

Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: The 2006 Update

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Introduction

This is the fourth update of the bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora, which was originally published in this journal in 2003. That bibliography covered published and unpublished work on HIV/AIDS and related health conditions (e.g., other sexually transmitted infections, tuberculosis) for the period 1972 to 2002. Three subsequent updates were published in 2004, 2005 and 2006 respectively. The present update extends the bibliography to cover references not listed in previous updates and those recent publications or presentations that appeared in 2006.

As in the previous bibliographies, this update includes references to biomedical, epidemiological, clinical, psychosocial, socio-economic, cultural, behavioral, impact, intervention, and evaluation studies on HIV/AIDS and relevant research on sexually transmitted infections (STIs), tuberculosis, and other co-infections in Ethiopia and among Ethiopians in the Diaspora. Also included are studies dealing with sexual and contraceptive behaviors, and socio-cultural practices or conditions that increase the vulnerability of Ethiopians to HIV and associated opportunistic infections, including research on conditions of street and orphan children, sexual harassment and violence on women, and traditional practices (e.g., early marriage, female genital cutting) and their consequences.

The same strategies were used as in those previous bibliographies to identify and catalog the references. First, all new references that appeared in 2006 were searched in major databases, including MEDLINE, PsycLit, Sociological Abstracts, and POPLINE using the key words "Ethiopia and HIV," "Ethiopia and AIDS", "Ethiopia and reproductive health", and "Ethiopia and sexual behavior". As in the previous update, we also searched using "Ethiopia and Israel" to capture research on Ethiopian immigrants in Israel. Second, journals that were not indexed by these database systems (e.g., Ethiopian Journal of Health Development, Horn of Africa Journal of AIDS) were manually inspected for relevant references. Third, we searched for relevant presentations at the websites of major HIV/AIDS and public health conferences, including the XVIth International Conference on AIDS (<http://www.aids2006.org/>), the 33rd Annual International Conference on Global Health (http://www.globalhealth.org/conference_2006/), and the 14th International Symposium on HIV and Emerging Infectious Diseases (<http://www.isheid.com/prog2006.htm>). Additional

online searches were also made on website of major national or regional HIV/AIDS resource centers (e.g., <http://www.etharc.org>) and international organizations (e.g., <http://www.unaids.org>) for reports on HIV/AIDS in Ethiopia or Ethiopians in the Diaspora. Once all the 2006 references were selected and cataloged, similar searches for older references (particularly those published late in 2005) were made. Relevant references that were not listed in the previous bibliographies were retained and included in the present update.

This update includes 395 citations. Of these, 346 (87.6%) appeared in 2006; 84 (21.3%) are journal articles, 193 (48.9%) conference abstracts, 98(24.8%) masters theses or doctoral dissertation, 15 (3.8%) reports, and 5 (1.3%) book chapters. We have also updated our list of websites and included links to 12 websites with useful information and downloadable documents on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora.

This year's update represents a significant increase in the number of references from the previous ones because of increases in conference presentations and graduate theses. There is a large increase in conference presentations from the last update, both proportionally to the total citations (from 7.2% to 48.9%) and in absolute numbers (from 11 to 193). This change can be explained by our success in obtaining a more complete list of HIV/AIDS related presentations at major national (i.e., Ethiopian Public Health Association) and international conferences (i.e., International AIDS Conferences, International Conference on Global Health). For instance, this update lists conference abstracts that could not be listed in the past update (e.g., 2005 abstracts of the Ethiopian Public Health Association). The timing of some conferences (e.g., bi-annual occurrence of the International AIDS Conference) also contributed to the increase in the number of references in the current update. It is important to note, however, that there is also a trend towards increased presentations on HIV/AIDS issues on Ethiopia or among Ethiopians at international conferences. Figure 1A presents the number of abstracts containing "Ethiopia" presented in all of the 16 International AIDS Conferences. The figure shows a significant increase in number of abstracts during the last two meetings. In contrast, the number of published articles relating to HIV or AIDS and Ethiopia and archived in PubMed did not increase from 2005 to 2006 (see Figure 1B), even though citations concerning TB, but not schistosomiasis or malaria, did increase markedly from 2005 to 2006 (see Figure 2).

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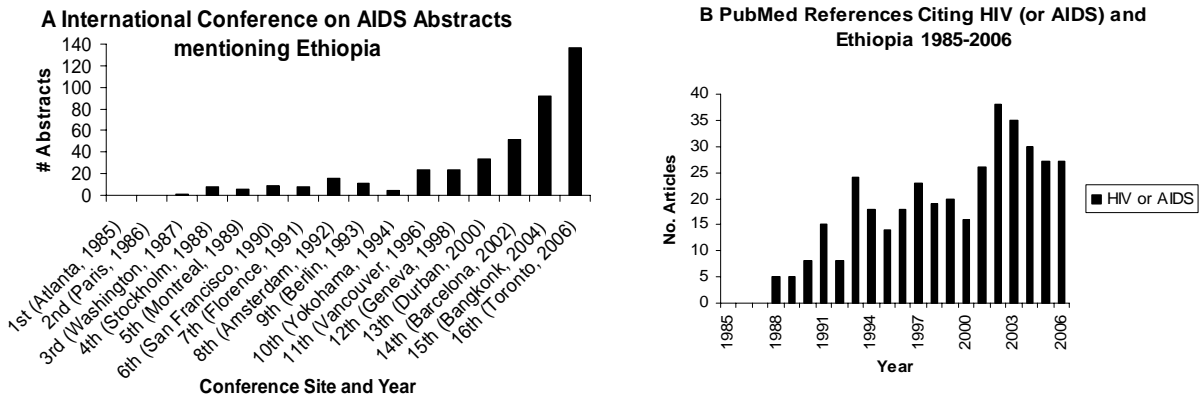


Figure 1: Presentations at the International Conference on AIDS (A) and Publications cited in PubMed (B) concerning Ethiopia and HIV or AIDS. The increase in presentations in recent years contrasts with a decline over the same period in material becoming full-length manuscripts

We are also witnessing an increase in graduate student research on HIV/AIDS at Addis Ababa University. There was a significant increase in the absolute number of theses from 50 in the last update to 98 in the present. As noted above, with the exception of one doctoral dissertation completed at a US-based university, all masters theses (M.A., M.P.H., and M.Sc.) listed were completed at various departments of Addis Ababa University. Once again, the Department of Community Health (Faculty of Medicine) produced the largest number of theses (24), followed by the School of Social Work (14), College of Education (13), Institute of Development Research (10), Department of Psychology (10), Demographic Training and Research Center (6), Department of Sociology and Social Anthropology (4), Department of Statistics (3), School of Journalism and Communication (3), Institute of Local and Regional

Development (3), Department of Microbiology, Immunology, and Parasitology (2), and one thesis each by the departments of Economics, Literature, Political Science and International Relations, Information Sciences, and Institute of Language Studies. This increase in the number of graduate theses may be attributable partly to our access to a more complete list of theses, and partly to the development of some new academic programs at Addis Ababa University that provided opportunities to their graduate students to study HIV/AIDS related social issues. The School of Social Work and the School of Journalism and Communication are examples of this growth. In contrast to past updates in which no thesis work from these schools could be included, this update lists 14 relevant master theses from the School of Social Work and 3 from the School of Journalism and Communication.

PubMed References citing Ethiopia

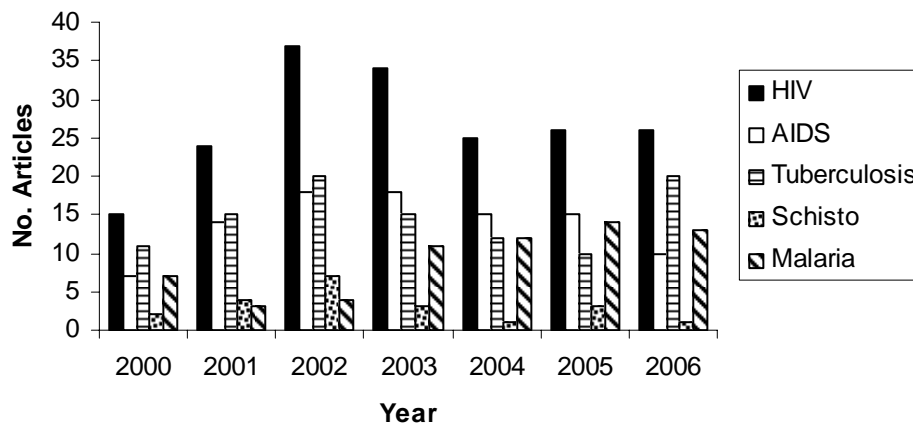


Figure 2: PubMed citations related to Ethiopia and HIV or selected infectious diseases. Although tuberculosis publications doubled from 2005 to 2006, other diseases saw no change or a decline

Basic Biomedical Research

Only 19 (4.8%) of the 395 references located dealt with research on basic biomedical issues. Of these, 8 (42.1%) were journal articles and 16 (84.2%) appeared in 2006. The most common research topics covered continued to be immune response to infection, diagnostic techniques or detection procedures, drug resistance and sensitivity of opportunistic pathogens including *M. tuberculosis*, parasites, and STIs, and genetic composition and variability as well as molecular diagnostics of HIV. In this section, we also noted four studies conducted in China, Spain, and the United States that documented genetic variability and the rapid spread of the HIV-1 subtype C, a strain originally found in Ethiopia, to other parts of the world.

A significant gap still remains in a variety of biomedical research areas. With increasing antiretroviral therapy programs, it will become increasingly critical to monitor and study the nature and patterns of drug resistance, drug interactions, and responses to drugs among Ethiopian patients receiving treatment. In addition, with malaria, tuberculosis, hepatitis, and other diseases being highly prevalent in Ethiopia, basic laboratory research on the interaction and synergism of pathogens would help contribute significantly to our understanding of disease processes. While it is recognized that basic biomedical research is expensive and requires well-developed laboratory facilities and manpower, it is important that researchers and graduate students be encouraged to study HIV/AIDS related biomedical topics. None of the theses listed in this update was in basic biomedical research. We have not seen any significant increase in basic biomedical research over the last two or three updates, and hope that the research programs that existed at ENARP are being carried out by scientists in other laboratories.

Epidemiological, Risk Factors, and Determinants Research

This section contains 139 (35.2%) references, making it the largest section as in previous updates. Twenty-nine (20.9%) of these are journal articles and the rest are reports, conference abstracts, and theses, and 119 (85.6%) of them appeared in 2006.

As might be expected from previous updates, the bulk of epidemiological research focuses on prevalence and correlates of sexual risk and protective behaviors. Several studies described the patterns and correlates of sexual risk behaviors among a variety of populations, including out-of-school youth, high school and college students, military, and the general public. Our attention was caught by a study that assessed the sexual risk behaviors of men who have sex with other men, a subpopulation that, to our knowledge, has not been studied previously in Ethiopia, unlike in other sub-Saharan African countries.

Knowledge and attitude surveys have also continued to dominate research in this area, although not as much as in previous updates. Researchers have examined knowledge, attitudes, and/or perceptions about HIV/AIDS, reproductive health and contraceptive methods, TB control, anti-retroviral therapy, home-based care, voluntary testing and counseling, and mother-to-child transmission prevention.

Studies on access, patterns of use and correlates of reproductive health services (e.g., family planning) and specific services aimed at reducing the spread of HIV/AIDS (e.g., condom promotion, VCT, PMTCT) have also attracted a sizeable number of researchers. We identified several studies that addressed the extent of unmet needs, intentions, and current use of contraceptives and the psychosocial and socio-economic determinants of intent or use of contraceptives or reproductive health services broadly defined. It is interesting to note that most of these studies were conducted among young women, and appeared to ignore the important role of men in reproductive health.

A significant amount of research on VCT is accumulating. There are studies addressing the levels of intention or willingness to use or current use of VCT services and the psychosocial correlates and barriers of intentions or current use of VCT services among a variety of populations in both urban and rural settings throughout the country. We found only one study that addressed the determinants of PMTCT use and two studies focusing on breast-feeding intentions or practices among HIV infected women. Condom use and its determinants or barriers were also addressed, although not as much as one might expect given its ubiquitous promotion as a primary prevention tool.

Two themes of research on issues that particularly affect young girls and women emerged in this update. The first focuses on the prevalence, correlates, and consequences of sexual and domestic abuse among girls and women. The second line of research focuses on the social, cultural, economic, and political factors that put girls and women in vulnerable positions. Some of the most important topics under this theme include effects of gender stereotypes, commercial sex, widow inheritance, and barriers to female participation in prevention programs. Given the paucity of gender disaggregated information, we recommend further studies on issues that affect girls and women.

Serological surveys and estimates have also been highlighted in a reasonable number of reports and presentations. A few government and international reports provided national prevalence estimates of HIV/AIDS in Ethiopia or in specific settings such as rural Ethiopia. We have also found citations that addressed seroprevalence of HIV among specific populations such

as blood donors and factory workers. Other serological studies focused on rates of co-infection of HIV with TB, leprosy, visceral leishmaniasis, and intestinal parasites. Still other studies focused on prevalence of other viral STDs, including HPV, or tuberculosis regardless of HIV status.

Three emerging epidemiological research themes need mention here. The first is the study of the relationships between substance abuse and the HIV epidemic in Ethiopia. We found three studies that linked problem drinking and khat chewing to HIV risk behaviors. This area is still understudied, and we recommend further research on the contribution of substance abuse to risk behaviors, immune suppression, and adherence to HIV treatment, and other clinical and non-clinical health outcomes. The second emerging research theme is injection safety, occupational exposure, and other iatrogenic issues relevant to HIV. Five references were found that addressed such issues as injection safety, blood transfusion risk, needle stick injuries, and occupational exposure to blood, bodily fluids, and HIV. These types of studies are critical to ensuring the safety of the public and the health workers from accidental exposure to HIV and other pathogens. A third emerging research area is the link between HIV/AIDS and food security, which has been addressed in two references. The reciprocal relationships between HIV and food security are particularly relevant to the situation in Ethiopia, where widespread acute and chronic food shortages and malnutrition must be expected to play a significant role in the pathogenesis of HIV/AIDS.

Overall, epidemiological and related research on HIV/AIDS continues to be multifaceted. However, the studies remain predominantly descriptive in nature and primarily target women, youth, orphan and street children, and people living with HIV/AIDS. In addition, these studies are still predominantly urban based, although there are signs that research with rural populations is increasing. Studies involving diverse geographic, socioeconomic, and cultural populations need to be encouraged toward a better understanding of the epidemiology of HIV/AIDS and its risk factors nationwide.

Clinical Research

A total of 35 (8.9%) references deal with issues involving HIV/AIDS patients within a clinical setting. Of these, 10 (28.6%) were journal articles, and 29 (82.9%) were published or presented at conferences in 2006.

As in previous updates, most clinically oriented research focused on describing the clinical characteristics, immune responses, or effects on disease outcome of co-infections of HIV with other sexually transmitted diseases, tuberculosis, malaria, helminthes, or other intestinal infections, with a preponderance of studies on

effects of intestinal infections. Given the high prevalence of these infections, the effort towards understanding their role in increasing individuals' vulnerability to HIV infection or to contributing to poorer outcomes among HIV infected people continues to be critical. A second important line of clinical research has been the study of the clinical characteristics, immune response, and disease outcome of HIV/AIDS patients receiving antiretroviral therapy (ART). In four studies, the effects of ART on patient immune response and/or survival or death have been investigated. We found only one study tackling the issue of adherence to ART. Interestingly, two citations by the same author have looked at the quality of life of people taking ART. Finally, there were studies that generally focused on some clinical parameters of HIV/AIDS patients, diagnostic issues as well as citations on disease management approaches or treatment guidelines.

Several clinical issues remain understudied in view of the rapidly increasing coverage of ART. As a critical element of the treatment process, it is important that levels and determinants of adherence or compliance with therapy (ART or therapy for opportunistic infections) be further investigated. There are also gaps in ART related research. As the number of HIV/AIDS patients receiving ART increases, we expect an increased need to understand and manage such issues as drug resistance, drug interactions, and adverse reactions and complications to ART (e.g., lipodystrophy, metabolic abnormalities, mitochondrial toxicity, and lactic acidosis). Furthermore, given that a majority of HIV/AIDS patients do not have access to ART, it is also very important that the nature and effects of other forms of treatment are examined. These include the effects of nutritional supplements, treatment for other infections (e.g., STDs, hepatitis, malaria, tuberculosis), and traditional medicines on health outcomes of HIV/AIDS patients.

Impact Research

Twenty-seven (6.8%) of the references deal with research on the impacts of the HIV/AIDS epidemic in Ethiopia. Of these, only 5 (18.5%) were published articles and 21 (88.9%) appeared in 2006.

Four interrelated lines of research characterize the study of the impacts of the HIV/AIDS epidemic in Ethiopia. First, several citations covered research on the magnitude, needs, and living situation of HIV/AIDS orphans or the psychosocial, developmental, educational, or behavioral impacts and challenges of being orphaned by HIV/AIDS. Second, researchers also focused on the psychosocial well-being or distress among people infected by HIV/AIDS and/or their close family members. Third, the socio-economic impact of HIV/AIDS was also investigated, as it affects the traditional social support network systems of the elderly,

income at the household level, productivity at a company level, and economic development at the national level. Finally, a few studies addressed the demographic impact of the epidemic, often in relation to mortality.

The potential impacts of the HIV/AIDS epidemic in Ethiopia are not yet fully studied. For example, we still need information on the broader impact of the epidemic on the traditional social safety nets and support networks, including impacts on the immediate family, extended family, and self-help associations. Research on the patterns of coping behavior and the burden of care giving to incapacitated AIDS patients may yield valuable information for strengthening care and support programs and services. Impacts of the epidemic on the education and healthcare sectors need closer examination. Given that the country is predominantly rural, the impact on the epidemic on food security and other agriculture and other rural-based economic and social activities may require urgent attention.

Intervention Research

A research area that rapidly expanded within the last two years is intervention research. With 104 (26.3%) references, this section contains the second largest number of references in this update. Of these only 13 (12.5%) are journal articles and 94 (90.4%) appeared in 2006.

Several intervention approaches have been studied. As expected, much of the research covers the initiation, expansion, challenges, and successes of HIV treatment, particularly antiretroviral therapy. Some of these studies assessed approaches to address barriers to scaling up current levels of ART, to increase adherence, and to integrate ART services to other health services. Related to ART, a limited number of intervention studies have addressed efforts to increase awareness, access, and acceptance of VCT and PMTCT services.

A few citations dealt with behavioral change public education interventions aimed at reducing risk behaviors or stigma or increasing awareness about HIV/AIDS or preventive services. Some of these communication strategies involved mass media and school anti-AIDS clubs.

A large number of studies examined the social and community responses to the HIV/AIDS epidemic. The most studied of these approaches is home- and community-based care and support interventions. Efforts to provide and scale up home-based care for HIV/AIDS patients, orphans, or vulnerable children are documented in several citations. Several other studies examined strategies to expanding community based care and support services. One such strategy appears to be improving partnerships between community-based, faith-based, and governmental organizations working in the

field. Another expanding approach is improving the involvement of members of the community. Several citations addressed efforts at increasing the role of young people, community- and faith-based organizations, and private businesses, in HIV/AIDS prevention, care and support of patients and orphans, or dealing with other impacts of the epidemic.

Improving the capacity of the healthcare system was also addressed in a few of the references. Efforts towards healthcare work force development and re-training, scaling up services, developing training tools, making the work environment safer, and injection safety have been identified.

Several citations focused on global, cross-national, and political responses to the HIV/AIDS epidemic in Ethiopia. The activities, challenges, and effects of donor and aid programs, such as the Clinton Foundation, the US President's Emergency Plan for AIDS Relief and the Global Fund to Fight against AIDS, Tuberculosis, and Malaria have been highlighted in several citations. There were also some references that addressed the need to create structures for increased donor-to-donor coordination, increased political and government programming, and increased need to address human rights.

A limited number of studies concentrated on newer intervention approaches to prevent HIV/AIDS or mitigate its impacts such as improving women's income and promoting gender rights. Another relatively new approach to reducing the chances of infection is male circumcision. Recent intervention trials in South Africa, Uganda, and Kenya have shown a 50% or better protection for circumcised men compared to those not circumcised – making it a promising candidate as one of the tools for curbing the spread of HIV (see Williams *et al.* 2006 ref. 99 in this section). Given that there are regional and cultural group differences in the practice of male circumcision in Ethiopia, this issue demands epidemiological research as well as targeted culturally sensitive interventions. At the very least, one would want to know if men in areas where circumcision is almost universal (e.g., Amhara or Tigray Regions) have a lower likelihood of HIV or other STIs than men in areas where this practice is not as common (e.g., Gambella or Benishangul-Gumuz), controlling for risk factors. Preliminary survey data indicate that this may be the case (Tables 13.1.2 and 14.8 in ref. 33 in Section 3. Epidemiological, Risk Factors, and Determinants Research) with >2-fold benefit of male circumcision. Williams *et al.* estimate that there would be a reduction of over 20,000 HIV infections per year overall in Ethiopia. Should the advantages of circumcision found elsewhere be replicated, it would represent one weapon in the fight against the spread of the epidemic in Ethiopia as well. It would also be important for the population to

understand and act with the knowledge that the protection is only partial, that the surgery must be performed skillfully, and that complete healing would be critical before the resumption of sexual activity.

Monitoring and Evaluation Research

Fifty (12.7%) of the references listed in this update examine HIV/AIDS related monitoring and evaluation activities. Of these, 8 (16.0%) are published articles and 46 (92.0%) appeared in 2006. This year's update contains a sizable increase in the number of citations suggesting that research in this area is picking up, apparently because of the increasing need to provide evidence of accountability and effectiveness of projects and programs.

We noted several evaluation studies that examined the cultural appropriateness, content coverage, patterns of use, and effects of mass media aimed at increasing awareness about HIV/AIDS, reducing stigma, or encouraging the use of preventive or palliative services. Among the evaluated media programs are radio advertisements or drama, television campaigns, music videos, newspaper coverage, and telephone help line.

A few studies have also examined strategies and systems to monitor the epidemic, particularly through the use of behavioral and serological surveillance systems, by mining utilization records of VCT and ART services, and by case finding outreach programs for tuberculosis.

Many citations focused on process and outcome evaluation of specific projects or programs. Among topics covered include evaluation of the process by which program or project components were applied, such as the degree to which principles of counseling or appropriate counseling tools were applied in VCT or infant feeding centers. Others examined the quality or adequacy of services provided by VCT centers or anti-AIDS clubs. Still others assessed the overall experiences, challenges, and opportunities in implementing programs, including community-based care and support, treatment and control, prevention, and training and capacity development programs.

While the growing interest in evaluation of communication efforts is encouraging (along with the maturation of the new School of Journalism and Communication), there remains a gap in knowledge about the effects of other HIV/AIDS communication efforts. For instance, what are the patterns and effects of parent-child or faith leader-follower communication regarding HIV/AIDS or risk and preventive behaviors? We found only two references on economic evaluation of interventions. In addition, effectiveness studies that causally link specific intervention activities to specific changes in health behavior or health outcome are few. The greater pursuit of these areas may bear fruit for

designing and implementing appropriate and cost-effective interventions.

Research on HIV/AIDS in Ethiopians in the Diaspora

We located 21 (5.3%) references that deal with HIV/AIDS and related issues among Ethiopians in the Diaspora. Of these, 10 (47.6%) were journal articles, and 18 (85.7%) were published or presented at conferences in 2006. These citations continue to come predominantly from Israel and North America.

Four references addressed the potential or existing efforts of the Ethiopian Diaspora to get involved in HIV/AIDS interventions or capacity development in Ethiopia. Israeli studies tend to focus on prevalence of tuberculosis infections among children and adolescents of Ethiopian immigrants, mother-to-child transmission of HIV, immune responses and other clinical profile of patients receiving treatment. Five Canadian studies presented findings on perceptions of risk, risk behaviors, attitudes about the origins and prevention of HIV/AIDS, and the changing demographic profile of HIV infection among Ethiopian and other immigrants in Toronto. Two other citations described the involvement of American academics/physicians in HIV/AIDS non-profit organizations working in Ethiopia (e.g., People to People, Inc.). Two additional studies addressed the prevention needs and HIV/AIDS related mortality among Ethiopian and other refugees in Botswana and Somaliland.

The patterns of HIV infection, risk and protective behaviors, and clinical features and treatment outcomes among Ethiopians in the Diaspora are largely unknown. This is particularly true among Ethiopian immigrants in Europe and North America, and the large number of Ethiopian refugees in other parts of Africa (including those in Kenya, Sudan, South Africa) and the Middle East. As we indicated in previous updates, this may be due to the scattered distribution of the immigrants/refugees, their lack of access to or their inaccessibility by researchers and service providers, and their classification together with other immigrants/refugees and citizens of African origin, as in most US national health surveys. With growing movement of Ethiopians outside of their country, we expect greater need to understand and address their particular public health risks, needs, and resources. We repeat our previous call for further research on these issues among Ethiopians in the Diaspora.

Conclusion

Although the distribution of references follows previous bibliographies, this year's update represents a significant increase in the number of references from the last update. As expected, there appears to be a trend towards increased research activity in intervention research and in monitoring and evaluation research. Real increases in research activity may be related to expansion of some

programs (e.g., ART, VCT, PMTCT) and perhaps growth in graduate programs and relevant research at Addis Ababa University. Research still remains urban-based, although we have noted increased research with rural populations. Despite further expansion of ART programs, research on adherence and adverse effects are woefully inadequate. We are concerned that public education and condom promotion programs did not feature as significantly as before, perhaps reflecting the diversion of resources or attention to HIV treatment or palliative care. There is also room to expand monitoring and evaluation research by expanding data collection systems (e.g., seroprevalence and behavioral surveillance) and incorporating economic evaluation approaches.

In this update, we have been unable to include relevant articles from two other health related publications in Ethiopia (i.e., *Ethiopian Journal of Health Sciences* and *Ethiopian Journal of General Medical Practice*) and graduate level theses from Ethiopian universities other than Addis Ababa University. We hope to include references from these sources in future updates. We would also welcome and be grateful for any corrections and suggestions readers may have for future updates of the bibliography.

Section 1. Earlier Bibliographies on HIV/AIDS and Related Sociocultural and Economic Issues

1. Alemayehu E, Belachew T. Health science student research at Jimma University: Abstracts of all public health faculty graduate student research projects (1996-2004). Addis Ababa: Addis Ababa University Press, 2005.
2. Alemayehu E, Belachew T. Health science student research at Jimma University: Abstracts of all medical sciences faculty graduate student research projects (1991-2004). Addis Ababa: Addis Ababa University Press, 2005.
3. Berhane Y, Hailemariam D, Kloos H. (Eds). Epidemiology and ecology of health and disease in Ethiopia. Addis Ababa, Ethiopia: Shama Books; 2005.
4. Center for Research Training and Information on Women in Development (CERTWID). An annotated bibliography of gender issues in Ethiopia. Vol. 1 & 2. CERTWID, Addis Ababa University, 2004.
5. Converse PJ, Wuhib T, Mulatu MS, Kloos H. Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora. *Ethiop J Health Dev* 2003;17(Special Issue):33-85.
6. Converse PJ, Mulatu MS, Kloos H, Haile Mariam D, Wuhib T, Pankhurst A. Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: The 2005 update. *Ethiop J Health Dev* 2006;20(1):60-70.
7. Ethiopian Public Health Association (EPHA). Extracts of MPH theses works by EPHA-sponsored graduate students in public health. EPHA, Addis Ababa, 2004.
8. Kloos H, Mulatu MS, Converse PJ. Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: 2003 Update. *Ethiop J Health Dev* 2004;18(1):57-64.
9. Mulatu MS, Kloos H, Converse PJ, Wuhib T, Pankhurst A. Bibliography on HIV/AIDS in Ethiopia and Ethiopians

in the Diaspora: The 2004 update. *Ethiop J Health Dev* 2005;19(1):64-85.

Section 2. Basic Biomedical Research

This section covers laboratory-based biomedical research, including studies on HIV structure, replication, and host immune responses; co-infection with other agents; development and testing of laboratory procedures; and other related laboratory studies.

1. Andualem B, Kassu A, Diro E, Moges F, Gedefaw M. The prevalence and antimicrobial responses of *Shigella* Isolates in HIV1 infected and uninfected adult diarrhoea patients in north west Ethiopia. *Ethiop J Health Dev.* 2006;20(2):99-105.
2. Asmamaw D, Seyoum B, Atsabiha H, Woldemeskel D, Addus H, Yamuah LK, et al. Drug susceptibility patterns of *M. tuberculosis* isolates in Addis Ababa. Abstracts of the XVIth Annual Conference of the Ethiopian Public Health Association; Addis Ababa, Ethiopia; 2005. Poster presentation no. 4.
3. Collins M, Hurford R, Chao Y, Christina Patrick, Langford TD. Variability in virus and in host during HIV-1 infection. *Horn Africa J AIDS* 2006;3(2):38-46.
4. Demissie A, Leyten EM, Abebe M, Wassie L, Aseffa A, Abate G, et al. Recognition of stage-specific mycobacterial antigens differentiates between acute and latent infections with *Mycobacterium tuberculosis*. *Clin Vaccine Immunol* 2006;13(2):179-86.
5. Demissie A, Wassie L, Abebe M, Aseffa A, Rook G, Zumla A, et al. The 6-kilodalton early secreted antigenic target-responsive, asymptomatic contacts of tuberculosis patients express elevated levels of interleukin-4 and reduced levels of gamma interferon. *Infect Immun* 2006;74(5):2817-22.
6. Gottesman BS, Grossman Z, Lorber M, Levi I, Shitrit P, Katzir M, et al. Comparative performance of the Amplicor HIV-1 Monitor Assay versus NucliSens EasyQ in HIV subtype C-infected patients. *J Med Virol* 2006;78(7):883-887.
7. Kassa D, Adane A, Tessema D, Tamene W, Melese H, Ahemedin Z, et al. Comparisons of ELISA and Sample Rapid Test (SRTs) for HIV-1 testing in Ethiopia. Abstracts of the XVIIth Annual Conference of the Ethiopian Public Health Association; Harar, Ethiopia; 2006. Abstract no. 80.
8. Kassa D, Tessema D, Melese H, Messele T, Tamene W, Ahemedin Z, et al. Evaluation of dried blood spots (DBS) for HIV-1 antibody testing in Ethiopia. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. MOPE0150.
9. Leng Q, Bentwich Z, Borkow G. Increased TGF-beta, Cbl-b and CTLA-4 levels and immunosuppression in association with chronic immune activation. *Int Immunol* 2006;18(5):637-644.
10. Mihret A, Mamo G, Tafesse M, Hailu A, Parida SK. Role of dendritic cells in the initiation of immunity to *Mycobacterium tuberculosis* infection. Abstracts of the XVIth Annual Conference of the Ethiopian Public Health Association; Addis Ababa, Ethiopia; 2005. Poster presentation no. 3.
11. Oliveira TD, Cassol SA, Iversen A, Andrew R. A phylogenetic study of the origins, adaptive evolution and global expansion of HIV-1 subtype C. Abstracts of the XVI International AIDS Conference; Toronto, Canada;

2006. Abstract no. CDA0106.
12. Schon T, Wolday D, Elias D, Melese E, Moges F, Tessema T, et al. Kinetics of sedimentation rate, viral load and TNF-alpha in relation to HIV co-infection in tuberculosis. *Trans R Soc Trop Med Hyg* 2006;100(5):483-488.
 13. Seyoum B, Asmamaw D, Iwnetu R, Yamuah LK, Woldeamanuel Y, Assefa A. Characterization of mycobacterial isolates from lymph nodes of patients with tuberculous lymphadenitis in Derra Woreda, North Shewa, Ethiopia. Abstracts of the XVIth Annual Conference of the Ethiopian Public Health Association; Addis Ababa, Ethiopia; 2005. Oral presentation no. 7.
 14. Seyoum E, Wolday D, Girma M, Malmsten A, Meselle T, Gronowitz JS, et al. Reverse transcriptase activity for quantitation of HIV-1 subtype C in plasma: Relation to RNA copy number and CD4 T-cell count. *J Med Virol* 2006;78(2):161-168.
 15. Tegbaru B, Asmare Y, Westerlaken M, Nanlohy NM, Vriskoop N, Miedema F, et al. Tuberculosis in HIV infection at lower CD4+ T cell count: A consequence or a cause for immune activation. Abstracts of the XVIIth Annual Conference of the Ethiopian Public Health Association; Harar, Ethiopia; 2006. Abstract no. 28.
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Section 3. Epidemiological, Risk Factors, and Determinants Research

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Section 4. Clinical Research

This section includes studies on the characteristics and clinical course of HIV infection and opportunistic infections, and other clinical issues affecting HIV/AIDS patients.

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2. Addissie A, Deressa W, Enquasselassie F. HIV and malaria co-infection; pattern and clinical features, in Hadya Zone, Southern Ethiopia. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. CDB0307.
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 24. Mitsunaga T, Seung K, Celletti F, Gove S. Operationalizing patient monitoring for HIV care and ART. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. CDE0142.
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Section 5. Impacts Research

This section covers studies on the social, psychological, economic, and demographic impacts of HIV/AIDS on individuals, families, communities, institutions, or the nation. In addition, studies that explore relevant social issues associated with the spread of the HIV/AIDS are also included.

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 7. Balcha DM. The psychosocial behavior of AIDS orphans: The case of AIDS orphans in five organizations in Awassa. Unpublished MA Thesis, College of Education, Addis Ababa University, 2006.
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 14. Gizachew B. Prevalence and socio-demographic correlates of mental distress in people living with HIV/AIDS, Jimma Town. Abstracts of the XVIIth Annual Conference of the Ethiopian Public Health Association; Harar, Ethiopia; 2006. Abstract no. 13.
 15. Gottesman E. Video, memory and participation: What we can learn from AIDS OVCs. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. TUAE0201.
 16. Habtu B. Assessing the macroeconomic impact of HIV/AIDS: The Ethiopian case. Unpublished MA Thesis, Department of Economics, Addis Ababa University, 2006.
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Section 6. Intervention Research

This section includes reports on research and programmatic activities that are aimed at provision of treatment, care, and support to people infected and affected by HIV. This section also includes reports on prevention efforts and public policy measures targeted against HIV/AIDS.

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2. Abebe Y, Selassie D, Ejigu S, Lekasse R, Harris C, Siraj D, et al. Community based, multi-partnership care model improves adherence in resource-limited settings. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. THPE0218.
3. Abraham FA. Social significance of ETV dramas (plays) on HIV/AIDS awareness creation and behavioral change. Unpublished MA Thesis, Institute of Language Studies, Addis Ababa University; 2006.
4. Abraham S, Burka Y, Khan N, Bhatt P. The potential for social franchising to address HIV/AIDS and tuberculosis in Ethiopia. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. CDD1134.
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6. Addissie A, Hiwot HG, Genebo T. FBO-government collaboration on expansion of city wide PMTCT program: Case study of the collaboration between the Ethiopian Kale Heywot Church (EKHC) and the Addis Ababa Health Bureau, Addis Ababa, Ethiopia. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. THPE0597.
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13. Asnake M, Walie L, Melkamu Y. Improving the range of contraceptive choices in rural Ethiopia. *Ethiop J Health Dev* 2006;20(2):74-78.
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15. Assefa T, Stuer F. Developing community linkages: Collaboration towards a comprehensive response to care and support -the case of Ethiopia. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. TUPE0933.
16. Aunt K, Besser M, Mbono B. Mothers 2 Mothers: Education, counseling and psychosocial support in PMTCT programs in Africa. A replicable and sustainable model for care. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. TUPE0696.
17. Ayalew L. Ensuring access to prevention services among mobile populations in Ethiopia: opportunities and challenges. Abstracts of the XVI International AIDS Conference; Toronto, Canada; 2006. Abstract no. CDD0136.
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32. Dugasa M. Problems and challenges in the implementation of anti-HIV/AIDS activities in Nekemte Town, southwest Ethiopia. Unpublished MA Thesis, Institute of Regional and Local Development Studies, Addis Ababa University;

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Section 7. Monitoring and Evaluation Research

This section includes reports that focus on HIV/AIDS related program or intervention monitoring and evaluation activities.

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Section 8. HIV/AIDS Research on Ethiopians in the Diaspora

This section covers HIV/AIDS among Ethiopians and foreign residents of Ethiopian origin living outside of Ethiopia. It

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Section 9. Selected Websites Featuring HIV/AIDS in Ethiopia

1. Center for International Health of the University of Bergen, Norway (also access to the Ethiopian Journal of Health Development): <http://www.cih.uib.no/journals/EJHD>
2. Christian Relief and Development Association: www.crdaethiopia.org
3. Ethiopian AIDS Resources Center: <http://www.etharc.org>
4. Family Health International: <http://www.fhi.org/en/CountrProfiles/Ethiopia+main+page.htm>
5. Johns Hopkins University Center for Clinical Global Health Education: <http://ccghe.jhmi.edu/CCG/country/ethiopia/>
6. People to People Organization: <http://peoplepeople.org/>; its Horn of Africa Journal of AIDS is available at: <http://peoplepeople.org/index.php?P=47>
7. Save the Children: http://www.savethechildren.net/ethiopia/key_issues/abuse.html
8. United Nations Children's Fund (UNICEF): http://www.unicef.org/ethiopia/hiv_aids_464.html
9. United Nations Development Programme (UNDP): <http://www.et.undp.org/hiv/hiv.htm>
10. United Nations Educational, Scientific and Cultural Organization (UNESCO): http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=2829_201&ID2=DO_TOPIC
11. United Nations Joint Program on AIDS (UNAIDS): <http://www.unaids.org/en/Regions/Countries/Countries/ethiopia.asp>
12. United States Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/nchstp/od/gap/countries/ethiopia.htm>