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Health Service in Ethiopia

Health Situation in Ethiopia

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INTRODUCTION AND OVERVIEW

Ethiopia has one of the worst health status in the world as could be attested by conventionally accepted health indicators (Table 1). The Ethiopian health care delivery system has historically been unable to respond qualitatively or quantitatively to the health needs of the people. It has been highly centralized and services are delivered in a fragmented way with a reliance on vertical programs and there is little collaboration between public and private sectors. At the centre of the problem is the backward socio-economic development resulting in one of the lowest standard of living, poor environmental conditions and low level of social services. This prevailing situation has been aggravated, in recent years, by the high population growth, the long and non stop civil war and the Ethio- Eritrean war which highly contributed to under funding of health sectors. The other cause of health situation in Ethiopia can also be attributed to the isolation of large segment of society from the modern health sector. Wide spread illiteracy prevents the dissemination of information on modern health practices. A shortage of trained personnel and insufficient funding also hampers the equitable distribution of health services. Above all most sounding health institutions are concentrated in urban centres while 85% of the population are rural.

communicable diseases are wide spread and nutritional disorders are quite common. About 75% of the endemic diseases in Ethiopia are communicable and potentially preventable. Major problems amongst these include hygiene related diseases, malaria, tuberculosis and sexually transmitted diseases such as syphilis. Malaria at the moment heads the biggest of all killing diseases, quite often occurring in epidemic forms. Up to recent years AIDS had been considered as less threatening problem in comparison to other killer diseases such as malaria. But the alarming current figure (one of the biggest in Africa) shows the level expansion and made it



Table 1: Selected Health Indicators

Infant Mortality Rate (IMR)	110/1000
Child Mortality Rate (CMR)	99/1000 C
Maternal Mortality Rate (MMR)	5.6/1000
Life Expectancy at Birth (LEB)	53.4 yrs, 47 in 2000
Fertility Rate (FR)	7.5 C/W
Crude Birth Rate (CBR)	46.7/1000
Crude Death Rate (CDR)	17.9/1000

(Most data are attained from Ministry of Health MOH)

As in most developing countries Ethiopia's main health problem is communicable disease caused by poor sanitation and malnutrition exacerbated by shortage of trained man power and health facilities. Infectious and

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obvious that the matter should be taken seriously. The epidemic started in the mid 80's. By now large segment of society are affected in the cities and the expansion continued in the rural areas in significant rate. The so called integrated policy was issued in 1998 under the direct supervision of the president in response to the problem has still been under question due to its bureaucratic set up. The lack of co-operation between and among various sectors hamper the effort and only recently the multi sector approach is recognized as the only way to stop the expansion.

Nutritional disorders are also important causes for morbidity and mortality. Major problems in this area are protein-energy malnutrition and micronutrient deficiencies such as iron, iodine and vitamin A. The average per capita intake of energy is estimated to be 7,330kJ (1750 Cal) which is about 80% of the daily average requirement. A recent study of the nutritional status showed that amongst children who are under five nearly 5% show wasting, 47% are underweight and 64% are stunted. About 1% of the child population show vitamin A deficiency and 17% of pregnant-and lactating mothers have been found to have anemia.



The health service system has eight specialized vertical programs functioning at various degrees of involvement and effectiveness. These include malaria and other vector borne diseases, tuberculosis prevention and control, leprosy control, AIDS and other sexually transmitted disease prevention and control, the expanded program on immunization, control of diarrhoeal diseases, acute respiratory diseases control and prevention and control of micronutrient deficiency diseases. Though the priorities are right the programs lack appropriate direction and management and most often are undermining the other services. They are also grossly under funded making their activities a futile exercise with little impact. Health professional training and specialized health research institutions are very few, under funded and overcrowded (Table 2).

Aggravating these states of affairs are, the rapidly growing population and the lack or inadequate infrastructures which contribute to the general well being of the population. The population has been increasing at an average rate of 3% per annum for the last decade and is expected to continue to grow on or slightly above this figure for the coming decade.

Table 2: Human Resources Training Institutions in Ethiopia (MOH)

Institution	Certification	Duration of Training	Output
I. Medical Schools (3) Addis Ababa Gondar Jimma	MD	12+7	150
II Nursing Schools (7) Addis Ababa Assella Gondar Jimma Mekelle Nekemt Yirgalem	Diploma	12+1/2	360-450
III. Paramedical Schools (7) School of pharmacy (A.A) Lab. Tech. (Jimma, A.A) X-ray Tech. (A.A) Pharmacy Tech. (Jimma) Sanitarian (Gonder, Jimma)	B.Sc. Diploma Diploma Diploma Diploma	12+5 12+1/2 12+1/2 12+1/2 12+1/2	10 90 20 30 80
IV. Health Assistant (AA Aw, B, D, Met, D.T, B.D. AX, Ai, H, Sh, Y)	Diploma	10+1 1/2yrs	730

According to the estimate based on recent census, the population of Ethiopia in 1995 is 56.5 million, most of them young and a staggering 70% made up of children (under 15) and women in childbearing age (15-49). The total fertility rate is 7.5% with a wide regional variation. In spite of such a growth rate contraceptive use is only 4% and only 15% of the expectant mothers receive

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antenatal care out of whom 5% delivered by trained personnel.

The national per capita consumption of water is estimated to be about 10 liters per day and is one of the lowest in the world. According to a recent survey about 12% of the rural and 70% of the urban population have no access to safe water and the national sanitation coverage is only 7%. The health care infrastructure has been crippled by the decades of war and neglect. Roughly more than 50% of the health facilities are in urban areas most of them are in the capital. Over 30% of the health facilities need either major repair or replacement (Table 3)

Table 3: Distribution of health facilities by region (MOH, 1994)

N	Region	Hospitals	Beds	Health centers	Health Stations
1	Tigray	6	864	12	138
2	Afar	1	60	3	24
	Amhara	10	1 298	39	461
4	Oromya	21	2126	49	801
5	Somali	3	206	4	88
6	Ben-shangul	2	203	5	55
7	SEPPRA	9	827	21	317
8	Gambella	1	100	1	30
9	Harar	3	345	3	11
10	Dire Dawa	2	206	1	25
11	Addis Abeba	14	3 302	15	144
	Total	72	9 538	153	2094

Health education is rudimentary and in many ways lacks a clear objective, focus and a cohesive direction. There are hardly any environmental monitoring, guidelines for protection and safety and public standards of hygiene. Large industrial or agricultural schemes are neither given proper advice during planning nor regularly monitored after commissioning. As a result there is a great deal of unnecessary pollution and exposure of the workers and community to communicable diseases such as malaria and schistosomiasis, hazardous chemicals and by-products.

The health service organization and management is very centralized, undemocratic and unprofessional with very minimal community participation. This has a great deal of undesirable impact on efficiency and resource allocation. Health care is delivered in a purported pyramidal six-tier system which in practice is more of a reversed pyramid. There is also a dearth of problem in human resource development and utilization in the health sector. Health professionals tend to heavily concentrate in urban areas, particularly in Addis Ababa. There is a relative shortage of front line and middle level professionals resulting in non-ideal ratio between doctors and other professionals. There is also a mismatch between trained professionals and health

facilities resulting in an extraordinary situation whereby doctors are underutilized in a country with one of the lowest professionals to population ratio (Table 4). All these factors, in addition to the poor pay and incentive system, has created a body of professionals who are mismanaged, disinterested, unsympathetic and unethical.

Table 4: Number of health workers per population (MOH, 1994)

Medical Doctors	2,214	1: 24,841
Nurses	5,000	1:11,000
Health Assistants	13,500	1:4,074
Lab Technicians	900	1:61,111
Pharmacists	650	1:84,615
Druggist	450	1:119,565
Radiographers	311	1:176,848
Sanitarian	687	1:80,058
Total	23 722	1:2 318

The health service has always been under funded but in the last decade or so this has been aggravated by the decline of per capita share of public expenditure in health due to the dramatic growth in population and the reallocation and utilization of resources for the endemic war efforts of the regimes. The sector's share from government expenditure has remained below 5% (under 2% of the GDP) for the last 10 years (promised to be higher).

In general the major features of health service expenditure in Ethiopia are:

1. Most of the recurrent budget is spent on war effort, wages and salaries, making very little money available for running expenses, drugs and medical supplies.
2. There is an imbalance in expenditure between services since most of the money is spent on curative care.
3. Funds are also inequitably allocated with most of it going to health institution in Addis Ababa.
4. There is an ad hoc system of cost recovery in place but it is grossly inefficient and grossly misused.
5. Though the capital expenditure is relatively small, the implementation has been very poor, averaging just over 50% for much of the past decades.

In summary, the major constraints of the health service are the low number of health care facilities which are ill-equipped, mal-distributed and in a state of disrepair, an ineffective health care delivery system which is top heavy, uncoordinated, inefficient and biased towards the curative service, a very centralized and undemocratic health care delivery system and management, an acute shortage of human and material resources with inefficient utilization of the available and the almost nonexistent involvement and participation of the private sector and the beneficiary communities.

WHAT SHOULD BE DONE?

The main objective of the health service in the future should focus on giving a comprehensive and integrated primary health care in health institutions at the community level. The approach should emphasize on the preventive and promotive aspect of health care

without neglecting essential curative services. The focus shall be on communicable diseases, common nutritional disorders and on environmental health and hygiene; additionally on maternal and child care, immunization, reproductive health, treatment and control of basic infectious diseases. Other epidemic diseases like malaria and the control of sexually transmitted diseases particularly AIDS shall receive special attention. Information, education and communication about health and nutrition shall be strengthened. Human and material resources shall be developed, deployed and managed in line with these objectives.

1. STRENGTHENING THE PREVENTIVE AND PROMOTIVE HEALTH SERVICE

More than 80% of the common diseases are infectious and communicable and some of them occurring in epidemic forms. This is mainly due to the poor standard of housing, the lack of potable water and inappropriate disposal of waste. Most of the epidemic diseases occur in populated and conducive areas such as irrigated agricultural schemes indicating that they are potentially preventable and it would be cost effective to spend the limited resources on preventive and promotive actions. Thus, the long term health service strategy as much as possible should concentrate on prevention of common infectious and communicable diseases and the control of major epidemic outbreaks. Such goals will be achieved on the main by enhancing information, education and communication about health and well being and through provision of basic immunizations and promotion of environmental and personal hygiene.

1.1 Community Health Service

A basic health service at the grass-root level will facilitate the implementation of the above strategy by making the health care delivery more accessible, affordable, cost-effective, efficient and sustainable. Primary health care units with standard facilities and staffing serving a manageable population and equitably distributed throughout the country shall be established.

1.2 Environmental and Occupational Health and Safety

Agricultural schemes and industries will be expected to have strong health prevention and promotion programs. Starting from inception, appropriate environmental health advice have to be sought and incorporated in the project. Guidelines, standards, regulations and legislation will be prepared in order to assist the community, planners, builders, agricultural schemes and industries on safe disposal of waste, minimizing environmental pollution and incorporating appropriate health and safety standards in housing and work premises.

2. CURATIVE AND REHABILITATIVE CARE

Essential curative service will continue as this is part and parcel of a comprehensive health service to the community and vital in assisting the preventive and control efforts. Specialized curative care will not be expanded in the short to medium term and public support will only be in the form sustaining the already existing services. In as much as possible rehabilitative care will be encouraged within the family home setting and specialized institutions in public hands will be gradually phased out or transferred to private concerns.

3. DRUGS AND MEDICAL SUPPLIES

The major problem in the country with respect to drugs and medical supplies is the fact that they are in short supply at health institutions and private vendors most of the time. Lately, they are becoming more and more inaccessible and unaffordable to the vast majority. This is mainly because drugs and medical supplies are

imported and systems of procurement and distribution are not well organized. As drugs become in short supply and inaccessible, the visible symbol of quality care disappears and public confidence in the overall health service is eroded. Provision of a good quality primary care cannot be envisaged without a regular and adequate supply of drugs. As a matter of fact some drugs which are imported by NGO for free delivery are subjected to waste due to the disagreement between government and NGOs in supplying them.

In the short term, basic drugs will have to be made available at all health care units and essential drugs provided in a sustainable manner. Preparing a list of essential drugs and medical supplies for all levels of the health service must be given priority attention. Overhauling the system of procurement, distribution, storage and utilization of drugs and medical supplies will then follow. In the medium and long term, production capability of basic drugs, medical supplies and vaccines need to be built and quality control mechanisms instituted. An appropriate drug administration and regulation and public awareness in the use and misuse of drugs shall be an essential component of a good health service.

The private sector shall be encouraged to participate in procurement, distribution and production of drugs and supplies. The government will also create a conducive environment for mobilization of resources and assistance by NGOs and international donors.

4. HEALTH INFORMATION, DOCUMENTATION AND PROCESSING

There is a great need for information, documentation, and processing in the country. Vital statistics, demographic and health data are non-existent or poorly recorded. As a result it is very difficult to plan and make informed decisions. Basic information need to be gathered at the primary health care units and information documented, partially processed and utilized locally and transferred for central documentation and processing. The information must be available for all who need it and a system will be developed for rapid and effective dissemination and utilization at all levels of the decision making process. This will greatly facilitate the efficient delivery of health care, resource allocation, monitoring and evaluation.

5. ORGANIZATION AND MANAGEMENT OF THE HEALTH DELIVERY SYSTEM

The existing health service is highly centralized, bureaucratic and non-participatory in its management and service delivery. The room for working together does not reach a level of satisfaction. We might be accustomed to complaint by different NGOs and private investors for non co-operation of government. The need for transparency, for the purpose of helping the people in need must be given priority. The health care delivery is organized in a tiered pyramidal system like any other government institutional structures which are designed to response to power structure rather than to problem areas.

The existing autocratic health management shall be localized and decentralized and open to all concerning individuals or organizations with the appropriate linkage. Each health unit shall democratize its internal management with active popular participation of the staff and continuity. All health institutions shall incorporate in their health care service, preventive and promotive aspects of health, education on health and nutrition, promotion of personal hygiene and environmental health and safety, appropriate for their level. The present

vertical programs shall be gradually phased out as their design will be attended to in an integrated fashion. The existing institutions will have to be restructured so as to come in line with the new system approach.

Each unit will have to be provided with at list a minimum standard of facilities and staffing and will have a continuous supply of basic drugs and medical supplies. Voluntary participation of the community in mass immunization and control campaigns, health education, neighborhood environmental care and the care and maintenance of their local health facilities shall be raged. Intersectoral collaboration shall be intensified. Provision of potable water, safe disposal of waste, environmental hygiene, disaster management, care of groups with special needs and at schools.

6. HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

Manpower in the health service is small in number, underutilized in some cases and does not have the appropriate level and mix of skills. It has an uneven distribution and is top heavy. An appropriate system of supervision and monitoring is also lacking. Performance and standards have been insufficient for a number of reasons, particularly due to lack of appropriate career structure and incentive schemes. The administrative staff lacks professional competence and motivation at the level required for a social service such as health. Management at all levels of the health care delivery system appears to be headed by health professionals who neither have the training nor the motivation.

7. RESEARCH AND DEVELOPMENT

Research and development in health care, treatment and delivery systems is essential but can be very expensive and unaffordable if it is unrealistic and not appropriately guided. Future research in Ethiopia need to focus on priority health problems of the country and as much as possible address the needs in management and control of communicable diseases which affects majority of the population. It has also to identify peculiarities in the Ethiopian situation of common diseases encountered. Assessment of different health care delivery systems and finding better management and control methods will have important impact on the disease situation and contribute in minimizing cost. Capacity building in health research will enhance self-reliance and is important for the future direction of the health service.

8. FINANCING THE HEALTH CARE DELIVERY SYSTEM

The major reasons for the present poor state of health service are inefficient utilization and inequitable distribution. This can only be improved by increased public expenditure on health, private participation in health care delivery and rationalizing allocation of the budget and its utilization. The level NGO participation in health should also increase significantly. At the moment it is possible to say that it is undermined or the priority is not given to it. There must be a multi-dimensional policy regarding the co-operation in problem identification and response.

The private sector and non-government organization Shall be encouraged to invest in health care delivery and to participate in government and community efforts to strengthen and diversify health services. Enabling environment for the full participation, coordination and fund mobilization by NGOs, bilateral and multilateral agencies should be instituted and encouraged to contribute to the need of people.

Gesundheitsproblem Fluoride im Wasser

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Im Trinkwasser sind viele essentielle Mineralstoffe enthalten, die in einer geeigneten Konzentration gleichwohl gewünscht sind. Sie tragen zur Regulierung des Mineralstoffhaushaltes im menschlichen Körper bei. In zu hoher Konzentration können sie jedoch schädliche Auswirkungen haben. Zu diesen Elementen zählt z. B. Fluorid.

Es befindet sich in veränderlichen Mengen in fast allen Oberflächen- und Grundwässern. Der Fluoridgehalt von Flüssen und Seen liegt zwischen 0,05 und 0,8 mg/l. Deutlich höhere Gehalte findet man vor allem in Quellen- und Grundwässern. Der von der WHO bezifferte Grenzwert für Fluorid im Trinkwasser beträgt 1,5 mg/l.

Fluorid ist in geringen Mengen (1,5 – 2,5 mg/Tag) für die Knochen- und Zahnschmelzbildung des Menschen lebenswichtig. Wird das Element jedoch über einen längeren Zeitraum in erhöhter Dosierung zu sich genommen, kann dies erhebliche Schäden an Zähnen und Knochen hervorrufen. Unter diesen Schäden leiden Millionen von Menschen in der Welt, die das in ihrer Region hoch fluoridhaltige Wasservorkommen täglich nutzen und trinken.

Ein mit hoher Fluoridkonzentration bekannter Gürtel erstreckt sich entlang des Ostafrikanischen Grabens von Äthiopien bis Malawi. Hier verläuft eine der größten Bruchzonen der Erde, das sog. Rift-Valley. Der Untergrund dieser Zone kann mit fluorreichen vulkanischen Gesteinen aufgebaut sein. In einigen Regionen kommt das aufsteigende Grundwasser mit diesen Gesteinsschichten in Kontakt. Hier sondern die fluorreichen Schichten viele Fluoride ins Grundwasser ab. Dies lässt sich in verschiedenen Ortschaften Äthiopiens wie z. B. Wonje, Wonje-Metahara oder Wonje-Shoa beobachten.

Das durch vulkanische Gesteine aufsteigende hoch fluoridhaltige Grundwasser kommt durch Quellen oder in Brunnen zu Tage. Die dörflichen Gemeinden sind wirtschaftlich nicht in der Lage, das Wasser für alle Einwohner aufzubereiten. Vielen dient daher das Wasser aus dem Fluss Awash oder das besonders hoch fluoridhaltige Grundwasser aus Brunnen oder Quellen als Trinkwasser.

Seit 1970 wurden mehrere Studien über hoch fluoridhaltiges Grundwasser und dadurch verursachte Gesundheitsschäden in Äthiopien durchgeführt. Eine Studie über Wonje-Shoa zeigt, dass Wasserproben aus dem Awash bis zu 1,8 mg/l Fluorid und aus Brunnen bis zu 14,4 mg/l Fluorid aufweisen. Die durchschnittliche tägliche Aufnahme von Fluorid durch Trinkwasser und andere Getränke (Kaffee, Tee etc.) beträgt in einigen Bereichen bis zu 8,8 mg (aus: International Journal of Paediatric Dentistry, Vol. 13 Issue 1, P. 27, Jan. 2003). Durch weitere Studien in benachbarten Gebieten konnte ein Fluoridgehalt in Grundwässern bis zu 30 mg/l und höher nachgewiesen werden.

Die übermäßige Fluoridzufuhr kann besonders bei kleinen Kindern weißliche Flecken im Zahnschmelz hervorrufen, die sich bei weiterer Zufuhr bräunlich-gelb verfärben. Da die Zahnschmelzbildung noch nicht abgeschlossen ist, werden ihre Zähne brüchig, weniger widerstandsfähig und leicht abgenutzt. Bei langfristiger Überdosierung kann sich eine Knochenneubildung mit

Veränderung des blutbildenden Knochenmarks und Störung der Blutzellbildung entwickeln. Die Aufnahme von mehr als 8 mg Fluorid pro Tag über einen längeren Zeitraum führt zu einer Veränderung des Skeletts. Bei noch größeren Mengen kommt es zu neurologischen Symptomen (Nervenkrankheiten) und Schilddrüsenveränderungen.

Kein Wunder, dass man in diesem Gebiet Dutzenden von Menschen mit dieser Diagnose begegnet. Viele haben das Wasser seit Jahrzehnten getrunken. Bewusst oder unbewusst werden sie es heute, morgen und in den nächsten Jahren trinken. Heutzutage kennt fast jeder Einwohner des Dorfes die Gefahr, die in diesem Wasser steckt. Leider können die meisten Einwohner dieses Gebietes nicht auf das Wasser verzichten: nicht, weil es besonders gut schmeckt, sondern weil die Möglichkeiten, ein sauberes Wasser zu bekommen für die meisten Betroffenen zu teuer sind.

Links zu diesem Themenbereich:

[http://siu.no/vev.nsf/029fd74955b3675ec1256db30029dd6/4e39e923cb101cdcc1256bde003c223f/\\$FILE/Evaluation%20report.doc](http://siu.no/vev.nsf/029fd74955b3675ec1256db30029dd6/4e39e923cb101cdcc1256bde003c223f/$FILE/Evaluation%20report.doc)

NUFU-Awassa Evaluation Oct. 1999 : (2.3.8 PRO 61/96 Fluoride in Food and Water - Health Problem in East Africa)

http://www.who.int/docstore/water_sanitation_health/GDWQ/Updating/draftguidel/draftchap87.htm#8.7.1

World Health Organization (WHO)

Gonder Public Health College: 50th anniversary and upgrading to University

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Short Historical account

Gonder is an old town situated near Lake Tana and Semen mountains in North-West-Ethiopia. It is near to Sudan, and recently it has got good transport connections to Khartoum. Gonder had been a capital of Ethiopia for about 200 years until Addis Abbeba was founded as a Capital city of Ethiopia by Menelek the second some 120 years ago. The town has about 200,000 inhabitants. The majority of them are orthodox Christians of Amhara and Tigre Ethnic groups. The Moslems are the second majority followed by Catholics and Protestants. Gonder is one of the historical Places in Ethiopia. People sometimes say that Paris is to Europe what Gonder is to Ethiopia to emphasize the historical, and tourist attraction of Gonder. This is partly because of its 44 orthodox Churches, and Castles of the former Kings of Ethiopia. The town is center for traditional education on moral, theology and Ethiopian philosophy. The churches have been used as boarding school for this mission since hundreds of years.

Gonder, with its convenient climate, is one of the healthiest towns in Ethiopia to live in. However, the town is encircled by malaria endemic areas, hence malaria is one of the most important threats of inhabitants in and outside the town. Indeed, devastating and repeated epidemic of malaria in this part of Ethiopia was the cause of foundation of the first Ethiopian Public Health College exactly fifty years ago by good will and assistance of the late Majesty Haile Sillassie I (Ras Tefferi).

Current development

The three major tasks of the University college are Health service provision to the community, Training and research.

Health service

As an attempt to meet the demand of health service to the community, Gonder University College has got a Hospital. The Hospital has got about 350 beds, and gives service for about 3.5 million people. Yearly, more than 100,000 patients visit the hospital. This hospital is the only tertiary referral and teaching hospital in Amhara National Regional State. It has the following departments:

- *Active departments:* Internal medicine, Surgery, Gynaecology and Obstetric, Pediatrics, Ophthalmology
- *Badly Needed Departments:* Dermatology, Neurology, ENT (Ear Nose and Throat)

Hospital staff of health professionals by number and Qualification:

- Nurses (65), Laboratory technicians (24), Pharmacist (2), Saniterians (3), X-ray technicians (3), Cleaners (56), General Practitioners (22).
- Specialist Medical doctors (21): Surgeons (5), Internists (6), Pediatricians (3), Ophthalmologists (1), Radiologist (1), Anesthesiologist (2), Gynecologists (1), Pathologists (2).
- Needed specialist doctors: Neurologist, Dermatologist, ENT-specialist

Teaching activities

Gonder University College has been center of Education and Training of health professionals such as nurses, environmental health specialists, laboratory technicians and health officers since the last 50 years. Training of medical doctors has been started some 23 years ago. The former East Germany had substantially contributed for the materialization and strengthening of this training program. For example, at the beginning of the medical education, majority of professors were Germans. As preparation of upgrading to university level, other new social and natural science faculties have been gradually introduced since the last three years. The following are newly introduced sections:

- English, Biology, Physics, Chemistry, Psychology, Physiotherapy, Sociology, Business management, Accounting, Secretarial science & office management, Anthropology, Tourist management

All the above education programs lead to first degree (BA or BSc.). The number of students are increasing dramatically. The university prepares itself to increase the number of students to 12,000 in the coming few years.

Postgraduate studies: General surgery, Public health

Departments to be opened in the near future: Agriculture, Veterinary medicine, Law, Theology

Research activities

Gonder has been center particularly of community based health researches since its foundation. Now it is time to conduct researches in other disciplines as well such as Ethnographic, Gender, anthropology and basic health science researches such as vaccine development. For instance this year forty-five research proposals were submitted to the Research & publication office. Of them eleven had won research grant, and ethical permission.

Strengths and possible threats of Gondar University

The former public health college in its 50 years journey has gone through innumerable ups and downs. Now it is on the verge of being promoted to University. The major threats are shortage of well-qualified manpower following brain drain, low level of technological and socio-economic development, East African Regional political instability, to mention just few. On the other hand the college has got valuable strengths to be mentioned at this particular juncture. For instance, the college has long time experience and reputation in research, and education in community-based practically oriented teaching tradition especially in health sciences. The town has healthy climate. Its historical sites such as the castles in the town, Monasteries in lake Tana, and Semien Mountains are top in the least which could attract many people - students, professionals and tourists. The University has links with German Universities such as University of Leipzig.

Moreover, the University Hospital has financial and technical support from abroad. For instance, Ethiopians living in the USA and Canada have organized themselves and promised to financially support constructing a referral hospital in Gonder. The hospital would cost about 60 million Birr. The construction of this hospital would be started soon. The referral hospital in Gonder needs your support. If you are interested contact us; we will work together, in organized manner, to help developing Ethiopia. As the wise saying have it "Unity is strength".

Medizinisches Zentrum für Mutter und Kind in Endaselassie/Tigray - ein Projekt von kinder unserer welt

Elke Brachmann

For rund 10 Jahren initiierte *kinder unserer welt* in Kooperation mit der äthiopischen NGO Relief Society of Tigray (REST) in der Western Zone Tigrays ein medizinisches Vorsorgezentrum für Mutter und Kind - zu einer Zeit, als die Nachwehen der Dürrekatastrophe noch überall zu spüren waren und sich die medizinische Versorgung der Bevölkerung infolge der Zerstörungen während des Bürgerkrieges auf dem Nullpunkt befand. Dieses Projekt ist in den zurückliegenden Jahren sukzessive gewachsen; heute deckt es mit seinen 29 Mitarbeitern die Mutter-Kind-Gesundheitsversorgung in einem Umkreis von rund 60 km, in dem rund 78.000 Menschen leben, ab.

Die Schwerpunkte des Zentrums sind Vorsorgeuntersuchungen und ambulante Behandlungen von Babys und Kindern bis ca. 5 Jahre, Vor- und Nachsorge von Schwangeren, Geburtshilfe, Impfprogramme, Ernährungs- und Gesundheitsberatung, Familienplanung sowie Prävention und Behandlung von Geschlechtskrankheiten.

Das Konzept des Mutter-Kind-Zentrums versucht, den lokalen Lebensbedingungen der Menschen durch Dezentralisierung des Serviceangebotes weitest möglich Rechnung zu tragen: die Familien leben weit verstreut auf den Hochebenen oder in den tiefen Schluchten der Western Zone in Dorfgemeinschaften, Hofansammlungen oder kleinen Ortschaften, zum Teil mehrere Tage Fußweg von Endaselassie entfernt. Daher gibt es neben der Station in Endaselassie an 14 Stellen in der Umgebung regelmäßige ambulante Sprechstage, an denen der volle Service inklusive

Schwangerschaftsvor- und -nachsorge unter schattigen Baumgruppen oder in kleinen Steinhütten angeboten wird.

Von Anbeginn an war das Hauptaugenmerk des Projektes neben der Behandlung akuter Erkrankungen auf die Prävention von Krankheiten gerichtet, denn eine nachhaltige Wirkung im Sinne von Hilfe zur Selbsthilfe ist nur dann möglich, wenn die Frauen und Kinder in die Lage versetzt werden, die Entstehung von Krankheiten so weit es geht an ihrer Wurzel zu verhindern. Von den im medizinischen Zentrum vorgestellten Patienten aus Endaselassie und Umgebung waren in 2002 77% der Kinder unter fünf Jahren untergewichtig oder mangelernährt; 84% der Kinder litten an Atemwegsinfekten, Magen-Darm-Infekten, Unterernährung, Augeninfektionen und parasitären Erkrankungen. Den meisten Krankheiten könnte mit einer Veränderung der Ernährungsgewohnheiten und einer Verbesserung des Hygienestatus vorgebeugt werden.

Uns war von Anbeginn an klar, dass gerade dieses Ziel schwer zu erreichen sein würde. Die Ursachen für Fehlernährung und mangelnde Hygiene sind vielschichtig, häufig verwurzelt in jahrhundertealten Traditionen, aber auch bedingt durch klimatische und geologische Gegebenheiten. Verhaltensveränderungen setzen darüber hinaus zumindest ein Grundwissen über die Zusammenhänge zwischen Ernährung/Hygiene und Krankheitsentstehung voraus. Einige zentrale Arbeitsschwerpunkte des medizinischen Zentrums setzen genau dort an:

- Alle Mütter oder Väter, die mit ihren Kindern das medizinische Zentrum aufsuchen, erhalten automatisch sowohl in Gruppen, als auch in Einzelgesprächen Gesundheits- und Ernährungsberatung zu verschiedenen Schwerpunktthemen. Neben der Station in Endaselassie findet dieser Unterricht auch in allen 14 Außenstellen und an Schulen statt. In 2002 nahmen insgesamt 45.000 Mütter und Väter sowie 13.000 Schüler daran teil.
- Auf dem Gelände des medizinischen Zentrums wurde ein Lehrgarten angelegt, der praktische Unterweisungen der Mütter in Gemüse- und Obstanbau möglich macht.
- In einem Ausbildungszentrum auf dem Gelände werden neben regelmäßigen Schulungen des Personals auch Aus- und Weiterbildungsmaßnahmen für Traditional Birth Attendants und Community Health Worker durchgeführt, die in den Health Posts in der Region oder in den umliegenden Dörfern arbeiten. Hierdurch soll eine Höherqualifizierung der im Gesundheitsbereich arbeitenden, oft nur über rudimentäre medizinische Kenntnisse verfügenden Personen und damit eine bessere Früherkennung von Geburtskomplikationen, schweren Erkrankungen etc. ermöglicht werden.
- Weitere Schwerpunkte des Präventivprogrammes sind flächendeckende Impfprogramme für Mütter und Kinder gegen Tetanus, Diphtherie, Keuchhusten, Masern, Polio und Tuberkulose sowie die Beratung der Mütter über Möglichkeiten der Familienplanung und die kostenlose Verteilung von Kontrazeptiva.

Fragt man – auf der Suche nach Lösungen für die Gesundheitsprobleme Äthiopiens, die vielleicht auch die Intention dieses Heftes ist – 10 Jahre nach Eröffnung des medizinischen Zentrums nach den Resultaten, nach nachhaltigen Verbesserungen in der gesundheitlichen Situation der Menschen, so gibt es unseres Erachtens zumindest für diese Region Äthiopiens keine einfachen Antworten.

Weit oben auf der Positivliste stehen Erfolge der Impfprogramme – seit Jahren gibt es z.B. kaum noch Erkrankungen an Kinderlähmung oder Todesfälle aufgrund von Masern. Ebenso spürbar sind Erleichterungen der schweren Lebensbedingungen der Frauen durch Schwangerenvor- und -nachsorge, Früherkennung von Geburtskomplikationen, Geburtsbegleitung und durch die Möglichkeiten der Familienplanung.

Sichtbare Fortschritte in der wirtschaftlichen Entwicklung dagegen, die Anfang der 90er Jahre nach Beendigung des Bürgerkrieges auch eine spürbare Verbesserung der ökonomischen Situation der Familien und damit ihres Ernährungs- und Gesundheitszustandes mit sich brachten, wurden wieder zurückgeworfen durch die gravierenden Auswirkungen des eritreisch-äthiopischen Grenzkrieges.

Darüber hinaus gab es in diesen 10 Jahren zweimal anhaltende, in einigen Landstrichen dramatische Trockenheiten, gekoppelt mit Wasserknappheit und Ernteaussfällen.

Diese externen Einflüsse standen und stehen positiven Entwicklungsprozessen entgegen. Was nützt die Anlage eines Lehrgartens und eine noch so eindringliche Gesundheitsberatung mit dem Ziel, dass die Mütter Gemüse anbauen und damit eine ausgewogenere Ernährung für ihre Kinder sicherstellen, wenn es schon erhebliche Mühsal bereitet, genügend Trinkwasser für die Familie und ihre Tiere zu beschaffen? Was bewirken sanitäre Anlagen als Modell auf dem Compound des medizinischen Zentrums, wenn sich die Familientoilette auf dem freien Land hinter dem Haus befindet, in erreichbarer Nähe der dort spielenden Kinder?

Nach unseren Erfahrungen ist es sehr viel wirksamer, wenn die theoretische Gesundheits- und Ernährungsberatung kombiniert wird mit praktischen Hilfestellungen z.B. zur Anlage von Wasserspeichern in der Regenzeit oder zur Verbesserung der hygienischen Verhältnisse. Aus diesem Grund unterstützt das Mutter-Kind-Projekt seit ca. zwei Jahren einen neuen, dezentralen Ansatz in der regionalen Gesundheitspolitik: das *community based health education programme*. Hierbei werden Pilotfamilien ausgewählt, die von Mitarbeitern des medizinischen Zentrums regelmäßig besucht und individuell geschult werden. In Eigenarbeit und mit Nachbarschaftshilfe werden sie dazu angeleitet, Latrinen zu bauen, separate Kochstellen zu errichten und ihre Ziegen, Schafe und Hühner nachts in Stallungen außerhalb des Hauses zu halten. Der Erfolg dieses Projektes ist offensichtlich groß; die Pilotfamilien sind hoch motiviert und fast alle benachbarten Familien zeigen großes Interesse an einer Nachahmung dieser Maßnahmen.

Unterm Strich stellen wir bei unseren zweimal jährlich stattfindenden Supervisionsreisen, in den Gesprächen mit Familien und Mitarbeitern immer wieder fest, dass das Mutter-Kind-Zentrum für die ganze Region zu einer nicht mehr wegzudenkenden, für viele überlebenswichtigen Anlaufstelle geworden ist. Wenn man die Nachhaltigkeit seiner Arbeit beurteilen will, so sind es sicherlich nicht die großen, messbaren Erfolge,

sondern die Veränderungen im Kleinen, mit denen das Projekt hoffentlich zu einer stetigen Verbesserung der Gesundheitssituation der Bevölkerung beitragen wird.

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Communities decide to end violence against women – Experiences from Ethiopia

Christel Ahrens

Any form of violence against anybody must be condemned and punished. Women and men of all ages are victims of violence and human rights violations, but specific cases of violations are committed almost solely against women and girls.

For long time violence against women and girls was not even perceived as a relevant problem, let alone a human rights violation. It was not until the Vienna World Conference on Human Rights in 1993 that women's rights were recognized as human rights. Violence against women was defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

The UN General Assembly adopted the Declaration on the Elimination of Violence against Women. Ethiopia is one of the many countries that signed this declaration. In the Ethiopian Policy on Women it says: *Women have the right to protection by the state from harmful customs. Laws, customs and practices that oppress women or cause bodily harm to them are prohibited.*

Many legal instruments are in place. However, gender-based violence is still going on. Overall little seems to have changed. How to close the gap between laws and their implementation? Legislation remains largely unknown and ineffective unless supported by wide ranging educational measures that address the deeply rooted traditions and social foundations of the practices. Can this work in rural communities where patriarchy is intact and has a strong influence on women?

On a sunny morning in December 2001 we come for the 2nd day of the civic education program. We join about 80 women of different ages. The room is packed in the district office of Addis Alem, a small town 55 km west of Addis Ababa. The town has a promising name: New World - and indeed we will experience something new.

Our meeting starts with a summary of the previous day. What is development? The participants come up with their own definitions: *Development is to strengthen what is good and to discontinue what is bad. Development is to learn and to change behavior. Development strengthens our house and neighborhood and our nation.*

May be for the first time in their lives these women talked about equality and analyzed their situation. Men and women are different in their bodies and roles in society, but God created them with equal status and rights.

Who is working? Men have work and women do not work. It takes time to understand that women's work is hidden at home and their work does not get paid. After comparing workloads the participants realized that women work much longer than men do. But women sell vegetable, eggs and chicken on the market, while men sell coffee, sheep and cows. There is something wrong.

These are the discoveries of the previous day. The outside input was a series of questions asked by a facilitator from a local NGO. The facilitator explains the Government Policy on Women. Probably no one has heard this before. 84% of women in the countryside had no chance to learn how to read and write, only 6% listen to a radio at least once a week.

What did you discuss at home last night? Laughing. We know something that the men do not know. What a change - 24 hours ago the same people said: *We can find tall women, but not wise women.*

Today's topic is: Bad practices that hurt the bodies of women. It is frequently heard that women and donkeys like the stick. Unless they are beaten they do not work.

The group is asked to mention forms of violence women are suffering from in their communities. Different types of marriage: by force, child marriage and wife inheritance; rape; FGM; alcoholism and beating, AIDS.

The focus is on FGM. Some older women who perform circumcisions explain the procedure. Then a long list of benefits of FGM is written down. One by one the benefits are scrutinized: Is it true or false? Personal testimonies are most convincing. One lady says she is not circumcised and yet she does not break the pots at home nor does she run after other men. They have a happy marriage.

The list of dangers following FGM is short, contributed by a few younger women with some school education. The many health risks following FGM seem to be new information to most participants.

Another focus is on Early Marriage. It is not uncommon in Ethiopia to see girls of 10 or 12 years who are married. The official age of marriage for women has recently been increased from 15 to 18 years, but who knows that and without a functioning legal system things go on as ever. Examples of ladies who had been married at childhood are given. These marriages are often not happy and frequently end up in divorce and prostitution. Ways to interfere were discussed. While Early Marriage is most prevalent in northern parts of Ethiopia, in the West and South of the country marriage by abduction is widespread. Girls are kidnapped outside their homes and have no other choice but to agree to the marriage. This 'saves' the cost of a bride prize. Following abduction elders reconcile the involved families and legitimize the practice. What if elders would condemn this practice and stop reconciliation processes?

Traditional blessings for the group by the oldest participants ended the meeting.

Eight weeks later, a group of men packed together in the district office of Addis Alem. They have to find answers to the same questions. Surprisingly their analysis is not different from that of their sisters and wives.

The discussion on FGM is lively: Not to circumcise a woman is to violate the culture! Right or wrong? Finally the group agrees that there are good and bad parts in culture. FGM is violating and destructing what God has created hence it is not good.

But if she is not circumcised will she ever get married? Another controversial discussion starts. Older

participants still know that FGM was not practiced long ago, but people have been married at that time. Some heard that in other countries FGM is not practiced, still people marry there.

The next important concern: If she is not circumcised she may be over-sexy. The consensus reached on this point is: The desire for sex is natural; it is not something like a bad manner. It is true that for circumcised women the interest in sex is often decreased as a result of FGM. This is a bad and a dangerous condition, because it is affecting the love between husband and wife. Men go for other women, because their sexual life at home is not satisfying them.

Other myths are: FGM facilitates intercourse and birth. This can be corrected through some explanation of the female anatomy.

Most men have not heard about the side effects of FGM, so the facilitator mentions them: Bleeding, infection, scars, pain during intercourse, complicated deliveries, psychological harm, sometimes even death. The faces of the participants look surprised and shocked.

At this point the majority feels FGM should not be continued. What be done for change?

Our families and we have to change first. Then other community members have to be informed to bring about behavioral change. One time teaching is not enough. Education to develop awareness against life threatening culture has to be sustained. We shall not wait for the government to penalize FGM. We, the participants, through mutual understanding we have to work hard in order to convince our society to fight with us the bad and harmful practice. We need to encourage the government and the community to take legal actions if someone is violating the agreement reached to fight the problem. The cultural law has to interfere to solve the problem. We have to make our culture fight FGM.

Also the men's workshop ends by traditional blessing of the oldest participants.

Another 2 months later. A joint workshop where representatives from previous workshops converge and share experience on subjects that have been covered in separate workshops for men and women takes place at Addis Alem.

July 2002 - the highlight of the civic education program is a traditional community conference. All residents are invited to this historical event. Historical because of what it wants to achieve in the life of a community. The conference is presided over by community leaders and elders whom communities regard to be knowledgeable about Oromo tradition, culture and values. There are oral presentations, discussions etc. Elders have drawn up a new set of issues and concerns over which the community in question will adapt binding rules and regulations. These are:

- Commitment to equality of men and women, e.g. equal access to property, education
- New rules concerning marriage: Both have to give their consent, minimal age of marriage is 18 years, to stop wife inheritance
- Abduction has to stop by bringing the abductor and his assistants to the police by not reconciling any abductions in the future
- Alcohol should not be used during traditional ceremonies and not be given to young men
- FGM has to stop, the information about it's harmfulness should be disseminated.

A ritual will validate the 'lawmaking' process. Solemn public promises with its seal of approval (killing bulls)

provide strong referential points that call upon all concerned to live by a new code of conduct approved by the entire community.

One year later, July 2003 – what is left after the intervention?

The district has four women's rights defense committees with branches at community level. These committees generate and report information on possible violations.

Are there any indications that violence against women is reduced?

No new cases of abduction were reported. The elders minimized the bride prize, thus reducing the 'need' for abduction. Teaching is ongoing in traditional meetings; discussions are taking place with the children at home, but young people are not yet well covered. It has been reported that an equal distribution of resources in the event of divorce is now going on. More girls go to school, because they do not have to fear kidnapping when coming from school.

While almost all women have undergone FGM, no FGMs were performed in the last year. 90% of women wanted their daughters to be circumcised prior to the intervention. After the civic education 40% of women wanted their daughters to be circumcised. Circumcisers refused to do their work. The community has plans for alternative income for these.

Hundee is a national NGO with various activities to empower women. The civic education was started in 1996. So far 16 districts were covered with this program. Hundee writes: *We have to overcome the gap between tradition and the laws and bring positive changes on behalf of women. Challenging traditions is no easy task. It requires a well thought approach and methodology, which would keep the door open and wide for dialogue without risking our neutrality and sensitivity to the tradition and culture of a particular community. The approach is a systematic understanding and analysis of women's position in a particular setting. Holders of traditions and women bearing the burnt of the problems collectively scrutinize women's status in a rural society. This approach includes to resist posing as 'redeemers' of women from tyrannical rule of men. Men and women are encouraged in separate forums to bring up community narratives and rationale that underpin women's denial of rights and protection. An important aspect of the approach entails participation of 'custodians' of Oromo culture to give their testimonials on the authenticity of traditions. These testimonials often enlighten community members on the 'falsity' of traditions and practices commonly adhered to.*

There is still a long way to go. The Ethiopian Demographic Health Survey 2000 gathered information on women's attitude towards wife beating. Women were asked whether a husband is justified in beating his wife under a series of circumstances: A sizable majority of women believe that a husband is justified in beating his wife for reason such as burning the food (65%), going out without telling him (56%), arguing with him (61%), neglecting children (65%) and refusing sex (51%).

The civic education program has proven that change is possible. The secret is to start a dialogue with all members of a certain community while showing respect for their traditions. The national facilitator comes with many questions and without answers. Their hands are empty, but their hearts trust that the communities will find ways to overcome violence against women.

GTZ has supported Hundee to carry out a civic education program in Ejere district with Addis Alem as district administrative town.

Christel Ahrens was working for GTZ Promotion of Reproductive Health in Ethiopia.

Information about HUNDEE:

http://www.gtz.de/fgm/downloads/eng_hundee.pdf

Verschiedenes

Pharmaceutical Company to Resume Construction Soon

The Pharmaceutical manufacturing project, the biggest and most sophisticated medicine manufacturing plant in the country that discontinued construction activities a year ago, would resume construction soon, it was learnt. Ato Tesfaye Degefu, project manager, told Addis Tribune this week that the owner and general manager, Ato Abenet Gebremaskal, was consulting with Bovis company, based in England, initial designer and consultant of the project, about the resumption of the construction of the project and installation of the necessary machinery and equipment. The construction was originally undertaken jointly by Midroc Construction Company and WBHO company based in South Africa. On completion, the over 130m \$ factory, will produce over 80 types of medicine (Addis Tribune, 17.10.2003).

Bethlehem Pharmaceuticals Plc, a 48m birr drug manufacturing plant, was officially inaugurated on Oct. 4. The owner of the company, Ato Yordanos Tadesse, said the plant has an annual production capacity of 400 million tablets and 280 million capsules of essential drugs. Yordanos said the company would give special attention to the production of drugs used for diseases such as HIV/AIDS, malaria, and tuberculosis. The company has created job opportunities for 105 people (ENA, Oct. 5).

First Ever Cardiac Center to Be Built

Addis Tribune, 15.8.2003

Ethiopia is to build its first ever state of the art cardiac centre to tackle "rampant" heart disease in the country. Dr Belay Abegaz, the country's only paediatric heart surgeon, told IRIN that the first operations could begin as early as next year. Dr Belay estimated that as many as 200,000 new cases of heart disease occur each year in the country. "Yes children are dying from malnutrition, lack of immunisations, poverty, you name it," said the surgeon. "But even then heart disease ranks as a top killer in the country. Unfortunately treatment is beyond the reach of parents and the government."

There are currently less than 10 surgeons who can perform heart operations in the country - and Dr Belay is the only doctor able to operate on children. He said the centre, which is being supported by Addis Ababa University, would also act as a training institute and at least one or two operations could be carried out a day.

Children's Heart Fund Of Ethiopia Launches Construction of Cardiac Center

Addis Ababa, August 06, 2003 (WIC) The Children's Heart Fund of Ethiopia disclosed that it has launched the construction of a Cardiac Center, the first of its kind in Ethiopia, in the premises of the Black Lion Hospital in the Capital. Board Chairman of the Children's Fund of Ethiopia, Dr. Belay Abegaz said that upon going operational the Center would help families of children suffering from heart diseases to follow closely the

condition of their children while undergoing treatment at home. The Fund has been sending children with serious heart diseases abroad for surgery over the last 13 years. According to Dr. Belay the fund for the construction of the center estimated to cost over 11m birr is expected to be raised from supporters of the Fund and donor agencies. The center would accommodate up to 25 heart inpatients at a time, he said. He said congenital Heart Diseases incidence in Ethiopia was believed to be between six and eight per 1000 live births. The Children's Heart Fund of Ethiopia has treated and saved the lives over 550 children with heart disease locally and abroad over the last 13 years, it was learnt.

The South University to Open Medical Faculty

Awassa, September 10, 2003 (WIC)- The South University disclosed that it has finalized preparations to give training in the field of medical science as of next academic year. The Awassa Referral Hospital Campus Coordinator with the University, Professor Aberra Alemneh told WIC that the University would receive 80 students to train in medical doctorate degree programs beginning the next academic year. He said the diploma programs which were given in the Dilla Education Health Science College in Environment and Sanitation and Laboratory Technician fields would also be upgraded to first degree programs by next academic year.

The Eye Bank of Ethiopian Opens Here Tomorrow

Addis Tribune, 27.6.2003 - The Eye Bank of Ethiopia will formally open tomorrow in partnership with several organizations. These are the International Federation of Eye and Tissue Banks (IFETB), the Federal Ministry of Health, the Addis Ababa City Administration Health Bureau, Menelik II Hospital, and the Department of Ophthalmology of the Medical Faculty of Addis Ababa University.

With the opening of the eye bank, plans to help the estimated 200,000 people in need of a corneal transplant will soon be a reality. The staff at the eye bank hope to restore the sight of 100 young people in 2003, thus, saving these people from a lifetime of blindness and enabling them to become a productive member of their family and community. For most of these people, the cost of treatment outside of the country would be prohibitive.

When ORBIS first began working in Ethiopia in 1996, there was no corneal (the cornea is the clear central part of the eye; "the window" that transmits light to the interior of the eye) transplantation surgery of any kind. The practice, including training in the skill, had been abandoned in the early 1980s due to the emergence of the HIV/AIDS pandemic. By the 1990s, only two eye doctors in the entire country knew how to perform this critical surgery. Even with the knowledge, the critical corneas were not available.

Ministry To Take Measures Against Illegal Health Training Institutions

Addis Ababa, May 16, 2003 (ENA)- The Ministry of Health says it will take proper measures against health education institutions that have not fulfilled requirements or those offering sub-standard services. Dr. Kebede Tadesse, the minister said the government encourages the private sector participation in the health sector. However, in the mushrooming business more and more health training institutions have been operating without the required qualification and standard he said. In the

health profession, which is directly related with human lives, such a trend would not be tolerated, he stressed.

The Ministry of Health will close down 12 private health colleges because of failure to meet the requirements. Only four of the 16 private health colleges in Ethiopia - Selam Nursing College, Selihom Health Training Center, the Wolisso Catholic Nurses Training Institute and Medico Health College - received licenses after meeting the requirements. The Ministry stated that if 75% of its requirements are fulfilled, it would give licenses to the colleges (Reporter, May 26, 2003).

The health sector development program launched this year to attack poverty related diseases and to protect and control communicable diseases will cost Ethiopia about 6.81 billion birr in the coming three years. According to the Ministry of Health, the major sources of financing for the program is the government's budget comprising treasure funds, loans, grants and debt relief earmarked for the health sector through Highly Indebted Poor Countries (HIPC) initiative (State media, May 11).

Private Health Professionals Demand Representation in Health Policy Formulation

Addis Ababa, June 28, 2003 (WIC)- Health Professionals Working in the Private Health Care Sector have called for representation in the formulation of the country's Health Policy Reform. Speaking at the workshop to launch the Ethiopian Private Medical Association, Head of Bete-Zata Medical Center, Dr. Ermias Mulugeta said representation of the private sector in the country's health sector reform was vital given the high potential of the private health sector in health service provision. He said representative of the voice of physicians working in private institutions would help to address, among others, the negative perception by the public changing the largely adversarial relationship with the public health care system to a mutually beneficial partnership. He said the workshop aims to initiate dialogue between stakeholders so as to liberalize the policy environment and facilitate the operational context of private practice in Ethiopia. Speaking at the opening of the workshop, Head of the Addis Ababa Health Bureau, Dr. Eyob Kamil said the private health sector was playing vital role in introducing modern medical equipment and technologies into the country. Over 200 participants from medical doctors working in private clinics and hospitals, in Addis Ababa, the Ministry of Health, Zonal Health Departments as well as representatives of the Ethiopian Medical and Public Health Association and NGOs attended the workshop organized by the Addis Ababa Health Bureau in collaboration with USAID, Essential Health Service in Ethiopia (EHSE) and Path-Finder International.

Polluted Rivers Vegetables Threaten Public Health

The Addis Abeba Health Bureau announced that vegetables cultivated along rivers in the city are causing health risk to the public. Hygiene and Environmental Health Protection Department Head with the bureau said that vegetables including cabbage, carrot, tomato, green pepper and onion produced through irrigation using polluted water from factories and households, which contains toxic and waste materials, are posing serious danger to the health of residents of the city. Health institutions operating around such cultivation have reported that most of their outpatients were treated against water and food-borne diseases. The City Health

Bureau said that it has launched a study on eight rivers in the capital that are identified to be posing health risk to the public. (The Ethiopian Herald, March 19, 2003)

Distribution of Water Equipment Aims to Combat Disease

UN Integrated Regional Information Networks, August 25, 2003, Addis Ababa - Vital water purifying equipment is being distributed in Ethiopia's drought-stricken areas to combat the growing threat of water-borne diseases, the UN said on Monday. The water supplies will be targeted at women and children in eight hard-hit areas around the country, according to the UN's Children's Fund (UNICEF). UNICEF estimates some 4.2 million people are in urgent need of clean, safe water. Among the equipment distributed are five water purification kits and some 1,620 emergency drinking water kits which can purify water for household use. The US \$775,000 deal is being funded by the Norwegian government and will be supplied to Somali region, Oromiya, Amhara, Gambella, Tigray, Harar, Afar and the Southern Nations and Nationalities People's Region.

Millions of Ethiopian children targeted in polio, measles campaign

Yahoo-News 17.10.2003, ADDIS ABABA (AFP) - More than 10 million Ethiopian children aged under five years will benefit from a house-to-house polio and measles campaign, a ministry of health official said. "The polio immunization campaign targeting 10.2 million children will be carried out in selected zones of Afar, Benishangul, Oromia and the South Ethiopia Peoples' states at a cost of 1.4m \$," health department chief Tesfanesh Belay told a press briefing. She pointed out that 10.1 million children aged between six months and 14 years will also be vaccinated against measles and provided with Vitamin A supplements in 16 zones of Oromia, Amhara and Tigray states. WHO representative Olusegun Babaniyi told the briefing that Ethiopia has been assuming its responsibilities by implementing the vaccination programmes. A total of 20 million children will have received a measles vaccination and Vitamin A supplementation by the end of 2003, Babaniyi added. The Japanese government and the UNICEF signed an agreement last May to provide funds for a national campaign to eradicate polio in Ethiopia, which also started on Friday, and will target all children under 15 years, particularly in drought affected areas.

A national HIV/AIDS forum of NGOs has been established under the umbrella of the Christian Relief and Development Association (CRDA). The forum will focus on research, advocacy, capacity building experience sharing as well as policy dialogue on HIV/AIDS and related issues. The forum is a consortium of 43 NGOs that will help them work in partnership towards a collective response to HIV/AIDS (State media, May 11, 2003).

Over 622,000 People Protected Against Anchosorkiasis, Trachoma

Awassa, July 25, 2003 (WIC)- The South Nations, Nationalities and People's State (SNNPS) Health Bureau disclosed that it has provided medical treatment to more than 600,000 people in the State suffering from Anchosorkiasis disease that causes complete eye blindness. Anchosorkiasis Control Project Coordinator with the Bureau, Essey Batiso told Walta that the treatment was given to patients in Keffa, Sheka and

Benchmaji zones selected as pilot project areas for the implementation of the five-year programme launched to arrest the spread of the disease. He said more than 2,000 health professionals and volunteers have been deployed in the campaign launched since last March in 16 woredas of the zones.

In a related development, the South Gondar Health Desk said it has saved more than 22,000 people in four woredas of the zone against Trachoma following the campaign launched by the Carter Center. Desk Head, Alemayehu Mesfin said the Center has undergone minor and complex surgery on the infected people between the ages of 20 and 40 years. The Center has also constructed pit latrines for 12,297 heads of families in the woredas with the view to protecting them from the disease, he added. According to the Desk Head, 1,223 health professionals have been trained on the control of the disease in the zone where more than 250,000 people are reported to have been infected.

Over 1.1 Million People To Be Protected Against Malaria In Oromia State

Addis Ababa, June 25, 2003 (WIC)- The Oromia State Health Bureau disclosed that it has launched the spray of anti-malaria chemicals in 135 malaria-prone woredas of the State in a bid to arrest the possible out break of malaria during the coming Ethiopian main rainy season. Malaria Prevention and Control Service Head with the Bureau, Dereje Olana told Walta that 142,128 kg of anti-malaria chemical are being sprayed on 284,265 residential units. According to the Head, more than 1.1 million people in the woredas are expected to be protected from malaria. He meanwhile said the Bureau has distributed 158,000 treated mosquito nets among the people in East Shoa, Arsi,, Bale, Jimma, East and West Wollega and East and West hararge Zones frequently affected by malaria epidemic.

National, International TAG Members Meet In Polio Surveillance Review

Addis Ababa, June 13 (ENA)- Health Vice Minister Dr. Demisse Tadesse has called for continued efforts of the public in providing information on suspected polio cases, now that the national polio surveillance aimed at eradicating the disease has been registering encouraging results. Dr. Demisse was speaking at the opening here yesterday of a two-day meeting by a national and international technical advisory group (TAG) in discussions of the ongoing polio surveillance. Over the last six year, AFP (acute flaccid paralysis) surveillance showed a remarkable progress and in 2003 the surveillance performance indicators have reached certification level standard, the vice minister said. Acting WHO representative in Ethiopia, Dr. Angela Benson commended the Ethiopian government for its support, leadership and advocacy for the polio eradication. "Together through our strong partnership with UNICEF, Rotary International, USAID, JICA, Irish Aid and the Netherlands Ethiopia will soon be certified polio free."

Ministry Says Contraceptive Distribution Not Demand Driven

Bahar-Dar, June 14, 2003 (WIC)- The Ministry of Health Says contraceptive distribution in the country is not based on actual demand. Family Planning Team Leader with the Ministry, Dr. Hassen Mohammed said sizable amount of contraceptive pills have been exposed to damage due to the fact that they were not based on user interest. He said injectable and Norplant contraceptive

users have shown a marked increase. He said 2.3m birr has been secured in donation from the German Agency for Technical Cooperation (GTZ) to procure Norplant contraceptives.

Trend that Must Be Encouraged

By Yohannes Ruphael, Addis Tribune, Oct. 30, 2003 (Excerpts)

Highly qualified Ethiopians in the medical field have of late started coming back home, even if it means for a brief period of time, to provide professional services to patients who are in dire need of their help. The arrival some weeks ago of members of the Ethiopian North American Health Professional Association to operate on fifty cardiac patients and implant artificial valves at the Tikur Ambassa Hospital in Addis Ababa and also treat people with respiratory problems and provide short-term training to medical students, a rare opportunity in Ethiopia's medical history, is a welcome trend that should be encouraged and supported by the government and other stakeholders.

According to the President of the Ethiopian North American Health Professional Association, Professor Engeda Asfaw, the Association will in the near future establish a cardiac treatment center in Ethiopia at the cost of 65m USD.

A fortnight ago another distinguished Ethiopian heart specialist, Dr Fikru Maru, told this writer that his International Cardio-Vascular Medical Center (ICMC) in Sweden would establish in Addis Ababa a cardiac center with all modern facilities that can cater for not only Ethiopians but also members of the large international community here who go abroad for such treatment. The center, he said, would even cater for patients from East African countries.

With the establishment of these centers it is hoped that the lives of patients with serious heart problems would be saved and those patients with the means to go abroad would be relieved from traveling and paying large sums of money in the region of 50,000 birr required for the treatment, thus saving the country of badly needed hard currency.

The frequent visit by such highly qualified Ethiopians would greatly contribute to the development of health in this country, which currently leaves a lot to be desired. Heart specialists have shown the way. We hope Ethiopian ophthalmologists, especially retina specialists, in Europe and America would follow suit and come to save the sights of many Ethiopians who are going blind because of lack of proper treatment and facilities.

We also need veterinarians in other countries not only to come and treat our livestock suffering from anthrax, black leg, bovine and ovine pasteurellosis but also help strengthen veterinary services and train veterinary staff.

The vision to transform Ethiopia is a national challenge and requires the participation of all Ethiopians here and in the Diaspora.

<http://www.addistribune.com/Archives/2003/10/10-10-03/Trend.htm>

Links

Health and Training Infrastructures ETHIOPIA

<http://www.fahamu.org.uk/downloads/Nuffieldwebreport.pdf>

.....
A Report for Nuffield Department of Medicine and Department for Continuing Education, University of Oxford - Prepared by Fahamu Oxford - October 2002
General information about the health facilities in Ethiopia is available from the UNDP

<http://www.et.undp.org/ethiopia/health.htm>

.....
Health facilities in Addis Ababa

http://www.waltainfo.com/Regional_States/AddisAbaba/Health.htm

.....
Institute for International Medical Education: Africa: Ethiopia

<http://www.iime.org/database/africa/ethiopia.htm>

.....
WHO World Directory of Medical Schools

http://www.who.int/health-servicesdelivery/med_schools/

.....
Gondar College of Medical Sciences

<http://www.telecom.net.et/~qcms/>

.....
Jimma University

<http://www.telecom.net.et/~junv.edu/>

.....
Schools of Public Health:

Jimma University has a community health program which offers training in community and public health.

The Ethiopian Public Health Association, which has a membership of over 400, has brought together schools that offer public health courses and programs in Ethiopia and discuss with them better ways to respond to the nation's manpower needs in service, teaching, and research with financial support from the Canadian Public Health Association: Strengthening of Public Health Associations (SOPHA) Programs Ethiopia

<http://www.cpha.ca/english/intprog/ethiopia.htm>

.....
Research Centres undertaking research directly relevant to people's health:

The Ethiopian Health and Nutrition Research Institute is actively involved in various research projects, including a pivotal role in relation to micronutrient interventions. OMNI Micronutrient Fact Sheets: Ethiopia

<http://www.jsi.com/intl/omni/ethi.htm>

.....
The Ethiopian Science and Technology Commission has a Health Research Department, divided into three teams. A substantial amount of work of the team is being supported by SIDA

<http://www.telecom.net.et/~estc/departments/health.htm>

.....
The First Private Hospital of Its Kind: St. Gabriel Hospital P.O. BOX 5634, Addis Ababa, Ethiopia
Tel. (011-251-1) 61-36-22/18-46-28

<http://www.telecom.net.et/~stgabrel/>

Attat Hospital - Hospital mit integrierten Entwicklungsprogrammen

Es wurde 1969 gegründet und liegt in West Shoa im Guragegebiet in der Nähe der Stadt Wolkite

<http://www.canchanabury.de/index/projekte/%E4thiopien/attat.htm>

.....
Traditional Ethiopian Knowledge of Medicine and Surgery: An Introduction of Sources

(Richard Pankhurst, Addis Ababa University)

Paper presented at the Workshop on: Indigenous Knowledge Systems of the Ethiopian People, March 4, 2000, Addis Ababa

<http://www.ossrea.net/nw/ethiopia/nw.htm#TopOfPage>

Conclusions

The study of traditional Ethiopian cures is of major importance. Such treatment is culturally preferred by large sections of the population. Thus its development on modern scientific lines is desirable to:

- 1) understand Ethiopian medical history;
- 2) seek useful cures;
- 3) foster national dignity and self-reliance;
- 4) develop local initiative and industry generating rural wealth; and
- 5) provide access to medicines accepted by the rural communities.

Research on traditional Ethiopian medicine is a matter of urgency for two main reasons. First, indigenous knowledge is losing ground to modern development. Second, medicinal plants are quickly disappearing because of deforestation.

.....
Health care providers' perceptions on harmful traditional health practices in Ethiopia

<http://www.cih.uib.no/journals/EJHD/ejhdv17-no1/ejhdv17-n1-page33.pdf>

Anders Jeppsson, Mequanent Tesfu, Lars-Åke Persson
Results: According to the perceptions of the health workers, the frequent practice of female genital mutilation was confirmed, and in addition practices such as milk tooth extraction, uvulectomy, uterus massage and tonsillectomy were prevalent. The most commonly reported complications were infections, followed by bleeding. Most of these traditional surgical procedures resulted in frequent and sometimes fatal complications. [Ethio.J.Health Dev. 2003;17(1):35-44]

.....
Perceptions and practices of modern and traditional health practitioners about traditional medicine in Shirka District, Arsi Zone, Ethiopia

<http://www.cih.uib.no/journals/EJHD/ejhdv16-n1/v16no1-page19.PDF>

Getachew Addis, Dawit Abebe, Timotewos Genebo, Kelbessa Urga

Results: Most of the practitioners in both systems had used traditional medicine at least once in their lifetime. The indigenous knowledge surrounding traditional medicine is mainly conveyed verbally and to some extent still employs superstitious beliefs and harmful practices. To substantially reduce the drawbacks and promote its positive elements, both types of practitioners expressed their willingness to collaborate among each other and believe in the need for government support. [Ethiop. J. Health Dev. 2002;16(1):19-29]

.....
Uses and conservation status of medicinal plants used by the Shinasha people

<http://members.lycos.co.uk/ethiopianplants/shinasha.htm>

Desalegn Desissa, May 2000

Results and Discussion

Traditional medical systems practiced among Shinasha in Shinasha, Traditional Medical Practitioners are categorized into herbalist, bone-setters, birth attendants and diviners. While herbalist primarily administers plant based medicine, all categories of TMPs are reported to use both plant and animal medicines. Shinasha people do have strong beliefs in the power of living elder's curses, sorcery and herbalists. These traditional medical systems co-exist with in a single community of Shinasha and has not been affected by the presence of modern health care.

Fieldwork was undertaken in 1999. During this study 10 healers were interviewed. A total of 25 plant species were recorded during the field survey. These species were reported to treat 15 human and livestock disease in combination and/or when singly used. Several preparation methods were used including pounding, boiling, infusion and ash depending on the type of medicine and disease.

The major health problems experienced by Shinasha people as with rural Ethiopian population, are infectious disease including malaria, diarrhoea, pneumonia, tuberculosis and gastrointestine and treated by herbalists using plants. Disease of a spiritual nature is considered as the result of evil spirit entering the body and can be treated by diviners.

.....
Illegal Abortions Second Leading Cause of Death Among Women in Ethiopian Hospitals

<http://www.ppmarmonte.org/news/viewer.asp?ID=606>

More women die in Ethiopian hospitals from complications arising from illegal abortions than from any other cause except tuberculosis, according to the World Health Organization, UN IRIN/AllAfrica.com reports. (UN IRIN/AllAfrica.com, 10/28, October 29, 2002)

.....
Responding to Unsafe Abortion in Ethiopia

http://www.ipas.org/english/publications/responding_unsafe_abortion_ethiopia.pdf

A Facility-based Assessment of Postabortion Care Services in Public Health Sector Facilities in Ethiopia
Hailemichael Gebreselassie,MD,PhD; Tamara Fettes, MPH; June, 2002

Ipas works globally to improve women's lives through a focus on reproductive health. We train and equip health care providers to ensure that abortion services are safe and accessible to the full extent of the local laws. For more information on Ipas products, programs and publications: ipas@ipas.org ; www.ipas.org

.....
Water-Borne Diseases

http://www.volusiahealth.net/eh/public_updates/waterbornedisease.html

.....
WHO works on aspects of water, sanitation and hygiene where the health burden is high, where interventions could make a major difference and where the present state of knowledge is poor:

http://www.who.int/water_sanitation_health/en/

.....
Distribution of water equipment aims to combat disease in Ethiopia

www.medilinks.org/news/news2.asp?NewsID=3676

Water diseases causing "misdiagnosis" in food crisis areas

www.medilinks.org/news/news2.asp?NewsID=3763

Two reports on reasons for chronic hunger and food dependency in Ethiopia:

Water borne diseases & polygamy contributing to spiraling population growth

<http://www.padriku.gu.se/EDCNews/Cases/EthDiseasePop.html>

Drug prescribing patterns for outpatients in three hospitals in north-west Ethiopia

Zeruesenay Desta, Teferra Abula, Asfawoseen Gebre-Yohannes, Alemayehu Worku

<http://www.cih.uib.no/journals/EJHD/ejhdv16-n2/ejhdv16no2-page183.PDF>

Ethiopia to Give AIDS Drugs Free of Charge to Poor People

<http://www.addistribune.com/Archives/2003/10/31-10-03/Ethiopia.htm>

The creation of a telemedicine network between Russia and Ethiopia

www.bisnis.doc.gov/TDABrussels_files/moscow2.htm

Realization of this project includes the following purposes.

1. To organize the introduction of telemedical technologies into the practical work of the Ethiopian public healthcare system, thereby to increasing the quality of health services to the Ethiopian population.
2. To provide Ethiopian clinics with consultative and diagnostic help of world medical centers experts.
3. To show and demonstrate to the Ethiopian medical society all the possibilities of telemedicine.

WHO: Ethiopia

<http://www.who.int/country/eth/en/>

Recent Disease Outbreaks, 2000 - present; Situation Reports for Ethiopia - Emergency;

Key Health Expenditures Indicators; Immunization coverage; Attended Delivery and Care; Home-based long-term care; Health Legislation; Polio incidence/prevalence; TB incidence/prevalence; Oral Health, ...

Country Profile TB in Ethiopia - WHO Report 2003

http://www.who.int/gtb/publications/globrep/pdf/country_profiles/eth.pdf

On Implementation of national plan for TB control
A short portrait of DSW's work in Ethiopia

http://www.dsw-online.de/english/stage/s_eth_publications.html

Adolescent Sexual and Reproductive Health Training Manual

Focusing on participatory facilitation methods and techniques on how to learn about sexual reproductive health issues. Prepared for adolescent sexual and reproductive health clubs by Haile Gabriel Dagne, Addis Ababa, 2000.

Links zu Veröffentlichungen von Abay Asfaw

Abay Asfaw

Centre for Development Research (ZEF)

University of Bonn

Walter Flex Str. 3 D-53113 Bonn, Germany

e-mail: a.asfaw@uni-bonn.de

How Poverty Affects the Health Status and the Health Care Demand Behaviour of Households? The Case of Rural Ethiopia

<http://idpm.man.ac.uk/cprc/Conference/conferencepapers/Abay%20Asfaw%2007.03.03.pdf>

Is consumption Insured Against Illness? Evidence on Vulnerability to Health Shocks in Rural Ethiopia

<http://www.gdnet.org/pdf/asfaw.pdf>

Josef G. Knoll-Wissenschaftspreis 2002: "Costs of Illness, Demand for Medical Care and the Prospect of Community Health Insurance Schemes in the Rural Areas of Ethiopia"

<http://www.eiselen-stiftung.de/knoll/asfaw.html>

Mutual Health Insurance (MHI): A Viable Solution to Increase Access to Health Care? An Ethiopian Case Study

http://www.shaping-the-future.de/pdf/www/176_paper.pdf

Bücher

Where There Is No Doctor: For Ethiopia

Edited By Dr Richard Hodes

The globally recognized Where There Is No Doctor now has an Ethiopian edition. This is the definitive health guide that has been a source of medical support in developing countries around the world. The Ethiopian edition serves as a comprehensive guide to health issues in Ethiopia focusing on local practices both helpful and harmful and different views on the human body by Ethiopians and how this affects their behavior and health practices. Dr Richard Hodes is an American physician who has lived and worked in Ethiopia for over fifteen years.

US\$ 10.00; ISBN 1-931253-04-8

Key Findings – Demographic and Health Survey Ethiopia (DHS) 2000

The DHS is a nationally representative sample survey covering 15367 women age 15 – 49 and 2607 men age 15- 59. The objective of the survey is to provide current and reliable data on fertility and family planning behavior, child mortality, children's nutritional status, the utilization of maternal and child health services, and knowledge of HIV/AIDS.

Der Bericht kann angefordert werden unter:

schoppmann31@t-online.de

Das kulturspezifische Wissen und seine Anwendung im Medizinsystem der däbtära in Gondär, Äthiopien

Otto, Astrid

144 S., 1. Aufl. 2003, LIT- Verlag

ISBN : 3-8258-6834-6; 14,90 Eur

Chiffrierte Körper - Disziplinierte Körper Female Genital Cutting. Rituelle Verwundung als Statussymbol

Peller, Annette

In diesem Buch wird anhand von Feldforschungen in Äthiopien dem rite de passage der Exzision nachgegangen, dessen Hintergründe beleuchtet und nach Alternativen gesucht.

256 S., 1. Aufl. 03.2002, Weißensee-Verlag

ISBN : 3-934479-60-X; 44,00 Eur

Footsteps in the sand - in search of lasting food security strategies

Glenn Brigaldino

Äthiopien als Fallbeispiel für food security.

e-Buch ist erhältlich unter

<http://www.ebookad.com/eb.php3?ebookid=15580>

DDR und Äthiopien

Unterstützung für ein Militärregime (1977-1989)

Möller, Harald

Die DDR engagierte sich ab der 2. Hälfte der 70er Jahre massiv in Afrika. Die Hegemonialpolitik der UdSSR war ein zentraler Antriebsfaktor der DDR-Außenpolitik. Auch spielten Eigeninteressen der DDR eine Rolle. Die Aktivitäten mündeten in einen Bürgerkrieg, dessen Folgen anhand interner DDR-Dokumente vorgestellt werden.

Ein wenig beachteter Teilaspekt dieser DDR-Politik betraf die Finanzierung von DDR-Aktivitäten in Äthiopien durch Libyen, zu welchem Zwecke 1977 eigens ein Vertrag zwischen Libyen und der DDR geschlossen wurde.

128, 1. Aufl. 29.07.2003, Verlag Köster Bln

ISBN : 3-89574-492-1; 22,80 Eur

Aktivitäten von Äthiopien- Vereinen

Verein „Städtepartnerschaft Leipzig – Addis Abeba e.V.“

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Gesundheit und Bekämpfung von

Armut und Hunger:

U.a. durch Aids-Aufklärung, Sammlung von Spenden und Organisation von technischer, materieller und personeller Hilfe;

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Tel.: (0341) 211 3633

Nachrichten

Auszüge aus ETHIOPIA Seven Days Update¹,

zusammengestellt von
Harmen Storck

1. Conflict with Eritrea

UN Mission on Ethiopia and Eritrea (UNMEE):

An Eritrean militia patrol inside the demilitarized zone which runs along the border is reported to have been intercepted by a group of Ethiopian troops who opened fire on them. One Eritrean was killed and the incident was investigated by the UN Indian battalion monitoring the area. The UN took up the incident with Ethiopia, which is reported to have rejected the complaint - accusing Eritrea of attempting to start a new war. The pegging out of the 1,000 km border was scheduled to start in October. In recent months, both sides have warned of the threat of renewed hostilities breaking out and tensions have increased (BBC, Nov. 3).

The United Nations Mission in Ethiopia and Eritrea (UNMEE) said that it is investigating nine border incursions, which took place into the Ethiopian territory over the past few months. The investigation is being conducted following the report repeatedly made by both the Ethiopian and Eritrean governments. Around six border incursions have also taken place into Eritrean territory (Daily Monitor, Oct. 3).

The United Nations Security Council is due to renew the mandate of its peacekeeping force on the border between Ethiopia and Eritrea. The renewal has happened every six months since the force was deployed three years ago, at the end of the border war between the two countries. Their role was to allow the disputed border to be demarcated, but the demarcation has stalled and the international community is beginning to lose patience with the process. In theory, they are keeping the peace until concrete posts are driven into the ground, physically marking the border as demarcated by an international commission of jurists (BBC, Sep. 15).

Border Commission and Border Demarcation:

The Eritrea-Ethiopia Boundary Commission, based in The Hague, was supposed to have set up posts and other border signs to mark the 1,000-kilometer boundary between the two Horn of Africa countries by the end of October. But it announced the demarcation exercise has been postponed indefinitely. Without giving details, the commission said: "Under the current circumstances, the EEBC is unable to proceed with activities." Regional analyst and consultant Moustafa Hassouna said he thinks the commission has bowed to pressure from Ethiopia not to proceed with demarcation. "It is basically a step forward for Ethiopia in asserting its territorial gains," he said. "But for Eritrea and the rest of the regional community here, it is a step backwards." (VOA News, Oct. 30)

¹ Waag Communications News Digest Service, Addis Ababa

Prime Minister Meles Zenawi is under immense pressure from inside and outside the country because of the border problem. Meles had taken the position that Ethiopia has to accept the ruling of the Border Commission from the start and because of this position, he is facing stiff opposition from EPRDF members. Meles' sending of a letter to the UN Security Council to review the ruling is to ease internal pressure and to buy time to weed out those that strongly oppose the border ruling (Menelik, Oct. 23).

The OLF has called on the EPRDF government to accept the decision of Ethio-Eritrea Border Commission. It stated that the Ethiopian government's refusal to accept the decision showed that it had no respect for the rule of law. The OLF said that it believes respecting the decision and the Algiers Agreement would bring peace and stability to the region (Satenaw, Oct. 20).

Prime Minister Meles Zenawi remained defiant in the face of mounting international pressure to abide by the ruling on the border with neighboring Eritrea. Speaking at the opening of the Ethiopian parliament, he described the independent Eritrea-Ethiopia Boundary Commission (EEBC), which ruled on the border dispute with Eritrea, as "null and void". He said implementation of the contested border ruling would only escalate already heightened tensions between the neighboring countries. The EEBC issued its ruling on the 1,000 km border in April 2002, but Ethiopia is angry over the awarding of disputed territory - including the town of Badme where the border conflict flared up - to Eritrea (IRIN, Oct. 16, 2003).

The Ethiopians' Democratic Union Party, the Ethiopian Democratic Salvation Party and the All Ethiopia Unity Organization have called for the annulment of the Algiers agreement. This will save the country from destruction, they said. The parties stated that the EPRDF should cancel the Algiers agreement and reject totally the decision of the Ethio-Eritrea Border Commission. Unless it does this, it will be held accountable for the consequences to the country (*Tobia, Oct. 9*).

Ato Tewodros Dagne, Africa expert in the research department of the US Congress, said the bill being drafted by Congress to impose sanctions on Ethiopia and Eritrea if the two countries tried to obstruct the implementation of the Algiers Peace Agreement was first introduced in July 2003 and that it had a strong backing from both Congress and the Senate. The main aim of the bill is to make both countries implement the Algiers Peace Agreement and the decision of the Border Commission. It is also to lay the conditions for the start of the border demarcation process without any delay (*VOA, Oct. 5*).

The UN Security Council has rejected an Ethiopian request for a new body to decide on its contested border with Eritrea. The UN "regretted" Ethiopia's position and urged it to implement last year's border ruling. Ethiopia has refused to accept the ruling and recently, Ethiopian Prime Minister Meles Zenawi asked the UN to set up a new border commission. He warned that the commission's "unacceptable" decision could lead to "another round of war" and, therefore, the UN had an obligation to get involved. He, however, told the *BBC* that he was committed to resolving peacefully the worsening border dispute with Eritrea (*BBC, Oct. 3*).

ARDUF (Afar Revolutionary Democratic Unity Front) has said that it would not allow any one to enter its territory. Foreign forces that enter the territory will be held responsible for their actions, it said. ARDUF said that it strongly opposed any partition or demarcation of the Afar territory. As ARDUF stated clearly in 1991, 1993 and 2000, it said, it would fight against any form of conspiracy that would disintegrate the Afar land. It also expressed its opposition to what it called the conspiracy of the TPLF and EPLF to disintegrate the Afar people and their land (*Ethop, Sep. 24*).

A concerted pressure by the US and the EU on Ethiopia to accept the ruling of the Eritrea-Ethiopia Boundary Commission (EEBC) includes a large increase of overall aid as well as an offer to fund the construction of a "new Badme". The offer also includes a proposal to facilitate negotiations in the future between Ethiopia and Eritrea on the use by Ethiopia of the port of Assab. The report points to the decision by the Boundary Commission as being the source of problems for the Ethiopian government. It said that there is a serious rift being created in the Tigray People's Liberation Front (TPLF), largely expressed in the disaffection between Prime Minister Meles

Zenawi and Foreign Minister Seyoum Mesfin. According to the report, the Foreign Minister is playing a hard-line while the Prime Minister appears to be willing to compromise given the intense pressure by the donor community (*The Reporter, July 23*).

Ethio-Eritrean Compensation Commission:

The Claims Commission on POWs has found that Eritrea was liable for numerous violations of international laws in the treatment of Ethiopian POWs, the Ministry of Foreign Affairs said. According to a press release by the ministry, the commission said in its ruling on that these violations included the killing of captured Ethiopian POWs and pervasive physical abuse of POWs in Eritrean POW camps from May 1998 to August 2002. The commission has found out that Ethiopia was not liable for killing of Eritrean POWs at capture or for physical abuse in its POW camps, it said (*ETV, July 8*).

Displacement and Reconstruction:

Work on the reconstruction of Zalambessa town, which was demolished by the Eritrean army, will be launched this month with an outlay of 54m birr, the Tigray emergency rehabilitation program said. The head of the program said that the town had now been confirmed to be free of landmines, and that work on proprietorship of land and property had been finalized. Some 35,000 to 80,000 birr will be given out to each family head to rebuild the 1,101 residential houses and shops demolished by the invasion forces, he said. The reconstruction fund will also be given to about 10,000 family heads whose homes were destroyed during the war in other rural kebeles (*ETV, Oct. 7*).

Families displaced during the Ethiopia-Eritrea war are still not returning home because of the danger of landmines and the impending demarcation of the border. The Norwegian Refugee Council (NRC) warned that until implementation of the controversial boundary decision takes place, Ethiopian families will be reluctant to go home (IRIN, Aug. 5).

2. Economics, Finance, Commerce

State Revenues, Budgets, Economic Growth:

The IMF said last week, it anticipates Ethiopia's economic performance to register a growth of 6.7%, owing it to agricultural recovery. It sees food supply conditions returning to normal level and inflation is anticipated to decline, while external current account deficit is expected to increase (*Fortune, Sep. 1*).

The Ethiopian Customs Authority has said it had collected over 3.7 billion birr in the 2002-03 fiscal year from customs duties and taxes levied on import-export goods and non-tax revenues. According to information obtained from the authority, the actual revenue gained in the reported fiscal year is 8.9 % short of the 4.07 billion birr that the authority had targeted. However, the total is up from the 3.4 billion birr the authority generated in taxes and non-tax revenues during the previous fiscal year. The authority deemed the coffee price slump in the international market and the lifting of tax on coffee export as of early this year as the main reasons for falling behind the revenue targeted for this year (*Fortune, Aug. 24*).

The United Nations Economic Commission for Africa (UNECA), in the 2003 annual economic report on Africa, revealed that Ethiopia's GDP has dropped by 2.6% compared to the previous one presented in 2002 (*Daily Monitor, July 30*).

The global Human Development Index Report (HDI) 2003 ranked Ethiopia 169th out of 175 countries (*ETV, July 21*).

Debts, Grants, Loans and Credits:

The European Union is to fund 440m USD worth of development projects over the next five years, State Minister for Finance and Economic Development Mulu Ketsela said. The funds, secured under the Cotonou Agreement, would be spent on food security, transport and economic development activities, among others. Part of the funds will be spent on capacity building for non-governmental organizations and improvement of the judiciary system. According to Dr. Mulu, the EU has also granted 1.5 billion birr in aid to debt service and relief aid. The Cotonou Agreement between the EU and 77 African, Caribbean and Pacific (ACP) countries is aimed at

reducing poverty and maintaining partnerships in global economy and trade (AFP, Oct. 29).

Ethiopia is said to be reaching the long-awaited completion point under the Enhanced HIPC Initiative, which was originally slated to happen last July, by early next year, according to a IMF document. The document further discloses that in the meantime, the World Bank will be disbursing to the country a grant amounting to 150m USD under its facility of Poverty Reduction Support Credit (PRSC) to enable the government go ahead with its large-scale reform and development efforts till the completion point is reached and lending resumes. A hinge factor which has been blamed for the delay in attaining the completion point was the financial restructuring of the Commercial Bank of Ethiopia (CBE), about which the IMF appears to have been satisfied at last. The government has now agreed to let the CBE operate on a purely commercial basis and has issued directives to sort out the problem of non-performing loans (*The Reporter*, Sep. 24).

The Ministry of Finance and Economic Development (MoFED) has disclosed that UNDP has earmarked 50m USD for various development programs in Ethiopia. UNDP Cooperation Senior Expert in the Ministry said the fund would be used for projects on potable water, agriculture, environmental conservation, capacity building and HIV/AIDS prevention and control over the coming four years (*Radio Ethiopia*, Sep. 6).

The MoFED has said that Ethiopia had received 11.4 billion birr in loans and grants from bilateral and multilateral sources during 2002/3. The grant amount constituted 8.7 billion birr and the loans 2.7 billion birr, the head of public relations said. He said that the amount drawn from multilateral sources was 7.1 billion birr and that from bilateral cooperation 4.3 billion birr. From the total amount obtained from multilateral sources, 57.7% came from the International Development Association (IDA). The lion's share of the financial support obtained in bilateral cooperation during the reported period was obtained from the UK, which amounted to 1.17 billion birr, he said, adding, Sweden, Germany, Italy and Belgium had provided funds ranging from 400m to one billion birr. The Netherlands, Japan and Ireland had provided 100 to 180m birr while 153.9m birr was secured from other donor governments (*State media*, Aug. 30).

An \$18.1m grant agreement was signed between the government of Ethiopia and the US. Out of the total grant, \$10.07m would go to support the improvement of basic quality education system. The health sector will receive \$5.32m. USAID is also providing an additional 271.6m birr through direct contracts for contraceptive procurement and social marketing and polio eradication. About \$1.57m would be allocated for the program to improve agriculture productivity and increase food security and alternative income generation opportunities (*Daily Monitor*, Aug. 4).

The Board of Directors of the African Development Fund (ADF) has approved a loan of 38.06m US\$ and a grant of 11.20m US\$ to finance the Rural Finance Intermediation Support Project (RFISP) of Ethiopia. The loan and the grant will be utilized to finance capacity building in the form of technical assistance, studies and training for an amount of 38.06m USD. The Fund interventions form part of the financing plan of the overall program (RUFIP) estimated at 112.6m USD, in support of government efforts to make financial services accessible to the rural poor and in further strengthening the rural financial infrastructure (*Daily Monitor*, July 19-20).

The IMF Managing Director, Mr. Horst Kohler, said that out of Ethiopia's 45 billion birr debt, 16 billion birr would be cancelled next year. He told journalists that this would be possible if the country shows further improvements. He also said that IMF had allocated 140m \$ for poverty reduction programs in the next three years. Kohler has asked other donor organizations to assist Ethiopia in its development activities. IMF will give all its support to the country's endeavors towards sustained development, he said (*Addis Zena*, July 9).

Foreign Trade:

The Ethiopian Export Promotion Agency has disclosed that the horticultural products export volume has shown a 100% growth over

the last five years. Ato Gizaw said that the annual export revenue obtained from the sector, which was only 38.8m birr in 1998, rose to 96.1m birr over the last three years. He said Ethiopia had managed to expand its markets to 20 countries in the world from an initial seven. More than 25 million quintals of fruits and vegetables are produced per year in various parts of the country (*Fortune*, Oct. 24). The Ethiopian Coffee and Tea Authority is preparing to export 1.8m \$ worth of tea leaves to the international market during the current Ethiopian year, 1996. The authority expects to make 4,640 tons of tea available, out of which 1,320 tons is destined for the international market. Last year, 1,400 tons of tea was planned for export, and though 367 tons more was actually exported, it fetched much below the forecast earning because of falling prices (*Capital*, Oct. 5).

More than 1.9 billion MT of goods are reported to have been imported into the country via the port of Djibouti, according to a report by the Ethiopian Customs Authority. This volume of import cargoes is 10% more than last year's when around 1.7 billion MT were imported. According to customs, an increase in the amount of food aid and growing imports of new and used cars are the reasons behind the upsurge in the bulk of homebound cargoes. Of the total import payload, trade, investment, industrial and private goods take the minority share accounting for 870 million MT, while 957.7 million MT, mostly food aid, were shipped by donor countries and aid organizations through the port (*Fortune*, Aug. 24).

Ethiopia exported 487,000 tons of agricultural products and other commodities valued at over 3 billion birr in ten months, the Ethiopian Export Promotion Agency said. It said, however, the data does not include the export revenue obtained between January and April this year through the Dire Dawa Customs Office. Though the contribution of coffee to the country's foreign exchange earning has drastically declined due to the fall of prices in the global market, it is still the number one source of export revenue followed by hides and skin, according to data issued by the agency. Over one billion and 434m birr of the total export revenue earned during the reported period was secured from the export of coffee and hides and skin. Oil seeds and pulses, which have become the most important cash crops over the last few years, accounted for about 396.7m and 168.1m birr respectively. More than 208.7m birr was obtained from the sale of gold and nearly 150m birr from sugar. The balance was generated from the export of live animals, flowers, fruits and vegetables as well as other products (*ENA*, August 7).

Ethiopia obtained an over 161.5m USD from coffee exports over the just-ended fiscal year. The export revenue was less by 25.3m USD from what was anticipated and a little bit higher from that of the previous budget year. The head of the authority's public relations office said Ethiopia exported nearly 127,000 tons of coffee in 2002/3 accomplishing 97% of the set target. Although the volume of coffee exported during the reported period was up by about 16,000 tons, the amount of foreign currency earned showed only a slight increase (2.9m USD) due to further price decline in the world market. He said dried and washed coffee accounted for 102.6m USD and 58m USD respectively (*ENA*, August 5).

Investment and Investment Policy:

Linssen Roses Ethiopia, a Dutch company, has signed a 62m birr investment agreement to launch a floricultural development in Ejere District, 66 km west of Addis Ababa. The agreement will allow the company to engage in floriculture development on 40 ha in Kimolo locality of Ejere District, West Shoa Zone of Oromia State. The company, which would primarily grow exportable highland roses, will create 800 jobs when it becomes fully operational next January (*Radio Ethiopia*, Sep. 25).

The United Nations World Investment Report 2003, which was issued last week, revealed that Ethiopia received 75m USD foreign direct investment (FDI) last year. The FDI inflow to the country in 2001 was only 20m USD. The record high FDI inflow to the country was 288m USD registered in 1997 (*The Reporter*, Sep. 10).

Four Ethio-Italian investors have acquired plots of land at the Addis Industrial Village to produce shoes destined for export to European countries. The head of the Industrial Unit, said that the factory would be

launched in early Sep. by well-known Italian investors. Once operational, the factory expects to export annually products worth over 27m birr. Spina Jiacchino, an Ethiopian-born Italian and the factory's deputy general manager, said that they do not anticipate any problem marketwise, as they would be producing various types of shoes in the best quality wanted by Europeans. He said they had good contacts in the European market (Capital, Aug. 17).

One British citizen of Indian origin and three Indians have set up a garment company with a combined capital of 6m birr. The company, known as Raiment Garment Plc, will be engaged in producing and exporting ready-made garments such as finished gents shirts, pants, underwear as well as finished ladies' pants, blouses, nighties and finished children's wear (The Reporter, Aug. 13).

Three Pakistani have established a matches factory with a total outlay of 12.34m birr. The company, known as "Alhdi Match Makers Plc", will be engaged in the manufacture of matches and any type of industrial activities permitted under the law (The Reporter, Aug. 13).

The MIDROC Group, owned by Sheik Mohammed Al-Amoudi, is preparing to enter the textile industry through the manufacturing of jeans and jackets for export, sources disclosed. MIDROC is now setting up a factory with a capital of 3m \$ located some 12 km away from the small town of Quiha, 1km north of Mekele Airport. More than 400 employees, mainly women, have been hired. An additional 40 employees are in training in Mauritius to work in the new jeans factory, when it is ready in middle of next year (Capital, Aug. 10).

After a process of formation that took about four years, MIDROC Gold was finally established as an independent company last week, with a registered capital of 51.6m USD. One of the prominent investors in the country, Sheik Mohammed Hussein Al-Amoudi, holds the major share of the company, 80%, while his wife, Mrs. Sofia Sahel Al-Amoudi owns 18%. The government shares the rest 2%. One of the top big investments by Al-Amoudi, MIDROC Gold Plc, is also preparing to begin underground gold mining operations as of next year. The project was launched 2 years ago. MIDROC Gold produces an average of 3.5 MT of gold every year (Monitor, Aug. 9).

Nearly 2,200 ha will be available for the establishment of industrial zones in 32 major towns in the country, including Addis Ababa, in the next three years, the Ministry of Trade and Industry announced. The industrial areas, which will be allocated to private investors for the construction of heavy and medium-scale industries based on the master plans of the respective towns, are being prepared with the technical assistance of a joint forum set under the auspices of the ministry. Accordingly, the Addis Ababa City Administration will allocate 1187.2 ha in six selected areas. The land in the capital city is estimated to cost 180 million birr (*Radio Ethiopia*, July 12).

Development Projects:

A development project that is expected to change the lives of pastoralists has been launched. The WB and the International Fund for Agricultural Development have contributed 30m USD and 20m USD respectively. The Ethiopian government will contribute 6m \$ and the beneficiaries of the project 4m \$. The project will be completed after 15 years. It aims at solving the problems of pastoralists. The first five years of the project, which will cost 60m USD, will be carried out in Somali, Afar, Oromia and Southern Ethiopia Nations, Nationalities and Peoples' states (*Addis Zena*, Oct. 8).

Transport and Communication:

Ethiopian Airlines (EAL) is making preparation to start flying to Toronto, Canada, its first flight to the North American city. Ethiopian also plans to start flying for the first time to the Chinese city, Guangzhou. Ethiopian's inaugural flight to Stockholm, Sweden, took place on Oct. 28. Ethiopian flies to 46 destinations - 24 in Africa, five in the Middle East, six in Asia, two in North America and seven in Europe (*Fortune*, Oct. 24).

The Ethiopian Telecommunications Cooperation (ETC) has tendered the grand Internet service-upgrading project, inviting potential IT companies to submit their proposals. The project, called Broadband Internet Solutions, is expected to require an over 10m

USD investment. In addition to upgrading the quality and efficiency of the Internet service provided by ETC, the project will also help avoid Internet failure while ensuring the provisions of new applications through the Internet such as IP telephony (*Daily Monitor*, Oct. 1).

Underground roads and an overpass will be built at Gotera Square on the Debre Zeit road in Addis Ababa, an intersection with heavy traffic congestion. Sources at the Addis Ababa Provisional Administration say the Wello Sefer-Gotera road, whose construction started recently, would be completed within 80 days. The new construction will ease the flow of traffic particularly from the head office of the African Union to Bole International Airport (*Reporter*, Sep. 29). - The Addis Ababa Road Authority has announced that the construction of the Gotera-Wello Sefer road, 2.6 km long, would cost 30m birr. The Chinese Road and Bridge Construction Corporation is the contractor (*Addis Admas*, Sep. 27).

The Ethiopian Roads Authority (ERA) will undertake in the current Ethiopian budget year the construction of 153 road projects with an outlay of over 2.7 billion birr. The construction, maintenance and upgrading of 1,695 km of road would be undertaken, ERA general manager, Tesfa Michael said, adding that five bridges, including the bridge over the Nile River, would be constructed and reinforced. The authority also plans to conduct a study and data collection on 3,121 km sites, he said. ERA constructed 520 kilometers of asphalt and 103 km of gravel road last year at a cost of 1.7 billion birr, Tesfa Michael said (*ETV*, Sep. 6).

The 128-km gravel road between Tekeze and Humera has been inaugurated. The Ethiopian Roads Authority built the road at a cost of 174m birr. The road construction began six years ago but failed to be completed within the set 33 months. The delay was caused by inconveniences created by the two-year war with Eritrean forces. The construction company, Sur Construction, said the topography of the area was also difficult (*Radio Ethiopia*, Aug. 24).

The European Commission will soon commission a pre-feasibility study on the infrastructure rehabilitation along the Berbera Corridor which links the port of the self-proclaimed state of Somaliland with the eastern and southeastern parts of Ethiopia. The pre-feasibility survey covers the 887-km long road network, which connects the port of Berbera to mainland Ethiopia via Hargeisa, the border town of Togochale, Jijiga, Dire Dawa and Awash. The findings will be the basis for EC's approval to rollover into the second phase of the study and ultimately decide to finance the project, according to the EU delegation in Addis Ababa. - The EC has been using the docks of Berbera as entry access for the food aid shipments it has channeled to Ethiopia since 1999. Around 188,284MT of food of the EU to Ethiopia has been unloaded at the Berbera port by 11 vessels and transported to mainland depot stations over the period from February 1999 to 2003. The total amount of food aid that has transited through Berbera accounts for approximately 10% of the total aid shipments imported through Djibouti by the EU (*Fortune*, Aug. 16-17).

Ethiopian Airlines and MIDROC Construction Ethiopia PLC have signed a contract agreement providing for the construction of a new cargo terminal at a cost of 133.1m birr. Ato Bisrat said that the terminal would be new in terms of size, modernity, accommodation as well as facilities, and would help improve the services of the airline significantly. He commended the project's paramount importance in enhancing the country's export trade products particularly fruits and vegetables, horticultural and meat exports to the world market. The terminal is scheduled to be completed after two years and will have a capacity to handle 104,000 tons of cargo per annum (*ETV*, July 28).

Two of the 737-700s extended range Boeing jetliners of Ethiopian Airlines will be arriving by the end of this month. EAL signed an agreement on July 24, 2002 with Boeing to bring in a total of 12 Boeing airplanes - three B737-700s and three B767-300s on purchase, and three other 737-700s and 767-33s on lease basis - for its fleet over the coming four years. The Airline has allocated 480-500 m \$ or the purchase of the six Boeings, including other costs for their engines, and other accessories (*Capital*, July 13).

NGOs:

The Ministry of Justice has announced that it has devised a new mechanism aimed at carrying out registration and licensing of non-

governmental organizations (NGOs) and associations more effectively and efficiently. The spokespersons said the ministry would complete registration of NGOs and associations in less than a week instead of one year. The two officials said the ministry has shortened the time of validity of recognition of NGOs and associations from three years to one year. The renewal of licenses could also be made for more than three years. Any foreign NGO could now be licensed through the Ethiopian Embassy and consulate as long as it fulfils the set criteria and produces the necessary documents (*ETV*, Nov. 4).

Privatization:

The Ethiopian Privatization Agency (EPA) announced that it would look at other options after it cancelled a bid floated to privatize three state owned breweries, Meta Abo, Harar and Bedelle breweries. The bid was floated for the fourth time in January 2003. The recently cancelled bid attracted only two potential buyers, South African Breweries (SAB), ranked third in the world, and Brasserie International, owner of BGI Ethiopia. The two firms offered USD 65m and USD 5m, respectively, for the three breweries, well below the anticipated amount (*Capital*, Oct. 19).

Ethiopia's prime minister has hit out at continuing pressure from international financial organizations to push forward the country's privatization process. Prime Minister Meles Zenawi said the repeated recommendations to sell off loss-making state corporations was counter-productive. Ethiopia has sold off part of some state enterprises, including 30% of the main telecom operator. But the country insists that the government needs to keep a stake in developmentally important utilities such as communication, power and water. If it failed to do so, officials say, the utilities might not take development fully in account, charging too much or concentrating only on urban dwellers at the expenses of the large rural population (*BBC*, Sep. 1).

3. Agriculture, Food Aid, Drought

Agricultural Input and Output:

Africa must "seize" the opportunity offered by controversial genetically modified food, a conference in Addis Ababa heard on Oct. 7. Biotechnology can boost food production and cut back environmental degradation, Kingsley Amoako, Executive Secretary of the UN Economic Commission for Africa (ECA), told a three-day conference on sustainable development. "Not enough attention has been paid to impacting the daily lives of ordinary people," he told delegates from around the continent (*IRIN*, Oct. 7).

Livestock crash is likely to occur in the coming three years in different parts of Ethiopia, a research conducted by Pastoral Risk Management (PARIMA) project said. Dr. Solomon Desta, PARIMA Outreach coordinator at the International Livestock Research Institute (ILRI), had told journalists that the crash is expected to kill thousands of cattle, particular in the pastoral areas. According to Dr. Solomon, the livestock crash might occur due to the unbalanced growth of cattle with grazing land and livestock pressure as well as other related factors. In the Borena area, livestock crash worth USD 300m was observed from 1980 to 1997, he said (*Daily Monitor*, Aug. 16-17).

The Southern Nations, Nationalities and Peoples' State agriculture and natural resources development bureau has called for a concerted effort to eradicate partinium weed from the state. The crop development and protection expert in the bureau, told that the weed was spreading at an alarming rate both in towns and the rural areas of the state reducing productivity and causing damage on rural grasslands. The weed replicates itself very rapidly and a single seed breeds from 1,000 to 3,000 seeds helped by floods, wind, animals and trucks (*Radio Ethiopia*, Aug. 11).

The Japanese International Cooperation Agency (JICA) has said that it is supporting the expansion of silkworm farm development in the Southern Nations, Nationalities and Peoples' State. An agricultural expert delegated by JICA to the Ethiopian Ministry of Agriculture, Carmatha Shagawa said JICA would assist both financially and professionally all efforts to expand silk farms and the silk industry in Ethiopia. Silk farming, experimented on 200 ha of farmers' plots in Hadiya Zone of the state, had shown significant results, he said. According to the head of the extension department of the agriculture

bureau, 3 kg/ha of silk can be harvested, and a kilogram of silk could fetch up to 25 USD (*WIC*, Aug. 11).

Ethiopia is embarking on a land certification scheme to try and improve security of tenure for its farmers. The scheme aims at offering greater security to Ethiopia's farmers – whose land is owned by the state – and encourages them to invest more heavily in their farms. Some analysts argue that tenure insecurity has contributed to low rural productivity because farmers are unwilling to invest in land that could be taken away from them. The guarantee – which comes in the shape of a registration or ownership book - is expected to last 99 years, with a farmer being able to pass land on to his children. The government believes full privatization of land could result in speculators taking advantage of impoverished farmers and lead to massive landlessness within rural areas (*Daily Monitor*, July 23).

Drought, Flood, Famine and Food Aid:

Over 24,000 heads of cattle have perished due to severe drought that occurred during a four-month period between April and July 2003 in East Wellega zone of Oromia. According to a UN report, there is growing concern that agricultural production, which was expected to improve in the country this year, is declining in Wellega. The report said that, according to the findings of a UN team that visited the area, deforestation is wrecking the natural environment while continuing soil erosion, adverse weather conditions, fast rate of population growth and shrinking agricultural land have combined to exacerbate the decrease in agricultural production (*VOA*, Oct. 27).

55% of the official assistance to the emergency drought situation in Ethiopia is estimated to be covered by the United States government while 22% is covered by the EU. USAID, through different NGOs and international organizations, has given 931,374 MT, the European Union 371,592 MT, according to a report submitted by the DPPC (*Daily Monitor*, Sep. 11).

The DPPC has announced that Ethiopia required non-food humanitarian assistance valued at 40m USD for drought-affected people between Sep. and Dec, 2003. Commissioner said the assistance would be used for the prevention of malaria, for water supply and for tackling problems related to agriculture and other drought-induced problems (*State media*, Sep. 5).

A belg season pre-season pre-harvest assessment had revealed that there would be an additional 2.4 million people in need of food aid assistance from Aug. to Dec. 2003, according to the Ethiopia Network Monthly Report on Food Security. The report by USAID said that the total number of the needy for 2003 is now 13.2 million people, up from the previous 12.6 million. - The main reasons for the increase include shortage of seeds, erratic and poor distribution of belg rains in some areas (although in general the season was relatively good), an inability to recover from last year's poor production, high malnutrition rates compounded by inadequate public health services, lost wage labor opportunities and low purchasing power, decreased or total failure of income from cash crop production, such as coffee, pepper and chat, the absence of alternative income sources, and poor targeting and a dilution of relief resources at the household level (*State media*, Aug. 21).

An official of Afar State had said that 3,000 people in Bure Mudaytu District have become homeless after the Awash River flooded their villages. He said the river flooded 800 houses and also destroyed vegetable plots and damaged a clinic. The district administration and the community provided shelters and relief assistance to the displaced (*Tobia*, July 24).

Food Security:

The US government's Famine Early Warning System Network (FEWS) warned 17.3 million people could need help because of declining rainfall levels and a spiraling population. The organization also calls on the Ethiopian government to "refocus" its national development goals and try to slash dependence on rain fed agriculture. Ethiopia is still reeling from an "unprecedented" complex humanitarian crisis that left 13.2 million - one in five of the population - facing starvation during the year. Aid agencies blame entrenched poverty rather than a lack of rainfall as the root cause of the recurrent

emergencies that afflict the beleaguered nation. And FEWS warns that the situation is likely to get worse in the coming years. - FEWS predicts that next year, the country will face a food shortfall of 2.3 million MT - compared to the 3.4 million MT shortfall that hit Ethiopia this year. "Food balance projections suggest that 12.8 million Ethiopians will meet none of their food needs in the 2004-05 production year, increasing to 14.3 million in 2005-06, 15.8 million in 2006-07 and 17.3 million in 2007-08," the report said. "A long-term negative rainfall trend in the southwestern highlands may be aggravating the situation," it added (*IRIN*, Oct. 16).

The Amhara Regional State and Save the Children UK signed a 10m birr agreement, which attempts to tackle the problem of food security in the long term. The Dutch government is the funding agency for the first year of a planned three-year program of Cash for Development through Save the Children UK and the government in North Wello Zone. "This innovative program substitutes cash for food relief, so that beneficiaries will purchase the food through the local market," it stated. The program follows an earlier pilot Cash for Development program funded by the Dutch government, and a smaller pilot funded by the British government (*Daily Monitor*, Oct. 6).

The World Bank has said that Ethiopia should enhance social mobilization in order to fight the war against hunger in the country. It said at the recently held workshop in Ethiopia that food security would not be solved either by the donors, or by the government itself. Social mobilization is an essential element. At the end of the day, it is the farmer tilling the land, the communities' effort at reforestation, the entrepreneur creating jobs that will make a difference, Ishac Diwan, World Bank representative to Ethiopia, said (*Daily Monitor*, Oct. 1).

The recently established "Coalition for Food Security in Ethiopia" announced the need for 3.02 billion USD to undertake various Food Security programs over the next two to three years throughout the country. The government established the coalition in June 2003 with a view to achieve a major turn-around of the food insecurity challenges within a time frame of three to five years. Addisu Legesse, Deputy Prime Minister, said that the coalition idea reflected a new partnership among government, development partners (donors, UN, NGOs etc.) civil society, private sector and maximum social mobilization. According to the coalition report, the program consists of interventions that enhance food availability, access to food, improved health, nutrition, water supply and sanitation as well as resettlement and non-resettlement interventions. The budget has been divided for resettlement and non-resettlement interventions. The cost of non-resettlement intervention is said to be 2.5 billion US. The budget for interventions, aimed at addressing food availability, is 1.9 billion USD, which is 69.5% of the cost of non-resettlement interventions (*Daily Monitor*, Sep. 27).

The Integrated Food Security Program (IFSP) undertaken in six districts of South Gondar Zone of the Amhara State by GTZ has been found to be effective in improving productivity, conserving soil and water as well as rehabilitating degraded land. According to farmers in the project areas and GTZ agronomists, program areas which include the introduction of triticale -- cereal resulting from a cross between wheat and rye -- and gully rehabilitation. At a field visit the farmers said they had achieved a dramatic increase in productivity after using triticale. Yield of 25-40 q/ha of triticale has been recorded as opposed to an average of 10 q/ha of wheat. The gully rehabilitation has been found to be successful in preventing land degradation by breaking the force of the run-off, reducing and finally stopping the movement of soil from sidewalls (*ENA*, Sep. 22).

Other Issues:

The Ethiopian government had expressed anger over a Dutch company's application for a patent for "teff". Teff was illegally taken from Wello and researched in a Dutch laboratory. Dr. Medhin Zewdu, coordinator of drug plants protection of the biodiversity and research institute, said that the request by the Dutch company for the patent violates the international agreement on biodiversity endorsed by 168 countries in Rio. Dr. Medhin added that the Ethiopian biodiversity and research institute and the Ministry of Foreign Affairs are preparing to oppose the company's request for a patent (*Tobia*, Oct. 2).

Environment:

The Debu University has disclosed that it had launched a project at a cost of 2.2m birr to prevent the threat of pollution of Lake Awassa. The coordinator of the Referral Hospital in the university told that the project would help conserve the biodiversity of the lake from the threat of pollution coming mainly from the Awassa Referral Hospital. He said the project includes the extension of sewerage tubes, the construction of sewerage reservoirs and the installation of filtering machinery and other equipment. The project also envisions using the sewerage of the hospital for fishery and cultivation of fruits and vegetables to create alternative income generating activities for the hospital, he said. The project will become fully operational in the middle of this year (*Radio Ethiopia*, Sep. 13).

4. Social, Cultural and Political Aspects

Terrorism, Security:

The Army 10th Mountain Division supporting the Combined Joint Task Force - Horn of Africa (CJTF-HOA) has been participating in military-to-military training with the Ethiopian Army since the beginning of July. The 3rd platoon, Charlie Company 10th Mtn. from Fort Drum, USA, is training with the 13th div. Reconnaissance Company from Dire Dawa in antiterrorist operations supporting CJTF-HOA's mission of detecting, disrupting and defeating transnational terrorism in East Africa. The Task Force conducts training in antiterrorist operations and regular military tactics with military units of host nations in Africa (*Daily Monitor*, Sep. 16).

Political Parties:

Dr. Beyene Petros, president of the newly formed 15 opposition party coalition, disclosed that if international observers are allowed and if the election process is fair, the chances of participating in the next national elections were wide. He said opposition parties are making serious preparations to take part in the next national elections, and are trying to have their voices heard so as to make the election fair. He added that his coalition would be a strong contender to the EPRDF. The All Amhara People's Organization (AAPPO), that is not part of the coalition, is also making preparations to take part in the elections (*Satenaw*, Oct. 27).

The 5th regular conference of the EPRDF ended on Saturday by electing Ato Meles Zenawi Chairman and Ato Addisu Legesse as Deputy Chairman of the council of the EPRDF. The council also elected 36 executive committee and audit commission members. The conference also approved the Front's amended statute and decided that the members of the council be 180 (*Radio Ethiopia*, Sep. 20).

Twenty member parties of the South Ethiopia Peoples' Democratic Front (SEPFD) merged to form the South Ethiopia Peoples' Democratic Movement (SEPDM). The conference of the SEPDM ended by electing chairpersons, executive and central committee as well as audit commission members for the next two years. Ato Haile Mariam Desalegn was elected SEPDM's Chairman and Ato Melese Marimo Vice Chairman. The conference elected nine executive committee, 70 central committee and five audit commission members. According to the statute, SEPDM will be a single political organization with branches in zones and special districts of the state (*ENA*, Sep. 15).

Veteran politician Dr. Beyene Petros had said that the newly formed United Ethiopian Democratic Forces (UEDF) was the largest coalition opposition force within the country. Its birth follows a seven-day conference in Washington D.C. where opposition leaders agreed on a 10-point action plan for the country. Beyene, who will chair the UEDF for the first six months, said its primary focus would be to defeat the current government in the 2005 elections (*IRIN*, Aug. 12).

News about Culture and History:

Workers in Rome are busy dividing up the 170-year-old granite obelisk ahead of its return to its place of origin in Ethiopia. The Axum Obelisk, originally a tomb monument, was looted by Benito Mussolini's troops in 1937, during the Fascist occupation. The 24-meter tall, 150-ton stele is currently wrapped up in scaffolding. Workers will divide it up in six sections using computer-guided jacks. The operation is highly complex and is expected to last several

weeks. Officials have said it should arrive in Ethiopia around the end of October (*Daily Monitor*, Oct. 11-12).

AFROMET (Association for the Return of the Maqdala Ethiopian Treasures) on Thursday handed over an ancient Book of Psalms to the Institute of Ethiopian Studies (IES). The book had been looted by British expedition forces during the Battle of Maqdala in 1868. About 500 artifacts stolen by the British forces are found in museums in Britain, Professor Pankhurst, who is a member of AFROMET, said. Six months ago, an amulet that belonged to Emperor Tewodros was returned to Ethiopia.

Experts from a French university have said that they had finalized the first round of preparations of a permanent document that would enable the ancient walled city of Harar to be registered as a world heritage city. The French experts, Rafuel Alexander, Nediji Bonnet Chelche, Awa Girener and Nadiya Ani, told WIC that eleven professionals worked on the document. The document will be completed at the end of Sep. 2003 and will be handed over to the UNESCO in Paris for final approval in Oct. 2003. The prepared document, according to the experts, includes detailed mechanisms through which the ancient heritage of the city could be protected and preserved for the future (*ENA*, Aug. 16).

An Ethiopian music teacher is on a mission to encourage people in the country to play a harp so old it is mentioned in the first book of the Bible. Ala Mwaga, who teaches students privately, has been playing the begena for 40 years. He told to continue the instrument's long history, more people must begin playing it (*BBC*, Aug. 10).

Several relics as old as over 1,500 years old have been discovered in an ancient church in Gulo Meheda District of Tigray State. According to the culture and information office of Tigray State, the relics include six crosses, two parchments, miniature monuments and stone carvings with Sabaen (*Walta Information Center*, Aug. 2).

The first of the five volumes of Encyclopedia Aethiopica, published in Hamburg, Germany, is scheduled to be presented in Hamburg during the 15th International Conference of Ethiopian Studies (ICES) July 21 to 25, 2003. 250 authors participated in the preparation of the Encyclopedia, which has 970 articles and 880 pages. The Encyclopedia, the first of its kind, covers arts, geography, history literature and religion of Eritrea, Ethiopia, Djibouti, Somalia and Sudan. Prof. Dr. Siegbert Uhlig, Editor-in Chief of the Encyclopedia and Chairman of the Institute of African and Ethiopian Studies at Hamburg University said (*Ethiopian Journal*, July 20).

Churches and Religion:

A theological textbook of the Ethiopian Orthodox Church has been translated into Oromiffa. There are over ten million Oromo members of the Ethiopian Orthodox Church. This is the first time that the textbook was translated into the Oromo language. The Amharic version of the book was earlier translated from the Ge'ez script (*Dagim Wenchif*, Aug. 12).

Sports:

Derartu Tulu who interrupted the race in the 10,000mts world championship held in Paris defended her title in the women's 5000 m Golden League meeting on Sep. 5 in Brussels. Derartu went home in 14:44.22 while Kenyan compatriots Isabella Ochichi and Edith Masai followed in 14:47.70 and 15:06.64 (*Reuters*, Sep. 10).

Poverty, Poverty Reduction:

The Ethiopian PRSR document (poverty reduction) is to be implemented at a cost of USD 6.2 billion over the coming 12 years. The document prepared by the Ministry of Finance and Economic Development and the UNDP is compatible with the Millennium Development Goals (MDGs). So far, donors have pledged USD 3.6 billion or 60% of the total cost (*The Reporter*, Oct. 15).

The NGOs Task Force in Ethiopia has complained of lack of NGO participation in the government's Sustainable Development and Poverty Reduction Program (SDPRP). The NGOs, together with civil society organizations, expressed their dissatisfaction on the role of civil societies in the country's PRSP. A two-day consultative workshop was held at the Christian Relief Development Association (CRDA) (*Daily Monitor*, Oct. 7). - Ato Gezahegn Kebede, chairman of NGOs Task Force and Oxfam Country Director, said that the

dialogue aims to develop a strategic framework for civil society engagement in the implementation and monitoring of the first SDPRP cycle from 2000-2005. The director of CRDA added that only government officials and experts are included in the SDPRP implementation and monitoring activities. The government did not clearly identify the role of NGOs and other civil societies in the implementation and monitoring of the program. He indicated that NGOs had participated in preparing the poverty reduction strategy. The government, he said, had promised that NGOs and the private sector would play a direct role in implementing and monitoring activities of the strategy (*Addis Zena*, Oct. 8).

IMF announced last week that it would release another 14.3m USD under the agreed Poverty Reduction and Growth Facility (PRGF) arrangement. PRGF funds carry an annual interest rate of 0.5 percent and are repayable over a 10-year period with a 5.5-year grace period. The IMF has approved an additional interim assistance of 2.9m UDS under its Heavily Indebted Poor Countries (HIPC) facility. So far, Ethiopia has taken 94.5m USD from the total loans approved for it in March 2002. Subsequently, the board also decided the following year to add 18m USD to finance the program. The IMF appreciated Ethiopia's performance as broadly satisfactory, given the difficult external conditions (*Fortune*, Sep. 1).

The Labor and Social Affairs Office of South Wello Zone has said that four non-governmental organizations in the zone have earmarked 19m birr to undertake projects to reduce streetism. The head of the office told that the projects would be undertaken jointly by Forum For Street Children Association, Admas Children's Rehabilitation and Development Organization, Hope Enterprise and the Abune Petros Children's AID Organization in Dessie and Kombolcha. The projects will also focus on reducing child migration from rural areas to towns, particularly to the two towns, by offering technical training and education and by reuniting children with their families. The projects will help protect 813,813 children from streetism, she said. According to Alemitu, over 5,000 children in Dessie and Kombolcha live on the street (*Radio Ethiopia*, Aug. 9).

Mr. Horst Kohler, the IMF Managing Director, has called for a more decisive and robust action in the implementation of the country's SDPRP. Mr. Kohler told journalists at the end of his two-day visit to Ethiopia that "the country has set up a good plan in SDPRP which is very structured and outlining the main areas that need to be addressed." According to the IMF boss, the work of reducing poverty should be carried out with more participation by the private sector and should be aimed at creating "a more attractive" investment climate (*The Reporter*, July 9).

Sports:

Kenenisa Bekele, who had registered successive victories in cross-country and track competitions, has been selected as the best African athlete of 2003 by the African Athletics Confederation. The athlete received the honor especially for his spectacular performance at the Paris World Athletics Championship, the cross-country race in Switzerland and in the 5,000 meters men's race at the 8th All-Africa Games held recently in Nigeria (*The Reporter*, Oct. 22).

Other Social and Political Issues:

Corruption is worsening in Ethiopia and the levels are higher than in previous years, according to the anti-graft watchdog, Transparency International (TI). Ethiopia was listed 92 on an index of 133 countries, scoring 2.5 on a scale of 10. TI, which is based in Germany, said lack of coherent rules and regulations, red tape and poorly trained staff were contributing to corruption (*IRIN*, Oct. 9).

Work has begun on the Africa Avenue Park situated in the area from the ECA to the National Palace. The park project is based on the agreement between the Addis Ababa Administration and Sheikh Mohammed Al-Amoudi. Ato Kebede Faris, head of the Addis Ababa beautification and parks agency, said that restaurants, fountains, amphitheaters and toilets would be constructed. The construction will be completed in June 2004. Addis Ababa, with an area of 54,000 ha, has only 11 parks (*Addis Lissan*, Sep. 20).

The Federal High Court had sentenced 21 defendants to death and to life imprisonment. The defendants were indicted on charges of

extra judicial killings of religious leaders and eminent personalities during the Derg. The 6th Criminal Bench of the court sentenced four defendants accused under the charge file category of the former Minister of Public Security, Colonel Tesfaye Wolde Selassie, to death by hanging. 13 privates were sentenced to life imprisonment. The court said they were found guilty of complicity and the killings of Abune Teoflos and 13 other victims without due process of law (*State media*, Aug. 4).

Peacekeeping Missions:

The African Union has entrusted Ethiopia, South Africa and Mozambique to send peacekeeping contingents to Burundi, a country hit by years of civil war. The countries are expected to send a total of about 3,000 peacekeeping troops. Ethiopia is dispatching about 1,000 peacekeeping troops. Lt. Col. Meley said the Ethiopian contingent is going to stay in Burundi for about a year, a period that may be extended. AU covers the expenses of the peacekeeping force from the funds it solicits from various donor countries (The Reporter, Sep. 24).

The House of Peoples' Representatives has accepted a UN Security Council request for Ethiopia to deploy peacekeeping troops to Liberia. The Minister of Defense said different countries in Africa and elsewhere that could carry out the mission were being asked by the Security Council to deploy troops (ETV, Aug. 19).

Foreign Relations:

At least 1,000 Ethiopians, among thousands of illegal immigrants expelled from Djibouti, arrived home in Ethiopia on Aug. 31, a day ahead of a deadline for them to leave the tiny Horn of Africa nation. Government officials are expecting more than 30,000 people to return home. Djibouti government officials have justified the forced exodus on security and economic grounds. A police official, who requested anonymity, said that in the past three weeks, between 10,000 and 15,000 Ethiopians had returned home, most of them using personal transport. The government only stepped in eight days ago and was now paying for their transport (*Monitor*, Sep. 1).

A senior official of the Ministry of Foreign Affairs had described a report by the Sudanese daily *Alwan* that stated that the long disputed land between Ethiopia and Sudan was handed over to Sudan as wrong and unfounded. He said that the two countries had discussed ways to solve their border disputes in a peaceful way. Foreign Minister Seyoum Mesfin recently told the House of Peoples' Representatives that the joint commission of the two countries would deal with the border dispute (Reporter, July 14).

The Transitional National Government of Somalia had put its forces on alert claiming that Ethiopia was amassing its infantry, tanks and its mechanized forces near the border between the two countries. The TNG Council of Ministers and the parliament took the decision. Reports indicate that the Ethiopian Government had alleged that the TNG was harboring terrorists. The Ethiopian Government has also given assistance to factions who are opposed to the TNG, the reports added (Tomar, July 15).

The agreement which was signed recently between Sudan and Ethiopia has ended the border crisis between the two countries and the conflict on the ownership of land in the al-Fashqa area, to the east of Sudan and Atrabawi river. Ethiopia agreed to return the land immediately to the Sudanese side, with the exception of small pockets, which have not been settled yet. The Wali (governor) of al-Qadaref area which adjoins the Ethiopian borders told the Sudanese daily *Alwan* that after long negotiations between the Sudanese and Ethiopian Prime Minister Meles Zenawi, the conflict which lasted seven years, ended after the return of the lands to its Sudanese owners (Daily Monitor, July 5-6).

6. Education

Officials of higher learning institutions in the states reaffirmed that students have to contribute their share with the government and the institutions in order to implement the cost sharing system. According to the officials, the amount that students are expected to share is only 15% while 85% is for their meals and dormitory services. - The students will either pay the money in cash if they can, or pay in 15 to 20 years time after their graduation by deducting from their salaries.

Students who are in the education stream will attend classes free of charge and give a three-year service for each year stay at the institutions earning their salaries but working where the government assigns them (*ENA*, Nov. 6).

The Ministry of Education says 25,649 students have been admitted to colleges and universities to attend degree programs starting the current academic year. 28,419 students have finalized preparatory classes and taken aptitude tests. Students who passed the tests were admitted to pursue their education in higher learning institutions all over the country. Some 7,352 of the admitted students were girls (*Radio Ethiopia*, Nov. 7).

The Ministry of Agriculture said it is expanding technical and vocational training (TVT) colleges across the country with an outlay of over 612.3m birr. The head of the Ministry's Agricultural Technical and Vocational Training Department said the work would be finalized by the middle of the Ethiopian calendar year, and is expected to raise the intake capacity of the college from 5,000 to 30,000 students. Over 1,065 local and foreign teachers have been deployed to carry out the TVT programs. Over 1.5 billion birr has been spent since 2000 to execute the programs (*state media*, Oct. 13).

Two Swedish professors received a special award from President Girma Wolde Giorgis for their considerable botanical research contributions in Ethiopia. Professors Olov Hedberg and Inga Hedberg, husband and wife, had conducted research on plant species over the past 23 years. They have contributed greatly to "flora of Ethiopia", a study project on Ethiopia's plant genetic resource. The Hedbergs also contributed in the production of six documentary films categorizing more than 6,000 plant species found in Ethiopia. They helped identify plant species to be used for medicinal purposes or as food items, and also provided support to Ethiopian researchers and students at a university in Sweden (*State media*, Sep. 25).

The long-year tradition where the state pays full tuition fees for students of higher education will come to an end soon. Government estimates show that every student of higher education consumes 3,000 birr a year, including meals and accommodation. The government is expected to spend 3.4m birr for the development of tertiary education. Close to 46% of the education sector resources goes to this sector, according to a Ministry's study (*Fortune*, Sep. 7).

Hiwot-Ethiopia, a local NGO in Gulele Municipality, has said it is carrying out projects that would make the youth visionary and motivated for income generating activities. Ato Solomon Laeke-Amlak, head of the project, said that the NGO had trained 110 boys and girls in music and theater arts as well as in catering services. He said the trainees would undertake programs that generate income. The NGO has plans to carry out similar projects in all municipalities in the city. It generates funds from contributions, the German International Population Organization, Save the Children and the Addis Ababa HIV/AIDS prevention and control office (*Addis Lissan*, Aug. 23).

The Ethiopian University College, owned by the Advancement of Research, Training and Education S.C. (ARTE), will start enrolling students as of the coming academic year. The company was established with an authorized capital of 25m birr four years ago. The shareholders are a mix of scholars and businessmen. ARTE is governed by an executive board composed of seven members. - Dr. Aledew Redi, board member of ARTE and managing director, said that the World Bank, the IMF and the German Foundation had pledged to assist the college. The Ethiopian University College will give degree and diploma courses in Natural Resource Management, Business Administration, Education, Language Studies and Information Technology for the coming year (*Fortune*, Aug. 10).

The Addis Ababa Provisional Administration's education bureau has announced that preparations are underway to give classes on citizenship and ethics in schools in Addis Ababa. This will start next academic year, 2003/04. Teachers' manuals for grades 1 to 4, students' books for grades 5 to 12 are being printed. The schools will also have citizenship clubs (*Addis Lissan*, July 19).

Alemaya University has conferred an honorary doctorate degree on Karl Heinz Bohm, founder and chairman of Menschen fur Menschen.

The president of the university, Dr. Desta Hamito, said that the ceremony was held at the graduation of over 1,044 students with Master's degrees, first degrees and diplomas. Dr. Desta said Mr. Bohm was honored for his remarkable contribution to the socio-economic development of the country over the last two decades. Bohm laid a cornerstone for the construction of a Research and Development Center (Radio Ethiopia, July 5).

7. Health

15 million Ethiopians are facing a deadly malaria epidemic, according to a warning issued by the UN. The UN Country Team said "thousands of deaths" could occur because those under threat were already weakened by months of drought and hunger. Humanitarian organizations have noted that the rains have left pools of stagnant water, which have provided a fertile breeding ground for mosquitoes (IRIN, Oct. 23).

The World Health Organization (WHO) has said that 1.7 million children in Ethiopia are infected by measles every year. The coordinator of disease surveillance at WHO, Dr. Goitom Gebre Medhin, said that out of the 1.7 million measles infected children in Ethiopia, 70,000 children die of eye and ear illnesses and pneumonia cases caused by measles. Dr. Goitom noted that the viral disease was communicable and could be prevented by administering the proper vaccination (ENA, Sep. 24).

The Minister of Health, Ato Kebede Tadesse, has said that the status of traditional medicine in the country is facing serious challenges. Dr. Kebede said keeping the knowledge about traditional medicine at the family level and the unwillingness to share the knowledge with others, the extinction of endemic medicinal plants as well as the absence of any written documents are posing a serious threat to the future practice and exploitation of traditional medicines. Conducting research and collecting data on traditional medicine and establishing a positive relationship with the practitioners are some of the efforts being made by the Ministry to address the problem, he said. The chairman of ESGMP on his part indicated that more than 80% of the Ethiopian population relies mainly on traditional medicinal therapy for many reasons such as geographical accessibility, cultural beliefs and affordable prices. The widespread use of traditional medicine practice demands a mechanism for controlling and improving its safety and quality, mainly through its integration with modern medicine, he added (state media, Sep. 10).

The Ministry of Health has announced that tuberculosis affects 180,000 to 200,000 people annually in Ethiopia. Dr. Berhane Kidane Mariam, team leader for TB and Venereal Diseases (VD), said that 110,000 people were infected in 2002/03 (Reporter, Sep. 8).

Three local pharmaceutical importers and wholesalers have brought in the first shipment of antiretroviral and life prolonging HIV/AIDS drugs. The drugs, imported from India tax-free, will be available for sale in six pharmacy outlets run by the city administration.

A study paper said that if the current HIV/AIDS trend continues, Ethiopia is expected to lose 8% of its workforce to AIDS by 2005. Dr. Tadesse Wuhib, Director of CDC, indicated that AIDS deaths among ages 35 to 39 in Addis Ababa in 2001 were five times higher than in 1984 for both sexes. "AIDS is now the cause of nearly 68% of deaths that occur annually in men and women between the ages of 20 and 54," he added. The number of orphans who lost both parents by AIDS in the country exceeds one million (Daily Monitor, July 22).

An Ethiopian scientist, Dr. Yonas Endale, will receive an award from the International Psychiatric Association for his research on Alzheimer's disease. He is the first to receive such an award from Africa (Ethop, July 9).

Anti-retroviral drugs to prolong the life of HIV/AIDS victims will be on sale at less than 300 birr for a supply of one month. The drugs originally cost from 1,300 to 3,000 birr monthly (Ze-Press, July 9).

UNICEF estimates that, as of 2001, 2.1m Ethiopians younger than 49 were infected with HIV or had full-blown AIDS (Monitor, July 7).

8. Human Rights

Freedom of Press:

The Ethiopian Human Rights Council (EHRC) has asked for the amendment of the draft press law. The draft press law, EHRC said, violates the freedom of expression and free access to information as stipulated in the constitution. The articles should be examined and corrected according to democratic principles and as stipulated in international human and democratic right conventions to which Ethiopia is a signatory, it said. The power given to the Ministry of Information and the public prosecutor make the draft law undemocratic, it stated (Addis Zena, Sep. 17).

9. Internal Security

Armed men have been attacking government forces in Woyira on the Jimma road from Addis Ababa since July 24, according to the Voice of the EPRP. Sources said that these armed men, who the government said are armed robbers, have not carried out attacks on civilian transport vehicles. They have attacked military trucks, police stations and government forces and installations, the sources added. Woyira is 150 km from Addis Ababa. The men armed with full modern infantry weapons have also conducted military campaigns against government forces and installations on the road to Mizan Teferi (Asqual, July 12).



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