also as equally important.

Discussion

- Quality of proposals should be of a high standard to ensure approval for funding.
- The primary focus of research should on issues of great national interest

- Problems stated in the document regarding surveillance, coverage and efficiency should be evidence based (pp 30,37)
- The arguments in the discussion should be based on the results described.

Recommendation

- What is the criteria set for prioritization?
- The strategy for PMTCT should be elaborated
- The behavioural/social science aspects are not addressed adequately
- There is no detailed work-up on ART in the previous sections of the document, particularly under discussion, leaving the document to be incoherent on this regard.
- Page 45: Doesn't reflect rankings in the panel
- There is no ownership of research dissemination, validation and 'commercialization', areas that should be strengthened.
- Page 46: There is a conflicting remark on the 2nd paragraph with remarks in the previous sections of the document.

Setting Priority Agenda

- Suggested strategies look like recommendations. The strategies should be designed in concordance with the findings of the research and analysis. (e.g., community based research is not based on the findings)
- Some of the recommendations are stated forward without any basis in the sections describing the findings or discussion.
- Strategic issues are not addressed well.

TB Research Gaps

- The basis for the formulation of the gaps identified should be clearly outlined.
- The gaps and priorities should be in the main body of the text rather than annexed.

TB Research Gaps

- Bulleted versus starred statements: Are the starred statements further explanations of the bullet points?
- There are several redundancies/repetitions in the text
- Page 63: Why only mention of laboratory coordination?

Other Issues

- There is lack of research institutions instead of lack of research unit at FMOH. (Inconsistency regarding commitment and policy in pp 28, 29, 46 and 63)
- The research priorities listed on page 63 are rather recommendations.

Discussion on the group work presentations

Comments

Group A noted that the intended audience of the document was not clear and suggested that the target should be both researchers and policy makers. This has to be clearly stated in the document. They also said that some issues that were not mentioned in the literature review have appeared in the recommendation. The group expected the recommendations to emanate from the stated results of the study and not from the personal opinion of the consultants. Recommendations also have to be evidence-based and the consultants have to adhere to their findings.

The group later recommended a thorough analysis of the literature review of the research conducted and examined the complementarity between the findings in the literature review and the qualitative methods used in the study. If there is a difference, it has to be explained, the group noted adding that the ones described in the document as strategies are actually recommendations and they lack foundation as the document did not first take up strategic issues. This needs to be corrected.

One participant said that the identification of strategic issues was not related to the objective of the consultants and that even then they did not do SWOT analysis to forward strategic issues.

Reacting to this comment, it was said that the consultants had already done situational analysis, which is equivalent to SWOT analysis. Anyway, the most important point is for them to differentiate between strategies and recommendations.

The EPHA-CDC project officer reacted to the query posed by group A as to why malaria was ignored in the study. He admitted that malaria was a major public health problem in Ethiopia but justified the selection of TB and STIs along with HIV/AIDS for this project by saying it was merely due to the known association between the three entities. Finally he reassured that malaria would be considered in future undertakings.

The EPHA-CDC project officer also elaborated on why 10 institutions were suggested to be covered initially and were later changed to 45. He said it was not the EPHA that identified the 10 institutions; rather it was the original proposal by the consultant team. But later in due course and with the development of the instrument and protocol the project suggested it and the consultants agreed to increase the number.

He also noted that there could have been some unforeseen challenges faced by the consultants in accomplishing the task as per the TOR but these were also dealt with through dialogues between the two parties. Explaining why they wanted to compare with the TOR, the group said that they only wanted to show the overview. Otherwise, some of the points in the TOR were out of the scope of the consultants' assignment. They advised EPHA to revise some of the issues in the TOR and make sure that it is appropriate to the purpose. The EPHA-CDC project manager reacted saying they had the TOR reviewed by ten experts and revised three times but also agreed to consult relevant offices in the future while developing TORs.

One participant said that he didn't agree to the suggestion by Group B for the consultants to review the whole document of plan of action and proceedings on TB available at the MOH. It would be sufficient to see the research agenda and come up with recommendations to develop it further.

In a reaction to the previous comment, participants emphasized on the fact that the consultants did not refer to the available documents adequately or at least there was no convincing evidence that they have done that. They claimed it would have been nice to get through the various resources at hand like the strategic plan, the 5-year plan of action for TB and Leprosy, TB research agenda and the report of independent external reviewers at the MOH. Moreover, it was felt that they did not discuss with the experts working at MOH who otherwise would have revealed more information. This has to be taken into account before finalizing the document.

Distinction has to be made between surveillance and research. Since they are different in purpose and quality, they have to be treated separately. While research is about generating well-designed information that is reproducible and publishable, surveillance is a system in place to evaluate the operation of a program, to improve quality of the service and so on but not published in any reputable journal.

I do not agree to the suggestion by group B who said that the discussion is in the domain of the consultants. We should not advise consultants to put in their opinions; rather the discussion has to be on the proper interpretation of the findings based on their findings.

Responding to this comment, group B members said they wanted to pinpoint the problems they noticed in the discussion part. Even at the level of the discussion, the consultants were focusing heavily on what the respondents said. It would have been better if the consultants organized and synthesized their findings and gave their own interpretation of the results they got.

Group B should not withhold its comments on the recommendations. If you are reserved on that, then what is the whole purpose of this gathering? We do not expect the consultants to take up everything suggested as recommendation but they would definitely benefit from your ideas and I suggest that you pass it to them if you have comments.

Reacting to the previous comment, group B members clarified their position. They said the assumption of the group was that the current recommendation would in anyway markedly change if the suggestions elsewhere in the document were incorporated.

The objectives have to be SMART. However, in the document we did not see measurable indicators. This has to be considered.

There should have been more focus group discussions for a national agenda by inviting various sectors and stakeholders. With that we could have generated better information. Then similar agencies would have to be put in one FGD group, such as UN organizations

together with community organizations like Idirs in another group, research institutions in another and so forth. The homogeneity is important to keep the discussion focused. Otherwise, there would be diverse views ending up in a rather diffuse futile argument.

Certain important institutions were not visited who, if consulted, would have provided better information. Similarly senior personalities were not consulted. It is also very important to get the opinions of the various stakeholders in priority setting.

The consultants elaborated that they had asked the heads of institutions, professionals, and service providers to forward priorities.

Participants enriched the previous point by saying that they cannot have a single set of priorities, which will satisfy the needs of all stakeholders. Because institutions are likely to have different priorities and the few individuals asked by the consultants are unlikely to provide the full picture in their institutions, major stakeholders have to be identified and brought together.

Regarding priority setting in health matters, there already are established standards like burden of disease, severity of the problem and resource considerations. The consultants have to stick to this and other standards in setting priorities. The consultants also need to have updated and latest source of information.

There are serious problems in the methodology. For example, the document does not show us the population of institutions from which 45 were selected and does not tell us how they were selected.

You need not write all the things in the tables in the text. It would suffice to mention the major points in the table in the text where the consultants want the reader to pay attention. A related issue is that information not mentioned in the table should not appear in the text.

You should not talk about the CDC-expert consulted about your design. If you have to mention it, it has to be in the acknowledgement. Otherwise it may have other connotation.

I don't see the relevance of mentioning advocacy and coordination as resource requirements.

Regarding research unit under MOH, we not intend to underplay its importance. However, considering the bureaucracies at the higher level, it is better to take it down to the grass roots level, where the action is taking place. However, it is also good to have a unit in MOH as it is a policy setting and regulatory body.

HIV/AIDS is not only a health problem. We need to know the opinion of different stakeholders like religious leaders, legal institutions, and different associations. The document did not incorporate this.

The government has shown its commitment to research by allotting as much as 1.5% of its GDP for research. The problem is the limited capacity on the part of researchers and institutions.

Health professionals need to deal with their attitude and start working together for the betterment of health of the society and the practice.

Q. Research is being done everywhere without any systematic control in funding, ethical clearance and dissemination of results. What does the group recommend on how to better organize, coordinate and monitor? What mechanisms should be in place?

A. Regarding ethics, as part of the capacity building exercise in the country, AHRI would be working with institutions to strengthen the ethical review process in a year or two.

General comments by the consultants

The consultants thanked the workshop participants for their constructive comments and indicated that they have most of the required information in their database and promised to incorporate most of the suggestions. However they noted that they might ask EPHA to extend the date for finalizing their reports so that they can accommodate the recommendations.

Closing remark by Dr Yemane Teklai, ESTC

Dr. Yemane appreciated the partnership between EPHA and CDC, saying it was a new tradition for a professional society to play a very active role in research and development especially in the area of health. He also reiterated the recent endeavour to build research capacity in the country. He said this all round capacity building will be financially and technically supported by the EPHA-CDC project together with ESTC. Both regional and federal institutions are eligible and 500 researchers would be trained in few years time. He said ESTC is working on designing health research programmes.

He further mentioned that ESTC is looking for institutions that would serve as centers of excellence in various health research agendas. He described ESTC's plan to prepare a standardized and uniform scientific review system for health research at a national level. He disclosed ESTC's attempts to revisit health science technology policy so that it can address emerging research agendas like HIV/AIDS.

Annex.

Workshop program

Wednesday- April 28, 2004

8:30 - 9:00	Registration
9:00 - 9:10	Introductory Remark: Project Officer
9:10 - 9:20	Opening Address Dr. Getnet Mitike Secretary General, EPHA Chairperson: Dr. Yayehyirad Kitaw Chairperson, EPHA/CDC Project Cord. Committee (PCC)
9:20 - 10:00	Presentation of the study Consultants Chairperson: Dr. Yayehyirad Kitaw Chairperson P.C.C.
10:00-10:20	Coffee Break
10:20-11:30	Presentations by consultants cont'd.
11:30-12:10	Reflections of the participants on the presentations and quick reaction by consultants Chairperson: Dr. Yayehyirad Kitaw
12:10-12:30	Group formation Organizers
12:30-02:00	Lunch Break
02:00- 3:30	Group work Each group will assign a chairperson and secretary
03:30- 4:00	Coffee break
04:00-5:00	Group work cont'd.

Thursday, April 29, 2004

09:00 - 10:00	Group work cont'd.
10:00 - 10:30	Coffee Break
10:30 - 12:30	Group work cont'd.
12:30 - 02:00	Lunch Break
02:00 - 04:00	Group work cont'd.
04:00 - 04:30	Coffee Break
04:30 - 05:00	Group preparation for presentation

Friday- April 30, 2004

Chairperson: TBA.

08:30 - 09:00	Group - A Presentation
09:00 - 09:30	Group - B Presentation

09:30 - 10:00 **Coffee Break**

10:00 - 10:30 Group - C Presentation

10:30 - 11:00 Group - D Presentation

11:00 - 12:30 Discussion

12:30 - 02:00 **Lunch break**

02:00 - 03:30 Discussion cont'd.

03:30 - 04:00 **Tea break** and end of workshop

Annex2. List of Participants

Ser . No.	Name	Region	<u>Organizat ion</u>	Position	Tel. No.	E-mail Addresses	P.O. Box
1	Dr. Eshetu Lemma	Addis Ababa	EHNRI	Dept. Head	09/24-70-91	eshol@yahoo.com	1242
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5	Ato Teklaye Alemu	>>	MOE	>>	56-55-28		1367
7	Dr. Wondwossen Amogne	>>	AAUFM	Ass. Professor	51-06-53	wondwossen@hotmail.com	25311
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14	Ato Nega Baraki	Alemaya	Alemaya University	Asso-Dean FOHS	66-73-49		235 (Harar)
15	Dr. Fikru Tesfaye	>>	DCH, AAU	Teaching	53-15-67		
16	Dr. Getnet Miteke	>>	EPHA	>>	51-11-19		
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25	Dr. Dagnachew H/Mariam	>>	ESTC	Dept. Head	551-21-34		
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27	Misganaw Lijalem	>>	HAPCO	Team leader	50-34-73	misganaw2@yahoo.com	
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37	Dr. Yiyehyirad Kitaw	>>	EPHA	Exc. Committee Member	09/22-86-01		5139 56