PARTNERSHIPS IN ETHIOPIA

Consultation Workshop on User Interface Platform for Health & Disasters Risk Reduction Sectors
Geneva, November 15/2011

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OVERVIEW OF THE DISCUSSION

1. Background
2. Partnership
3. Achievements
4. Challenges & Solutions
5. Lesson learnt
6. Recommendation
1. Background

1. Establishment of the Anti Malaria Association

• Malaria Epidemics of 1998 & Death Rate
• Who were victim?
1. Back Ground

1. Establishment of the Anti Malaria Association
   • Initiative
PARTNERSHIP

1. AMA & IRI/Google project
   1. Briefing in Columbia University
   2. Climate Matters in Health workshop in Addis Ababa

2. National Partnership
   1. The EFMoH & NMA ($500,000)
   2. Establishment of CHWG
   3. with Climate change Forum, CPHE, Earth day

3. International Partnership
   • HCF
   • MERIT
   • WMO/KOICA/WHO
   • ACMAD
   • SDSU
   • ClimDev, ACPC

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ACHIEVEMENTS

Awareness & Knowledge (300+)

1. Training: (100)
   1. Google Earth/Maps training,
   2. Climate & health
   3. GIS/Arc Reader
   4. Summer training
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2. Conferences & Workshops (300)
   1. Science & Technical meeting on Climate & Health
   1. MERIT
   2. African 10 years on
UNECA Conference Center
Addis Ababa, April 4-7, 2011

Photo credit: Dayan

BERHE
ACHIEVEMENTS

3. Project developments, 24 volunteers on meningitis
   1. Education, Training and Research
   2. Assessment of the socio-economic burden of meningococcal meningitis
   3. Risk assessment for meningitis epidemics
   4. Strengthening Surveillance and Database System of Meningitis

4. Graduate students of Public Health have been guided & supported to write their paper on climate & Malaria

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ACHIEVEMENTS

5. Collaborations have been developed


7. Bulletins are developed and distributed

7. Similar networking has been established in Madagascar, Kenya, Nigeria

8. Early Warning & Collection of data in one Region (Malaria & climate –AMA & SDSU)
ACHIEVEMENTS

1. Location of the Woredas identified
2. Seasonal patterns of out patient malaria cases -2009-2009
3. International patterns of Malaria relative risk during main epidemic
4. Seasonal patterns rainfall 200-2010
5. Seasonal patterns of MDVI 2000-2010
6. Seasonal patterns of landscape temperature
7. Seasonal patterns of actual evapotranspiration
8. Correlation between Malaria risk
9. Fit cross validation of linear regression
   • manuscript on exploratory spatial and temporal analyses of the historical malaria surveillance dataset
   • manuscript on the environmental risk factor modeling
ACHIEVEMENTS

7. African Climate & Health Association
8. Joint Article with His Excellency Dr Tewdros on Climate & Health in WMO bulletin
9. We promoted good will in the exchange of Met information
10. Strategic plan has been developed by the support of UNICEF including resourcing plan
11. Capacity building (CHWG & MERIT case study- HCF/IRI/Google)
12. Weather and Climate Impact on Community Health and Public Health Services”, KOICA/WMO/WHO and ACMAD (to further strengthen the activities)
ACHIEVEMENTS

AMA/WMO/WHO/KOICA partnership
Collection of malaria and climate data

• Assessment of HMIS (infrastructure, HIS, data sources, individual records, service records, resource records, HIS information dissemination and use.)
• In 4 sites (Pawe, Bahir Dar, Jimma & Ziway)
• 8 data managers assigned
• compilation and digitization
ACHIEVEMENTS

AMA/WMO/WHO/KOICA partnership

1. Malaria data
   1. Monthly case data
      1. confirmed parasite species, collected, compiled, recorded electronically. (8 y for Pawe, 7 y for Jimma, Bahir Dar (9 y for Fogera, 10 y for Mecha, 13 y for Yilmana Densa and 15 y for Ziway.

2. Climate data
   1. Minimum, maximum temperature,
   2. rainfall and relative humidity
      • 24 y/Pawe, 15 y/Jimma, 22 y/Fogera, Bahir Dar (26 y/Mecha, 25 y/Yilmana Densa and 25 y/Ziway recorded in electronic format.

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3. capacity building activities such as: Provision of computers and,
4. Training of data managers.

1. “Introduction to GIS and its Application for Malaria Risk Mapping”
   1. Familiarized with the concept of GIS
   2. acquire basic skills and knowledge of ArcGIS
   3. introduced to the acquisition of data from existing map; creation of database with the help of spatial and non-spatial data
   4. Familiarize with how spatial data are represented in vector and raster model
   5. Prepare malaria hazard and risk maps

5. Resource Center
CHALLENGES & SOLUTIONS

CHALLENGES
1. Weak understanding of Climate information
2. Big ambition and low Response
3. Openhealth Mapper
4. Over stretched passive involvement
5. Lack of Partners

SOLUTIONS
1. Continuous trainings & Workshops
2. Maintaining the efforts & Continuous request
3. Shift to Arc Reader
4. Patience & commitment
5. Show the need of the community

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## CHALLENGES & SOLUTIONS

### CHALLENGES

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Solution</th>
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</thead>
<tbody>
<tr>
<td>6. Internet Problem</td>
<td>6. No solution</td>
</tr>
<tr>
<td>7. Poor documentation</td>
<td>7. Training</td>
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<tr>
<td>8. the difficulty in installing and using the Arc GIS tool by the data managers</td>
<td>8. Training</td>
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1. Effective Collaboration is possible but it needs commitment.
2. Together we can make a difference.
3. Climate service can help from early warning to help a community.
   1. To prepare for the conditions,
   2. To limit their spread.
   3. To save resources.

This is what helps in reducing poverty.
RECOMMENDATION

1. The solution to the public health problem must be demand-driven

2. Met Services
   1. must be flexible enough to address the demand-driven approach to climate information.
   2. should work hard to mobilize the community to be able to use its produced information
   3. should adapt a system in the way that all community needed information be provided free of charge (WHO PAYS)

3. The Ministry of Health should explicitly commit itself to working through the National Meteorological Service to acquire climate information & Train its staff
RECOMMENDATION, cont....

4. Effective Collaboration and partnership at all level should be enhanced
5. Training & education should be enhanced
6. International partners should be driven by the community need
7. Input to environmental management to support health
8. KAP Survey
Orphans on Urban Gardening Program
SOIL protection

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Can we arrive at this stage?

YES, WHEN?

1. Partnership is based on the community (users) needs.
2. Awareness is raised and Knowledge is increased
3. Users understand the importance of Climate information
4. Poverty is beaten.
Thank you!  !
Merci!  !
Danke!  !