Education in Ethiopia

In the third in a series of articles, **Dr Jenny Search** reports on her continuing two-year voluntary service overseas placement at Debub University in Ethiopia

RECENTLY I ATTENDED the 24th African Health Sciences Congress which this year was held in Ethiopia. The venue was the very impressive African Union Conference Centre in Addis Ababa. The plenary session room was where they hold the African Union meetings and had country nameplates around the room. I would have sat at UK but the view of the screen from there was terrible so instead I opted for the prime viewing spot allocated to Burkina Faso! For each country there were headphones for translation, microphones and voting panels.

There were no translation facilities at this meeting but you could listen to the presentations through the headphones. Cameras projected the speaker onto large screens throughout the talk and if a question was asked the cameras automatically centred to the microphone which had been turned on!

One of the organisers told me that 400 delegates had registered but I don't think that many were present. Most attendees seemed to be from Ethiopia and Kenya although I did meet people from all over Africa and there were some scientists representing the WHO. The two major symposiums were *'HIV/AIDS, STD and TB'* and *'Malaria and other vector borne diseases'*. There were several smaller symposia including: medicinal plants, nutrition and health, sexual and reproductive health and viral and bacterial diseases.

The plenary talk was given by Dr Macharia from CDC-Kenya. She summarised the current status of anti-retroviral therapy (ART) in Africa. In Sub-Saharan Africa, 30 million people are infected with HIV which is 70% of HIV-infected people worldwide. However only 1% of those who need the drugs, are able to afford ART. During the discussion it was pointed out that efforts should not only be focused on ART, especially as resistance will develop. Other factors such as a nutritionally balanced diet can be just as important.

One of the most heated debates followed a talk given by Amiri Rajabu from Tanzania. His talk was essentially very simple, he presented some interesting statistics: 3.2 million children under the age of 15 are infected with HIV and 800,000 of them are newly infected (i.e. became infected after birth). Adolescents begin sexual activity between the ages of 9 to 16. He had run workshops in schools where adolescents had told him they

Further Information

- This is the third in a series of reports from Jenny. You can find out more about her activities and see some more photos at www.neal-jenny.info
- For more information about VSO, see www.vso.org.uk.
- The Faculty of Natural Sciences at Debub University also has a website at http://home.no/dufns

want to protect themselves from STDs such as HIV but they couldn't use condoms because they are too small. The speaker then asked the audience whether we should provide condoms in different sizes in order to accommodate everybody. Some agreed with the speaker that if it was a choice between condoms or HIV then such protection should be provided for school children. Others thought condoms should only be given as a last resort and people should be encouraged to abstain from sexual activity; condoms should only be the last resort. Yet another opinion was that as condom usage has not been successful in adults, why should we expect it to be effective for adolescents? The talk caused quite a stir and the arguments continued over the lunch table.

The other sessions provided equally interesting topics. We heard about plant extracts which show anti-*Plasmodium* activity, a grass pea (*Lathyrus saivus*) which is very resistant to drought, disease, pests and water logging but contains a toxin associated with a nervous disorder when the pea is eaten as a large (>30% calorific intake) part of the diet — i.e. during times of drought and famine.

In the virology/bacteriology session Demissie Beyene presented his findings on detection of nasal carriage of *Mycobacterium leprae* in up to 6% of healthy individuals in an Ethiopian village. He suggested transmission of sub-clinical infection of *M. leprae* may account for the consistent number of leprosy cases annually diagnosed despite effective drug therapy. The Ethiopian Health and Nutrition Research Institute (ENHRI) reported the status of bacterial diarrhoeal diseases in relation to vulnerability to epidemics and droughts in Ethiopia. Maranga Wamae from the Kenya Medical Research Institute (Kemri) told us of the initiation of a network for surveillance of pneumococcal disease in the East Africa Region (netSPEAR). Its aims are to promote routine surveillance for *Streptococcus pneumoniae* in seven countries in East Africa.

The meeting was an excellent opportunity for me to discover some of the research taking place in this area of the world. It is difficult for me to gain access to recent research results. At present the University does not subscribe to any microbiological journals and the Internet access is frustratingly slow at best and non-existent at other times. I also made many contacts with researchers interested in forming collaborations with Debub University. Due to the lack of equipment here, I think the best way we can start a successful research programme is by forming such links with other better-established institutions.

Back in Awassa and the new academic year has started. The third year biology students had to choose a "unit" in which to specialise. This year we only have the capacity to open two units (out of five) and asked the students their choices. I am pleased to report the Microbiology and Parasitology Unit was the second most popular unit (after Ecology and Environmental Sciences).

I am teaching a cell biology course to all the third years and an immunology course to students in the microbiology unit. I am having a really hard time trying to develop some practical experiments for these students without any sources of antibodies and antigens. I am reluctant to use human blood due to the risks involved with HIV etc. and am consulting with some local clinics to see if they can help.

There are some things that I suspect are easier to get hold of here than in the 'west.' I asked at a clinic if it would be possible to take some blood films containing malarial parasites to use in a practical class. When I returned the microscopist gave me seven positive films he had saved for me in one morning!

Jenny Search
Debub University, Ethiopia