

BRIEF HISTORICAL BACKGROUND OF ETHIOPIA

Ethiopia is located in the horn of Africa. Bordered by Eritrea in the North and North East, Djibouti and Somalia in the East, Kenya in the South, and Sudan in the West and South West. Ethiopia is the oldest independent countries of Africa and among the ancient and historical countries in the world. It is accredited as being the origin of mankind.

The country covers around 1.1 million square kilometers. About 65% of the land is arable with 15% presently cultivated. The population is estimated to be around 72.4 millions people, over 50% of whom are under 20 years of age. The average number of inhabitants per square kilometer is 49. The annual population growth rate is about 2.7%. The capital city Addis Ababa has population of around 3 million people.

Ethiopia like many other African countries is a multi-ethnic state with a great variety of languages spoken, of which there are 83 with 200 dialects. The main three languages are Amharic, Tigrigna and Oromigna. (English is the most widely spoken foreign language). Amharic is the official and Primary school instruction language.

Agriculture is the backbone of the country economy and the principal exports from the sector are coffee, oil seeds, pulses flowers, vegetables, sugar and foodstuffs for animals. About 90% of the populations earn their living from land, mainly as subsistence farmers.

Ethiopia has high central plateau that varies from 1800 to 3000 meters above sea level with some mountains reaching 4620 meters. The climate is temperate on the plateau and hot in the low lands. Addis Ababa it ranges from 2200 to 2600 meters, maximum temperature is 26 degree Celsius and minimum 4 degree Celsius.

Ethiopia uses the Julian calendar. The public holidays are celebrated according to the Julian Calendar which consist of twelve months of thirty days and a thirteenth month of five days (six days in a leap year). The calendar is seven years behind the western or Gregorian calendar, with New Year falling on the month of September. (e.g. September 11 is Ethiopian New Year).

The local currency used is Ethiopian Birr. The local currency is very strong against the foreign currency e.g. 1 US \$ is equal to 8.6 Ethiopian Birr.

HISTORY OF LEPROSY IN ETHIOPIA

Ethiopia is a land of ancient history and source of human civilization as the historians tells us. Due to the fact that it is one of the historical countries, it may also be a fact that it is one of the countries with the origin of the leprosy disease, as it is named by historians however there is no clear documentation about it.

Leprosy was identified as a major health problem in the country since the 1950', since then the effort to control leprosy began by the establishment of a National leprosy office in the Ministry of Health with the support of German Leprosy Relief Association (GLRA).

There are three main regions where Leprosy is still endemic, that is Oromiya, Amhara and SNNPRG in the Central and South Eastern highlands.

With the introduction of MDT for leprosy, the Prevalence of the disease has sharply gone down to 0.5% however the notification of new leprosy cases remain constant over the past ten years an indication that transmission is still going on.

Following the introduction of MDT and the consequent reduction in the duration of treatment, there resulted a constant and steady decline in the prevalence of leprosy. Due to the reduction in number of patients registered, which has also reduced the workload of leprosy services, they have integrated the leprosy programme within the general health services. The integration services covers a wider geographical area and is closer to the community. This integration is believed to reduce the stigma associated with leprosy and they think may have an impact on the Epidemiology.

In 1994, the country thought of introducing the programme on Combined Tuberculosis and Leprosy. The implementation of the combined Tuberculosis and Leprosy Control Programme began in 1997.

The Objectives of the TLCP were:

- To interrupt transmission of the infection
- To reduce morbidity, mortality and disability
- To prevent emergence of drug resistance.

The basic strategies to achieve these objectives were:

- Early case detection
- Adequate chemotherapy
- Provision of comprehensive patient care.

In view of this Leprosy, patients are diagnosed and treated in all health facilities together with other patients. This is a break through in the abolition of stigmatization and specializes vertical services. This approach has guaranteed a patient adequate treatment as well as self-respect at all levels of services.

Disability prevention is considered as a matter of priority and services are available in leprosy control services.

NB: Generally when patients are cured without disability the acceptance of leprosy sufferers by the community improves and patients enjoy all sorts of social participation. This again helps to divert the stigma that has existed for years and has been observed as a major social problem.

Currently leprosy is not a major public health problem in Ethiopia as the prevalence rate has gone down to 0.8 in 10000 cases against the WHO recommendation, however the alarming note is constant new case detection. 14.8% new patients with disability Grade II was noted last year, which is very high indicating late reporting of cases to the health facilities. The proportion of children (0-14) among the total new cases is about 6%.

The strategy to achieve this is through raising awareness to the community about leprosy so that cases report to the health facilities at a very early stage of the disease before disabilities ensue.

ALERT - BACKGROUND INFORMATION

ALERT stands for ALL AFRICA LEPROSY TUBERCULOSIS REHABILITATION RESEARCH TRAINING CENTER. Situated at the peri-urban environments about 7km of the city of Addis Ababa, southwest on the way to Jimma.

Originating from the previous surroundings of Zenebework Memorial Hospital back in 1965, founded by the Ministry of Health, Addis Ababa University, The Leprosy International, American Leprosy Mission and the Society for rehabilitation of the disabled. ALERT main mission was to provide training for both gender in multiple aspects of Leprosy disease including **prevention, treatment and rehabilitation** in an African context of Environment.

UPDATE CHANGES

Since July 2002, ALERT has modified its activities investing as a tertiary referral and teaching hospital for leprosy and skin diseases under the administration of the Ministry of Health of the Federal Democratic Government of Ethiopia.

Its main current mission is based on provision of quality service and Training Center for Leprosy, Rehabilitation, Surgery, Tropical dermatology, Ophthalmology and relevant infectious diseases.

Based on training and research, ALERT provides National and International short term courses on various aspect of Leprosy, Tuberculosis, Dermatology, Rehabilitative surgery and Programme Management recruiting participants World wide.

Students have the opportunity to practice in the main hospital as well as at the field in the Ethiopian communities. Self-study facilities include CD-ROMS, video, slide programmes and library. There is also an Internet access and other useful teaching Aid materials to be used and practiced by the students and the staff almost all the times.

Students stay at the training hostel, which provide a single study room with almost all basic needs and a shared bath chamber. The Institution workers regularly maintain all the cleanings and laundry work. Catering department serves meals in a mixture of western and Ethiopian cultures.

The main services provide at ALERT apart from research and training activities include:

1. Out patient services for:
 - Routine and special dermatological clinics
 - Leprosy – medical and referral clinic which includes leprosy follow ups with Neuritis clinic
 - Ophthalmology clinic with special emphasis on Glaucoma

- Surgical clinic for Hand and feet rehabilitative surgery (club foot, orthopedic and ulcer clinic)

1. Inpatient services with a capacity of 228 beds comprising of:

- 3 medical wards
- 1 ophthalmic ward
- 3 surgical wards

2. Other services includes:

- An orthopedic workshop for special shoes and prosthesis for leprosy patients
- Occupational therapy
- Physiotherapy Unit
- Pharmacy
- Laboratory services
- Pathological Unit

RESEARCH

Within ALERT Campus, there is a research complex known as ARMAUER HANSEN RESEARCH INSTITUTE (AHRI) functioning as a renowned center of excellence in Leprosy research since 1970. It is also working on TB and other infectious diseases.

This Institute provides special trainings for Msc and PhD students as its contribution towards scientific manpower capacity building. It is also currently serving as Pan African Bioethics Initiative (PABIN) secretariat.

HUMAN RESOURCES

ALERT is served by a combination of both experienced medical scientific technical and administrative staff of about 540 workers comprising of:

- 12 Specialist Doctors
- 28 Scientists
- 10 General Practitioners
- 41 Health Assistants
- 7 Pharmaceutical Technicians
- 9 Laboratory Technicians
- 3 Physiotherapists
- 2 Specialized Nurses
- 2 Anesthetic Nurses
- 52 Nurses
- 1 Occupational Therapist
- 20 Other Medical staffs
- 30 Staffs on training
- 305 Administration Staffs

It has also a good reputation on keeping “Human Resource Bank” and utilization of experienced retired workers especially in the field of training e.g. Leprosy and Research methodology. ALERT also utilizes a number of scientific experts all around Ethiopia in their contribution towards various trainings when need arises.

Leprosy patients are rehabilitated in the old Zenebework building where they are engaged in different activities according to ones occupation. Here they have the opportunity to utilize their talents as per ones capacity. With the help of their families, they make different things including Ethiopian traditional attires, carvings etc that latter is sold in the craft shop within the building, the money got is used to help them and their families.

THE COURSE OUTLINE

CLINICAL LEPROSY AND MANAGEMENT OF COMBINED LEPROSY AND TUBERCULOSIS CONTROL PROGRAMMES FOR SENIOR FIELD STAFF is one of the several courses ALERT offers within the year. The course aims at helping the staff to understand better the Epidemiology of leprosy and tuberculosis disease, their impact on the affected persons and how the diseases can be better managed. It also introduces the Polices laid down by the WHO and the implementation of these polices according to individual participants own country.

The Course Content is spread within the six weeks. It is divided into three phases comprising of two weeks each.

- 1st/ 2nd week is Leprosy
- 3rd/ 4th week is Tuberculosis
- 5th/ 6th week is the Action Plan. The emphasis is put on planning, implementation, supervision and evaluation of control activities, with special attention to Prevention and Management of Disabilities (PMD), health promotion and support functions.

The facilitation includes theory, practical assessments with the patients in the ALERT hospital wards and other hospitals outside ALERT, group discussions, individual exercises, presentation of the given exercises, pre and post-tests and field trip with specific tasks to be carried out in the field, programme evaluation and lastly course evaluation.

The participants were 13 from 7 different countries of Africa that is Sudan, Ethiopia, Rwanda, Uganda, Tanzania, Sierra Leone and Kenya. It was not only facilitation but also sharing of experiences and challenges as per each countries organization and implementation of TB/L programme. This was more enriching as ideas were exchanged among the participants.

The facilitators came from all around Ethiopia they were both scientific experts and experience-retired workers who gave their contribution towards leprosy and tuberculosis.

All these were geared towards the achievement of ALERT goals and objectives which is to introduce client-oriented quality health service in the center, to train all level of staff in relevant topics on quality service provision, to conduct relevant, need-based basic and applied research and to expand training topics according to stake holders needs.

Sr. Esther Athieno, Kadem, Kenya, January 2005