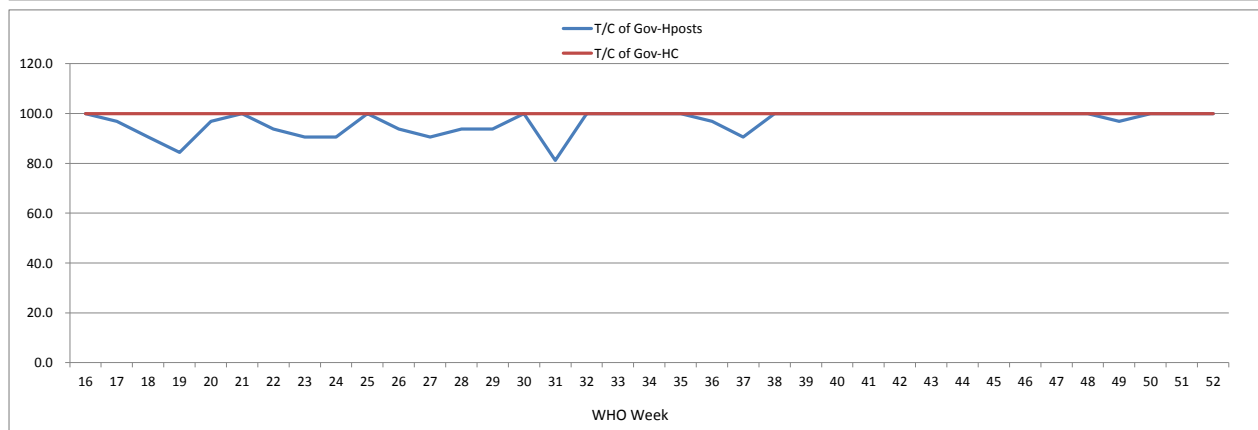
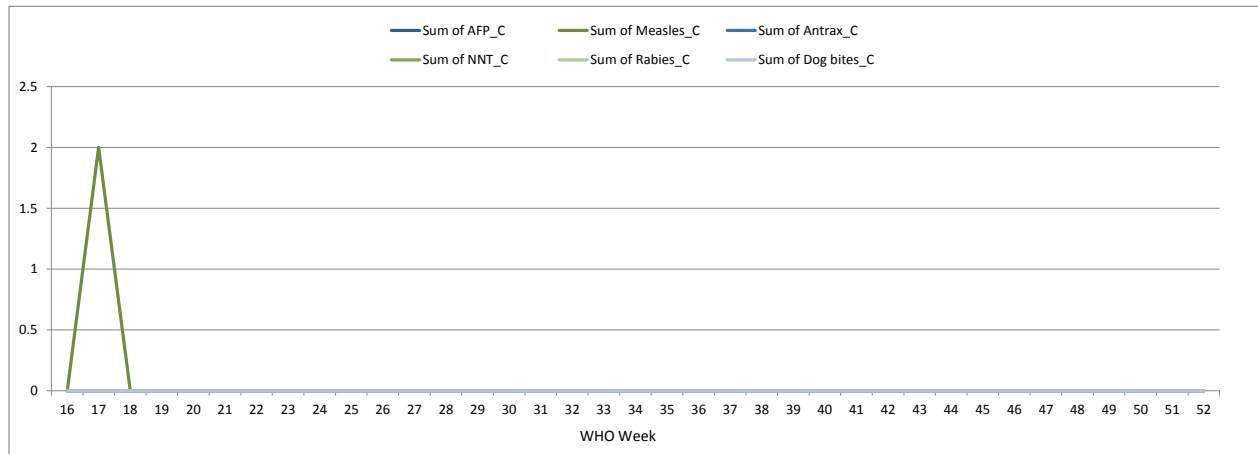
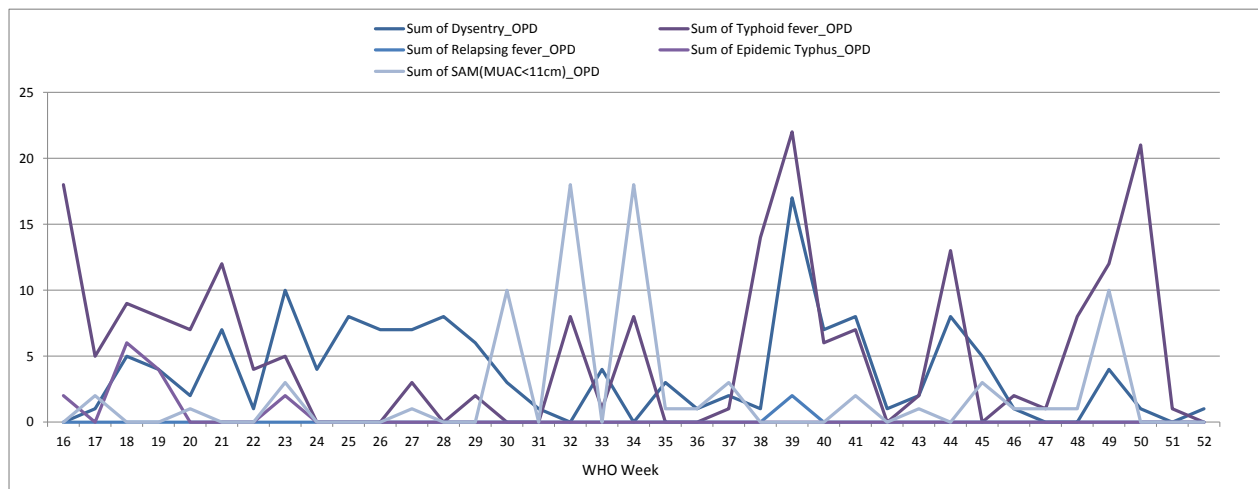
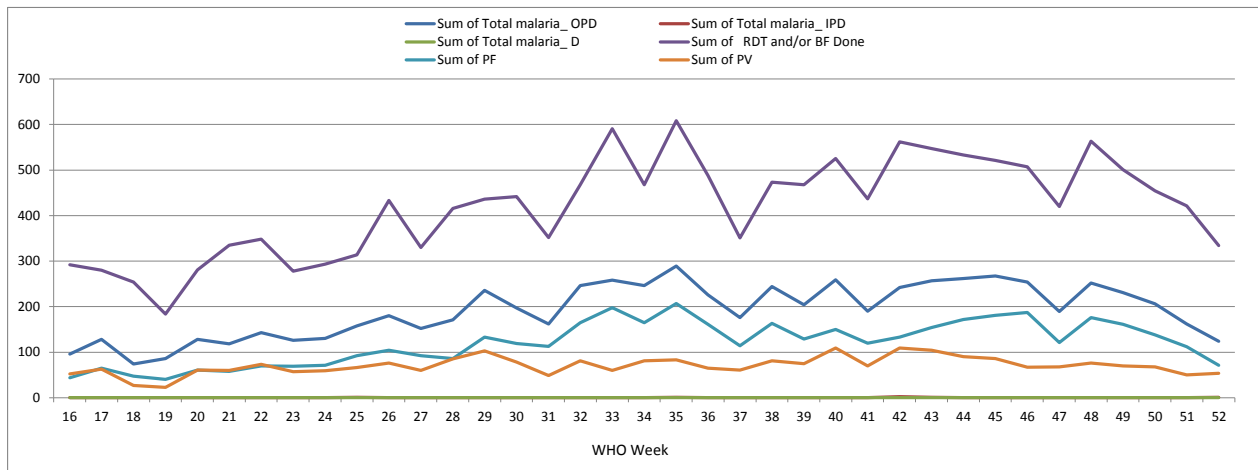
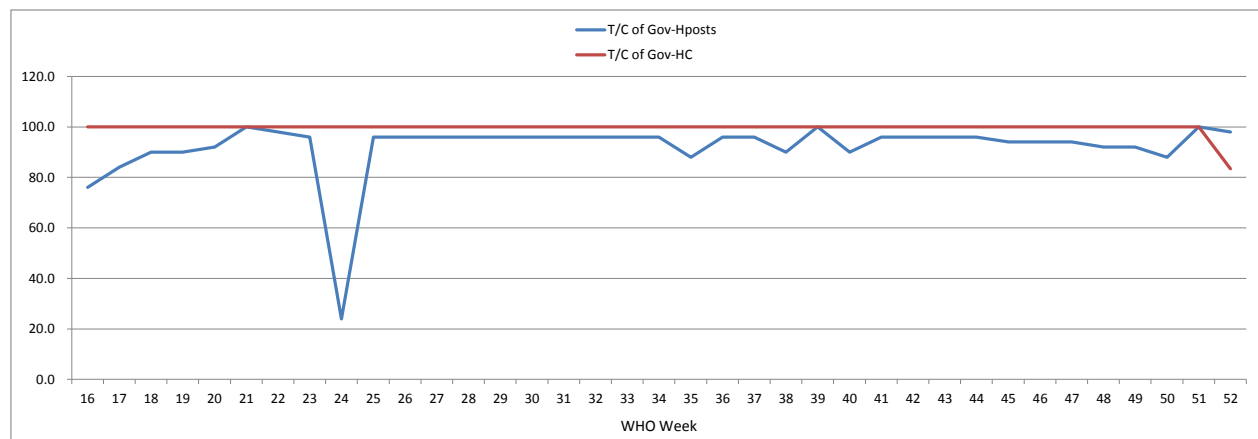
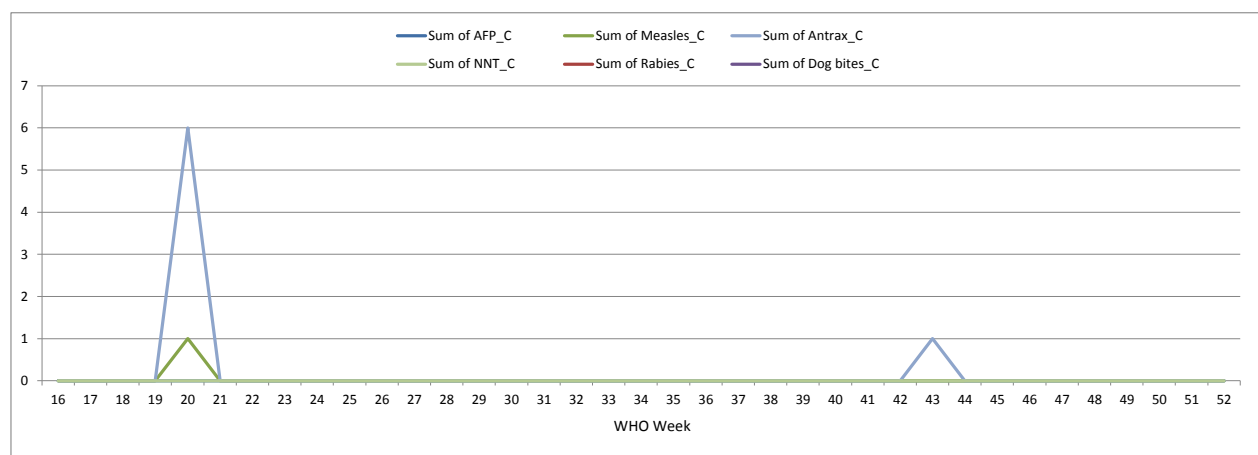
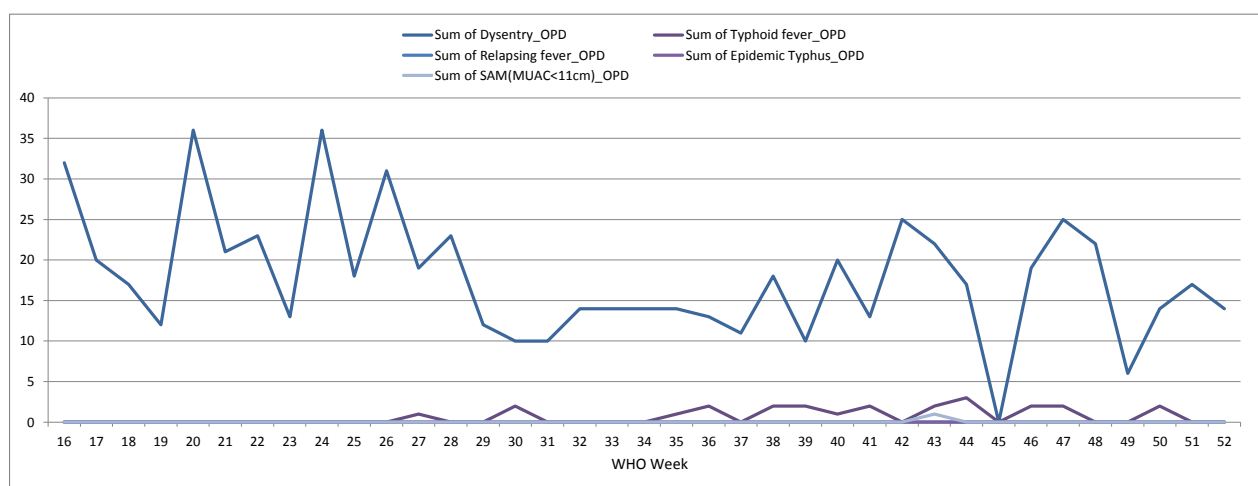
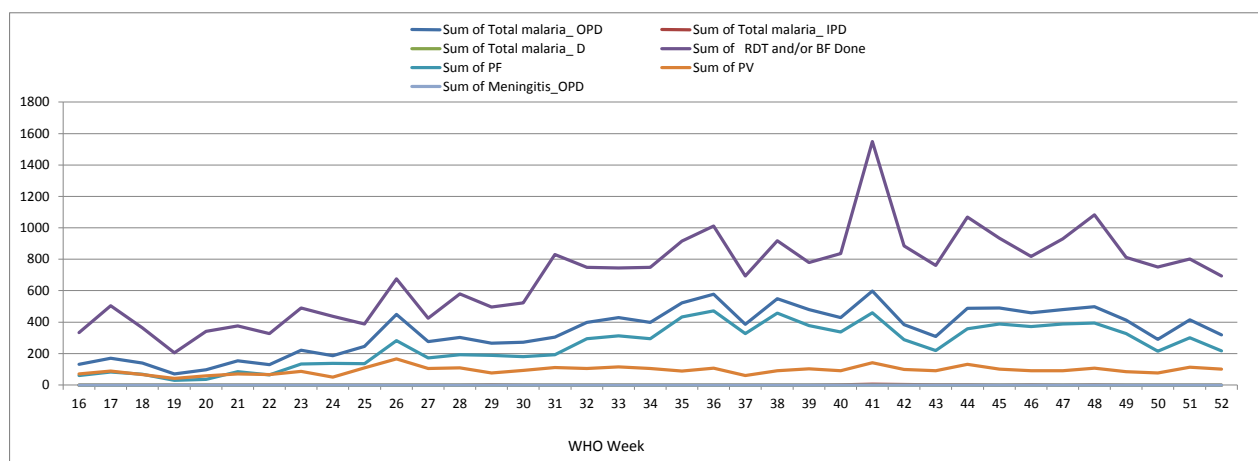


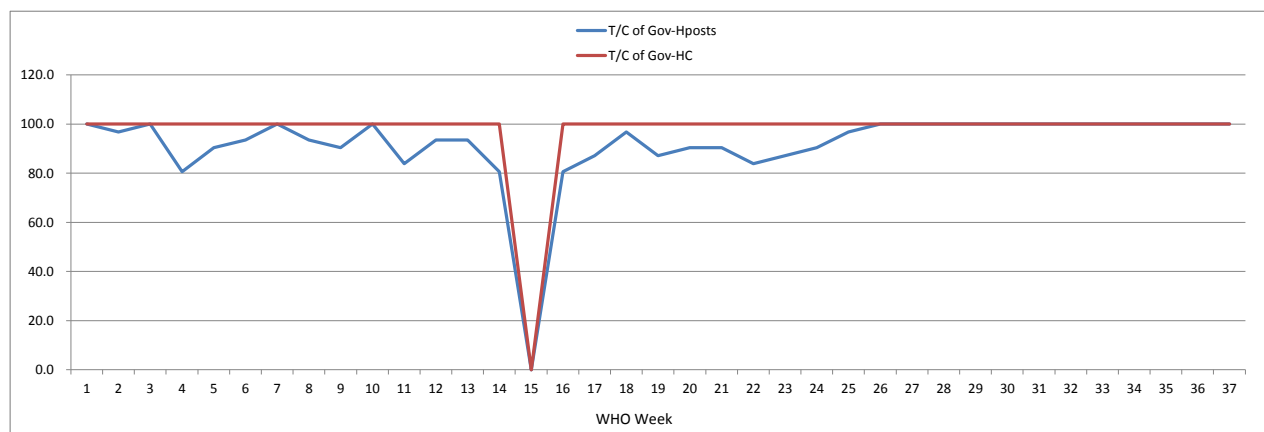
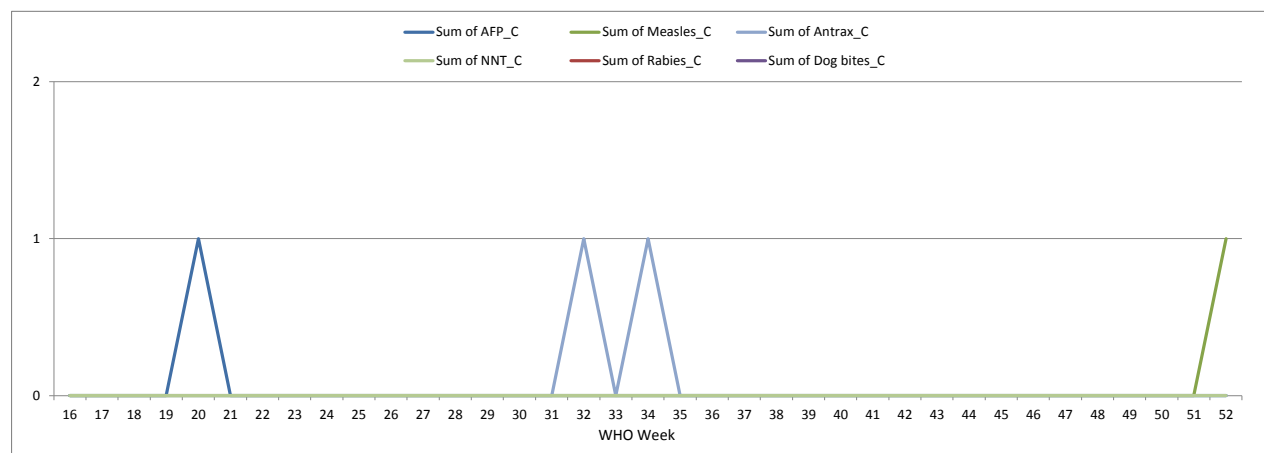
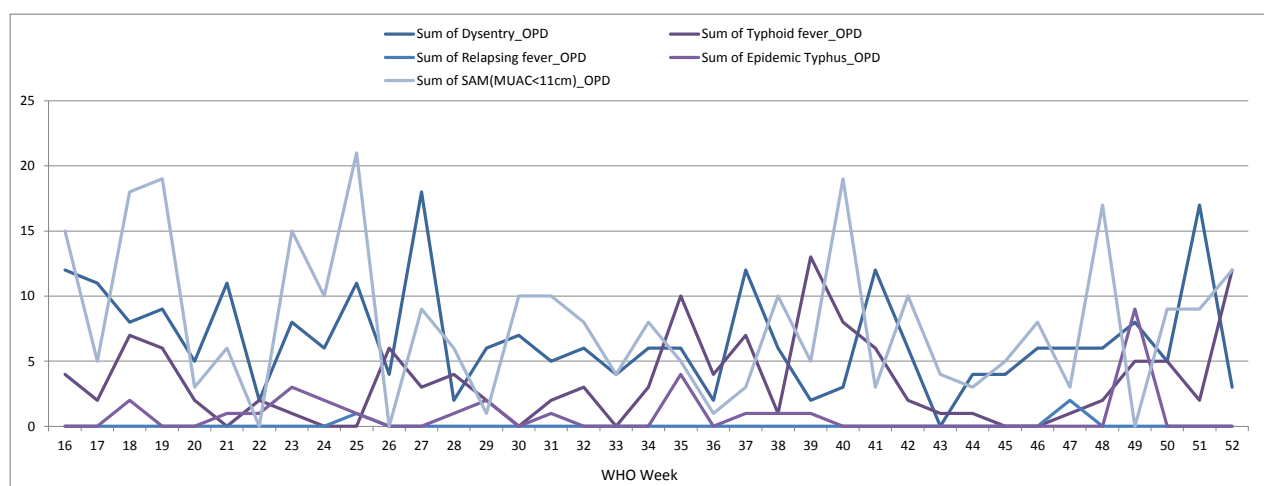
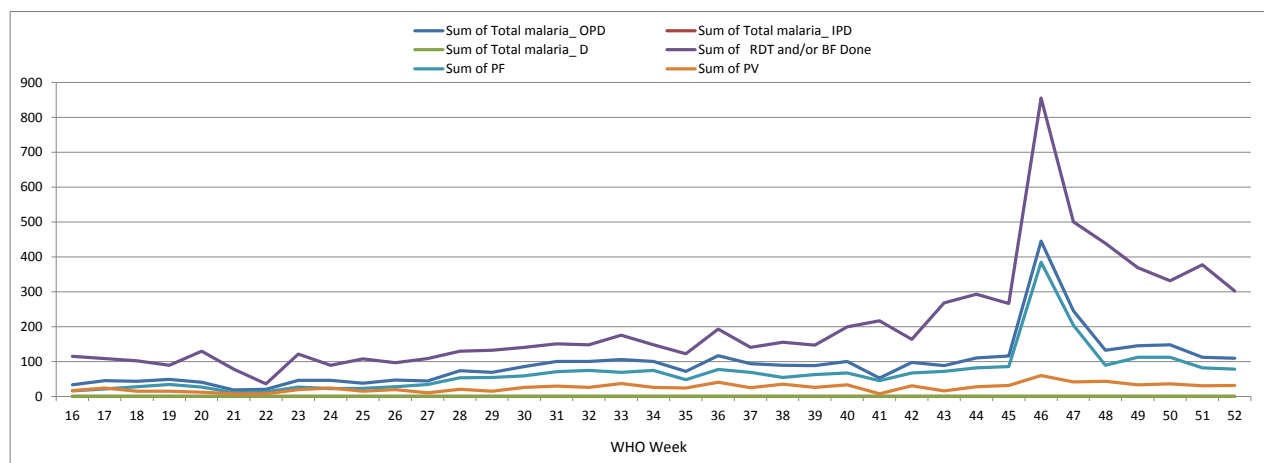
ALEFA – N.Gondar Malaria/Weekly reportable/Immediate reportable/T-C



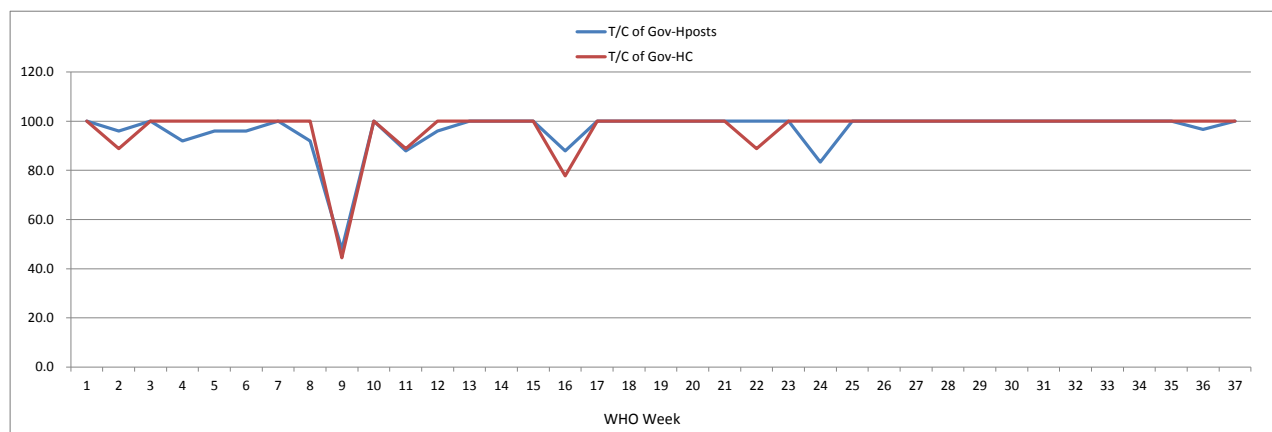
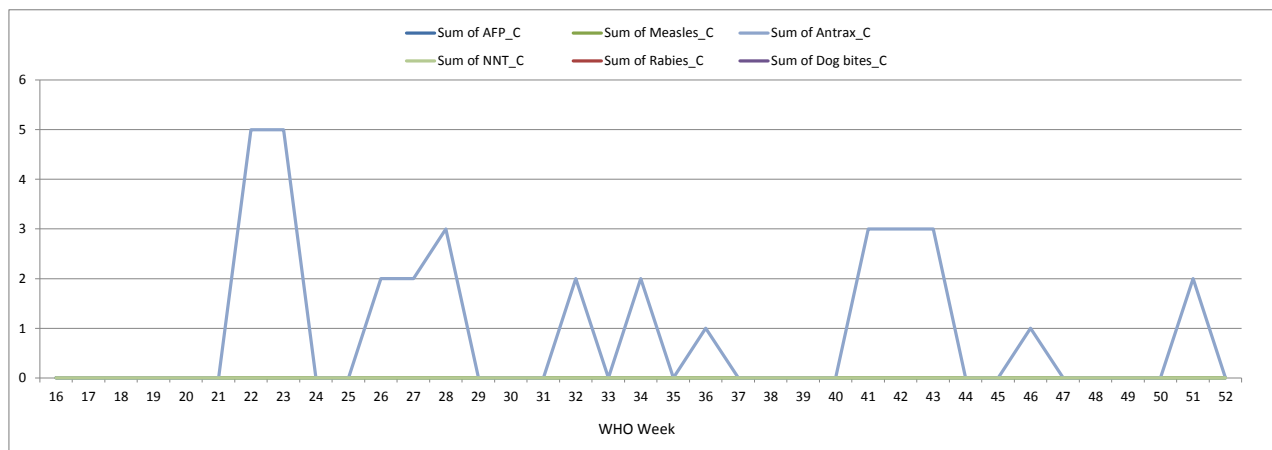
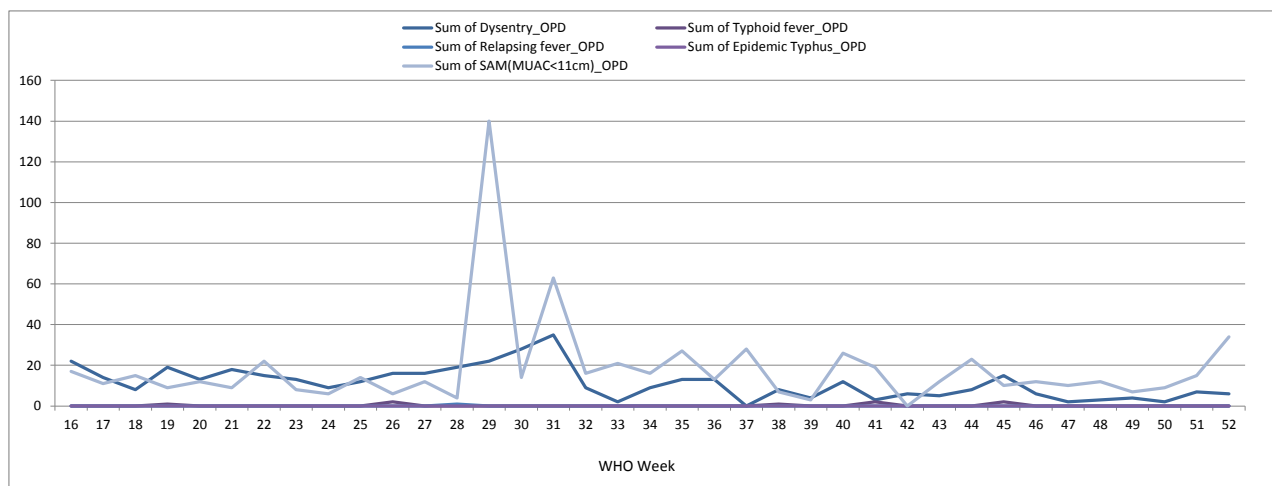
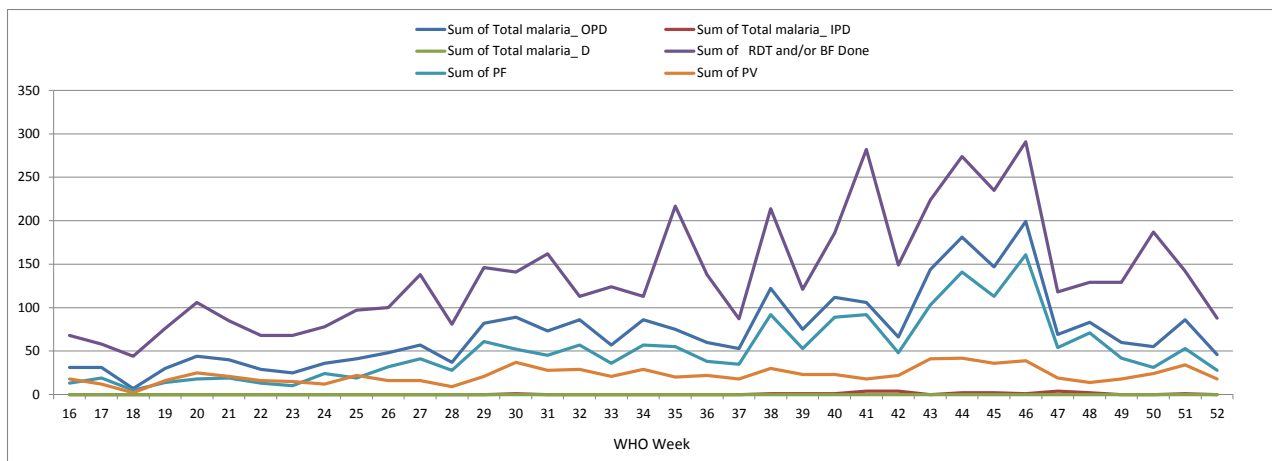
Malaria/Weekly reportable/Immediate reportable/T-C



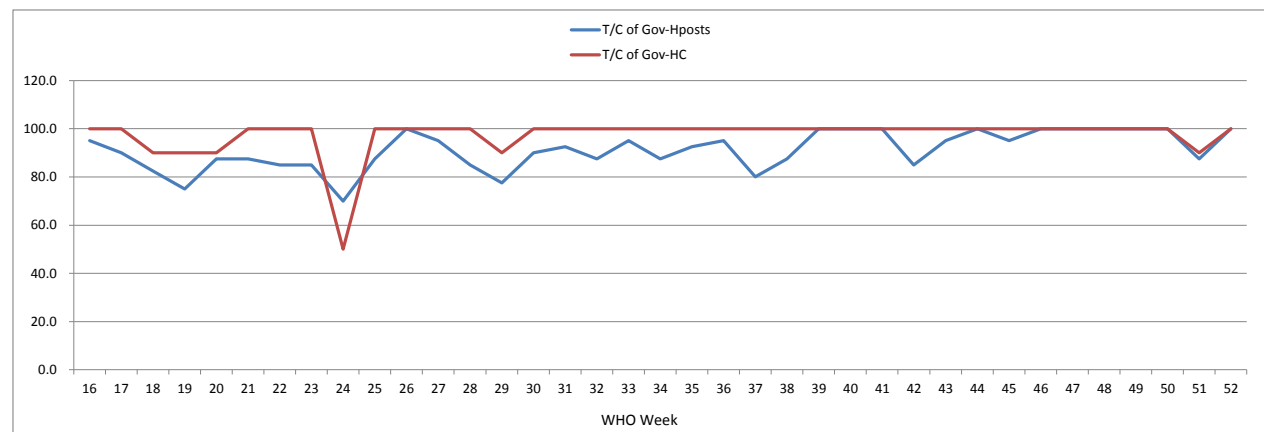
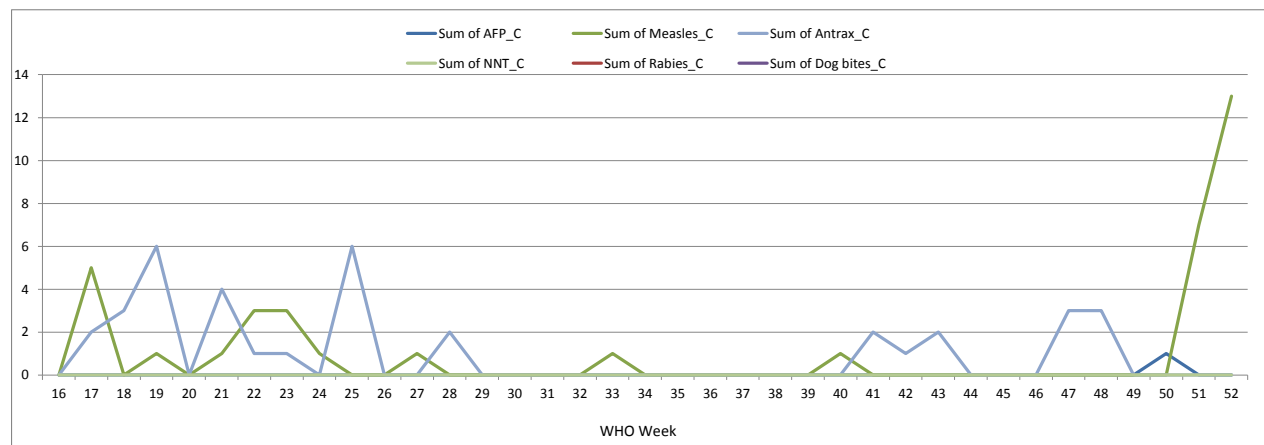
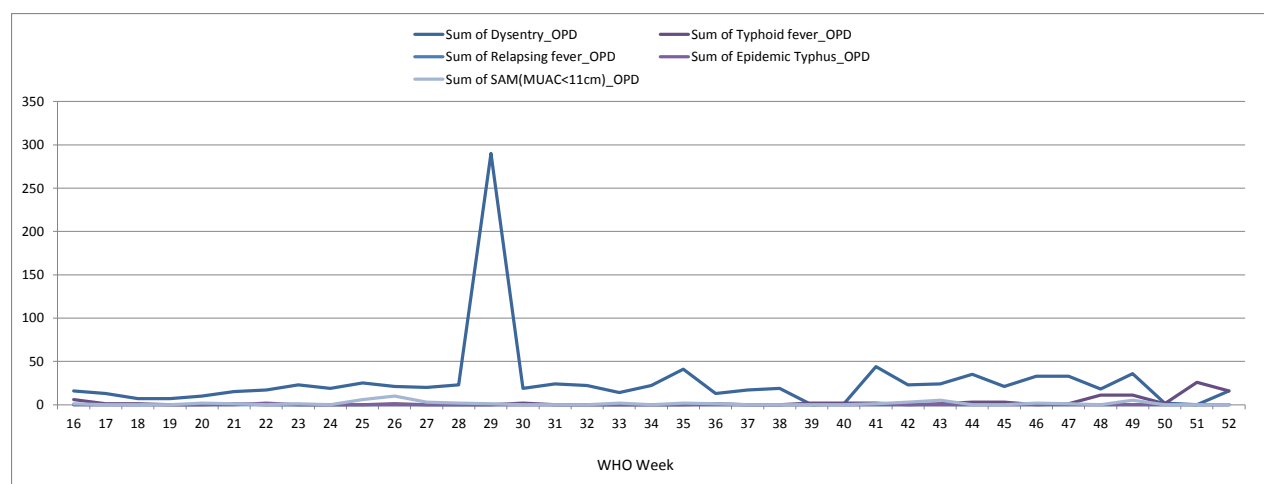
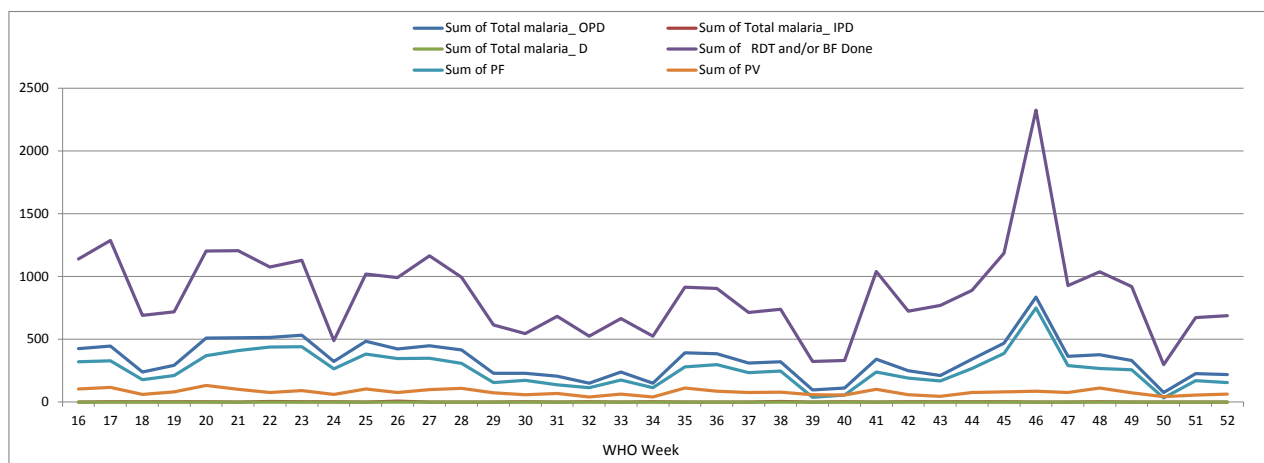
Malaria/Weekly reportable/Immediate reportable/T-C



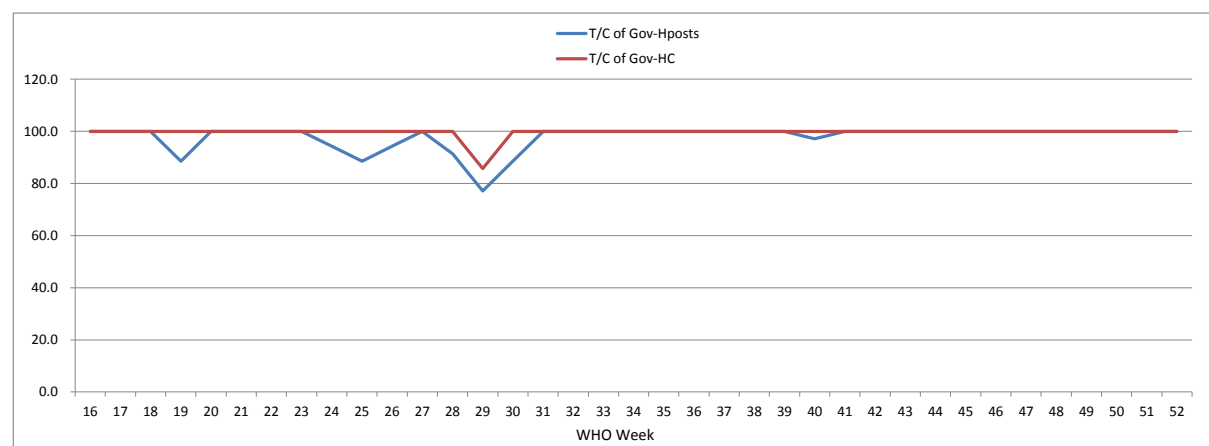
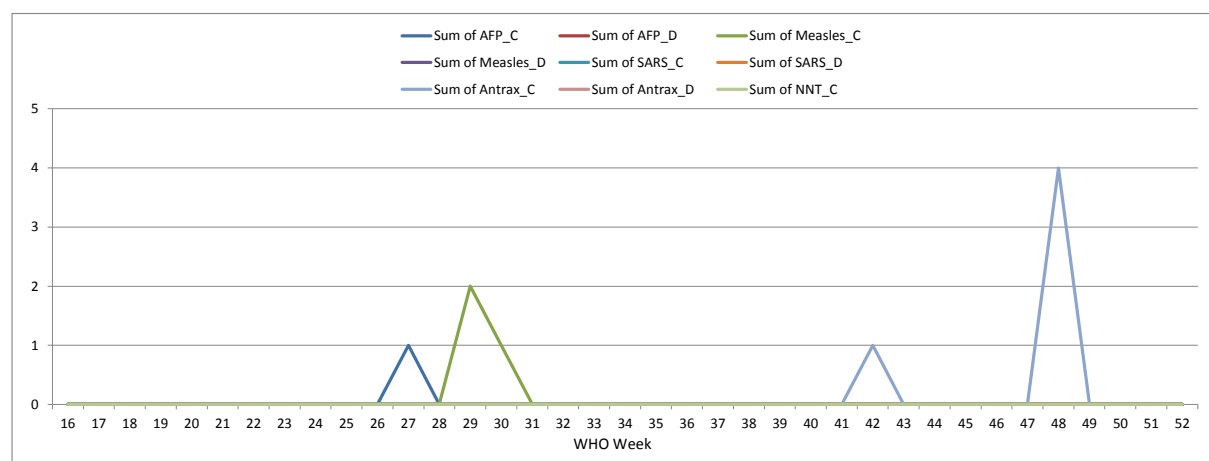
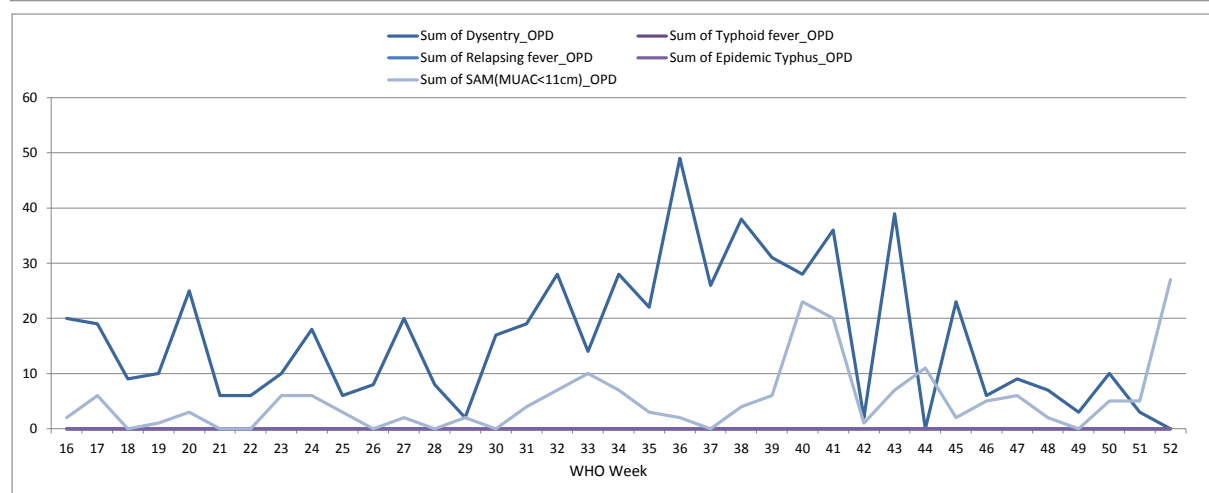
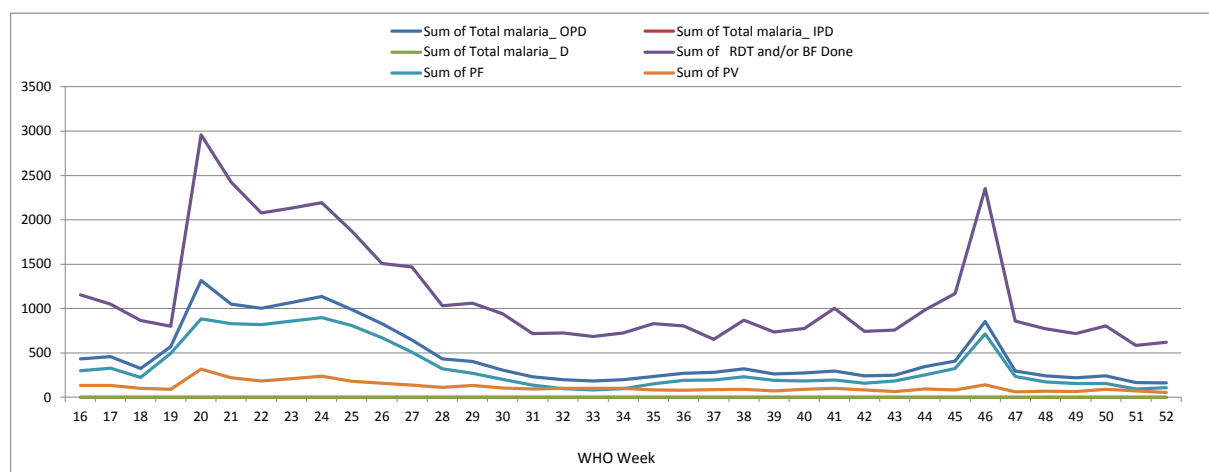
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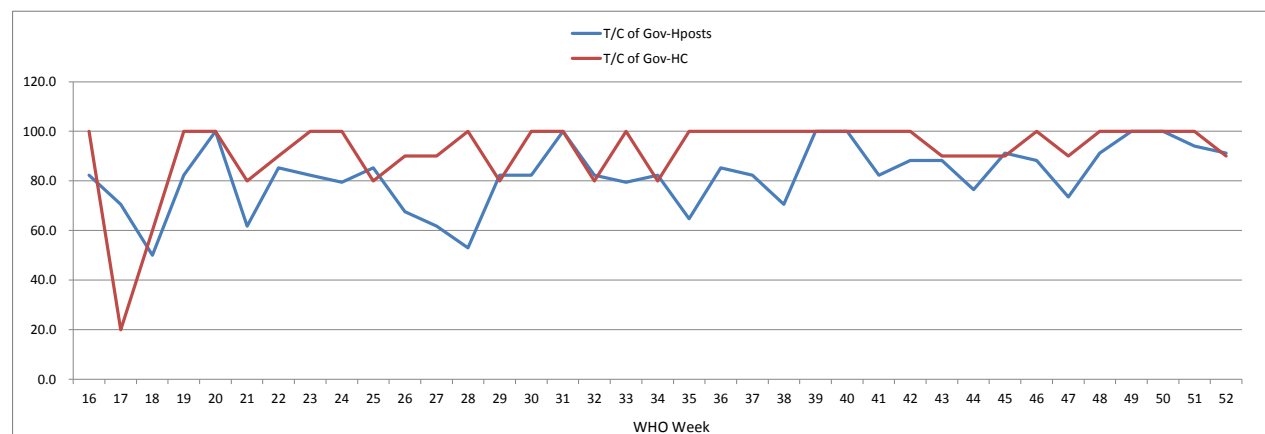
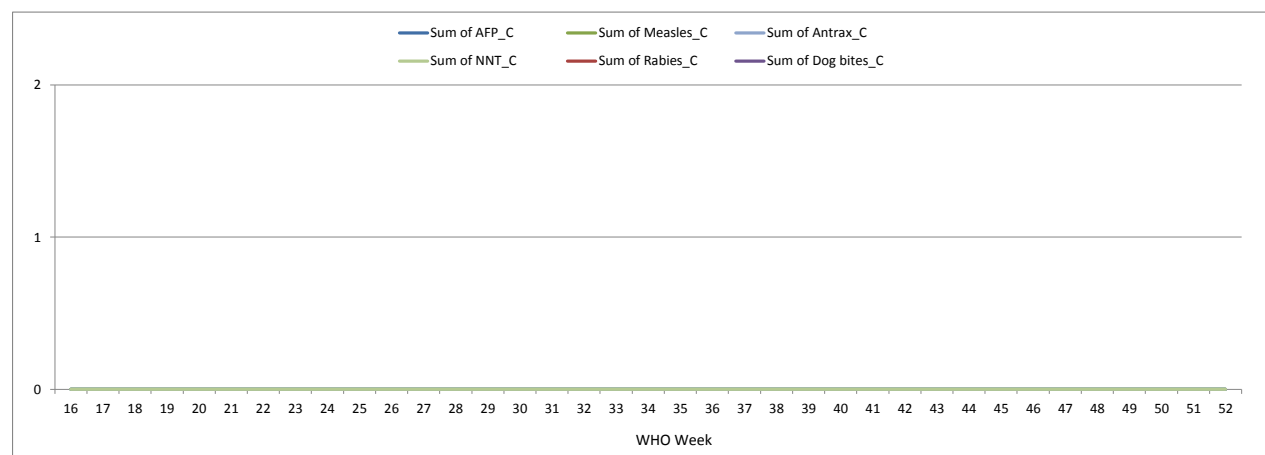
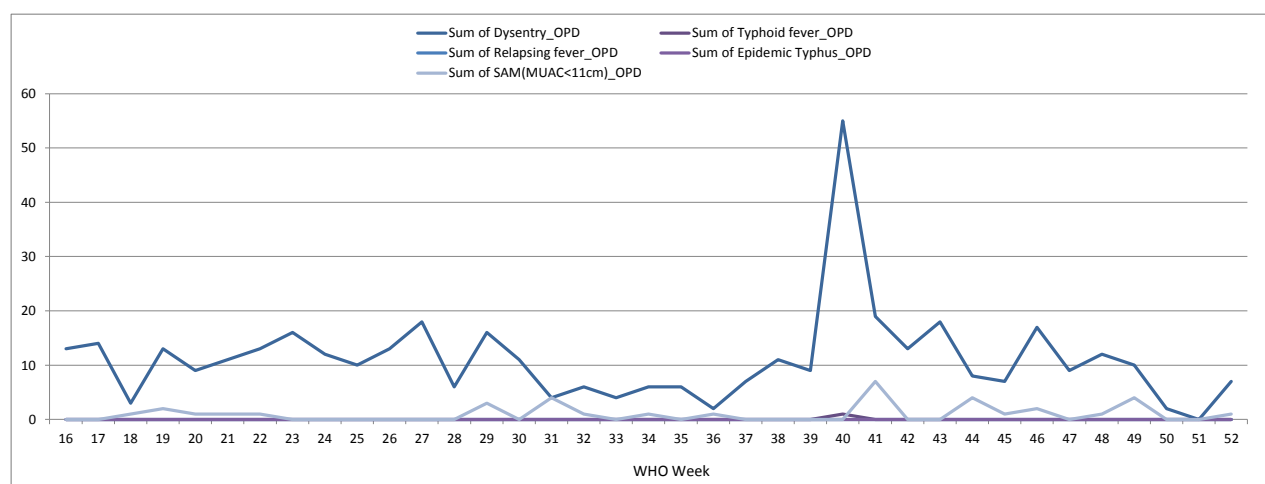
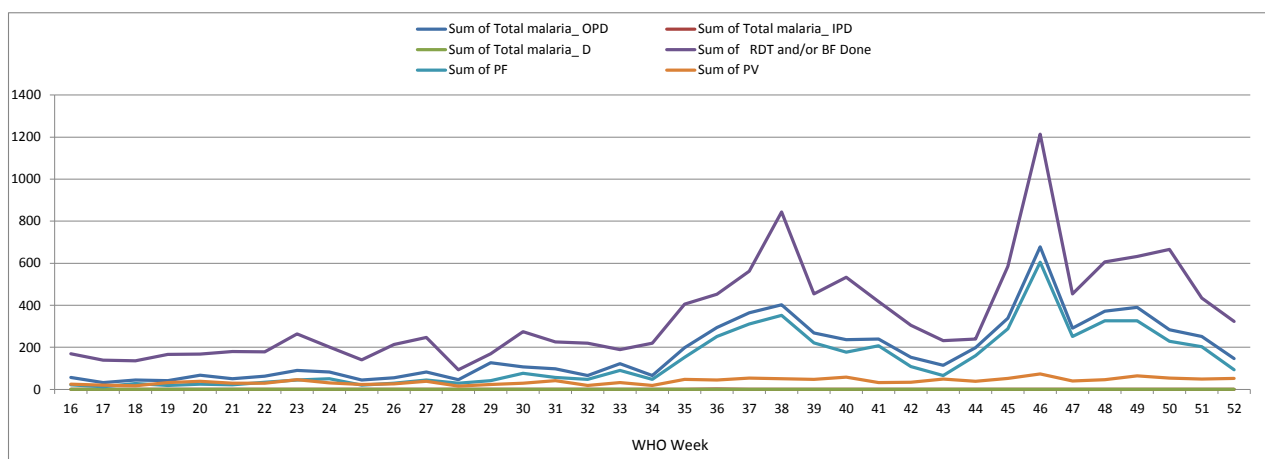
Malaria/Weekly reportable/Immediate reportable/T-C



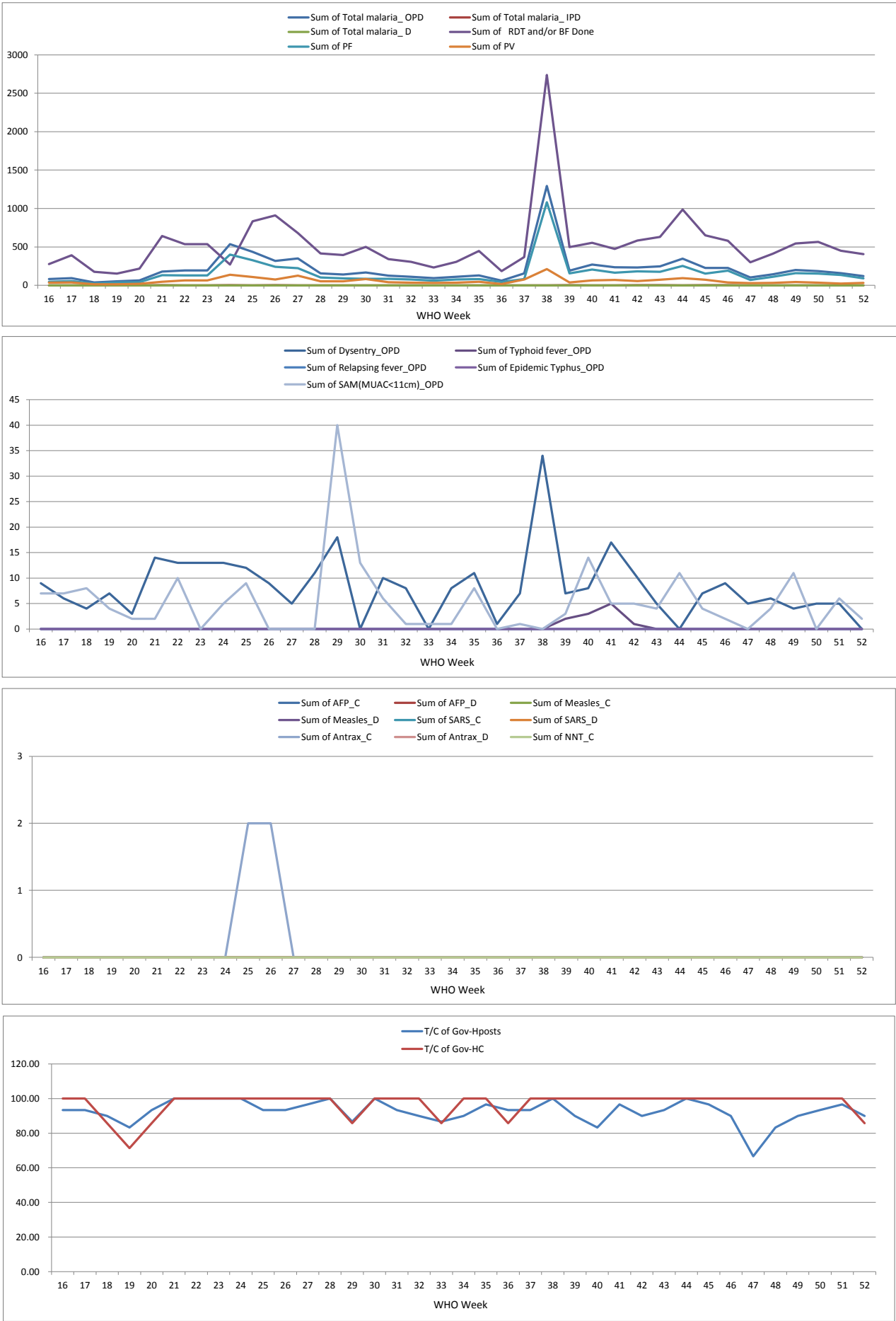
GONDAR ZURIE – N.Gondar Malaria/Weekly reportable/Immediate reportable/T-C



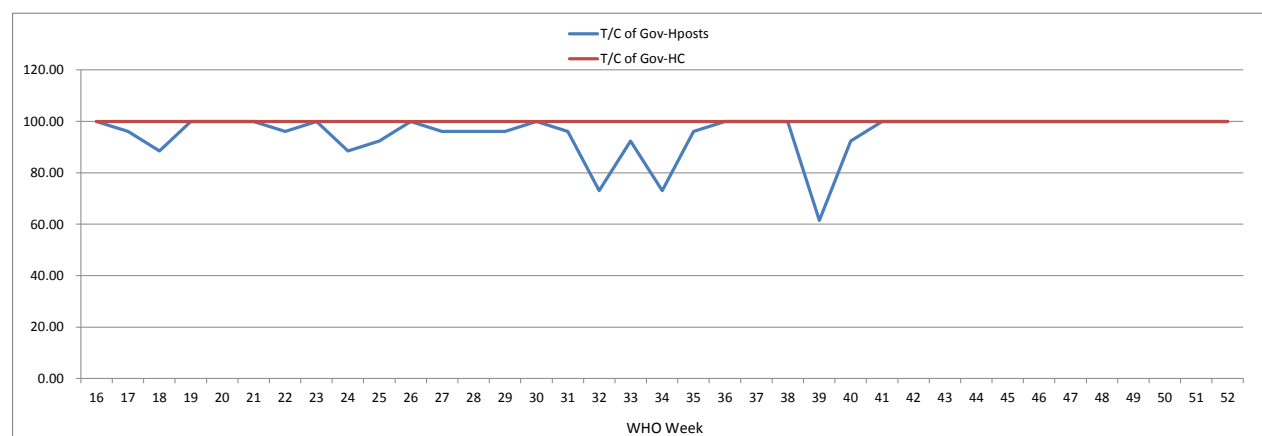
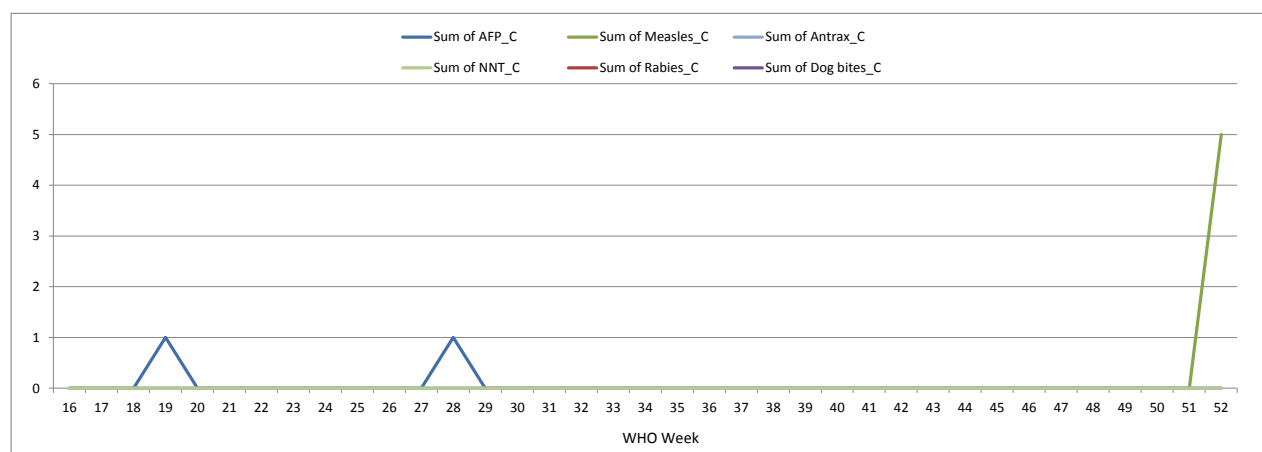
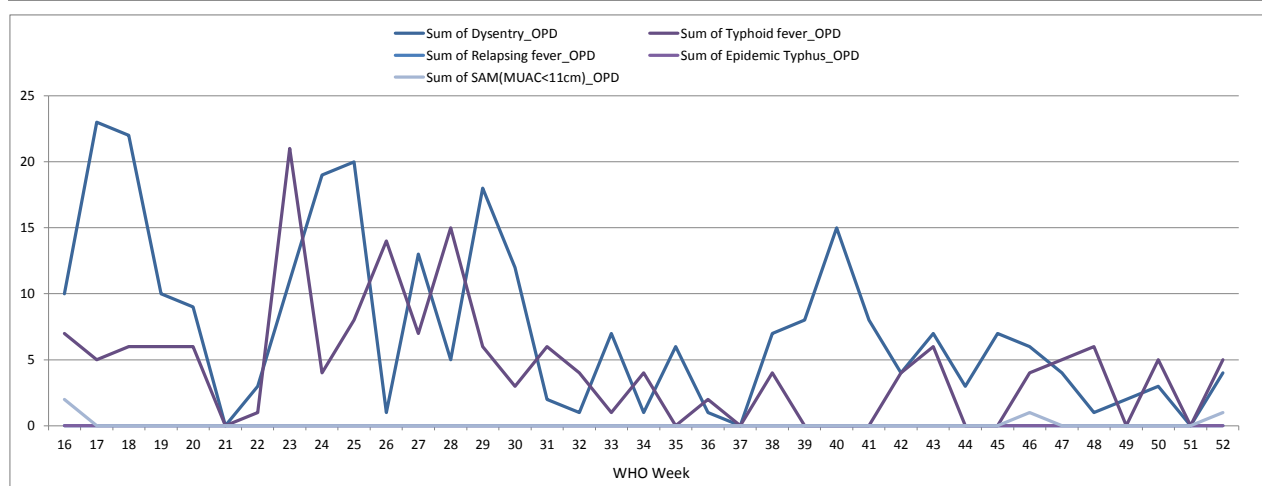
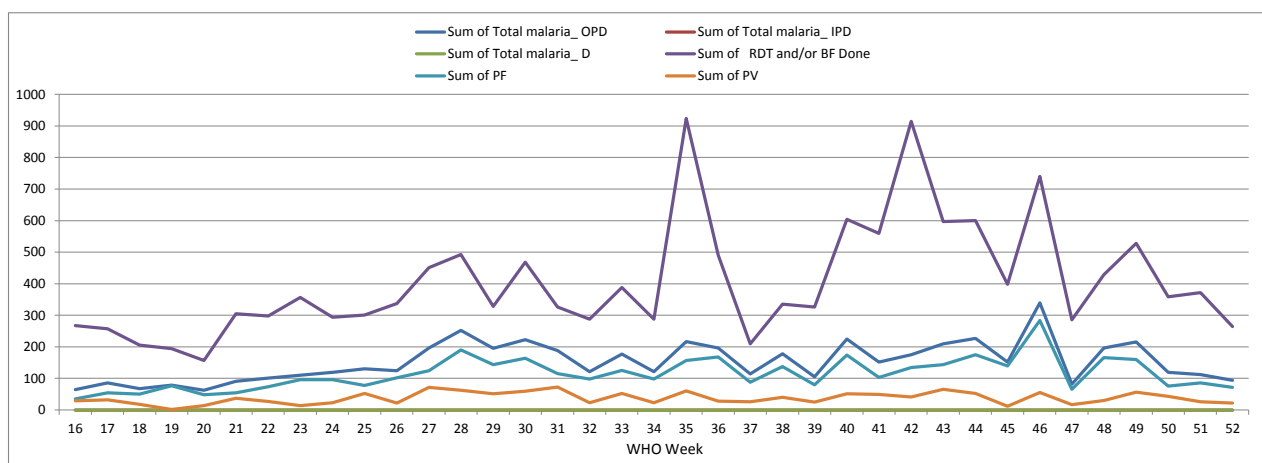
Lay Armachiho – N.Gondar
Malaria/Weekly reportable/Immediate reportable/T-C



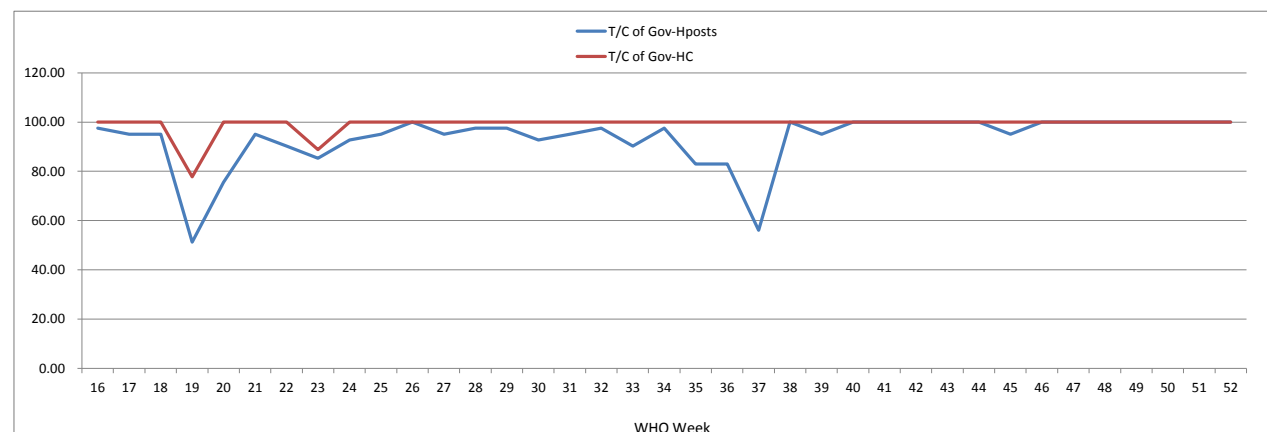
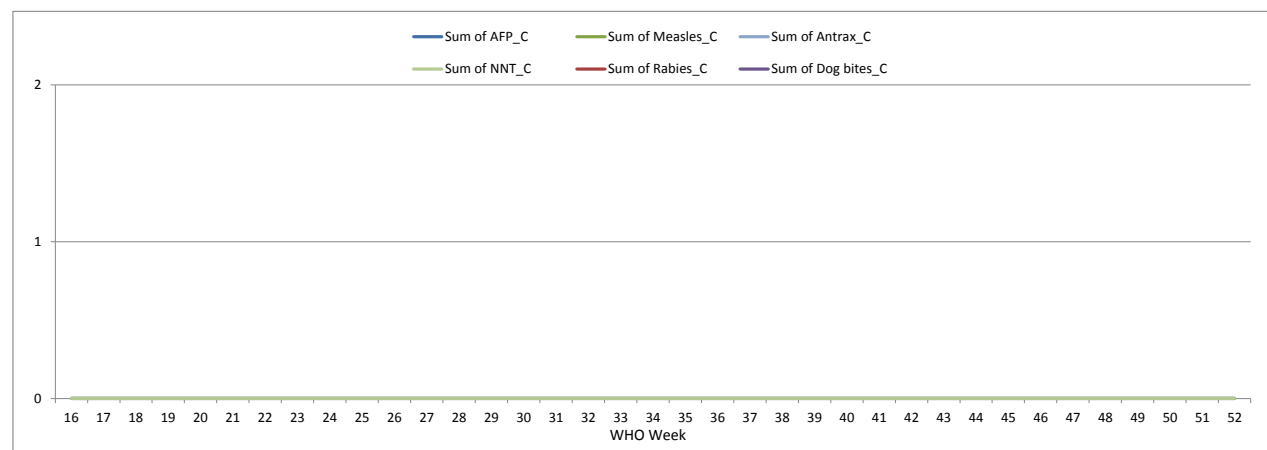
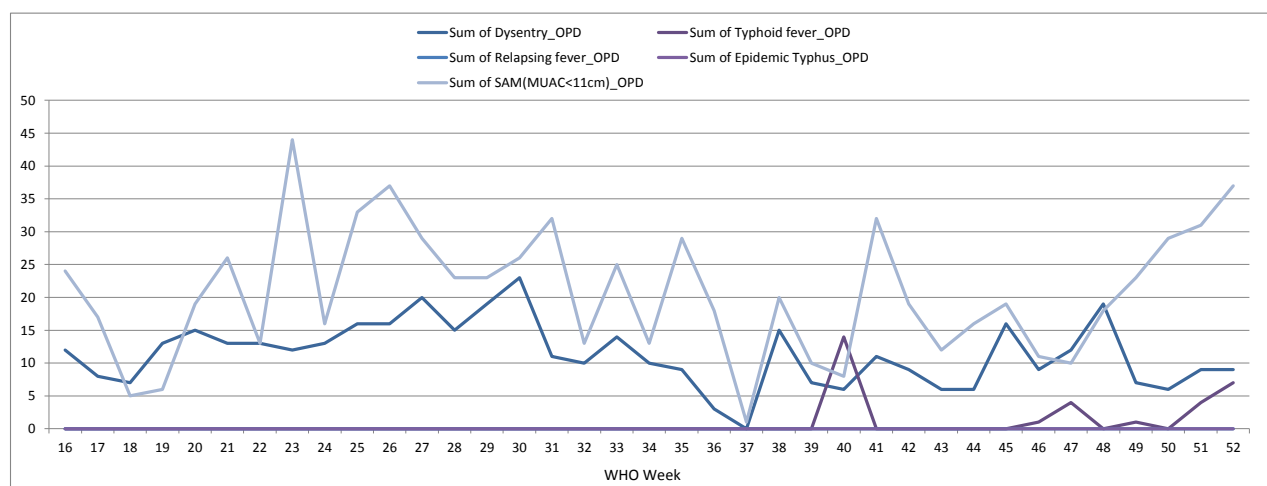
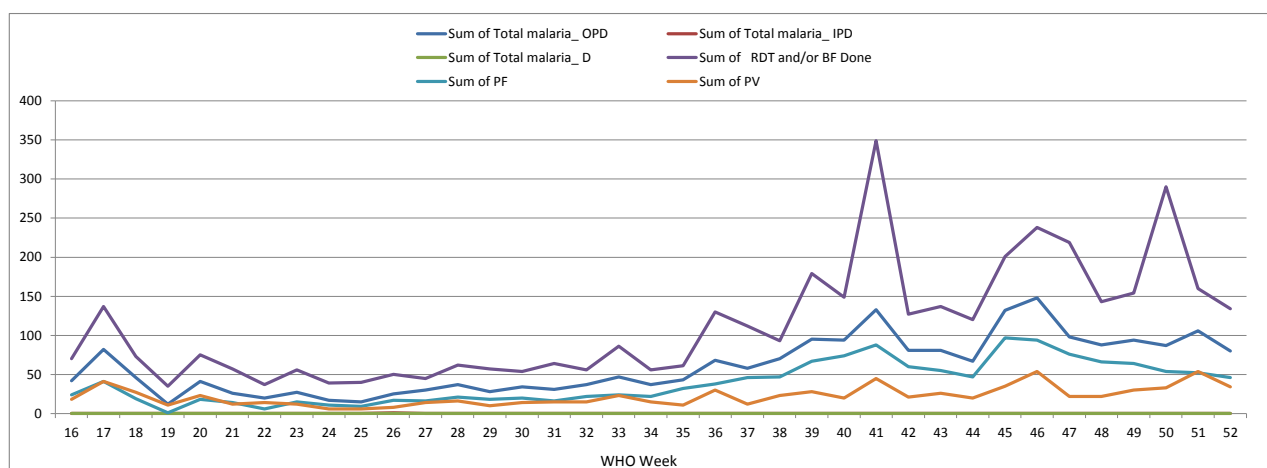
Malaria/Weekly reportable/Immediate reportable/T-C



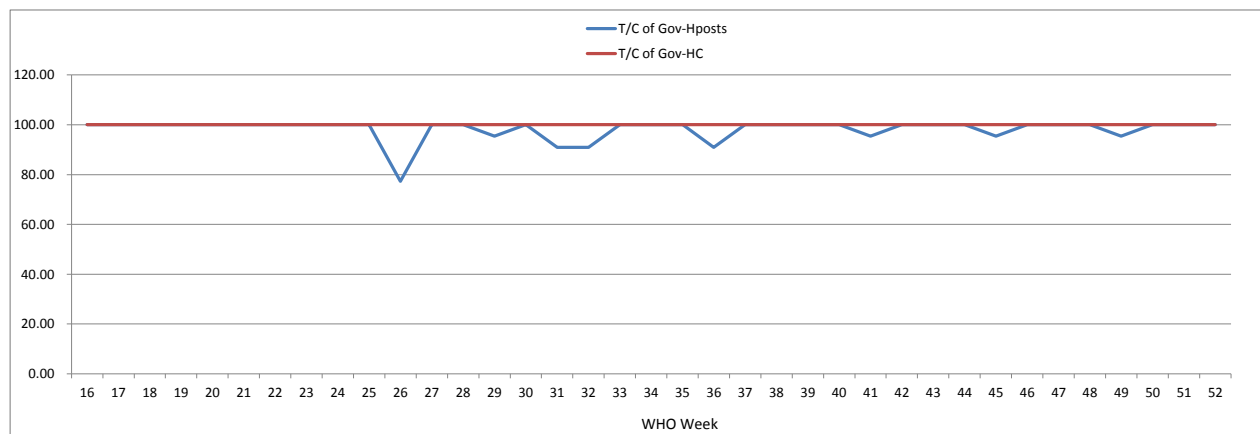
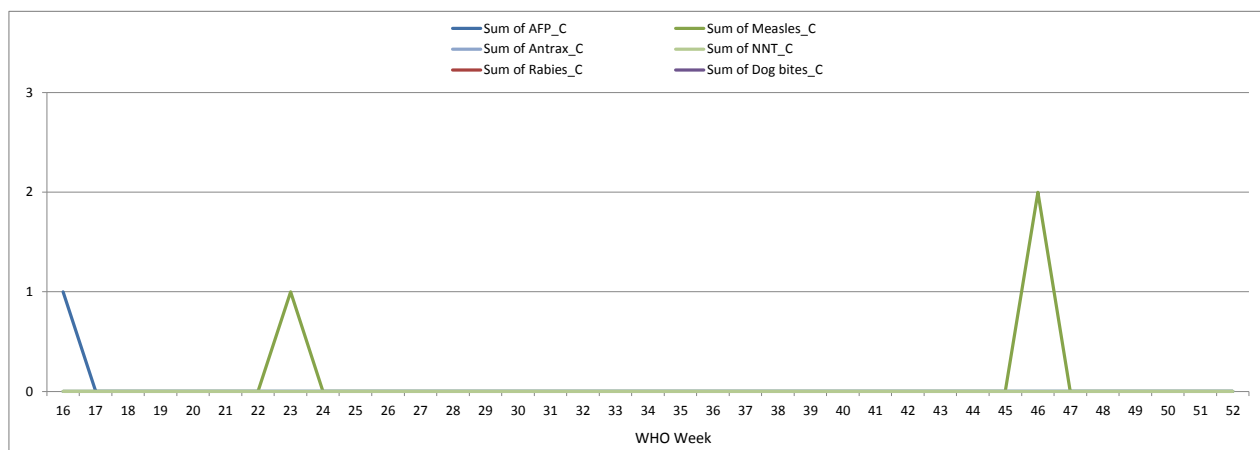
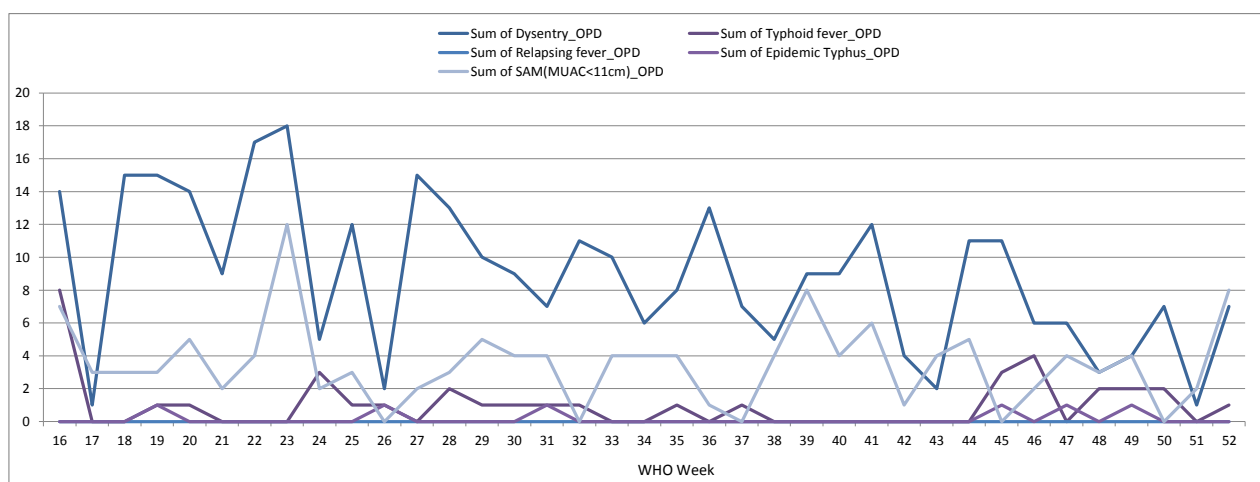
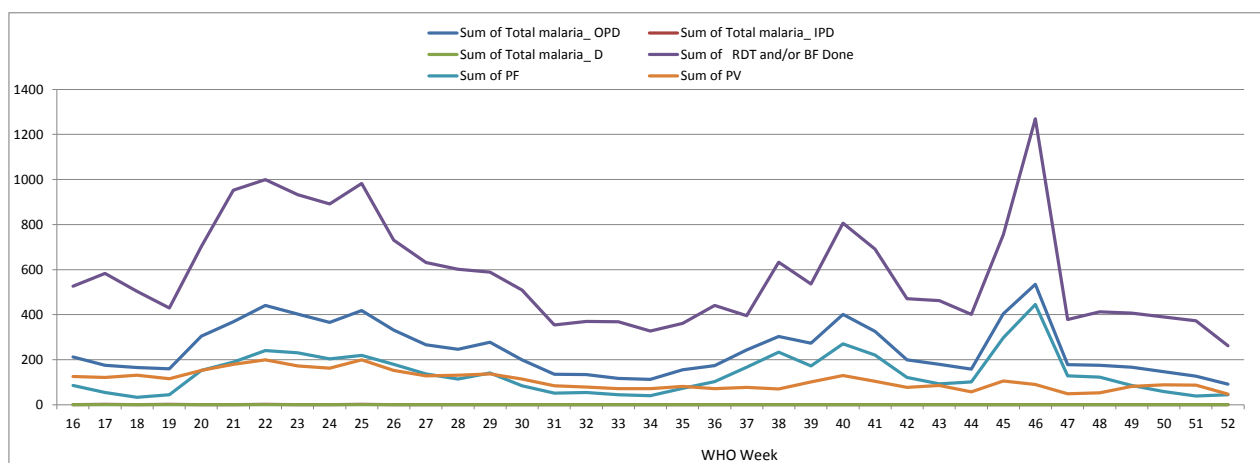
Takusa – N.Gondar
Malaria/Weekly reportable/Immediate reportable/T-C



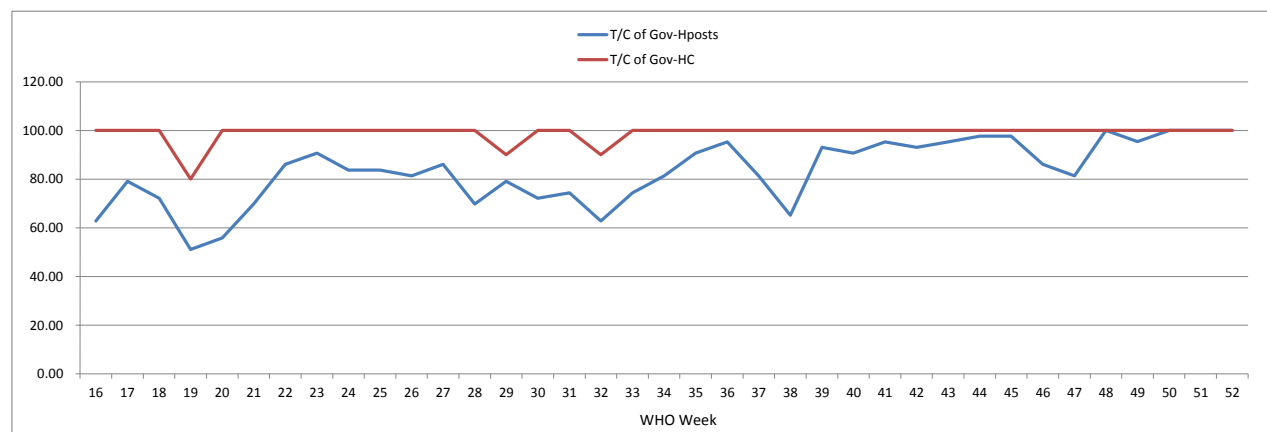
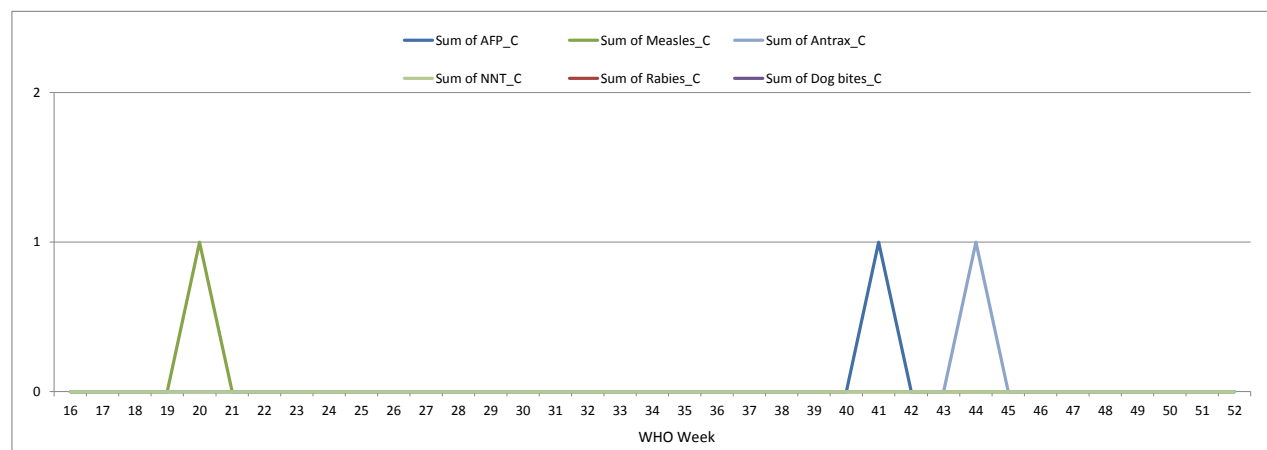
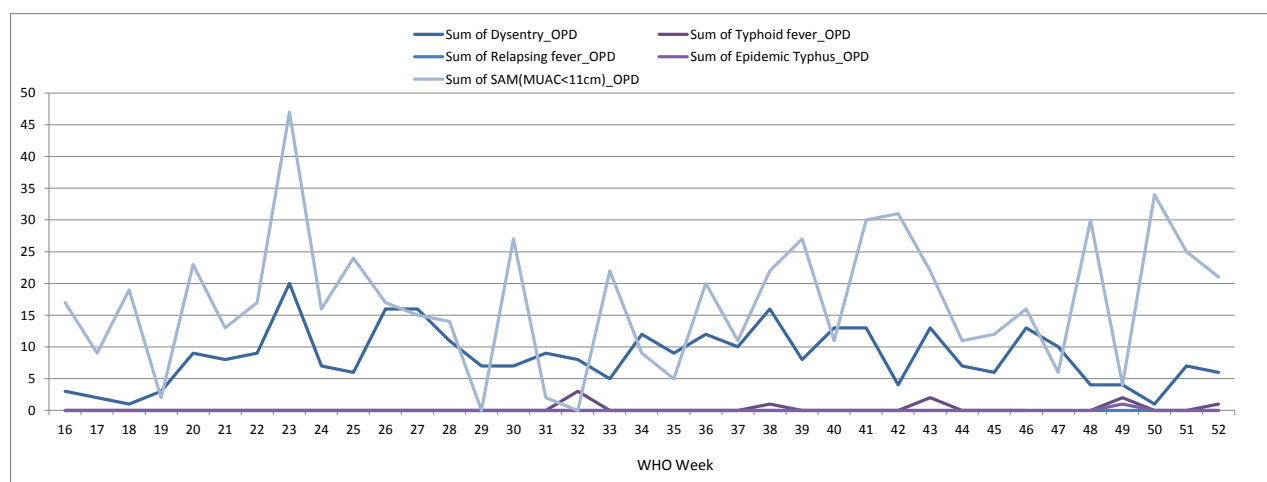
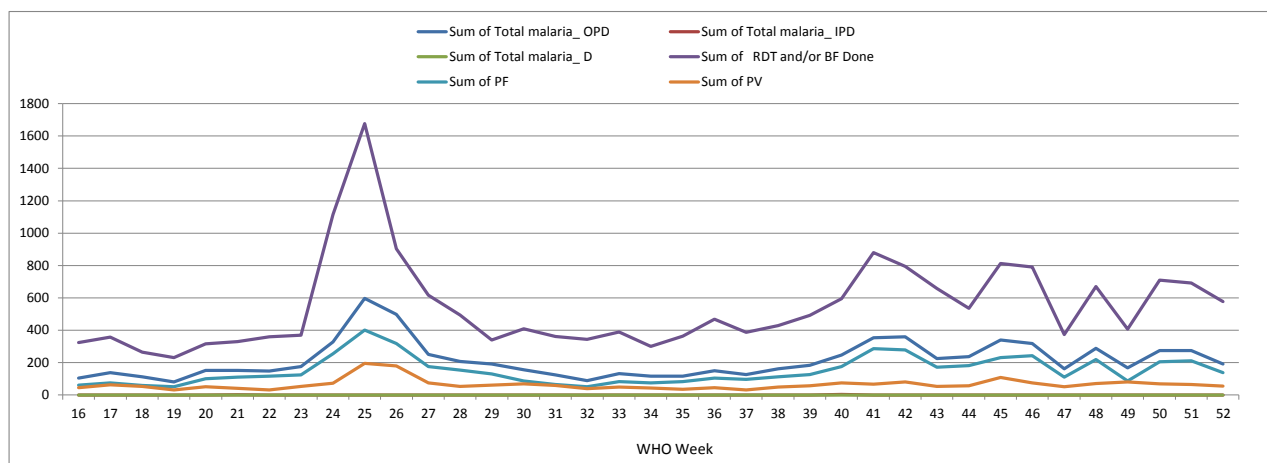
Wogera – N.Gondar
Malaria/Weekly reportable/Immediate reportable/T-C



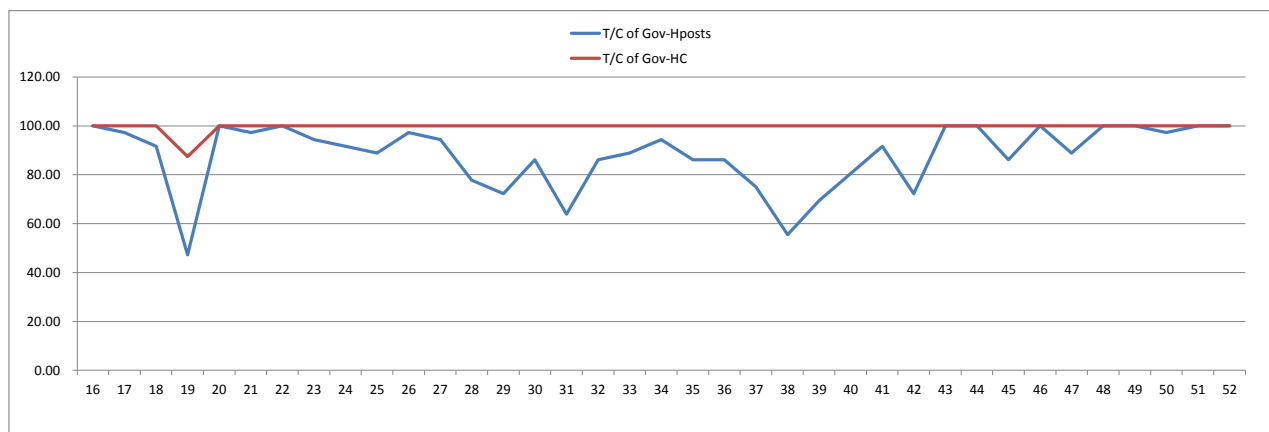
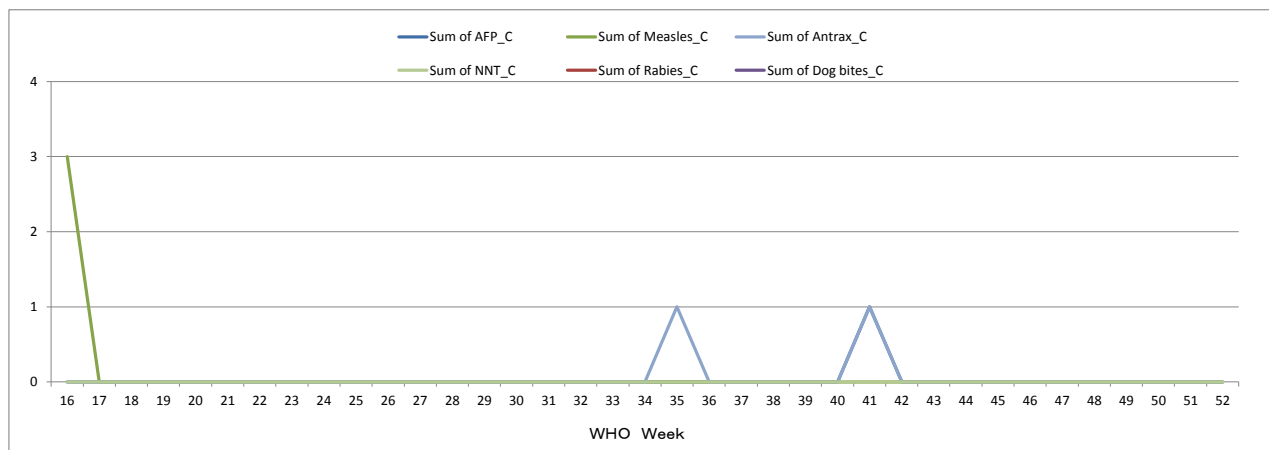
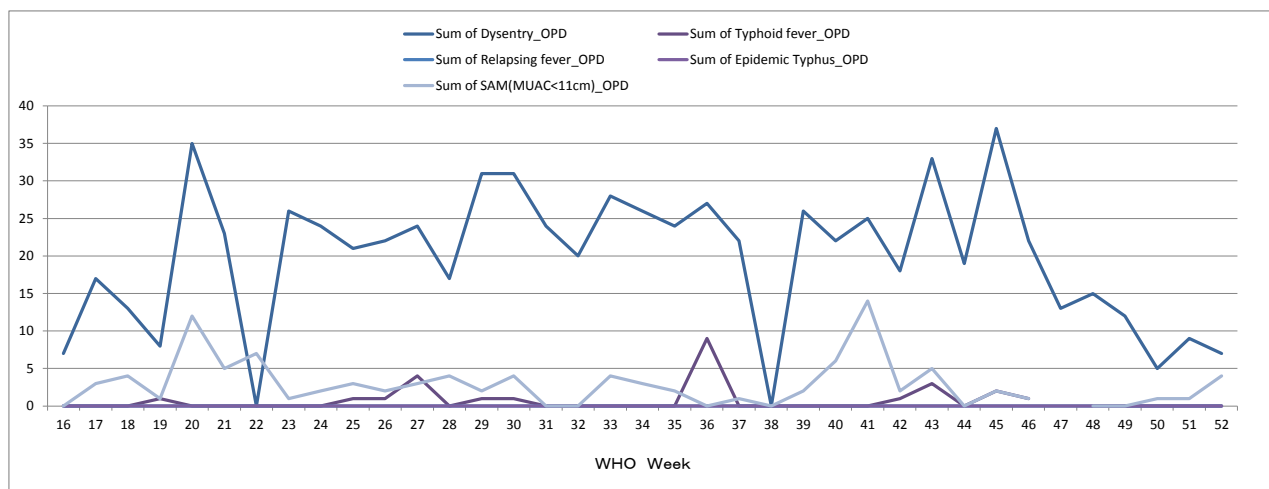
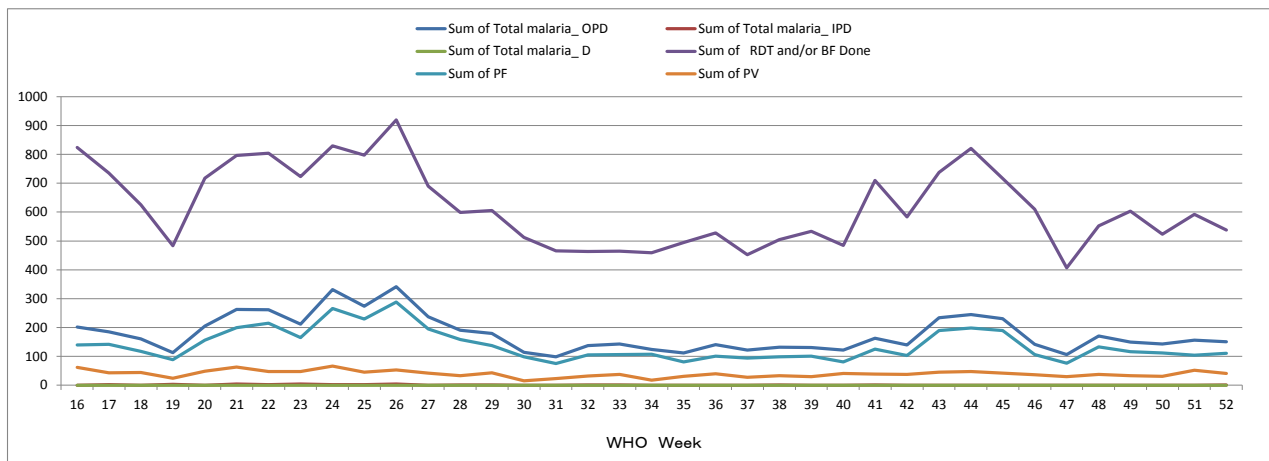
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Malaria/Weekly reportable/Immediate reportable/T-C



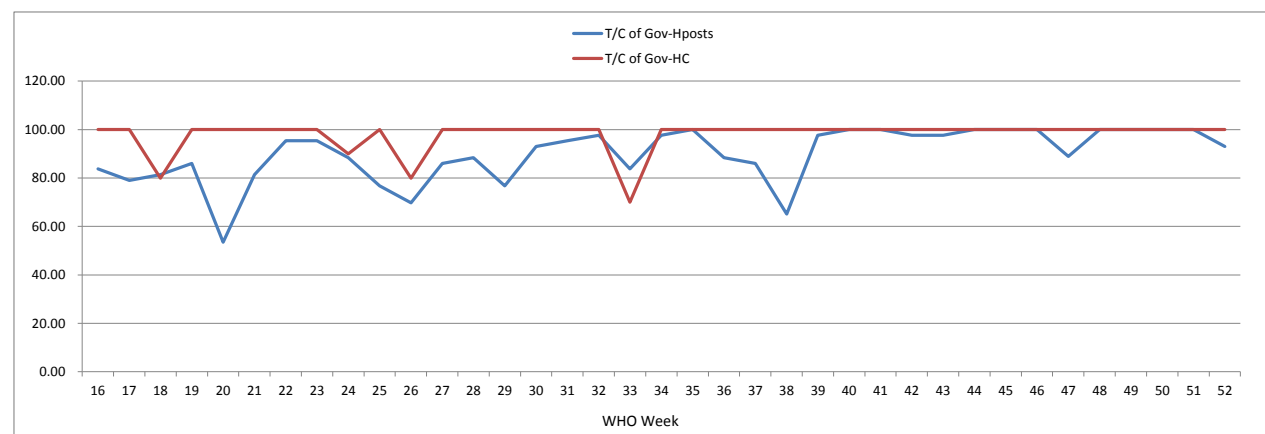
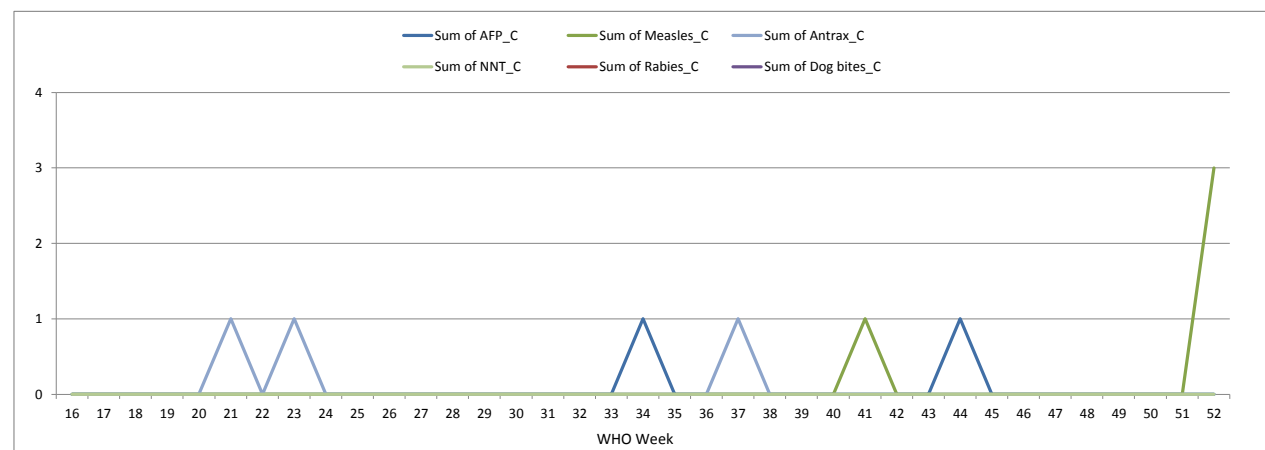
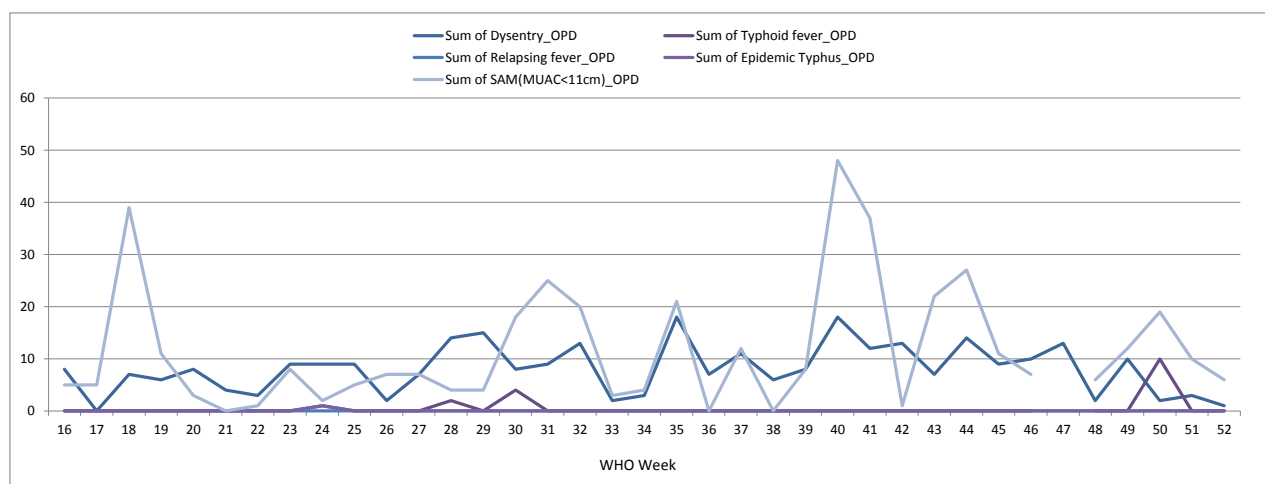
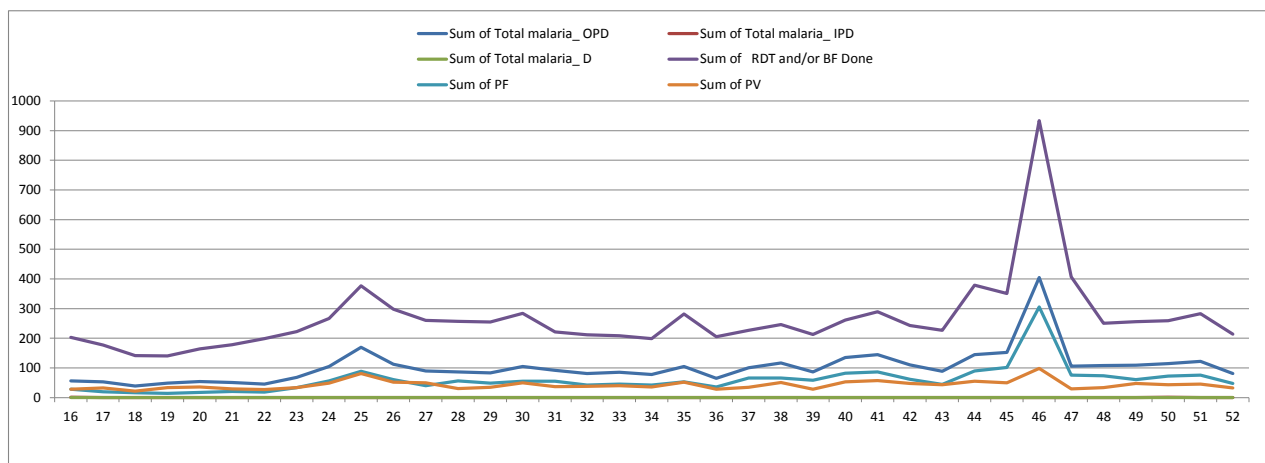
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Malaria/Weekly reportable/Immediate reportable/T-C



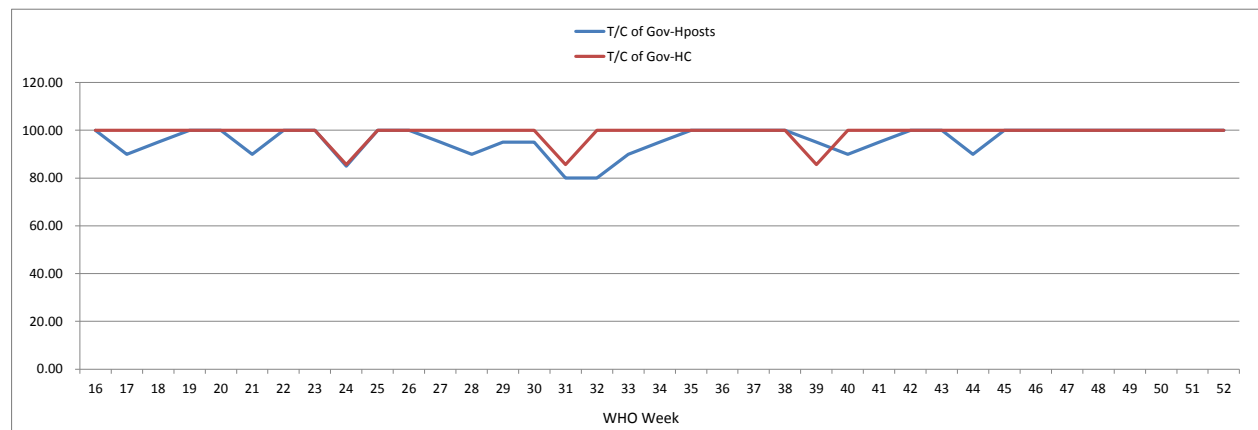
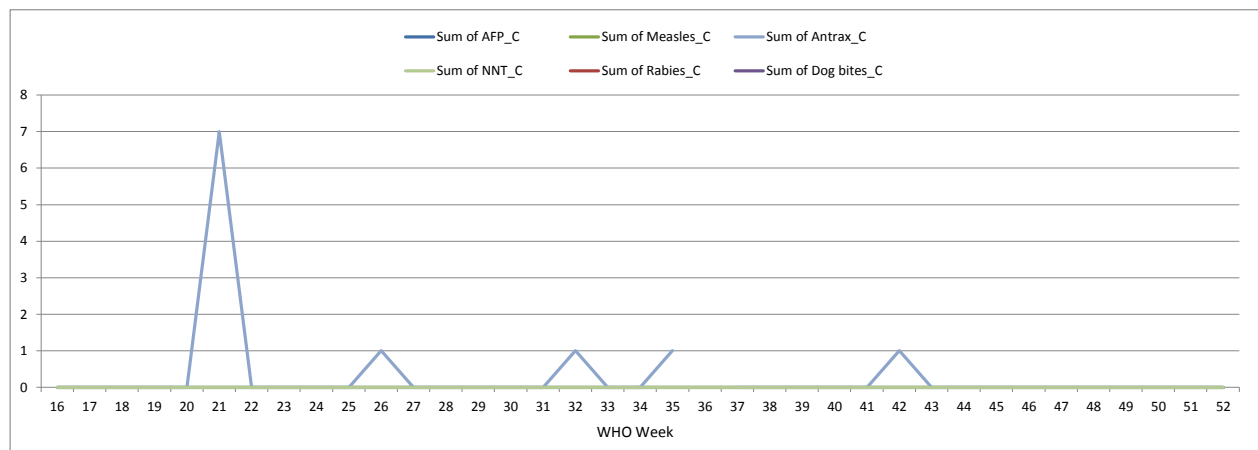
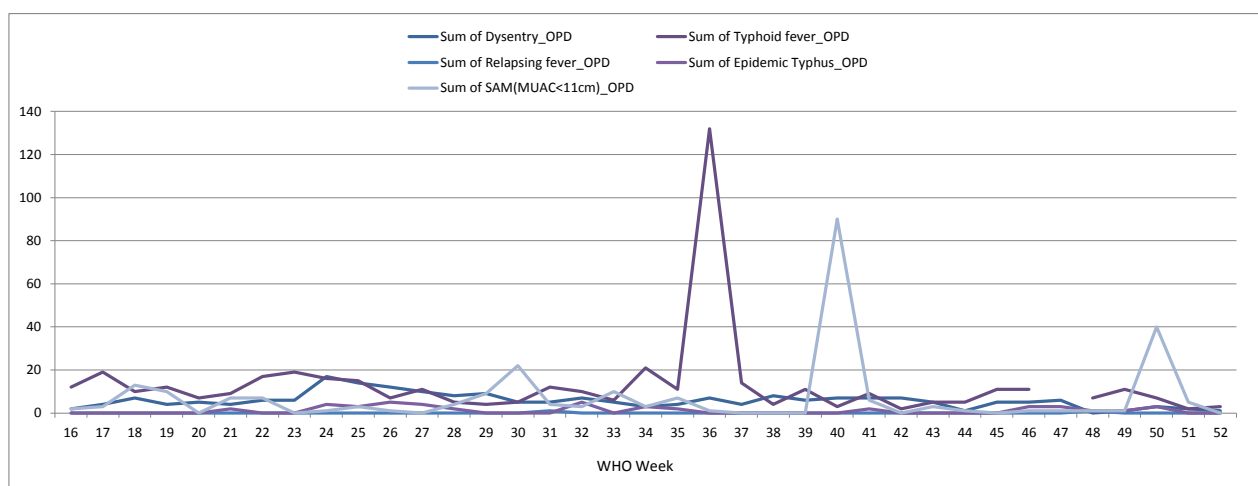
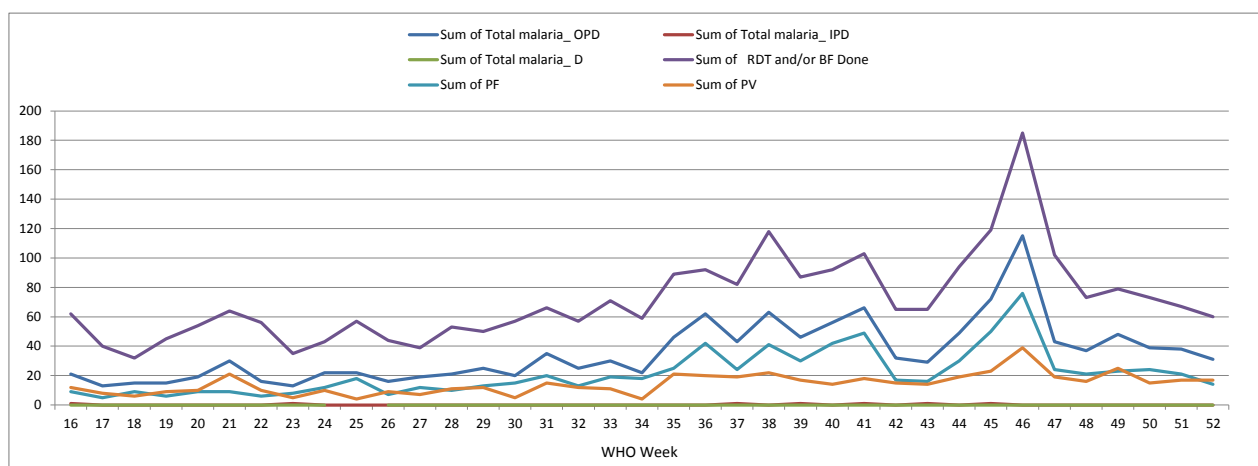
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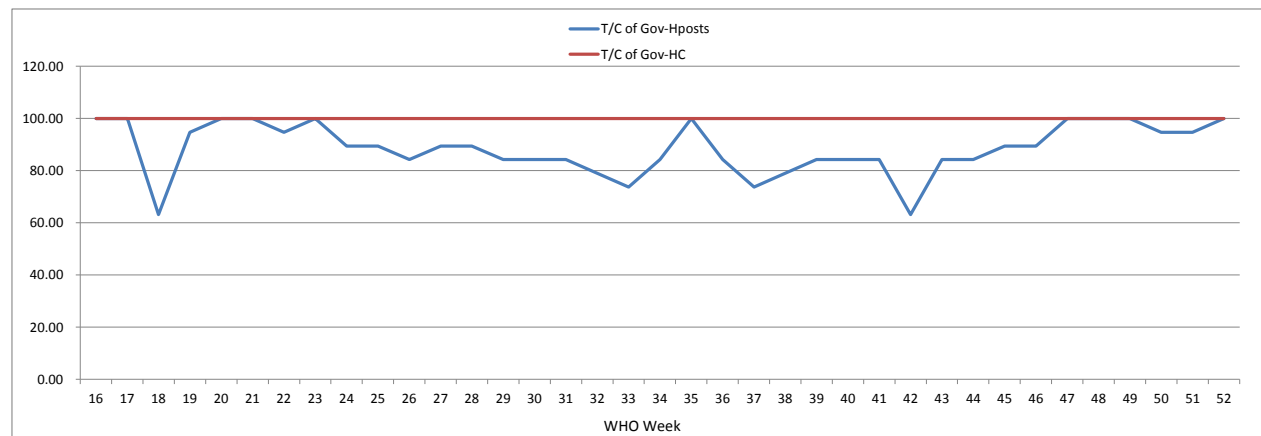
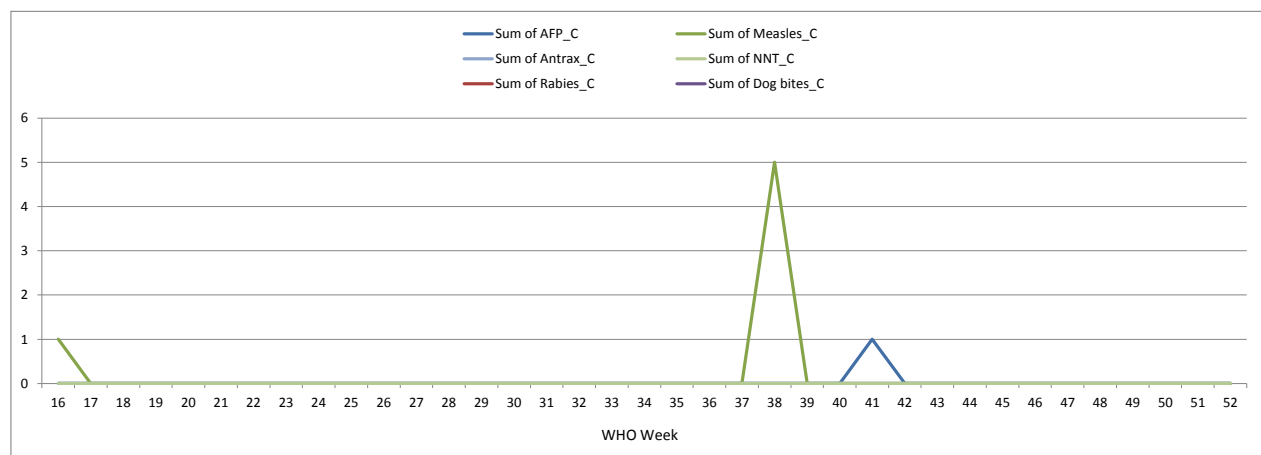
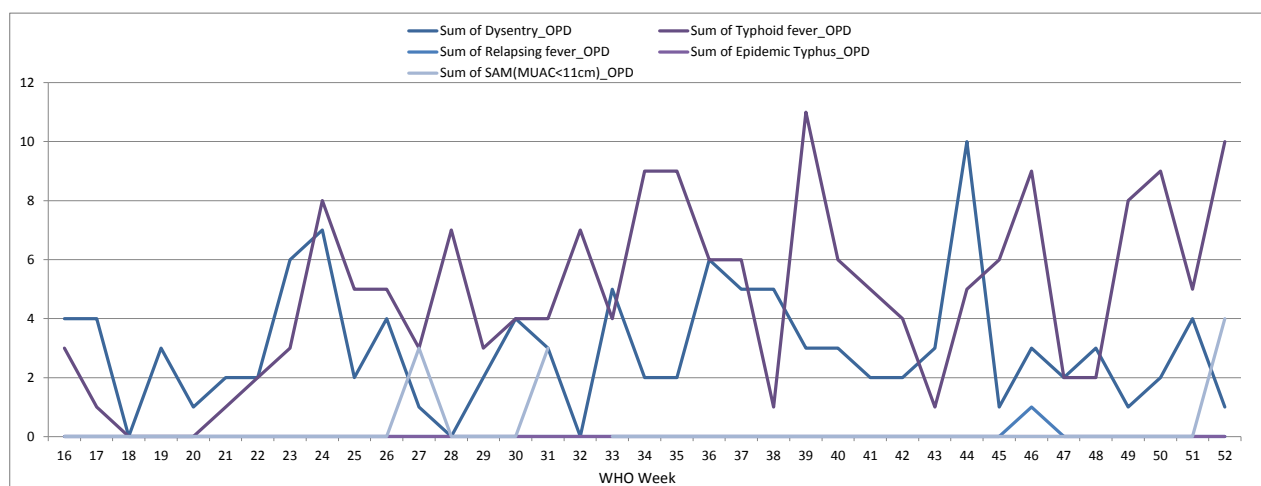
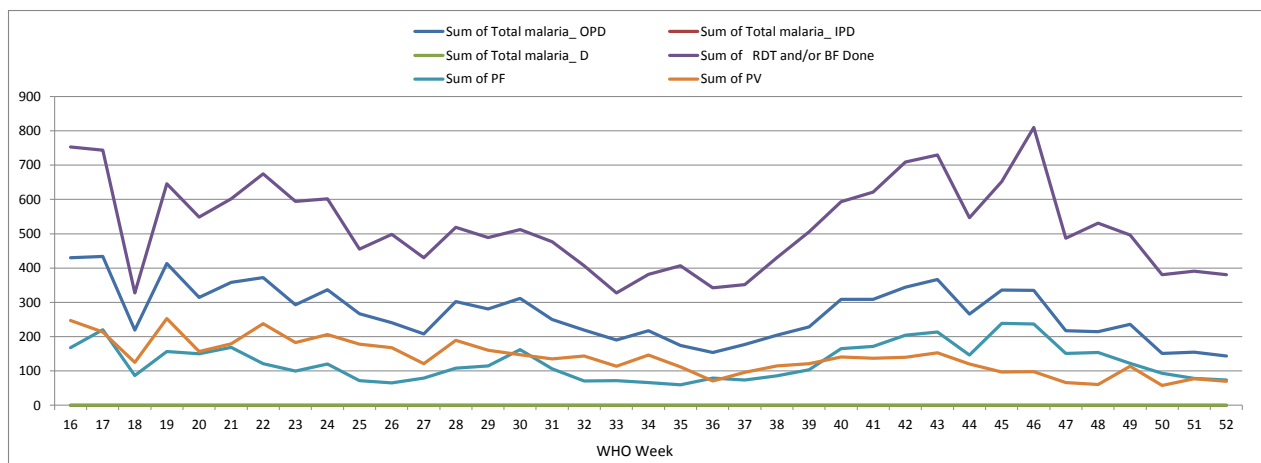
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Malaria/Weekly reportable/Immediate reportable/T-C



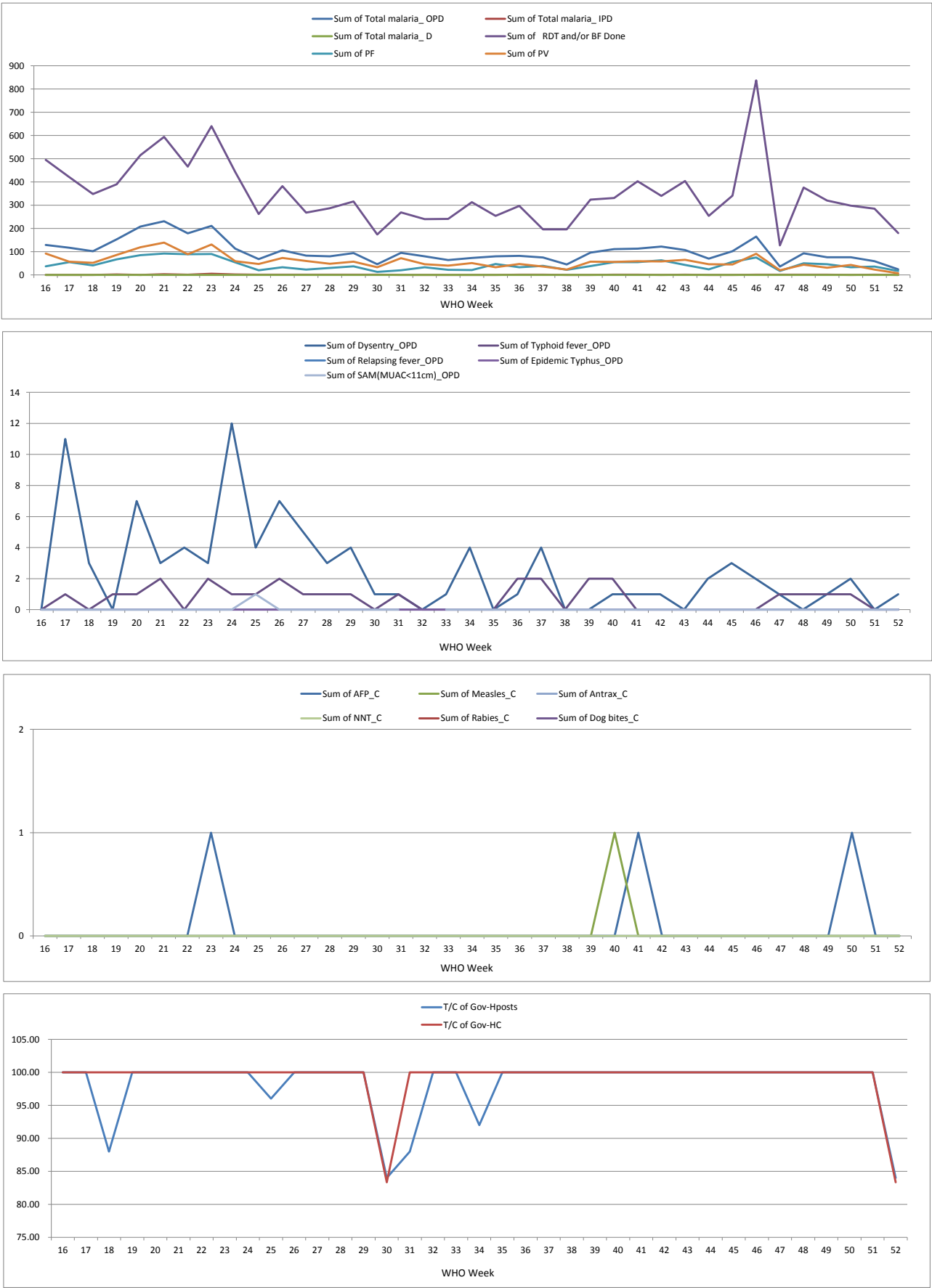
Malaria/Weekly reportable/Immediate reportable/T-C



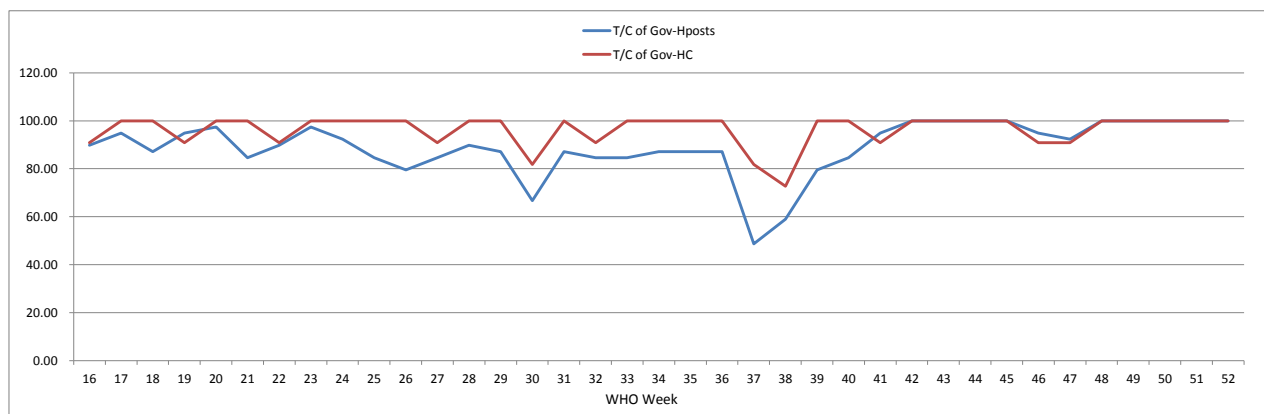
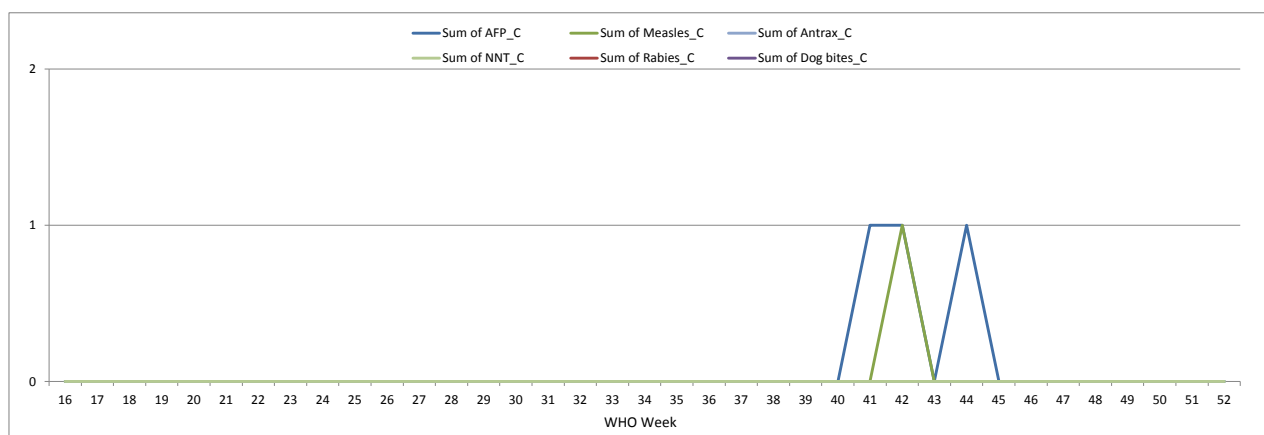
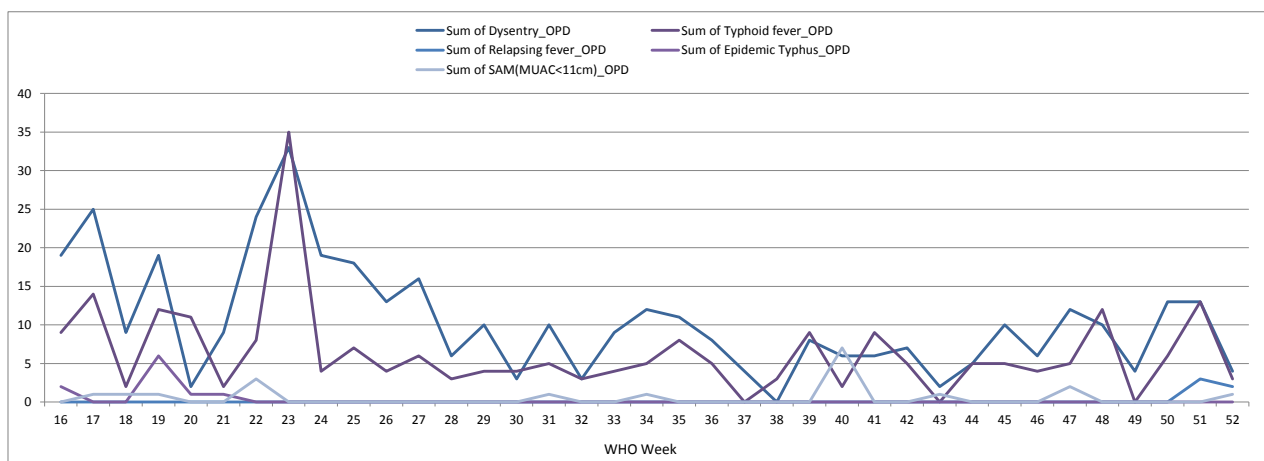
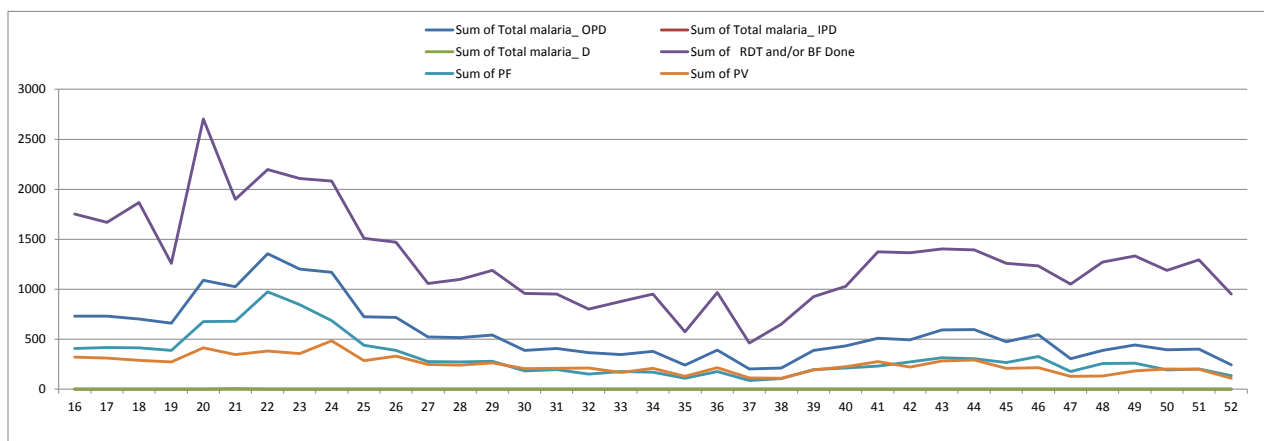
Burie Zurie – W.Gojjam
Malaria/Weekly reportable/Immediate reportable/T-C



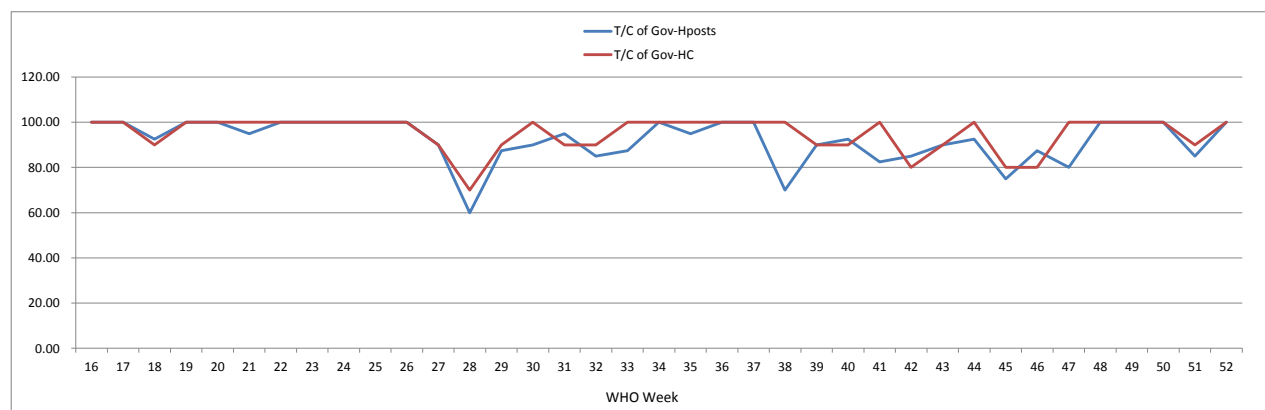
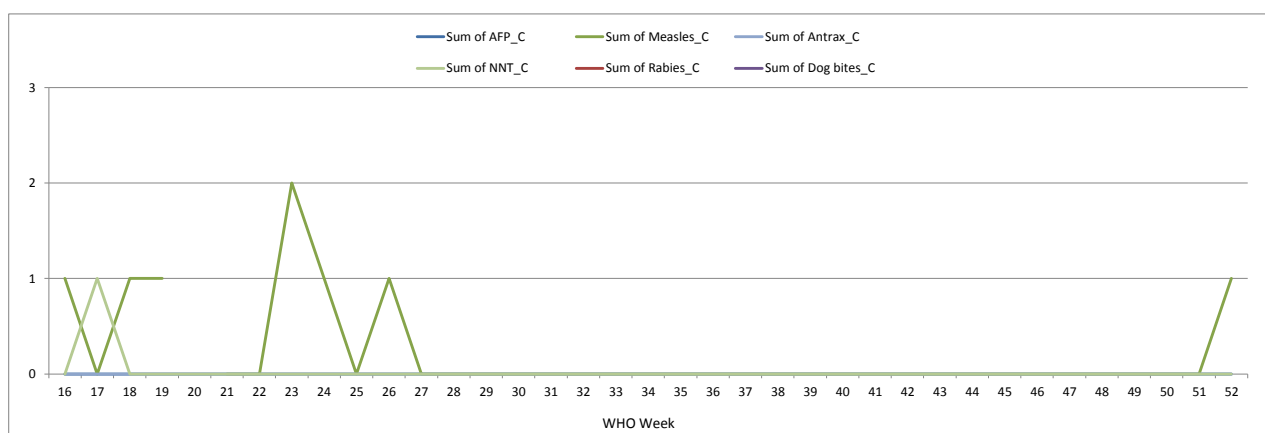
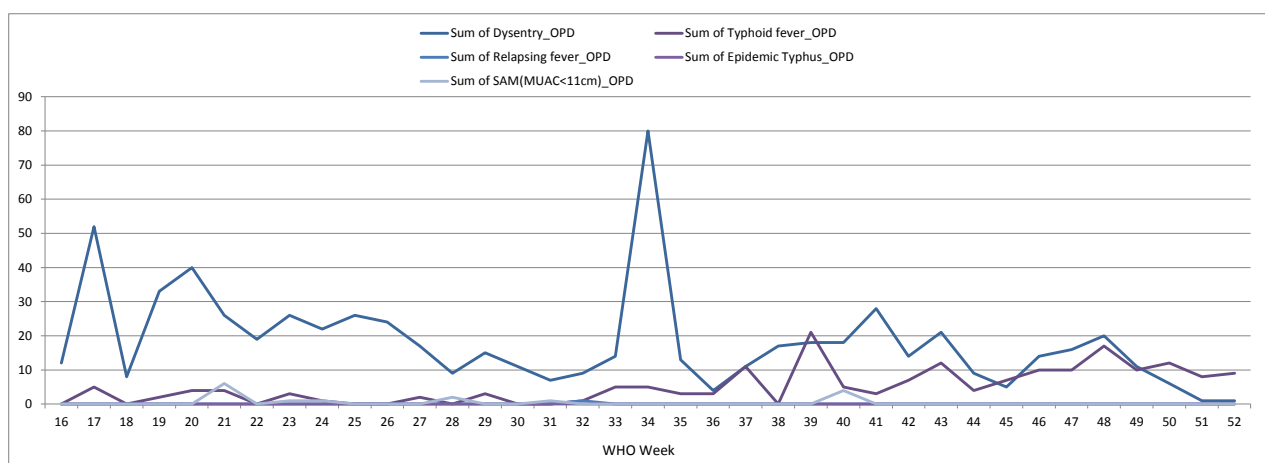
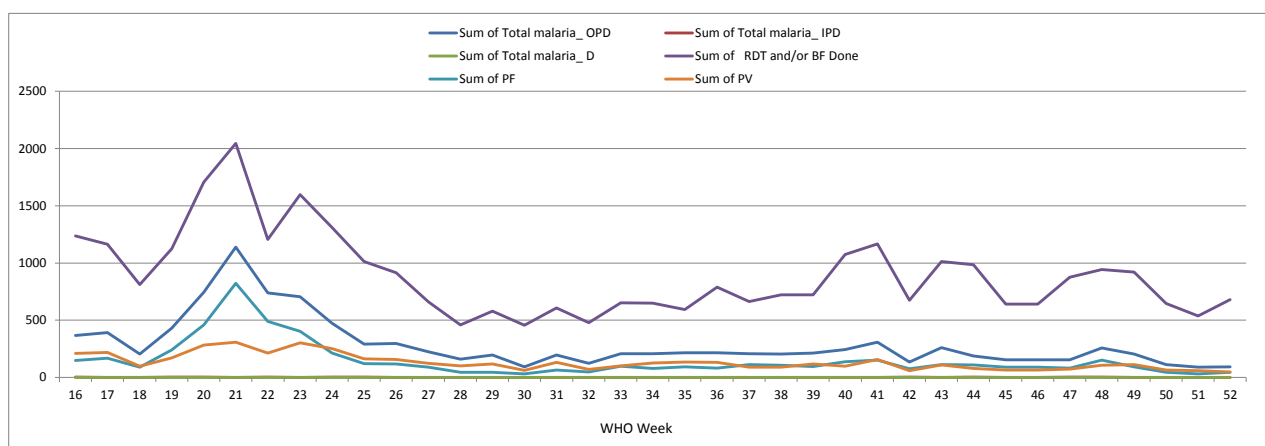
Malaria/Weekly reportable/Immediate reportable/T-C



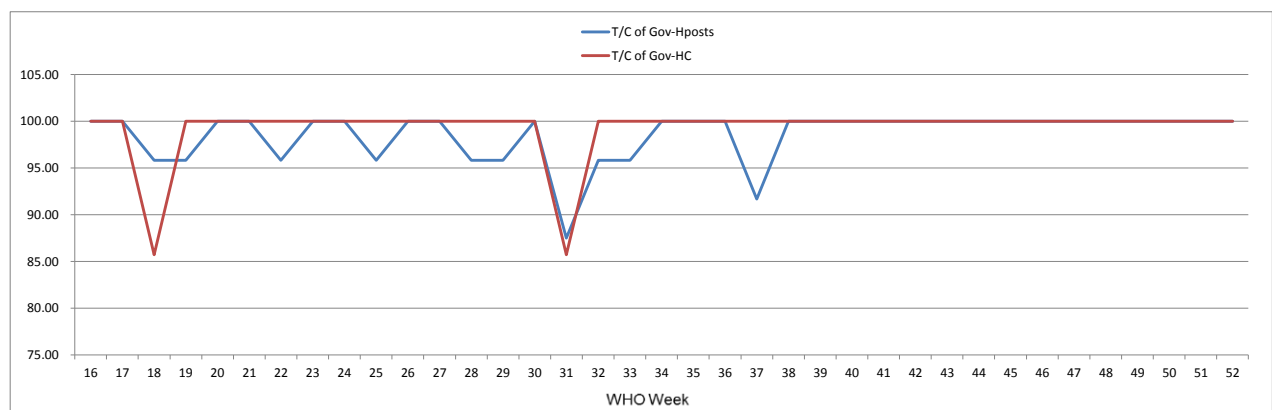
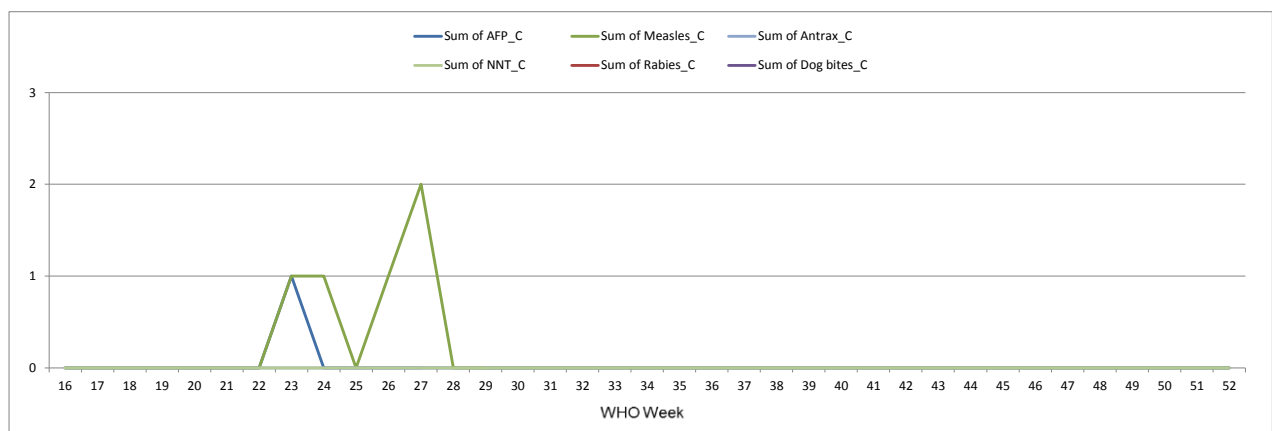
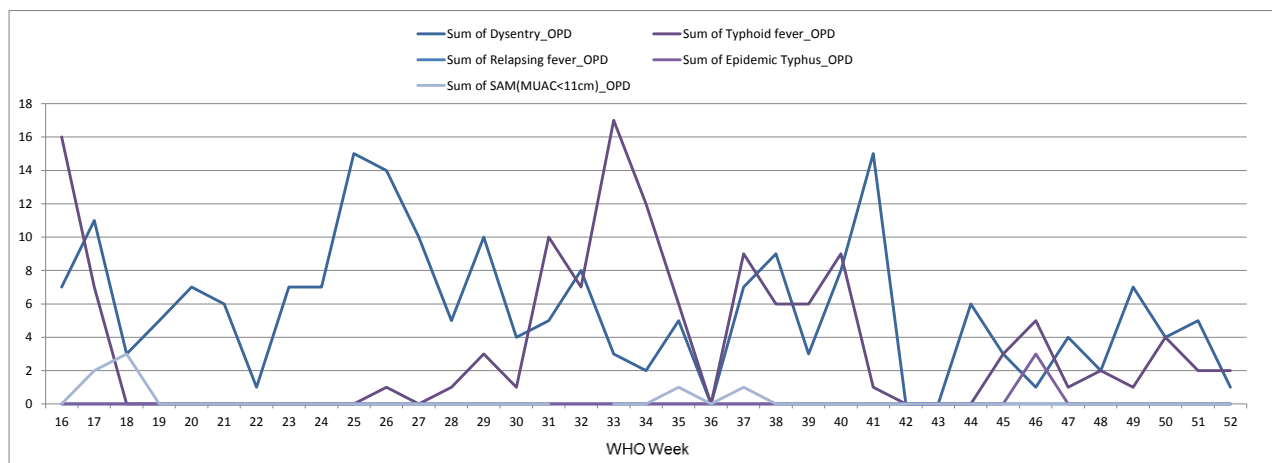
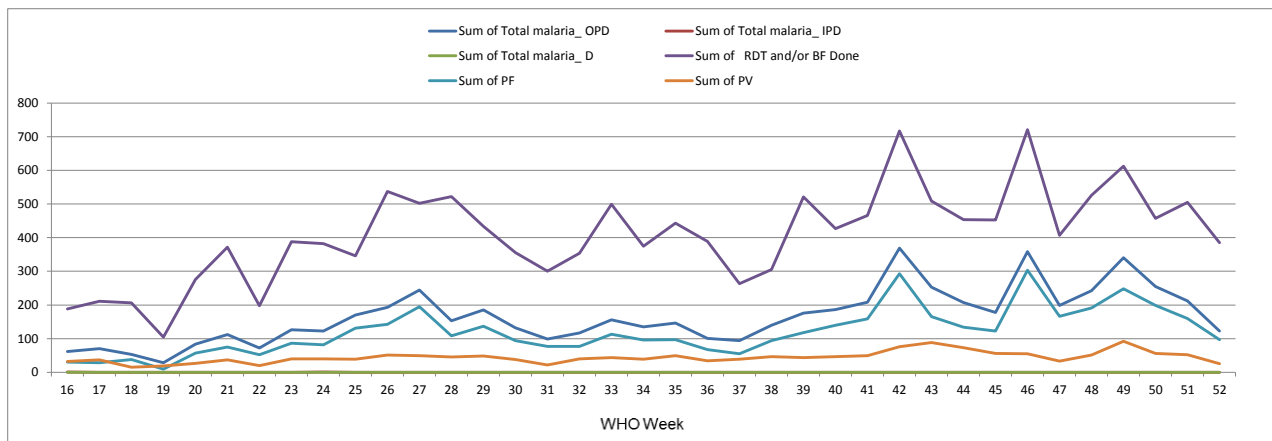
Jabi. T – W.Gojjam
Malaria/Weekly reportable/Immediate reportable/T-C



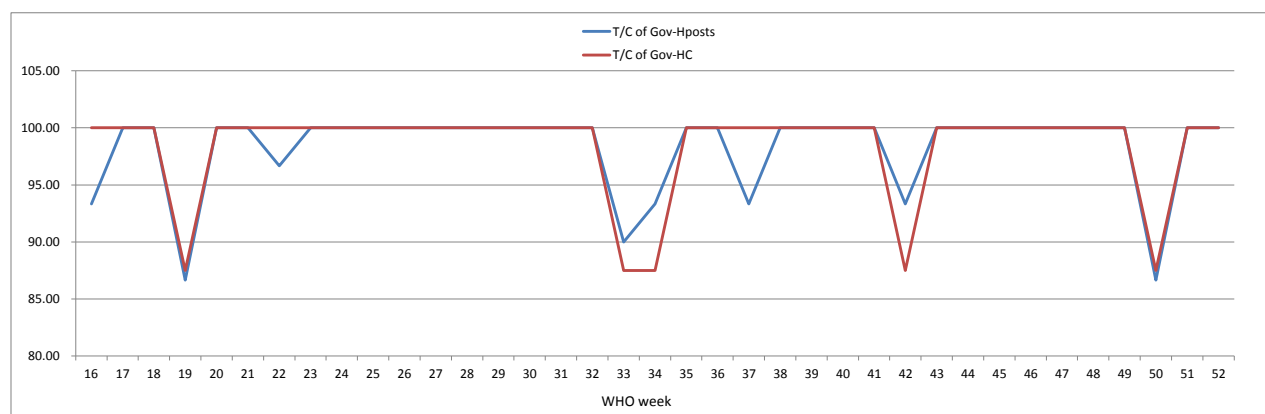
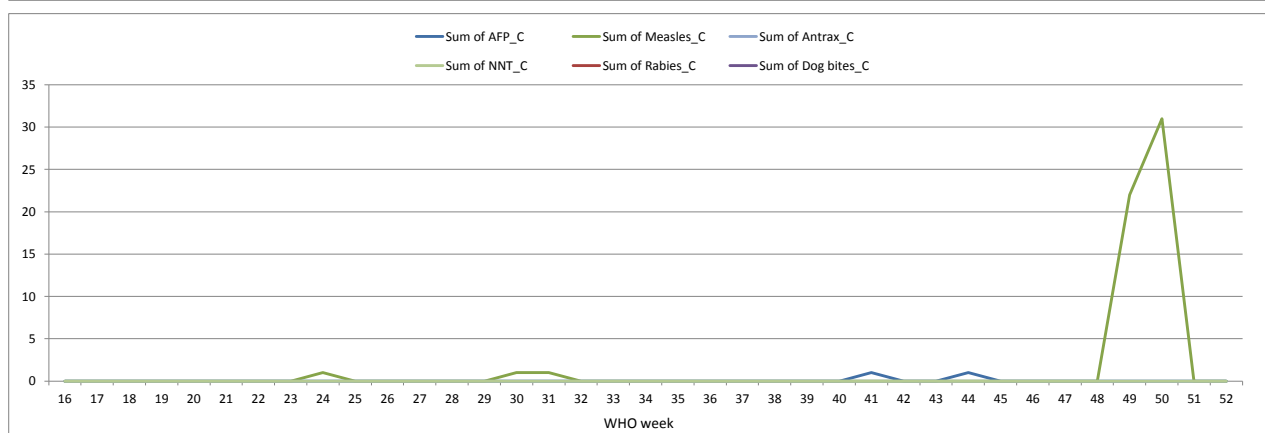
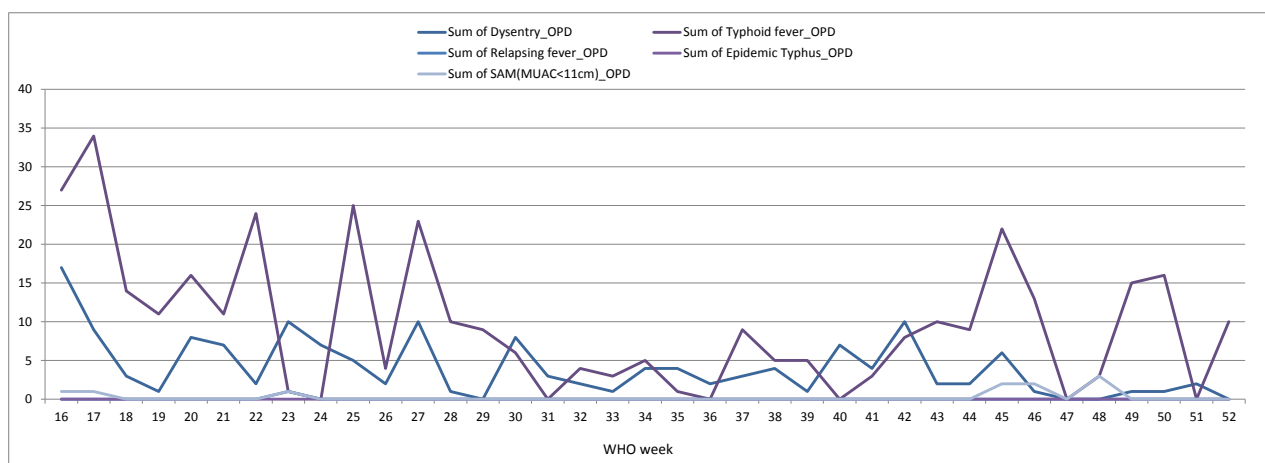
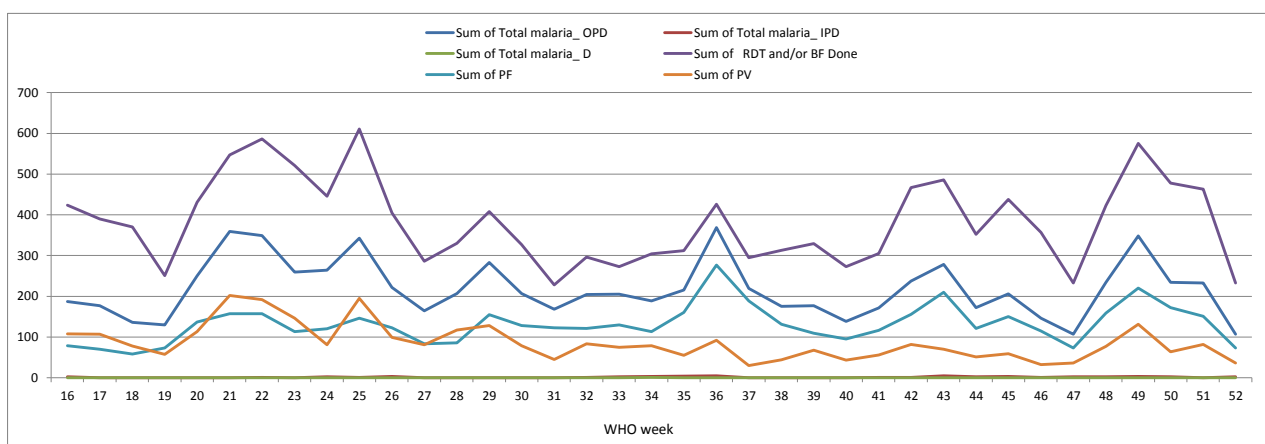
Mecha – W.Gojjam
Malaria/Weekly reportable/Immediate reportable/T-C



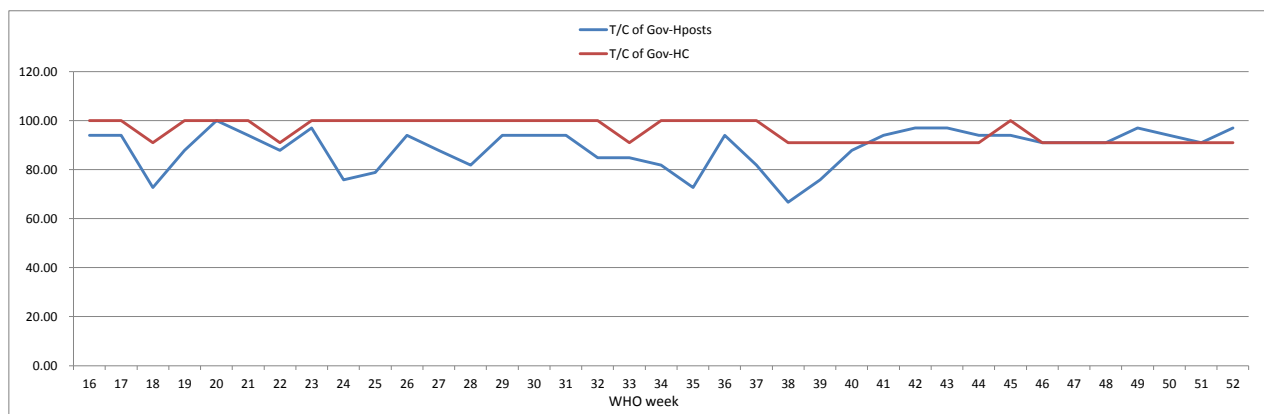
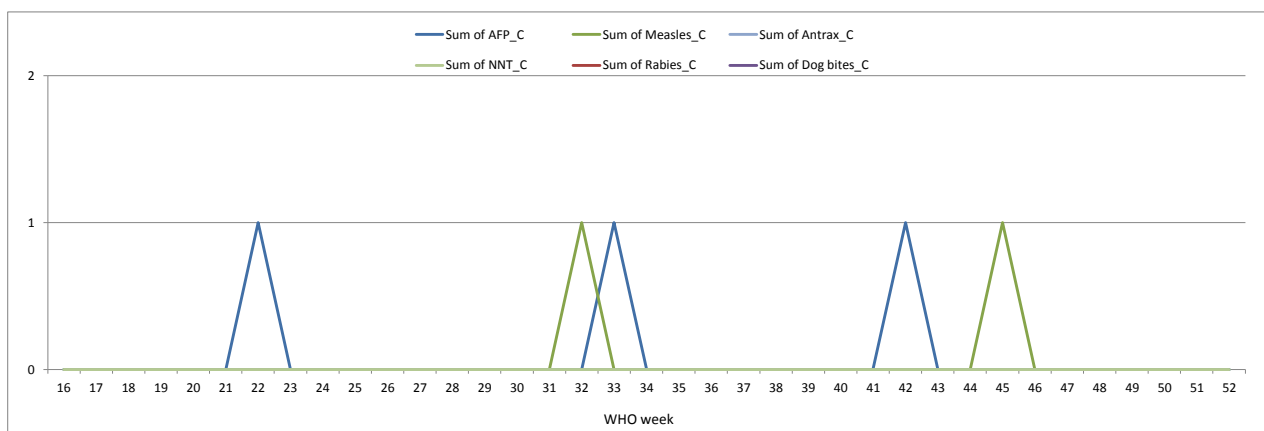
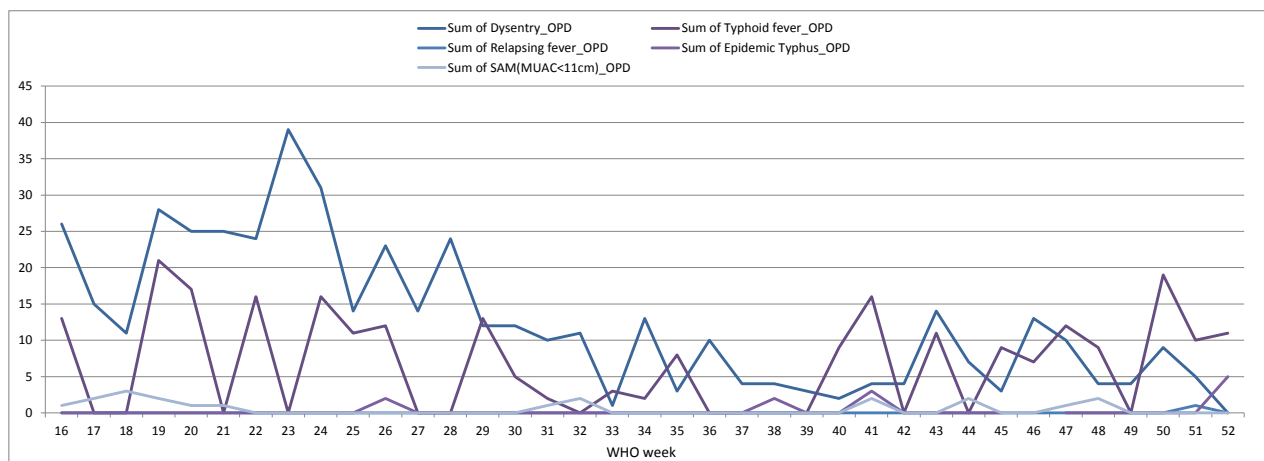
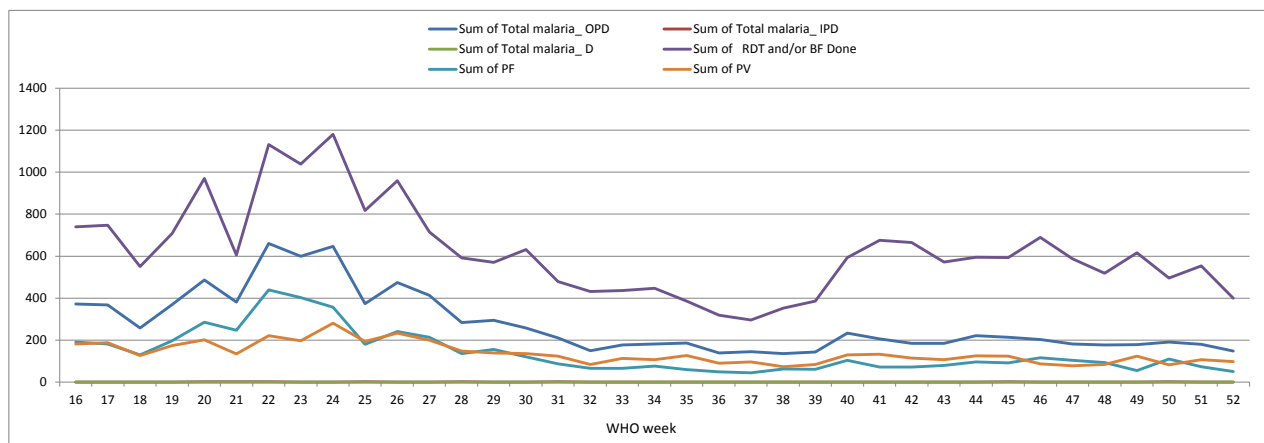
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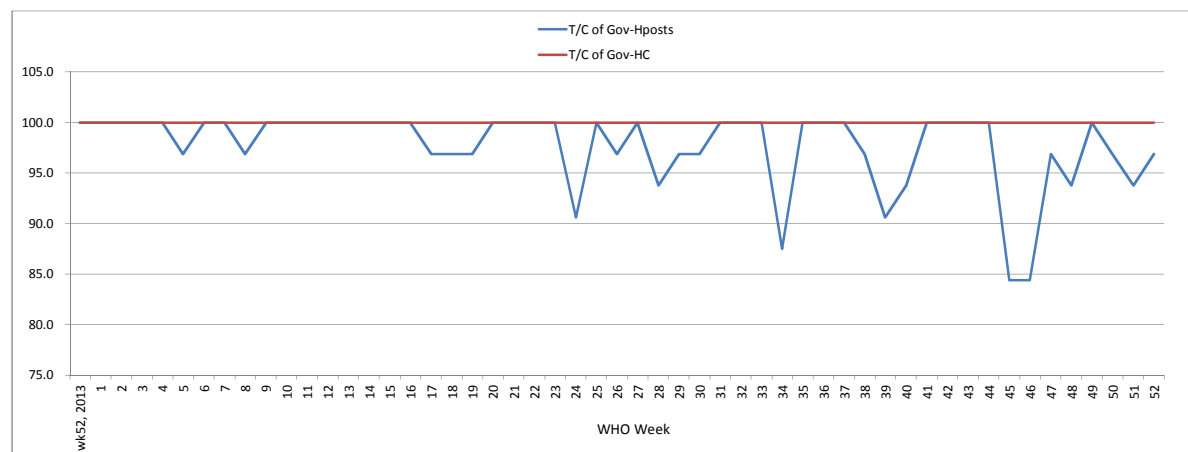
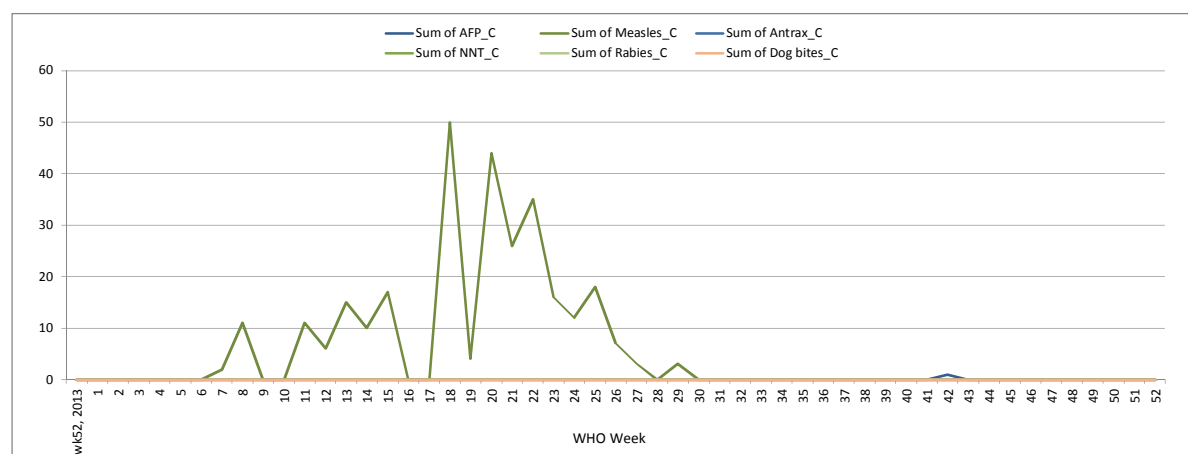
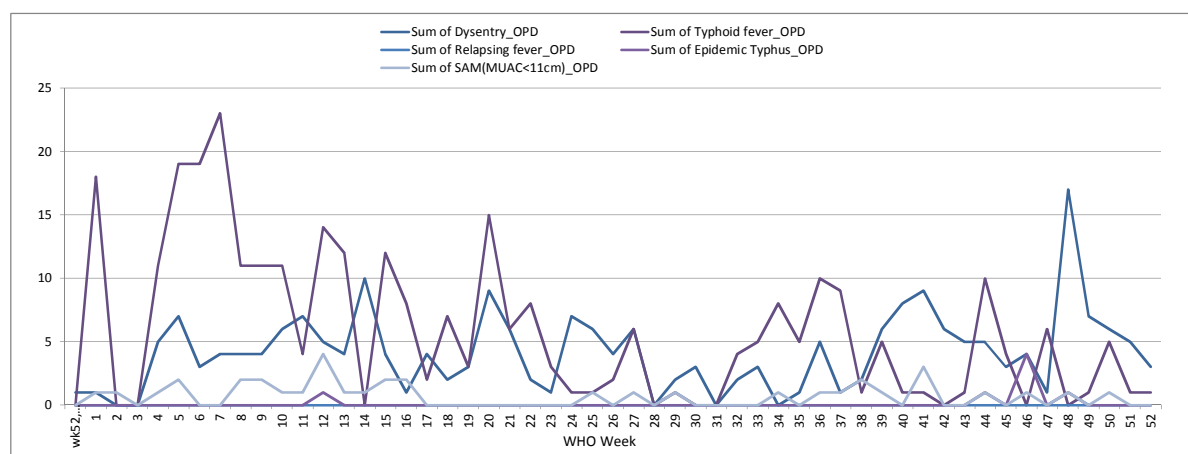
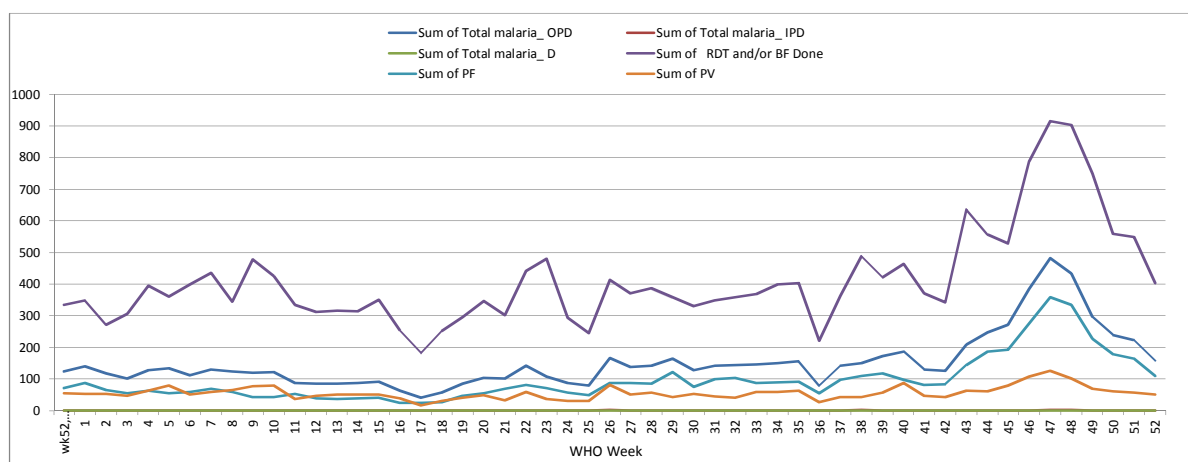
Sekela – W.Gojjam
Malaria/Weekly reportable/Immediate reportable/T-C



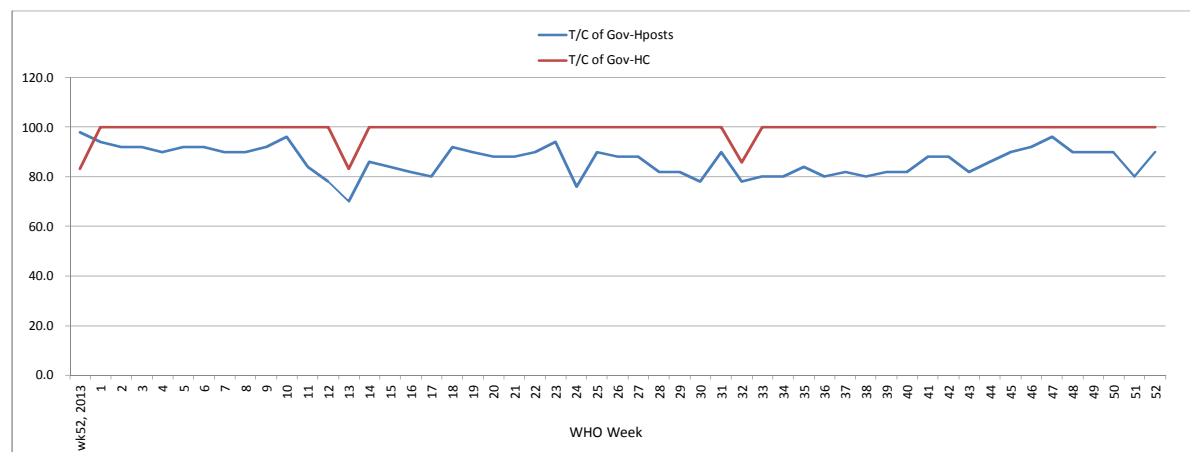
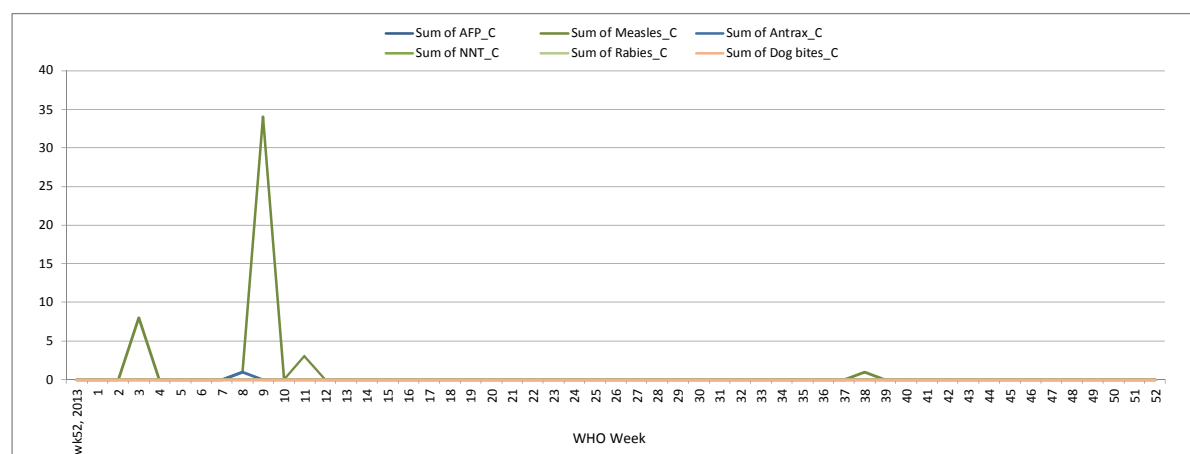
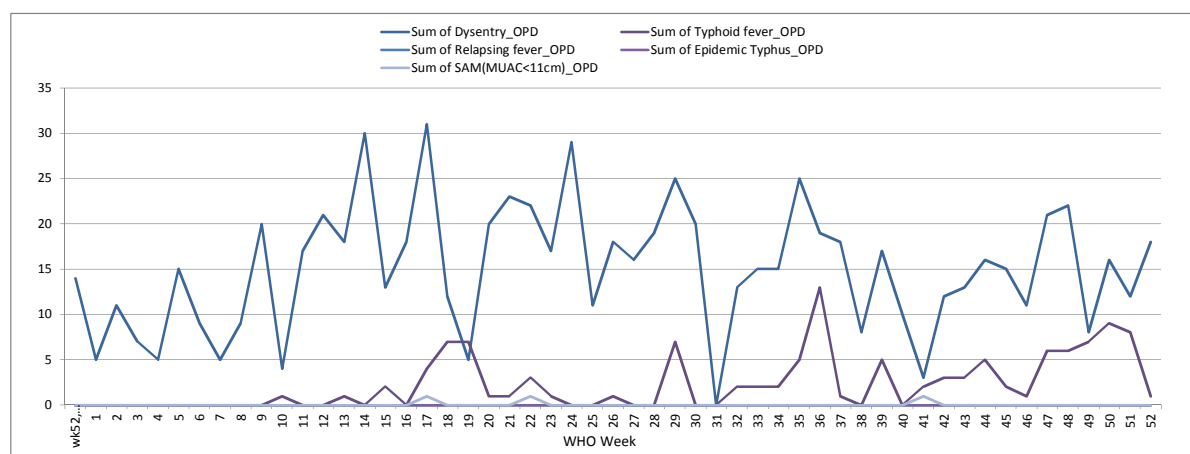
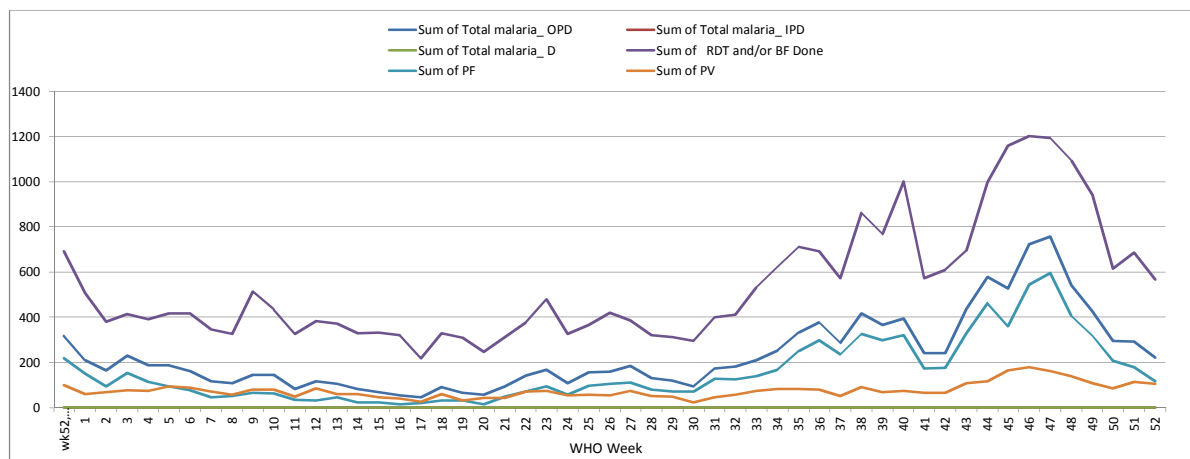
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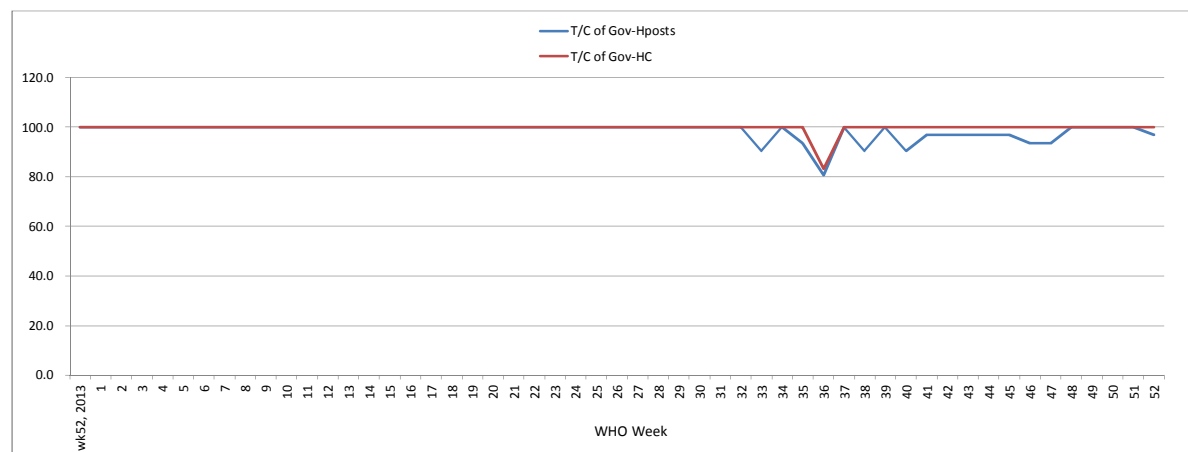
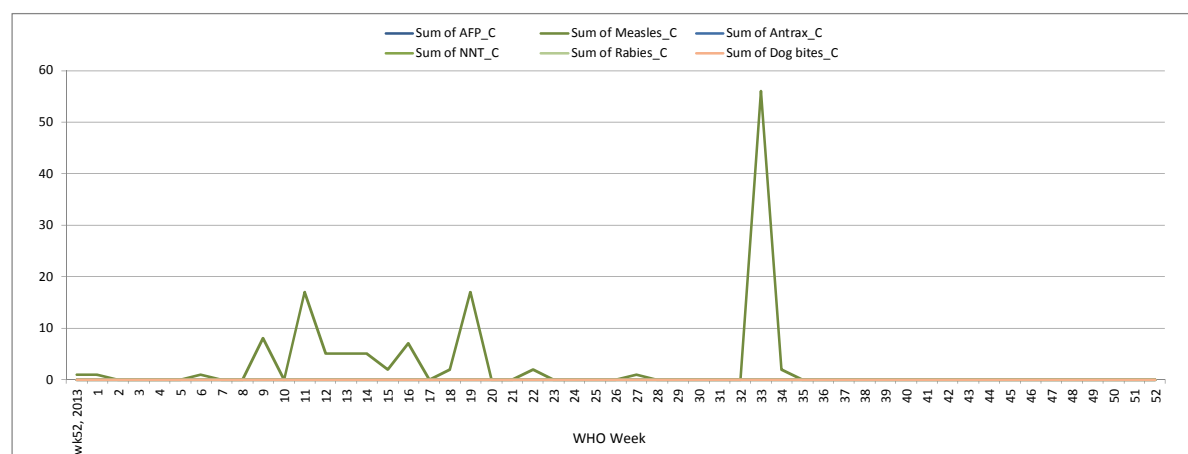
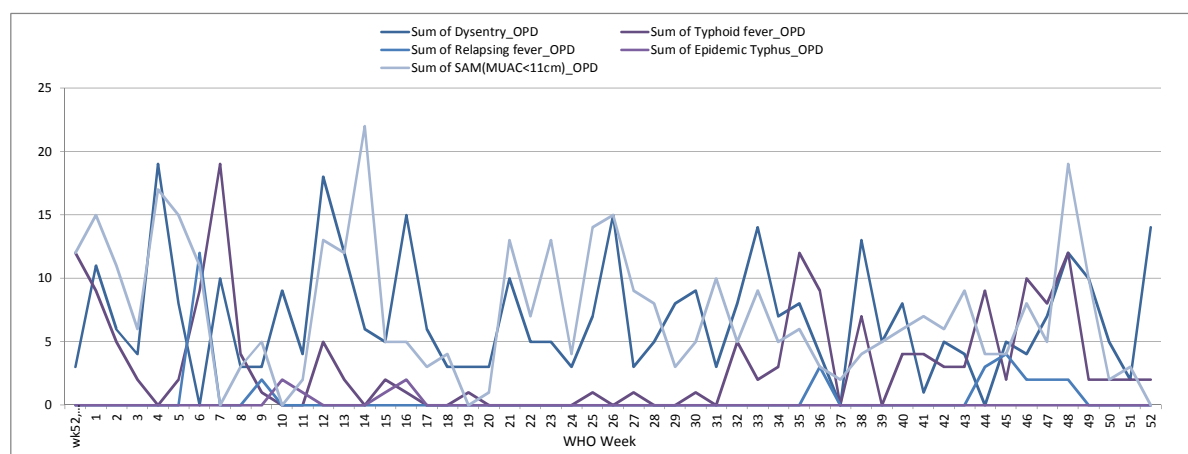
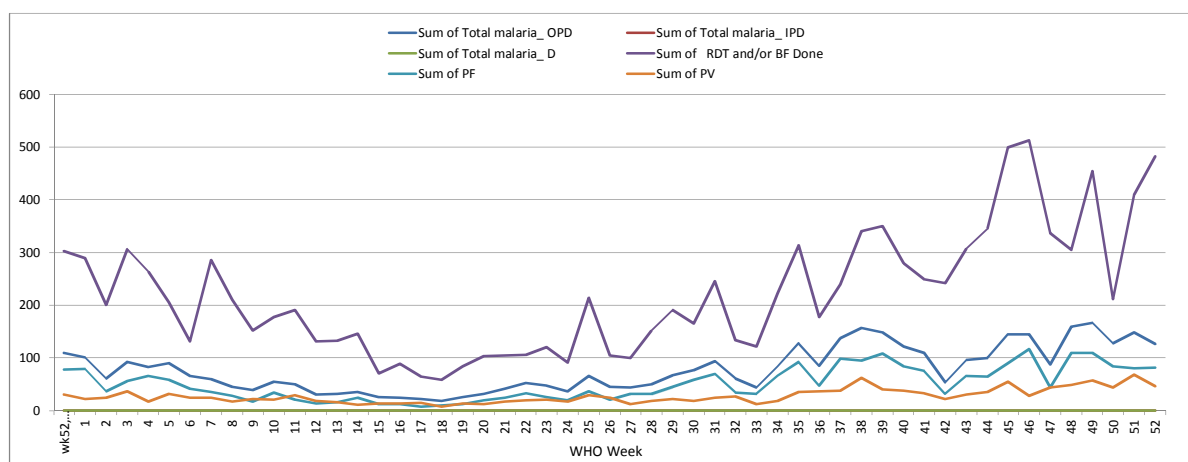
ALEFA – N.Gondar Malaria/Weekly reportable/Immediate reportable/T-C, 2014



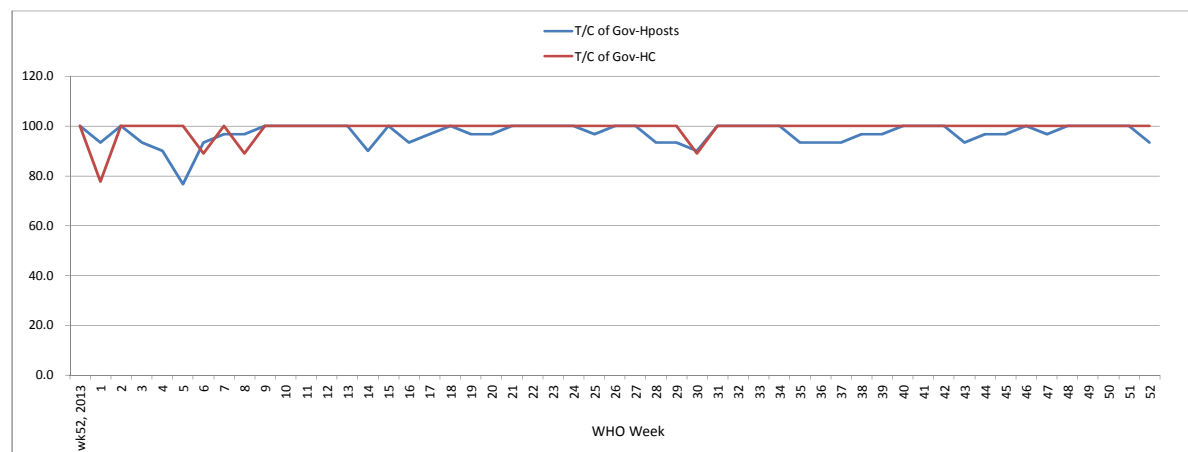
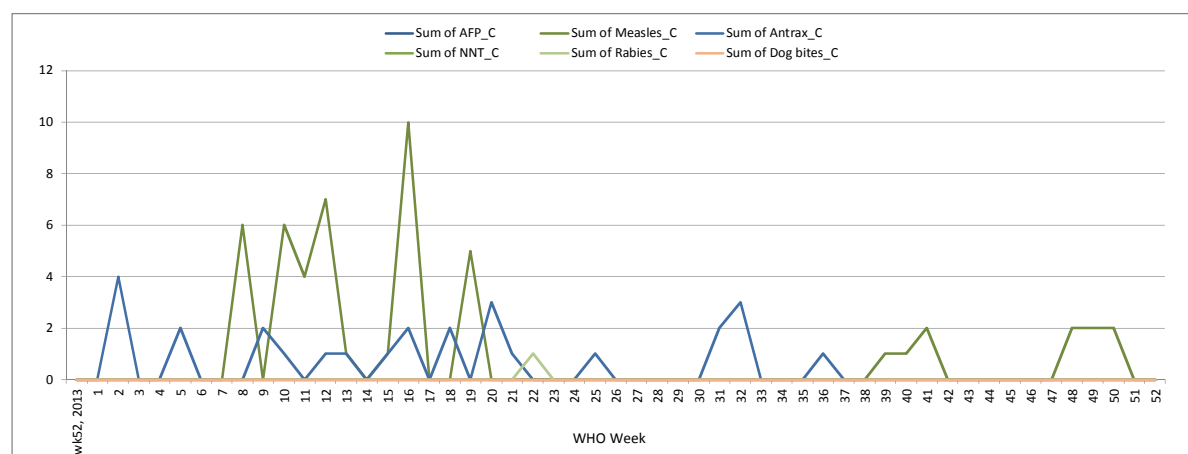
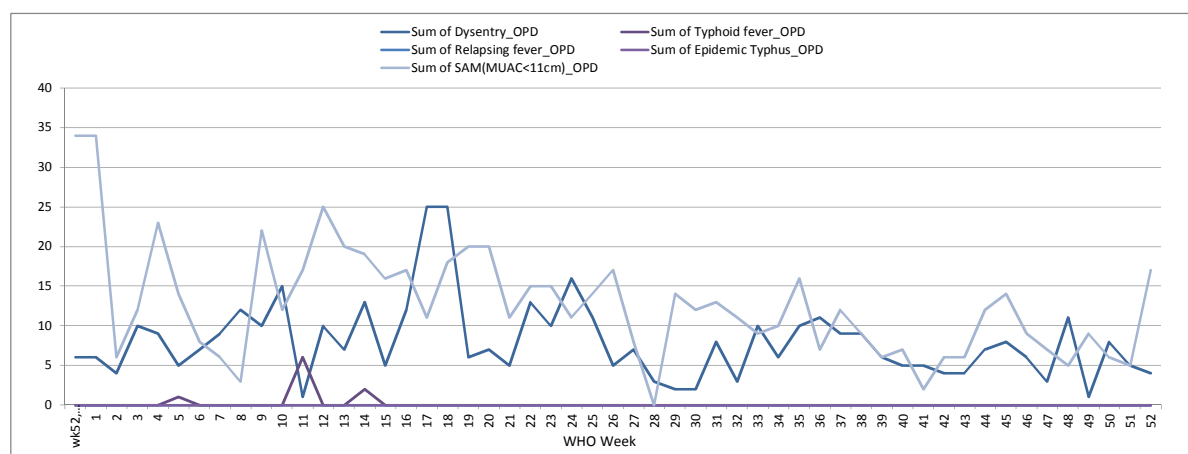
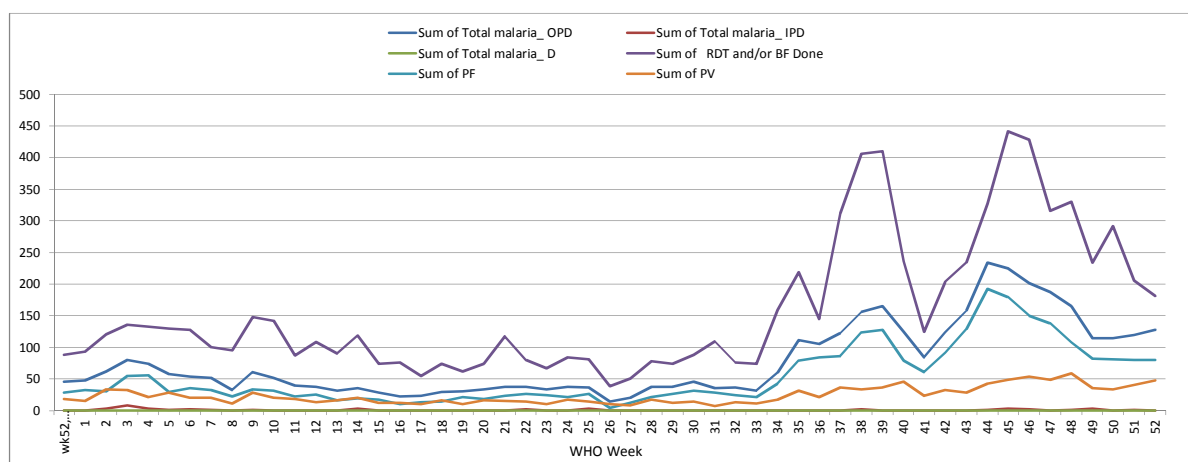
Malaria/Weekly reportable/Immediate reportable/T-C, 2014



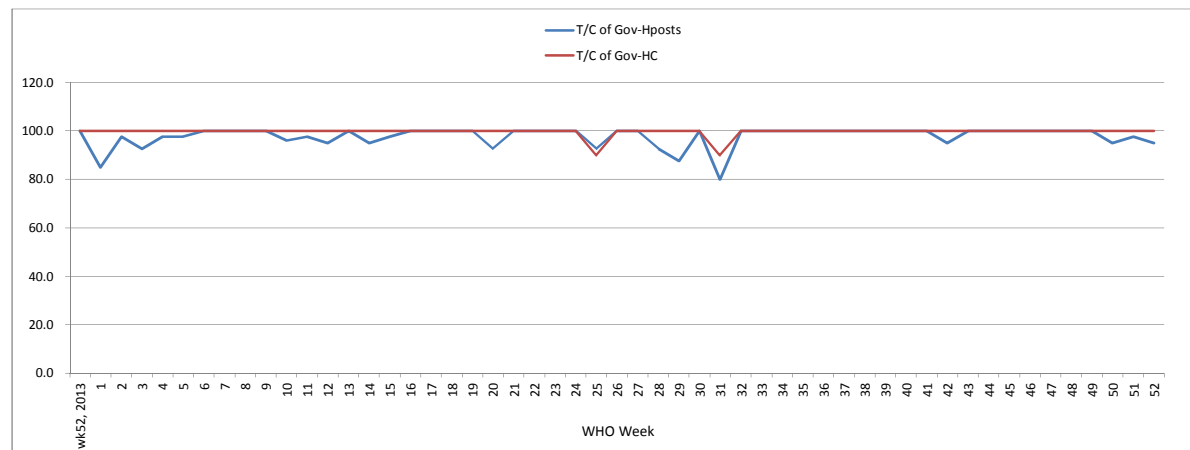
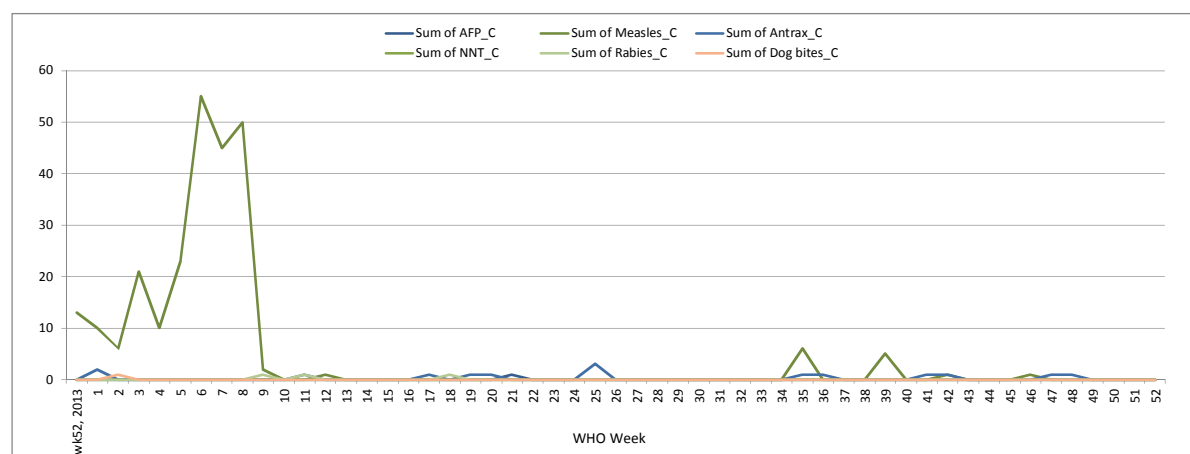
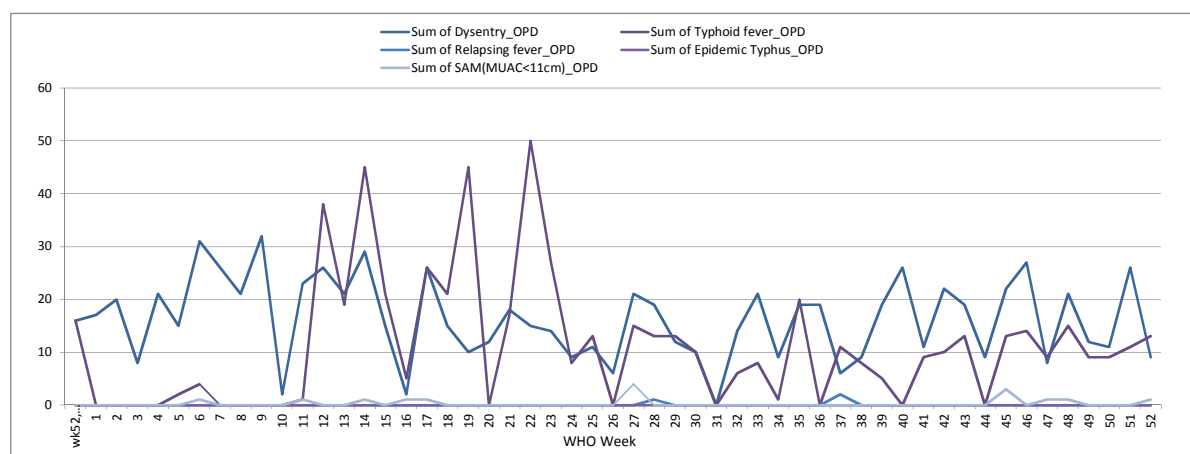
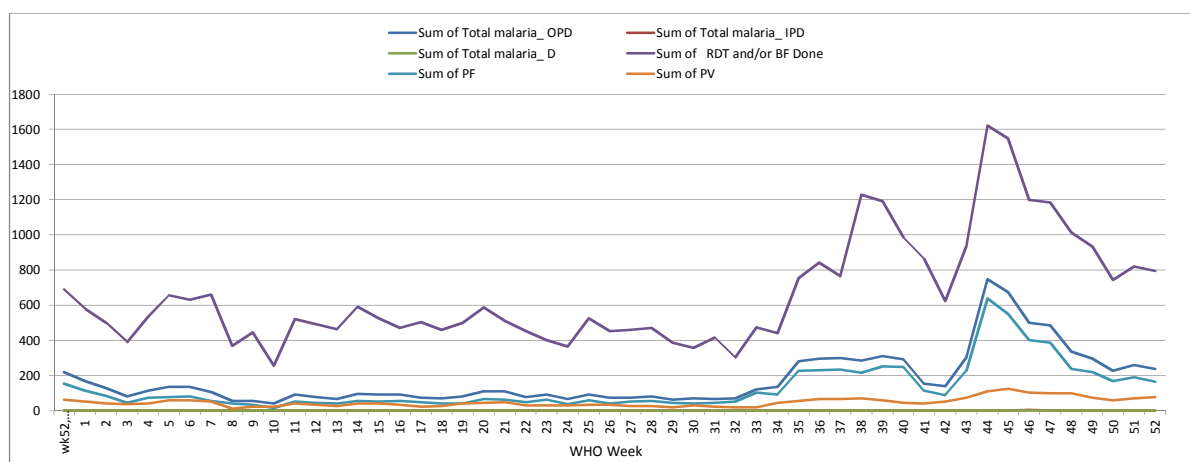
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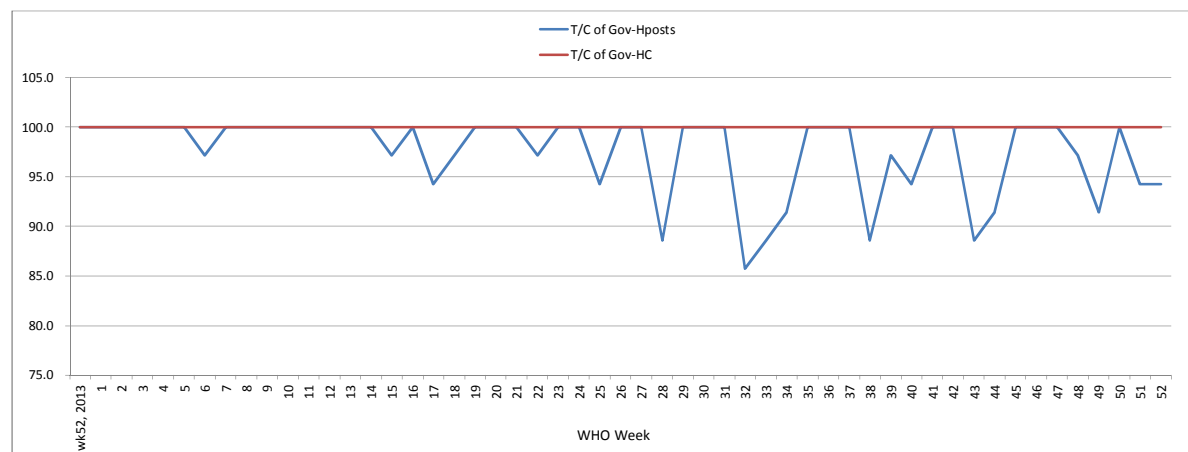
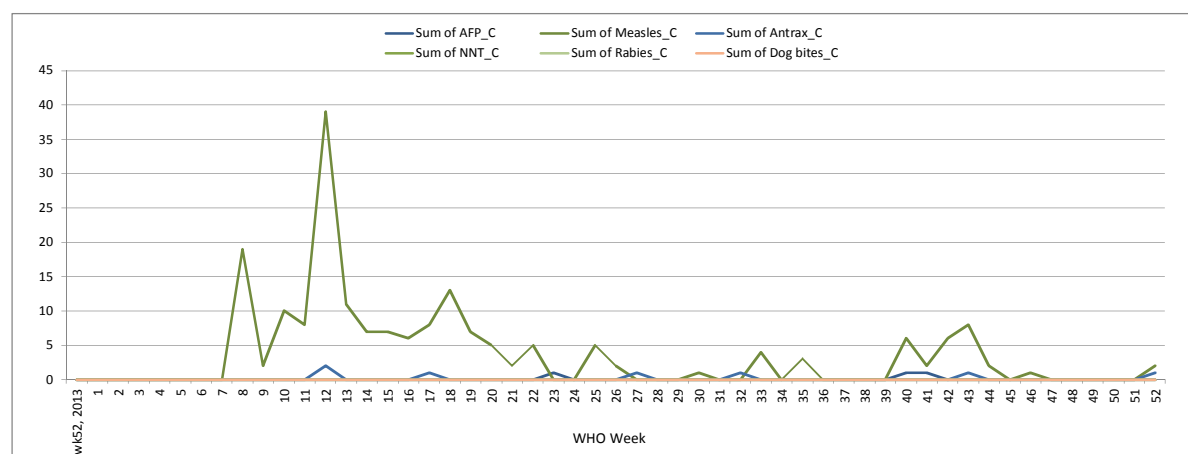
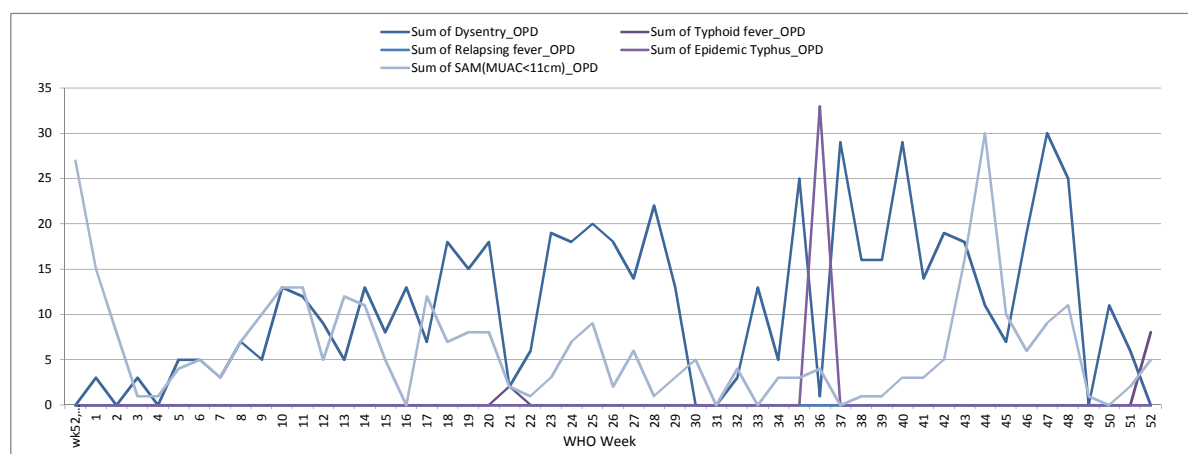
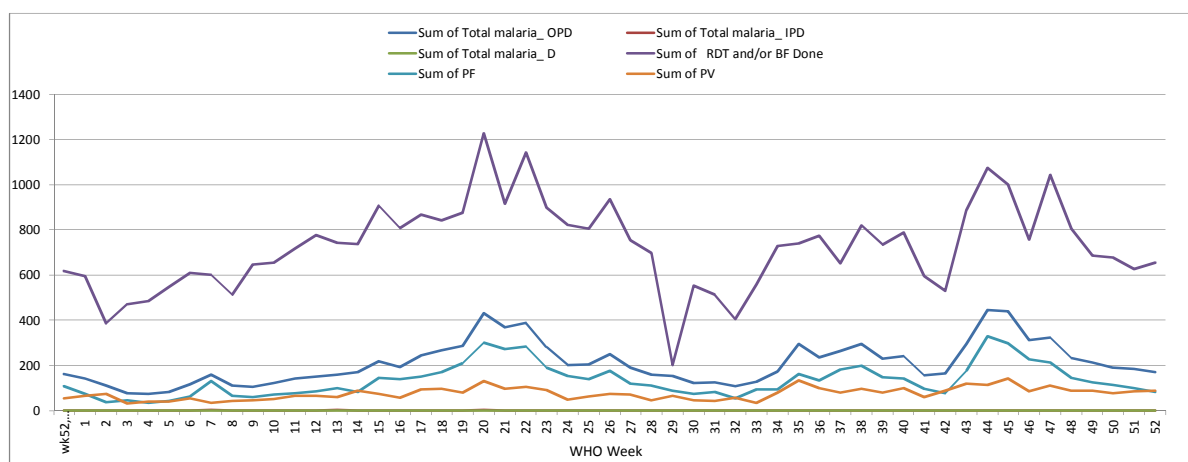


DEMBIYA – N.Gondar Malaria/Weekly reportable/Immediate reportable/T-C, 2014

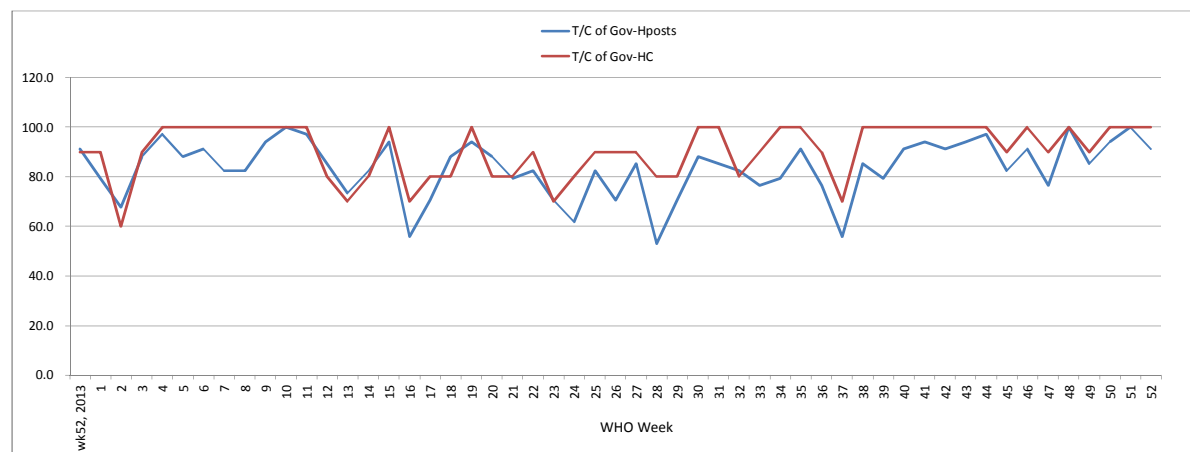
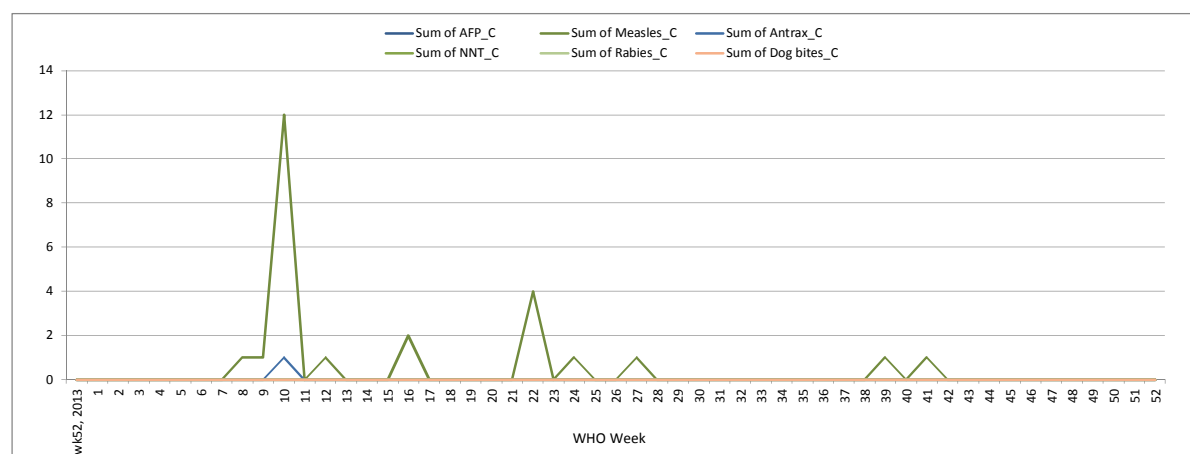
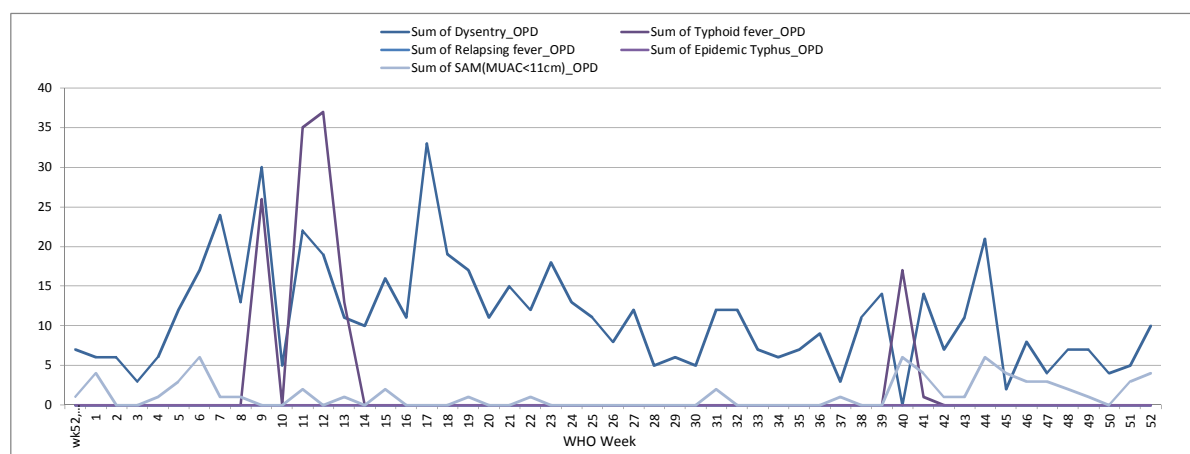
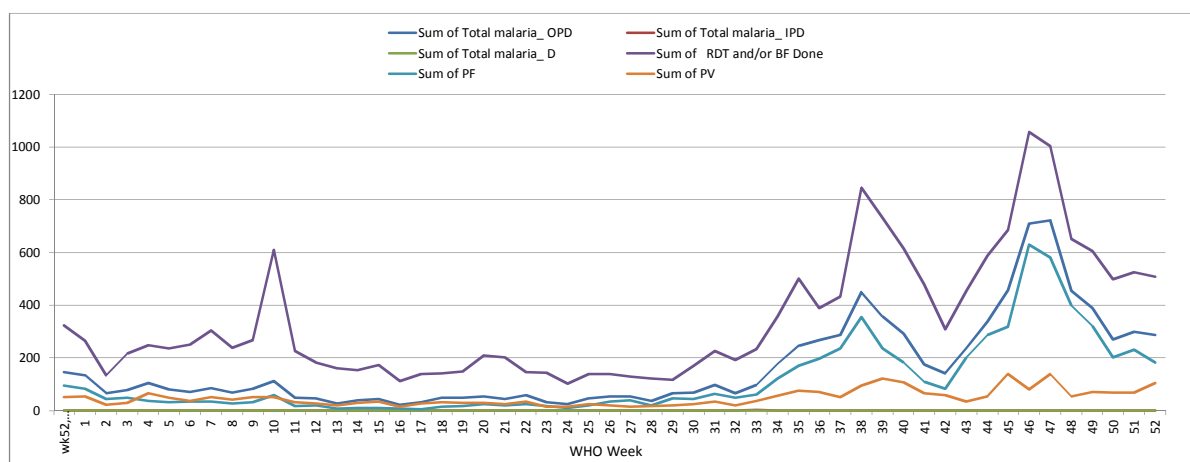


G. Zurie – N.Gondar

Malaria/Weekly reportable/Immediate reportable/T-C, 2014

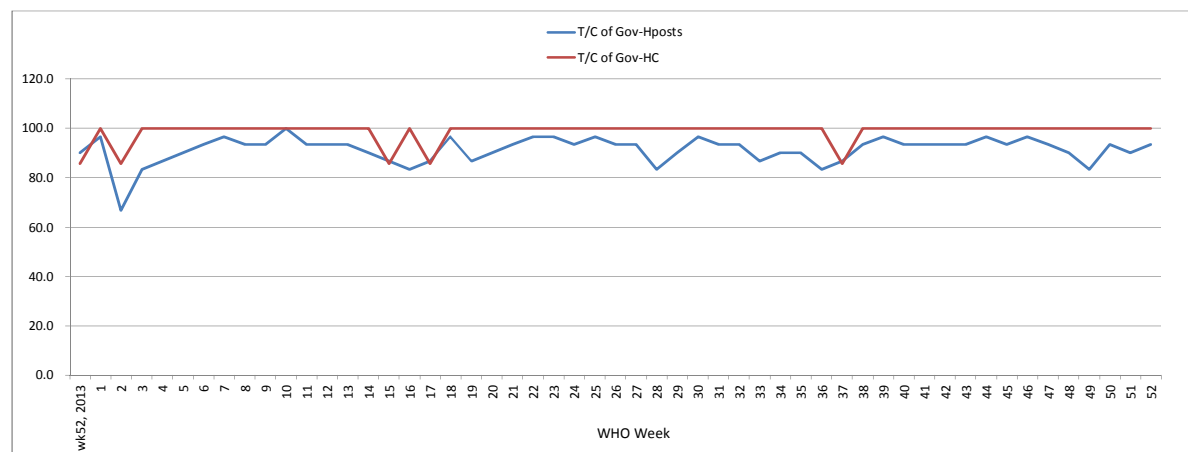
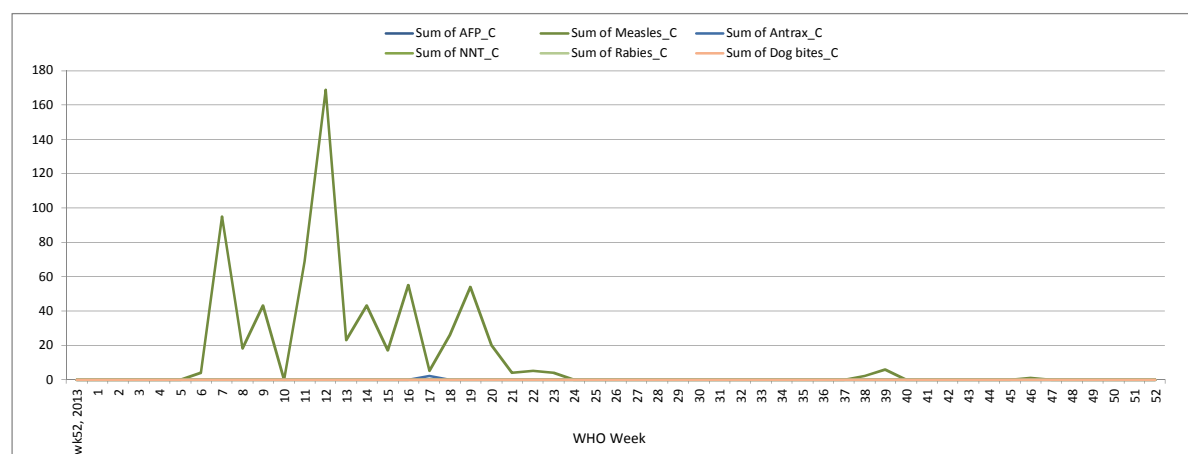
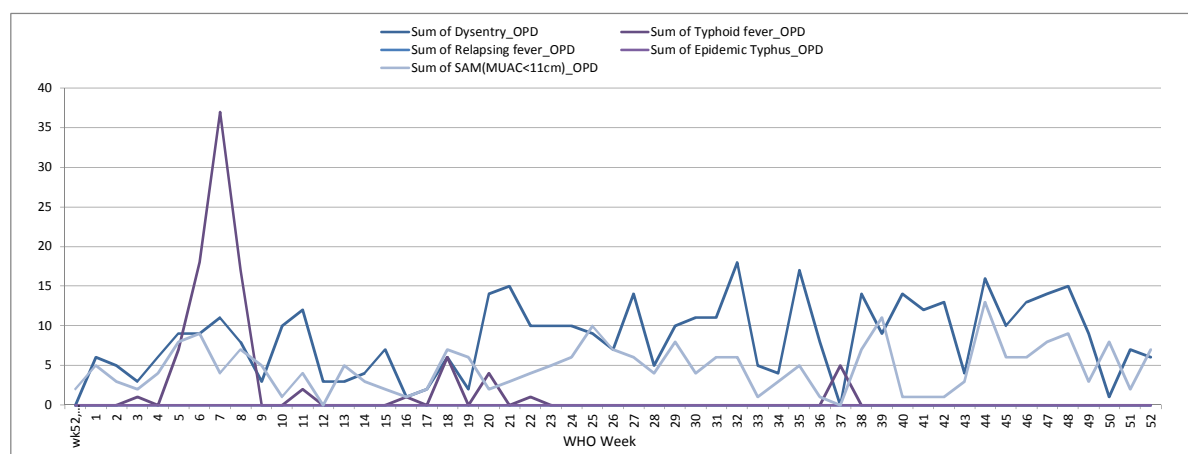
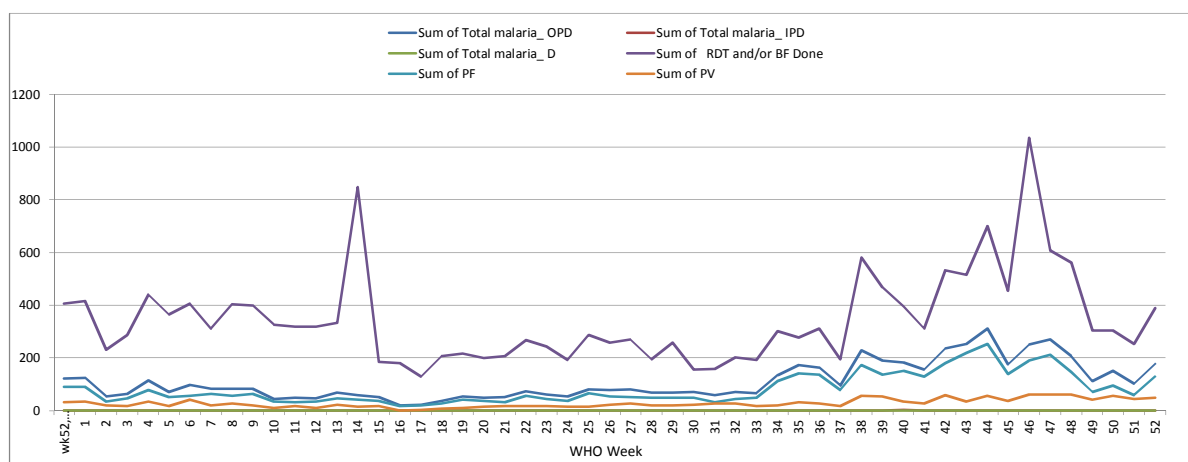


Malaria/Weekly reportable/Immediate reportable/T-C, 2014

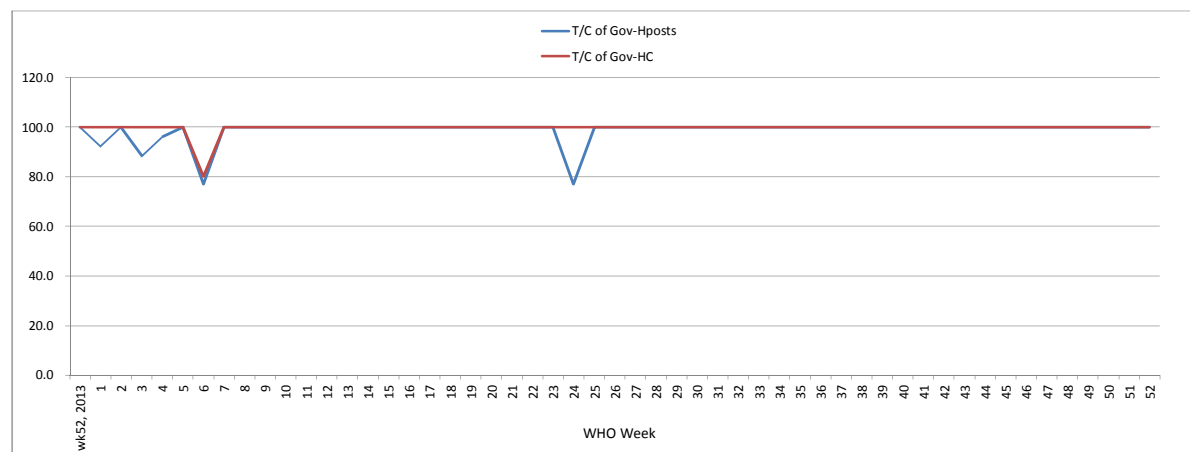
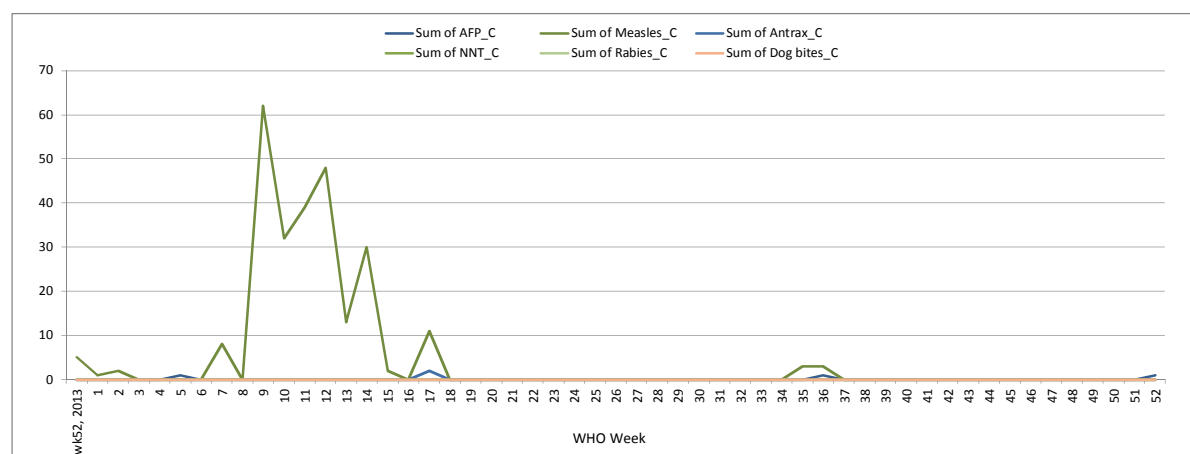
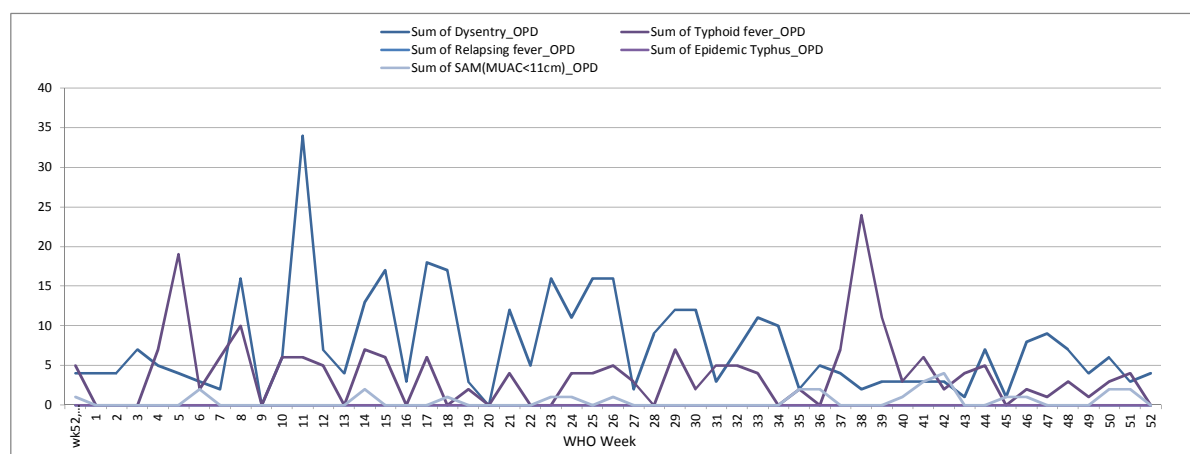
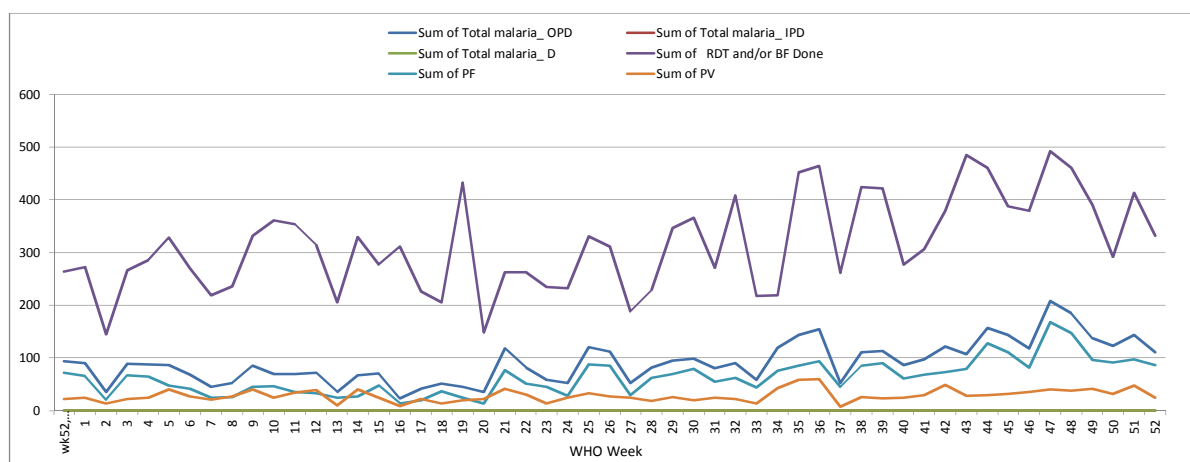


Mirab BALESSA – N.Gondar

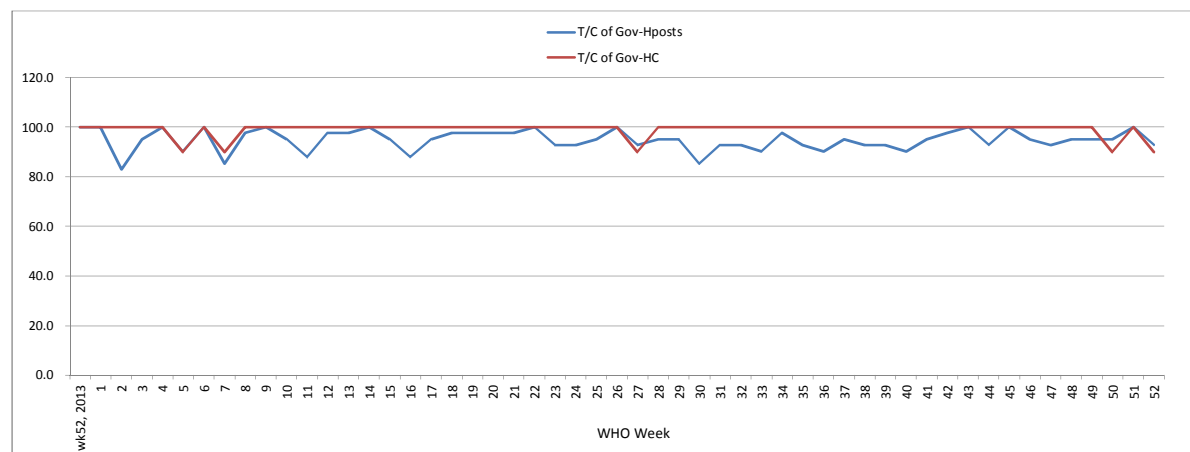
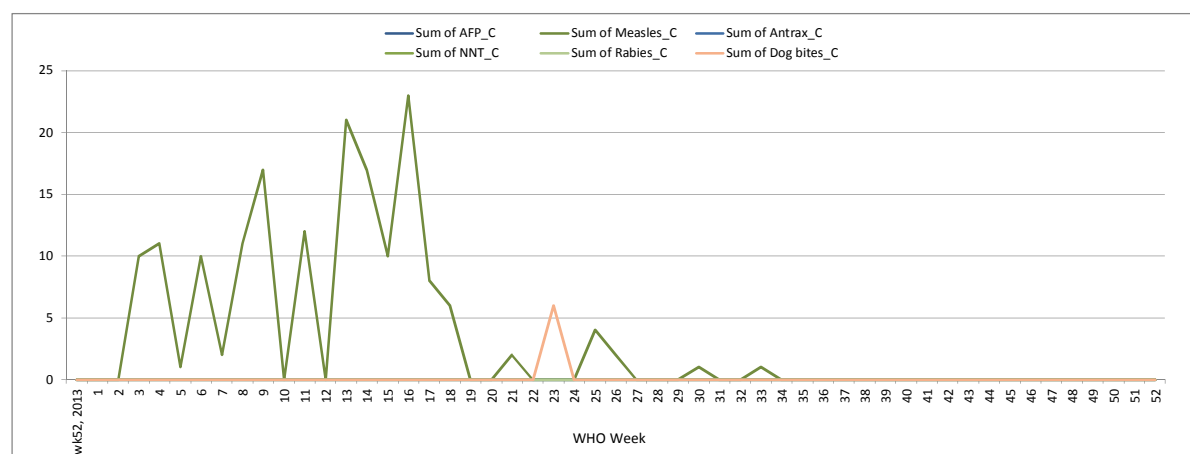
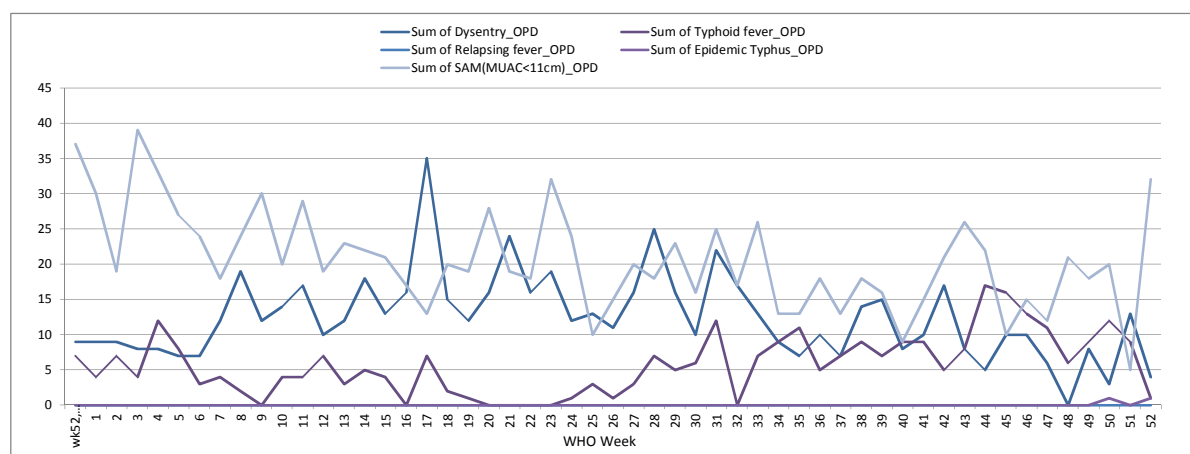
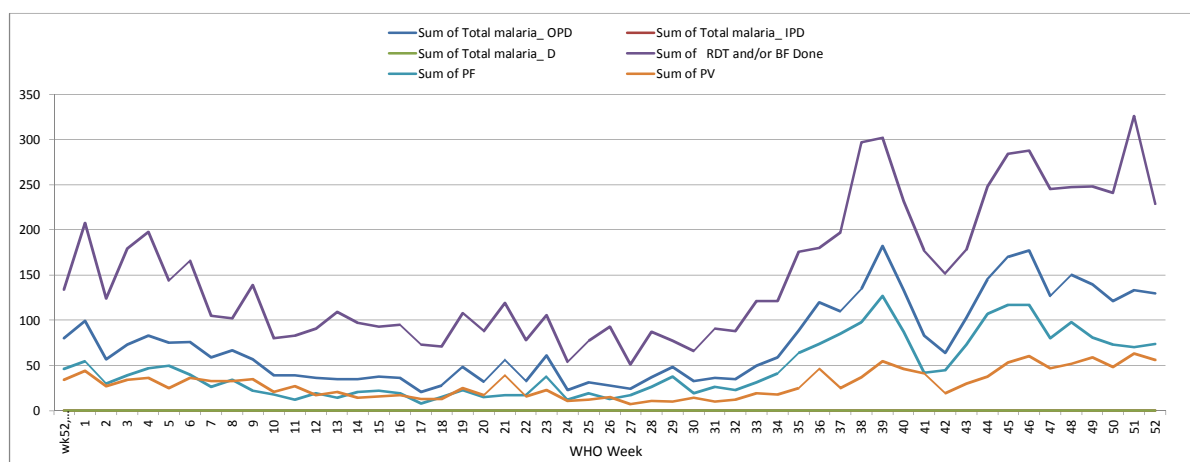
Malaria/Weekly reportable/Immediate reportable/T-C, 2014



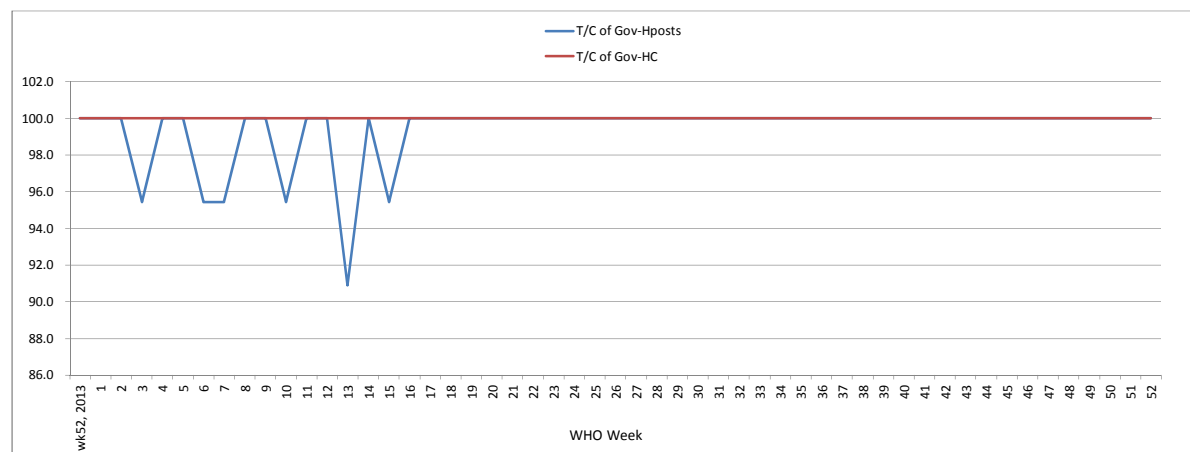
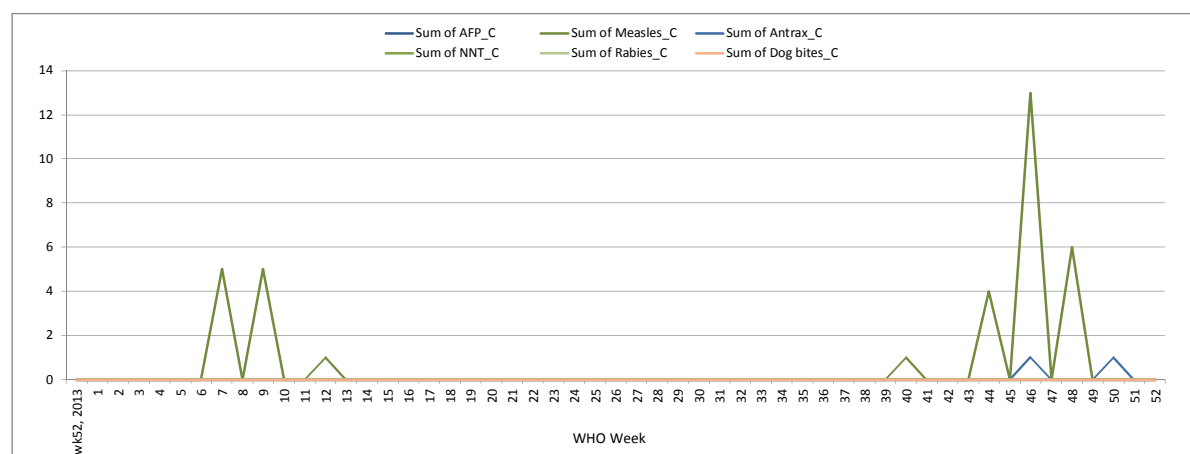
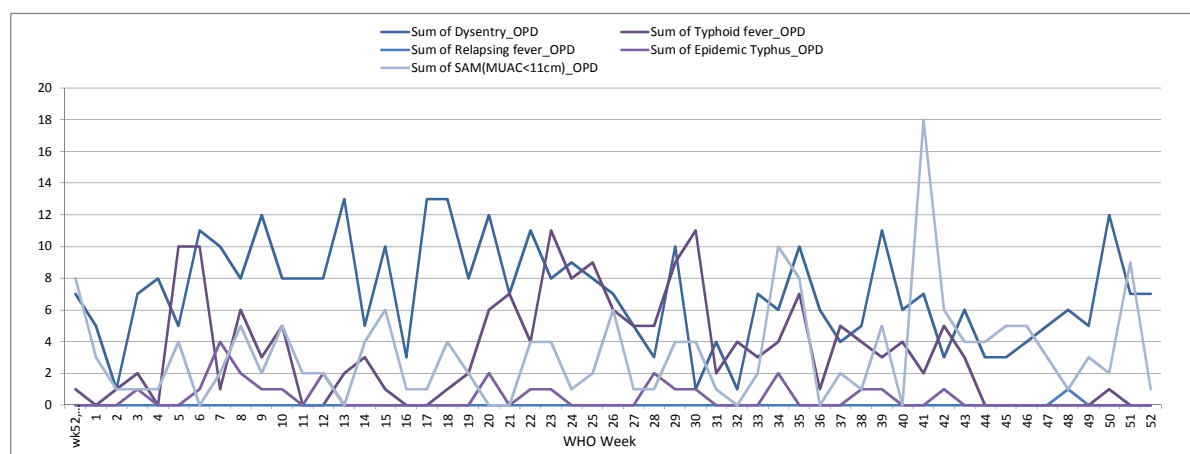
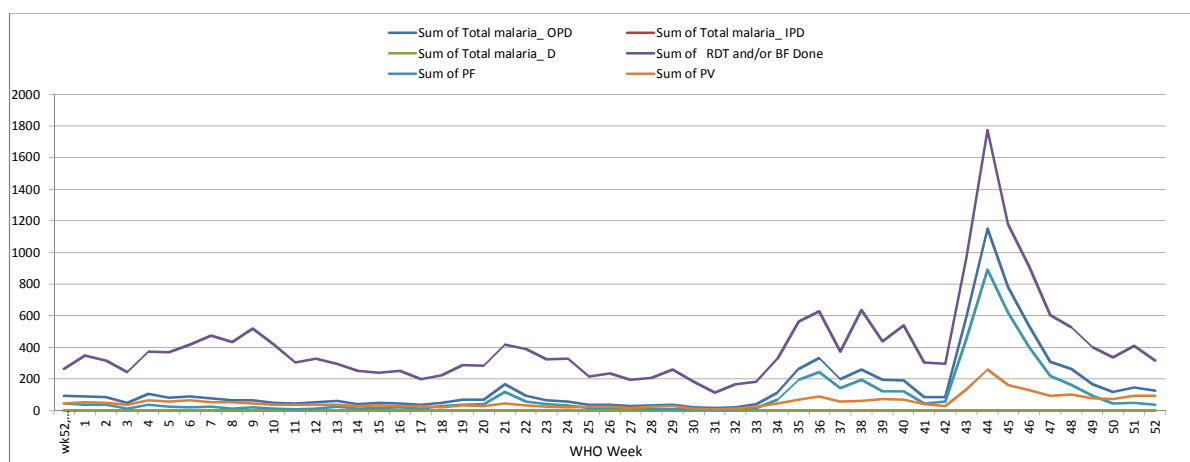
TAKUSSA – N.Gondar Malaria/Weekly reportable/Immediate reportable/T-C, 2014



WOGERA – N.Gondar Malaria/Weekly reportable/Immediate reportable/T-C, 2014

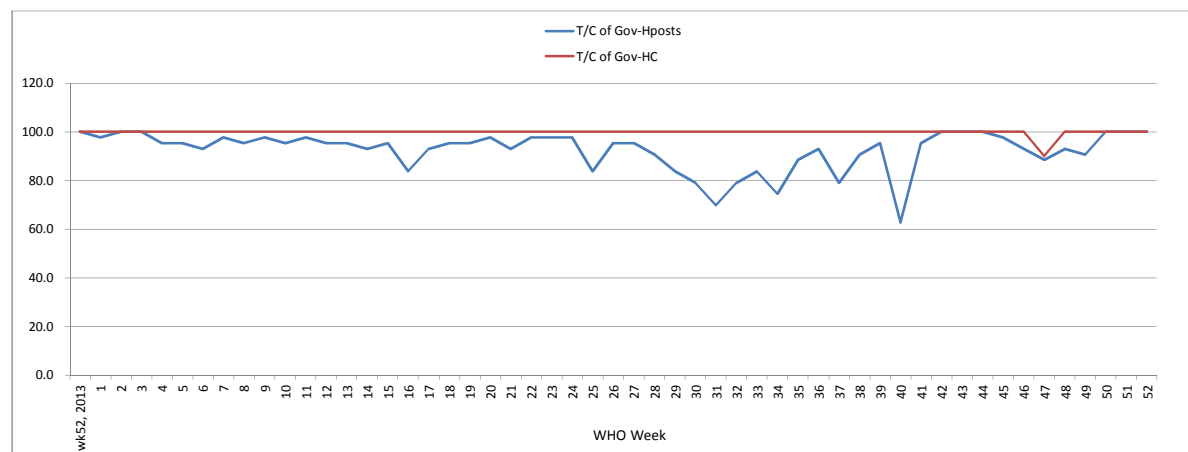
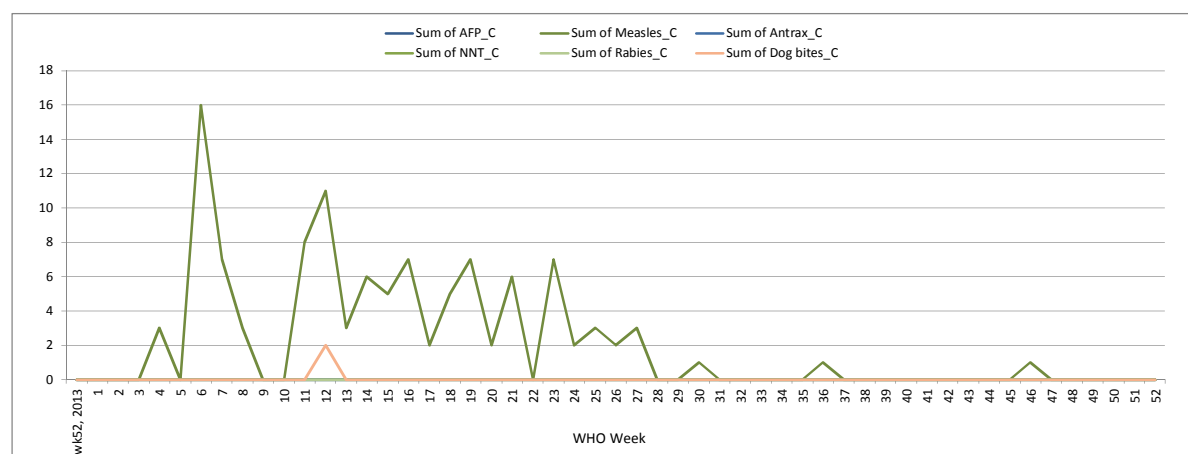
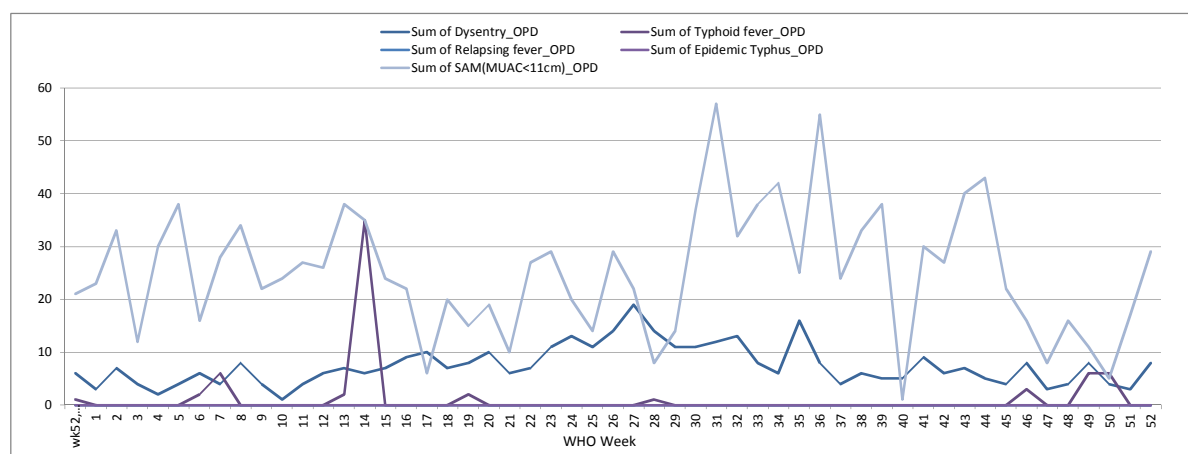
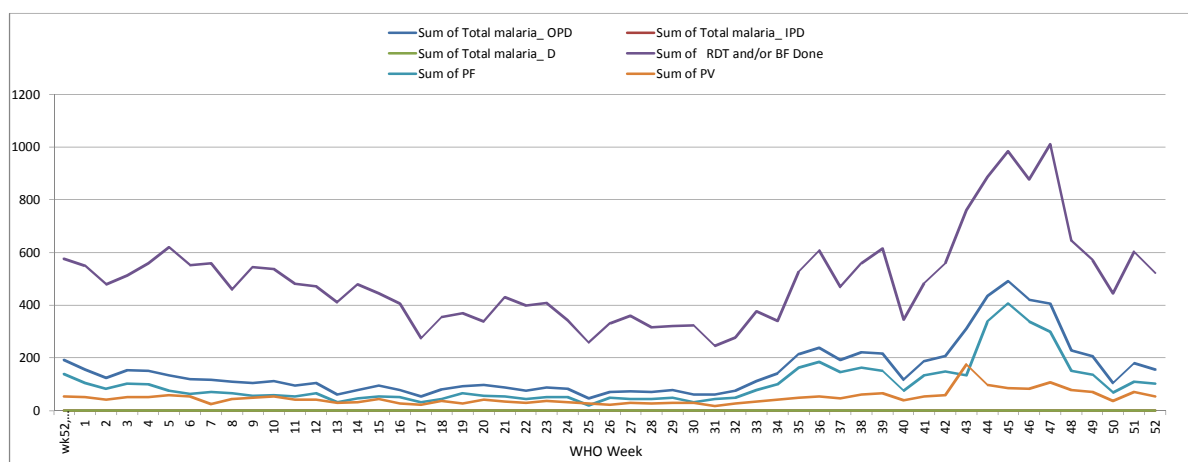


ANDABIET – S.Gondar Malaria/Weekly reportable/Immediate reportable/T-C, 2014

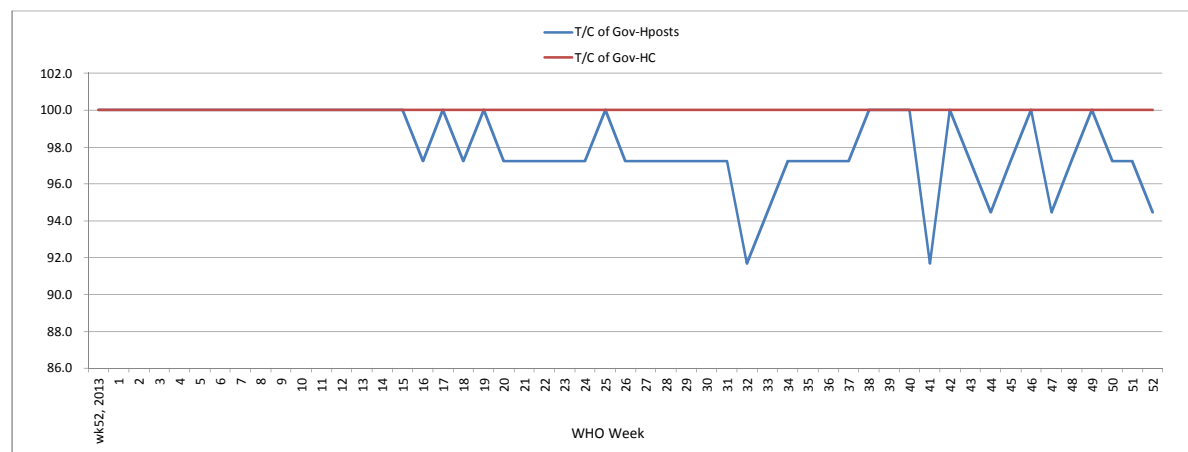
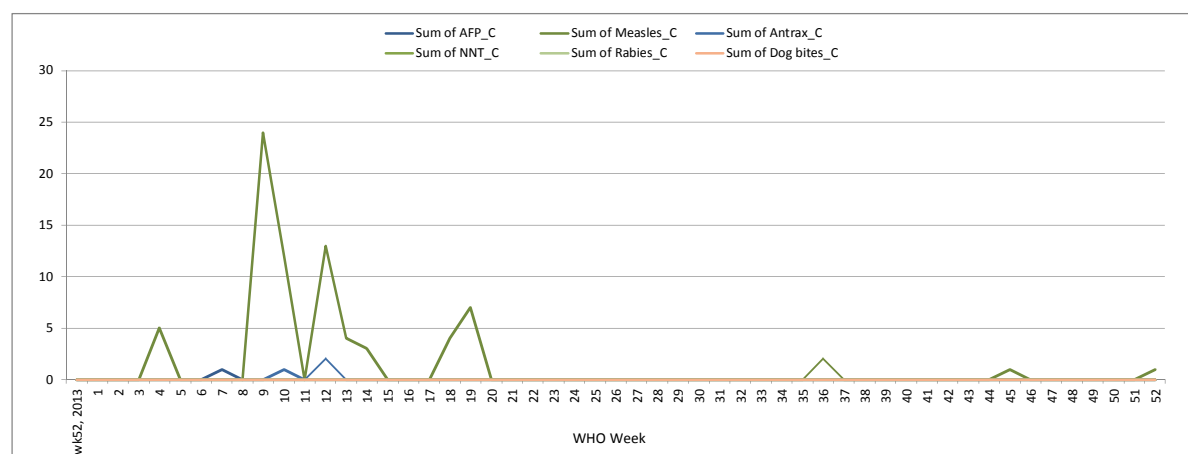
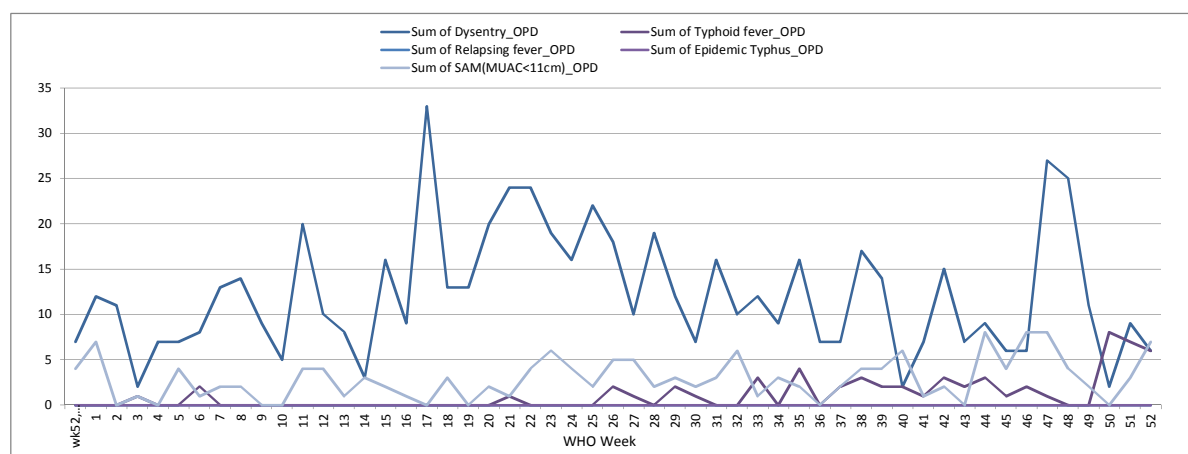
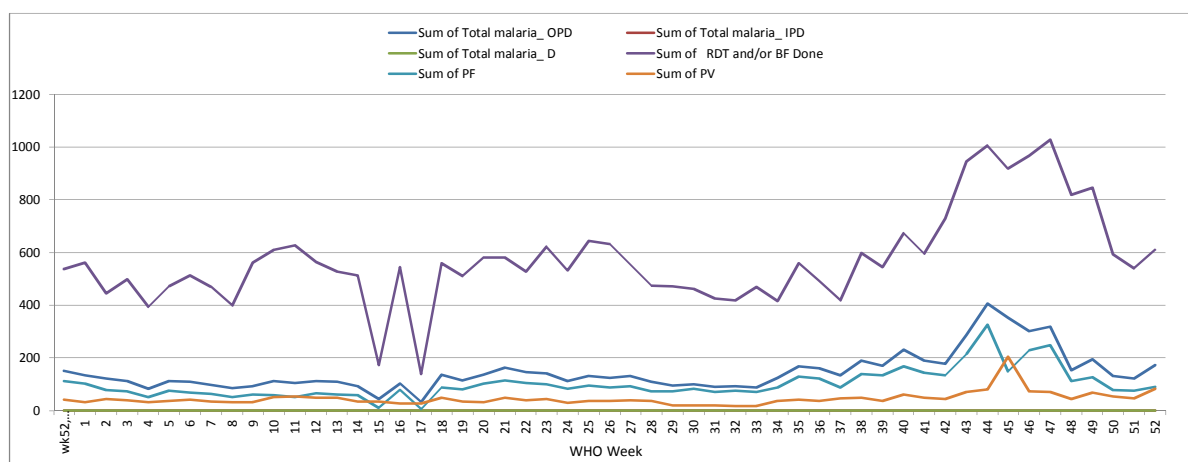


EBINAT – S.Gondar

Malaria/Weekly reportable/Immediate reportable/T-C, 2014

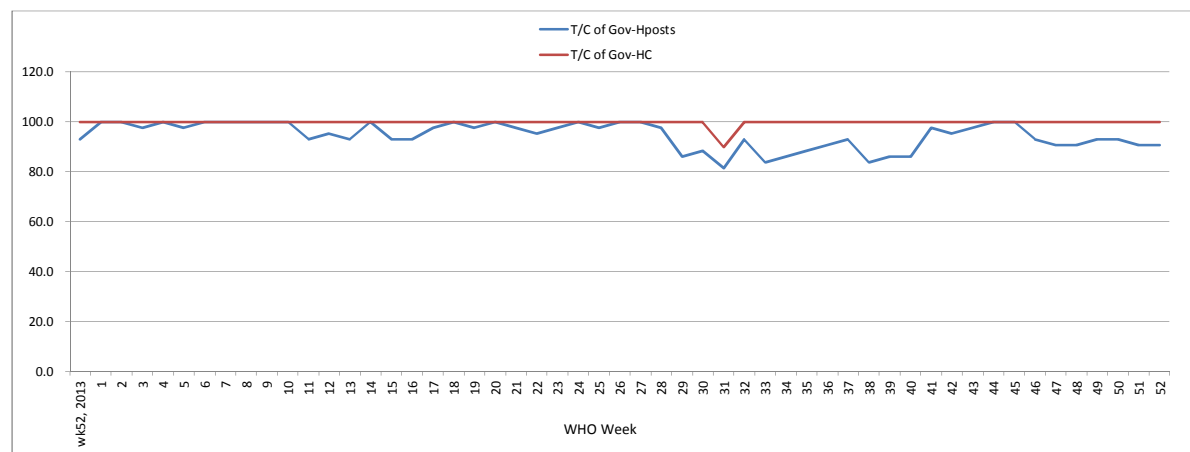
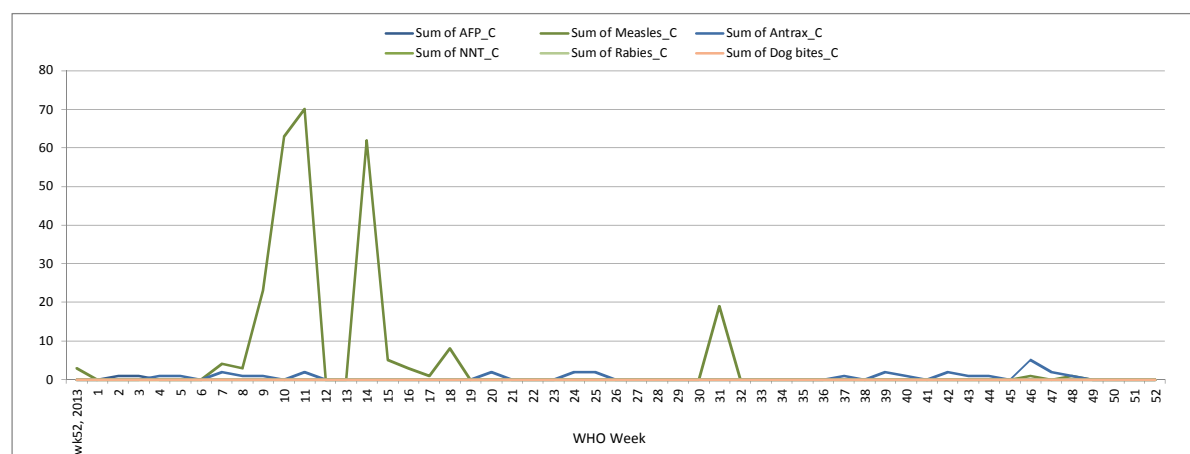
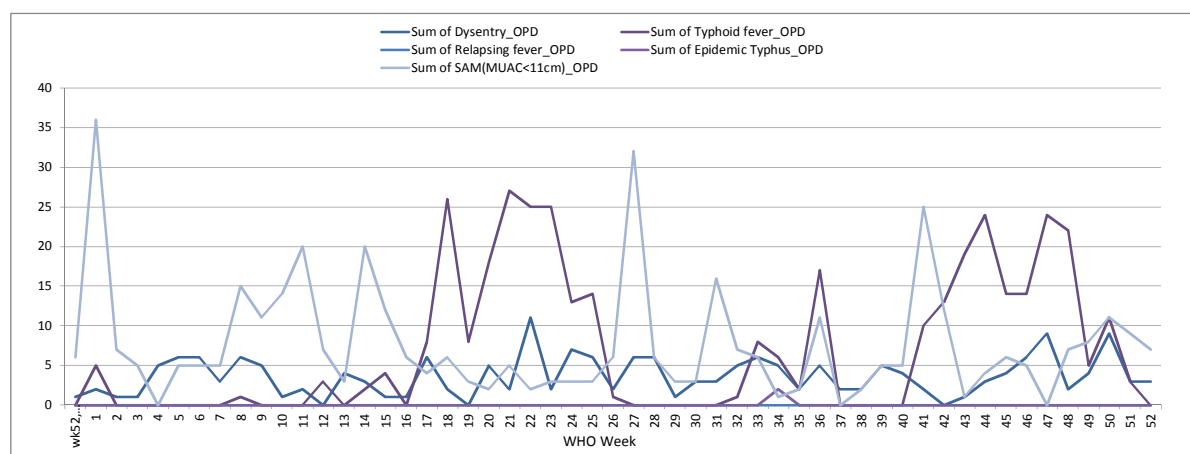
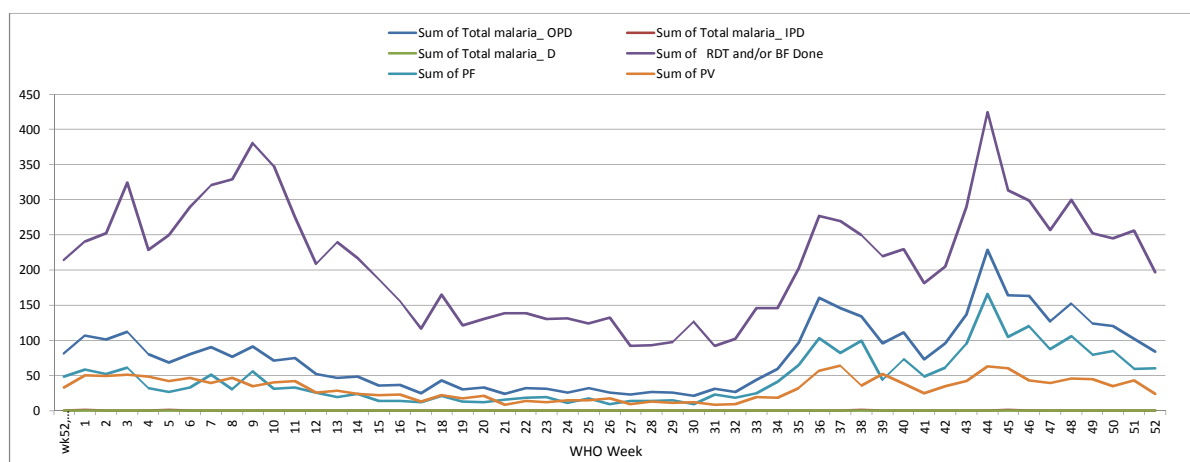


L.KEMKEM – S.Gondar Malaria/Weekly reportable/Immediate reportable/T-C, 2014



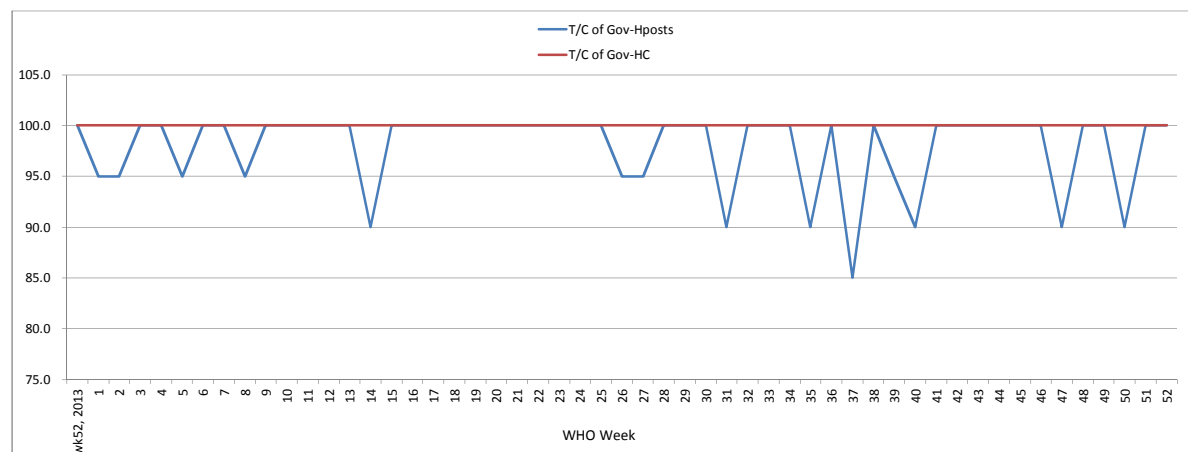
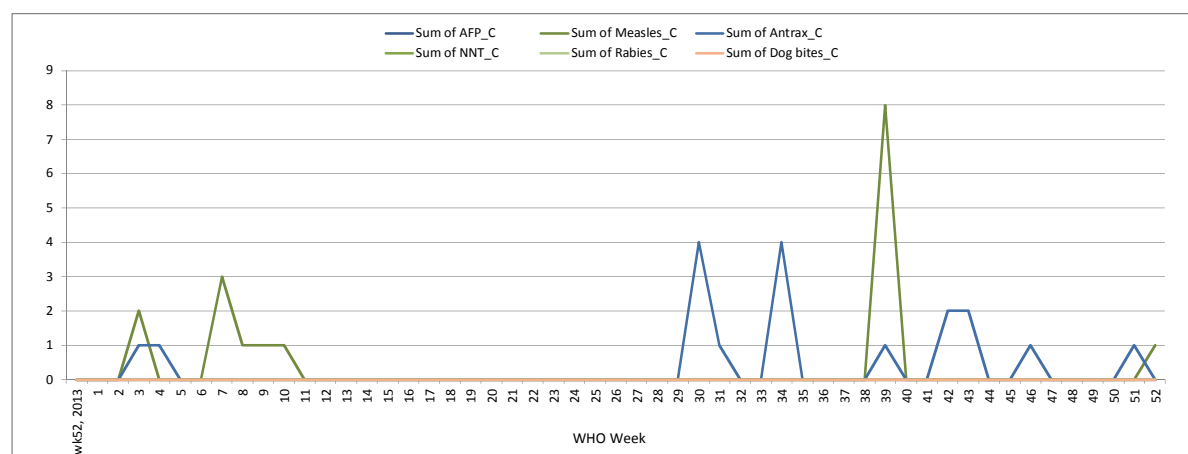
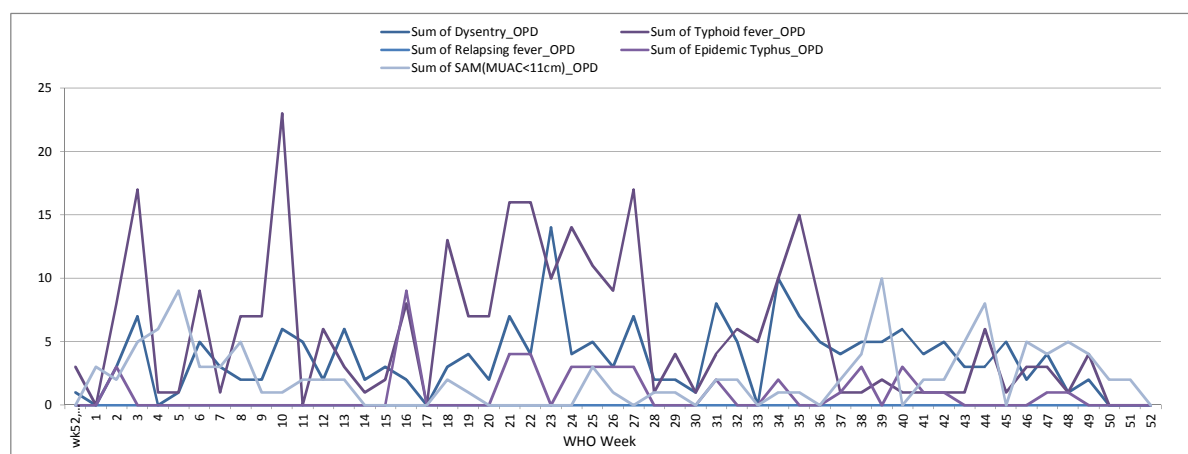
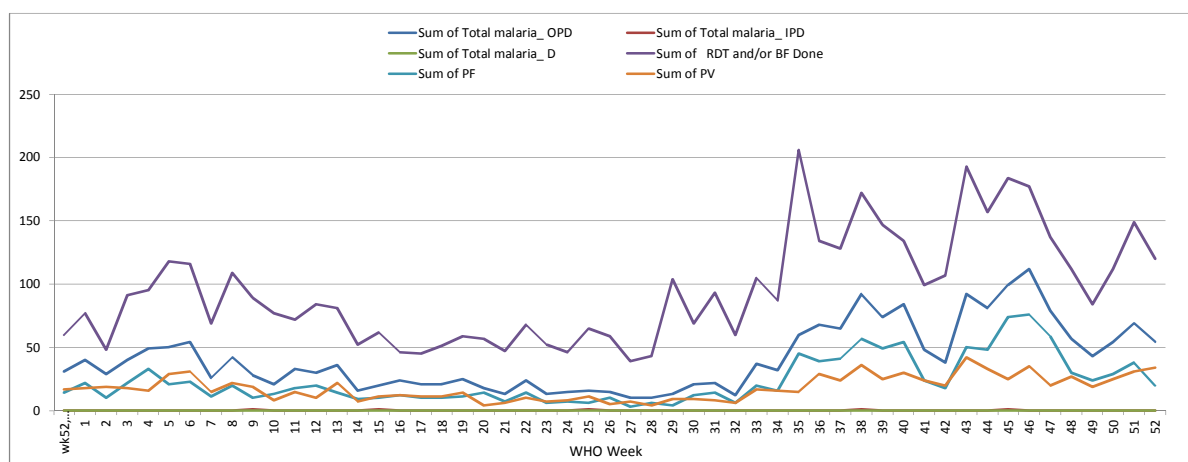
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Malaria/Weekly reportable/Immediate reportable/T-C, 2014

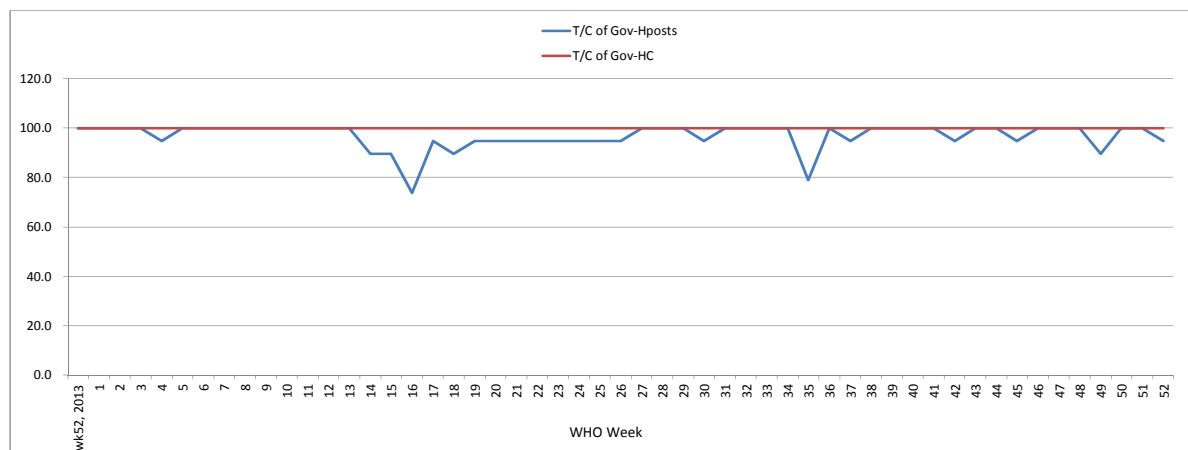
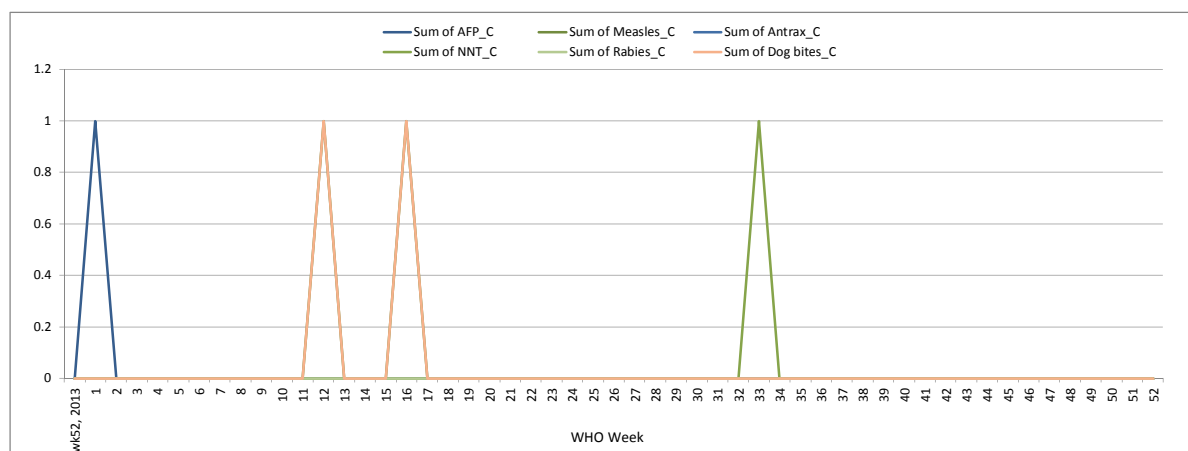
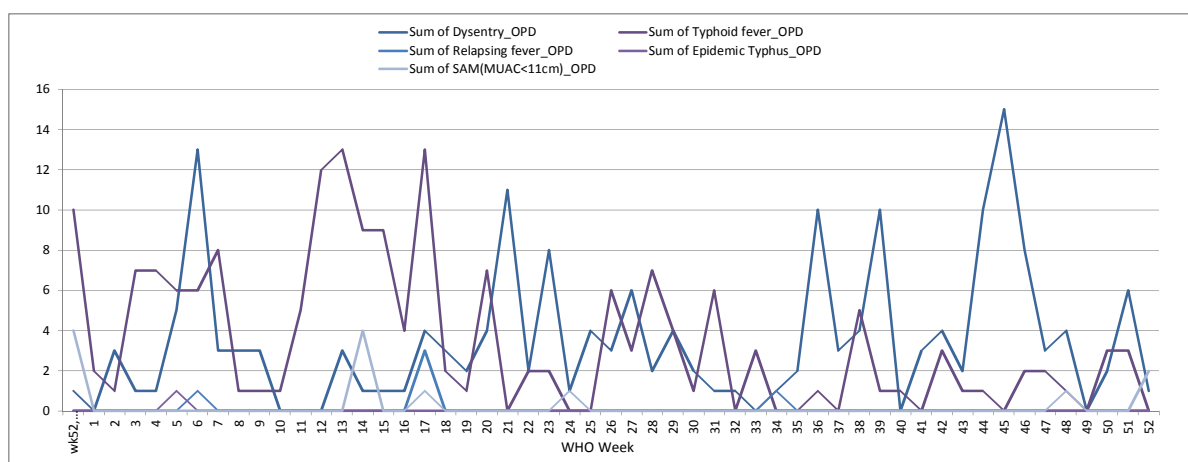
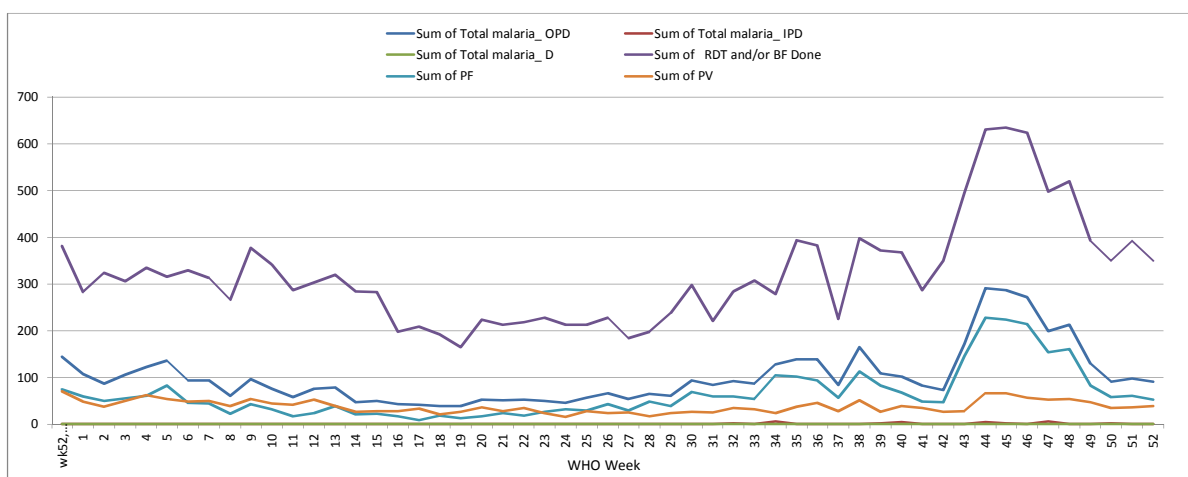


T.GAYINT – S.Gondar

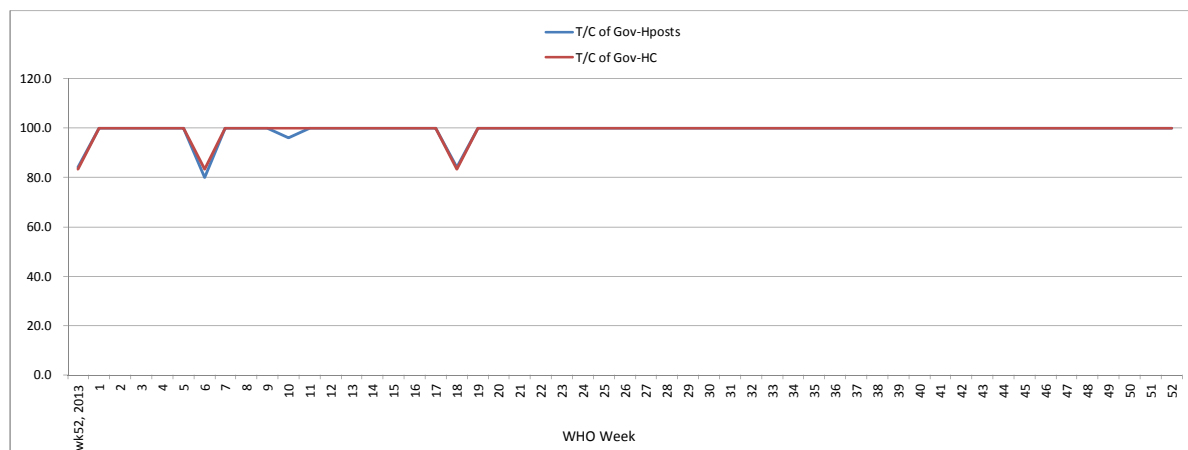
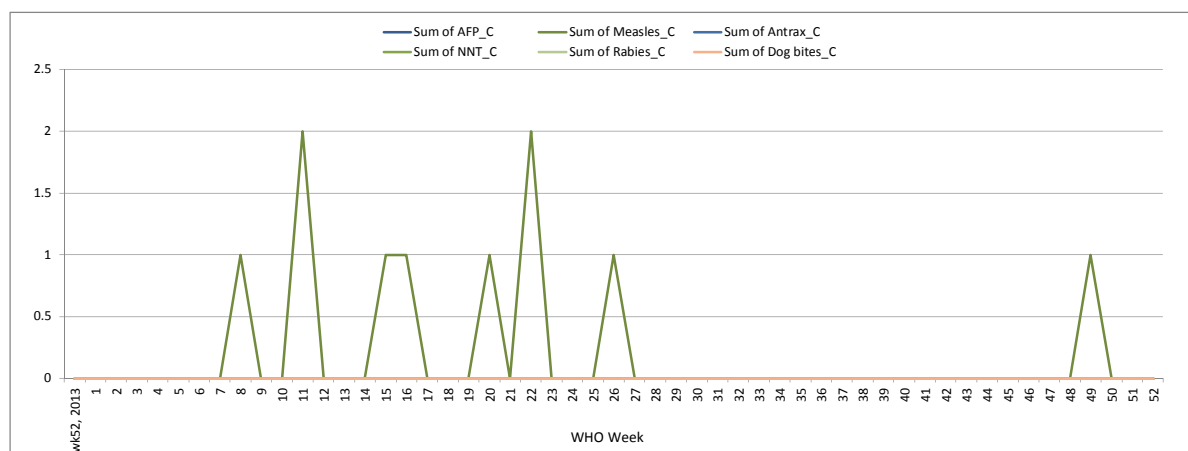
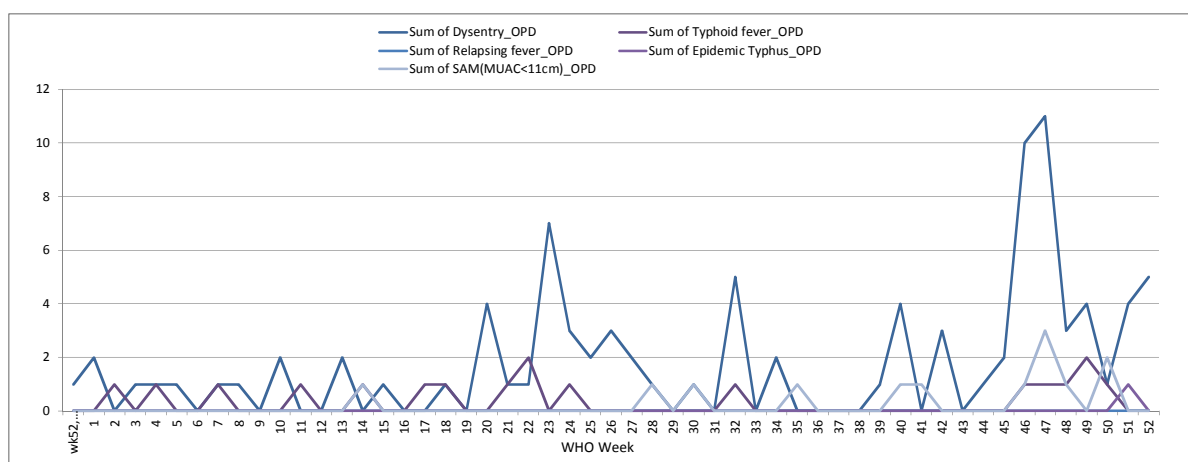
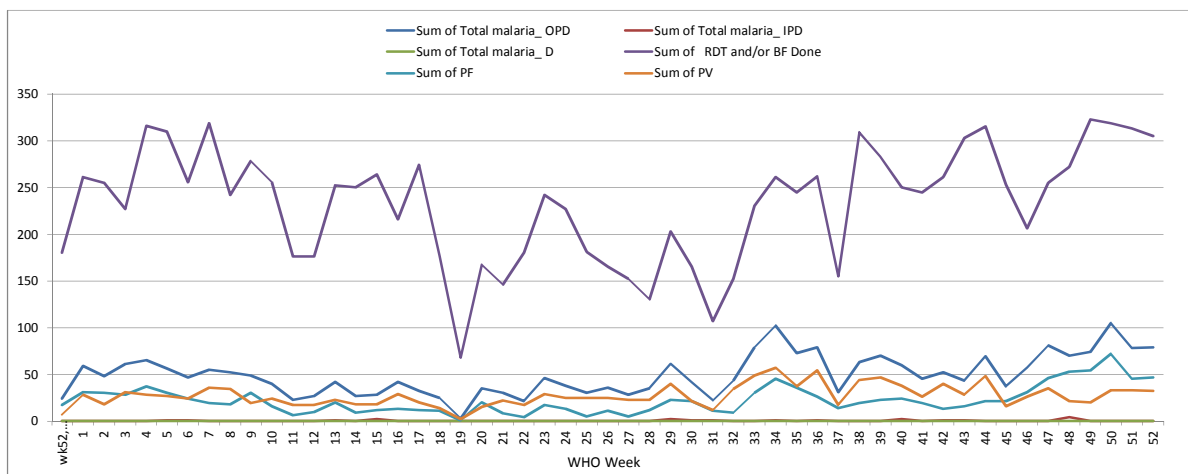
Malaria/Weekly reportable/Immediate reportable/T-C, 2014



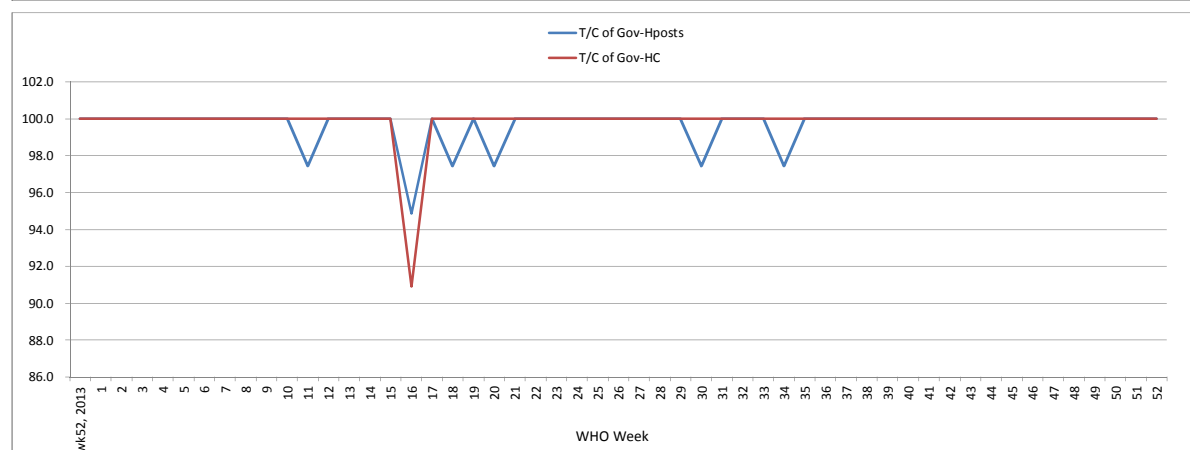
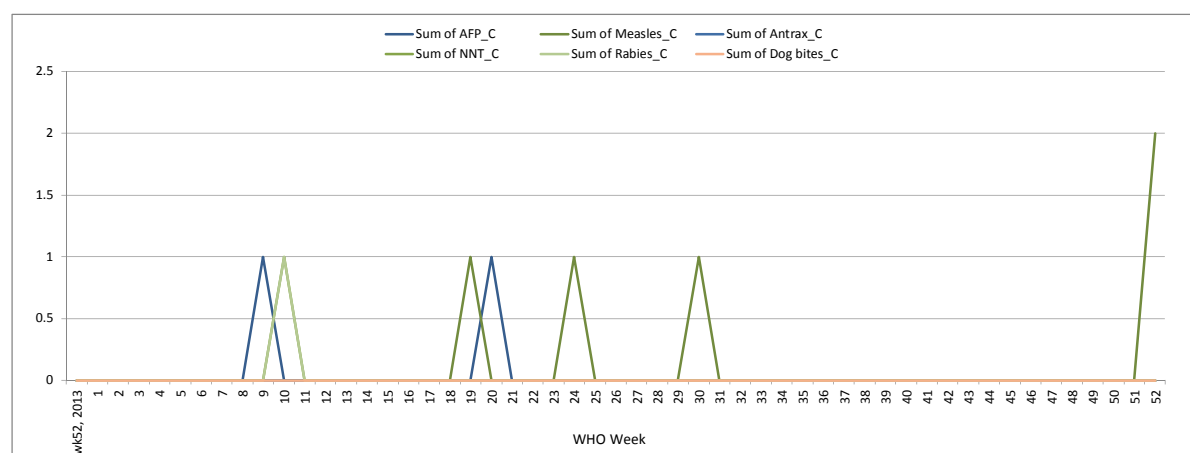
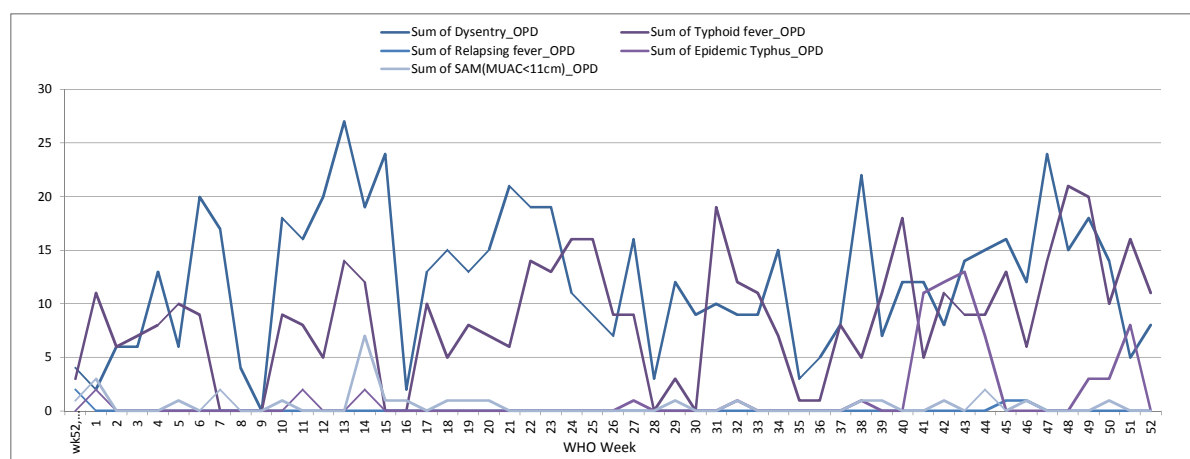
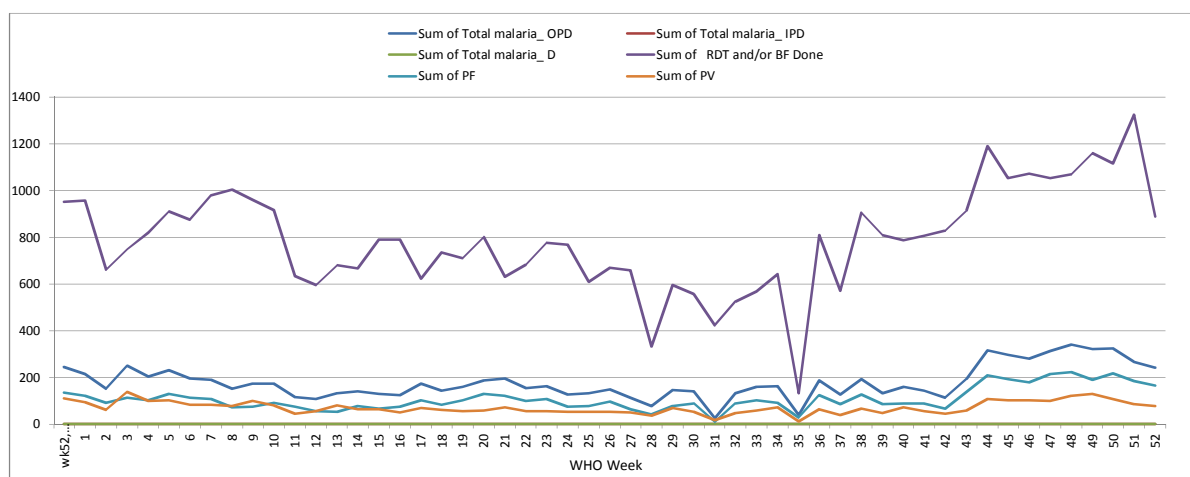
B.ZURIE – W.Gojjam Malaria/Weekly reportable/Immediate reportable/T-C, 2014



DEMBECHA – W.Gojjam Malaria/Weekly reportable/Immediate reportable/T-C, 2014

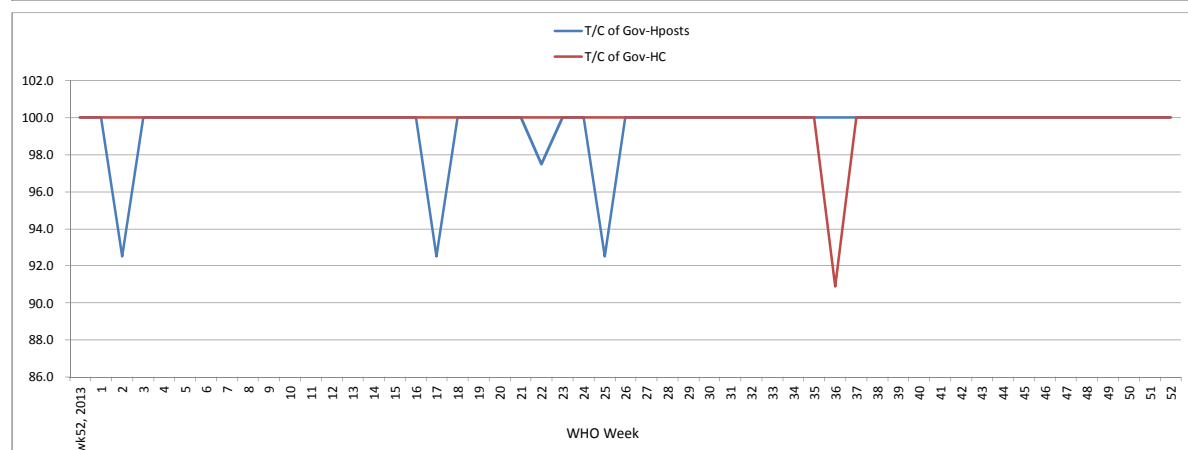
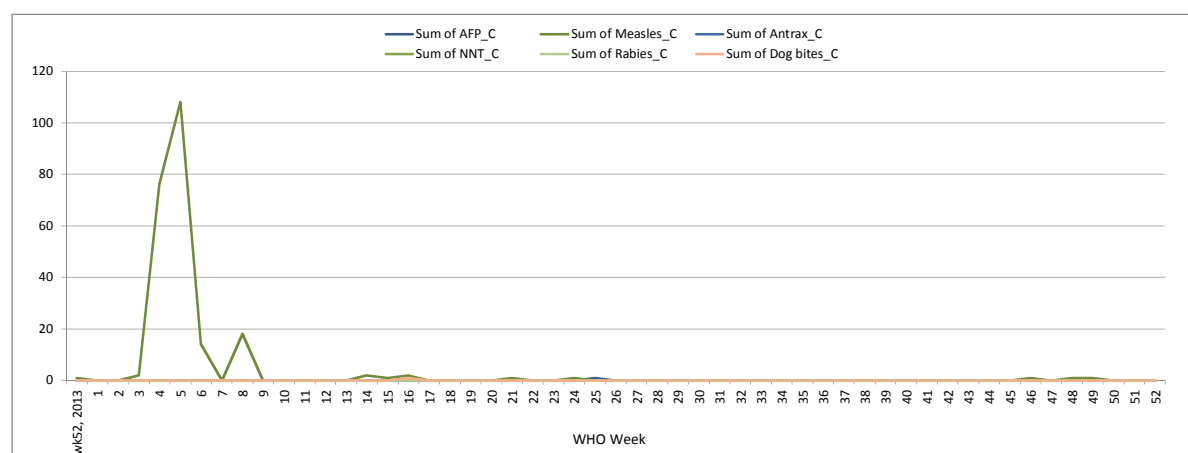
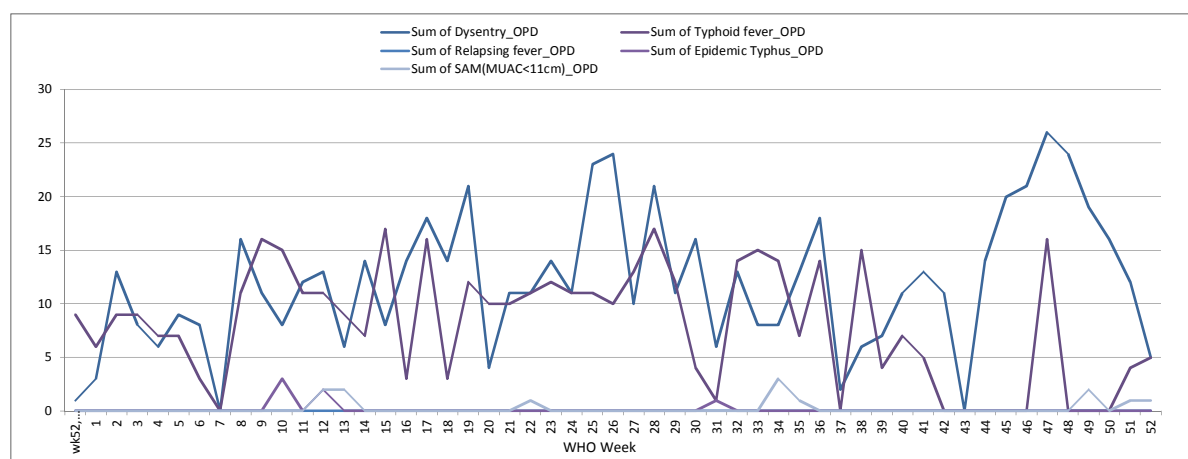
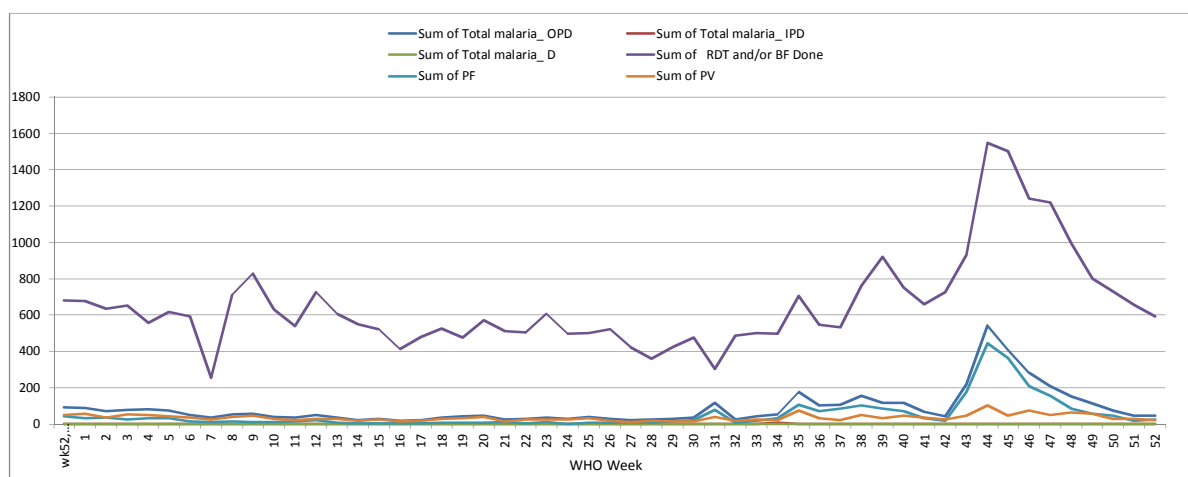


J. TAHENAN – W.Gojjam Malaria/Weekly reportable/Immediate reportable/T-C, 2014

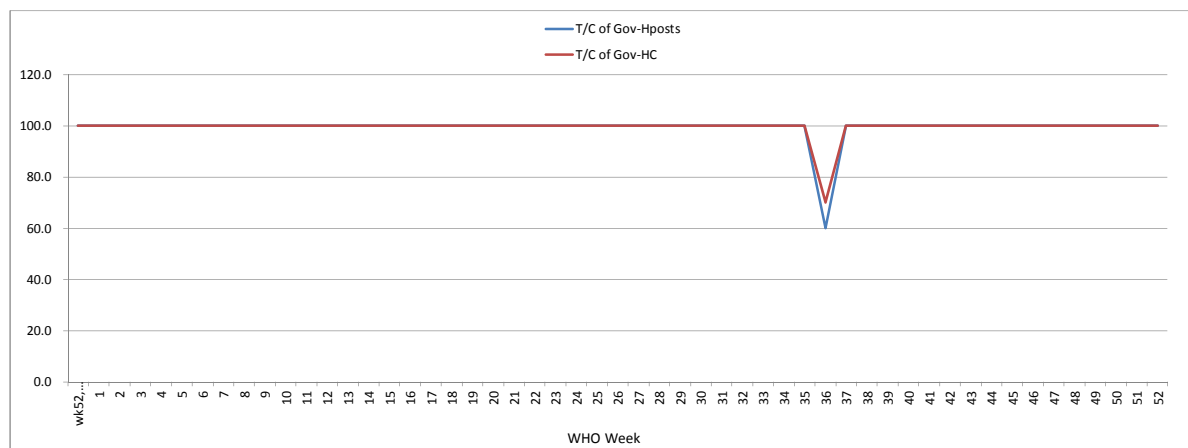
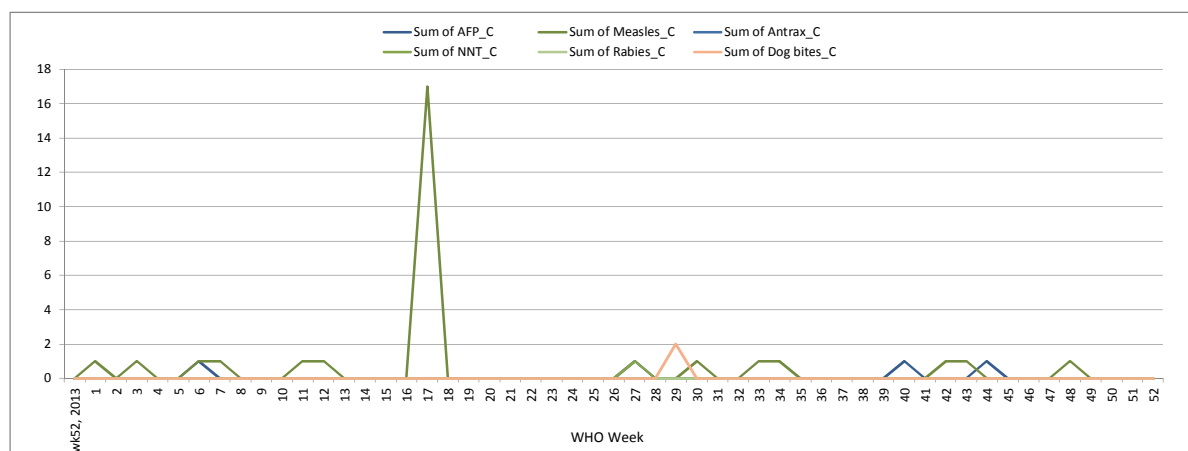
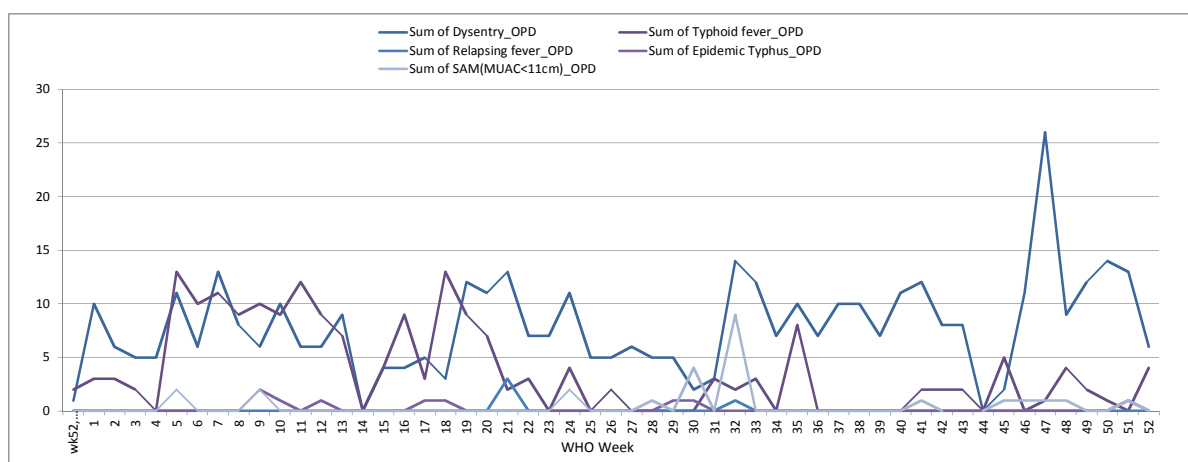
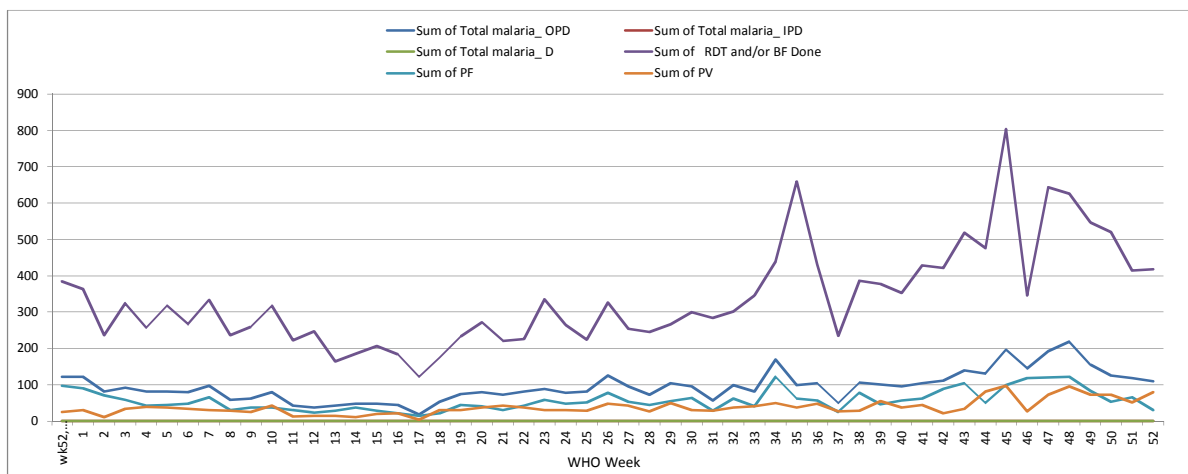


MECHA – W.Gojjam

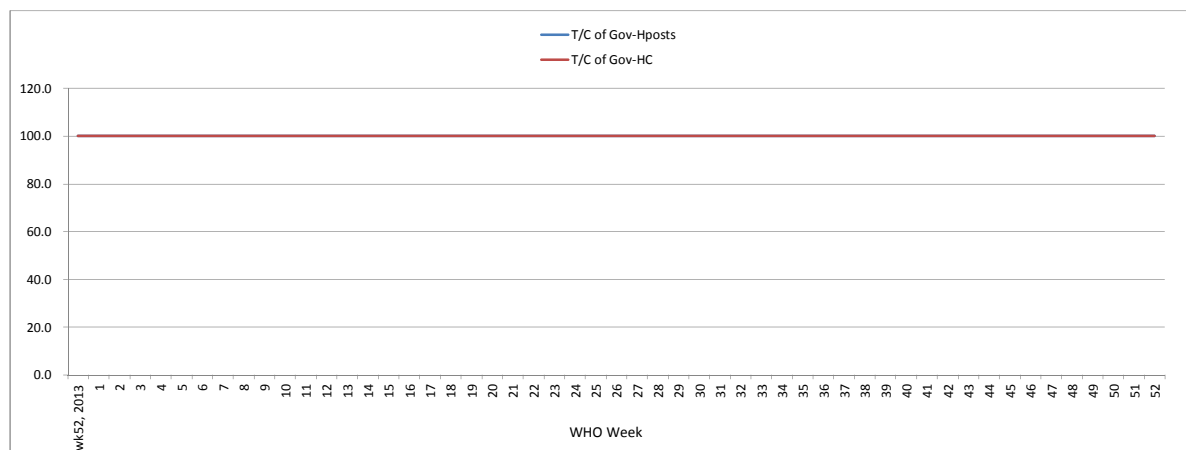
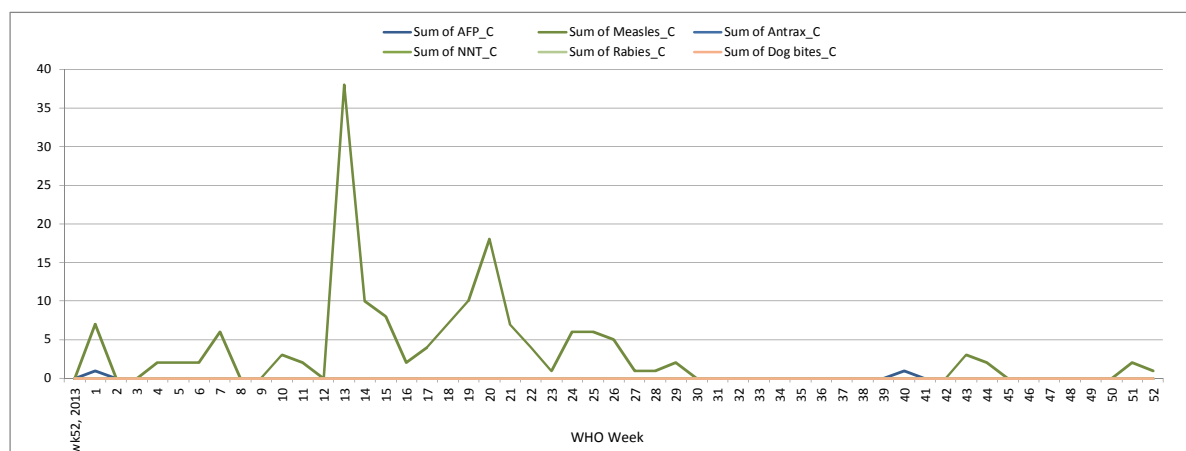
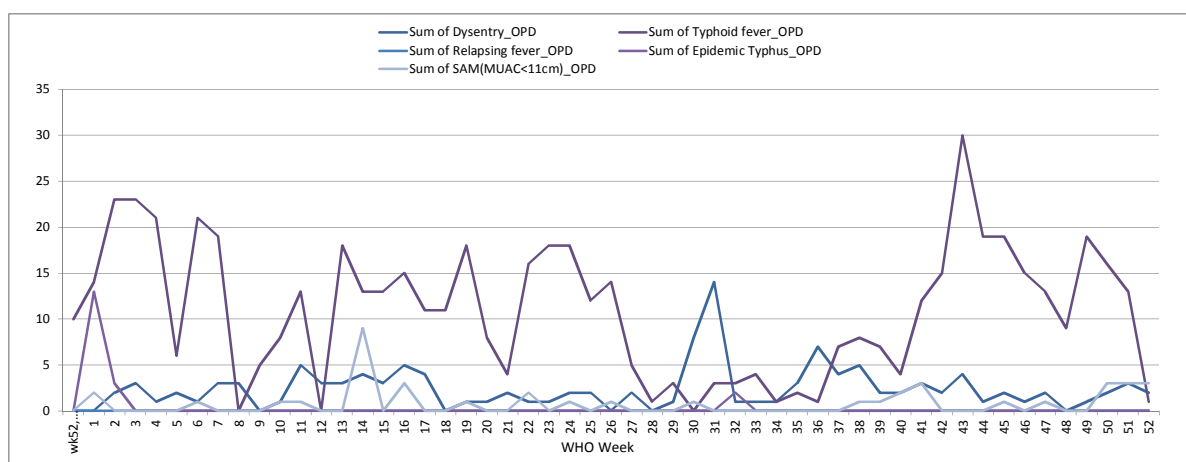
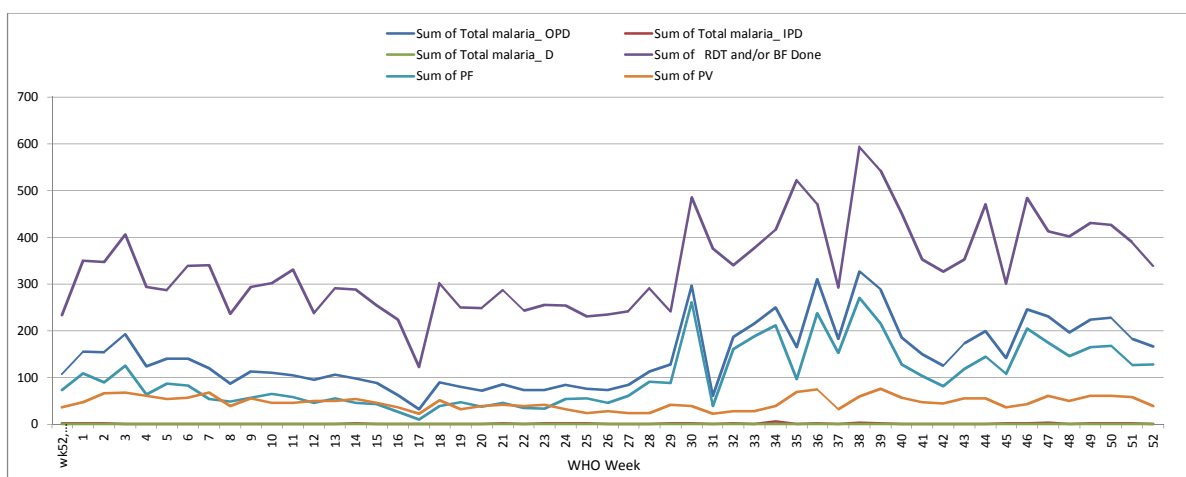
Malaria/Weekly reportable/Immediate reportable/T-C, 2014



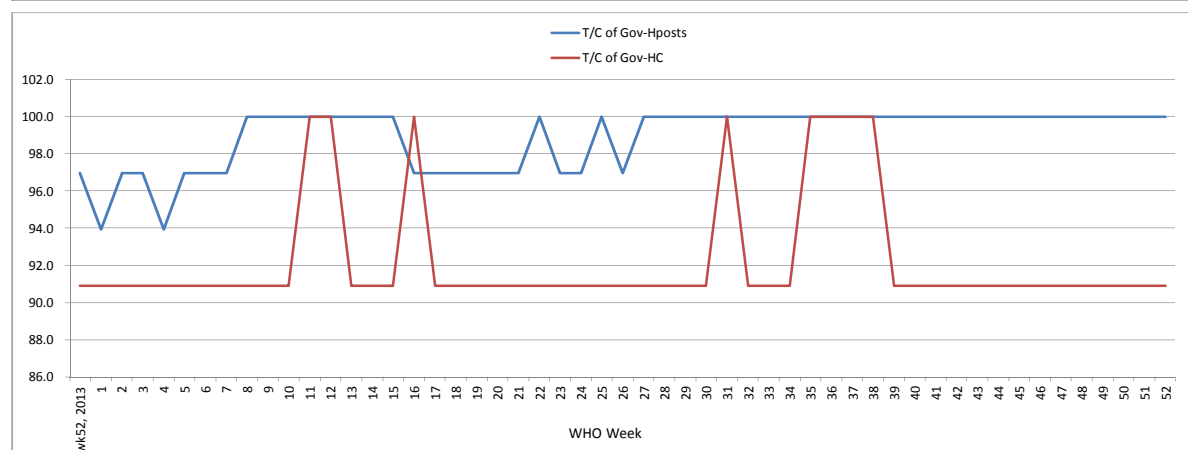
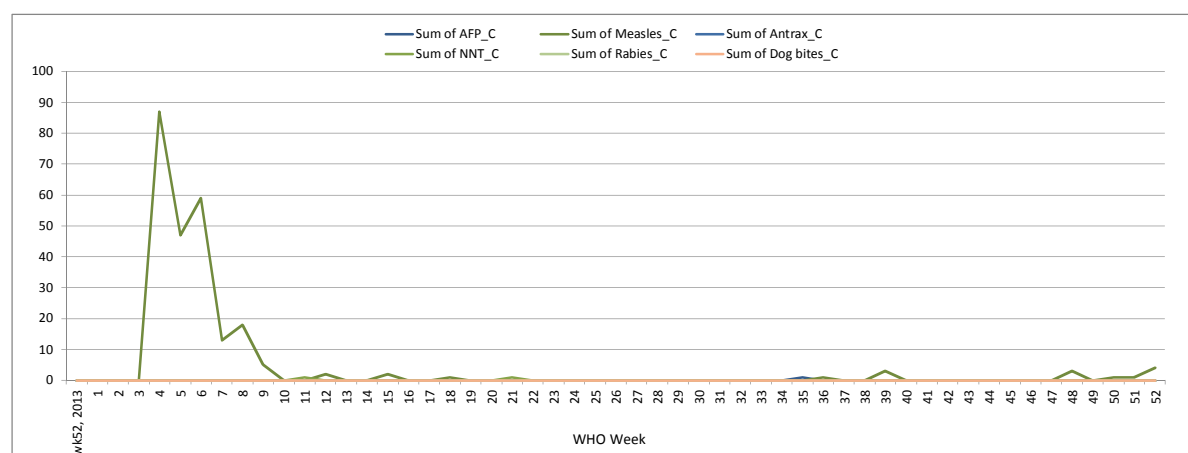
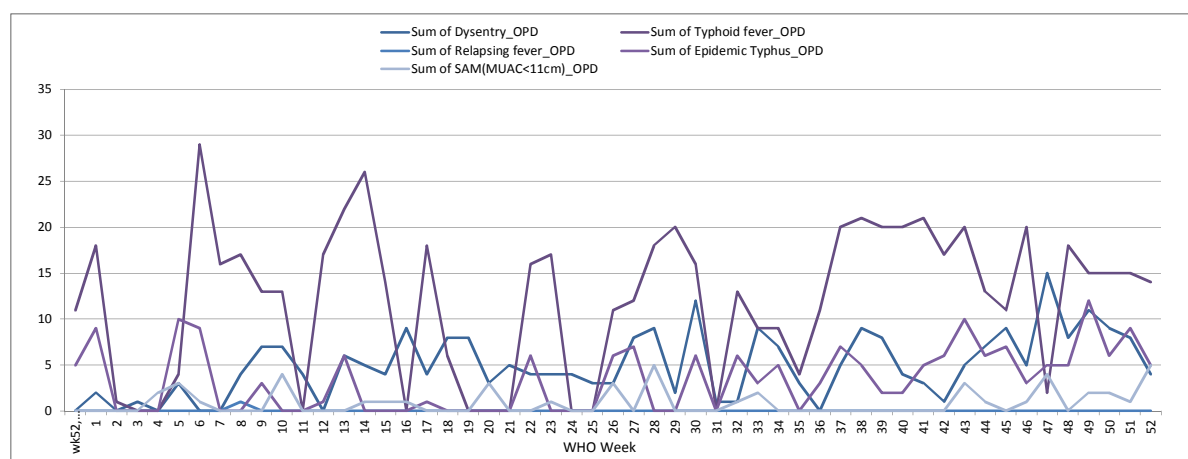
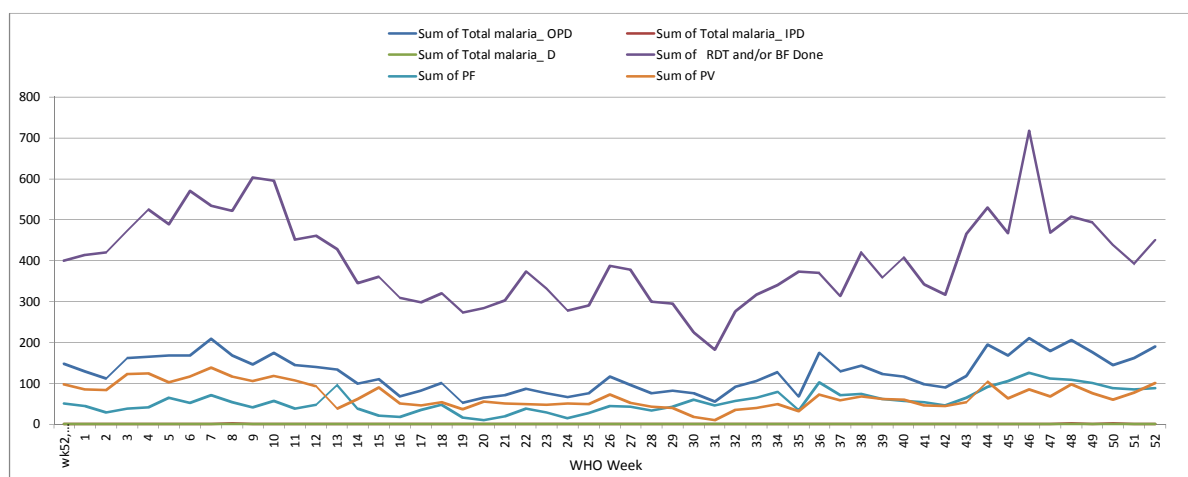
N.ACHEFER – W.Gojjam Malaria/Weekly reportable/Immediate reportable/T-C, 2014



SEKELA – W.Gojjam Malaria/Weekly reportable/Immediate reportable/T-C, 2014



Y.DENSA – W.Gojjam Malaria/Weekly reportable/Immediate reportable/T-C, 2014



AmRids/JICA Project - Field Visit - Trip Report

General Purpose:

- To investigate two of the three NNT deaths reported from Dembecha Woreda in the 45th WHO week 2014 on 18/11/2014.

Team members:

AmRids/JICA

- Dr. Kosuke Okada – Expert from Japan
- Dr. Masaki Ota – AmRids/JICA – Chief Advisor
- Ato Habtamu Aderaw – AmRids/JICA – Program officer
- Ato Abiyu Zegeye – AmRids/JICA – Driver

WHO – Dr. Kume Alene – West Gojjam Surveillance officer

Dembecha WoHO – Ato Belay Endeshaw – PHEM officer

Sites visited:

- Daba Health Center
- Daba Health post & village
- Yechereka Health Center
- Angot Kebele

Activities:

- ✓ Review of recording & reporting.
- ✓ Discussion with HC heads, PHEM focal persons, other HC staffs and HEWs.
- ✓ Interview with the parents of neonates died of suspected NNT.
- ✓ Brief orientation of HC staffs on surveillance system and their roles in the system.

Findings:

Preliminary communication findings

After initiated by Dr. Ota, series of communication with West Gojjam ZHD and Dembecha WoHO was conducted before field visit and the reporting facilities were identified to be Daba HC (from Daba Kebele), Yechereka HC (from Angot Kebele) and Yezeleka HC (from Mekar or Gedeb kebele). Primarily the report was retrieved from HMIS review at woreda level. Five neonatal deaths were reported through the system. But two of the deaths were rejected by the woreda PHEM officer after communication with HCs and HPs whereas the remaining 3 deaths were reported to next level in the hierarchy as suspected NNT deaths.

Furthermore Dr. Kume, WHO surveillance officer, was communicated for possible joint field investigation, thereby agreed to join on the arranged field visit program.

Investigation of suspected NNT death reported by Daba cluster HC

Daba HC:

AmRids/JICA Project - Field Visit - Trip Report

The investigation team led by Dr. Masaki Ota and Dr. Kume Alene visited Daba HC. In discussion with HC head and PHEM focal person, they explained the case as still birth rather than secondary to neonatal tetanus as misconception by HEWs. The head of the HC and the PHEM focal person were new and lacks orientation on PHEM. As a result brief orientation was given to the HC staffs on surveillance and the roles at HC and for reports generated from health posts. It was underlined that except malaria and malnutrition every disease or condition reported from HP should be verified before sent to WoHO.

Daba HP:

The health post reported as death of a baby without understanding it was under the neonatal subtitle in the report format. The mother has follow up visit with the HEW. She gave preterm twin birth, the first at Daba HC and the second one on the way to refer Debre Markos Hospital after short travel. The first baby was hypothermic and had got care at the HC once again.

Daba Village:

It was conducted based on the information and guidance of the HEW. The mother stayed with her parents in the nearby village more than a month before she left to her own house just after death of her baby. The grandparents explained that the baby was weak and unable to suck breast milk properly. It was found that the infant death was after 41 days of age. Finally, it was **ruled out** to be death caused by NNT.

Investigation of suspected NNT death reported by Yechereka cluster HC

Yechereka HC:

In the second round, the team members visited Yechereka HC. Similar brief orientation was given on standard case definitions, case based formats, sample transportation, identification of NNT in specific and the roles of the HC for reports generated from health posts to the HC staffs. The head of Yechereka HC communicated with the HEW and the Mother of baby died of suspected NNT and accepted as NNT death.

Angot Kebele:

Having the HEW at the HC, team headed forward to Angot kebele to get the mother of baby died of suspected NNT on harvest. The mother has follow up visit with the HEW and vaccinated 3 times for TT in her pregnancy. The mother gave birth to her baby assisted with midwife nurse at Yechereka HC. She explained that the baby was not able to suck breast milk in the first 48 hours. In her understanding, baby was healthy except crying on defecation. The baby developed skin rash, stopped sucking breast milk for the last one day and became hypothermic hours before dying at the age of 2 weeks. She was asked for signs and symptoms of NNT but her answer was negative. Finally, based on the status of the mother, delivery set up and clinical findings, NNT was **ruled out**. The death may be caused by bacterial infection.

Summary:

- Two of suspected NNT deaths in Daba and Yechereka clusters were rejected.
- Dembecha WorHO and HCs were reporting other neonatal deaths as suspected NNT death.
- Case based formats were not utilized for investigation of NNT death.

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- There was lack of orientation & communication with HPs at Daba HC.
- The PHEM officer took lesson to investigate the remaining case by him.
- Both heads of HCs and the PHEM officer acknowledged for the orientation and technical support given to investigate NNT deaths.

Contact numbers of visited clients

- ✓ Ato Belay Endeshaw – PHEM officer, Dembecha WorHO – 0920204766
- ✓ W/ro Alemitu Atinaf – HEW, Daba HP – 0918667012
- ✓ Ato Babi Muche – Head, Yechereka HC – 0923523423
- ✓ W/ro Alemnesh – HEW, Angot Yedegeera HP – 0910984991

Title: An Outbreak investigation of Epidemic Typhus in Awi zonal prison, Awi, Amhara Regional State, Ethiopia, March 2012

List of authors: Abadit Niguse, Mr Belay Beyene, Dr Masaki Ota, Mer'awi Aragaw

Main theme: Outbreaks

Abstract

Background:

In March 2012, an outbreak of epidemic typhus was reported from a prison in Awi zone, Ethiopia. A descriptive epidemiology was conducted to characterize cases of epidemic typhus in Awi Zonal prison, Amhara Regional State, Ethiopia.

Methods:

A case was defined as suspected case with Weil-Felix reaction of the proteus strain OX-19 with fourfold rise in titer or single titer equal to or greater than 320 in the second week of illnesses. A line list and case register log book of the prisoners were reviewed and 36 blood samples were collected for laboratory confirmation. Analysis was done using EPI Info version 3.5.1.

Results:

A total of 178 cases and no death were reported from March 3-15, 2012. All 36 cases tested were found positive for OX-19 antibody using Weil-flex test. The rest were diagnosed based on clinical signs and symptoms. The overall attack rate was 23%. The majority of cases (96%) were male and 25.7% were in age group of 25-29 years old and the median age was 29 years old.

Conclusion:

The outbreak of epidemic typhus at Awi Zonal prison reminded the health authority about importance of good sanitation, personal hygiene and minimizing overcrowding in an institution like a prison. Since epidemic typhus is not directly spread from person-to-person rather by lice with *Rickettsia*, delousing of exposed prisoners was recommended to prevent reemergence of louse-borne diseases.

Keywords : epidemic Typhus, epidemiology, infectious disease outbreaks, Ethiopia

Outbreak of Mass Psychogenic Illness at a High School—Amhara Region, Ethiopia, April, 2010

Belay Bezabih, MPH, Amhara Regional state Health Bureau, Bahir Dar, Ethiopia, Aschalew Teka, MD, EPI and Surveillance officer, WHO Amhara, Ethiopia, Basazinew Alemu, BSc, Amhara Regional state Health Bureau, Bahir Dar, Ethiopia, Richard Luce, DVM.MSc, MA, Ethiopian Field Epidemiology and Laboratory Training Program (EFELTP), Addis Ababa University

Introduction: Mass psychogenic illness has been recognized for centuries and has the potential for significant adverse public health consequences. The objective of this investigation was to determine if an outbreak of clinical illness was due to psycho-social factors, guide interventions and improve understanding and recognition of similar events.

Methods: Local health officials requested assistance with a suspected outbreak at a high school in rural eastern Ethiopia in April 2010. Data was collected using a line-list containing socio-demographic characteristics and clinical symptoms reported by case-patients. Detailed discussions were also conducted with the school principal, administrators, teachers, local disease surveillance officers. Then data was analyzed using Epi Info v3.3.2.

Results: The outbreak began on April 7, 2010 and cases continued to occur for 22 days. Forty four case-patients were identified. All were females; the median age was 16 years old, and 33 (75%) of were Muslims. The major clinical symptoms were breathlessness, fear and crying, anxiety, and inability to move limbs. The median duration of illness was 3 hours with a range of 2 to 96 hours; 13 (27.3%) and 6 (13.6%) of the cases reported the cause of the disease to be "evil-devil force" and stress respectively, however 59.1% replied 'I don't know'. No environmental toxicity, food-borne illness, infectious disease or societal conflicts were identified as causal factors.

Conclusion: This outbreak was appeared to be the result of mass psychogenic illness. Socio-cultural beliefs in supernatural forces, together with academic pressures, may have been triggering factors. Conducting an investigation, providing immediate reassurance, and timely psychiatric support and counseling at the school and community level could minimize the impact of such events in the future.

Keywords: Epidemic hysteria, high school outbreaks, Ethiopia

Relapsing fever outbreak investigation in Bahir-Dar, Amhara region, Ethiopia, 2012**Addisu Workineh Kassa, Belay Bezabih Beyene****Email addresses:**analid9800@gmail.com, fiametaye@yahoo.com**Abstract:**

Background: Ethiopia is one of the main endemic focus of louse borne relapsing fever. It occurs as epidemic under conditions of poor socio-economic status, overcrowding, draught and famine. An outbreak investigation on relapsing fever was conducted in Bahir Dar, Ethiopia in 2012. A descriptive epidemiology and a case-control studies were conducted to identify possible risk factors related to relapsing fever.

Methods: A case was defined as a person who was diagnosed as relapsing fever based on laboratory confirmations conducted at the local health centre from 15 October to 15 November 2012. A control was defined as a person who had no previous history of relapsing fever. Statistical analysis was conducted using EpiInfo 3.5.1.

Results: Sixty-eight patients and 136 controls were enrolled in the study. Of the 68 cases, all presented with fever, 64 (94.1%) chills, 63 (92.6%) headache, and 56 (82.45) vomiting and no death. Median age of the cases was 20 years (SD 7.14). Fifty one (75%) patients and 37 (27.2%) controls did not wash their clothes at least weekly (adjusted odds ratio [AOR]=13.23, 95%CI [5.51-31.75]) and 54 (79.4%) patients and 87 (64%) controls did not bathe at least weekly (AOR = 8.01, 95%CI [3.51-18.29]).

Conclusion: Poor personal hygiene contributed to the occurrence of the outbreak. The outbreak was contained due to prompt interventions taken. It was recommended that the local government should raise personal hygiene of the residents to prevent future outbreaks of relapsing fever.

Keywords: Relapsing fever, hygiene, Ethiopia.

Japan International Cooperation Agency JICA/AmRids Project**Annual Joint Coordination Committee – JCC Meeting Report**

Date of Meeting: 19th, December, 2014

Time: 9:30 am-5:30pm

Place of Meeting: Asinuada Hotel, Bahir Dar City

Participants of the Meeting:

- Mr. Ali Gebeyehu - Amhara RHB Deputy Head
- Dr. Geremew Tasew - EHPI – Researcher
- Mr. Belay Bezabih – ARHB PHEM Process Owner
- Mr. Temiro Azanaw North Gondar Zonal Health Department Head
- Dr. Ayalneh Fenta - Amhara WHO representative
- Mr. Kimiaki Jin - JICA Ethiopia Office
- Ms. Kana Fukuda – Coordinator of AmRids project in Ethiopia
- ARHB PHEM Process Staff Members
- North Gondar Zonal Health Department PHEM Officer, and
- North Gondar Zone Target Woredas Health Office Heads/Vice heads and PHEM Officers
- South Gondar Zone Target Woredas Health Office Heads/Vice heads and PHEM Officers
- West Gojjam Zone Target Woredas Health Office Heads/Vice heads and PHEM Officers
- Amhara Mass Media Agency Journalists
- Amhara RHB Communication Officers

Purpose of the Meeting:

- Conducting termination Joint Coordination Committee meeting to discuss achievements of the project and to facilitate handing over of the project activities by the RHB and other partners.

Introduction:

After the registration of invited participants, Mr. Belay, master of program of the day has invited Mr. Ali Gebeyehu to make opening remarks.

In his speech, Mr. Ali has explained the contributions of JICA/AmRids project in transferring Japanese experience to the Amhara region PHEM department in the last seven years. He has also added that PHEM

department is one of the best performers in Amhara regional health bureau and in Ethiopia as well due to the supports of JICA/AmRids project. He finally remarked that this meeting is one of the best opportunities to share experiences from successful project like AmRids and called up on participant to actively involve during the process.

Presentation Sessions:

Following Mr. Ali's opening speech, Mr. Belay invited presenters, Mr. Teklehaimanot from Amhara RHB PHEM, Dr. Ota from JICA/AmRids and his crew as well as Mr. Geremew from EPHI respectively. Mr. Teklehaimanot has briefly delivered his presentations about the progress of the PHEM department specifically concerning the PHEM process structure, early warning and communication team, preparedness and capacity building team and response and recovery team progress. He also shortly mentioned the contributions of JICA/AmRids project for the current progress of the PHEM department.

The next presentation was delivered by the AmRids team, Dr. Ota, Ms. Mami, Mr. Yoza, and Ms. Yumi consecutively. Dr. Ota in general described the background of AmRids project initiative and stated the goal as surveillance and response system functionalization in Amhara Region and the surveillance and response system is functional in project area as objective. He also assessed main activities of capacity building, monitoring, outbreak investigation and review meetings conducted, as well as surveillance systems evaluation and malaria situation assessment.

The presentations of other AmRids staffs addressed that most of intended objectives were achieved. In the effort to establish effective facility and community based surveillance systems in target areas, timeliness/completeness both from woreda to zone and health post to health center achieved over 90%. Analysis of disease data using such as malaria monitoring chart is functional in all woredas and most health center. Response through written feedback provision reached 68% at least monthly by target woredas.

Community surveillance through the involvement of HDAs improved and 63% of visited health centers register rumors. Strengthening laboratory of target woreda health centers through equipment provision and capacity building trainings as well as furniture provision to health center was indicated as part of the efforts of AmRids project.

The presentation also showed challenges of the sector (PHEM) such as turnover of staff, limited dissemination of surveillance data, differing case definitions i.e. Case definition at HP is different, inadequate public health intervention and limited laboratory capacity to mention a few. He recommended for appropriate allocation of budget for PHEM at all levels. Continuous capacity building of PHEM focal persons of all level, strengthen

dissemination of surveillance, fully utilize case-based format at HC level, and continue monitoring for woredas and HC levels were also some of the recommendations forwarded.

The representative from EPHI also provided a brief explanation about the general principles of PHEM and laboratory as well as other related issues before launch time.

Discussions:

Most of the speaker's acknowledged that the contribution JICA/AmRids project improved the PHEM activities in the region. The following reflections and questions were raised during the discussion sessions and presenters addressed the issues;

- It would be very helpful to see a presentation that shows comparative analysis of target woredas achievement against the base line as well as compared with other woredas? (Mr. Amare)
- The project was working in 22 woredas and the department showed significant improvement due this. What will be done to cascade this efforts to others and to maintain the achievements of the current woredas? (Mr. Bogale)
- The presentation shows limitations of laboratory capacity, what is planned to be done by the department and RHB? (Mr. Bogale)
- Malaria is a big challenge due to migrant workers who are returning from Metema and other development corridors. What special strategy shall be advised to curve the problems and control malaria transmission? (Mr. Mulat)
- The issues of rabies and anthrax diseases have been a challenge and there was a meeting with animal health department to solve the issues. But, it is not solved yet and presented as a challenge. (Mr. Mulat)
- AmRids has contributed a lot and is going to phase out; do you think the health sector is strong enough to take responsibility of PHEM by itself? (Mr. Temiro)
- Measles infection has shifted from children to adult age. What is the possible reason for this kind shift? (Mr. Temiro). Other relevant issues were raised by different participants.

Reflections:

Dr. Ota reflected on some of the issues such as the lack of enough data to compare project woredas' achievement with others in the zone, and the efforts of the project in the project woredas has already begun to be taken over by other woredas in the region. He admitted that there were variations in 10 project woredas in North Gondar, the reasons being lower timeliness and completeness caused by too many HPs that cluster HC has to

manage and suboptimal response to an outbreak, leading to failure in submitting samples to the EPHI and in preparing case-based format and line listing in some woredas. In terms of zoonotic disease, he also mentioned that the incidence rate of anthrax in some woredas in Waghimra zone is the highest in the world and the FMOH, ANRS-HB, and the Regional Livestock Agency should look at the situation seriously and take appropriate actions, such as strengthening surveillance in both animal and human populations and the efforts in vaccinating animal population, the coverage of which currently is less than 30%. In response to Mr Temiro's question, Dr Ota said the surveillance system in North Gondar had become strong enough to sustain, however, the efforts need to be sustain to strengthen response, particularly the response to measles outbreaks that had occurred and still were occurring in the ANRS. He also mentioned that the project had come up with training modules on surveillance and response, particularly on epidemiological part, including outbreak investigations, and he wished the ANRS-HB and WHO utilise in their training for PHEM officers at the woreda level.

Dr. Ayalneh and Mr. Teklehaimanot as well as Mr. Belay in their part addressed the other questions.

At the end of the meeting Mr. Kimiaki Jin share the experiences of Japan's development through absorbing western technology. He has also added that in the last seven year AmRids showed RHB/PHEM how to fish and underline the importance of go fishing by itself. The annual Joint Coordination Committee meeting was officially concluded by the closing remarks of Mr. Kimiaki Jin, JICA Ethiopia office representative.

1. Strengthening Surveillance System

PHEM training



Ebola virus disease orientation workshop



1. Strengthening Surveillance System

Supportive supervision



2. Strengthening Surveillance and Response

Outbreak investigation



Review meeting



2. Strengthening Surveillance and Response

OJT for HC laboratories



Provision of laboratory equipment



3. Other activities

JCC



ESCAIDE



3. Other activities

PR activities -Japan Festival



Provision of furniture

