

# Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: The 2009 Update

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## Introduction

This is the seventh 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 That bibliography covered published and unpublished work on HIV/AIDS and related health conditions (e.g., other sexually transmitted infections, tuberculosis) for the period 1972 to 2002. Six subsequent updates were published in 2004, 2005, 2006, 2007, 2008, and 2009. The present update extends the bibliography to cover references not listed in previous updates and those recent publications or presentations that appeared in 2009. As in the previous bibliographies, this update includes references to biomedical, epidemiological, clinical, psychosocial, socio-economic, cultural, behavioral, impact, intervention, health services, health policy, health informatics, 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 2009 were searched in major databases, including PubMed/MEDLINE, CINAHL, Global Health Index, Humanities International Index, PsycINFO, Social Work Abstracts, Sociological Collection, EconLit and POPLINE using the key words “Ethiopia and HIV,” “Ethiopia and AIDS”, “Ethiopia and reproductive health”, and “Ethiopia and sexual behavior”. As in previous updates, 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, Ethiopian Journal of Health Sciences) were manually inspected for relevant abstracts. In this update, we have included abstracts from major national and international

conferences on public health, including the: 1) Annual Conference of the Ethiopian Public Health Association, Addis Ababa, Ethiopia; 2) Annual Conference of the Ethiopian Medical Association, Addis Ababa, Ethiopia; 3) Annual Convention of the American Public Health Association, Philadelphia, USA; 4) Annual International Conference on Global Health, Washington, DC, USA; and 5) 2009 HIV/AIDS Implementers’ Meeting, Windhoek, Namibia. Additional online searches were also made on websites 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. Finally, as in previous updates, we have included graduate theses and dissertations on HIV/AIDS related issues in Ethiopia completed in 2009, nearly all of which came from various departments at Addis Ababa University.

This update includes 358 citations. All but 27 appeared electronically or in print in 2009; 124 (34.6) are journal articles, 44 (12.3%) are national or international conference abstracts, 169 (47.2%) masters theses or doctoral dissertations, and 20 (5.6%) reports by the Federal Ministry of Health, World Health Organization, UNAIDS, or other international organizations. There was also one edited book chapter in this update (0.3%). We have also updated our list of websites and included links to 23 websites with useful information and downloadable documents on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora, and other health related information.

Fifteen of the 27 older references that were included in this update were articles from the Ethiopian Journal of Health Sciences that were published between 2006 and 2008 and became available online only very recently; three others were 2008 electronic journal articles that were not indexed by PubMed by the time last year’s update was submitted. Eight of the remaining are reports by the Ministry of Health of Ethiopia, WHO, or UNAIDS and the last was an edited book published in 2006. Figures 1 and 2 present historical information concerning published articles from PubMed-indexed journals mentioning HIV/AIDS and other infectious diseases in Ethiopia.

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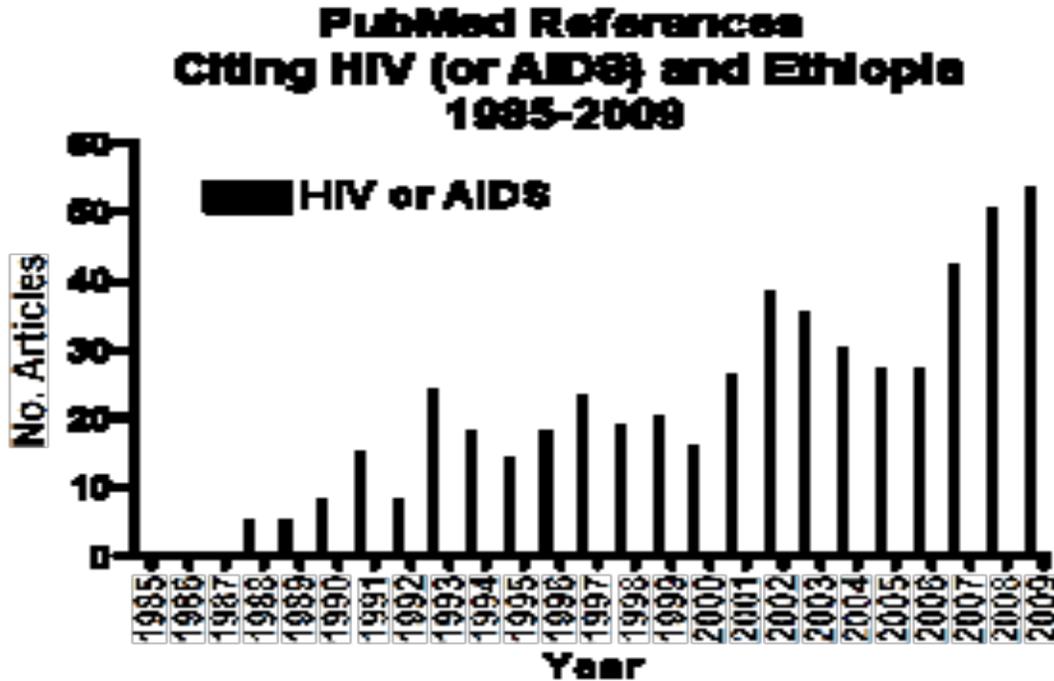


Figure 1: publications cited in PubMed concerning Ethiopia and HIV or AIDS. The increase in presentations in recent years now appears to continue to be followed by an increase in material becoming full-length manuscripts. (see update for 2008, published in EJHD for International AIDS conference abstracts.)

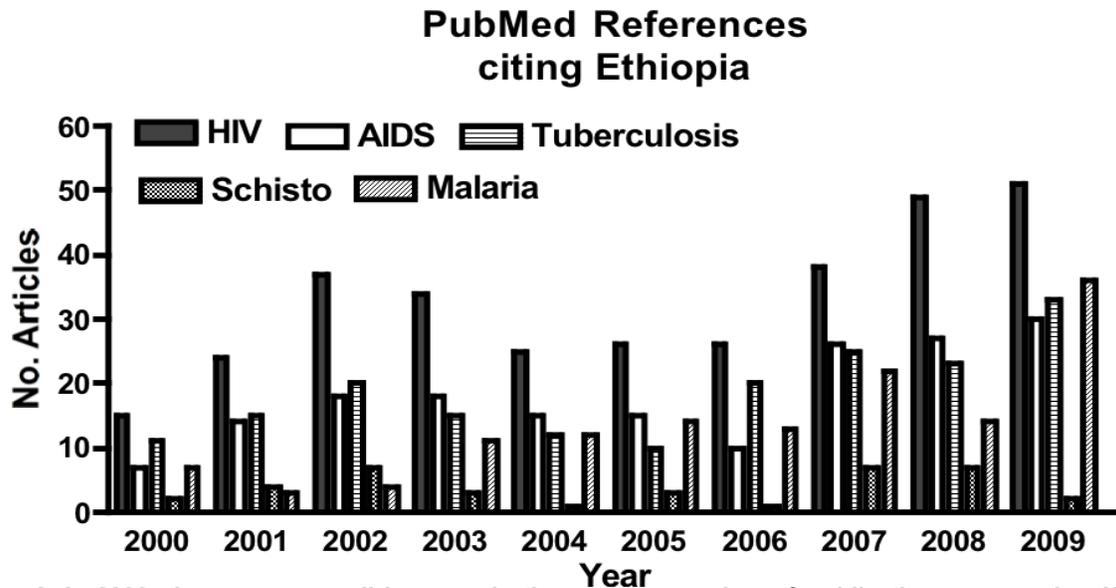


Figure 2: In 2009, there was a small increase in the number of publications concerning HIV, AIDS, and tuberculosis and Ethiopia. Only 2 publications concerned schistosomiasis but there was a remarkable increase in papers concerning malaria, a total of 33.

In response to the increasing complexity of HIV/AIDS related publications and presentations, we have slightly modified or expanded the content coverage of some of our categories (shown in italics). In this update, new references, previous bibliographies, websites are classified by content into the following ten sections:

1. Earlier Bibliographies
2. Basic Biomedical Research
3. Epidemiological, Social, and Behavioral Research
4. Treatment, Care, and Clinical Research
5. Prevention Research
6. Health Services and Health Policy Research
7. Impacts Research
8. Health Informatics, Monitoring, and Evaluation Research

9. Research on HIV/AIDS in Ethiopians in the Diaspora
10. Selected Websites on HIV/AIDS in Ethiopia

### Basic Biomedical Research

Only 15 (4.2%) of the 358 references identified for this update dealt with basic laboratory-based biomedical research. Of these, 10 (66.7%) were published articles, 4 (26.7%) were master's theses, and one (6.7%) was a conference abstract. The most common topic covered in these studies was assessment of diagnostic, detection, and measurement approaches, including RNA detection and subtype assessment, diagnosis of pulmonary tuberculosis, methods for the CD4 T-cell determination, methods for the detection of intestinal microsporidial spores, and methods for the diagnosis of visceral leishmaniasis (refs. 1, 2, 6, 8, 9, 10, 14). There were also some studies focusing on immune response (refs. 4, 5) and effects of pharmacological compounds on microbial isolates (refs. 3, 12, 15). Overall, basic biomedical research remains significantly weaker than other areas of HIV/AIDS research in Ethiopia. While we recognize that biomedical research is very expensive and requires well-established laboratory infrastructure, the relative decline or stagnation of research is a cause for concern. There are several issues that remain understudied, including the evolution, pathogenesis, transmission of HIV; interactions of HIV with other infections such as TB, HBV, and HCV; research on development and testing of new treatment and prevention approaches and opportunistic infections.

### Epidemiological, Social, and Behavioral Research

In this update, we renamed this section as "Epidemiological, Social and Behavioral Research" to include references that focus on the distributions of HIV and other opportunistic infections, individual and interpersonal risk behaviors, and the psychological, socio-cultural, and structural determinants of infections and risk behaviors. This section contains the largest number of references (n = 143), representing 39.9% of the total 358 references. Of these, 43 (30.1%) were journal articles, 87 (60.8%) were theses, 6 (4.2%) were conference abstracts, and 5 (3.5%) were reports. We identified several research themes in this section. As expected, one of the major themes was research on the prevalence and distribution of HIV infection (refs. 14, 130, 131, 132, 133, 135, 138), tuberculosis (refs. 2, 30, 42, 54, 57, 61, 72), and co-infections of HIV and hepatitis B or C viruses (refs. 21, 47, 59), HIV and intestinal parasites (ref. 18, 73, 75), HIV and tuberculosis (refs. 26, 89, 134), HIV and malaria (refs. 63, 115), and HIV and other microbes (refs. 10, 124). The second research theme was the examination of the patterns and determinants of sexual risk behaviors (refs. 3, 4, 6, 17, 71, 79, 98, 127, 142), mostly among in- and out-of-school youth and college populations. To the extent that the HIV epidemic is driven by unprotected sexual behaviors and exacerbated by opportunistic infections, efforts to expand

our understanding of these issues deserve further attention.

A third theme of research covered the patterns and/or correlates of sexual abuse, sexual harassment, and intimate partner violence experienced primarily by young children, college students, or women (refs. 11, 20, 22, 34, 43, 44, 46, 50, 52, 55, 56). There was also another paper that examined the prevalence of workplace abuse and sexual harassment among female staff (ref. 92). A similar set of studies examined harmful traditional practices, such as female genital cutting and early marriage (refs. 23, 25, 112). Research on these topics appears to have been facilitated by increased awareness of the impacts of these practices on the victims and the national and international advocacy aimed at curbing gender violence and child exploitation, and at protecting the rights of vulnerable groups. The fourth research theme identified was the examination of knowledge, attitudes, and perceptions about HIV/AIDS prevention approaches, including voluntary testing and counseling (refs. 1, 33, 48, 51, 99), condom use (ref. 86, 110), and mother-to-child transmission prevention (refs. 31, 38), including breast feeding by HIV infected mothers (refs. 7, 5, 15, 64). Relevant topics to this line of research included the HIV prevention knowledge and/or risk perceptions (refs. 35, 36, 53, 91). Compared to previous updates, the number of studies focusing on HIV/AIDS related knowledge, attitudes, and perceptions appears to be declining, perhaps with the wrong assumption of widespread knowledge and awareness among diverse populations. The fifth theme of research focused on the patterns and determinants of the utilization of regular and emergency contraceptives methods (refs. 9, 28, 66, 67, 69, 78, 81, 102, 121, 136, 137). Research on the use of contraceptive methods is useful for several reasons. Some contraceptive methods (e.g., consistent condom use) are effective against the spread of HIV. In addition, contraceptive use and demand patterns provide clues to sexual behaviors and intentions, and about potential exposure risks for sexually transmitted infections.

We have identified several minor themes of research that may be important for consideration in future studies. A few studies examined HIV risk behaviors (ref. 24) and fertility desires (refs. 68, 139) of HIV positive individuals. With the number of people living with HIV/AIDS increasing, research into the patterns of their risk behaviors as well as psychosocial needs are very important to improve the quality of their life as well as lay the foundation for their active involvement in HIV prevention. Other important issues that need further examination included: disclosure of HIV status (ref. 111), mental health problems and service needs of people living with HIV/AIDS (ref. 125), reproductive health communication between parents and children (ref. 140), and occupation safety and risk of exposure to infections (ref. 107). We believe there is still a need for expanding the behavioral and infectious diseases surveillance

systems in Ethiopia to further our understanding of the HIV/AIDS epidemic and its social and behavioral underpinnings.

### Treatment, Care, and Clinical Research

In this update, we expanded the contents previously covered under the “clinical research” section to include research on both clinical and non-clinical approaches to the provision of care and treatment to patients with HIV/AIDS and related diseases. A total of 54 (15.1%) of the 358 references in this update were classified into this category. Of these, 28 (51.8%) were journal articles, 15 (27.8%) were theses, 10 (18.5%) were conference abstracts, and one (1.8%) was a book chapter. Most of the research in the area focused on ART related issues, perhaps in response to the expansion of such treatment programs and availability resources to support relevant research. One of the most commonly studied issues was the effects of ART on patients, including its adverse effects on hepatic functions and lipid profiles and positive effects in improving survival and reducing stigma attached with HIV infection (refs. 1, 10, 13, 33, 40, 43). A significant number of studies focused on the prevalence, barriers, and facilitators of adherence to ART regimens and the clinical outcomes of defaulting from treatment (refs. 15, 16, 19, 24, 41, 51, 52, 53, 54). Research on clinical aspects of co-infections of HIV and other agents among AIDS patients, with or without ART, was also notable. Patterns and clinical effects of infections with protozoa, *Toxoplasma gondii*, bacterial vaginosis, multi-drug resistant tuberculosis, intestinal parasites, human herpes virus, and visceral leishmaniasis were studied (refs. 3, 18, 28, 31, 42, 44). Other related studies focused on the clinical outcomes of providing treatment to co-infections on AIDS patients’ clinical outcomes (refs. 32, 50). HIV/AIDS treatment provision for and its effects on special populations were also examined. In two studies, immunological and/or clinical outcomes of ART in children were explored (refs. 34, 53). In two other studies, the provision of ART to AIDS patients released from prisons was discussed (refs. 11, 17).

Nutritional status and related issues among HIV/AIDS patients receiving or not receiving treatment are critical in a country with significant food insecurity. Research on nutritional status, the effects of micronutrients on patients’ ART response, and food insecurity among caregivers of AIDS patients were reported (refs. 6, 21, 23, 30). Perceptions of quality of or patient-reported satisfaction with clinical and non-clinical services for HIV/AIDS, tuberculosis, or related health problems services were also investigated (refs. 2, 26, 37). In two studies, efforts at understanding the conceptions of care and the socio-cultural factors that influence care-giving were examined (refs. 4, 5). Other efforts at understanding the needs of people infected and affected by HIV/AIDS were reflected in two other studies that examined psychosocial support needs of orphans and vulnerable

children (ref. 9) and palliative care needs of AIDS patients (ref. 49). Understanding the social and anthropological basis of health and healthcare would be critical in improving the quality of clinical and non-clinical care to people living with HIV/AIDS and to those who care for them.

Despite significant improvement in the number of ART related papers and presentations, (particularly on adherence), there are several treatment related issues that have not been studied. Few studies examined drug interactions, drug resistance, and long-term adverse effects of ART. Research on treatment of opportunistic infections and other co-morbidities and non-clinical care including homecare, hospice, and psychosocial support for people living with HIV/AIDS are extremely limited. Further research in these areas would be essential for provision of better care and treatment for patients.

### Prevention Research

Research on interventions aimed at preventing the spread of HIV infections are included in this new section. There were 42 references in this section, representing 11.7% of all references identified for this update. Of these, 12 (28.6%) were journal articles, 9 (21.4%) were theses, 16 (38.1%) were conference abstracts, and 5 (11.9%) were reports. Most commonly used intervention strategies were the provision of voluntary testing and counseling (VCT), provider initiated counseling and testing (PICT), and prevention of mother to child transmission (PMTCT). Research on this area examined availability and utilization of, satisfaction with, and determinants of acceptance of VCT services among a variety of populations (refs. 1, 4, 6, 7). Similarly, the availability and expansion of PICT were studied in such settings as family planning clinics, antenatal care clinics, outpatient and maternity wards and involved both women and their partners (refs. 2, 12, 22, 24, 41). There were a few studies focusing on the utilization of and reasons for defaulting from PMTCT services by pregnant women and their partners (refs. 3, 17, 37). In addition, two other studies discussed issues surrounding breast feeding as a means of preventing HIV transmission from mothers to children (refs. 14, 40).

Several studies examined programmatic efforts to provide and/or improve the provision of psychosocial support services to orphan and vulnerable children (refs. 10, 15, 20, 30). To the extent that such services alleviate current problems and reduce vulnerabilities of these children, their potential for breaking the cycle of HIV infection is immense. A number of references covered a wide range issues that appear to be supportive of the expansion of HIV prevention, including STD treatment among HIV patients (ref. 8), scaling-up national HIV/AIDS programs (ref. 25), supporting regional HIV/AIDS prevention through social mobilization (ref. 36), integration of HIV and family planning services (ref. 32), and HIV/AIDS programs in prisons (ref. 21). In

addition, a limited number of studies addressed empowerment-focused interventions, including efforts to foster gender equity and provide training opportunities to commercial sex workers (refs. 5, 29, 38).

Unfortunately, there is a clear decline in research on community-level information, education, and communication programs for the prevention of HIV infection. With the exception of a conference abstract (ref. 23) on the efforts of the Ethiopian Orthodox Church to integrate HIV and other reproductive health information in its teachings, we located no other reference covering health education programs for HIV prevention in the country. Similarly, we located only one reference that covered the prevention of nosocomial transmission of HIV infection (ref. 42). Overall, there was limited research on HIV prevention interventions designed to address the particular needs of HIV infected people, substance users, commercial sex workers, prisoners, and men who have sex with other men. Future studies that address these gaps would be critical for advancing HIV prevention programs in Ethiopia.

#### **Health Services and Health Policy Research**

This new section is intended to cover research and programmatic activities that are aimed at expanding and improving the healthcare system as well as policy and legislative efforts relevant to HIV/AIDS prevention, care, and treatment and the protection of people with HIV/AIDS and other vulnerable groups. In this update, 29 (8.1%) of the 358 references covered health services or health policy related issues. Of these, 10 (34.5%) were journal articles, 5 (17.2%) were theses, 5 (17.2%) were conference abstracts, and 9 (31.0%) were reports. The most common health services research topics covered the expansion or scaling-up of a variety of health services, including ART, psychiatric and reproductive health services (refs. 2, 3, 4, 15, 23), improving laboratory infrastructure and logistics (refs. 20, 21), and workforce training and functionality (refs. 22, 24, 29). Health related policy research focused on provision of guidelines governing pediatric treatment and care, quality control, implementation of HIV training and case management, and HIV care and ART clinical mentoring, most of which were set by the Ministry of Health (refs. 12, 14, 16, 17, 18). Reproductive justice, gender equity, and human rights for women, children, and vulnerable groups were also covered (refs. 5, 7, 11, 26, 27).

Health services, operations, and policy research is very limited. Further research is needed to identify effective ways to improve human and institutional capacity, allocate and utilize scarce resources, and improve quality and reach of existing services. In addition, studies are warranted on ethical issues in biomedical research and provision of care, the application of existing policies in protecting rights of people infected and affected by HIV, and impacts of policy, advocacy, and legislative efforts on HIV prevention, treatment and care.

#### **Impacts Research**

In this section, we continue to list references that covered the demographic, psychosocial, and economic impacts of HIV/AIDS and related conditions on individuals, families, communities, institutions, and the nation. In this update, 24 (6.7%) of the 358 references covered impact related issues. Of these, 7 (29.2%) were journal articles, 16 (66.7%) were theses, and one (4.2%) was a conference abstract. A dominant research theme in this category was research on the patterns and determinants of mortality due to AIDS and other opportunistic infections, primarily tuberculosis (refs. 4, 17, 20, 21). Indeed, despite the advent of free ART, HIV disease continues to be a significant contributor to the national burden of mortality. Another important research theme in this section was the examination of the daily challenges, stressful experiences, coping strategies, quality of life, or psychosocial outcomes of people infected and affected by HIV, including orphan and vulnerable children, sexually abused children and women, and single mothers with AIDS (refs. 1, 3, 8, 11, 16, 24). In the context of limited modern mental health and social services, strengthening traditional social support mechanisms to address these psychosocial impacts would be critical. In two studies, the socio-demographic impact of HIV/AIDS was discussed in relation to the increasing burden on grandparents or other older relatives to care for or raise orphan children (refs. 15, 18). Overall, research on the multidimensional impacts of HIV/AIDS is limited; additional studies on the impacts of the epidemic on workforce development, sustainability of families, and socio-economic development deserve emphasis in future research.

#### **Health Informatics, Monitoring and Evaluation Research**

For the first time in this series, we have combined research on health informatics with monitoring and evaluation research. Although we believe that the former can stand on its own, its inclusion here is intended to emphasize the critical role of health information systems for monitoring and evaluating HIV/AIDS programs and interventions. In this update, 44 (12.3%) of the 358 references covered health informatics and/or monitoring and evaluation issues. Of these, 8 (18.2%) were journal articles, 30 (68.2%) were theses, 5 (11.4%) were conference abstracts, and one (2.3%) was a report.

Most of the evaluation work focused on the assessment of the quality and effectiveness of programs and services such as those of ART or psychosocial services delivered to HIV/AIDS patients, and trainees of health extension programs or HIV/AIDS related programs such as those designed to support orphan and vulnerable children or delay early marriage (refs. 5, 13, 15, 29). Consistent with the absence of references on HIV health education programs, there was no reference that clearly evaluated the effectiveness of a behavioral intervention to improve condom use, reduce number of partners, encourage

abstinence or delay of sexual initiation, or promote sexual communication between partners. A few references discussed program monitoring activities, such as 10-year patterns of the provision of treatment programs for tuberculosis patients (refs. 23, 30, 32) and tracking working status of HIV infected individuals (ref. 25). There were a few studies focusing on cost and/or cost-effectiveness, two on estimates for HIV care and treatment programs (refs. 11, 12) and another focusing on task shifting of healthcare workers (ref. 27). In the context of limited resources, such efforts to evaluate cost or cost-effectiveness of programs would be needed to make informed resource allocation decisions and to improve accountability. It is interesting to note that one study has focused on the monitoring and evaluation problems of HAPCO funded programs (ref. 38), implying unmet needs to improve monitoring and evaluation capacity of grantees receiving funds to provide HIV/AIDS services.

Research on health informatics appears to be growing in Ethiopia, partly due to the creation of the Department of Information Science and Department of Health Informatics at Addis Ababa University as well as the joint masters program in health informatics between the Schools of Information Sciences and Public Health. Several master's theses covered a wide range of health informatics issues with direct implications to HIV/AIDS care, treatment, and prevention services. Three major research themes on health informatics issues were identified. The first group of studies examined the needs and readiness for health information. Issues covered included assessment of demand for and access to health information; knowledge, attitude, and practices of information technology use among medical students, and e-health readiness assessment (refs. 17, 19, 20). The second group of studies covered data mining and data use approaches to support or improve provision of VCT services (refs. 1, 34), tuberculosis and leprosy control programs (ref. 4), and improve quality of laboratory services (ref. 8). Use of VCT data to arrive at better estimates of HIV prevalence (ref. 14) or use of information for health planning (ref. 16) and factors affecting use of health information systems (ref. 18) were also covered. The third group of references covered the introduction of new information technology (e.g., electronic patient records), data mapping, data visualization, and data mining techniques, and database systems (refs. 7, 19, 26, 37, 41) and provided signs of further expansion of health informatics in Ethiopia.

#### **HIV/AIDS Research on Ethiopians in the Diaspora**

We located 7 (1.9%) references that dealt with HIV/AIDS and related issues among Ethiopians in the Diaspora. Of these, 6 (85.7%) were journal articles, and the remaining one (14.3%) reference was a conference presentation. This year's update includes references from Ethiopia, Israel, Finland, and the United States. The Ethiopian qualitative study examined experiences of

abuse and mental health consequences faced by Ethiopian domestic workers employed in Middle Eastern countries (ref. 2). As the number of Ethiopian women working in these restrictive and unregulated circumstances increases, research into international policy measures to prevent sexual and physical violence and health consequences is becoming increasingly urgent. Two of the three references pertaining to Ethiopians in Israel discussed the merits of pre-migration screening for preventing the spread of tuberculosis in Israel (ref. 3, 7) and the third covered programs to prevent mother to child transmission (ref. 1). The diagnosis of renal tuberculosis, a rare condition in the United States, in an adopted child from Ethiopia led to another discussion on the importance of tuberculosis screening in internationally adopted patients. Two studies, one from Finland and one from the United States, examined knowledge, attitudes, perceptions, and/or behaviors of international students from Ethiopia and other countries, and Ethiopian immigrants, respectively (refs. 4, 6). Studies like these are very important to document the continuity and changes in health beliefs and practices of immigrants in the country of settlement, and would provide valuable clues that help plan targeted interventions.

#### **Conclusions**

This update, like previous updates, includes an impressive list of published HIV/AIDS and related articles, conference presentations, master's theses and doctoral dissertations, and reports. Compared to last year's update, we have noticed significant increases in the numbers of published articles and master's theses, and a decline in the number of conference abstracts. The availability of online versions of previously missed published articles of the Ethiopian Journal of Health Sciences and the maturation of a new graduate program in health informatics may be responsible for some of the increase in published articles and theses respectively. The number of conference abstracts for the last update was inflated because of the International AIDS Conference and no similar conference of its magnitude occurred in 2009.

We have noticed expansion of research initiatives around ART, counseling and testing, and mother to child transmission prevention services. In addition, health informatics and health services research is also picking up, both of which would serve as the foundation for improving quality of services and efficiency in the healthcare system. Sadly, research in traditional HIV prevention health education, condom promotion, and other individual- and community-level interventions to delay sexual initiation, reduce number of partners, and promote safer sexual practices appear to be given less emphasis. Basic laboratory-based research has also not shown any promising changes. We hope that prioritizing for future research and training would take these gaps into account.

This update does not pretend to be a comprehensive list of all publications, theses, dissertations, and presentations on HIV/AIDS issues in Ethiopia and among Ethiopians in the Diaspora. We were also unable to identify relevant articles from other Ethiopian health-related publications (e.g., Ethiopian Journal of Medical Practice, Ethiopian Journal of Development Research) either because of delays in publication, limited circulation, or lack of access to them. There is also the problem of delayed indexing of publications in the PubMed and other databases, which makes it impossible to have a complete listing of abstracts from later issues of indexed journals such as the Ethiopian Medical Journal. We also realize that an increasing number of Ethiopian researchers are publishing their studies in African journals with limited circulation outside of Africa. We can only hope that these journals would become accessible in the future and we will capture missed references in subsequent updates.

A significant proportion of this year's references (46.9%) were master's theses and doctoral dissertations from Addis Ababa University, a sign of an increasing academic investment in HIV/AIDS research. Unfortunately, we were unable to document similar research output from other universities and colleges in the country. We hope that these theses and dissertations will be published and become available for a wider readership. As in previous updates, we continue our call for collaborators from other tertiary institutions to ensure a more comprehensive coverage of HIV/AIDS related graduate student research. We also invite interested readers to send us their suggestions to improve the quality and usability of the updates.

### **Section 1. Earlier Bibliographies on HIV/AIDS and Related Health and Socio-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. 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.
4. 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.
5. 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.
6. Converse PJ, Kloos H, Mulatu MS, Mariam DH, Haddis A. Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: The 2008 update. *Ethiop J Health Dev* 2009;23(1):73-94.
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. Kloos H, Assefa Y, Haile Mariam D, Mulatu MS, Converse PJ. Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: The 2007 Update with an Emphasis on the ART Scale-Up. *Ethiop J Health Dev* 2008;22(1):71-95.
10. 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.
11. Mulatu MS, Kloos H, Converse PJ, Haile Mariam D. Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: The 2006 update. *Ethiop J Health Dev* 2007;21(1):70-91.

### **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. Ayele W, Assefa T, Lulseged S, et al. RNA detection and subtype C assessment of HIV-1 in infants with diarrhea in Ethiopia. *Open AIDS J* 2009;3:19-23.
2. Beyene D, Bergval I, Hailu E, et al. Identification and genotyping of the etiological agent of tuberculous lymphadenitis in Ethiopia. *J Infect Dev Ctries* 2009;3(6):412-419.
3. Dessalew N. Investigation of the structural requirement for inhibiting HIV integrase: Qsar study. *Acta Pharm* 2009;59(1):31-43.
4. Eyakem A, Amogne W, Yimer G, et al. Steady state efavirenz pharmacokinetics profile among HIV patients in Ethiopia. *Br J Clin Pharmacol* 2009;68:6-6.
5. Hirpa AA. Human immunodeficiency virus type-1 antibody seroconversion time among HIV-1-exposed but uninfected children born to HIV-1-infected mothers in Ethiopia. MSc Thesis: Department of Medical Microbiology, Addis Ababa University, 2009.
6. Iwnetu R, van den Hombergh J, Woldeamanuel Y, et al. Is tuberculous lymphadenitis over-diagnosed in Ethiopia? Comparative performance of diagnostic tests for mycobacterial lymphadenitis in a high-burden country. *Scand J Infect Dis* 2009;41(6-7):462-468.
7. Masse BR, Boily M-C, Desai K. Using mathematical *Ethiop J Health Dev.* 2010;24(1)

- modeling to bridge phase 3 microbicide trials with public health decision making. *JAIDS* 2009;50(4):434-435.
8. Merid Y, Yassin MA, Yamuah L, Kumar R, Engers H, Aseffa A. Validation of bleach-treated smears for the diagnosis of pulmonary tuberculosis. *Int J Tuberc Lung Dis* 2009;13(1):136-141.
  9. Mitikou BN. Evaluation of different systems of CD4 T-cell percentage determinations by using standard flow cytometry for pediatric HIV management. MSc Thesis: Department of Biology, Addis Ababa University, 2009.
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- Section 3. Epidemiological, Behavioral, and Social Research**
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#### **Section 4. Treatment, Care, and Clinical Research**

This section includes studies on the characteristics and clinical course of HIV infection and opportunistic

infections, treatment to AIDS and opportunistic infections, effects and outcomes associated with treatment, clinical and non-clinical care and supportive services to provided to people living with HIV/AIDS.

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- Section 5. Prevention Research**
- This section includes reports on research and programmatic activities that are aimed at provision of prevention services targeted against HIV/AIDS and related opportunistic infections. Include in this section are studies on information and behavioral change communication, provision of voluntary testing and counseling and mother-to-child transmission prevention services, community mobilization, and other efforts against HIV/AIDS.
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- Section 6. Health Services and Health Policy Research**
- This section includes reports on research and programmatic activities that are aimed at expanding and improving the healthcare system, including such issues as expansion of services for people living with HIV/AIDS, health resource economics and management, healthcare staff training, and national as well as international policies, laws, and guidelines for the provision of services and the protection of people living with HIV/AIDS, women, children, and other vulnerable groups.
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### Section 7. Impacts Research

This section covers studies on the demographic, social, psychological, and economic impacts of HIV/AIDS on individuals, families, communities, institutions, or the nation. In addition, studies that explore the coping strategies of individuals, families, and communities to deal with the effects of HIV/AIDS and HIV/AIDS-related vulnerabilities are included.

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### Section 8. Health Informatics, Monitoring and Evaluation Research

This section includes reports that focus on HIV/AIDS related program or intervention monitoring and evaluation activities. It also includes research on and use of public health informatics in HIV/AIDS related programs – the systematic application of information technology and computer science to public health practice, research, and evaluation.

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10. Beyene ZT. An assessment of project management practices and challenges of local NGOs implementing HIV/AIDS related projects in Addis Ababa. MA Thesis: Department of Public Administration, Addis Ababa University, 2009.
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  25. McNabb ME, Hiner CA, Pfitzer A, et al. Tracking working status of HIV/AIDS-trained service providers by means of a training information monitoring system in Ethiopia. *Hum Resour Health* 2009;7:29 (e-publication).
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#### Section 9. 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 includes basic science, epidemiology, intervention, clinical, impact and social issues research.

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#### Section 10. Selected Websites Featuring HIV/AIDS in Ethiopia

1. Federal HIV/AIDS Prevention and Control Office of Ethiopia: <http://hapco.gov.et/>
2. Center for International Health of the University of Bergen, Norway (also access to the Ethiopian Journal of Health Development): <http://ejhd.uib.no/>
3. Christian Relief and Development Association: [www.crdaethiopia.org](http://www.crdaethiopia.org)
4. Ethiopian AIDS Resources Center: <http://www.etharc.org>
5. Family Health International: <http://www.fhi.org/en/CountryProfiles/Ethiopia/index.htm>
6. Johns Hopkins University Center for Clinical Global Health Education: <http://ccghe.jhmi.edu/CCG/country/ethiopia/>
7. People to People Organization: <http://www.peoplepeople.org/>
8. Save the Children: <http://www.savethechildren.net/ethiopia/>
9. United Nations Children's Fund (UNICEF): [http://www.unicef.org/ethiopia/hiv\\_aids\\_464.html](http://www.unicef.org/ethiopia/hiv_aids_464.html)
10. United Nations Development Programme (UNDP): [http://www.et.undp.org/index.php?option=com\\_project&id=13](http://www.et.undp.org/index.php?option=com_project&id=13)
11. United Nations Educational, Scientific and Cultural Organization (UNESCO): [http://hivaidsclearinghouse.unesco.org/search/format\\_liste.php?lang=en&ret=topics.php&Chp2=Ethiopia](http://hivaidsclearinghouse.unesco.org/search/format_liste.php?lang=en&ret=topics.php&Chp2=Ethiopia)
12. United Nations Joint Program on AIDS (UNAIDS): <http://www.unaids.org/en/CountryResponses/Countries/ethiopia.asp>
13. United States Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/globalaids/countries/Ethiopia/>
14. AIDS Portal: [http://www.aidsportal.org/overlay\\_details.aspx?nex=20](http://www.aidsportal.org/overlay_details.aspx?nex=20)
15. University of California, San Francisco HIV In Site: <http://hivinsite.ucsf.edu/global?page=cr09-et-00>
16. Network of Ethiopian Professionals in the Diaspora (NEPID): <http://www.nepid.org/>
17. The International Technical Training and Education Center on HIV (I-TECH) of the University of Washington: <http://www.go2itech.org/itech?page=co-03-00>
18. The International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University's Mailman School of Public Health: <http://www.columbia-icap.org/wherewework/ethiopia/index.html>
19. World Health Organization: <http://www.who.int/countries/eth/en/>

20. United States Agency for International Aid: [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/africa/ethiopia.html](http://www.usaid.gov/our_work/global_health/aids/Countries/africa/ethiopia.html)
21. Canadian International Development Agency: <http://www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/JUD-321124336-NST>
22. Italian Development Cooperation in Ethiopia: [http://www.itacaddis.org/italy/index.cfm?fuseaction=basic\\_pages.basic\\_page&page\\_name=52](http://www.itacaddis.org/italy/index.cfm?fuseaction=basic_pages.basic_page&page_name=52)
23. Ethiopian Journal of Health Sciences of Jimma University: <http://www.ejhs.ju.edu.et/> (to access full-text articles on HIV/AIDS and other health topics 1991-2009).