

Background and objectives of launching The Ethiopian Journal of Health Development, 1984

Yayehyirad Kitaw¹, Asfaw Desta² and Hailemariam Kahssay³

1. Introduction

The first Editorial of *The Ethiopian Journal of Health Development*, written 25 years ago, starts with the following statements... “The *Journal* is being founded at a very timely moment, since, for the first time since the sanitary revolution of the last century [19th, our addition] the world appears to be on the brink of another real revolution in health, as witnessed by ideas newly raised in the international arena such as the New International Economic Order (with all its implications for better health), Health by the People, Primary Health Care and Health for All by the Year 2000” (1). The *Journal* was launched because “Ethiopia, and East Africa in general, lack such a forum for thorough articulation and exchange

of ideas on policy, organizational and technical alternatives of the coming [could have said the on going our addition] revolution in health” (1).

In celebrating the 25th anniversary of the launching of the *Journal* in July 1984 (Fig 1), it seems appropriate to review the circumstances under which it was launched as a basis for assessing its achievements and shortcomings to-date as well as to make recommendations for the future. What were the circumstances and the thinking behind the above highly loaded phrases? How did those at the birth of the *Journal* view the opportunities and challenges at the time?

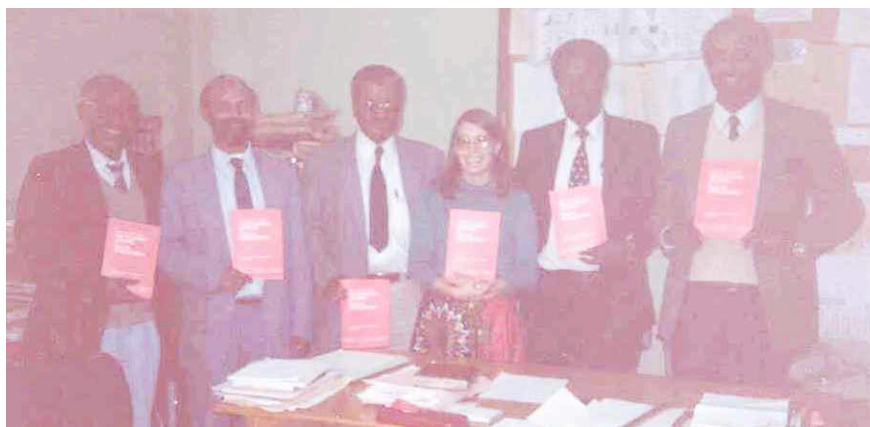


Figure 1: Some members of the Editorial Board & Staff of DCH proudly holding the 1st Issue of the Ethiopia Journal of Health Development, July 1984 (from left to right) Gebre-Emaluel Teka, Yayehyirad Kitaw, Eyassu Habte-Gabr, Elizabeth Sims, Yilma Mekuria, Asfaw Desta

2. The National Scene

2.1 The Ethiopian Revolution

The defining background of the launching of the *Journal* could be traced to the Ethiopian Revolution of 1974. At the time the population of Ethiopia (about 28 million) was young (43% under 15 years old) and lived mostly (about 90%) in rural areas. The country was one of the least developed in the world and suffered from repeated drought and famine, the then most recent one of which was among the immediate causes of the Revolution. It was also plagued with various civil strifes and some long-standing regional uprisings.¹

The health status of the population was very low (Infant Mortality Rate 155/1000, Child Mortality Rate 247/1000), mainly due to communicable diseases and malnutrition. Health services coverage was very low (15%) and the rural poor had almost literally no access (2, 3).

The Revolution started as a clear break from the semi-‘feudal’ and semi-capitalist autocratic regime of the past and strongly promised an improvement and equitable distribution of wealth and welfare to the downtrodden. In health, the National Democratic Revolution Program (1976) promised to ensure “...full and meaningful life to the broad masses by undertaking the necessary efforts to provide adequate health services with particular emphasis to the rural areas where the majority of the population (over 85%) lived” (3). Based on this the MOH developed a health policy and subsequently, the country developed a

¹ The literature on the history, economy... of the period is extensive; for a summary from the health perspective, see reference 3 in which more references will be found.

¹Department of Community Health, yayehyirad@ethionet.et; ²Department of Community Health, P.O. Box 62204, Addis Ababa; ³WHO Representative (All positions in 1984)

Ten Year Perspective Health Plan for 1985-1994 (4). The guiding principles of the health policy stressed:

- Foster full and active community involvement in all health activities;
- Ensure multi-sectoral collaboration and coordination in health actions among the concerned governmental and mass organizations;
- Extend health services to where the broad masses live and work;
- Put under control all major communicable diseases;
- Expand EPI services to ensure a wide coverage of the population;
- Ensure the provision of comprehensive health services to special population groups such as mothers and children, students, under-privileged nationalities, workers etc.; and
- Create a healthy living, working and recreational environment.

The 10 years between the start of the Revolution and the launching of the Journal in July 1984 were marked by a flurry of major health policy decisions and measures that could have major implications for the future. A health policy was developed, major strategies determined and, as importantly, major decisions were taken even before (or while in the process of) developing the policy and strategies. All these were done in relative haste through the drive of the revolutionary fervor.

Thus, in the first years of the Revolution, decisions were made, among others, to (3):

- Start community health services and train Community Health Agents (CHA) and Traditional Birth Attendants (TBA), started in 1978 (5)
- Change clinics into health stations and replace dressers by health assistants
- Accelerate the building of health centers (HC) and staff them with nurse practitioners (a new category) in the interim and eventually by doctors
- Discontinue the training of health officers (HO, as of 1977)
- Not only increase drastically the yearly intake of trainee doctors in Addis Ababa (from less than 40 to more than 100) and reduce the number of years of training, but also start similar training in Gondor and Jimma (1983) and
- Start graduate (specialist) training (1984)

While all these were going on, there was a lingering undercurrent of concern among the few professionals at the time that most of these measures were taken without being adequately thought through and lacked research-backing (or in more current jargon, were not evidence-based). This, in spite of the fact that almost all

professionals² were clearly for change although they had questions on the direction and pace of the change.

Discussions during the preparation of the 10 Year Perspective Plan and the Primary Health Care (PHC) Review of 1984 (6) highlighted some weaknesses and challenges. There was little or no research (7). Some felt that the country was following (almost blindly) new international orthodoxies without properly adapting them to the realities of the country. On the other hand, there were concerns on the government side that some of the professionals, those in higher education in particular “were alienated from the concept of PHC” (8).

The 10 Year Perspective Plan clearly articulated the need for health services research. The Ministry of Health was also pushing for “... a well-organized system of health research and evaluation... based on the community’s needs and must emphasize critical analysis of the strategies and implementation of the national policy” (8). Concurrently, as part of the reform in higher education and expansion of student intake, the Department of Community Health was expected to cater for a much larger group of medical students. It was also to start a graduate program in public health. The meager number of staff saw the need to not only do more and better research, including outputs by graduate students, but also the need for an outlet/dissemination in the form of a scientific journal. Thus, discussion on launching a journal started within the National Health Development Network of Ethiopia (NHDN-E).

2.2 NHDN-E

The recognition and acceptance of the close interrelationship between health and socio-economic development, the stress on intersectoral collaboration and community participation in PHC strategy, led to a number of experimentations in networking, one of which was the national health development network (9). Health for All (HFA)/PHC demanded long and difficult processes of social, political and economic changes based on sound knowledge and know-how. Recognition of the need for National Health Development Networks grew out of the awareness that traditional approaches (e.g. the efforts of Health Ministries alone) could not produce the needed changes. A better way was needed to bring together the scattered expertise of institutions and individuals. Networks fulfill these functions by helping to create a “critical mass” of expertise from among a country’s institutions and agencies most relevant, not

² For the first time a health professional (medical doctor) became Minister of Health and was lauded as “Our colleague, the Minister” by an editorial of the Ethiopian Medical Journal. A public health professional was also made the first Commissioner for Higher Education

only to the causes/remedies of ill health, but, more importantly, to the causes of Good Health.

Two concepts provided the logical basis for NHDN. The first was MOBILIZATION of knowledge, skills, resources, and personnel to promote acceptance and enthusiasm for HFA/PHC throughout the health and other sectors and among the people. The second was COORDINATION of the separate and often competing institutions, agencies, and experts whose contributions were essential for HFA/PHC. Clearly, with so much to be done and so many sociopolitical and economic factors to be taken into account, ways and means needed to be found of bringing together a variety of sectors, institutions, agencies and the people themselves, in the enormous effort of harnessing the causes of good health. By 1986, Ethiopia, Finland, India, Indonesia, Jamaica, Malaysia, The Republic of Korea, Sri Lanka, Sudan, Thailand, Tanzania, Yugoslavia, Zambia, and Zimbabwe were at various stages of establishing or running their NHDNs, in collaboration with WHO.

The Ethiopian version (NHDN-E³) evolved in 1981 with strong WHO support. It was conceived as “an institutional arrangement whereby a country can mobilize, organize, coordinate and strengthen its own technical capacities to meet the challenges of achieving ‘health for all by the year 2000’”. Launched in 1982, it was chaired by the National Revolutionary Development Campaign and Central Planning Supreme Council with the Department of Community Health of Addis Ababa University (AAU) as its nucleus. It had a large membership with representation from most of the relevant sectors and institutions in the country (Box 1). Understandably, the Ministry of Health (MOH) had the lion’s share (6 out of 17) in representation, followed by AAU (4 out of 17).

One of the major initiatives of NHDN-E was the launching of publications for the exchange of ideas and experiences and the promotion of research. Among these was a scientific journal, *The Ethiopian Journal of Health Development*. NHDN-E was active for some four years but petered out in the mid 1980s with the *Ethiopian Journal of Health Development* as its only enduring institutional legacy. While there were a number of factors for its demise, two seem to stand out:

- The network was highly dependent on external funding, mostly from WHO and SIDA, agencies with which the MOH was used to dealing directly and exclusively. Subsequently the MOH started

feeling that others were encroaching on its traditional turf through the NHDN mechanism

- In general, with changes at the top level, officials in the MOH felt a threat to their central/commanding role in health development even though the MOH was a key player in the Network and expected to benefit the most from the networking.

Box 1: Member Institutions of NHDN-E, 1984

- | | |
|---|---|
| 1. Central Planning Supreme Council –Chair | 8. Ethiopian Water Supply & Sewerage Authority, National |
| 2. Central Laboratory & Research Institute, Ministry of Health | 9. Health research Council, Science & Technology Commission |
| 3. Central Statistical Office | 10. Health Science Center, MOH |
| 4. College of Medical Sciences Gondar, Addis Ababa University (AAU) | 11. Institute of Pathobiology, AAU |
| 5. Department of Community Health, Medical Faculty, AAU - Nucleus | 12. Medical Faculty, AAU |
| 6. Ethiopian Management Institute, Council of Ministers | 13. Ministry of Agriculture |
| 7. Ethiopian Nutrition Institute, MOH | 14. Ministry of Health |
| | 15. Ministry of Information & National Guidance |
| | 16. National Maternal & Child Health center, MOH |
| | 17. Planning Bureau, MOH |

(Source: Adapted from *EJHD* 1(1):1.

This, evidently, presented a major threat to the survival of the Journal. WHO, at the request of the MOH, withdrew its financial support and, for a time, the ownership of the Journal was in abeyance. Fortunately, the Editorial Board (EC) and DCH, with encouragement from the Research and Publications Office of AAU, held the course and started looking for alternatives. The creation of EPHA in 1989, welcomed enthusiastically by the Journal (10), opened new prospects. Discussions were held in the EB throughout 1990 and 1991 on the “possible roles of EPHA, the University and MOH regarding ownership, sponsorship and day-to-day engagement in the affairs of the Journal”. The Board strongly felt that:

- 1) it should play a more active role in planning its future interactions with the three,
- 2) DCH should do its utmost to ensure a more regular and continued activity of the Journal,

³ NHDN-E was essentially an intergovernmental network with WHO, UNICEF and SIDA as active supporters. A team consisting of Drs Tarimo and Fulop from WHO, Geneva and Yayehyirad from the DCH, AAU developed the plan of action establishing it.

- 3) "It will be premature and probably a major mistake to move the base of EJHD outside of DCH"⁴ and
- 4) a close working relationship with EPHA will be of crucial help to EJHD.

The Board established an ad hoc committee of three⁵ to prepare a proposal based on these guidelines. The Board, supported by AAU, approved the proposal and consequently, EPHA was approached. A Joint Committee⁶ was established to prepare an agreement, which was signed in December 1991 and became effective as of January 1992. The major provisions of the Agreement were that EJHD would be recognized as a joint publication of EPHA and AAU, as the official organ of EPHA and jointly sponsored by them. With the signing of the Agreement, a major period of uncertainty ended.

3. The International Scene

The Ethiopian Revolution erupted in the context of a highly polarized world-order at the height of the Cold War. It had spillovers from the highly charged social movement of the late sixties and the call for the/a New Economic Order (2, 11). The calls for a more equitable health development⁷ even in the citadels of the developed (capitalist) world were strident (12).

Even the consensus (some would say the compromise) reached at the WHO stage were the 'revolutionary' concepts of PHC and HFA by 2000. The Alma-Ata (the choice of the place was not fortuitous!) Conference (1978) stressed on health as a fundamental right and a worldwide social goal and on the need to close the gap between the rich and the poor in order to make resources more equitably distributed, and attain a level of health for all that would allow them to lead a socially and economically productive life.

The models were essentially the experiences in China, Sri Lanka and Kerala State of India (13, 14). These were prefigured and often coached in similar terms with what

was evolving in Ethiopia since the Revolution and were, therefore, enthusiastically endorsed (15, 16). However, these approaches were already being challenged by the powers-that-be even before the ink on the Alma Ata Declaration has dried. The specter of vertical approaches was rearing its head again in the guise of Selective PHC as addressed in an article by a member of the staff of DCH at the time (17).

4. Driving Forces

WHO was an important promoter of the NHDN concept, enthusiastically supported by the Central Planning Supreme Council and MOH. However, the Department of Community Health, AAU, was the main catalyst in the formation of NHDN-E and, eventually, the Journal. The position of the Department has always been challenging. It had a small faculty (not more than five fulltime staff in 1984) but was expected to promote health development not only in a medical faculty dominated by the big-4 heavy weights in the medical profession (surgery, internal medicine, pediatrics and obstetrics & gynecology), but also in support of the MOH and all those involved in health development.

It was also at the forefront of changing the medical curriculum and aligning it with the concepts of PHC and 'HFA by 2000'. It had, at the same time, to adapt to a substantially increased number of medical students and more importantly, it was planning to meet the request by the university and MOH to start a graduate program in public health. The staff felt the need for research if it was to establish a credible graduate program. Research required a means to communicate/ publish its findings; hence the need for a journal. A journal will also stimulate research and publication. However, the department felt clearly that it would not be able to surmount these challenges unless it increased its 'social capital' by ensuring wide intersectoral support through networking. Thus, it emerged as one of the main driving forces behind the NHDN-E movement and ended up by being its nucleus and the Editorial Office of the Journal (9).

5. Process of launching the Journal

Discussion on the idea of a journal started in the first meetings of the NHDN-E Committee gaining momentum with the finalization of the 10-Year Perspective Plan and the provision of fund for health services research by SAREC. The Committee then (1983?) established a 3-person Ad Hoc Committee⁸ to prepare the ground for the launching of the Journal. The ad hoc committee prepared:

- The objectives and editorial policies of the Journal

⁴ Most of this and related information is from Minutes of the Board in EJHD archives.

⁵ Dr Fisseha Haile Meskel, Prof Jemal Abdulkadir and Dr Asfaw Desta

⁶ The Joint committee was composed of:

- Representing the Ethiopian Health Professionals Union
 - Elias G/Egziabher Chair EPHA
 - Hailegnaew Eshete Chair Research & Publication Committee
 - Dereje Kebede Member Research & Publication Committee
- Representing the Journal
 - Fisseha H/Meskel Editor-in-Chief
 - Asfaw Desta Board Member

⁷ Underscoring the social determinants of health (WHO)

⁸ The Ad Hoc Committee consisted of Drs Yayehyirad Kitaw (Department of Community Health, AAU), Nebiat Tafari (Health Research Council and Department of Pediatrics and Child Health, AAU) and Hailemariam Kahssay (Country Representative, WHO).

- Proposals for the composition and criteria for the selection of members of the Editorial Board and Editorial Consultants
- Information (guidelines) for contributors and
- Recommendation for the Department of Community Health, Nucleus of NHDN-E to be the editorial office of the Journal.

The NHDN-E Committee, after thorough discussions, endorsed the recommendations of the Ad Hoc Committee and

- Established a broad editorial policy (Box 2)
- Decided to call the Journal
 - “The Ethiopian Journal of Health Development”
 - A publication (instead of organ, for example) of NHDN-E, to clearly

convey that the journal will serve wider interest groups including from other parts of Africa. The publication was in fact conceived as “a forum for the exchange of ideas on all aspects of health development and primary health care... a multidisciplinary journal for social scientists, natural scientists, health workers at many levels, researchers, educators, administrators and planners in many fields, as well as for concerned non professionals” (1)

Box 2: Editorial Policy of The Ethiopian Journal of Health Development (Summary)

The *Ethiopian Journal of Health Development* is a multi-disciplinary publication concerned with the broad field of health development. The *Journal* Publishes analytical, descriptive and methodological papers, as well as original research, on public health problems management of health services, health care needs and socio-economic and political factors related to health and development ... Articles, which support the goals of “Health for All by the Year 2000” through the primary health care approach, are particularly welcome ... Ethiopia, and East Africa in general, lack such a forum for a through articulation and exchange of ideas on policy, organizational and technical alternatives of the coming revolution in health (*Source: 1*)

- Nominated a widely representative and competent Editorial Board and Editorial Consultants (Box 3). Effort was made to constitute an editorial board of high caliber with experience in research and publication, representing the various fields of public health from academic as well as research and health management. The first group continued almost intact until 1992 when a major re-haul was made (Annex).
- Created a position of Publications Officer⁹ within the Nucleus

The new Board, with support from the Ad Hoc Committee and the staff of DCH¹⁰, immediately started

work to publish the inaugural issue. Introductory contributions were solicited and obtained from the Head of the General Planning Sector of the National Revolutionary Development Campaign and Central Planning Supreme Council - Chair of NHDN-E Committee (11), the Minister of Health (8) and the Regional Director for Africa of WHO (18). Papers were received from contributors, peer-reviewed, and the inaugural issue published in July 1984 (Fig 1).

6. Challenges

Starting a scientific journal in one of the poorest countries in the world, torn apart by civil unrest is never an easy task. The Revolution exacerbated the situation. To cite only one factor, most of the experienced academic staff of the university (the majority foreigners) had left the country. In the process of preparing to launch the Journal, a number of challenges cropped up. Major challenges included the question of availability of quality papers to sustain a new journal and sustainable financing of such a journal. A subsidiary issue was the hosting/location of the editorial office.

⁹ The 1st Publications Officer was Elisabeth Sims (1984); officers in the first ten years included Asrat Wendemagegnhu (1984), Dr Derege Kebede (1989-1991), Simon T/Haimanot (1991-1996). There was no publication officer for Vol 2 (1987) and Vol 3 No 1 (1989).

¹⁰ The full time staff of DCH then consisted of Dr Adanech Kidanemariam, Dr Asfaw Desta, Desta Shamebo, Oscar Gish, Dr Tadesse Alemu and Dr Yayehyirad Kitaw (Head of Department)

Box 3: Editorial Board & Consultants (July 1984)**Editorial Board**

Eyassu Habte-Gabre, Editor-in-Chief	Dept. Internal Medicine, Medical Faculty, AAU
Fisseha Haile-Meskel, Deputy Editor	Central Laboratory & Research Institute, MOH
Asfaw Desta	Department of Community Health, AAU
Elias G/Egziabher	Council of Ministers
Gabre-Emanuel Teka	Planning Bureau, MOH
Solomon Ayalew	Central Planning Supreme Council
Teklemariam Ayele	Institute of Pathobiology, AAU
Yilma Mekuria	Central Laboratory & Research Institute, MOH

Editorial Consultants

Desta Shamebo	Department of Community Health, AAU
Gebreselassie Okubagzi	Gondar Public Health College, AAU
Getachew Tadesse	Vice-Minister MOH
Oscar Gish	Department of Community Health AAU
Hailemariam Kahssay	WHO
Nebiat Tafari	Health Research Council & Dept. of Pediatrics and Child Health AAU
Tewabech Bishaw	MOH
Yayehyirad Kitaw	Department of Community Health, AAU
Zein Ahmed	College of Medical Sciences Gondar, AAU
Zewde Wold Gabriel	Ethiopian Nutritional Institute, MOH

(Source: Adapted from EJHD 1984; 1(1))

The issue of the sustainability of the Journal in terms of getting adequate number of quality papers was a serious one. There were, at the time, very few professionals working/interested in health. Those available were overburdened with routine work and had little time for research and publication. The academic staff in Addis Ababa was very small. The public health staff in Gondar Public Health College, already small, was decimated by events related to the Revolution and by subsequent changes in the mission of the institution, the discontinuation of health officers training program in particular. The health and biomedical research institutes (Central Laboratory and Research Institute and the Ethiopian Nutrition Institute) were weak. The Health Services Research scheme, promoted by WHO/SIDA/SAREC and based in the Planning Bureau of MOH, faltered (7). Thus, even though the 10 Year Perspective Plan highlighted the importance of research and there were promises for government (a certain percent of the budget to be allocated specifically for research...) and international funding, the challenge could not be underestimated as proved subsequently. Very few did research and published papers. The few that did write papers, mostly from academic and research centers, preferred to submit their papers to better established and more reputable journals in order to ensure qualification for promotion. There were hopes that the numerous studies by medical students (in their rural

attachment period and eventually the theses of graduate students) would be published but most of them never reached publication stage in the period. The first of these had to wait until a special issue in 1991 (19).

Thus, the Journal had problems getting enough number of quality papers in the first years of its publication. Some numbers were delayed by months e.g. Volume 2 No 2 (dated 1987) came out only in 1988; Volume 3 No 1 (dated 1989) came out in 1991. There were no publications in 1985, 1986 and 1988. Overall, in the 10 years to 1994, only 8 volumes and 14 numbers were published (Table 1).

The “founders and editors”, in the words the WHO Regional Director for Africa (18), aspired to serve at least East Africa (Box 1). Encouragingly, the inaugural issue contained a paper from Mozambique (20) and most of the examples in the Editorial Note (2) were from Africa. However, the number of articles in the first 10 years was only five – the one from Mozambique and four from Nigeria - (Table 2) and did not show much improvement in subsequent years (see Index).¹¹

¹¹ Note that NHDN-E was designated to provide a newsletter on progress on PHC development in African countries and brought out some issues.

Table 1: Number of Volumes, Number and Date of Publication, EJHD 1984-1994

Volume	Number	Year	# of articles	# of pages
1	1	1984	12	90
	2		11	87
2	1	1987	9	92
	2		1	75
3	1	189	7	74
	2		8	72
4	1	1990	11	72
	2		28	173
5	1	1991	10	74
	2		6	50
6	1	1992	10	140
7	1,2	1993	10	140
8	1	1994	5	157

Source: EJHD archives

Table 2: Articles from Other parts of Africa, EJHD 1984-1994

Year	Journal		
	Vol	No	Pages
1984	1	1	41-46
1987	2	1	27-35
1990	4	1	69-72
1993	7	2	93-98
1993	7	2	99-101

Another aspiration was to publish supplementary or special issues in Amharic. As the Information for Contributors put it, "Articles of national importance written in Amharic might be accepted for special or supplementary issues". Again, Quenum (18) seemed to have captured the mood better. "The happy initiative which the arrival of this journal represents may contribute to raising the level of health of the populations of Ethiopia which has the great good fortune to have its own national spoken and written language, and which has recently made impressive effort to raise the level of literacy". That this aspiration was not more assiduously pursued is one of the paradoxes of (healthy) development in Ethiopia.

As mentioned earlier, sustainable financing of the Journal was another major concern. The first issues were funded by NHDN-E from funds allocated by WHO (SIDA/SAREC) to the network. However, WHO discontinued funding of NHDN-E and, therefore, the Journal in 1985/6. Fortunately, the Research and Publications Office (RPO) of AAU consented to finance the printing cost up to 1993, until other sponsoring mechanisms were developed. DCH and RPO signed an agreement to this effect in 1991. In the meantime, EB and DCH approached several would be sponsors including MOH, the Christian Relief and Development Association (CRDA) and ESTC among others. DCH signed an agreement with ESTC (SAREC fund) for a grant of 20,000 SEK in support of publication for two years, 1991 and 1992. Subsequently, ESTC continued to

support the publication through a series of two years agreements. These played an important role not only in guaranteeing the publication of the Journal but also in capacity development through access to foreign currency. DCH, of course, continued to support the Journal from its meager logistics and human resources.

There were also attempts to increase subscriptions and make the Journal available in health service establishments in Ethiopia. DCH approached the MOH with such a proposal in 1991 but, in spite of promises by the Minister (EJHD archives and Editorial 1990), the Ministry took no tangible measures. In 1994 (Nov 23) ESTC subscribed for the distribution of the Journal to 44 zonal and rural hospitals in the country (at Birr 30 per copy). This was a major break-through for the Journal as it made possible to reach a significant number of health workers all over the country.

In view of the anticipated challenges, a number of alternatives to the Journal were floated during the discussions in the early period. One suggestion was to strengthen existing journals and motivate them to cater for health development rather than start a new one. These (for example the Ethiopian Medical Journal and Ethiopian Journal of Development Research) have, it was argued, experience, good track record and could, with minimum support, fulfill the requirements of NHDN-E. However, NHDN-E members felt it was time to have a publication dedicated to, and specifically promoting, health development.

Another issue was on where to host the Journal. Consensus was easily reached in that the Journal should serve the wide circle of sectors and institutions involved in health development but various options were entertained on where to place the Editorial Office. The MOH, through one of its departments (e.g. Planning Bureau where the Collaborative Unit on HSR was located) or research institutes (e.g. Central Laboratory and Research Institute or Ethiopian Nutrition Institute), had strong claims. The Science and Technology Commission, through its Health Research Council, was also contemplating to start a research journal. The Institute of Pathobiology had a long record of accomplishments in research and publications. All these were considered but the NHDN-E Committee finally decided that the Department of Community Health should be the Publication Office of the Journal because:

- It was the Nucleus of NHDN-E and,
- in spite of its small faculty, it would provide:
 - A wider link with all those involved in health development – practitioners, trainers, researchers...in the various sectors¹²,

¹² Ultimately, there were very few papers from outside the health sector proper.

- A more conducive scientific and open environment for the editorial responsibilities of the Board.

7. Looking back to the future (Lessons learnt)

As stated previously, starting and sustaining a journal under the adverse conditions that prevailed in the early 1980s was no easy task. The Revolution was triggered by the intolerable conditions – underdevelopment, despotism, drought/famine...- but the promises of the Revolution never materialized and conditions went from bad to worse. The Revolution derailed and was supplanted by military dictatorship; internal conflicts expanded and intensified. There was a devastating war with Somalia. The economy nose-dived. All these had major impacts on health development leading, for example, to a major hemorrhage of human resource – the brain drain – in general and in human resources for health in particular. However, in spite of these challenges, the Journal not only survived, but also, after its early hiccups, flourished.

It has perhaps not fulfilled all the aspirations of its founders. Its African role has been limited; was it an unwarranted aspiration? Does the hosting of the 13th World Congress of Public Health in 2012 in Addis Ababa and the possible establishment of an African Public Health Association hold any new prospects?

Issues in Amharic have not been forthcoming. It may be that most professionals do not need this vehicle of communication but how should the Journal view its role of reaching to ‘lower’ level health workers, health extension workers for example, and to the public at large with the major public health issues of our time?

Overall, however, the Journal has not only survived but also flourished (21)! The future looks bright even if the task of increasing its visibility in the international arena where Africa continues to be marginalized (22) remains difficult (21). It is testimony to the fact that a few dedicated individuals and institutions could overcome seemingly insurmountable odds. AAU in general and DCH in particular, for example, should be congratulated for their foresight and perseverance and EPHA for seizing the moment.

Twenty-five years of fruitful existence have many lessons for the next 25 years of the New Ethiopian Millennium. The main ones could be summarized as follows. As ever before, we are going through another challenging period in Ethiopia’s history. The “constants in Ethiopian history” - lack of peace and security; lack of good governance; economic underdevelopment/poverty – persist as clear challenges to health development in Ethiopia (3). The Journal could contribute to articulating forcefully these challenges and indicating the contributions of health (healthy!) development in their resolution.

Of immediate concern should be the challenges posed by the decentralization process. There were always questions on whether the Ethiopian health care was moving towards becoming a system. The decentralization process has exacerbated the situation (hopefully a teething problem) by creating differing patterns – in HRD (recruitment, training, remuneration...) and staffing pattern, for example.

Ethiopia is facing major challenges from the accelerating globalization process, not only because of global health problems but also of pressures on its nascent health system from the conditionalities of the ‘health sector reform’ and accelerating ‘brain-drain’. It has also to face the challenges of emerging and reemerging diseases; the (coming) demographic and epidemiologic transitions – the ‘double burden’ of communicable and chronic diseases; the acceleration in the science and technology revolution (ICT, biotechnology, genetic engineering, nanotechnology...) with all its promises but also the risk of further marginalization; the continuous paradigm shifts in health (care) development – ‘health in the market place’. To paraphrase what WHO has said for PHC, EJHD is needed “now more than ever before” as a medium to articulate and indicate ways of surmounting these and similar challenges.

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Annex

EJHD, Members of the Editorial Board 1984-1994																							
Name/Year		84		85		86		87		88		89		90		91		92		93		94	
Journal Volume		1		*		*		2		*		3		4		5		6		7		8	
Journal Number		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
1.	Eyassu Habt-Gabr	E	E					-	-			-	-	-	-	-	-	-	-	-	-	-	-
2.	Fisseha Haile-Meskel	D	D					E	E			E	E	E	E	E	E	-	-	-	-	-	-
3.	Asfaw Desta	√	√					√	√			√	√	√	√	√	√	E	E	E	E	E	E
4.	Elias G/Egziabher	√	√					√	√			√	√	√	√	√	√	√	√	-	-	-	-
5.	Gabre-Emanuel Teka	√	√					√	√			√	√	√	√	√	√	√	√	√	√	√	√
6.	Solomon Ayalew	√	√					√	√			√	√	√	√	-	-	-	-	-	-	-	-
7.	Teklemariam Ayele	√	-					-	-			-	-	-	-	-	-	-	-	-	-	-	-
8.	Yilma Mequria	√	-					-	-			-	-	-	-	-	-	-	-	-	-	-	-
9.	Jemal Abdulkader	-	√					√	√			√	√	√	√	√	√	-	-	-	-	-	-
10.	Yayehyirad Kitaw	-	√					√	√			√	√	√	√	-	-	-	-	-	-	-	-
11.	Zein Ahmed	-	-					√	√			√	√	√	√	-	-	-	-	-	-	-	-
12.	Tadesse Alemu	-	-					-	-			√	-	-	-	-	-	-	-	-	-	-	-
13.	Adanech KidaneMariam	-	-					-	-			-	√	√	√	-	-	-	-	-	-	-	-
14.	Derege Kebede	-	-					-	-			-	-	-	-	-	√	D	D	D	D	D	D
15.	Berhanu Abegaz	-	-					-	-			-	-	-	-	-	-	√	√	-	-	-	-
16.	Hailegnaw Eshete	-	-					-	-			-	-	-	-	-	-	√	√	√	√	√	√
17.	Hailu Yeneneh	-	-					-	-			-	-	-	-	-	-	√	√	√	√	√	√
18.	Mehari Woldeab	-	-					-	-			-	-	-	-	-	-	√	√	√	√	√	√
19.	Teafaye Bulto	-	-					-	-			-	-	-	-	-	-	√	√	√	√	√	√
20.	Tigest Ketsela	-	-					-	-			-	-	-	-	-	-	√	√	√	√	√	√
21.	David Zakus	-	-					-	-			-	-	-	-	-	-	√	√	√	√	√	√
22.	Zewdie Wolde-Gebriel	-	-					-	-			-	-	-	-	-	-	√	√	√	√	√	√

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