THE ALUMNI VOICE

A Special Publication of The Alumni of University of Gondar
on the Occasion of The 60th Year Diamond Jubilee Celebration
July 4-7, 2014

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MAYO CLINIC

CONGRATULATIONS

UNIVERSITY OF GONDAR

ON YOUR

60TH DIAMOND JUBILEE ANNIVERSARY

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Details at http://mayoedu.org/

Registration and participation is free of charge.

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ETHIO-AMERICAN DOCTORS GROUP, INC. (EADG) CONGRATULATES GONDAR UNIVERSITY AND ITS ALUMNI ON ITS DIAMOND JUBILEE (60TH YEAR) COMMEMORATION!

EADG seeks to meaningfully improve the delivery and healthcare in Ethiopia

EADG will transfer healthcare, medical knowledge, and skills to Ethiopia starting 2017

EADG is a US-based corporation organized to establish a center of excellence, tertiary hospital in Addis Ababa, Ethiopia. EADG has physician members covering 35 different specialties and subspecialties from all over the world, including 30 States in the USA, Ethiopia, Canada, the Caribbean, England, Germany, Ireland, Norway, Qatar, Scotland, Sudan, Sweden, and the US Virgin Islands.

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- Improve the level of confidence of medical services within the country
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- Save foreign currency by making high standard medical services available locally
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- Enable the Diaspora to engage positively with Ethiopia
- Establish a Regional Cancer Center of Excellence in collaboration with IGAD
- Create a fund to assist individuals who are unable to pay for medical services

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MEMBERS OF THE GONDAR ALUMNI STEERING COMMITTEE IN THE USA:

Anteneh Habte, MD
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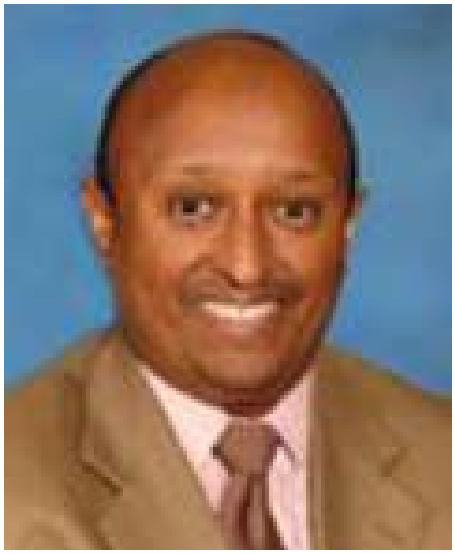
Elias Said Siraj, MD
1988

Mulugeta Z. Fissha MD
1998

Nuru Abseno Robi, MD
1988



Yared Aytaged Gebreyesus, MD
1988

Yared Wondimkun Endailalu, MD, PhD
1986

Ethiopian Diaspora Volunteer Program

Volunteer Opportunity:

The Volunteer Healthcare Corps (VHC) is recruiting
MEDICAL INSTRUCTORS for ETHIOPIA
as part of the country's Medical Education Initiative.

We seek qualified individuals, such as
GONDAR COLLEGE OF MEDICAL SCIENCES ALUMNI,
to help equip students at the 13 new Ethiopian Medical Schools with the essential knowledge and skills they need to more effectively address healthcare challenges in Ethiopia!

THE OPPORTUNITY:

- Teach basic science courses;
- Serve as faculty & student mentor;
- Develop teaching & learning materials
- Provide clinical training;
- Advise Medical Education Initiative leadership

THE BENEFITS:

The VHC provides each volunteer with

- Round-trip airfare;
- Housing stipend & living allowance;
- In-country support;
- Expenses for vaccinations, visas, and work permits

Contact vhc@aiha.com for more information.

To apply, visit **www.TwinningAgainstAIDS.org/volunteers.html** and submit an online application.
Send CV & cover letter to: vhc@aiha.com.

Volunteer Healthcare Corps
a project of the Twinning Center

The **Ethiopian Diaspora Volunteer Program** was launched by the Volunteer Healthcare Corps in 2006 and has placed more than 60 Diaspora volunteers to date. This HIV/AIDS Twinning Center project supports **Ethiopia's Medical Education Initiative** in close collaboration with the **Federal Ministry of Health** and **Ministry of Education.** It is funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Centers for Disease Control and Prevention (CDC) in Ethiopia..

ACKNOWLEDGEMENTS

The University of Gondar Alumni Steering Committee in the USA

When we, the Steering Committee of University of Gondar Alumni in the USA, decided to work on the publication of an alumni magazine on this historic occasion, we were not sure how it will be received by the stakeholders. As we reached out to alumni, faculty and friends of University of Gondar to share their memories and reflections on the occasion of the Diamond Jubilee, the response was immediate and heartwarmingly enthusiastic. True to the good old Ethiopian culture, they all embraced the idea of sharing their scholarly ideas, fascinating stories and historical pictures. The magazine then took a life of its own with our role as editors becoming one of primarily shepherding the process and coordinating the effort. Our mission would have not been accomplished if it were not for our esteemed contributors who collectively highlighted milestones of our alma mater through its 60 year journey. Our appreciation to each and every one of them is boundless.

We would like to express our deepest appreciation to Professor Mengesha Admassu, President of Gondar University, and the rest of his leadership team for their unwavering support and encouragement throughout the project.

We are also grateful to Dr. Enawgaw Mehari, President of People to People, for his invaluable advise, technical and administrative support. Our special thanks goes to also to Mr. Matthew Watts, St. Claire Regional Medical Center at Morehead, Kentucky, who spent many volunteer hours in designing the layout and graphics of the magazine. His professional assistance helped us achieve the high standard we had aspired for from the outset.

We will be remiss if we do not recognize Ato Shambel Eniew who was our contact person in Addis Ababa and facilitated the publication of the magazine.

We gratefully acknowledge the following organizations not only for their sponsorship which helped offset some of the cost of the publication of the commemorative magazine, but also for their active role in supporting health care in Ethiopia:

- Blue Nile Medical Center
- Comprehensive Health Solution
- Ethiopian Airlines
- Ethiopian American Doctors Group
- Jimma University Alumni
- Mayo Clinic
- People to People (P2P)
- Twinning Center of the American International Health Alliance (AIHA)

Finally, our heartfelt thanks to all of you, our supporters, who shared, liked, tagged and commented on social media to help us feel the pulse of our readership.

Jimma University

Alumni of Jimma University

and

Dr. Teklasion Seife Recognition Steering Committee

congratulate

University of Gondar and its alumni on the historic occasion of the Institution's Diamond Jubilee

A MESSAGE FROM THE UNIVERSITY OF GONDAR ALUMNI STEERING COMMITTEE IN THE UNITED STATES

On behalf of the alumni of University of Gondar in the United States, we would like to extend our heartfelt congratulations on the occasion of its Diamond Jubilee. This is a momentous milestone by all accounts and places the University firmly in the ranks of the leading institutions of higher learning in the continent.

The idea of forming an ad hoc committee to jumpstart an alumni network for graduates and friends of University of Gondar took root in early 2011 when the three founding members (Anteneh, Elias & Mulugeta) visited the school on separate missions. We all came back awestruck by the transformation of a college of a few hundred students to a sprawling three campus facility with over 20,000 enrollees. This was also a stark reminder of the disconnect between alumni in the Diaspora and their alma mater. We were all aware of the integral role alumni societies played in US institutions of higher learning and agreed that establishing an alumni network was a cause worth pursuing for our alma mater. As we started our project, we were keenly aware of similar attempts in the past, both inside and outside Ethiopia, which fizzled out after a short period. From the outset, we agreed that the network we form has to be loose by design and primarily serve as the liaison between alumni and the University leadership. The objective was to form a network through which alumni can keep abreast with developments in their alma mater and channel their efforts to share their skills, knowledge and monetary resources in a streamlined fashion which is responsive to the needs of the institution. We are grateful for the enthusiastic and sustained support of the University leadership under its President Professor Mengesha Admassu, who allowed us unfettered access and proceeded to establish an alumni office within the University and designated a contact person.

We started out by creating a database of Gondar alumni in the USA which are estimated to number in the hundreds. A yahoo mail group forum was established for ease of communication and the University has since added an alumni page on its website. Three more of our colleagues joined us and the steering committee was expanded to six. Our focus in these formative years has been to create awareness, build our database and increase the number of subscribers to our forum, encourage dialogue among the University leadership, faculty and students and alumni in the USA and provide the opportunity for interested individuals and group to foster partnership with Gondar University.

Our activities over the last several years include meetings with the University leadership in various venues and the first ever alumni reunion in the United States where Dr. Mallede Maru, founding Dean of the Gondar College of Medical Sciences, was the recipient of the alumni recognition award. Our committee also nominated and successfully lobbied for Dr. Mallede to receive People to People's (P2P) lifetime achievement award. We facilitated the signing of a Memorandum of Understanding between P2P and the medical school in Gondar and invited and sponsored a Gondar medical school faculty for the annual P2P global health conference in Washington DC. Our colleagues in Ethiopia are also working in forming a sister organization and it is our belief and hope that we will have coordination of efforts going forward.

Over the last year, our committee has been working diligently to make meaningful contributions towards the successful celebration of the Diamond Jubilee. We mobilized our colleagues in the Diaspora to be actively involved in the celebration and participate in person whenever possible. We are pleased to see that this group is well represented during this festive occasion. We also undertook the task of publishing a special alumni magazine by compiling the thoughts and reflections of historic figures who have left their indelible marks and accomplished professionals whose career path was shaped by University of Gondar and/or its predecessor institutions. We organized a clinical symposium for faculty and students in concert with the University, whereby alumni experts from the US, Europe and Ethiopia will speak on relevant medical topics. Our overall effort is a fitting tribute to an institution whose proud but humble beginnings belie its current position as a hub of higher learning in the country.

It is our sincere hope that an increasing number of Gondar alumni will play

an active role in supporting their alma mater going forward. We also hope that Gondar University will emulate successful models of alumni partnership from around the globe and be a leader among institutions of higher learning in Ethiopia when it comes to fostering alumni associations. The future of University of Gondar looks very promising. We are proud to be part of Gondar's legacy and wish the students, faculty and leadership a happy anniversary and many more years of growth, innovation and excellence.

REPORT OF THE HISTORIC GONDAR COLLEGE OF MEDICAL SCIENCES

ALUMNI REUNION IN THE USA IN SEPTEMBER 2012

This historic reunion was organized by the GCMS Alumni Steering Committee in USA. The date, Sunday September 23rd, 2012 was chosen to coincide with the annual Global Ethiopian Diaspora Conference on Healthcare and Medical Education which was sponsored by People to People (P2P) and conducted on Saturday September 22nd, 2012. That way the potential for bringing as many as possible alumni to the event was maximized.

Before describing the Alumni Event, we would like to say few words about the P2P event which brought together more than 200 health care professionals together (mostly Ethiopian Diaspora physicians) to discuss and debate issues related to the health care and medical education in Ethiopia. There were more than 10 guests from Ethiopia including H.E. Dr. Tedros Adhanom, the then Minister of Health, as well as representatives of 5 medical schools from Ethiopia. University of Gondar was represented by Dr. Yonas Yilma, Clinical Director of Gondar University Hospital. During this event, Professor Mallede Maru, the founding Dean of GCMS was recognized by P2P and awarded the 'Life Time Achievement Award". Even though initially, Professor Mallede was scheduled to come in person and receive his award, that was not possible due to last minute unexpected circumstances. His son, Dr. Mehrette Mallede Maru, who has become a Cardiologist in the USA on the footsteps of his dad, received the award on behalf of his father. The interesting thing that day was that another son of Gondar, Professor Haile Gerima, the internationally renowned film maker and artist was awarded the P2P "Public Service Award". After observing this coincidence, Professor Haile Gerima joked about a possible "Gondar conspiracy" within P2P.

The next day, the GCMS alumni reunion took place also in Washington DC. It was a very joyous and at times emotional event as people who have not met each other for decades were able to meet for the first time! Alumni starting from the first batch of 1985

graduates to the most recent ones were represented. In addition to Dr. Yonas Yilma, who officially represented University of Gondar, we also had the pleasure of having Dr. Kassahun Desalegn, a Dermatologist from Gondar who happens to be in the USA for training. Other alumni guests from Ethiopia included Dr. Tequam Debebe, Chairman of Radiology at AAU and Dr.

Alumni Reunion

Muluken Bekele, ENT specialist from Hawassa University.

In addition to informal chats, jokes and laughs, there were also formal discussions organized by the Steering Committee. The committee made brief presentations regarding what has been done to jumpstart the GCMS Alumni Network from scratch, the steps taken to create effective channels of communication with Gondar University and summarized the various activities undertaken. Slide shows of pictures from Gondar University from recent trips of the steering committee members were also presented. Subsequently a vigorous discussion was undertaken regarding the successes and the challenges of the alumni activities and suggestions for future directions were gathered. The attendees commended the initiatives and activities of the Steering Committee who over a period of 1 year have started something off the ground and made this reunion possible. Those founding members were Dr. Anteneh Habte, Dr. Elias Said Siraj and Dr. Mulugeta Z. Fissha. The committee highlighted the fact that their membership in the steering committee is not forever and encouraged new volunteers to join the committee so that responsibilities can be shared and gradually transitioned to a newer generation. After the discussions, Dr. Nuru Abseno Robi, Dr. Yared Aytaged Gebreyesus and later Dr. Yared Wondimkun Endailalu, who have been very helpful to the steering committee in organizing this event, have agreed to join and expand the steering committee to 6 members.

Subsequently, Dr. Yonas Yilma, updated the attendees regarding the current status of the University of Gondar in general and the Medical School/ Hospital in particular. For some of the alumni, who have not been to Gondar for decades, the news of University of Gondar expanding so much and having more than 20,000 students was simply exciting and unimaginable. Dr. Yonas also briefed the alumni about the preparations the University is undertaking to celebrate the 60th anniversary of the establishment of the Public Health College in Gondar (to be celebrated in Summer of 2014) and encouraged

the alumni to come and participate in the celebrations in Gondar. Both the steering committee and the alumni at large promised to explore possibilities of attending the event once the details of the event are made public.

After that, the steering committee, on behalf of all the GCMS alumni, presented a recognition plaque to Professor Mallede Maru for his role in establishing GCMS and making it through the difficult early years of the college.

Alumni Award to Dr. Mallede

His son, Dr. Mehrette Mallede Maru received the award on behalf of his father. Following the award ceremony, a video recording of Professor Mallede was shown, where he thanked the alumni for the recognition bestowed on him. He also explained the history of the establishment of GCMS and the difficulties encountered at the beginning in a very humorous and entertaining way. The alumni were very moved to hear directly from Professor Mallede.

After the conclusion of the formal session, the ceremony was continued with dinner, and informal chats and discussions. As they say, all good things finally do come to an end… and we finally had to say good bye and travel to our respective states scattered through out the USA.

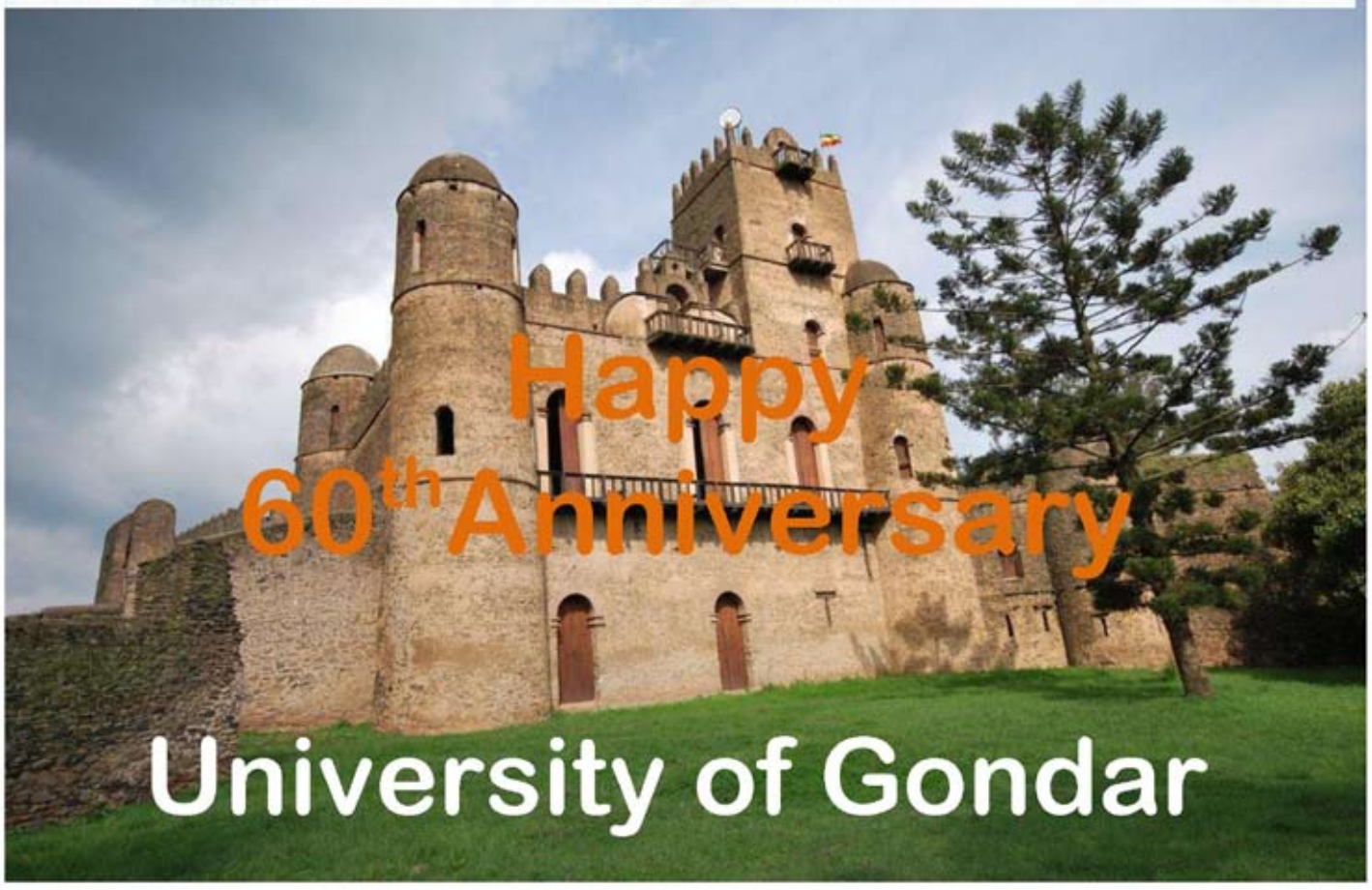
Over all the first reunion was a great success. For a first event in the USA, this was a great start. It did create the impression that with some effort and dedication people can come together and work for a good cause of supporting their Alma Matter and at the same time remember the old good days.

P2P Award to Dr. Mallede

The reunion finally was concluded with the hope that this was the first of several reunions to come in the future.

On behalf of the steering committee, we would like to use this opportunity to thank all the alumni and guests who came from various states of USA as well as from Ethiopia and contributed to the success of the event.

Reported by the GCMS Alumni Steering Committee



THE INITIAL YEARS OF GONDAR COLLEGE OF MEDICAL SCIENCES

Professor Mallede Maru
Founding Dean of Gondar College of Medical Sciences

The establishment of the Public Health College and Training Center (PHC) in Gondar in 1954 was dictated by the pressing health problems that were present at that time. There was a malaria epidemic in Dembia Wereda that killed more than 30,000 people. The tragedy was known locally and internationally. Dejazmach Asrate Kassa, the Provincial Governor at that time, requested for an immediate solution for the problem. After a period of planning by experts from USAID and the Ethiopian Government, cooperation agreements were signed between the Ethiopian Government and USAID on April 29, 1953 and the Ethiopian Government and WHO on September 3, 1954. The agreement signed contained the following objectives:

1. To develop a model provincial and municipal health service for the Province of Begemidir & Semien and the town of Gondar.
2. To establish a center in Gondar to train auxiliary health personnel including health officers, community nurses and sanitarians
3. To conduct epidemiological investigations and surveys to determine local patterns of diseases in order to provide firm rational basis to train students.
4. To promote extension of health services throughout the country.
5. Eventually to expand teaching facilities at Gondar to train staff of full professional grade.

From 1954-1961 the College trained the Health Officer at the Diploma level and Community Nurse and the Sanitarian at Certificate level. The curricula was designed to train them to work in rural setting as a team. The training at Gondar was unique and was copied by other countries with some variations.

In December 1961 the College became part of the Addis Ababa University (AAU). The Health Officer's curriculum was upgraded to a degree program and that of the Community Nurse's and Sanitarian's were upgraded to diploma levels.

In 1971, I came to the College from Princess Tsehai Hospital in Addis Ababa. Gondar at that time was a vibrant city. The economy was good due to the large Sesame commercial farms in Setit Humera and Metema. I came to Gondar because I was interested in teaching and was also very much dissatisfied with my salary in Addis. I learnt that the Dean, Dr Birru Mengesha was looking for a GP and was ready to pay a monthly salary of 1200 Birr and fully furnished house. That was very attractive for me who was getting a mere gross salary of 750 Birr in Addis. Within a few months, I became the Hospital Director. Every Friday we used to go in teams to the five outreach Health Centers to supervise the weekly student activity reports and conferences. That was a tradition established by the PHC which is still continued by the Medical College. In 1982 the name of the PHC was changed to Gondar College of Medical Sciences because the medical students did not want Public Health College and Training Center to be on their Diploma.

In July 1972, I left for the USA for postgraduate studies. I returned in July 1976 as Internist and Cardiologist. When I returned, the conditions in Gondar where frightening. Guns shots were heard every night. People were dying left and right. The students were frightened. The safety of our staff and students was precarious. In April 1979 Dean Birru left for postgradu-

ate studies. I was appointed Dean and Zein Ahmed became the Assistant Dean.

The year 1974, along with the dramatic socio-political upheaval, brought a number of changes in the curricula of the health professionals in Ethiopia. Due to the critical shortage of trained health professionals, the curriculum for medical doctors was reduced by two years and that of the Health Officer, Nurse and Sanitarian by 6 months. In December 1976, the training of the Health Officer and the Community Nurse was discontinued without any evaluation of the contribution of the program to the nation's health. The graduates of the PHC were in fact the founders of public health service all over Ethiopia. From the Health Centers established all over the country they were the sole health care and preventive health providers. In order to control epidemics and treat the sick, they went to the remotest places on foot and when possible on horseback. They treated the sick, controlled epidemics and promoted disease prevention. On the occasion of the 60th anniversary of the founding of the Gondar University, we salute those dedicate and courageous pioneer Health Officers, Community Nurses and Sanitarians.

On December 1976, the Provisional Military Administrative Council gave a directive to the AAU and the Ministry of Health to start training medical doctors in Gondar in place of Health Officers. An expert Committee was established from the Ministry of Health and AAU in 1977. The Committee recommended that the training of medical doctors in Gondar can be started immediately with the available classrooms and dormitories but the following additional requirements must be met as soon as possible. The requirements were new buildings for preclinical and clinical departments, dormitories, apartment for teaching staff a new library and remodeling the Hospital building to increase the number of beds from 220 to 350 and increase the number of operation rooms. They recommended additional staff for the clinical departments 16, the preclinical departments 17, GPs 30, nurses 40, Midwives 6 and Health Assistants 40.The Committee recommended a capital budget of 4,756,400 Birr for construction and 1,850,650 Birr for equipment and supplies.

In July 1977, the AAU and the Karl Marks University (KMU) signed an agreement on Scientific and Cultural Cooperation. In February 1978, a delegation lead by professor D. Sc. L. Rhatmann visited the College. The idea of establishing the Medical College was discussed. It was agreed to meet in Leipzig in May 1979 to discuss the details of the program. From May 29 to June 2, 1978, a delegation consisting of Ato Bililigne Mandefro, Academic Vice President, W/ro Misrake Elias, External Relations Officer and Dr Mallede Maru, the Dean visited KMU in Leipzig. At the end of the visit a cooperation protocol was signed between Professor Fritz Muller and Dr Mallede Maru. Karl Marx University agreed to provide the Gondar Medical Faculty all the necessary academic staff, teaching materials and laboratory supplies

Dr Duri, Dr Mallede with Prof. Rhatmann at KMU

The first batch of 107 medical students arrived in Gondar in September 1978 and joined the Basic Sciences Department which was fully staffed by graduate assistants recruited from the Faculties of Science and Social Science. The Basic Science courses were completed without any problem.

During the last week of August 1979 the five professors for Anatomy, Physiology and Biochemistry arrived at Addis Ababa by plane with the necessary equipments and teaching materials. I received them in Addis and sent them to Gondar by a new Toyota car. However our teaching program was seriously threatened by a car accident that happened during the trip of the professors from Addis Ababa to Gondar. Fortunately only one assistant professor of Physiology had fracture of his right humerus, with only minor injuries of the other four professors.

The assistant Professor was advised to return home but refused. Such was the enthusiasm and commitment of our German colleagues who came to teach and give medical services at the College.

The teaching program started on September 13, 1979. The work of the three Departments was coordinated by Docent Dieter Reissig who was a good organizer. The laboratory work for the Departments was started in January 1980 due to lack of laboratory materials. The major problem was lack of cadavers for Anatomical dissection. The problem of cadaver was solved by a donation of two new and one dissected cadaver from the Department of Anatomy of AAMF.

The preparations for the opening of the Departments of Pathology, Pharmacology, Microbiology and Parasitology were completed well ahead of time. The equipments, chemicals, supplies and teaching materials that were ordered arrived from abroad. The problem of cadavers was solved by sending Prof. Reissig and the anatomy technician to the Anatomy Department of Addis AAMF with the necessary chemicals to prepare new cadavers. They were able to prepare three cadavers which were brought to Gondar in especially made coffins by the untiring carpenters of the College Carpenter Shop, who made all those laboratory benches and stools. We were well prepared for the next academic year.

During the last week of August two Microbiologists, two Physiologists, one Biochemist, one Anatomist and one Pharmacologist arrived in Gondar and the 1980-81 academic program was started as scheduled. The academic year was successfully completed without problem.

The second Presidential Steering Committee led by Dr Duri Mohammed visited the College from April 13 -16, 1981. The visit was in keeping with the University policy to establish and maintain identical standards at the two Medical Faculties and also to see the progress of the implementation of the recommendations of first Presidential Committee.

The Committee after evaluation of the preclinical teaching activities concluded that the standard at Gondar was lower than Addis Ababa. In order to have identical standards between the two Faculties the Committee recommended that:

1. The admitting criteria should be identical. After that students were assigned by lot.

2. The course content and curriculum should be similar.

3. The teaching facilities should be similar.

4. The evaluation for both Medical Faculties should be identical.

The attainment of the above objective can only be accomlished by having a close link between the two Institutions. The link was not strong and the above recommendations were only partially fulfilled.

The Committee also looked in to the crowded condition of the dormitories and the unsatisfactory living quarters of the staff. The need for new dormitories and apartments was acute. There was water shortage for the students, staff and for Science Amba laboratories. The College was trying all means to make water available. We found a large tanker near Terara Hotel which was not in use. In our desperation, we went to Major Melaku Tefera, the then Governer of Gondar province to ask him to give us the tanker for the College which he did without hesitation. We brought it to Science Amba, where it is still giving service to the present time.

The second major phase in the development of the Medical Faculty was the establishment of the four major Clinical Departments and the takeover of the Hospital Services by the German Professors.

The Committee recommended to raise the Hospital bed number from 220 to 350 by modifying the existing wards of the Hospital, changing the dormitories inside the Hospital to wards and by building additional rooms in the existing wards. The recommendations were fulfilled during the 1980-81 academic year. In August 1981, Prof. Schlegel Head of Gyn & Obs, Docent Dr Raue, Head of Pediatrics, Docent Dr Duck, Head of Internal Medicine and Docent Dr Bellmann, Head Surgery arrived in Gondar to organize their respective departments. There were 4 internists, 4 surgeons, one anesthetist, 3 Pediatricians and 3 Obstetrician and Gynecologists. When all the Departments became fully functional the total number of the staff from KMU was 28. From 1979 to 1991 a total of 107 KMU Professors came to the College. Their enthusiasm, dedication and commitment were second to none. We are grateful for their contribution to the development of the College and the nation at large.

There were doubts by the students that the medical education in Gondar was below standard because of the Presidential Committee comment and the rumors going around. In order to as-

sure our students that the standard at Gondar was good, we brought Interns from AAMF at great cost. That rumor evaporated within the first week of the arrival of Addis Ababa Interns. After working for a few weeks with them the confidence of our students in themselves was considerable. We sent in exchange 20 Gondar Interns for a 6 months rotation to AAMF. The staff in Addis Ababa was highly satisfied with their performance. The exchange of interns was stopped after four years.

All the buildings and all the staff that were promised for the new Medical College never materialized. We continued to teach for years under the most difficult conditions. In spite of that we were able to produce physicians of the highest standard.

From July 28 to August 3, 1983, students from year I - IV were assessed by external examiners from Khartoum and Addis Ababa Universities. The results of the examination were laudable. The graduation ceremony of the first medical doctors in 1984 was memorable.

In closing, I would like to see few words about initial plans to establish a University in Gondar. The University was planned to be built by the people of Gondar 40 years ago and the foundation stone was laid by Emperor Haile Selassie. The site plan for the different faculties was prepared and the collection of donations for the University building was started. However the Emperor was not happy of the peoples' initiative and he stopped the collection saying that "the time is not now". We took possession of the land claiming to build the University. After the building of the University was

With president Mengesha and his Officers

stopped, we did not know what to do with the huge donated land. Outside of our expertise, we tried to cultivate crops and started a research program in collaboration with Almaya Agricultural College on cross breeding cows from Fogera and Bale with Holstein bulls until 1991.

At present time, that humble beginning of the PHC has expanded to the huge University of Gondar at the original site in Chechela and on the land donated for the University by those far sighted peasant farmers some 40 years ago.

Twenty years after I left GCMS,I was invited by President Professor Magnesia to participate in the University of Gondar Millennium Graduation Ceremony as a guest of honor. During the Ceremony, when I saw such a huge number of graduates parading in front of the podium at the donated site, I thought this was a dream come true, for me and for the people of Gondar.

On the occasion of the 60th Anniversary of the founding of the Gondar University, I would like to congratulate all the people involved in establishing a university second to none.

Professor Mallede Maru, MD is the founding Dean of Gondar College of Medical Sciences. Dr. Mallede was born and grew up in the Gondar region. He did his undergraduate degree at Addis Ababa University followed by medical school education at American University of Beirut. He then returned to Ethiopia where he served as a general practitioner at Princess Tsehai Hospital in Addis. In 1969, he joined the Public Health College and Training Centre in Gondar where he started his long and successful career. In the 1970's he went to the USA and finished Internal Medicine and Cardiology training. Despite the violent and turbulent years of the 1970s in Ethiopia and the temptation to stay in the USA, in 1976 he decided to come back to the Public Health College and Training Centre in Gondar out of his desire to serve his country. He then played a leading role in the establishment of the Gondar College of Medical Sciences where he became the founding Dean. Since 1992, he continued to serve his country at Addis Ababa University (AAU) where at various times became Professor of Medicine and Chairman of the Department of Internal Medicine. Since his retirement from AAU, he has been working at the International Cardiovascular Hospital as Consultant Cardiologist and Medical Director. Dr. Mallede is married to Mebrat Beyene and has 5 children.

UNIQUE? HIGHLY INNOVATIVE? : REFLECTIONS ON THE HAILE SELASSIE I PUBLIC HEALTH COLLEGE AND TRAINING CENTER, GONDAR ETHIOPIA

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The Haile Selassie I Public Health College and Training Centre in Gondar was one of the most widely known and discussed education and training institutions for health professions in the middle of the 20th Century. Many international health experts came to visit. More World Health Organization (WHO) experts visited the Public Health College than any other training institution that the WHO was connected with. Many who came said that it was "truly unique" and "highly innovative." What caused these responses? On what did they base their judgments? Now, as we celebrate sixty years since its establishment, it is valuable to try to understand why the "grand-parent" of the University of Gondar drew so much attention. Are there lessons we can learn that would be useful today?

Sixty years ago the situation of Ethiopia was quite unique in modern history. The disease environment was almost untouched by modern health services. There were no Ethiopian physicians, a few Ethiopian nurses, and a very few modern hospitals and clinics that were primarily dependent on international support.

The times were receptive for bold new efforts to be launched; the Ministry of Public Health had just been established in 1948; WHO and UNICEF were emerging as global organizations designed to pioneer and assist international development; Emperor Haile Selassie was recognized as a powerful force because of his role in establishing the United Nations; bilateral agencies such as "Point Four" of the United States, (now USAID), were ready to help with funding and personnel. There were practically no "Ethiopian vested interests," such as a medical association, who would naturally be threatened by non-traditional approaches to providing health care to large populations.

As the Ethiopian Ministry of Public Health was gaining momentum, it requested the WHO to provide consultation and other resources to launch a program that would address the crucial health needs of the population. The responses from international agencies were supportive and rapid. Highly qualified and experienced experts came from all over the globe for consultations, surveys, and planning sessions, beginning in 1951. Based on their findings and recommendations, a second agreement was signed in 1953 to create a practical comprehensive plan to be implemented. Such national/international collaboration was unique in such a "clean slate" environment.

The plan that evolved was based on the specific current health problems facing Ethiopia and considered what local resources were available. Another unique dimension was that WHO was founded on a combination of premises seldom, if ever, articulated before; particularly that preventive health actions are as important as clinical curative care; that promotion of healthy conditions for the individual, the family and the community are essential for long term well-being of a society, and that these functions needed to be integrated with curative services on a coordinated and simultaneous basis.

The basic model that emerged was that a team of health practitioners was essential; all these tasks could not be managed by relying on one kind of practitioner, such as a physician. Even if competent and willing, physicians would not be able perform curative, preventive and promotional services simultaneously and to the extent necessary. The planners also realized that these functions are difficult to imple-

ment by hospitals and clinics focused on curative services, where the urgency of medical intervention is paramount. There were other reasons; the economic costs argued against trying to provide sufficient numbers of physicians for the 15 to 20 million Ethiopians living at that time. Even more, the reluctance of most physicians to work and live in rural settings was also an important reality. New and different health personnel were needed who would be able to function as inter-dependent teams in rural and small town conditions.

The teams would consist of health officers, community health nurses, and sanitarians (or environmental health technicians). Soon after the College opened it became obvious that laboratory technicians were also needed on the core staff. The Health Officer would carry out clinical tasks as well as be the team leader and administrative head for the health center and its outreach services. The Community Nurse would perform clinical functions in the health center as well as do home visiting, health education and home deliveries. Sanitarians would be concerned with environmental health problems such as safe water supply and waste disposal. Laboratory technicians would assist in making clinical diagnoses. All members needed to know what roles their teammates would be performing and how they would function together.

The College graduates would work in service health centers all over the country, particularly in rural and remote locations. The health center would provide clinical, curative, outpatient care, along with obstetric delivery services, emergency surgery, have a few inpatient beds for emergency cases and a basic medical laboratory. The health center would also be the administrative base for home visiting, home deliveries, environmental health activities, school and prison services and immunization programs.

Sometimes it is easy to forget that the mission of the "Gondar Project" was not only about training health personnel; equally as important was that it was designed as a "regional model" that could be expanded to serve the entire nation. Regional health services were designed to serve the two million people in the Beghemeder and Simien Province, analogous to the present Amhara Region. It would create a "provincial health department" staffed by college staff and students that would manage epidemic outbreaks, whether malaria, meningitis or other infectious diseases as well as strengthen general health services. Health centers would serve sub-divisions, approximately equivalent to "weredas" in current practice. Likewise the Project staff and students would develop a municipal health department for the historic city of Gondar. The Gondar Hospital, originally built to serve Italian military personnel, would become a regional, teaching hospital.

Monumental challenges were faced in building an effective learning environment suitable for training these four kinds of personnel, who needed to function interdependently in the same environment. Clearly there was a core of community health knowledge and skills that all team members must know and be able to practice such as health education and immunizations. At the same time each category had separate sets of skills that were practically exclusive, e.g. clinical diagnoses for health officers, home delivery by community nurses, protecting food establishments and water supplies by environmental health technicians, and medical laboratory tests by laboratory technicians. Moreover, the graduates of the Public Health College and Training Centre needed to be able to perform their roles competently and safely in countryside settings where they would have little support or supervision.

Basic principles of learning included: integration of theory and practice throughout training because of the short length of training: four years for health officers; three years for sanitarians and community health nurses and two years for laboratory technicians. Each type of team member needed to gain practical experience working with the other categories; since all graduates had to be safely competent at the time of graduation, students needed to have increasingly more practical experience as they moved toward graduation.

All students participated in "core courses" from their first years in the college that presented the major health problems they would face in future service. During the 1960s these core courses were combined together into one weekly two-hour session for all categories of students. At these conferences there were case presentations of patients and families with a prevalent health problem. Following this a panel of teaching staff would discuss the case. After the initial presentation and panel discussion, all students participated in small groups where each category of students was represented. In the small group discussions teaching staff helped students learn not only what tasks they themselves would perform, but also what they could expect other team members would be doing.

Without question the most important phase of learning for all categories were the six to nine months spent living and working in the four training health centers where students were supervised by College teaching staff on a weekly basis. The remaining months were spent on campus working in the hospital and clinics and going off campus to control epidemics and do studies. Health officers in their final year were also required to complete applied research projects that often resulted in useful original findings. Such practical training for teams of health students still is rare anywhere in the world.

It was highly unusual, if not unique, that the senior teaching staff originated from so many different countries; expatriate teachers came from ten to fifteen countries around the world through the 1950s and 1960s. At various times they included staff from China, Taiwan, India, Syria, Israel, Yugoslavia, Greece, France, Germany, Belgium, Holland, Australia, Ireland, France, Great Britain, Canada and the United States. The sum impact of this mixture of teachers from so many cultures was that no single foreign culture could dominate the thinking and practice of the entire learning environment. Thus the evolving goals, values and objectives reflected the original vision of the initial planners and administrators.

Other remarkable changes took place when the Public Health College and Training Centre became part of Haile Selassie I University in 1961-1962. An "academic environment" was superimposed on what was generally seen as a training program. Several basic courses were added in the physical and social sciences for health officers who would receive baccalaureate degrees. The requirement for "Ethiopian Studies" was seen as an opportunity for students to understand the history and culture of their own country as well as an ideal opportunity to learn first hand about historical development in the northern parts of Ethiopia. Students and teaching staff were able to visit such places as Axum, Adwa, Debra Damo, Asmara and Massawa. Scholars from the university faculties in Addis Ababa, such as Professors Sven Rubenson, Getachew Haile, and KC Joseph, gave fascinating lectures about various streams of Ethiopian history and society that enabled students and teachers to prepare to contribute to Ethiopia's modern development more effectively.

Was the Public Health College and Training Centre a unique place? There is no question that it was a unique and bold educational and service institution that proved to be highly successful in ushering modern health care into most areas of Ethiopia. Experts from all over the world exclaimed that they had never seen any learning institution even closely similar to it. Was it significantly innovative? Absolutely. The Gondar Public Health College and Training Centre taught many new concepts and practices that were developing at the frontiers of public health and was on the "cutting edge" of global professional education and training. Were there gaps and weaknesses? Of course! One critical weakness was that responsible authorities did not prepare comprehensive plans to guide future decision makers on how to expand the training and educational processes, so graduates could effectively serve the whole growing population. Would it have been possible to replicate the entire process in other locations and societies? It is impossible in retrospect to know. However it seems it would have been quite possible to do so in other parts of Ethiopia.

The concept and practice of educating and training mid-level health practitioners, such as the health officer, was clearly shown to be feasible and desirable. Similar programs of training mid-level primary care practitioners have been established in many parts of the world. In the last fifteen years Ethiopia has renewed such training and expanded the roles of health officers. Over 5,000 health officers have been prepared for primary care service in over 3,000 health centers.

On the international scene the author was involved in the development of a "Health Associate" program that was very similar to the Health Officer of Ethiopia while teaching at Johns Hopkins University in Baltimore, Maryland, in the United States. The training and utilization of "physician assistants" is now well established throughout the United States. Physician assistants are not only key members of primary care teams, but often play essential roles in secondary and tertiary medical care teams.

The Gondar Public Health College and Training Centre was certainly a unique enterprise. Without doubt it was also a highly innovative institution whose influence spread not only throughout Ethiopia, but also to many parts of the world. Most importantly, the graduates of this prestigious learning center in Gondar have been successful in improving the health of the people of Ethiopia. Hearty congratulations to the "Grand-parent" institution of health professional education in Ethiopia!

Dennis Carlson is a former Dean and Director of the Haile Selassie I Public Health

College and Training Center in Gondar, Ethiopia in its early days. He did his undergraduate medical education at the University of Washington and post-graduate training in surgery, tropical medicine and hygiene, public health and behavioral sciences and medical history, respectively, at the University of Washington, University of London, University of California at Berkeley, and Johns Hopkins University. He also worked as a general physician and surgeon in Ambo, Ethiopia; Associate Professor at Johns Hopkins University in Baltimore, Maryland; Professor of Community Health at Addis Ababa University. He also served as Senior Health Advisor for Save the Children Federation in Yifat Ena Timuga, Ethiopia; Senior Consultant for the Ethiopia Public Health Training Initiative under the Carter Center and continues to serve as Associate Director of the Kossoye Development Program in Gondar. He also worked as an international public health consultant in Sub-Saharan Africa, the Middle East, and the Caribbean. He co- authored a book with his son, Andrew Carlson, entitled "Health, Wealth and Family in Rural Ethiopia: Kossoye, North Gondar, 1967-2007", Addis Ababa University Press, 2008. He lives with his wife, Beulah Downing, on Bainbridge Island near Seattle, Washington.

REFLECTIONS ON THE CONTRIBUTIONS OF GONDAR PUBLIC HEALTH COLLEGE & TRAINING CENTER TO THE UNIVERSITY OF GONDAR

Gebreselassie Okubagzhi, B.Sc, MPH, Dr.med in Epidemiology
1966 Alumnus, Health Officer

Introduction

This paper is a reflection of the writer's personal experience as a student and instructor of the Public Health College and training center (PHC&TC) . The paper attempts to bring to the attention of the reader what the University of Gondar could possibly inherit from its predecessor, the Public Health College.

Factors Leading to the establishment of PHC&TC

In the late 1940s and early 1950s, it was clear that health services in developing countries were limited and the situation was worst in rural areas where excessive morbidity and mortality caused by epidemics of communicable diseases was rampant. Conscious of the grave situation, the global community was urged to take remedial actions to reduce the suffering of the population in genera, and rural population in particular. International level discussions were held and consensus was reached to address the health crisis by training appropriate health workers.

The contentious question was what type of training institutions should these countries establish? And should all countries adapt similar training schemes? Some suggested to train conventional medical doctors and nurses because other approaches meant resorting to training second rate health professionals. Since it was difficult to reach a consensus on the type and structure of the training institutions and programs, understanding was reached that each country be left to decide on the type and number of health workforce to be trained and the type of training institution to be established based on the objective realities of the respective countries. Some African countries adapted the Medical Assistants' training program to respond to the crisis and medical assistants render valuable services to the health system even today.

Ethiopia opted to establish the Public Health College and Training Center to respond to the human resource crisis after careful analysis of the prevailing situation based on the findings of international consultants.

The Establishment of the college

The Public Health College and Training Center was the first mid-level health professional training institution in Ethiopia, established in 1954 in the historic city of Gondar to train mainly health officers, community nurses and Sanitarians to work as a team in providing integrated health services to the rural populations who had no access to modern health services.

The health officer training was initially a diploma program but in 1962 it was upgraded to B.sc. degree in Public Health when the college became part of the then Haile Selassie I University. The first degree holders graduated in June 1966 and the writer was a member of this first group of graduates.

Student Recruitment

Recruitment of Health Officers, Community Nurses and Sanitarians was conducted by the college in close collaboration with the Ministry of Public Health until the college became part of Haile Selassie I University which was later re-named Addis Ababa University. Recruitment was conducted by the college staff visiting secondary schools in the country where the can-

didates were interviewed and selected. This gave better opportunity for the college to select the best candidates with proper gender, language and geographic mix and for the candidates, to know the institution they were going to join. The recruitment process might have contributed, among other things, to the high motivation and dedication observed among the graduates of the college

The Teaching Staff

The initial teaching staff was composed of high caliber expatriates with much international experience in tropical diseases and came mainly from England, USA, Germany, New guinea, China, Ireland, Yugoslavia and Italy. This unique mix of staff mighy have contributed to the innovation observed in the design and structure of the training program and competence of the graduates to deliver rural health services successfully. To continuously ensure the availability of competent staff, the college strictly implemented a staff development plan and in a relatively short time succeeded in training its Ethiopian staff many of whom were its own graduates. The classroom teaching, the field supervision, management and leadership was provided by trained national staff.

When the college started functioning, the infrastructure was limited and the teaching facilities were poor. However, staff creativity in handling the deficiencies and student resilience to learn under difficult circumstances has contributed to the successes registered by the college.

The Training Program

The training program was composed of classroom teaching and practical sessions carried out within and outside the college compound under the close supervision of the teaching staff. Other than the classroom demonstrations, there were two regular field practices namely the Ambagiorgis Friday program and the Training Health Center assignment. The field work on Fridays was to introduce students to team work and to help them appreciate, for the first time, the role of each team member in the operation of the health system.

During the field practice, the community nurses conducted home visits, provided MCH services and home deliveries; the health officers and community nurses gave health education, outpatient care, and treatment at the field clinic , the sanitarians helped in sanitation and hygiene activities in the community including providing support to construction of latrines, protection of safe water and school and prison health services.

The hospital was used for training health officers and nurses in patient management under the close supervision of physicians and senior nurses and midwives.

The Gondar Team and its community based training

The basic principle of PHC&TC was to train middle level health workers as a team using communities for teaching the health cadres. This is a significant development from pedagogic perspective. The college was a pioneer in introducing The Gondar Team approach and enhancing the Community based training concept which today is emulated by many training institutions at home and abroad as an essential training methodology. This gave the PHC&TC its unique contribution to the development of a pioneering teaching methodology and has earned it recognition by global organizations such as WHO as an important contribution of the college to human resource development in health.

The Internship Period

The fourth year for health officers, the third year for community nurses and sanitarians was designated as an internship year. A part of the internship period for the health officers for example, was spent in the college, rotating among various experience areas including Epidemic Control and the rest in the training health centers which were initially located in Koladuba, Dabat and Gorgora and later expanded to Gondar and Addis Zemen.

During the internship, the interns traveled to the villages extending health center services to surrounding villages using horses or mules, that were available at the training health center compound, as a means of transportation. All interns were required to ride these animals as part of the health center practice and that is why adapting to local transport means is not a challenge to PHC college graduates.

The internship period is an important opportunity for health officers, community nurses and sanitarians to learn to work together as a team. The health officer is the team leader and administrator of the training health center. At the end of the day, the teams assess the activities of the day and take joint decisions to resolve issues and plan for the next day. This is one of the many opportunities for team discussion and

participation in the joint decision making process

All interns lived in the health center compound and were responsible for managing the preparation of their food by forming a food committee composed of the three team members. Social evenings were occasionally organized to enjoy their stay together and improve their interactions.

There were weekly supportive supervision visits by the college staff to the training health centers to monitor the activities of interns in training health centers and to guide them on how to handle specific issues and solve problems encountered by interns in the provision of health services, in addition to helping health officers with their senior health project research. Furthermore, evening discussions were held with the supervisors on technical and management issues and this has created an additional opportunity for further learning.

At the completion of the internship, the prospective graduates were assessed for their theoretical and practical knowledge and skills and degrees and diplomas were awarded to the successful ones. Furthermore, each candidate had to pass through rigorous supervised field practices to ensure that the graduate is equipped with the necessary skills to function as a successful practitioner in the field of his/her assignment.

The graduates were assigned as a team to remote rural health centers where they provided preventive and curative services and their services were highly appreciated and earned them community admiration and respect. It should be noted that the Health Officers were the first degree holders of any kind working in remote rural areas at the time.

The strength of the college program can be traced to i) the analysis of the prevailing situation preceding the training program design, ii) proper staffing with experienced high caliber international staff and well planned national staff development, iii) well designed theoretical and practical training programs, and iv) regular field supervision of the health team by experienced staff at all critical phases of the training.

Summary of major lessons that could be transferred to the University of Gondar include:

1. The design and structure of any training institution should be preceded by proper analysis of the prevailing situation.

2. Recruitment of appropriate experienced staff is critical to ensure the creation of a strong training institution and training of competent graduates.

3. A national staff development plan should be drawn and implemented to timely replace the expatriate staff and achieve self sufficiency by developing the core national staff.

4. Recruitment of dedicated and willing candidates to serve under difficult circumstances requires proper assessment of candidate at entry through rigorous interviews.

5. Proper mix of theoretical and practical sessions with regular supervision by competent staff will ensure the production of appropriate health professionals capable of rendering the appropriate services.

6. The Gondar health Team has been exemplary in showing multidisciplinary approach in handling health problems and should be maintained and strengthened.

7. The training health centers were appropriate instruments to create teamwork spirit and ensure involvement in participatory decision making and hence should be maintained and strengthened.

8. The community based training which was initiated at the inception of the college was an important approach to be enhanced and further developed by the University of Gondar.

Dr. Gebreselassie Okubagzhi is one of the first Health Officer graduates of Gondar Public Health College in 1966. He later got his Masters degree in Public Health Administration from the University of Michigan, Ann Arbor, USA in 1971 and Dr. med in Epidemiology from Karl Marx University, in Leipzig, Germany in 1982. He was one of the few figures of who played a significant and leading role in the various stages of the history of the University of Gondar in particular in the area of Public Health. He has also served as a World Bank senior specialist.

SIXTY YEARS OF PUBLIC HEALTH AND MEDICAL EDUCATION: A SHINING LEGACY IN THE HISTORY OF ETHIOPA

THE MISSION AND VISION OF HIGHER PUBLIC HEALTH EDUCATION IN ETHIOPIA

Ahmed A. Moen, D.Ph., MPH, MHA

As the University of Gondar celebrates its 60th anniversary, its shining legacy and place in history as home of the first Public Health College and Training Centre (PHC & TC) will be forever seared in our thoughts and memory. After being founded in 1954, the college quickly evolved into a comprehensive and seamlessly integrated public health and medical institution of higher learning for the twenty-first century. The idea and ideal of Gondar Public Health College brought primary health care to the forefront of national and international policy, heralding the beginning of a multi-disciplinary and comprehensive approach to tackle the critical health needs of medically underserved and technologically underresourced countries such as Ethiopia. The disparity in access to health care for the population within the country and the available resources in the urban curative hospitals and the rural community health centers in Ethiopia were seemingly insurmountable.

The Health Officer emerged as a leader of a dream team inflamed by the human passion and a laudable mission of providing access to health care for all regardless of where they resided. The idea of training and employing primary health care providers to practice where the majority of the people lived and worked emanated from the Ethiopian experience that preceded the Alma Ata Declaration of Primary Care and Health For All in 1978. No one in my generation of health care professionals could have ever imagined that in July 2014 we would be celebrating the re-birth of the Gondar College of Public Health that evolved into a world class University of service, education and research. The University has accomplished all this while staying true to its vision and mission and core values of integrating public health and medical health care delivery service in contemporary Ethiopia. In effect, what the University of Gondar nurtured and inculcated in its students and graduates of allied health professions has always been "people's health come first" and "do no harm first" a twin fulfilment of the WHO 1946 definition of health as " the complete state of physical, mental and social well-being and not merely the absence of disease or infirmity."

The fact that I attended Menelik II School, the first elementary school that laid the foundation of modern education in 1908, and became the Director of Medical Services in the Ministry to oversee its contemporary sister institution named as Menelik II Hospital in 1909, connects my generation with the glorious idea of nation and institution building in Ethiopia. Those were the ideas and legacies of our forefathers that never died and were realized in the early twentieth century. They were reborn with the establishment of the first College of Public Health in Gondar in 1954, hundreds of miles away from Menelik II Hospital, the first modern Hospital in Addis Ababa. The college effectively shifted the focus of public health and medicine from urban based hospital centers to integrated community-based ambulatory services. These were true interdisciplinary teams comprising of a health officer, a community nurse/midwife, a sanitarian and a laboratory technician providing care in medically underserved areas where the majority of Ethiopians and the poorest of the poor live and work.

The Paradigm Shift of Public Health and Medical Profession in Ethiopia:

This unique initiative through the technical assistance and support of USAID served as a precedent setting prototype of a successful partnership between the Ministry of Health and

an institution of higher education until its ownership was transferred to Addis Ababa University in 1961. Thus, the college started conferring baccalaureate degrees to its graduates instead of diplomas and certificates signaling a momentous transition that eventually led to the establishment of Addis Ababa Medical School in 1964. The connection between the old and new paradigm of public health and medicine was further consolidated when the Addis Ababa Medical School admitted and graduated four [4] former health officers on a fast track of six years instead of the traditional seven year training in 1971. Awarding credit for 4 year or more of primary health care service in district health centers in Ethiopia was a validation of the college's program and paved the way for the transition of services from mediocre to excellent. By 1976, almost 50% of the Gondar Graduates with a baccalaureate degree had made the transition to medical school. Thus, the decision by Ministry of Health in 1961 to transfer the ownership of public health training to Addis Ababa University as an institution of higher learning served as a head start that enriched and cemented the new paradigm of self-sufficiency and replacement of expatriate medical doctors by former Public Health Officer/Medical Doctor who took charge of the decentralized Provisional Medical Offices in Ethiopia in the 1970s.

My experience in the Malaria Control Project both in Wello province and the Headquarters in Addis Ababa, and my training in Public Health at the American University of Beirut where 75% of all doctors and health professionals trained in the 1950s-1970s, convinced me that the decision to transition Gondar School of Public Health to a medical school may have been misplaced. My new status as a public health manager in the malaria eradication effort led me to my maiden contact with the Gondar School of Public Health. The Ministry of Health and the Malaria Control Project agreed to base their offices in Azezo and partner with the training and demonstration health centers operated by the College of Public Health. The malaria control zone in Dembia was modeled after the first Zone of Malaria Control Project in Alamata, Wello.

Sixty years ago the Ethiopian health care delivery services was influenced by the strategic location of Gondar and the network of health centers staffed by Gondar graduates that consolidated the policy of new paradigm of partnership between the College of Public Health and Ministry of Health in malaria prevention and control strategy. In effect, the Health Officers not only served as leaders of an interdisciplinary team, but also spearheaded integrated primary health care delivery services regionally and nationally.

Dr. Widad Kidane Mariam, the first Ethiopian woman physician and Medical Officer, Dr. Arnt Myer-Lie, a Swedish Medical Doctor seconded to the Ministry of Health by the Swedish International Development Agency (SIDA), and I, as the Director of Medical Services in the Ministry of Health, were engaged in developing strategic decentralized staffing patterns with the goal of promoting Gondar Health Officers to Provincial Medical Officers of Health after obtaining their medical degrees from Addis Ababa University. The journey that started in 1954 reached another milestone in 1992 when the institution elevated itself to a University offering undergraduate and graduate degrees in multiple disciplines. Today, the University celebrates its success after graduating 1357 medical doctors, 1627 health officers, and 7068 allied health professionals including nurses, midwives, laboratory technicians, pharmacists, sanitarians and social workers. It also offers a PhD in public health in collaboration with the Addis Continental Institute of Public Health. The University's services encompass different forms of health care delivery including hospital-based out-patient and in-patient services, community- based clinical and public health services and chronic illness follow-up. Other services offered include veterinary clinical services, free legal aid services, continuing and distance education, tourism development, need-based training and consultancy services, panel discussions, seminars and conferences.

The University of Gondar has played a vital role in promoting excellence by instilling the idea of institution and nation building to its graduates. The same passion is evident when we look at the leadership role played by Gondar graduates in the Diaspora in collaboration with organizations like People to People (P2P). Gondar graduates also play an active role in the Twinning Program which promotes exchange of students, health care professionals and faculty between institutions of higher learning in Ethiopia and the United States. Howard University, one of the most prominent Historically Black Colleges and Universities, and other Universities such as Ohio State are active partners in this program. During the past sixty years, the University of Gondar has become renowned for its global outreach where not only the gown meets the town, but also where

improvement of the quality of life of underserved Ethiopian population continues to be its core value and mission in the twenty-first century.

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A UNIQUE HEALTH TRAINING FOUNDATION THAT EVOLVED INTO A UNIVERSITY

Kinfe Gebeyehu MD, MPH, FAAP

It has been a lifelong blessing to be a graduate of a unique institution in Ethiopia, the first of its kind to train teams of health care professionals with fine skills not only to heal and comfort but also to prevent and eradicate disease. Furthermore, Gondar Public Health College and Training Center (PHC&TC) laid the foundation to the first medical school in the country (Tikur Anbessa) and now has itself evolved into a full-fledged and respected university that the historic city of Gondar so richly deserved.

I joined the college as a member of the third batch of trainees and have not had any regrets since. As most other students, I was assigned to the college and it was not necessarily my first preference. I may have gone into the Navy a year earlier which appeared appealing to me or could have enrolled in the college of agriculture as it was closer to home. Instead, I took my first train ride ever from Harar to Addis and my first ever plane ride from Addis to Gondar. Once I joined the college, I could tell that it was the right fit and my interest in the health field kept soaring. Moreover, who in his/her right mind could turn down an opportunity for an excellent education and training in a respected profession and the promise of one of the highest salaries at the time? A graduate of the Gondar PHCTC commanded a starting salary of 450 birr (equivalent to US 180 at the prevailing conversion rate). Student life was not shabby either. We received a pocket money of 10 Birr a month after all our needs were met and Signora, our elderly Italian chef and Aba Habtu her assistant, made pasta and polpeti that was out of this world. A good sized sheep cost 5 Birr those days and 100 eggs a mere 1 birr. The college had a robust program of extracurricular activities and students enjoyed sports and clubs such as debate and drama. Our soccer team which represented the town of Chechela, about a kilometer outside of Gondar city, often went undefeated against all the High School teams, the Police and the Highway team. The city dwellers referred to our team as "beg lehulet" in exasperation and in reference to the sound nutrition the college offered its students.

Our student days were uncomplicated by today's standards. Our multi-tasked international faculty played parental roles and attended to the homesick and to those who were having a difficult time adjusting to life without family. Students who ventured to establish relationships with the opposite gender were watched like a hawk lest they be distracted from their main duty of learning. The telltale signs and symptoms were recognized by many among us and labeled Health Officer/Nurse/Sanitarian syndrome.

However, college life was by no means a walk in the park. The rigorous academic curriculum required hard work and committing to memory a lot of information and proving to family, faculty and peer that one was up to the task. In the mid 60's, a few years after the college was established, the concept of inter-disciplinary team work which was the core mission of the college was introduced by the Dean, Dr. Dennis Carlson. There were sessions focusing on Ethiopian history, national geography and basic cognitive psychology and philosophy when I rejoined the college as a faculty member in 1964. Smaller groups were organized for sessions in school health, community health, maternal and child health and health education followed by actual weekly visits and program operations in the field. The three year preclinical and clinical preparation with abundant lectures in general public health, health administration and communicable diseases followed by a full year of internship prepared the newly minted Health Officer well to the challenges of real life. Operation and maintenance of a vehicle were part of the training to prepare students for life in rural Ethiopia.

Internship at Dabat Training Health Center

Internship was during the second year of training for sanitarians, third year for community nurses and fourth year for Health Officers. There were

centers located in Gorgora, Koladuba and Dabat in Semien and Begemidir province as it was known at that time. These sites were accessible to faculty who made weekly overnight visits to provide technical and administrative consultation and supervision. I and five other Health Officers, four nurses and six sanitarians were stationed at Dabat with its newly built facility for patient care and staff residence. Tadesse Tesfaye, (now MD, practicing physician) who graduated a year before from the college, was in charge of the Dabat training center and well-liked by all for his work ethics and gregarious personality. He, I and a few more of my Gondar classmates met again several years later when we joined the new and only medical school at Addis Ababa University (AAU) as the third batch to retry our God given aptitudes and build on our skills to serve those in need, with only a slight shift of emphasis.

The year we spent at Dabat training health center was one of the most memorable. We practiced medicine, pediatrics, child delivery, minor surgery, pharmacology and public health with confidence; and consultation with faculty at Gondar and transfer of patients to the hospital was relatively easy. As I will outline below, these services were not as easy to access when I served in Metekel as an independent practitioner a few years later.

The residents of Dabat embraced us as their own and included us in their social lives. We were invited to weddings, celebrations and memorials. Weekly trips to rural villages on mule back went without incident except for a few sore bottoms for the uninitiated. Our sanitarian colleagues worked hard to improve water supply and install pit latrines through community involvement. Their fearless leader was Ato Yimer, a towering giant who was dedicated and set deadlines for them and with them. The Health Officers and the Nurses in the group invested considerable time identifying high risk pregnancies and ensuring these women delivered under medical supervision and educating mothers to provide optimal care for their children. Dabat also sticks out in my memory because of the camaraderie we enjoyed as a team. We took turns serving in the food committee and the nurses worked closely with Woizero Mamit, our gifted cook. Our competitive nature spilled to the kitchen and the food was superb and the brewed beerth and tela prepared for festive occasions outstanding. We invited prominent community leaders for business and pleasure including the celebrated war hero, Bitweded Adane, a tenacious and morally principled middle aged man, who was serving as governor at that time.

Gondar PHC&TC has left an indelible mark in the country's health care infrastructure spreading the concept of preventive care, environmental care, nutritional care and the critical importance of care of mothers during pregnancy, child birth and infancy of their child. It trained young professionals who served their country, families and themselves well. One unintended but welcome consequence was the college's role of unofficial match maker, more in the training centers than the college itself which was dubbed "The Vatican" for its restrictive rules by Solomon Desta, a classmate and close friend. I was one of many who at the end of their training did not leave only with their degrees and diplomas to face the world but also with a hand and a promise to start a profession and family.

One third of the class of 1960 graduates interning at Dabat Training HC. The camera shy looking young lady- front left is my wife of 50 years, Yetnayet.

Has Gondar PHC&TC been a success story?

I was stationed in Metekel, Gojam from 1962 to 1963 after working at the ambulatory clinic in the college for nearly two years. The Health Center was newly built and access to town was on a mule's back from Ingibara unless one lucked out and caught the occasional truck that transported merchandise. My brief assignment in Metekel was both fulfilling and anxiety provoking. I served a community with huge health care needs confidently but I did not feel that my training in surgical and obstetric emergencies was adequate to handle Caesarian sections, forceps deliveries and other instrumentations. I felt strongly at the time as I still do that more emphasis should have been given to hands on training of surgical skills needed to handle an emergency. Expectations from a Health Officer were immense in these communities where resources were lacking and there was no back up specialist support. I feel that we made a significant contribution especially in maternal and child health (MCH) promoting safe mothering and early child care. To me, the argument that individual based practices are not effective in making health care changes in communities totally misses the point. After all, individuals make communities, regions, nations and the whole world. The toll from loss of mothers and their newborns and infants that could be saved by simple intervention country wide is multifold. If we keep on waiting for changes in the economy, basic education and health education and changes in behavior alone to bring down maternal and neonatal deaths fast enough, we will be waiting much too long and at a high cost of lives lost.

I believe my observation on the deficiencies of our training during my time still holds true. Ethiopia's rapidly growing population coupled with limited access to health care especially for rural inhabitants, justifies the time and resources spent on future doctors to receive practical hands on training in those lifesaving procedures. The exponential growth in medical schools and enrolled students in Ethiopia without matching resources in trained faculty, equipment and technology is a challenge that cannot be ignored. Ethiopia has one of the highest maternal and neonatal mortality rates at 600+/100,000 and 37/1000 respectively. Although there has been significant improvement in the last decade, a lot of work remains to be done especially in the rural areas. Students should graduate with the skills needed to deal with most obstetric and neonatal emergencies. Often times, it is the woman who has been in labor for hours at home with no evident progress who makes the trek to the Health Center. These centers and community hospitals should be staffed and equipped appropriately to bring down maternal, neonatal and infant deaths in more rural settings.

The experience we gained in the MCH and safe mothering collaborative program of Hawassa

Bureau of health and Ethiopian North American Health Professionals Association (ENAHPA) inthe last three years is worth emulating in various regions of the nation. ENAHPA funded the training of three of the members of Hawassa health staff namely a doctor, a nurse anesthetist and an OR technician in emergency obstetrical and neonatal management for 3 months at Yirgalem hospital for the safe mothering center it built in Hawassa in 2011. The trained staff has been doing a good job with much rewarding outcome. In the first year of operation, nearly 3 out of 4 pregnant ladies assisted with their deliveries at the center had not received prenatal care there. The rates of stillbirth, early neonatal death and the need for intervention by C-Section or instrumental delivery were twice as much for the walk-in cohort than for those who attended prenatal care. The intention here is not simply to justify the well known benefits of prenatal care services but also to make the point that there is an urgent need for trained emergency obstetrical and neonatal intervention staff in areas where timely access to hospitals is difficult. This collaborative effort is paying off dividends as the trainees are now serving the population in Hawassa city and neighboring villages.

I have not had opportunity to directly assess the impact of PHC&TC graduates in the communities they served. However, as I alluded earlier, my own experience in Metekel was gratifying for the most part and I and my Sanitarian colleague, Armidachew, did all we could to serve the community we were entrusted with. During our year long stay in Metekel, we received no supervision or oversight of any kind.

In 2004, 26 years after PHC&TC as we knew it ceased its training program, I had the good fortune of participating in the 50th anniversary celebration of the college with my wife Yetnayet in Gondar. That trip was combined with the task of evaluating the adequacy of health centers' to train students of various disciplines from university programs. Consultant groups coordinated by Dr. Carlson under the auspices of the Ethiopia public health

training initiative of the Carter program (EPHTI) enabled me to take a firsthand look of service health centers. Our group was comprised of Ato Gebreamanuel Teka, a sanitary science expert and former senior faculty member of the college, Dr. Fantaye Mekbib, a graduate of the community nurses program and former faculty of the college, and Dr. Hailu Yeneneh, who graduated as a Health Officer from the college and was recently in charge of EPHTI. We visited Health Centers in Dabat, Jimma, Agaro, Haramaya and Harar. In every stop we made, the footprints of Gondar PHC&TC were apparent in some modified form to fit local administrative priorities. It was a pleasant surprise for me to meet a Health Officer I knew as a student while I was faculty at the college. He was in charge of one of the health centers we visited.

The clinics we visited were very busy with full waiting areas. Health Officers and nurses worked side by side providing conventional clinic care. Administrative and leadership functions were not solely entrusted to Health Officers but were shared by nurses and laboratory technicians. The nurses and sanitarians we met were more recent graduates from university programs after the Gondar program closed. All the facilities we visited, reported lack of basic supplies including laboratory reagents and chemicals, inadequate supervision and support, and difficulty in repairing and replacing malfunctioning equipment. Preventive health care such as MCH, prenatal and environmental health were on the service activities program but team visits to the homes and villages were not carried out with any regularity or consistency. The motorcycles that have been in good use in the bygone years were in disrepair and piled up in the Health Centers' compounds. Staff morale was low and the setup of the clinic and laboratory areas left much to be desired.

Has Gondar PHC&TC been a Success story then? Obviously, this question could have been more accurately addressed if the training program and the team approach it fostered continued to graduate Health Officers, community nurses and sanitarians. It is also difficult to tease out how much of the improvement in maternal and child mortality, perinatal and neonatal care, etc…is directly attributable to the college and its graduates. Inadequacy or total lack of such measurable data however, should not deter us from making a valid assessment as to how history will remember Gondar PHC&TC.

History will highly acknowledge and respect Gondar PHC&TC for:

- Its unique motto of prevention and education in tandem with healing and rehabilitation
- Its emphasis and orientation to rural and health care deprived regions
- Its exemplary footprints for many college and university programs in the country
- Its strength for preparing graduates not only for clinical service but also for positions of leadership and administration. Gondar PHC&TC graduates have served as leaders in the Ministry of Health up to the rank of minister, headed notable national and international organizations including the malaria control and smallpox eradication programs and are well represented in academia and research.
- Laying a firm foundation upon which the Gondar School of Medical Sciences and Gondar University were built.

If this is not a success story, then what is? With fond memories of Gondar PHC&TC and wishing Gondar University a happy diamond anniversary...

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SALVAGING MARAKI: THE UNTOLD STORY

Tesfaye Tessema, MD. Dean of GCMS 1998 -2002

Maraki , the place where University of Gondar is located, is one of the best scenic areas in Gondar City, and the 60th Diamond Jubilee anniversary of UOG will be a high time to look back at its genesis.

Who laid the corner stone of "Gondar University" in Maraki? When did it happen? I believe many of us may not have pondered about it.

The corner stone at Maraki was laid by the late Emperor of Ethiopia, Emperor Haile Sellasie I. It happened in 1963 Ethiopian Calendar, i.e., more than 40 years ago!! For many it will be quite a surprise, which could be due to our poorly developed tradition of documentation or lack of attention to people with historical knowledge.

The Emperor had always been acknowledged on his relentless effort to expand modern education in Ethiopia, which included donating his own palace for Addis Ababa University. The beautiful panorama of Maraki must have caught the eye of the Emperor for his vision and ambition to open another University in Ethiopia. Unfortunately, he was overthrown just four years after laying the corner stone.

Since then the site was looked after by security guards employed by the then Public Health College and later the Gondar College of Medical Sciences, even though it was used now and then by either the municipality or the zonal administration for some other activities. The college stewardship has prevented any legal or illegal encroachment of the would be university site until the turn of the century. The biggest threat of tenure came one morning in the year 2000. Investors from the diaspora, who claimed that the site was sold to them by the municipality, invaded the site with heavy construction machines. The lonely armed security guard put his maximum effort to stop them by firing his rifle.

The management's effort to convince the municipality, the zonal administration, the Regional Government and the Ministry of Education on the college's tenure of the plot failed. Rather a thin order passed to the College management not to block the investment plan of the country. As a result, the investors continued their construction activities.

For the management, it was a devastating and demoralizing historical failure. In order to avert that, certain strategies were put in place. These include involvement of the elders of the city to mobilize the community and raise their voice on the return of the plot to the college using all opportunities, especially public meetings. As a result, the issue became a standing agenda in all public meetings.

On the other hand, the quest for live and documentary evidences were put in place. Thanks to the administrative office of the college, very old but well preserved documents depicting the decisions by the Emperor and payments made for the farmers for their relocations were retrieved from the archives.

With these in hand, an executive decision was made to take the case directly to the court, ready to pay any sacrifice and face all consequences. The result of suing the municipality which was backed by all hierarchy could have been futile.

Surprisingly, three weeks down the line our legal officer came up with a breaking news- We won the case, and the court gave a verdict in our favor - Maraki shall be returned to the college.

Subsequently, the law of the land was respected by all officials from top to bottom. Round table negotiations were made. Maraki remained to be the property of the College.

Some six months later, the decision of the Government to open University of Gondar was made public. What a great news! By then, Maraki with its gracious and undulating elevations was quite ready to realize the long awaited vision!!

Beyond having secured this majestic and charming place for our university, the four decades long stewardship of the hilly maraki enabled to retain the indigenous flora of the region. It was frequently visited by various national teams for botanical research, medicinal

plants herbarium , etc. The acacia and other rare endogenous trees that grace the Tewodros and Maraki campuses are the result of decades long shielding of this stunning place by successive responsible college managements. It is the responsibility of the new generation to make wise, and environmentally sound use of the resource with careful consideration of its unique natural features.

Congratulations!!!

Tesfaye Tessema Gudu

Medical Student at GCMS 1979 - 1984
Academic Staff of GCMS 1992 - 2002
Medical Director of GCMS hospital 1994 - 1996
Assistant Dean - GCMS 1996 - 1998
Dean of GCMS 1998 - 2002

THE JOURNEY OF NURSING AT UNIVERSITY OF GONDAR: PERSONAL REFLECTIONS ON THE TRAINING FOR THE NOBLE PROFESSION

Tigist Alemu Kassa

Two of my professional development chapters are written by the Gondar ink. I got my first higher education qualification in Nursing from Gondar. I was one of the instructors in the department of nursing. Though, I sometimes feel that I am hardly qualified to make serious reflection on my mother institution, I am strongly compelled to do it this time. After all, it is a civilized and intellectual discourse that would shape our action. Here in this journal I thought it might be courageous to shout out loud about few issues of concern that we sometimes gossip in a closed door. It is based on my observation of nursing practice at University of Gondar and as well as my own experiences as a nurse and nurse instructor, from 1996/97 to 2006.

For the last 60 years, Department of Nursing at the University of Gondar has worked to improve patient safety by promoting quality in nursing training. The department of Nursing was among the three pioneer departments that formed the College of Medical and Health Sciences and finally the University. The Gondar nursing department is in the forefront in promoting quality education at local and national level. The department was an active participant in the national quality enterprise and recognized as a leader in the field. It collaborates with a number of governmental and non-governmental organizations to positively impact the healthcare system of the country. This collaboration includes discussions with stakeholder such as Ministry of Health, Ministry of Education, other universities engaged in nurses training, professional societies and civil organizations working in quality of nursing education and patient safety.

One of the essential reflection I want to make here is the progress of the department. It goes without saying that department has significant contribution to the development of nursing profession in the nation. Here I want to make an argument, however, it has not evolved sufficiently as expected from a department which has 60 years of existence. Many factors could be sited for the nursing not flourishing to its full potential. The factor, however, that stands out most in my personal assessment is the existence of the department under the strong shadow of public health and medicine. Gondar is a national and continental heavy weight in terms of public health and medical training which eclipsed the other health sciences. This has resulted in knowingly or unknowingly in diversion of attention and resources. It is apparent to outline that until recently there was no trace of nursing in the naming of the institute (to recall Public Health College and College of Medical Sciences as a forerunner of College of Medicine and Health Sciences). Nursing remaining under the umbrella of medical school has its own pros and cons. Certainly, it could impact the advance of the department and its professional goals. But from my experience having nursing school adjoined to medical school is not problems free, especially related to professional autonomy and authenticity. Medicine and public health are an overwhelming and dominant presence in all the administrative, academic, and leadership spheres. Nursing has its own approach to the art and science of healing. Nursing science and nursing pedagogic have unique features. Slow drift and alignment towards the other health sciences and medicine is a visible dilution to the profession which makes any nurse uncomfortable. The practice in many nations world wide is that Nursing stands by its own as a college or as school that might be under certain university. All great nursing institutions are autonomous nursing schools or colleges. For instance, Johns Hopkins University School of nursing, the London Florence Nightingale School of Nursing & Midwifery and the Faculty of Nursing science of Khartoum University are a good illustration for my point. Hence, it is

high time to let the Gondar School of Nursing to evolve and stand separate from the College of Medicine and Health Sciences.

The argument for greater autonomy shall not lead to misunderstanding that there is no communality. Nursing shares many values and principles of healing, disease prevention and health promotion with medicine. The nursing school use the same resources shared with all other health science streams. The focal points in resource sharing are the teaching hospital, rural practice sites, libraries, teaching faculty, etc. Further, nursing shares and treasures the educational principles of the college that are the hallmarks of Gondar. Team training, community based education, joint rural attachment programs, and the equal emphasis in both public health and clinical nursing and indispensable parts of Gondar nursing. The testimony lies in that nursing along with the other departments is the proud winner of the 1998 Global Sasakawa prize in its team training, and community based practical education. Those strong collaboration and joint activities should be strengthened and cultivated. Nursing being a separate and truly autonomous entity can still be part of this joint missions and resource utilization. Undoubtedly, it will be a more brighter, visible and flourishing arm of the Gondar team.

Let me take you to a different perspective on which I want again share my opinion. One of the things that have occurred during the last decade is a major shift in perceptions. For a long time Nursing has been understood primarily as a traditionally female profession and more suitable career choice for women than men. In the majority of the world, nursing society is dominated by female and there are countries that have strongly argued against the need for recruiting male nurses. For example London has declared that nursing is "an intrinsically female profession based on female values, morals and holistic world view."

In recent years, however, there has been an increasing number of nursing scholars and organizations advocating for greater gender diversity in nursing. Even though men account for 50% of the population, only about 7.9% of registered nurses in the U.S. are male. That's a smaller percentage than in other developed countries, such as 10% in the United Kingdom, 18% in Germany and 23% in the Netherlands. But those numbers are beginning to rise as nursing schools keep reaching

out to recruit more male students into their programs.

In relation to the above fact only very little is known about the real figures related to the proportion of male and female nurses in Ethiopia. However, to be completely candid, my observation is that in recent years it seems we are producing more male nurses than female nurses. Many nurse professionals, however, had the feeling that this masculinisation of nursing in Ethiopia has a negative impact in the quality and consider it as unhealthy trend. As to my opinion, I think the big issue is not of having a lot of men or women in nursing but the way people end up being a nurse is more important. Even if the masculinisation in Ethiopia is not what I wish to see in nursing, as long as the profession is loved and accepted by men, and as long as they get proper professional training it might not be a problem. However, this is something that should be studied and understood before saying it healthy or unhealthy.

Another major issue of concern revolves around admission and student assignment. Large number of students are assigned in to the department of nursing to get trained as a nurse with out taking their interest and the available resources in to consideration. I think this has a negative impact in the quality of the training and quality of the health care system of the country. I think students should not be pushed in to nursing. It is a profession that needs deeper commitment, fitting attitude and willingness to help people. It is a profession that deals with the precious human life directly and intimately. Therefore there has to be a way to motivate students to join the profession than just assigning them blindly. Additional point of concern is that the mismatch between the number of students and the resources available. Nursing schools in most of the universities of Ethiopia are designed to handle only few students at a time. Responsible bodies should address issues like adequacy of class rooms, demonstration materials, clinical practice facilities, student-faculty ratio and adequacy of other material resources needed for effective teaching. Besides, instructors in nursing schools should have at least minimum professional experience as practice/clinical nurse before getting involved in teaching. Nursing education needs not only knowledge but also art and skills. Such traits are gained mainly in practical professional life not only from school based instructions. I finally underline the need for research to understand the issues related to nursing education in a scientific way and to find appropriate solutions for them.

Tigist Alemu Kassa graduated in Associate degree of Nursing from Gondar College of Medical Sciences (GCMS) in 1998, did her bachelorate at Jimma University in 2004, MPH in 2008, at Addis Ababa University and currently a graduate student at PhD level at University of Leipzig, Germany. Her professional career includes teaching Nurse and other Health Science students at UGR from 1998 -2006, nurse coordinator, consultant, senior public health and Anti Retro Viral therapy (ART) technical officer at University of California San Diego- Ethiopia from 2006 - 2011. She is currently living in Leipzig, Germany with her 5 years old daughter Saron Yewunetu.

UNIVERSITY OF GONDAR: THE PIONEER IN PHYSICAL THERAPY EDUCATION IN ETHIOPIA

Elleni Estifanos

The story of 'Movement science' begins in Ethiopia long time ago. However, the commencement of intense training of this science started at the forerunner Gondar College of Medical Science (GCMS), the current University of Gondar (UGR). The University is the first in the country to incorporate the restoration and enhancement of movement potential in its mission statement. Hence, the department of physical therapy was established in collaboration with British NGO (Voluntary Service Overseas). The first two volunteers arrived to Gondar from the Netherlands in the year 2002.

At the beginning of the second semester of the same year, the two volunteers, Marieke Boersma and Pouline Henderson, met up with the first thirty five students to be trained with a bachelor degree of physiotherapy. They started our induction by explaining the curriculum they developed and stated that 'Introduction to physical therapy' will be the first course of the program. There was a feeling of anxiety among us for being in a stream that is little known. Not only we the new higher education entrants, but also considerable segment of the academic staff has imprecise knowledge about the profession and the role of the physiotherapist in the healthcare system (1). The course began with the definition of physical therapy as "a health care profession primarily concerned with the remediation of impairments and disabilities and the promotion of mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis and physical intervention." (2) This is when the word 'functional' caught my attention and to this day I endorse in it.

One of the main goals of every physical therapy intervention is returning the functional capacity of an individual to the previous level of function. Physical therapists perform examination and build up a plan using treatment techniques to promote movement, reduce pain, reinstate function, and prevent disability. In addition, the prevention of the loss of mobility before it occurs is one of the duties of physical therapists. This is done by developing fitness and wellness oriented programs for healthier and more active lifestyles. Therefore, the physical therapy education in Gondar extends from structure to function, from wellbeing to aliment and from acute care to community based rehabilitation. That is the place where we, the first batch of physical therapists in the country, attained all the skills and the knowledge in regards to the outstanding human body mechanics, its function and ways to fix it when the mechanics is out of order.

The University has a long history of quality education in health related subjects. This helped the newly established department to have less worries in regards to delivery of courses in the biomedical sciences. However, the clinical teaching and learning opportunities were the most valuable learning experiences, and apparently it is where the college was challenged to deliver it to our expectations. The clinical experiences included demonstrations of patient management, discussion, feedback and assessment.

Individual student contact with the teachers was a very valuable task in order to acquire basic and advanced skills. However, there were considerable lapses when it came to clinical education of the program. The biggest challenge was the non existence of mentors at practice sites. Even though the instructors of the department of

physical therapy tried to provide good clinical knowledge, the limitation of experienced clinical instructors in the placement sites was a big shortcoming. The effect of this is apparently visible to this day in the suboptimal knowledge and skill sets in differential diagnosis and medical screening. Gondar physiotherapy, just like public health education and medical doctors training, was again truly a result of international effort. Beyond the two Dutch flag bearer professors, we have been trained by Japanese, Indian, Nigerian, Australian, and British professors with their unique international flair and slightly different focus on their approach to the profession.

The most strong element of Gondar physiotherapy education was its community based rehabilitation, and training in a multidisciplinary team. In its graduates profile the department has also anchored these time tested unique values and principles of the Gondar team. The physiotherapist will be able to perform physiotherapeutic community diagnosis and provide community based rehabilitation services by incorporating physical therapy, functional rehabilitation and advocacy for children, adults and older people with disabilities (3).

First batch of physiotherapists graduated from Gondar in 2006. By 2013 Gondar has graduated 223 bachelorette level physiotherapists and lay a solid platform for the growth of the profession and development of the service (1). It is historically relevant to separate the progress of physiotherapy in Ethiopia as pre and post Gondar-physio era. In 2005 Ethiopia has only 15 physiotherapists with training levels ranging from as little as few months to full bachelorette (4). The association of physiotherapists of Ethiopia was barely functional (5). The search done by the university to involve physical therapists in the curriculum design and in the training revealed that those who could potentially help this toddler department were not in a position to help as most of them were living outside the country. Our education in the core courses and clinical skills was, as a result, entirely dependent on expatriates.

The world of work was not different from the school experience because again we were the first batch of physiotherapists for the healthcare facilities that dare to hire us. The other healthcare professionals working with us have either vague or no idea who we were. It was surprising for most Ethiopian that we (with the white coat) were neither nurses nor physicians. In a study done by one of my classmate and his colleagues in Tigray, only 67% of medical doctors have a workable knowledge about the service of physiotherapy and duties of a physiotherapist. Furthermore, standard working environment was nonexistent. This was a big factor that caused frustration to many of us as getting the right working area after training was the expectation of the new graduates. However, as the first graduates in the country, we should have expected that and prepared to establish the work environment and the equipments we needed to practice. And I believe we and the prospective graduates have a responsibility to grow the profession, to practice it to the fullest and to give our expertise to the needy. Personally, I am willing to lend a hand to fulfill the dream of University of Gondar in growing this science that is mainly focusing on function.

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Elleni Stefanos was on of the first Physiotherapy graduates of the University of Gondar in 2006. After working at the First Chiropractic and Physical therapy wellness clinic in Addis Ababa for three years, she went to USA for her Masters education. She subsequently completed Doctor of Physical therapy program at Northeastern University and is currently working in an outpatient orthopedic, pediatric and second phase cardiac rehabilitation clinic in Northern Virginia.

TRAINING OF MEDICAL DOCTORS IN GONDAR, ETHIOPIA: THE GONDAR-LEIPZIG LINK

Dieter Reissig, Prof.Dr. Med.

Dear Gondar University alumni and especially my former students;

It gives me great honour and pleasure to be invited to share my experience of the Gondar-Leipzig link and to highlight some of the success stories of International partnership and capacity building. The Gondar College of Medical Sciences of the University of Gondar and the Faculty of Medicine of the University of Leipzig made history when they started training medical doctors in Gondar in 1979. As we celebrate the diamond jubilee anniversary of this august Institution, I am also reminded of my report for the 50th year anniversary in October 2004 detailing the long journey of the college from the then Public Health College to today's University with many colleges within it. ("50 years teaching, research and community service: Past, current and the way forward")

It was a historical moment and land mark for Gondar to start training medical doctors in 1979. The Ethiopian government was looking for a foreign counterpart to help establish the second medical school in the country. Based on its political ties with Ethiopia at that time, the former East Germany, (GDR) agreed to support the effort and a treaty was signed between Karl Mark University of Leipzig and Addis Ababa University. The newly accepted medical students in Gondar were finishing their freshman year in 1979 and a pre-clinical department needed to be set up post haste. The first group of German experts tasked with setting up anatomy, physiology and biochemistry classes arrived in Gond-

ar in October 1979 with all the necessary equipment. Within two weeks of their arrival, the German professors were able to set up all the needed teaching material and the histology, biochemistry and physiology labs with the assistance of the college's administration staff. The anatomy lab started instructing students on dissection after receiving three cadavers from the department of anatomy of the medical faculty of the Addis Ababa University. The preservation unit was under construction and soon, the dissection room (DR) was ready for business and open 24 hours a day. Students were sometimes obliged to do dissection using candle light as power was not always available. You will all remember the pungent odour of phenol (a key chemical for long-term preservation and refreshing the bodies for good dissection) as the special character of the DR. Since then, it has been the rite of passage for all Gondar College of Medical Science (GCMS) students to study cadaver anatomy in first-year of medical school. Most of you will also remember that the first specimen for the anatomy museum was a human heart from an autopsy executed in the morgue. As part of the treaty between Gondar and Leipzig was capacity building, five faculty members from the college were selected for a Masters level training in Germany in the field of anatomy, biochemistry, physiology, microbiology and public health. Technicians for the laboratories were also sent to Leipzig for special training.

The final examination in anatomy, biochemistry and physiology for our first batch of medical students was held in July 1980. It was a huge success despite the challenges of setting up all the departments from scratch. This accomplishment was a confidence booster for both faculty and students and it propelled us to the fresh challenges of the next year. 1980/1981 saw the establishment of brand new departments in pathology, pharmacology and microbiology. It was a second historical moment as we established functional departments complete with laboratories which performed autopsies, biopsies, microscopical examination of tissues and bacterial cultures. In parallel, faculty and technicians were sent to Leipzig for training in preparation for transition of responsibilities from Germans to Ethiopians.

1981/1982 was even more exciting. Our students were starting their first clinical year and the hospital needed to be upgraded to 300 beds. 12 German clinicians joined the faculty: 3 surgeons, 3 gynaecologists-obstetricians, 3 paediatricians and 3 internists. These clinicians were all academic teachers and involved in both training and clinical care. To round up the clinical training and comply with Addis Ababa University requirements, the so called minor subjects were also included in the clinical training. The out-patient-department (OPD) was rearranged to install units for ophthalmology, ENT (ear-nose and throat), neurology, dermatology and dentistry. The X-ray department of the college was used for the training. These new departments were equipped with the necessary instruments and our students were able to complete all the rotation required to qualify for Internship. Our first batch of medical students completed their Internship in July 1984 and the magnificent and colourful graduation ceremony held in legendary Gondar, the capital of Ethiopia during the medieval times, was truly historic. Since then, we have had medical doctors graduating from Gondar for 3 full decades.

The German group continued to support Gondar University until October 1989 when the tense political situation in Gondar and the surrounding area made their return to Leipzig necessary. The formal treaty ended in 1990 with the unification of Germany. However, the Federal Republic of Germany continued to support the training program until 1998. The Gondar-Leipzig link has resulted in the training of nearly 40 Ethiopians in different disciplines at the University of Leipzig. The clinicians received full five year training before they returned to teach. Gondar graduates who excelled were given the opportunity to pursue specialty training in Germany. This concerted effort in capacity building made the transition of teaching responsibilities from Germans to Ethiopians smooth and these trainees now form the nucleus of the teaching body in Gondar Medical School.

Although the official treaty between Gondar and Leipzig ended in 1990, some clinical and pre-clinical departments continued to have a healthy relationship with their German counterparts. I have been coming to Gondar every year since 1998 because of my personal interest and the enduring collaboration between the Departments of Anatomy of the University of Gondar and the University of Leipzig. This helped maintain the relationships during the different phases of the University. The two Institutions signed a new agreement on academic cooperation in 2002 which was renewed in 2008. Article II describes criteria for a fruitful collaboration and is a good model for a sustainable development project:

- A functioning hospital with minimal infrastructure is needed to

establish a Medical College de novo.

- Departments can be developed in three phases with the partnering organization providing the faculty and equipment as per the curriculum.

- Both the pre-clinical and clinical departments must be fully staffed and supported.

- The training in pre-clinical subjects is as important in developing countries as in developed countries. Although there is less emphasis in detailed gross anatomy in undergraduate courses in the developed countries currently, countries in Africa including Ethiopia will be well served if they maintain the current curriculum for at least another generation.

- Capacity building should be a major component of any such treaty. This formed the basis for the training of Ethiopians in Leipzig, Berlin and Rostock to replace the German teaching staff. The replacement was successfully completed by 1989.

- The Ethio-German partnership at Gondar University has been a success by all measures.

The academic link between the two institutes has been further strengthened by the agreement signed between College of Medicine and Health Sciences (CMHS) of University of Gondar and Faculty of Medicine of University of Leipzig. The new agreement has resulted in continued staff and student exchange and research collaborations. Since 2008, 3 academic staff have finalized their PhD work at Leipzig and 4 are pursuing their PhD studies at different institutes at Faculty of Medicine of University of Leipzig. The link also helped in winning a grant from DAAD for "Advisory Program in Capacity Building" for University of Gondar. The Advisory Program helped the efforts of biomedical laboratory capacity building and the initiation and execution of a structured PhD program in Microbiology at University of Gondar which I believe is scheduled to start in the coming academic semester. Such an international partnership, which is sustained mainly by commitment and hard work of individuals, can be showcased as best practice in initiating, expanding and strengthening collaborations for institutional capacity building in education, research and community service.

I look forward to seeing most of my student during the 60th year anniversary at Gondar, Chechela in July 2014!

Prof. Dr. med. Dieter Reissig is professor emiritus of Anatomyat Leipzig University's School of Medicine in Leipzig, Germany. He was also the team leader of the German group from 1979/80 to 1988/89. Professor Reissig has been member of the Gondar Project of the Medical Faculty Leipzig from 1980 to 1990 and the authorized representative of the Dean of the Medical Faculty of Leipzig for the academic cooperation between Leipzig and Gondar Since 2002

PHYSIOTHERAPY: MEMBER OF THE GONDAR TEAM FOR TEN YEARS

By Pauline Henderson & Marieke Boersma

Early 2002, Gondar University (GU) approached VSO-Ethiopia to form a partnership for the development of physiotherapy training. These partners have signed a partnership agreement. In September 2002, the education of a new generation of physiotherapists for Ethiopia has started in Gondar. In order to launch this BSc degree course in physiotherapy, two Dutch physiotherapists were recruited by VSO The Netherlands and sent to Ethiopia in order to facilitate this development.

VSO (Voluntary Services Overseas) sees development as a complex and continuous process that empowers people and communities to fight disadvantage, take control of their future and fulfil their potential. Human rights, including an education, a livelihood, health care, a safe environment, a say in the future and equal access to opportunity, are vital for development. International volunteering is at the heart of VSO's contribution to development.

The Ministry of Education (MOE) and Ministry of Health (MOH) have stated to be both highly supportive of the development of an appropriate contextualized (Ethiopian) physiotherapy curriculum. The curriculum aimed to use the already existing professional institutions and knowledge in Ethiopia. Since physiotherapy was a relatively new profession in the Ethiopian health care, in the beginning years the meaning of and need for physical rehabilitation was new to the medical staff, patients and the physiotherapy students in Gondar University.

Now, ten years later the physiotherapy department in Gondar is well-known and frequently visited. For example, children with clubfeet are now coming in at earlier ages so their treatment is more likely to be successful.

As a result, Ethiopian physiotherapists are now able to make a living, either in government services or in private

Picture 1: Pauline and Thewodros treating a child with clubfeet by applying cast

practices. The Community Based Rehabilitation (CBR) Programme (as part of the University) is serving people with disabilities in North Gondar Zone as far as the Simien Mountains. Many Ethiopian people have been using the services, knowledge and skills of the physiotherapists working both in the Gondar University Physiotherapy Department as well in many physiotherapy departments throughout the country. People have come and healed from their disease or learned to function better with the disability they have.

Picture 2: Marieke as CBR worker in Ethiopia

Currently Gondar University is running the only Bachelors and Master physiotherapy programme in the country. They have had to concur a system that had no knowledge or understanding of the physiotherapy profession. At present there are 10 rehabilitation centres managed by the Ministry of Labour and Social Affairs and there are many more hospitals with a physiotherapy department. The Ethiopian trained physiotherapists are united in the Ethiopian Physiotherapy Association (EPTA) and part of the World Confederation of Physical Therapy (WCPT). With the new Ministry of Health Guidelines for Rehabilitation we hope the profession will continue to root in the Ethiopian Medical system and serve the many Ethiopians in need of physical rehabilitation.

The GU, as the oldest health professional training institute in Ethiopia, serves as a referral centre catering to the health needs of over three million people in the north-western part of the country. Physiotherapy is often an indispensable stepping-stone for people with disabilities to become fully integrated in society and use their abilities to a maximum potential.

As former teachers of the first batch of Ethiopian physiotherapy students, we are proud of them. Young individuals who have developed themselves, both personally and professionally, during their university years. They were the first Gondar trained physiotherapists and we are glad to see them as ambassadors of this new profession. When reading their critical discussions on Facebook, when seeing them presenting at a national rehabilitation workshop and mainly when seeing them working in every corner of the country; we are proud to have been part of the training of qualified Ethiopian physiotherapists and the establishment of a physiotherapy department within Gondar University.

Pauline Henderson received her Physiotherapy degree from the University of Utrecht in 1998 and worked in a rehabilitation center and a hospital until she went abroad. She worked in Ethiopia from 2002 – 2004 where she was cofounder of the Physiotherapy department and the 1st BSc Physiotherapy at the Gondar College of Medical Sciences (GCMS), now known as University of Gondar. In 2006 she returned to Gondar for the graduation of the first Ethiopian BSc Physiotherapists . After leaving Ethiopia she obtained her Master's degree and now works as a Physician Assistant (PA) in Radboud University Nijmegen Medical Centre, Department of Pediatrics. She currently lives with her husband and her son in the Netherlands.

Marieke Boersma came to Gondar in 2002 to help establish the physiotherapy department and BsC in Physiotherapy as a VSO volunteer. After two years she continued with the University to establish a Community Based Rehabilitation (CBR) project that still runs under the University in Gondar town and the woredas around Gondar. Currently Marieke is working as the CBR advisor for Light for the World and is still supporting the CBR work in Gondar from a distance.

THE PROCESS OF AFFIRMATION OF THE GONDAR COLLEGE OF MEDICAL SCIENCES (GCMS) AS A SECOND MEDICAL SCHOOL IN ETHIOPIA

By Dr. Mohammed Kedir
1984 Alumnus in Medicine, first batch of GCMS

Prior to 1978, Ethiopia had a single medical school at Tikur Anbessa Hospital under Addis Ababa University. It is at this moment that the Ethiopian government decided to open a second medical school at Gondar. The Public Health College at Gondar originally trained Health officers. These were midlevel health workers who were trained to prevent communicable diseases and do limited clinical work. Instead of the Health Officers, Gondar College was assigned to train Medical Doctors. The first batch of Medical students, 120 in number, reached Gondar in September 1978 to start their education and training..

The Premedical Year

The fist year started without much fanfare. Somehow the college was able to accommodate the students. Forty students shared a single big room as a dormitory. How a College, that teaches medical doctors, is using such a facility was mind boggling for us, particularly, as compared to the imposing buildings and facilities of Tikur Anbessa. The girls had, I think, much more problems. Biology and chemistry classes went uneventfully. However, mathematics has to be thought by a Civil Engineer who was incidentally available in the campus. What was he doing in the college? Really unfortunate, because the students knew mathematics better than him, and they had to correct him several times during the lectures. Physics was thought by a borrowed Indian teacher. The psychology teacher had his major in Sociology. A much complex subject was dialectics in Marxism and Leninism.

The Preclinical Years

Anatomy, Physiology and Biochemistry

This must be the toughest year of all. I think it decided the fate of the College. So, the former East German Medical instructors arrived at Gondar and the classes started.

In Anatomy, the bodies (cadavers) were ready for dissection. However, during the lectures the instructor could not be understood. Nobody knew what he was saying due to his limited language skills and his accent. Students became agitated and run to the Dean's office. What can the Dean do about the accent and language skills of a German teacher? Actually, this teacher looked on and off at three small different books, one after the other and delivered the non understandable lecture. The students were told to be patient. So, they were patient and continued to study hard both in the classes and

dissection room, day and night. There were tests almost every fifteen days. The results of the tests were read openly in front of the class by naming each and every student loudly. This pattern of tests continued for a solid on year which was followed by a real lethal full day Anatomy examination. One can imagine the bulk of the subject. Many students hoped that the final examination might contain substantial number of questions from the year long quizzes and tests and therefore might be relatively easy. How unfortunate! The final exam included none of the questions from those tests. One female student from Asmara did not bother to sit for the final examination full of totally new and tricky questions. She glanced at the questions for few minutes, abandoned the whole thing and headed straight to Asmara.

In Physiology , we had two teachers and they spoke excellent English. Their lecture presentation was also fantastic. However, the students couldn't be satisfied because of shortage of books. It was frustrating to slowly develop a feeling that with all these compounding problems, we are becoming Health Officer level trainees and not Medical Doctors. There were only two or three Guyton's Physiology text books. These are big complicated books. Despite this the students insisted in having them. The teachers were wondering what we can achieve by reading such a vast and extensive Physiology book. The other problem was lack of enough number of frogs which were needed to demonstrate physiological muscle function. The students were furious. They accused the Dean and brought him to the military governor of Gondar, at the time. The Dean explained that he at most needed a biologist to sustain the supply of frogs. In fact, the reality was that our teachers travelled to the shore of Tana Lake by a Land Rover and collected frogs. However, the pond which was prepared by the College was not suitable for the frogs. Many of them died and floated on the surface of the water with their white bellies up to the skies. Even, the muscle of the surviving ones failed to contract properly during the demonstrations. I didn't know what was going on in the minds of the military governor while listening to the arguments. It looks like he was wondering why we were quarreling over frogs.

Gradually, the dissatisfaction of the students was felt by our teachers too. Therefore, they went to Addis to check how the teaching is conducted over there. To their surprise, the Addis Ababa basic sciences instructors were all biologists not medical doctors. Hence, our teachers pointed out that they have a real advantage over the instructors of Addis Ababa Medical School. They claimed that it is a Medical specialist who teaches appropriate Medical Physiology than a mare Biologist . This was a significant turnaround of events. That means after all we had a point to be proud of. What we actually didn't know was that we were probably learning the best physiology in the world, at the time. Because, the Physiology Institute form where our

teachers came was world renowned (Leipzig Physiology Institute). Who was just talking about becoming a Health officer?

The Clinical Years

With the start of the first clinical year (the fourth year), the crucial time has begun. The students of the two Medical Schools of Ethiopia, Addis Ababa and Gondar respectively, were going to come head to head. Those form Addis were final year interns sent to Gondar for rotations, while the students of Gondar were only junior clinical students. One group stood here and the other there. They were wearing their gowns and stared at each other from a distance as if they were not willing to unite. Obviously, the interns from Addis were mature and their gowns were stylish. The gowns of the Gondar students were more straight and stiff, not yet in sufficient use. The same question was being asked in the minds of both groups of students, one could imagine. That is, what do they know? Or, what are they capable of?

Hence, the bed side interaction & confrontation began. The Addis Ababa interns were given the chance to lead. They expressed their view and acted as bosses over the Gondar students who were holding their breaths and following attentively. However, there was nothing special or new the Gondar students could hear! Is that all? The Gondar students would ask. Is that really all? It was to the delight of the Gondar students. A new realization started to set in, that they can become medical doctors, if not in a better way. Therefore, the unavoidable offensive from the side of the Gondar students arrived. They started to grill the Addis Ababa interns in every opportunity. Do you know Pickwickian syndrome? Do you know this disease? Do you know that disease?

The former East German clinical instructors were experienced Doctors and teachers in their fifties. They were enthusiastic and dedicated about their work. They were available in the hospital day and night. Therefore, the teaching was intense both theoretically and practically. The presence of three to four clinical instructors in each clinical department made the atmosphere more interesting and exciting. This reality gave the Gondar students the opportunity to become knowledgeable and confident. It was evidenced by their handling of normal deliveries, cast application and major surgery assisting. Eventually, they carried their capacity to Addis Ababa where they worked extraordinarily as interns and residents and beyond.

With that, the strong reputation of Gondar College of Medical School was established.

VOLUNTEERISM AND PUBLIC SERVICE: A MORAL IMPERATIVE FOR THE DIASPORA

Anteneh Habte, MD

Ask not what your country can do for you — ask what you can do for your country.

John F. Kennedy

Wikipedia defines volunteerism as an altruistic activity intended to promote goodness or improve human quality of life with no direct financial gain. The word was first coined in the 1600's and primarily applied to the military to indicate soldiers who chose to enter service as opposed to being conscripted. The concept has permeated everyday life since with volunteers serving a critical function in most institutions including schools, churches and political organizations.

In a typical year, about one-fifth of the American population, more than 62 million people, serve as volunteers according to US government statistics. They contribute more than 8 billion hours of service to local and national groups, valued conservatively at $173 billion. Children grow up selling boy/girl scout cookies, go around the neighborhood fund raising for their schools and give a helping hand in soup kitchens during Christmas and Thanksgiving. This pattern is not much different for the immigrant population residing in the United States. We are part of the community we live in and very involved in all aspects of life. We volunteer at our children's school, help charities associated with our work place and spend time at the free clinic which provides medical care to the less fortunate of our fellow citizens at no charge.

The volunteerism and public service I want to discuss in this piece is a little different than what is described above. It is unique to first generation immigrants who continue to have strong attachments with their countries of origin. Most of them made the conscious decision as adults to settle in their adopted country. This is certainly true in the case of alumni of Gondar University in the Diaspora who are beneficiaries of the excellent education the school had to offer. When we choose to get involved in the activities of our alma mater by volunteering our time, money and skills, we are really "giving back" as we are indebted to the people and institution which helped educate us.

I have included a sobering statistics to put things in perspective. The median education debt for US medical school graduates in 2012 was $170, 000 and 86% of graduates reported having education debt. Total repayment amount per student is more than $300,000. This is a cause for pause for those of us who were not charged a penny through the years of medical school. We clearly owe a lot to the school and community which launched our careers.

Although accurate figures are hard to come by, it is believed that there are thousands of Ethiopian health care professionals in the Diaspora. Those of us who hail from Gondar are certainly in the hundreds. There is no doubt that most, if not all, provide financial support to family and friends back home. After all, the World Bank estimates the annual remittance from Ethiopians in the Diaspora at over 3 billion dollars. There is no readily available data on what portion of this remittance went to institutions outside of immediate family and friends, but anecdotal evidence seems to suggest that it is not a significant amount. A good number of Gondar graduates both from within the country and outside the country have contact with their alma mater, visit when they happen to be in town, donate books and equipment and teach/deliver lectures when the opportunity presents itself. However, these efforts tend to be fragmented, redundant and not responsive to the Institution's needs. I am proposing that we extend this altruism to communities and institutions outside of our immediate family and friends, and that we do it in a more organized manner. This starts by identifying groups whose visions align with ours and whose mission we would like to advance. Below are a few suggestions:

Alumni Associations: One of the best ways that graduates can demonstrate their loyalty and gratitude to their school is through alumni associations. Active participation of alumni in their school is also a signal to other charitable organizations to be involved in the effort. The top ranked Universities in the US boast an alumni participation rate of over 50%. This provides the best opportunity to network, mentor, raise funds and stay updated on the activities of the school. We should all support our fledgling association and grow it to an entity which can be showcased to other Institutions in the country.

Professional Volunteer Organizations: An increasing number of health care professionals of the Ethiopia Diaspora, either as individuals or collectively under an organization, have been active in supporting various health related initiatives in their native country. Alumni of Gondar are active members of various Ethiopian Diaspora Health Care Organizations. One such group is People to People (P2P) which has been fostering partnership among institutions of higher learning in Ethiopia and the US and the Diaspora. In the 15 years since its inception, P2P has promoted participation of Diaspora health professionals, their colleagues and respective institutions in the provision of clinical care, education and research in Ethiopia. P2P has also signed a memorandum of understanding (MoU) with Gondar medical school to be a partner in their effort to meet the rising need in transfer of skills and technology as student enrollment ramps up. With over 3,000 medical students admitted into the country's 13 medical schools, the role of the Diaspora health care professional in helping narrow the resource gap and converting "brain drain" to "brain share" or "brain circulation" becomes even more critical. Gondar alumni play leadership roles in P2P and other similar professional organizations with similar mission and vision.

Medical Specialty Associations: Another avenue for Diaspora health professionals to make meaningful volunteer participation is through specialty groups who have established working relationships with their counterparts in Ethiopia. Examples of this include the Ethiopian Diaspora cardiology group who has partnered with Gondar and Mekelle through video conferencing, Infectious Disease physicians and Endocrinologists who are supporting fellowship training at Tikur Anbessa medical school in their respective fields. A Hospice & Palliative Medicine group has produced web based modules for free use by Ethiopian health care professionals, is spear heading the effort to incorporate the specialty into the medical school curriculum, and is supporting clinical service provided by Hospice Ethiopia. Such associations provide opportunities for Diaspora professionals to volunteer and help streamline their efforts to be more responsive to the needs of the beneficiary institution. They also lay the groundwork for the involvement of non-Ethiopian colleagues and their respective thus bringing more resources to the effort. Successful faculty and student exchanges have been made through these networks.

Volunteerism is the ultimate expression of gratitude to one's good fortune. It transcends gender, ethnic group or political affiliation. When we volunteer, we are ideal role models for our children and communities as our actions speak louder than our words. Those of us who received free quality public education should actually bring it up another notch as we are really indebted to the school and community that invested in us.

As we celebrate the Diamond Jubilee of Gondar University, let us renew our commitment to be part of our alma mater's future and not remain a fading memory of its past. Let this occasion serve as a call for action and an opportunity to redouble our collective efforts. We are well positioned to be partners to the University's leaders as they chart the future direction, and serve as mentors and role models for the new generation of students and graduates as they leave to make their marks in the world. This is indeed a moral imperative as "to whom much is given, much will be required…"

Dr. Anteneh Habte is a 1984 graduate of the Gondar College of Medical Sciences. He is currently Medical Director of the Home Based Primary Care Program at the Veterans Affairs Medical Center in Martinsburg, WV and Clinical Faculty at the University of West Virginia. Dr. Anteneh serves as Chairman of People to People's Board of Directors and is a founding member of the Gondar University alumni steering committee in the USA.

THE ROLE OF THE DIASPORA IN EXPANDING MEDICAL SPECIALTY TRAINING IN ETHIOPIA:

GENERAL OBSERVATIONS & PERSONAL REFLECTIONS

Elias Said Siraj, MD, FACP, FACE
1988 alumnus of GCMS

I would like to begin by congratulating my alma mater, University of Gondar, for reaching this momentous milestone- the 60th year Diamond Jubilee anniversary of its foundation. Since its inception as the Public Health College in 1954, this historic institution has been a trailblazer in the development of the healthcare system of Ethiopia which is unmatched by any other institution. Congratulations again University of Gondar!

When I walked into the campus of the then Gondar College of Medical Sciences as a freshman student in September 1982, little did I know that I was entering a historic institution whose foot prints and impact in the healthcare system of Ethiopia will be enduring. I look back now with pride and gratitude for having been a product of this great and historic institution. I can trace back whatever I achieved since, to the solid foundation I received during my medical school years in Gondar.

When I was asked to write an article on the occasion of this historic anniversary, I wrestled with the idea of what topic to focus on and how to approach it. After exploring several areas, I decided to focus on the area of medical specialty and subspecialty training in Ethiopia and the role of the Diaspora. This is a topic which is near and dear to my heart; on one side I have spent a significant part of my career training specialists and subspecialists in the US and on the other hand, as a Diaspora, I have been a frequent traveler to Ethiopia to support various medical schools and training programs in Ethiopia.

After some careful thought through this complex issue, I decided to frame it as follows:

1. Why do we need to expand postgraduate medical education in Ethiopia?

2. What is the current involvement and role of Diaspora in the area of postgraduate medical education in Ethiopia? What has been the role of Diaspora organizations such as People to People (P2P)?

3. What are prospects and challenges for the future of collaboration in those areas?

1. Why do we need to expand postgraduate medical training in Ethiopia?

As a resource constrained country, it is clear that Ethiopia has to prioritize the areas of healthcare it wants to focus on and allocate its resources accordingly. From that perspective, the laser sharp focus the country has shown on improving primary health services and extension health workers was right on the money. That way the country got the biggest "bang for its buck".

P2P Annual Diaspora Conference

Once the primary care access problems have been improved though, it is obvious that Ethiopia will have to eventually address the huge shortage of medical doctors in general and specialists/ subspecialists in particular that it is faced with.

Chronic medical conditions such as diabetes, heart disease and kidney disease are increasing in prevalence in Ethiopia posing a huge challenge to the health care system. To manage those conditions, while the overwhelming portion of the population will still have to rely on low and mid-level health care professionals, special-

ist physicians are needed to staff referral hospitals and academic teaching institutions.

The impressive economic growth the country has registered over the past several decades has led to an increased urbanization and the creation of an emerging middle class/ upper class which affords and demands specialist care for conditions such as diabetes, heart disease etc. This has also led to an expansion of private medical institutions and hospitals which in turn leads to an increasing need for specialist and subspecialist care.

Looking from a different angle, with increasing expansion of educational opportunities in Ethiopia, more medical schools are being opened and more medical students are graduating. The number of medical schools has expended from 3 to more than 25 in a span of about 20 years. If the current trend continues, the number of medical school graduates will increase from about 150-200 per year in the 1990s to more than 5000 per year by the year 2020. This degree of expansion in medical schools is expected to lead to increasing demand for specialist and subspecialist physicians to staff the medical schools and affiliated teaching hospitals.

It is with these premises in mind that I make the argument that specialty and subspecialty training in Ethiopia should be strengthened and given adequate attention to keep up with the ongoing shift in the country's demography, economic status and chronic disease spectrum.

I personally feel that at this stage of its development, Ethiopia is well positioned to address the expansion of specialty and subspecialty training programs while simultaneously maintaining and improving the primary care network which has been established successfully.

2. **Experiences of collaboration between Diaspora and Ethiopian institutions in regard to specialty training and the role of organizations such as People to People (P2P).**

Diaspora Medical Professionals at World Bank Meeting

Addis Ababa University Medical Faculty (AAUMF) and Black Lion Hospital (BLH) have been at the forefront of specialty training in the country. More recently they have also started subspecialty (Fellowship) training programs.

On the other hand, other medical schools including the ones at University of Gondar, Jimma University and Mekelle University have started various residency training programs. Given the massive expansion of medical schools in the country, this is the right trend as all specialists training cannot be expected to take place at AAU alone.

When it comes to subspecialty training (such as Cardiology, Endocrinology as well as Surgical Subspecialties), focusing on AAU only might be the most practical approach to start viable and meaningful training programs. Some subspecialty (fellowship) training programs have already been started over the last few years at AAU/ BLH. The results so far have been mixed. Some of the fellowship programs are doing well while others did not do as well. While the reasons for the different outcomes are multiple, the contribution of the Diaspora has been very positive in most of them.

As an Ethiopian Diaspora physician myself and through my role within People to People (P2P), I have been working closely with members of AAUMF and BLH to help out with launching specialty & subspecialty

programs. People to People (P2P) is an organization established by Ethiopian physicians in the Diaspora with the purpose of supporting the Ethiopian healthcare system. Over the years, P2P has supported various specialty and subspecialty programs at AAU as well as other universities in Ethiopia.

Diaspora Medical Conference

As an Endocrinologist, I was particularly interested in the launching of an Endocrinology, Diabetes & Metabolism training program at AAUMF. With help from myself and many others, the fellowship program was started in 2012 with 2 fellows who graduated in April 2014. The program was conducted with a collaborative model involving several external supporters consisting of Diaspora Endocrinologists as well as North American and European Institutions which I helped to coordinate.

The other area where Diaspora physicians can help is by creating links and partnerships between Ethiopian Institutions and Foreign Institutions. P2P has also played a significant role in fostering partnerships between Ethiopian and Foreign Institutions. Among others, my own institution Temple University has created a formal partnership with Addis Ababa University which has been helpful in my efforts to support Endocrine fellowship.

Another area where P2P worked hard to promote and encourage Diaspora involvement has been the Annual Global Diaspora Conference on Healthcare and Medical Education, which has been conducted by P2P since 2009. This conference has been bringing together hundreds of Diaspora physicians as well as representatives of Ethiopian institutions including Ministry of Health, medical schools and funding agencies. Supporting the postgraduate medical education has been one of the key themes over all those years and this conference has contributed towards increased involvement of the Diaspora in medical education of Ethiopia.

More recently, P2P has championed the concept of 'Triangular Partnership". This concept which has been widely accepted by various stakeholders, challenges the traditionally accepted paradigm of bilateral collaboration between foreign institutions (such as a US University) and Ethiopian institutions (such as an Ethiopian University). While those collaborations do work to a certain degree, adding the Diaspora dimension (thereby creating the Triangle) will have a synergistic role quantitatively and qualitatively and bring about sustainability. The relationship the Diaspora has to its country of origin is unique and should be effectively mobilized in the process of creating partnerships. This is a new model and paradigm which the Ethiopian government as well as Funding agencies should look at.

Another area where the Diaspora medical professionals can help Ethiopian institutions is through involvement in alumni associations. While the 3 oldest medical schools in Ethiopia (AAU, Gondar and Jimma) have large number of alumni in the Diaspora, an effective linkage of the alumni with their alma mater has not been created to the desired degree. Part of the problem is that while there is a rich tradition of alumni associations in the developed world, it has not been customary in Ethiopia. In the USA for example, alumni associations are created by the Universities with appropriate allocation of resources and manpower. They maintain a data base of all graduates and create an ongoing mechanism of lifelong communication. Alumni are always updated regarding what is going on in their alma mater through regular news letters via e-mail or regular mail. That also creates an ongoing fund raising mechanism from alumni. One should always keep in mind that most successful and influential people are alumni of a university somewhere. If their university has created a very good communication channel with them as alumni, they are more likely to bring money and connections to their

alma mater. As an example, Temple University (USA) in 2013 received about 70 million US dollars from alumni donations, while Ivy League universities such as Harvard regularly get more than 500 million dollars per year from alumni. Alumni are powerful assets and universities have to recognize and nurture the relationship with them.

A new area of involvement of the Diaspora medical professionals is in the private sector. Recently, Ethiopian Diaspora physicians have come together with the purpose of opening state of the art private hospitals in Ethiopia. This effort has to be supported by all stakeholders as it can potentially have a transformative role in the areas of health care, medical education and training of specialists and subspecialists.

3. Prospects and challenges for future collaboration

The ongoing efforts to start and strengthen specialty/ subspecialty training in Ethiopia should be continued with more energy and focus. The collaboration demonstrated between the Ethiopian medical schools and foreign and Diaspora groups should be strengthened further. One should keep in mind that the Ethiopian Diaspora in the health care field is right now relatively well established and is looking for opportunities to get involved if appropriate mechanism can be created to tap into it.

Previous experience of collaboration has shown that there are several challenges which need to be addressed for an effective launch and maintenance of specialty and subspecialty programs in the future. Some of them include:

- Adequate education and training of specialists and subspecialists will need significant participation of expatriate and Diaspora specialists. This will need identification of potential collaborators in various countries. A mechanism has to be created how those will be involved in training including short term travels, longer travels, videoconferences, teleconferences etc.

- Adequate local budgetary and

Diaspora and P2P provide support to emergency medicine at AAU

structural support is necessary to support the training. While the role of Diaspora and foreign institutions to support such training programs is very important, there is no substitute to a significant and strong commitment from the institution for the success of this endeavor and its long term success

- Recently, the sustainability of the new subspecialty training programs over the long term is being challenged as some programs could not get funded candidates during the second year. I personally feel that this is not due to lack of interested candidates, but rather due to inadequate coordination mechanisms at a national level, between the training programs and the various medical schools to properly match the demand and supply. I do hope that this is a temporary set back and it will be fixed soon.

- Frequent travels of key Diaspora and foreign teachers to Ethiopia may need some type of sustained support mechanism.

Along these lines, one area where the Diaspora groups and the Medical Schools in Ethiopia have to collaborate on is to create a strong partnership which will create a capacity to garner big international grants which could be used to support training programs as well as joint research ventures. Both the Ministry of Health and Ethiopian Universities should recognize the potential benefits of such collaborative endeavors at a bigger scale and use appropriate resources to promote those collaborations.

It has become increasingly apparent that the need for medical specialty and subspecialty training in Ethiopia will continue to grow. Collaboration between Ethiopian institutions and Diaspora physicians promises to be a very effective way of starting specialty and subspecialty programs and should be utilized to the fullest possible extent. It is very important that mechanisms be created to strengthen such collaborations so that the huge potential of the Ethiopian Diaspora can be brought back home to effective use.

Long term sustainability of such a specialty and subspecialty training programs will need incorporation of those efforts into the existing plans of the country in line with the country's emerging priorities as well as ongoing expansion of medical services and medical education.

In conclusion, on the occasion of the 60th year anniversary celebration of the establishment of the University of Gondar, it is my sincere hope that this historic institution continues its pioneering role in the health care arena and becomes a center of excellence in medical specialty and subspecialty training.

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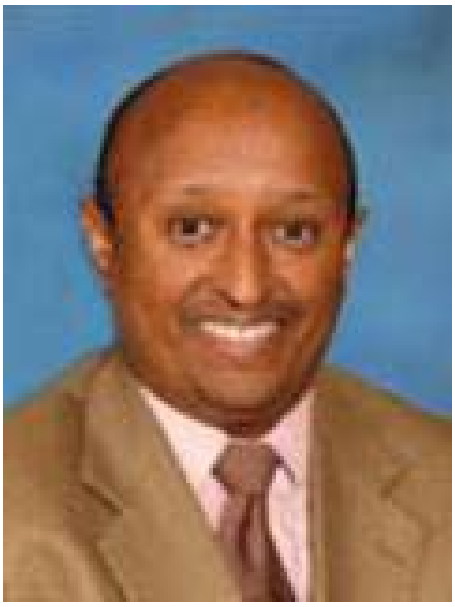
REMINISCING GONDAR COLLEGE OF MEDICAL SCIENCES

Yared Aytaged Gebreyesus



Who would remember that day, September 15, 1982 when a young soul who has no idea of the world that would await him left his only home that he knows for the first 18 years of his life? I do remember, as I was one of those boys. I was one of seven children from a small school in Addis who were embarking on a journey to the unknown historical land. As a senior in high school I decided to pursue a career in medicine, eventhough, through elementary and high school, I always wanted to become an engineer or an architect. I decided to switch at the last minute after my visit to Addis Ababa Medical Faculty, where I got one of the best tours from friends who changed my perception of medicine forever. Following the release of the Ethiopian School Leaving Certificate Examination, I was assigned to Gondar College of Medical Sciences.

I remember that seven of my high school classmates were also assigned to Gondar. We were pleasantly surprised that there was even a medical school in Gondar. My friends and I went into the research mode after we heard the news and started gathering all the information that we can get about Gondar. We met Dr. Getachew Bolodia through family friends. He reassured us that there is indeed a medical school to start with. He also told us that he has been an external examiner at the medical college and reassured us that they have a good faculty and standards. After we got all the reassurances that we could get, my friends and I decided to join the college and travel to Gondar together.

I remember that day when I left home early in the morning. I can still smell the exhaust from the diesel powered buses at "autibus tera" where my likes gathered from all over the country to take the long bus ride to Gondar. I remember fellow students whom I met at the bus station who were crying and bidding farewell to their families before the bus took off for a two days ride to reach Gondar. Starting the first days together there is so much to remember! There was a very friendly guy who introduced himself to everyone in the bus and was taking pictures at every stop. Who would have thought that this guy would become a dermatologist, an internist, a professor and a clinical mentor 25 years later? I never imagined that the little boy in our company on the bus would spend nine years with me in the Medical College and graduate school and would later turn out to be one of the finest plastic surgeons in Addis. Who would have thought that the girl I met in the same bus would be related to me by marriage and would be my classmate for the next 6 years. None of us imagined, knowing her throughout the six years that she would go into preventive medicine and be one of the leading public health professionals in Ethiopia. I would have never imagined that the Indian looking boy that took the bus with me would not only be my classmate but would be one of the best public health specialist working for an international organization saving the world.

Our College journey began with 98 freshmen of the 120 assigned to the Gondar Medical School, who descended into the historical city of Gondar. Our first exposure was at the registrar office where we met some of our classmates while registering. I remember this very young looking boy registering and filling his forms. We happened to be looking at his form and saw that all his ESLC grades were A's! Wow!. We looked at each other in amazement but none of would have predicted that this 16 years old boy would eventually be our Gold Medal Winner, an Endocrinologist and Professor in one of the best Institutions in the World!! After registration, we were assigned to a dormitory where 40 of us would spend the first night together. Nearly all from different cities, schools, and backgrounds had to spend their first night together. What a first day in College to start with -- sharing rooms, bathrooms, books etc. which would eventually continue for next six years and possibly more. For most of us it was our first day to sleep outside of our homes.

So, we were supposedly the fifth batch of the medical school or "the class of 1988". So we stayed together through dark and bright days, through Gondar

and later through life. The bond that we established from the first day we met has stayed strong with us and we still meet every other year and whenever we get a chance. We celebrate together weddings, birthdays, christening's and life's special events. We have also decided to celebrate our 25th graduation anniversary in Gondar which is also the 60th Golden Jubilee of the establishment of the University of Gondar.

Class of '88 were counted one by one the first few days. We always recall the guy who was asking everyone about their ESLC grades, the guys who started studying Zoology the first day that we arrived. There was so much new information and as much confusion! So many of our classmates were terrorized by the deeds of their peers in those first few days! What a learning and lifetime experience that was!

We were welcomed by our seniors and were reminded that we have to respect the hierarchy in the school. Seniors are seniors and they had to be respected and bowed to. We followed the tradition as our predecessors did. First year was a new experience for all of us. We had to learn how to daily fetch water from the only supply in the College in the Hospital for washing, drinking and showering. We had to wash our own clothes, which for many of us was a first time experience . We had to learn to sleep in a dorm with 10 to 40 other students, while some are studying, and the lights are on 24 hours a day. Some were observed to be struggling to stay awake by tying cold water soaked towel to their legs. Some would stand by the pole on their double deck bed studying so that if they happen to fall asleep they could hit the pole which would wake them up and so that they continue studying! There was so much uncertainty. We heard that the Philosophy and Political Economy Lecturer was notorious for giving "F" to a lot of students and everyone was scared of him. On our first day in class with him, he proved himself the same by asking which one of us were peasants and started comparing us to local peasants. Verbal abuse was so rampant! In general, first year was not too kind to the class of '88! We lost about 40 percent of our classmates, and friends. Nevertheless, it's so much comforting to see that after so many years that all those brilliant young friends who were forced to leave us then have become successful in their life. I met one of them in Michigan, where he attended Michigan State University to become a physician and was doing his residency. There were others who followed different paths to become engineers, physicians and other seasoned professionals.

Second year was exhaustive. Coming back from a month long vacation, with not so many tears as last year, we indulged directly into Anatomy, Physiology and Biochemistry. Days turned into nights and the year went by fast. There were plenty of sleepless nights and exams every week. There were some events that we could not forget like when the Lecture Hall for the basic science caught fire and everyone in the campus ran at night to help stop the fire. We lost our lecture rooms to fire and were forced to take lectures in the dissection room, the labs and even in the famous "Tukul" – our recreation center! No one who went to medical school will forget the smell of the dissection rooms with phenol and formaldehyde especially those ones like myself who have allergies. We would spend 4-6 hours lectures daily in that room with the suffocating smell and plain sight of the dissection room display. Our professors were all Germans and we were forced to learn their English accents and had to adapt to their way of lecturing. I would not forget the rush to the Library after lecture hours to grab the very few reference books available in the Library. We memorized and crammed all the facts about the human body; the endless cycles in biochemistry and the graphs in Physiology. When June came and the External examiners descended to Gondar, we had to prove to them how much we had in our brains. The second big round of hammer thrown on us then. This time we lost another third of our friends. What a tragedy! It make us to doubt ourselves by asking the big question -- "Will I ever get there?"

In the third year, confidence level is much better. You have matured and are well versed with the way of studying in medical school. You will have started sympathizing for your juniors. Even though, You still had to fetch the water from the Hospital, and wash your clothes yourself. At least you will arrive at the Cafeteria early and would get the 'efeta' and the big 'atinet'. It was also a year where most of our classmates started looking for girlfriends and started dating. Who would forget our classmate who was in love with one of the freshman girls? He would come to the dormitory and tell us that she saw him on his way to the cafeteria and he was sure that she was also in love with him. We later found out that this girl had no idea that our friend ever existed. This is what was locally known as 'aynuka'. Oh my god, we had lots of fun in the third year. Class of '88 started a soccer tournament in the College and organized soccer games within the different batches. Who

would forget the day where most of us avoided the Youth Meeting and went to play soccer? That day the Youth Committee called the Police and rounded many of us for which we spent 2 days at the Police station just because didn't attend the meeting. It was an eye opening experience for most of us spending a night with prisoners in a small room and living their experiences. It was mandatory to attend the Political meetings at that time. What an idiocy!!

No one can also forget the "Zemecha" time at the end of our third year where we were ordered to go to 'Metekel' to build cottages for new settlers from the north of the Country! Our seniors in the clinical years were assigned to work in the clinics at the different camping sites while we were tasked to provide First Aid at the cottage sites all over. We had to walk about 1-2 hours daily to our respective assigned sites to build those cottages for the incoming settlers. Many a times, it rained, it used get very hot and humid. In these forests, no human beings have stepped a foot before. Just the thought of that was really scary -- you never know what can happen in the unknown! There were those who lost their life to animals. Luckily Gondar students were spared. Many later developed Malaria after we returned to Gondar.

The clinical years are among one of the best years that we spent in Gondar. What we learned in the first few years had to be interpreted in practice in the patient wards, clinics and rural practice sites. Our German Professors were very instrumental in this and they showed us how to work hard, showed us what compassion meant. They made us observe and learn the art of Medicine. What they showed us those three years became the fundamental basis of our future practice of Medicine. We were witnesses to life's first moments, life's difficult moments and life's last minute struggles. At a tender young age of 21-22 we were able to help deliver babies, heal the sick, do the surgery to heal the wounded. Some of us were sick in our minds with what our patients were sick from. We laughed, cried and mourned with our patients. Who would forget running to the wards to see patients, write H & P's and do some labs at the side labs to show to Dr. Teshale (RIP) I bet there are many of us who ran and tried to hide when we saw Dr. Teshale in town – fearing the consequence of his tormenting the next day in ward!!!

The rural field trip to Kola Duba was one of the unforgettable moments in College life. Who would forget the first day that we were on call for after work hour duty at Kola Duba Health Center? All sorts of problems presented, including laboring mothers, folks wounded with bullets and obviously the febrile child. Though we were anxious and stressed, we learned to handle emergencies and had a successful stay at Kola Duba. We were also able to visit places like Gorgora, the islands and monasteries on Lake Tana during our rural practice period.

Who would forget Internships? This was the first time that we were paid salaries and surly everyone remembers what they did with their first salary!! Most of us were 23 -24 years of age and our first gross salary was ETB500 and after tax we would get about ETB385 in our pockets. This used to be a lot of money then!! Internship was the year where we had all the luxury those days could afford! Imagine having a bedroom with only one roommate!! Have you own cook, and with money left to spend for beer and entertainment – all out of the 385!. The famous Hotels of Quara, Terrara and Fogera used to have Lunch buffets and most of us -- the Interns would spend quality time there with our colleagues, and notably with our German Professors.

Overall, our six years stay at Gondar Medical School was one of the best formative years of our life. There were a lot of struggles, obstacles and limitations. The medical school at the time was not an ideal place in terms of students living conditions, physical infrastructure and manpower development. Despite all the shortcomings everyone including the professors, lecturers, support staff and the students worked hard towards the main objectives of the College - to produce compassionate and competent physicians that could serve the human race. We the Alumni are the living witnesses of this fact. The alumni of Gondar College/University have proven themselves that they are second to none. I would like to quote what Dr. Zein Ahmed Zein (RIP) the then Dean of GCMSc wrote on our graduation yearbook in 1988.

"It's deeply gratifying to learn that our graduates are second to none. The correct attitude of our alumni towards duty has earned them in general, and patient care in particular, further praise. I do hope these desirable attributes would constitute the hallmark of subsequent cohorts of Gondar Physicians too" Dr. Zein Ahmed Zein, 1988

I sincerely hope that his dreams are being fulfilled as we see the current 2014 and future Gondar University graduates walk the isle to receive their degree and say the Hippocratic

Oath. You can find our Alumni in national and international organizations and teaching institutions all over the world, contributing to the wellbeing of the human race.

Congratulations to Gondar University on its 60th Diamond Jubilee.

Yared Aytaged Gebreyesus graduated from Gondar College of Medical Sciences in 1988. After graduation he worked at Dangila Health Center as a general practitioner and District Health Manager. He later worked as Deputy Regional Health Manager at West Gojam Regional Health Bureau. He also served as the Medical Director of Bahir Dar's Felege Hiwot Regional Hospital. He then joined graduate school at the Surgical Residency Program at Addis Ababa University Medical faculty in Addis Ababa for three years. After moving to the USA Dr. Gebreyesus did his Internal Medicine residency training at the University of Wisconsin Aurora Sinai Medical Center. He is Board certified in Internal Medicine and is currently a partner and in a private practice in Northern Virginia.

THE LIFE OF AN INTERNATIONAL MEDICAL GRADUATE

By Mulugeta Z Fissha, MD, FACC

The US health care system is the most intricate system that consumes 18% of GDP (gross domestic product), roughly 2.8 trillion dollars in 2012.(1) Eighty percent of US health care facilities are largely owned and operated by private sector, while the government owns 20%. This, however, is in constant flux given economic challenges. There are several important players in the US health care system including physicians, hospitals, insurance companies, pharmaceutical industry and the government.

The WHO estimates there were about 750, 000 physicians in the US in a 2009 survey. (2) The actual number of international medical graduates (IMGs) actively practicing is not known, however, it is estimated to be 23.5% of the total US physicians.(3) In a survey of students entering residency programs in 2007, 35% of applicants were IMGS, however, only 15% successfully obtained residency programs. (4) The disproportionate number of applicants to those accepted by residency programs indicates the tremendous hardship IMGs encounter to get into residency and eventually practice medicine. The largest share of IMGs comes from India accounting for 20%. Ethiopian IMGs are far below 1% of the total IMGs.(5) An editorial in JAMA published in December 2012, indicated by 2015, the number of graduates from US medical schools is expected to exceed the number of positions available in United States residency programs.(6) This is likely to make it increasingly difficult for IMGs to find positions in US residency programs. Most IMGs (37%) remain in internal medicine and its specialties and very few make it to surgical specialties (<20%).(7)

Ethiopian IMGs have been in the US physician work force for significant period of time. The total number is unfortunately unknown as there is no unified Ethiopian medical society in America. The path taken by an Ethiopian IMG to become a practicing physician, much the same as any IMG, is a long stressful and arduous process that starts with taking a series of exams called USMLE step 1, USMLE step 2-CK and USMLE step 2-CS. These tests are complementary and should be completed before applying to residency. Obtaining a residency position in turn requires application to different programs and subsequently undergoing in-person interview with each program. Securing a position has become more difficult as the number of US graduates competing for the same position continue to grow. I personally know several Ethiopian IMGs who have been unable to secure a position even after several years of repeated applications. Some of them abandon the quest and work in different professions. Residency is 3 years for Internal Medicine and Pediatrics (4 or more years for non-internal medicine fields). After completion, there is the option of practicing as a primary care provider (which is the most common path) or applying to a specialty fellowship. Fellowship may take an additional 2-4 years. After a total of 3-7 years in residency and specialty graduate training, a final board exam and certification is needed to join the work force.

Medical practice in the US is very diverse. Some physicians are employed by private practices or hospitals. A few go to academia or open their own private practice. Generally physicians work long hours than other non-physician professions, on average 52hours per week in 2007.(8) IMGs work even longer hours than their US medical counterparts. They also tend to work in low socioeconomic places and rural areas.(6)

I relocated to US in 2002. I completed residency in 2007 and fellowships in 2011. I found practicing medicine in the US very fulfilling despite its set of challenges. The system allows you to practice based on established evidence-based guidelines. This reduces variability of care with different providers and institutions. There is a tremendous emphasis on continuing medical education (CME) to keep pace with new data and published guidelines. Every physician has to have a certain number of CME credits to remain in practice. For most physicians, it is also a requirement to pass board certifying exams every 10 years to maintain board certificate. All in all, the system is well

designed to keep you sharp with recent advancements and up-to-date with practice changes.

Reflecting back on my training in Ethiopia, both medical school and residency, there are several positive attributes that have prepared me to be a competent physician here in the US. Our medical school curriculum was rigorous especially in basic sciences, which gave me a great foundation. Our clinical practice, including internship and the countless hours of bedside teaching, made me learn tremendously and stay competent for the fierce international competition as an IMG. However, my training was not by any means complete as I am learning a completely different epidemiology of diseases. I had to discover and acquaint myself with metabolic related diseases that are far less common in Ethiopia. On the other hand, I had to quickly abandon all the extra expertise I acquired in acute tropical diseases. Lacking in our education include use and interpretation of evidence based medicine (beyond reading what is in Harrisons), interpretation of several diagnostic tests which were not widely available during my time in Ethiopia, working in a multidisciplinary team (from nurses, dieticians, physical therapists, pharmacists, social workers, to different specialists taking care of the same patient) and electric documentation. Residency training in the US has also made me realize that a great physician is not only the one who has a breadth of medical knowledge but also has several other attributes described as "core competencies" including patient care, medical knowledge, professionalism, communication and interpersonal skills, practice based learning and system based practice. These core attributes are evaluated separately and I believe have broader way of evaluating a trainee than the medical knowledge-centered evaluation I received in Ethiopia.

My advice for young trainees who aspire to pursue further education abroad is to take into account the complex challenges encountered in the process. Although the challenges can be managed, the process of acquiring residency training has become far more challenging than during my time. Having a broader understanding of the process and creating a solid connection with fellow Ethiopian IMGs to share information is critical to success.

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Dr. Mulugeta graduated from Gondar College of Medical Sciences in 1998. He loved playing tennis at Tikul. He worked as a general practitioner at Axum St. Mary Hospital for two years and subsequently joined internal medicine residency at Tikur Anbessa Hospital. After two years of training he relocated to the US. In the US he completed internal medicine residency at the Johns Hopkins University/ Sinai program. He then joined the Medical College of Georgia for cardiovascular fellowship. He underwent further training in interventional cardiology and peripheral vascular interventions at Newark Beth Israel Medical Center in New Jersey. Dr. Fissha is board-certified in Internal Medicine, General Cardiology, Interventional Cardiology, ECHO and Nuclear Cardiology. He works at Newman Regional Health, Emporia, Kansas, as a staff interventional cardiologist.

ON THE PATH TO EXCELLENCE, PERSPECTIVES OF AN ALUMNUS

Yared Wondmikun Endailalu, MD, PhD, FIME

On this momentous occasion of the Diamond Jubilee, we come together to celebrate and honor the aspirations, values and achievements of generations of Ethiopians and expatriates who built this great institution of higher learning in the historical city of Gondar. We applaud all students who entered the gates of University of Gondar (UGR) and came out on the other side thoughtful and accomplished citizens prepared to make a difference in their lives and those of their fellow Ethiopians. We would be remiss though, if we do not use this significant milestone as an opportunity to take stock of today's challenges and engage in a constructive dialogue that charts the future for UGR to be one of the best in Ethiopia and Africa.

UGR is well poised to join the elite club of the top 100 African Universities within a few years if we identify our priorities carefully and allocate our efforts and resources wisely. There is ample ground for optimism as the future can be reasonably presaged based on the amazing resilience, can-do-it attitude, and achievements Gondar has registered in the past 60 years. The transformation of this institute, particularly in the last 15 years, is nothing short of phenomenal. A health Science college of 500 students has morphed itself into a multi-faculty University with high profile schools and training streams catering to the teaching-learning and research undertakings of over 25,000 undergraduate and graduate enrollees. For those of us who participated in this breakneck speed transformation, it is a source of pride and accomplishment. UGR's history is full of firsts as it implemented its pioneer academic endeavors ranging from public health to tourism. These remarkable achievements should now be the springboard to squarely face the next big challenge of our time: ensuring highest possible quality of education.

Quality education has multiple moving components including avant-garde curriculum development, innovative teaching methodology, visionary leadership and governance systems, state of the art technology, motivated academic and support staff, and engaged and empowered students (1,2). It will be presumptuous to attempt to address all these aspects in a few pages. What I set out to do in this piece instead is highlight a few salient points which I believe are doable and will have fundamental repercussions going forward if left unaddressed. Why am I taking the time to do this? It is because I firmly believe, as does every engaged reader of this note, in the value of a constructive discussion and pluralistic debate about the destiny of our alma mater. The intent is not to be prescriptive but rather advocate for my convictions; a duty of every scholar in my opinion.

The strategic decisions that Universities make today set the stage for a future of mediocrity or world class performance. The critical difference between the high performing universities of Africa and those who are not doing as well is a choice of destiny. Ethiopian Higher education act gives Ethiopian universities unprecedented autonomy to chart their strategic direction for their destiny (1,2). Hence, delivering quality education is a conscious choice and not a random act or a roll of the dice.

1. Equipping the learner with the right tool

Recently, the alumni steering committee in the US received an email from a concerned professor of UGR request-

ing textbooks for his students. This plea for help generated a flurry of email exchanges and a couple of conference calls to discuss the merits and demerits of carrying luggage-full of text books for the homecoming event. As one of the early group of medical students of the college who navigated through the famous library policy of the time "One Textbook for One Hour for One Student", I can fully empathize with the distress of the faculty. Drought and binge purchases of textbooks were my own experience as a manager. The email brought to light that availability of textbooks and reference materials continues to be a formidable challenge to quality education and calls for a radical solution. There are numerous readily available catalogues of suggestions and proposals on how to increase access to educational material and it is not my intention to clutter my limited space discussing the pros and cones of all the available options. I would like however, to shine light on one useful tool that could radically change the trajectory.

The 2013 NMC Horizon report makes a convincing case for the relevance of tablets in teaching, learning and creative inquiry (3). It is increasingly clear that tablets are not a new kind of lightweight laptops, but rather a completely new technology. It is easy for students to carry tablets from class to class, using them to seamlessly access their textbooks and other course materials as needed. A student's choice of apps for his or her tablet makes it easy to build a personalized learning environment, with all the resources, tools, and other materials they need on a single device, and with most tablets, the internet is woven into almost every aspect of it. Productivity apps, including Evernote, Dropbox, any.do-Cal, and many more enable learners to take and share notes, create-to-do-lists, store all of their files, and organize their academic schedules. It creates engagement of students with their training at a deeper level and widens the scope of the learning environment. In a bold experiment by the One Laptop Per Child organization, children from Wonchi and Wolonchete taught themselves alphabet and numbers within two weeks just by being provided tablets but no teachers. In five months, they had attained sufficient skills by themselves and were able to hack Android. The message beyond the sensationalism is that they displayed a level of creativity, inquiry and discovery that is essential to learning just by having the tablet (4). With the same analogy, the effect of a laptop on the learning & inquiry of a university student is boundless.

In the past years some universities have started to provide students tablets pre-loaded with course materials, digital textbooks, and other helpful resources including access to grades, university news and other resources. Where one-to-one learning is not possible, students can borrow tablets to do coursework, watch instructional videos, and conduct project work that is specifically designed to be completed with the devices. It helps in adopting social networked and self guided learning (4,5). Its requirement for

technical and administrative support, infrastructure, system interactivity, budgeting and accountability is far less than a fixed network. Many universities are surprised to find out it is much cheaper and more flexible than brick and mortar libraries and computer centers. Hence adapting laptop based educational resourcing will be a huge step forward.

2. Semester based education, a relic of the past?

The tablet at the center of personalized learning creates a synergy between our existing educational platform and new modes of teaching-learning and exploration. This system automatically opens the gate to the next new thing that is shaking the world's higher education establishment at its core; Massively Open Online Courses (MOOC). MOOC is designed to provide high quality, online learning at scale regardless of the learner's location or educational background. It enables massive number of students to participate in a single course, working at their own pace, relying on their own style of learning and assessing each other's progress (6,7). MOOC present opportunities for avid learners to freely experiment with a variety of subjects and acquire new skills that may not be directly associated with their major degree courses. A tourism management major could enroll in courses on nutritional anthropology and foundations of computer graphics. A Physical Therapy student can still have a course in creative writing and the politics of transboundary rivers.

Many universities are reviewing MOOC to supplement traditional university classes. The University of Washington is giving credits for its Coursera courses (7). Imagine how quality of education can be transformed if UGR finds a way to integrate MOOC into its regular courses. The future experts of Ethiopia could have access to world class courses and instructors at no cost including some that have never been offered in the menu of Ethiopian universities. This option could also be a support scheme for our understaffed departments and aspiring young instructors. Do we have any open time to incorporate MOOC in our curriculums? I argue there is enough unused instructional time. Here I want to be a bit hypothetical so that the reader could leap into inspired imagination. Ethiopian higher education institutions provide 16-18 credit hours per semester for full time students that lodge and board in the campuses. This is roughly equivalent to the course work load of university students of the western world. However, North American and European students waste plenty of their instructionally valuable time in preparing their food, cleaning, riding to and from their campuses, part-time work and moonlighting to pay some of their expenses. The time saved by providing services to the students can be used for MOOC.

Appropriately improvised integration of at least 1-2 MOOC courses as electives to start with, could make a significant difference in terms of quality of graduates. If system wide implementation seems too radical or not feasible at this time, we can still experiment with our graduate students and the best and brightest 10% of undergraduates to offer them advanced bachelorette.

3. Brain gain/share/circulation and not brain drain is the name of the game

Dr. Tesfaye Tessema (Dean at the turn of the century) shared with me a story of his own Department of Pediatrics. It is a heartbreaking story of a department in a free fall; from the height of planning a graduate program in pediatrics and child development to ground zero as its entire internationally acknowledged staff hit the road within the span of three months. Deans at Gondar University and elsewhere in the country have to constantly contend with the prospect of losing their best and brightest to greener pastures abroad. When this happens, institutional capacity, tradition and memory inevitably get eroded. I am suggesting that mass exodus of staff while devastating when it happens, should not necessarily severe the umbilical cord.

The number of former UGR faculty and former professors of other Ethiopian universities living outside the country continues to grow as people migrate with no intention of returning in the short term. As careers get established and life settles down, the attempt to physically return those scholars back to their homeland becomes an uphill battle. Globalization has become the modus operandi as the world shrinks and travel becomes more frequent. It will be the norm rather than the exception that more and more Gondar (Ethiopian) scholars will find themselves working in some faraway land. On the flip side, the forces of globalization are making physical distance irrelevant. Forward thinking institutions are positioning themselves to draw maximum leverage from these realities and change the brain drain to a brain gain through extensive networking. Teferra (7) argues that concerned institutions should take advantage of this development by actively involving in the creation, maintenance, promotion, and moderation of effective networks that make possible the invention, transfer and exchange of knowledge between scholars in the Diaspora and their colleagues at home. Such non-traditional pragmatic approaches will bring the brain power back into the circulation to help in capacity building and nation building.

Some nations in Africa have policies that consider the movement of their scholars not as a brain drain but rather as a brain gain. Egypt for example looks at its Diaspora as treasures kept abroad. They are cherished assets that serve as another window to the industrialized world, another arm for projecting soft power and agents of foreign policy, as another conduit in knowledge transfer, and an additional catalyst in fostering knowledge domestication (9). To bring the message closer to home, Egypt brings the power of its Diaspora in every conceivable walk of life to bear when it makes the assertion that the Nile starts and ends in Egypt. Egyptian Diaspora experts have been instrumental in sniffing out and sabotaging Ethiopia's attempts to explore international financing options for the development of the Nile Basin hydro-infrastructure.

Ethiopians are slowly getting the message and are networking to contribute in the development of their home country by establishing knowledge webs that span across the world. There are several virtual communities that discuss various social, political, ideological, economic, developmental, scientific, and technological issues. People-to-People, AHEAD, UGR-Alumni Activity Steering Group in North America, EIPSA are few among those networks. People-to-People, for example, established a platform between Ethiopian healthcare professionals at home and abroad. Meaningful collaboration resulted in tangible knowledge transfer in healthcare training. Another commendable work is the recently established EIPSA to support Ethiopia in the diplomatic, legal and scientific front pertaining to the omnipresent Nile issue. Association for Higher Education and Development (AHEAD) that is concerned about the migration of expert Ethiopians is another interesting diaspora network.

The networking between professionals in Ethiopia and abroad is an impor-

tant tool for uplifting quality of education in many ways: participating in modular teaching, channeling newest advances, creating collaboration and partnerships, acting as local liaisons of their home intuitions in maintaining partnerships, partaking in technology selections, conducting collaborative research, virtual mentoring of graduate students, etc. Hence, University of Gondar should have a mechanism to embrace its graduates and expatriate faculty that are willing and eager to contribute. This requires active engagement and steering of the development in the direction that is beneficial for the university. Our choice is not passive swimming along the waves but partnership based on common mission and vision. As the internet is becoming increasingly a fragmented network of likeminded brains, networking with all daughters and sons of Gondar wherever they are residing is the new frontier of brain gain.

4. Farming out ancillary services to focus on core mission

When modern higher education started in Ethiopia, the objective was total academic immersion by providing residence, meal, educational materials, pocket money and study space. This model made perfect sense in the post second world war Ethiopia where there was little infrastructure around the institutions to provide service to the students. It was also a manageable task as the number of students was in the few hundreds.

Astoundingly, this model of total academic environment continued in 21st century Ethiopia with little modification. All universities run multiple industrial scale students' cafeteria preparing meals almost from scratch. Dormitories are now the size of mini cities and take up sizable portions of the universities' infrastructures (2). Students' dormitory construction consumed more than 65% of the capital budget of Ethiopian Higher Education during ESDP III. The furnishing, maintaining, staffing, and managing of these mini cities are provided by the universities themselves. This huge task demands an ever increasing slice of university resources and consumes 90% of the administrative staff. These are resources diverted from advancing the core missions of the university.

Deterioration of research and education quality results from lack of focused and meaningful efforts for a sustained period of time. Complaints in food quality however, catapult to main campus issue within an hour resulting in disruption of the campus environment. No progressive university management can afford to entertain repeated disruptions due to service quality issues. As a result, more focus will be given to the day to day service delivery rather than a long term core education, research and innovation issue. Thus, coming up with an innovative model for student lodging and boarding will go a long way towards addressing educational quality (2,10).

I strongly argue against using the brain power of the universities for a job that can be done by other service providers. It is a grave wastage to allow the national treasure (brain power of universities) to be consumed in such a way. It is time to try other options. We can look around to neighboring countries to learn from their experiences and adopt a model that will work for us. One model could be, for instance, creation of corporations that would finance and manage the university's housing operations. The new not-for-profit corporation could be established with a board comprised of university as well as outside individuals. Once the corporation is in place, the university could donate the residence halls and cafeterias to the corporation to provide an asset base for the new not-for-profit organization. The corporation then can run the facilities, issues debt to fund renovation and/or new construction activities. The other option could be University leasing land or dormitories to private developers in exchange for annual lease payment and/or percentage of operating profits. The developer will renovate the existing residence halls, and/or erect new construction projects, and is generally responsible for financing new projects, the maintenance and the operation of facilities. Off campus amenities is another option. The ultimate goal will be to gradually disassociate universities from the lodging and boarding business.

The Ethiopian universities along with the Ministry of Education and Quality Assurance Agency have made educational quality a major priority area (1,2). Multiple quality initiatives have been in progress for many years and they are bearing fruit. As educational quality is an ongoing process, the reflections made here should be regarded as a continuum of that process.

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MEMORIES FROM GONDAR IN THE 1960s

By Louis Molineaux, M.D., Ph.D.

FOREWORD

I worked as a clinician and teacher of the Health Officers in the Gondar Public Health from 1962 to 1967 i.e. from my thirty-second to my thirty-seventh birthday. I am now 82 years old. I did not keep a diary nor in fact any kind of record, but my time in Ethiopia was for me a very rich experience, and I wish to put in writing some of my memories from that period. I think that some of those memories may be of interest to my friends including those made in Ethiopia and my former students at the Gondar Public Health College.

How did I get to Gondar? Towards the end of my specialization in Internal Medicine in the University of Louvain (Belgium) I decided to look for a job of internal medicine toward teaching in a developing country. I found in the British Medical Journal an advertisement for a job of internal medicine and teaching in the Gondar Public Health College. I applied and was selected.

My wife Josiane and I got married before leaving Europe for Gondar by way of a Greek Island where we stopped for our honeymoon.

My preparation for working in Ethiopia included a careful and intensive reading of a reputed standard British textbook of tropical medicine as well as a book of dermatology of people with darker skins. (I never held any degree in tropical medicine)

In addition to clothing, crockery and that sort of things, Josiane and I spent time in Paris in bookshops, looking for books on Ethiopia and bought some of them We also browsed in the bookshop of the "Institut der Hauter Etuoler Orientaler" (Institute of Higher Oriental Studies) where we found an extraordinary Amharic-French dictionary.

We flew from Athens to Asmara where we took our first Ethiopian Airlines flight to the Gondar airport. We were met by Dr. Franz Rosa, then Director of the Public Health College.

ETHIOPIAN MEMORY NO. 1: Small Soft Goiters

An Ethiopian pharmacist brought me his niece, an adolescent girl with a soft goiter that had appeared about two months earlier. I told him that the goiter could be cured completely within less than three months with daily drops of an iodine solution (one of the simplest and cheapest drugs available) but that he would not notice any change for several weeks. He should persevere, though.

My knowledge about the reversible soft goiter of adolescent girls was entirely theoretical. I had never seen, let alone treated, a single case. That type of soft goiter had disappeared from most of Europe, thanks to the addition of a small amount of iodine to salt to processed food.

About two months later he brought back the girl. Her goiter had almost disappeared. He then introduced several (3 or 4) similar cases from his family. I asked him why he had not brought them all at once. He answered, "Doctor, I wasn't sure you knew anything about the problem" They received the same treatment and were all cured. I was rather reassured.

ETHIOPIAN MEMORY NO. 2: Large Hard Goiters

Large hard goiters were known to be frequent in the Ethiopian lowland. On a survey with our Health Officer students, we found many such goiters. We asked some apparently prominent persons why we never saw such cases coming to the Gondar Hospital. They answered that previously, in Doctor Bassovitz's time, several cases had been operated and cured in the hospital. When Dr. Bassoviz left and a new surgeon arrived, the community debated about what to do and decided to send a case for surgery to the hospital. She didn't come back and they decided to wait for the next surgeon.

My unverifiable hypothesis is that the new, probably younger, surgeon was a perfectionist and aimed at removing all the goitrous tissue, which would

make it delicate to respect the small parathyroid gland, which is indispensable for living. The more experienced surgeon would be careful not to get too close to the parathyroid at the negligible cost of leaving a small remnant of the goiter.

ETHIOPIAN MEMORY NO. 3: "Traditional" Ethiopian medicine vs. our "Scientific" medicine: a clash of civilizations?

A young and enthusiastic surgeon joined the Gondar Hospital. After some three months he tells me that some of his patients had been treated by traditional bonesetters with "catastrophic" results. I had learned that traditional medicine had generalists and specialists, such as bone-setters, mental healers, and some others, a bit like the medical profession in Europe. The bone-setters were respected by the local population, which must mean that they mostly achieved satisfactory functional results, which is rather impressive, considering that they had only history taking, inspection, careful palpation, and even more important, prudent mobilization and no x–rays. I suggested that by definition, our surgeon saw only their failures, and that, perhaps, they only saw our surgeon's failures.

But I soon found out that this problem applied to me as well. A man of about 30 years was brought to the hospital, unconscious and febrile. He had been treated by the traditional specialist for mental disorders, without improvement. I examined him with my students, explaining to them why I suspected meningoccal meningitis. The lab results confirmed this diagnosis and I pointed out the time lost because of ignorance. The patient recovered but had become blind. Ethiopian friends explained to me that the recovery had become a catastrophe. From an essential food provider he had become a heavy burden for his family. I became somewhat more modest. When I diagnosed, by exclusion, a mental disorder for which I was incompetent, I suggested to the family to take the patient to the traditional mental health specialist.

ETHIOPIAN MEMORY NO. 4: "Favism"

The Fava bean is known to produce in a small fraction of the consumers a neurological disorder with severe paresis of the legs and there is a risk known by local farmers. I asked one of them why they ate the Fava bean. He replied that, in a period of famine poor villagers could afford only the bean and that he knew it could be poisonous, but that he preferred that risk rather than be starved. This "uneducated" man was

comparing several probabilities vary rationally.

ETHIOPIAN MEMORY NO. 5: Queen Elizabeth II of England Camps on the Kossoye Escarpment and Meets Emperor Haile Selassie of Ethiopia.

The timing of the meeting was important for both sides: it was the 25th anniversary of the liberation of Ethiopia from Italian occupation and the location was very significant as British troops had camped on the site in the 1940s, similar to the many times Ethiopian kings had done for many centuries.

The meeting was a demonstration of luxury: the palatial Imperial trailer, the royal tents. The camp was also comfortable and supplied with cold and hot water in an area without any modern water distribution system.

The camp was accessible to outsiders at restricted times in limited sites. We could observe some spectacular galloping games by Englishmen and Ethiopians (the latter without saddles). The camp was dismantled in the end, and the water pipelin

e system taken away.

ETHIOPIAN MEMORY NO. 6: A Group of Lowlanders Fetch a Doctor

A group of lowlanders arrived in our hospital carrying a patient on a stretcher. They reported an epidemic in their village and had brought a case "so that we could see what the disease was." It was clearly meningococcal meningitis.

They announced that they would not return to their village without a doctor. I told my students that such a clear call from the most rural areas could not be ignored. I decided to go, even though at that time I was the only physician in our small internal medicine department. I must admit that curiosity for further exploration also influenced my decision.

The most experienced Health Officer at the College at the time was appointed "chief" of the department during my absence. The lowlanders had also brought a mule "to carry the doctor." We mounted a small expedition for which the mule became the most important luggage carrier.

We camped several nights. On the first evening I experienced exquisite Ethiopian hospitality. A boy washed my very tired feet. A chicken was cooked for me. On my asking whether this was not a fasting time, the reply was that I was not expected to fast as a foreigner.

We continued on our way. Our laboratory technician confirmed that it was indeed meningococcal meningitis. We distributed a prophylactic medicine, a long acting sulfonamide, but were not equipped to cover a large population. When it was decided that we should start on our way back, I saw on my old Italian map that we were close to the town of Chilga, where it would be easy to find transport to Gondar. One knowledgeable Ethiopian told me that one could not reach Chilga on foot.

In my uninformed "ferengi (foreigner) arrogance" I wondered whether they could read a map and started on my way to Chilga with two students. I was rapidly reminded that my map had no altitude curves. It was a succession of tiring ups and downs for me. But the landscape was fantastically beautiful! We camped a couple of nights at locations with breathtaking sunsets and sunrises. We eventually arrived at Chilga and went to the Governor's office. I think the Governor was Dejasmatch Araya. He took good care of us and arranged comfortable transport to Gondar. I do not remember who arrived first in Gondar, the main team or our trio. A few weeks later Dejasmatch Arraya brought a lion cub to show me at the hospital.

ETHIOPIAN MEMORY NO. 7: Cultural Expedition for Gondar Health Officer Students.

It was part of the educational philosophy at the time that Health Officer students should be exposed broadly to Ethiopian history and culture. A young Ethiopian professor was recruited for the purpose. An Ethiopian "cultural voyage" was directed by him. I was invited to accompany the trip. My God, was I happy! We visited several important sites: Axum, Debre Damo, and probably the oldest monument in Ethiopia that I call "the perfect cube."

Axum probably is the oldest Ethiopian capital. Its giant obelisks erected from about 300 B.C.E. until 500 C.E. are Axum's major attractions. The carving of the obelisks is remarkable and their erection must have been an impressive engineering performance.

Debre Damo is an old monastery built on top of one of the many flat-topped mountains (ambas) of Ethiopia. It was the highlight of the trip. The monastery had never been conquered by the Muslim armies, even at

the height of their power. The sheer mountain is very hard to climb as we experienced. A deep well provides water and some agriculture is possible. When we reached the amba's almost vertical wall, we still had to negotiate our admission. The monks wanted to check whether some of these youngsters were rebelling against Ethiopian traditions, including the Ethiopian Orthodox Church. We had a letter of recommendation from Gondar's Archbishop Petros. After verification, we were allowed to start climbing, one at a time. We could see a monk climbing and were astonished by his technique. He was pulling himself up by a rope fixed at the top, putting his naked feet into small holes carved in the rock. We started climbing. As we were many, it was nightfall before we all made it to the top. A strongly built monk helped us with a strong rope to make the ascension. I have to admit that in my case he was mostly pulling me up! I arrived at the top scared and trembling. About half of the students had to camp at the foot of the rock until the next morning. The monks received us with quiet hospitality, with the traditional gray teff pancakes (injera), traditional beer (tella) brewed in the monastery and comfortable straw mats. We slept two nights in the monastery and food and drink was carried by rope to the students camping at the foot of the "amba" before their ascent the next day. The atmosphere in the monastery was peaceful and the prayers of the monks quietly impressive. The sunrise seen from the edge of the amba was overwhelmingly beautiful. I think that many of us carried away from Debre Damo something precious to our hearts.

The third and last cultural marvel of our voyage was The Perfect Cube. It was at that time an empty roofless cube, with three sides standing. The large stones were perfectly adjusted!

The last stop of the voyage was at sea level on a beautiful sandy beach on the Red Sea. Most of the students had never seen the sea. They jumped into the water with a joyful great splash! We picnicked on the beach. After a few words about protection of the environment, we cleaned the beach and restored it almost to its previous state. Then we returned to Gondar, very happy!

ETHIOPIAN MEMORY NO. 8: One of my Books gets Stuck in the Asmara Customs.

I was waiting in Gondar for my luggage. It was stuck in Asmara. The college's administrator traveled with me to Asmara. We had to wait one day. In the evening we went to a restaurant where our administrator recognized some friends and introduced me. One of them asked me whether I was the person who had 2 books by Manfred in his luggage. I said, "Yes," but was flabbergasted! He told me, very politely, that the book would circulate in a circle of friends, but that it would safely arrive in Gondar within a couple of weeks. We drove back to Gondar the next day and the book reached me as promised.

Was this a case of temptation by the "forbidden fruit", as Manfred's books were forbidden in Ethiopia?

ETHIOPIAN MEMORY NO. 9: An Extraordinary Amharic-French Dictionary.

In the Foreward I told how Josiane and I bought in Paris an "Extraordinary Amharic-French Dictionary." What was extraordinary in that dictionary? First, it had been written before the Italian invasion by a French Missionary who had lived for twenty years in Ethiopia. I don't know whether he preached much, but he became extraordinarily fluent in Amharic, gained the Emperor's protection and wrote the dictionary.

The dictionary is a large beautiful ancient book in perfect condition. It was printed on a special paper in Amharic language and Ethiopian characters. Why did we buy an expensive book that we would never be able to read, let alone understand. Did we dream that our unique marvel that our visitors could take in their hands and would give our modest living room more style than the very expensive collections of books never to be read, decorating the living rooms of many. I don't know, but the book became a curiosity in Gondar, in particular with my students. I remember showing it to two or three good students. They could hardly put it down. For each word, the author gave one or more Ethiopian proverbs to illustrate the use of a word in an actual sentence. I saw them pointing out to each other with quiet joy many proverbs they knew and bursting into laughter for the man proverbs they didn't know. They translated a few of both types of proverbs, many very funny, for Josiane and me. More students followed their tracks.

I know we left the book in Gondar. I hope they were added to the cultural library created with a special donation

from "Point Four", the predecessor of USAID. I remember a bit vaguely that somebody suggested that talented bilingual persons should be found to translate the proverbs in English and in French in memory of the author and to satisfy my Francophilia.

Dr. Louis Molineaux, M.D., Ph. D., was a leading clinician, teacher and the medical director of the regional hospital at the Gondar Public Health College in the 1960s. Following his five years exemplary service in Gondar, he completed a Ph.D. in Epidemiology at the School of Public Health, University of California at Berkeley, doing research on the epidemiology of meningitis in Sub-Saharan Africa. Throughout his career at WHO he worked on the epidemiology of malaria in many parts of the world including countries in Africa, India and China. He led the classical research project on malaria in northern Nigeria that was published by WHO as the "Garki Project". His continued research work in areas of mathematical epidemiology until his retirement in Geneva a few years ago, where he lives in close proximity to his family.

BEING AN EVEN NUMBER*

Sirak Petros, MD
1984 Alumnus, Medicine

I was a boy when I came to Gondar in 1978. I did not have any idea until then what I was going to face in the coming student years. A simple whim of someone at the Addis Ababa University office at Sidist Kilo, who decided that September 1978 to send freshman medical students with even numbers on the roster to go to Gondar and those with odd numbers to stay at the Addis Ababa Medical Faculty, sealed my fate to have to take the two-day bus ride from Addis to the town of Gondar. Well, having an even number seemed to be a bad idea. It was the first time in my young life that I was so far away from home. For me it was the biggest challenge in my life until that time. I believe it was more or less the same with my other 119 fellow freshmen, although a few of us were veterans of other hard times.

Although Gondar was already famous for health personnel training in Ethiopia, we were the first to be trained as medical doctors. We were the first to test this challenge and we were also going to be tested. I did not remember that anyone was happy at all to be a guinea pig. That sense became even worse while we were roaming around the campus. The buildings were not something to boast about, if you compare them with those in Addis. We were sleeping with more than twenty students in one room. Not that I missed my privacy; I never had any better sleeping place at home. But that crowding gave most of us the feeling of being in a military barracks. Imagine having a Smartphone at that time! You could not have sent pictures of those rooms to your friends somewhere else. That would have been uncool! Fortunate enough I could not even have dreamed of the cheapest camera ever to be found. The nagging feeling that we might not come up to the standard at the Addis Medical Faculty or beyond remained throughout my student years, although with dwindling intensity.

That sense of being at loss paled compared to what was going to happen soon. One sunny day, the governor of the region, a fine former army officer, summoned us to his office a few weeks after we have arrived in Gondar. That fine gentleman was sitting on a podium in front of us brandishing an Israel-made Uzi submachine gun, and his bodyguards trying their best to do the same standing along the isles. It was not a happy affair, as one can surely imagine. That fine army officer – turned - governor welcomed us to Gondar and told us in a friendly voice that we may end up with a bullet in our heads should we come up with different ideas other than our medical textbooks. He was indeed a fine gentleman.

The first year passed with an apprehension over what may turn up around the corner and the hope that this unfortunate adventure may come soon to an end and we return back to Addis. But nothing happened. Instead, we were asked to select the textbooks we will need in the coming years. I was not sure whether this was supposed to be a privilege or a joke. Anyway, we sat in our classroom and racked our brains trying to figure out the appropriate books. Of course, we must have to have the same books like our fellows in Addis. No, even better than theirs! Gray`s Anatomy must be our anatomy textbook. I still wonder whether anyone of us ever read a single chapter of that monumental book without risking an epileptic fit. Davidson´s Textbook of Medicine? No! God forbid! It must be Harrison!

And then came the Germans! Not that anybody was thinking about the World Wars. I did not have the slightest idea about Germans. Of course I have read world history during my school years, as it was the custom of Ethiopians of

those days (probably still today too?) to read world literature but having no hint of our own legacy. The years with our German lecturers and professors were full of hardships, surprises and a few misunderstandings on both sides. But one thing stands out anytime. Almost all our German teachers were dedicated professionals, who did their best under the circumstances they and we were into. One should also never forget our few Ethiopian teachers, who did their best, although coping with much frustration of their own.

I left Gondar for Addis in the summer of 1983 to do my internship. My first months in Addis were aimed at showing those guys in Addis that we were as good as anybody, or a few of us thought that we were even better. Why should we not claim that? Where could you have gone in Gondar in your leisure time? You could walk in the evenings along the campus road and drink tea in one of the shacks or else tela, tej or dagm depending on your mood. So you may keep on studying as well. After all, watching your fellow students studying until midnight and beyond was enough to keep you nervous. And those poor souls in Addis had to fight back all the distractions of a big city!

In retrospect, I asked myself about the remains of those years in Gondar. Those undergraduate years were by all standards full of hardship. But after all, why not me? Why should that be somebody else? We were after all not guinea pigs, but young men and women with the opportunity to be part of history. I believe that those students in the 1970s and 1980s contributed that Gondar became a success through their relentless demands and questions, time and again sending faculty officers to exasperation. Most of us, including the officials, might have not appreciated it at that time. You cannot wake up one day and find a fully furnished medical school around the corner; surely not in a country like ours.

Gondar, harboring the oldest health training institution in Ethiopia, has been contributing to the welfare of the country at large. Health officers, nurses, sanitarians, laboratory technicians, and finally medical doctors from Gondar are part of the history of the expanding health service in Ethiopia. All those generations of students, teachers and officials of Gondar can after all be proud of this heritage. For the Gondar University of today, this heritage is not only reason for pride, but also a great responsibility.

I am grateful that I have got the chance to be part of this history of Gondar. My successes of today are tightly bound to what I have learned in Gondar. After all it was indeed a good omen that I have got an even number on that roster at the Addis Ababa University office at Sidist Kilo that September in 1978.

***This short reminiscence is dedicated to my fellow graduates Dr. Alemayhu Bayou, Dr. Debebe Firdu and Dr. Matheos Wakbulcha, who died tragically so young.**

Sirak Petros is one of the first graduates in human medicine in 1984 from Gondar College of Medical Sciences (GCMS), Addis Abeba University, Ethiopia. Immediately after graduation, he worked at the GCMS Hospital in various positions before he joined in 1986 the department of medicine at the University Hospital Leipzig, Germany, for his residency in internal medicine. Following his successful board examination in internal medicine in 1990, he began his fellowship in gastroenterology. In 1993, Sirak joined the staff of the medical ICU at the University Hospital Leipzig, where he completed his fellowship in intensive care medicine. After he became a consultant intensivist in 1997, he undertook his training in hemostaseology. Following that, in addition to his ICU position, he became in 2000 head of the clinical hemostaseology and adult hemophilia center. In 2009, he was appointed as head of the medical ICU and in 2011 also head of the center of hemostaseology at the University Hospital Leipzig. He is board certified educator in intensive care medicine and hemostaseology. He is also chairman of the board of examiners in intensive care medicine at the Chamber of Medicine in Saxony and member of the advisory board of the German Society of Medical Intensive and Emergency Medicine.

WE HAVE COME SO FAR

Dr. Selamawit Tessema
Toronto, Ontario, Canada
Alumnus, Class of 1988

We have come so far,
Our student days AND nights may have been a while back
But indeed, we have come so far.
Though some of us,
May have been dealt harder blows than others down life's path
We have achieved so much.
It really does seem like yesterday,
That we were glued to our dorm room windows,
Or sat on those famous front steps,
Waiting eagerly, for the cafeteria doors to open,
To satisfy our grumbling stomachs,
And hush our appetites for a while.
We felt triumphant first in line.
The years rushed by with a blink of an eye.
Science Amba became the hospital grounds,
And our Anatomy Lab The OR.
"I will survive" our eternal song,
As each exam came and went by.
After graduation we went our separate ways,
Never forgetting where it had all started,
Trying in earnest to hold on to that bond,
That kept us connected.
And so here we are today,
In praise of our Alma Mater.
Telling our sons and daughters, our friends and our colleagues,
The unforgettable times we had,
Both good and sad,
That side by side shaped both our personal and professional lives.
So Fellow Alumni,
Let us never forget our humble roots,
And our generous Alma Mater
However distinguished we may be today.
May the memories of our dear friends,
Who graduated beside us,
But are no longer with us,
Keep us grounded,
As we strive to honor,
Our oath of commitment,
Faithfully sworn, Oh, so many years ago,
To serve others,
When they desperately need us most.
Congratulations Everyone !

Dr. Selamawit Tessema is a Class of 1988 MD graduate of Gondar College of Medical Sciences.

She is presently working as an Inhospital Coordinator for a Cardiac Research Team at Mt. Sinai Hospital

in Toronto, Canada. Selamawit is best known by her fellow classmates as the popular Lecture Note

Librarian, for those who were ill or just dis-inclined to attend classes on any given day. Personally

speaking, she is married to Dr. Assefa Fersha who was also a student at GCMS. They live in Toronto,

Canada, with their two children Aklil and Mattias.

A REFLECTION ON BEDSIDE TEACHING

Dr. Hiberet Tessema Belay
GCMS graduate Year 2001

Dr. Workineh Getaneh Tadesse
GCMS graduate Year 2000

We are honored to be contributing to the 60th GCMS anniversary publication. In this article we are going to reflect from our college years focusing on bedside teaching. As we might all remember, bedside teaching is one of those student teacher interactions, which is taken quite seriously by both the student and the facilitator. A lot of preparation goes into it by both the student and the facilitator. It generally starts with a crescendo mode, goes into peaks and troughs, has its own eureka moments, some awkward moments, periods of silence and times of 'just not me please'. Oh yes, bedside teaching as we remember it is a period of heightened emotions and on reflection a period in time when deep and lasting knowledge and clinical skills are transferred and acquired. We the authors, seasoned clinicians few years later from our good old Gondar days can now easily reminisce the feel of Kalazar splenomegaly, easily recall bronchial breath sounds heard in pulmonary tuberculosis, seagull murmur of aortic stenosis and tympanic resonance of the ascitic abdomen, just to mention a few.

Most importantly we will put forward our reflection through the years as to how valuable bedside teaching is in today's medical education. We can't thank enough the doctors that had the dedication, the time and the patience to have delivered one of the most effective teaching methods in the pedagogy of medicine.

' He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.' Sir William Osler (1849 – 1919)

This stands true in today's modern day medical pedagogy. Medical education can be delivered through various formats. To cite a few, lectures, clinical skills practice groups, case conferences and grand rounds, small group teaching and problem based learning, bedside teaching and simulation exercises can be mentioned. The advances and availability of modern technology has seen major transformations in the way medical students are educated now. E-learning modules designed to grab attention and enhance the learning experience are on the rise and for some medical schools in industrial countries are the norm. Virtual patients can be viewed and treated online, complex brain anatomy can be accessed via various application programs etcetera etcetera all with the aim of enriching the learning experience of the medical student.

The various formats of teaching have their own merits. Lectures can be beneficial to capture a large audience all at the same time. This arguably saves faculty time, and also maintains consistent delivery of the subject matter. Case conferences and grand rounds are beneficial to create a platform for discussing challenging clinical scenarios to the larger medical community for brainstorming, and at the same time for gathering expert opinion from other colleagues. Small group teaching, clinical skills practice groups, problem based learning, bedside teaching and simulation exercises serve to consolidate knowledge acquired via interactive discussion and clinical skills practice.

Modern day pedagogy has placed dry and didactic teaching methods under scrutiny.

Some even argue the merits of dry and didactic lecture style teachings and their contribution to true, deep and lasting learning (Prober, 2012). Works from established learning theories such that of Kolb and Fry recommend that for deep and effective learning to occur, one should learn by practice and complete a cycle of concrete experiences, reflective observation, abstract conceptualization, and active experimentation (Kolb, 2010).

Such unease in educators has led educators to works such that of Tucker et al that promotes a flipped classroom approach. In this model, educators are encouraged to make effective use of the online space for podcasting lectures and making available various eLearning resources that students can go through prior to coming to the flipped classroom. In their popular flipped classroom model, they advice educators to utilize classroom time for hands on and interactive teaching and learning. They argue that this approach will result in deeper learning of the subject matter.

All these changes indicate that medical education is taking strides with technology, where availability of tech-

nology is no object. With today's facebook and twitter generation of students such changes in the realm of medical education is inevitable. The medical student of today Google's, YouTube's and obtains educational material through various medias, not just the traditional library and lecture. While this is quite progressive and in keeping with the times, subjects like medicine cannot be delivered solely through the means of online resources. They require a blended approach - an approach that combines the information obtained in the virtual world to real time clinical experience. This can be accomplished, via direct contact with patients. This ensures the medical student is fully armed for his/her future clinical practice and is not merely a virtual geek.

The bedside teaching in Gondar's context fits the bill for the flipped classroom model at many levels, albeit it's difference being the limitation in availability of online resources.

The bedside teaching as we remember it took place in a small group teaching setting. A rota is drawn and one student is nominated to be the case presenter. It mostly lasted an hour or a bit, even though if one is presenting it felt like forever! The presenter is responsible for selecting a 'case' to present, clerk and examine the patient well in advance and prepare a written format for the presentation. Typically the presentation took place at the patient's bedside. The presenter then outlines the patient's history to the group and the facilitating doctor. The presenter is expected to be the expert on the case, with full knowledge of what ails the patient and having read through diagnosis, differential diagnosis and treatment guidelines. As such the 'brunt' of questions from the facilitator will be directed at the presenter, but other members will not be 'spared'. Snowballing technique and rounds will follow through; with the entire group expected to have come well read on the topic for discussion. The presenter will also be asked to demonstrate his/her clinical skills by examining the patient, and the facilitator will guide and demonstrate examination skills that need to be sharpened.

The bedside teaching is a space for student teacher interaction. Not only is the case presented discussed at length in an interactive fashion, but also clinical skills are demonstrated and practiced in real time. However daunting it is to the presenter to do just that in a small group and be open to scrutiny and 'weketa' there is no doubt that such a teaching method that affirms existing knowledge, corrects misunderstanding and demonstrates clinical skills in real time is undoubtedly an effective teaching tool. In addition with a lot of emphasis placed on todays medical student to metamorphose into an effective communicator, the bedside teaching offers an excellent opportunity for learning and acquiring the facilitator's communication style.

Various literatures now report a decline of bedside teaching in current day medical schools. The contribution of bedside teaching to medical education is estimated at 8-19% since the 1960s (Williams, 2008). Factors that are believed to be contributing to the decline of bedside teaching include the ever-increasing clinical duties and responsibilities, coupled with management and research engagements of doctors. While most literature points to the fact that patients like to engage in the teaching and learning process in hospital and various health care settings, the use of bedside teaching may be daunting to some patients. Understandably the consent of the patient to partake or not in the teaching process should always be respected.

A declining trend of bedside teaching we fear may lead to a reduced uptake of clinical skills in today's medical student. Reported over-reliance of doctors on biochemical and imaging results may foster a culture of unorthodox hands off approach while practicing medicine. Modern imaging and biochemical studies no doubt improve diagnostic accuracy and are necessary. However taking a thorough history, and conducting a thorough physical examination maintains the crucial role of the doctor as a diagnostician. More over it puts the patient at the center of clinical medicine. Intently listening to the patient, being alert and observing for clinical cues, examining the patient is as important today, as it was in the times of Hippocrates. Diagnosis can be arrived at swiftly, and appropriate investigations and treatment can be initiated as soon as possible. Ethiopian born doctor and author Abraham Verghese in his 2011 ted talk entitled 'A doctor's touch', cites the case of a 40 year old patient, that was brought in with confusion and high blood pressure to the emergency department. A CAT scan performed post a period of stabilization revealed palpable and visible breast mass with metastasis to various body parts. The patient would have visited four or five health care institutions in the preceding two years, and Dr. Verghese argues that if any one of the four/five opportunities were taken to examine the breast, a much earlier intervention would have been possible.

We certainly have been lucky for having had the privilege of having bedside teaching as a primary means of teaching during our medical studies. We have no doubt that it has made our colleagues and us better clinicians. Of course we were anxious and nervous being placed under scrutiny, of course we dodged being questioned at, of course we pretended we were busy looking at the floor during bedside teaching in order to avoid thrown questions from landing on us. This probably is the same for bedside teaching and any other interactive teaching and learning methods as a means of saving face. However in interactive teaching and learning styles, both parties the student and the facilitator come with the same agenda- the acquisition and transfer of knowledge and skills. Different students have different learning styles, and different facilitators have different facilitation styles. While there is no one formula as to how the dynamics of such interactions should best be led, advance preparation by all those attending the bedside teaching is deemed mandatory.

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SERVING OUR CONTINENT

THE PASTORAL SECTOR- THE LOST OPPORTUNITY IN REGIONAL INTEGRATION AND DEVELOPMENT

Zelalem Attlee, MD, MHCM, DRPH(c)

It has been 24 years since I graduated from AAU-Gondar College of medical sciences. During my time as a student from 1983-1989, GCMS had a small student mix that were studying medicine, sanitary science, lab tech and nursing. We were taught by knowledgeable German professors that came from the then East Germany. They trained us to be researchers, clinicians and philosophers in medicine at the time. With the minimum resources the college had at the time, to be trained extensively required a wealth of knowledge from our professors. That enabled me later in my career to be observant, open minded, risk taker and team builder. The way the curricula were designed at the time was open ended and that gave us the capacity to unfold new issues that emerged later in our career. Being a medical doctor and public health scholar has opened up great opportunities to serve my country in different capacities. In my 24 year tenure

I have worked and in some areas, and pioneered in issues that have never been addressed before while in school or during my job life. In this essay I will focus on the areas of pastoralism and health systems strengthening in the pastoral sector.

As a clinician with public health training one of my first encounters after graduating from Gondar College of Medical Sciences, was the enigma concept of pastoralism. In medical school our curricula never addressed the pastoral sector, and because of that I had to start working on this key issue from scratch in the field. I volunteered for free service in the pastoral sector without fees and salary just to support the pastoral population in Somali-Borena region in Ethiopia, which later extended and took me to the Horn of Africa. Approximately 52% of the total land mass in Ethiopia is inhabited by pastoralists. Pastoralists constitute around 15% of the total population, and have a patriarchal society. Pastoralism is a livelihood and subsistence modality where pastoral communities herd livestock. Pastoralists often use their herds to affect their environment. Grazing herds on savannas can ensure the biodiversity of the savannas and prevent them from evolving into scrubland. Pastoralists may also use fire to make ecosystems more suitable for their food animals. Mobility is the hall mark of pastoralism, where the pastoral communities move their herds in search of pasture and water.

Types of Pastoralism

The following are the major types of pastoral livelihoods seen in the Horn region.Transhumance: Transhumance is the seasonal movement of people with their livestock between fixed summer and winter pastures. In montane regions (vertical transhumance) it implies movement between higher pastures in summer and lower valleys in winter. Herders have a permanent home, typically in valleys. Only the herds travel, with the people necessary to tend them. In contrast, horizontal transhumance is more susceptible to being disrupted by climatic, economic or political

change (Blench , 2001) Pure nomadic: Nomadic pastoralism is a form of pastoralism where livestock are herded in order to find fresh pastures on which to graze following an irregular pattern of movement. This is in contrast with transhumance where seasonal pastures are fixed (Blench, 2001) Semi-Nomadic: One of a people whose living habits are largely nomadic but who plant some crops at a base point. Agro pastoralism: Agro-pastoralism describes the coexistence of both agricultural and grazing activities, although there may be different degrees of integration of these activities, with specific consequences for land use (Swift, ibid). Agro pastoralists are more of settled type of pastoralists.

Geographic and Livelihood Perspectives

The pastoral sector of Ethiopia geographically extends to the greater Horn of Africa region which includes the low lands of Eritrea, Djibouti, Somalia, Northern Kenya, Northern Uganda, North and South Sudan. The pastoral sector of sub Sahran Africa further extends up to West Africa including the nations of Mali, Niger, Northern Nigeria, Mauritania up to Senegal. The major pastoral groups that

reside within our borders are include the Borenas, Guji, Gedeb, Gebra, Hamer, Tsemay, Benna, Ari, Geleb, Mursi, Anuak, Nuer, Somali (Ogaden, Issa, Gura, Marihan Digodi, Gerri,) Afar, Berta, Gumuz, Surma, Bench, Burji, Dizi, Murle, and Zulmam.

The climate in the pastoral sector exhibits the arid and semi-arid type of climate with two small rainfalls in spring and autumn that basically last only 2-3 weeks on average. The rest of the year is literally dry with high temperatures in the 40s and 50s in Celsius. Major draining rivers run year round to the most part, and smaller rivers dry up during the dry season. Water and pasture scarcity and inadequacy propels pastoralists to move from their temporary settlement area to a new one near a water point and pasture. The mix of livestock is also different from one pastoral group to the other. For example the Somali pastoralists have camels and goats as their majority asset, while the Borenas have cattle as their majority asset. Because of this the Borenas live in a savanna type of range lands where there is grass as a key fodder, while the Somalis live where there is majority acacia as a key fodder. In recent times in some areas in the key southern rangelands like Diid Liben, the grass has been encroached by acacia bush commonly known as Fulessa (in oromic language). This bush encroachment was one of the reasons for the pastoral conflicts between the Somali and the Borenas.

The patriarchal nature of the pastoralist culture provides men as heads of their households. Most pastoral groups are led by tribal 'kings' at the top which manage the different sub-clans in that specific tribe. Decision making on movement, war, religion and marriage follows different sub-clan hierarchies depending on the pastoral tribe. For example the 'Weber' decides on any socio economic or political issue for the Digodi tribe. On the other hand for the Borenas, the Abba Gada holds the ultimate power and authority regarding the Borena tribe. However the Gada system unlike the Digodi, devolves power to lower hierarchies. This tells us that the pastoral sector is entirely heterogeneous in its structure, geography, culture and decision making.

Why pastoralism?

Why is the pastoral sector and addressing pastoralism important and different? The pastoral sector has the imperatives of harsh climate with repeated cycles of drought and food insecurity, pastoral conflicts, shifting population and high mobility, repeated cycles of border disputes, slow infrastructure and systems development, extensive land use, and it covers a huge geographic area crossing several African territories. While pastoralism is one of the greatest opportunities at hand to provide a great entry point for regional integration and systems development in politics, and socioeconomic development, to this day it has been entangled in the colonial political chains that shadowed its developmental glory. Because of the unique imperatives and structure of the pastoral sector any capacity building effort in any one of the developmental facets had been difficult. The pastoral sector's fragility is expressed by the lack of basic services (in health, education, infrastructure) and basic security (food, peace) to its population. At present, although at the stage of infancy , a new attention has been given to the pastoralists of the Horn of Africa region in the past 20 years. Before that governments literally were unable to meet or manage the pastoral populations' expectations and capacity through any kind of political process. There has never been an efficient institution that addressed the pastoral and the regional issue, along with poor governance which at the same time was the cause of the frequent instability and violence in the region. The deteriorated peace and prolonged conflict in Somalia is just one face of this political impasse and it led to the birth of international terrorism in the region. To resolve this gridlock the countries in the greater horn region began forming critical institutions like IGAD.

Disparity Issues in the Pastoral Sector

One of the burning issues as far as pastoralism is concerned is the issue of marginalization in many of the national policies and programs in the countries of the Horn region. This has led to disparities in the major social determinants between the highlander and the pastoralist. For instance, there is a gross disparity in access to education in all the states in the region. In Ethiopia, the national average gross enrolment rate for the primary level is 64.4 per cent. For the Afar and Somali regional states it is 13.8 per cent and 15.1 per cent. In Uganda, the national primary enrolment rate is 64.6 per cent, while in the pastoralist districts of Kotido, Moroto and Nakapipirit it is 12 per cent, 9 per cent and 9 per cent respectively. The Somali regional state in Ethiopia has the lowest (10 per cent) gross enrolment rate for girls at the primary level in the country. Health statistics are even more disparate. The under five years mortality rate in Addis Ababa is 113.5 per 1,000 live births, in the Afar region it is 229.3.

Health systems' strengthening is especially easier when it is implemented settled populations. The challenge to achieve access, coverage, safety and quality health care to the target population is visible in the above statistics. Improving health and education needs peace and political stability. In areas where there is conflict, programs should prioritize on humanitarian assistance and peace building which later on would have a cumula-

tive effect towards decreasing the under 5 mortality, improving life expectancy, and improving health care. Health sector performance is directly correlated with the political performance of the leadership/ state in place. Wherever there is sporadic conflict, resolving the issues leading to potential conflicts should be addressed first in order to have a well-functioning government. In places where there is conflict and peace is fragile as in most pastoral areas around Africa, government programs are incapable of delivering basic health services. In the past 40 years international NGOs and civil society organizations tried to fill the gap in the health system. Due to its geographic, political and socio economic context, any capacity building effort in the pastoral sector calls for regional coordination. Side by side with the peace building to have a quicker and effective health systems strengthening, governments and NGOs should primarily focus on how to boost the economy, by focusing on the natural resources and the pastoral sector (agriculture, livestock production and land tenure) which in turn have a direct correlation with efficiency and effectiveness of the health system. An integrated approach of government, communities, and actors from the different sectors should work in tandem to address each facet of the health system.

What Do We Have In Place?

In the Horn of Africa in the past twenty years we have key institutions in place that would address pressing issues of peace building, and socio economic development. IGAD and the strategic frame work of NEPAD are two key examples. IGAD is positioned to expand the areas of regional co-operation, increase the members' dependency on one another and promote policies of peace and stability in the region in order to attain food security, sustainable environment management and sustainable development. IGAD is working towards promoting joint development strategies and gradually harmonize macro-economic policies and programs in the social, technological and scientific fields. On top of that, IGAD will promote peace and stability in the sub-region and create mechanisms within the sub-region for the prevention, management and resolution of interstate and intrastate conflicts through dialogue. The key programs of IGAD are CEWARN-conflict early warning system, IGAD capacity building program against terrorism(ICPAT), and IGAD Climate Prediction and Applications Centre (ICPAC) (IGAD, 2014). Another key strategic frame work is NEPAD. The New Partnership for Africa's Development (NEPAD), an African Union strategic framework for pan-African socio-economic development, is both a vision and a policy framework for Africa in the twenty-first century. NEPAD is a radically new intervention, spearheaded by African leaders, to address critical challenges facing the continent: poverty, development and Africa's marginalization internationally. By encouraging regional co-operation NEPAD is positioned to assist countries in being better able to trade, share resources and build mutually beneficial infrastructure (NEPAD,2014).

Recommendations and Reflections

An integrated and collaborative approach between institutions and all stakeholders building health system components is imperative to achieve a quicker pace in development in Africa. Because the malady of one country in certain region in the continent will have a ripple effect within its region, scholars and development workers should not narrow down broader issues to one local area context where ever they operate. More than 80% of all conflicts reside within the pastoral sector putting it as a key area to be addressed in any systems building. Institutions like Gondar University public health department will play a significant role if they further enrich their curricula in public health for both under graduate and graduate students by adding continental issues affecting health care, it would have a profound impact in the future of health care development in the continent. As for me I am so grateful to my teachers in medicine at the GCMS, and I want to take this opportunity to thank the late Professor Zein Ahmed for being the source of my public health passion. It is an honor for me to be involved in the 60th year of founding of the institution and I want to thank Professor Yared Wondimkun for coordinating this effort here in America. As alumni I would be more than glad to support our university in my field of Horn of Africa studies in public health.

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Dr. Zelalem G. Attlee graduated from Gondar College of Medical Sciences in the year 1989 and he was the 6th batch of medical doctors from the then Gondar College of Medical Sciences. He did post graduate studies in health care management at the University of Phoenix, and is finalizing his PhD in epidemiology and international health policy in United States. Over the years he had distinguished career spanning from various roles in the Ministry of Health of Ethiopia, several NGO, and international donor agencies. Currently he teaches graduate and undergraduate health professionals in health care management and public health at University of Stratford in Virginia, USA.

DOCTOR: WHO SHALL BE NAMED?

Yared Wondimkun Endailalu

Nuru Abseno Robi

In the academic world you earn a Doctor title either when you have completed the three ladders of post secondary education (Bachelorette, Master's and Doctorate) or after 6-7 years of training for MD/MD equivalent degrees in the healing professions. Though it is not widely spread, the Doctor title is used also in some other circumstances. Honors Doctors and Associate Doctors are cases in perspective.

University of Gondar has recently recognized a prominent Ethiopian women, Eleni Gebre-Medhin, with its first honorary Doctorate degree based on her extraordinary contribution for the advancement of Ethiopian society. Many colleges throughout the world recognize excellence by awarding honorary degrees to individuals with long records of achievements in particular area. The practice of awarding honorary Doctorate degrees dates back to the 15th century to recognize and encourage ideas, values, and accomplishments of individuals from all walks of life who significantly contribute to discussion and debate of thought, science, social development, humanitarian pursuit, beauty, and freedom.

The Honorary Doctorate degree are of many types. They are awarded depending of the nature of the contribution of the awardees. The Doctor of Sciences is bestowed upon an exceptional persons to recognize revolutionary scientific research and discovery. In appreciation of achievements in the humanities, philanthropic work or academic distinction, the awarding of the Doctor of Humane Letters is in order. Other examples of honorary degrees include the Doctor of Laws, Doctor of Fine Arts (conferred primarily to musicians, actors, athletes, architects and artists), Doctor of Humanities (signifying exemplary public service) and Doctor of Divinity (bestowed upon exceptional religious figures). European universities began granting degrees "for the sake of the honor" (honoris causa) in the 15th century, and the first such degree was awarded at Oxford University in 1479 to Lionel Woodville, Dean of Exeter, the brother-in-law of Edward IV and the future Bishop of Salisbury. These were essentially academic peerages, entitling the recipient to full privileges in the university, privileges that were much more extensive then than now. At the same timeuniversities conferred degrees on certain scholars whose career achievements warranted such recognition.

The first Honorary degree awarded in America was an honorary Doctor of Divinity degree conferred by Harvard University in 1692 on its president, Increase Mather. The University honors individuals for distinctive achievement in the creative and performing arts, humanities, social sciences, sciences, public service, philanthropy, business, the learned professions, social justice, Jewish life, International understanding and human rights. It is to be noted also that several renowned universities, including the Massachusetts Institute of Technology, London School of Economics have a policy not to award honorary degrees.

In the Ethiopian traditional higher level of education, schools award honorarium to those excel in their merits. "Lique Liqauewent" is one of them. The age old higher education that rely on peer-to-peer education, direct coaching and mentorship by the master has slowly gave way to the Western system. Accordingly, the practice of awarding western style Honorary Degree was started by the Addis Ababa University. The University has admirable track record of recognizing meritorious Ethiopians and foreigners alike. The awarding is consistently twined with the major annual commencement exercise. It generates enthusiasm, lively media discussion and speculation of the intent. Recipients of Honorary Doctorate have included authors, distinguished scholars, business leaders, athletes and prominent entertainers. Haddis Alemayehu, Kebede Mikael Mekuria, Tilahun Gessesse, Mohammed Al Amoudi, Abebech Gobena, are few to mention.

The vetting and selection of awardees to Doctorate of Human Letters or other honorary degrees sometimes generates hullabaloo or at least raises eyebrow in many occasions. Jimma and Haromaya Universities awarded Mr. Karl Heinze Boeme (a philanthropist) their honorary degree just few days apart. The undercurrent to be the first one was felt as one of them decided to pull the ceremony ahead of

the annual commencement spectacle. Today, Ethiopia has over thirty Universities some of which are with recently instituted practice of honoring exceptional contributions to societal advancement. This is a remarkable cultural shift that shall be supported and cultivated. This practice also made apparent that the universities shall brave to develop structured vetting system to keep the dignity and honor of the title. In many countries, universities tend to provide honors degree in an area they feel comfortable, and in disciplines they possess commanding authority. It is discomfiting when an institution that has neither vigor in the study of Law nor possesses Legum Doctor as academia ventures to award Honorary Doctors in Laws.

In Ethiopia it is rare to award honorarium doctorate to political figures. It could be a matter of being cautious from the side of Universities as the wisdom of a politician is usually not understood in short while. Ambo has stepped up recently to this plate by honoring the previous Ethiopian President Girma Weldegiorgis. Though, our head of states are not bestowed on honoris causa at home, they have brought the honor from abroad. Emperor Haile Sellassie and Prime Minister Meles Zenawi have received multiple honors from foreign Universities. Among Ethiopian current leaders, Deputy Prime Minister Demeke Mekonnen, chairman of the board of the University of Gondar in the recent past, is the latest recipient of honorary degree from overseas university.

Recipients of an honorary doctorate do not normally adopt the title of "doctor." In many countries, including the United Kingdom, Australia, New Zealand and the United States, it is not usual for an honorary doctor to use the formal title of "Doctor," regardless of the background circumstances for the award. An early and notable exception is Benjamin Franklin, who received an honorary doctorate from the University of St. Andrews in 1759 and from the University of Oxford in 1762 for his scientific accomplishments, and thereafter referred to himself as "Doctor Franklin." The Ethiopian media and society adore to attach the title of doctor in addressing honor recipients. One frequent observation in this regard was the use in honoring the late Tilahun Gessesse. Similarly, it is a common observation that we Ethiopians seem to like affixing titles to our names, especially in public. For instance Ambassador instead of Ato is ubiquities that can be used to address any one who served as first secretary in Ethiopian missions. Engineer is also a common prefix haphazardly used. The criteria why someone is prefixed with engineer in public while others with the same qualifications are not is a mystery. Artist and activist are also in a full momentum in recent times. All titles are mixed and combined at will resulting in a complete puzzlement in the public. One of the graduate of UGR is stylishly named "Yetekebru Doctor Pastor and Activist Mamo" when addressed ex officio (real name replaced to maintain anonymity).

To go back to the title of Doctor, beyond its academic achievement level, it is also widely used in Ethiopia and in the broader world to address a person in a healing profession. This implies the use of the doctor prefix in synonymous with the Amharic word 'haakim'. The medical doctor and the health officer are literally the haakim. Health Officers are professionals who are licensed to practice medicine in Ethiopia. They are concerned with preventing and treating human illness and injury by providing a broad range of health care services mostly independently and often under the direction of a physician. The title and the profession HO has originated in Ethiopia, particularly in Gondar in the 1950th. This occupational category latter emulated by many countries. In the US, it was adopted in the 1960s with the title Physician Assistant (PA). However, the depth of training and legal scope of practice of PA is much more limited than the Ethiopian HO. Similar occupation mushroomed elsewhere. Popular examples are Clinical Officer in neighboring Kenya and Feldschers in the former Soviet Union.

If you happen to visit Ethiopian healthcare institutions, you will observe that any male with a lab coat is the Doctor or Haakim. That is amazingly just right with the recent growing diversity in healthcare professionals at the doctoral level. Not everyone who calls themselves "Doctor" in a healthcare setting has the letter "M.D." behind their name. More and more medical professionals in the white coat who introduce herself as "Dr." may not be physician but a nurse, nutritionist, optometrist, pharmacist, or physical therapist. Furthermore, it is customary in the western world to name associate doctors to professionals having Master's degree in health care fields (associate doctor of anesthesia, associated doctor of chiropractic, associate doctor of dentistry). In a similar analogy, why not also the HO? It is rational to place assistant and associate doctoral title depending on the level of the training of the HO. An HO with Masters in one of the specialties designed for the profession could be named associate Doctor. Assistant and associate titles are not new for Ethiopia either. Assistant and Associate Professorship are titles that could be obtained prior to full Professorship. The naming provides recognition, acceptance and professional steadiness. It is a recent memory that the profession of HO was nearly extinct as HOs abandoned the career either by conjoining medical schools or turning to administrative and managerial work. This was partly because of lack of appropriate recognition. Other cited reasons are the non-existence of tailored graduate training programs, omitting the HO from the national statistics of doctor-population-ratio, hastily closing the training program in favor of human

medicine and inadequate policy analysis. Honoring starts with the way we address this valuable Ethiopians.

Dr. Nuru Abseno Robi graduated from Gondar College of Medical Sciences in 1988. He worked as a general practitioner at Mizan Teferi Hospital in Keffa region for two years. His desire to pursue specialization training in the field of Obstetrics and Gynecology became a reality when he was selected for training in Germany by Gondar College of Medical Sciences. After completing the OBGYN residency, he returned back to Ethiopia and worked as an assistant professor of OBGYN in GCMS hospital. He served as the medical director of the hospital as well. Dr. Nuru introduced minimally invasive surgery using laparoscopy in the hospital. He worked at AAU medical faculty from 2002 till 2005. Dr. Robi has upgraded his OBGYN knowledge and skills at Howard University Hospital and became board-certified in Obstetrics and Gynecology. Currently he is working as gynecologist and obstetrician at Providence hospital in Washington DC.

VALUES AND BELIEFS OF ABYSSINIANS: AN EXPATRIATE EXPERIENCE

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Served as an Expatriate in University of Gondar, Ethiopia during October 2004-March 2012

With curiosity, little fear, enthusiasm and new dreams I landed at Bole International Airport, Addis Ababa in cool October night in 2004. The Ministry of Education of Ethiopia, through UNDP special country program, has provided me an opportunity to work as an expatriate faculty in Environmental Sciences at University of Gondar. After completing the joining formalities in the first two days in Addis Ababa, the 50 seat Fokker plane took us to Gondar. I was welcomed by blossom of yellow flowers carpeting the valleys and hills. It was spectacular and delightful sight of colour and landscape. I was made aware that the "Meskel flower" is the national flower of Ethiopia and a symbol of new life, happiness and friendship. While travelling towards the main campus at that time, "Science Amba", the words of my mentor were reverberating in my mind; "You must be open minded to experience the new place and the new people to the fullest. However, it is up to you to decide the time period of your stay. Leaving must be in a respectful manner"!

Indian teachers and instructors are not as such new faces for Ethiopians. As Her Excellency Dr. Genet Zewde, the Ethiopian Ambassador in India, former Minister of Education (1992–2005) has recently stated to IANS (India Private Limited), in the 5th and 6th decade of the twentieth century, Indian teachers were in primary and secondary schools of Ethiopia participating in Ethiopia's recovery as there were few Ethiopian teachers. In a similar fashion, Ethiopia has started an ambitious plan of expanding tertiary education at the turn of the century. According to Dr. Genet, there are close to 500 Indian professors working in Ethiopian universities and colleges. Ethiopia has more than 500 would be professors doing their graduate studies and researches in Indian institutions at this historical juncture. I met enthusiastic University of Gondar (UGR) faculty who have fond memories of their Indian teachers from high school years (Extracted from: https://sg.news.yahoo.com/ethiopia-once-again-looks-indian-teachers-063604076.html accessed on 11.04.2014).

Starting from the first class in the Maraki campus, the time was moving faster. Days, weeks, months even years are flying by. I enjoyed my work of teaching young Ethiopians. Before I realized, I became more accustomed to Ethiopian culture and traditions including the food and social life. After about a 1000 days of stay my colleagues acknowledge me by commenting "you are no longer an expatriate, now you are a Habesha". Labelled as Habesha, I became more engaged in the society beyond teaching. I became more fascinated to know that the country is the sole place where human evolution started with "Lucy" as a testimony in the National Museum in Addis Ababa. I am aware that Coffee is Ethiopian gift for the world and the river Blue Nile originates and cascades to Sahara from Ethiopian highlands. The country famous for its Orthodox Christian values and beliefs were always welcoming and supporting for me.

All the memories are not possible to narrate but one must share what one liked and what makes me to serve in UGR for more than seven years. Starting from work place, all departmental colleagues were always helping me in guiding, providing care, shopping, translating, and learning the Amharic language. I am grateful to all my colleagues including Prof. Mengesha Admasu. Being a vegetarian is a challenge. It is not so simple to get variety of vegetables in Gondar market. This problem was partly solved by my colleagues. Whenever some local colleagues travel to Addis Ababa, it

became a part of the routine to carry fresh vegetables and other essential food items for my family. These acts of care make me feel homely and happy. I remember the occasional discoveries and plucking of beans (Fosolia) and amaranth leaves in some of my colleagues/neighbours households which made me feel as if I am exploring a hidden treasures. The gardening hobby of my wife, Reema, and myself has matured during our days of Ethiopia in our quest to supplement the vegetarian menu from our garden. You can imagine the deeply fulfilling experience of an environmental specialist to grow his own food organically.

I will always remember and cherish the greetings of the local people with a broad smile on the face along with hugging and kissing. Students respect their professors, attentively listen to views, and work in cooperative attitude. I tried to understand, and also experience the customs and way of life of the people around me. I deeply appreciate the concern and support of the Gondar people for each other. Whether it is in birth, marriage, sickness or death, relatives, neighbours, colleagues, friends near and dear come together to help in every possible way they can. Especially, during the mourning period, the "Common Dinner System" is appreciable. Neighbours and relatives carry warm dinner to the mourning family every night for a week or so. They eat communal traditional Ethiopian dinner, Injera with Stew, together. The reason behind might be that the mourning household could be overwhelmed by the loss and not caring for itself. The neighbours/relatives try to share the sorrow and assist the distressed to refocus in life. The wisdom is that being surrounded by neighbours and relatives at such difficult time is thought to lessen the grief and depression associated with the loss of loved ones. Also the immediate collection of money at these occasions and timely helping out is also a good idea in sharing the burden associated with funereal.

From environment point of view, the yellow bed of Enkutatash flowers, the heavy downpour during the rainy season, the pristine beauty and the clean environment of Siemen mountains, the vast spread of Lake Tana, the monasteries on the islands of Tana, and the Blue Nile waterfalls make me happy even today. The caring attitude towards nature, the collection and use of rain water, the reuse and recycle of many items that might be tossed away in other cultures, and the love towards trees and plants needed to be mentioned here which one can learn from the natives. The one incidence which has touch my soul and awakened my mind was when I met a farmer couple; Ato Mulualem Birhane and his wife W/o Wubalem. This couple is working for over 18 years in Dembecha town on environmental conservation and women health issues. Dembecha town is about 370 Km away from Gondar. On asking the question "why are they so concerned about the environment when HIV is causing more deaths in the country?" Ato Mulualem replied "HIV can destroy one generation but environmental degradation can destroy our all incoming generations". This was unforgettable moment for me. He explained to me his indigenous understanding how the forest acts as a sink for carbon emission, reduce soil erosion, and improve air quality. He and his wife are running a nursery in which they are distributing the saplings for free to interested people. They only took donation if offered. They are creating awareness in local schools and inspiring others to plant more tress in their surroundings. W/o Wubalem's opinion is "women are the primary victims of environment damage" in many ways. She said if water is polluted it will cause water borne diseases among children. She designed a less smoke producing stove for cooking. Too much smoke may cause respiratory problems among women is her principle. In 2009 Wubalem and Mulualem received "The Green Hero" award from His Excellency, Ato Girma W/Giorgis, President of the Federal Democratic Republic of Ethiopia. UGR has also recognized their deeds. The meeting with them made me to think that when a landless farmer with just 12th grade education could bring such a remarkable change in the society, why we educated people with better resources cannot? I always remember these inspiring couple and tried to do some constructive and fruitful work for the environment.

I observed a little preference of male child over females in Gondarian society but never witnessed an incidence of discrimination against the female child. I have not encountered any case of dowry or expensive gift system from the bride family. It is rather an Ethiopian way to see the bride getting jewelleries and all sorts of gifts from her would be husband. The equal treatment and respect to the parents of both husband and wife is so natural and unquestionable value of Ethiopian society which should not be taken as granted. Wives keeping and caring to their elderly parents and grandparents in her household touches my heart with respect and admiration. The concept which stroke and inspired me most was "equal treatment" to everyone, where people greet and meet oth-

er people with the same gesture irrespective of financial and social status. While driving giving way to pedestrians especially to women, and lending a helping hand to senior citizens is honourable. During my stay, I did not encounter any bitter experience to share. Those values took generations to develop and flourish. Ethiopians should be cognizant to these outstanding human values of their society. They should treasure and cultivate it further. I wish a great success and bright future to the country and its people who gave me the recognition and opportunity to serve. I request the Abyssinians youth to retain and carry its moral values and contribute more in the country's development.

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SASAKAWA HEALTH PRIZE WINNER GONDAR COLLEGE OF MEDICAL SCIENCES MAY 1998

Tesfaye Tessema. MD
Dean of GCMS 1998-2002

On May 1998 the 51st World Health Assembly took place in Geneva, Switzerland. As this day marked the 50th anniversary of World Health Organization, the assembly was specially attended by prominent leaders which include Dr Fidel Castro, President of Cuba, His Excellency Henri Konan Bédié, President of Cote d'Ivoire, the Honourable Tofilau Eti Alesana, Prime Minister of Samoa, Mrs Ruth Dreifuss, Vice President of Switzerland, Mrs Hillary Clinton, First Lady of USA (who was winner of UAE prize) and by delegations of 191 member states.

On this colorful event Gondar College of Medical Sciences was awarded the 1998 Sasakawa Health Prize. The Sasakawa Health Prize is awarded for outstanding innovative work in health development, such as the promotion of health programs or notable advances in primary health care. The college was selected among 230 other institutions worldwide. The prize comprised a 90 cm long crystal statue weighing 10 kgs, the picture of which is depicted below, and 40,000 USD.

The college won this prestigious award in recognition to its contribution to health promotion and development through innovative, participatory and affordable approaches of the three projects it was running alongside its regular activities. The three projects that won world wide recognition were: The team training of health workers, The Dabat Health and Demographic Surveillance Project and The Chronic Illness project.

The team training project had based its experiences from the 1950s "Gondar Team". Students from different disciplines, who are expected to work as team after graduation, are getting community based preventive, curative and rehabilitative team approach training. The project was revitalized and run by the college's highly committed and diligent staff using a meager resource. The approach had been adopted and become a national flagship training approach. The chronic illness project arise out of the inaccessibility of treatment and follow up services especially in North Gondar Zone confounded with lack of well trained professionals in health centers and the socio-economic problems that are associated with chronic diseases. It primarily focused on diabetes mellitus, epilepsy and cardiovascular disorders. The Dabat Health and Demographic Surveillance Project was initiated with the objective of establishing a surveillance system of health and health related characteristics of the population at a district level, and providing a study base and sampling frame for community based research. The award had brought up a high level of recognition to the college; a great feeling of professional accomplishment for all the staff involved in the inception, leadership, conduct and follow up of the projects; a huge incentive to the college community as a whole and a national honor and pride.

Crystal Statue Won by GCMS 1998 Sasakawa Health Prize.

GONDAR-LEICESTER (UK) LINK: A FRUITFUL LONG-TERM PARTNERSHIP

Professor Mike Silverman, Emeritus Professor of Child Health, University of Leicester (UK) and former Chair of the Link Executive Committee

Dr Heather Dipple, Consultant Psychiatrist, Leicester UK and Current Chair of the Link Executive Committee

Destination Leicester

Leicester in the UK must be the single most popular European destination for clinical and academic staff in Gondar. Since the first visit to Leicester by the then Dean of Gondar College of Medical Sciences (GCMS), Dr Tesfaye Tessema in 1996, some 150 visits have been made by Gondar professional staff to Leicester. These have included clinicians, academic staff from many departments (public health, applied sciences geography, tourism management, law etc), senior university managers, nurses, physiotherapists, clinical audit clerks and librarians. For many this was their first experience of Europe.

The opportunity to see any health or academic system other than you own is always thought provoking. There are differences in training and teaching methods and, for health professionals, in the delivery of health care. The challenge is to understand what aspects of the experience may be relevant to the Gondar situation and which are not. Staff in Leicester value feedback and comments about the UK system from our Gondar partners .

First impressions of Leicester by visiting staff have generally focussed on the terrible weather, the vast size of supermarkets, and disappointment that Leicester City Football team is not yet in the Premier League.

Destination Gondar

The 18 years of partnership has seen in the region of 180 visits by UK members of the Link to Gondar. Again there have been a wide range of professionals, mostly (because of the history of the Link) health professions, as well as senior clinicians from a range of disciplines (psychiatry, surgery, paediatrics, general medicine, ophthalmology, midwifery and more) a large number of visits have been made by senior nursing staff. From the University of Leicester academic staff from public health, microbiology, economics, medical education, biological sciences, genetics and other disciplines as well as senior managers have spent time in Gondar.

Visitors from Leicester always comment on just how much can be achieved with the limited resources available to professionals in Gondar. They are also impressed with the depth of knowledge of Gonderey in the fine detail of the UK Premiership and Manchester United in particular.

How the partnership evolved

The Leicester-Gondar Medical Link started as a result of health professionals in Leicester wanting to make a difference in the developing world and the Dean in Gondar, Dr Tesfaye, wishing to create a partnership with a UK medical school. The deal was 'brokered' by the Tropical Health and Education Trust (THET) led at the time by Professor Eldryd Parry. The Link with Gondar College of Medical Sciences was established in 1996. Over the years, the many projects have been beneficial to both Leicester and Gondar including a fully independent Masters degree in Public Health training health workers from all over Ethiopia.

In 2004, when Gondar College of Medical Sciences evolved into Gondar University, the University of Leicester became involved. A Memorandum of Understanding was then signed between the two institutions, giving rise to the Leicester-Gondar University Link. The aim of this link is to promote international fellowship and friendship, mutual respect, improved communications and cross cultural working leading to joint research and mutual development and support. In 2010 the other Leicester-based university - De Montfort University which provides many degree programmes for allied health professionals, joined the partnership.

In Leicester, the Link has become a formally recognised UK charity. The advantage of this is that we can reclaim an additional 25% from the UK Government for every £1 donated. In return, the UK Charity Commission demands a high standard of governance. The Link has a full-time UK administrator (Mrs Nichole Bruce) and a part-time Gondar administrator (Solomon Assefa), both funded by Leicester.

What has been jointly achieved?

Over the years, the partnership has been awarded many external grants, and also has been involved in significant fundraising, particularly within Leicester (Appendix 1). We estimate that over the lifetime of the partnership some £600,000 (about 20m Birr at current exchange rates) has been raised in support of programmes and projects within the partnership

a. Academic Achievements

While all projects and programmes undertaken by the Link are expected to have long-term sustainable outcomes, this is best illustrated with examples from academia. Amongst the new academic programmes which have been jointly initiated, the Masters Degree in Public Health (MPH) has been the most successful. A British Council grant enabled several members of the department of public health in Gondar, to spend periods of 1-2 months in Leicester adapting and modifying a modular programme in public health run by the University of Leicester, to the requirements of Ethiopia in general and Gondar in particular. From the small beginnings of the MPH, Gondar in 2003, the programme has expanded into a suite of masters degrees encompassing maternal and child health, health service management, health informatics and many others. The part time, modular nature of the programme, suitable for practicing health professionals, was at the time a novelty in Ethiopia. This model has been copied and adapted by many other universities throughout Ethiopia.

Another innovative programme was the Masters Degree in Surgery (surgical training programme), for which an entirely new curriculum was developed in Gondar. Again this acknowledged the importance of integrating theory and practice during professional training. Gondar has continued to generate surgical trainees in large numbers and at a high quality – the envy of other centres in Ethiopia.

In recent years, a partially integrated suite of masters degrees in a range of clinical disciplines has been jointly developed by Gondar University and the two universities in Leicester (University of Leicester and De Montfort University). These have allowed health professionals with bachelor degrees, to experience interactive teaching, learning in clinical practice, and an understanding that advanced practice is far more than better 'bedside' skills, but includes leadership and management, teaching skills, evidence-based practice and research skills. Of the suite of programme, the Masters Degree in Advanced Clinical Nursing and in Clinical Laboratory Practice now both completely managed and taught by Gondar University staff, whereas the Masters Degrees in Physiotherapy and Anaesthetics still require teaching input from overseas.

The research-based PhD programme is well established and producing its first graduates. The programme was set up 5 years ago, well before Gondar University was able to award its own PhD's, in order to build research capacity in Gondar, in fields relevant to research within the Ethiopian context. The programme is underpinned by the universities in Gondar and Leicester and awards University of Leicester degrees. Of the first three postgraduate students in the programme, two have completed and one is close to completion. The long-term aim, is to create research partnerships between Gondar and Leicester to enable the successful graduates from this programme to build internationally competitive research programmes themselves, within Gondar.

b. Research and publications

A small number of publications have resulted from the partnership (Appendix 2). These give a flavour of the range of research work carried out.

c. Clinical

As well as providing training, mainly in Leicester for a range of health professionals (physicians, surgeons, nurses, laboratory staff, librarians, audit clerks, and others) there have been similar training visits by Leicester staff to Gondar. These exchanges are mutually beneficial. While those form Gondar may gain first-hand experience of the skills and organisation of health professionals in the UK, those from Leicester are exposed to clinical situations which are rare or non-existent in the UK, and organisational problems (health provision in the a resource-poor environment) which teach resourcefulness and adaptability.

The two most successful clinical projects have been in the fields of ophthalmology and mental health. In the field of ophthalmology , the Link has contributed significantly to the establishment of the Eye Hospital in Gondar. Link members and clinicians within the UK have been involved from the very concept of the new hospital through to helping to equip the building, establish a library, and train staff. One associate member of the Link in the UK, Dr Sandy Holt-Wilson, es-

tablished an independent charitable organisation to raise funds to support ophthalmic services in and around Gondar.

Mental Health services within Gondar have for many years have consisted of two mental health nurses, without the support of a psychiatrist. The joint mental health programme in Gondar, headed by Dr Heather Dipple, one of the authors of this article, has constructed an inpatient and outpatient Mental Health Unit within Gondar, helped to train mental health nurses and others and created an fully integrated programme of clinical work and training which is set to expand over the next few years. The inpatient unit is the first in the Amhara Region.

Other clinical firsts include the establishment of a Clinical Audit Unit within Gondar which has run two workshops for others in Ethiopia interested in establishing clinical audit within their own health facilities.

With a grant from WHO under the African Partnerships for Patient Safety (APPS) scheme Gondar has pioneered the development of patient safety procedures within Africa. For example it has lead the way in Ethiopia in introducing alcohol based hand gel within clinical areas, and has set up a manufacturing unit for the gel within the pharmacy department. Other aspects of this programme include infection control, staff safety, waste management and surgical safety.

d. Management skills

Many visitors from Gondar (and indeed from other universities throughout Ethiopia) have spent time in Leicester, on structured programme to learn how health services and universities are managed in the UK. In return a number of staff from Leicester have been involved in training programmes within Gondar and have gained a better understanding of the challenges of managing rapidly growing services with a high level of staff turnover in the Ethiopian context. Creating a cadre of managers within the health system and university in Gondar is likely to be one of the greatest challenges to achieving the changes necessary to keep up with demands.

e. Teaching and Learning

Visitors to and from Leicester and Gondar are almost all involved in some form of teaching, whether formal lecturing or participating in small group learning. However a very innovative programme has recently been set up by a Leicester Group (Leicester-Gondar Link Collaborative Link – www.leicestergondarlink.com) to provide a platform for clinical teaching in any health discipline. This programme is in its infancy but is already receiving much attention.

Where next for the partnership?

The fact that the partnership has been in existence for nearly 18 years demonstrates that with determination and perseverance it is possible to keep the Link going. Our joint aim is for a sustainable link that will facilitate the projects that are already in place and develop new initiatives that will improve the health care of people in Gondar and Leicester. For this to be achieved Link partners need to agree their priorities for future projects and establish clear leadership in Ethiopia and UK. Communication methods across the world are improving all the time; this should help us to maintain contact with each other. It also offers opportunities to develop innovative projects which will strengthen the link.

There are many achievements to build on. Over the next year we will work to develop a renewed Leicester- Gondar Link strategy agreed by partnership leaders in Gondar and Leicester.

Acknowledgements

The Link owes a debt of gratitude to Professor Eldryd Parry for suggesting that a partnership between Leicester and Gondar could be fruitful. Successive Deans in Gondar – Drs Tesfaye Tessema, Yared Wondmikum, Mensur Yassin, Assefa Getachew and Sisay Yifru – have all been supportive as have the three Presidents – Professor Yared Wondmikum, Yigzaw Kebede and Mengesha Admassu. Many others have worked hard for the success of the venture. We thank them all.t

Appendix 1 — Major Grants Fundraising

1998-2003	**Children's Research Fund, Liverpool UK** – Funds towards developing the Link	**£65,000**
2001-2003	**British Council Higher Education Funding Scheme** – Establishment of MSc in Public Health	**£49,000**
2006-2009	**England-Africa Project (British Council)** £75,000 to support three projects: 1. Management & Leadership Programme: a joint venture with the Staff Development Centre, University of Leicester and Skillshare International. Supported by the Institute of Leadership & Management, London. 2. Economics: programme to strengthen links between the Faculty of Management Sciences & Economics, Gondar University, and the Department of Economics, University of Leicester. 3. Transnational Community of Academic Practice: a programme to create working links between individual academics in a range of faculties in the two universities.	**£75,000**
2006-2007	**British Academy Grant** to Dr Emma Pitchforth, Understanding Patient Safety: Obstetric Care in Ethiopia This project has established a working collaboration between academics in the Universities of Leicester and Gondar, in the field of Health Sciences and Sociology. Leicester medical students have participated in data collection during elective periods in Gondar.	**£5,264**
2008-2010	**Isle of Man Award** to Sandra Kemp Improving Maternal & Child Health in Gondar through the upgrade of the Maternity Unit	**£21,620**
2009-2010	**British Council - Education Partnerships in Africa (EPA) Programme.** Auditing the undergraduate curriculum for employability – a method and its application to the Degree of Tourism Management, Gondar University, Ethiopia	**£41,910**
2010-2011	**Tropical Health and Education Trust (THET)** Supporting the core modules of the MSc in Clinical Practice, Gondar University (disciplines inc. Laboratory Practice, Anaesthetics, Physiotherapy and Midwifery)	**£8,530**
2010-2012	**Sir Halley Stewart Trust** Supporting the development of an MSc in Advanced Clinical Laboratory Practice for Gondar University	**£32,868**
2011-2012	**THET – Strengthening Surgical Capacity Programme** Project to support the development of an Operating Theatres management team and governance of the OR, Gondar University Hospital.	**£6,150**
2008 -2012	**WHO African Partnerships for Patient Safety** Gondar was one of the 3 pilot sites in Africa for Link partnerships to develop and apply patient safety procedures for African hospitals.	**Total sums never disclosed**
2012-2013	**Norton House** Support towards the building and development of an in-patient psychiatry ward on the Gondar University site; completed in 2013.	**£25,000**
2010-2013	**Nuffield Foundation** Supporting the development of an MSc in Advanced Clinical Nursing for Gondar University. This programme is now fully independently established within the Nursing Department, Gondar University.	**£95,600**
2008-2014	**Local Fundraising in Leicester.** To support mental health work, maternity services in Gondar hospital and the Koladiba Health Centre and more.	**£170,000**

Appendix 2 — Some Partnership Publications

2001, A Nicoll, E Carter, B Golden, J Robson, D Southall, 'Developing sustainable international partnerships in child health and paediatric care', Archives of disease in childhood, Volume 84, pp. 315 – 319.

2003, Sirak Hailu, Tesfaye Tessema, M Silverman, 'Prevalence of symptoms of asthma and allergies in schoolchildren in Gondar town and its vicinity, northwest Ethiopia', Pediatric Pulmonology, Volume 35, pp. 427 – 432.

2005, N Kulkarni, B Prudon, S L Panditi, Yekoye Abebe, J Grigg, 'Carbon loading of alveolar macrophages in adults and children exposed to biomass smoke particles', The Science of the total environment, , pp. 23 - 30

2007, R Major, 'Leicester-Gondar: an International Medical Student Link, The Lancet Student, 2007.

2007, Y Mensur, B Gebretsadik, Gashaw Getahun, J. M. S Johnstone, 'One Year Audit of Surgical Admissions at Gondar University Medical College' East and Central African Journal of Surgery, Volume 12,.

2008, E Carter, Sisay Yifru, C Archdeacon, C Barbrook, Mistir Gebremedhin, 'Setting up a Clinical Audit in Gondar Hospital, Ethiopia', Ethiop Med J, pp.243-50

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IN MEMORY OF DR TESHALE SEBOXA

By
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The completely unexpected news caused profound sadness among all Ethiopian health professionals on December 22, 2013: the passing away of a pioneer physician, educator and researcher Dr Teshale Seboxa (1947 – 2013)

Dr Teshale was born in Quiha, Tigray in 1947. He went to school in Negelle Borena and then Addis Ababa. Later on, he joined technical school at the Jimma Agricultural School. He subsequently graduated with an MD from the Medical Academy of Lodz, Poland in 1974.

Dr. Teshale was a physician who served his country with distinction over a period spanning four decades. After serving as a general practitioner at Kuyera Hospital in Shashemene (1975 -79), he was accepted as the first group of ten doctors to join the newly opened internal medicine residency program of the School of Medicine, Addis Ababa University (AAU) (1979 - 1982).

Dr. Teshale was one of the first Ethiopian general internists who joined the German teachers at Gondar College of Medical Sciences (GCMS) to teach internal medicine in the early days of the medical school. He taught and practiced at GCMS for more than 10 years. In Gondar he distinguished himself for his dedication to teaching, clinical care and for his research on various infectious diseases, and particularly malaria. Dr Teshale worked as Medical Director of the Gondar Hospital which, at the time was the only referral hospital in North-West Ethiopia, and led the team of health professionals that catered to the needs of tens of thousands of patients. While in Gondar he did a Masters in Clinical Tropical Medicine at the London School of Hygiene and Tropical Medicine completed in Oct 1988.

Dr. Teshale spent the last 19 years of his professional life in the Department of Internal Medicine of the School of Medicine in AAU. He served as Head of the Infectious Diseases Division of the department for several years and coordinated the activities of the big HIV clinic of Tikur Anbessa Hospital. He was instrumental in the launching of the Infectious Diseases fellowship program from which 4 fellows have so far completed their studies.

In the last few years of his life Dr Teshale worked diligently as the clinical team leader of a team from Addis

Ababa that investigated an outbreak of Veno-occlusive Liver Disease in a village in North-West Tigray. The team was able to identify a plant toxin in the drinking water of the village as the cause for the liver disease. Only a few weeks before his death the team received an award from the Ethiopian Science and Technology Ministry at a ceremony presided over by H.E. Prime Minister Hailemariam Desalegn.

When the news of his death was announced on an online forum, several people posted touching comments on the type of person Dr. Teshale was. Below are some representative comments.

"As one of his students in Gondar, I know how dedicated he was to the care of the patient and to the teaching of medical students. He was a person whose life was centered around us and watching over us… When I say us, I mean both the patients and the medical students. As students, we used to say his home was Ward C and Ward D, where the bulk of internal medicine patients were at that time. You can find him there in the morning, in the afternoon and in the evenings. He used to put a lot of emphasis on hard work and diligence as the bedrock principles of being a good doctor. For Gondar medical students in that era, internal medicine simply meant Dr. Teshale. He will be missed… but like any good teacher, his products have gone out to conquer the world and his principles and teachings will live in them." said Dr Elias Said Siraj, an Endocrinologist and a 1988 MD alumnus of Gondar who is currently an Associate Professor of Medicine at Temple University in the USA.

"Dr Teshale was a man of such kindness, great integrity and a wonderful sense of humor. He was a constant, devoted and very steady presence at the hospital. Curious, he was always on the look-out for a project, an outbreak, a new disease... and always functioned marvelously well in team efforts. He embodied team spirit: he connected with people with ease, humor and grace, was committed to getting the job done but always acted with the utmost integrity and purity of heart. Even during periods of hardship he seemed to maintain a lightness of being, and had a very affectionate, almost fatherly, rapport with so many of us. As a former visiting student, then a collaborator and guest faculty of AAU's ID unit I have had the privilege of spending a lot of time with him, particularly when he served as the unit director. We forged a very special bond and I will dearly miss him and mourn this loss" said Dr Makeda Semret, an infectious disease specialist at McGill University in Canada.

"Dr Teshale was a very friendly and approachable colleague in the department who was always available for help to students, residents and fellows. He will be sorely missed by his colleagues and students in the department and the Tikur Anbessa Hospital community" said Dr. Yewondwossen Tadesse who is the Head of the Department of Internal Medicine at Addis Ababa University Medical faculty.

Dr Wondwossen Amogne, a faculty in the infectious disease division of the Department of Internal Medicine said, "Dr Teshale was as dear father to most of his students and colleagues. He was a person to find in moments of personal crisis. I used to be fascinated with the depth of clinical knowledge he had particularly in malaria and leishmaniasis. He was the first person to arrive every morning at our department, and the last person to leave always availing himself for consultations. He carried out his responsibilities as well as duties with utmost sincerity and diligence. Whenever I remember him, his wonderful sense of humor resonates in my ears. He reminds me the good old past generation of doctors. I have not yet accepted the fact that he is dead. I still expect in the morning for his greetings and hear the verses he sites for me from the holy bible. May God the almighty rest his sole in peace!"

"Sad news! Dr Teshale Seboxa passed away last night. He was a great servant of Ethiopia - an excellent physician & researcher. May his soul rest in peace" said H.E. Dr. Keseteberhan Admasu, Minister of Health of Ethiopia and an alumnus of Gondar, via his twitter feed.

Over the decades that he served his country, Dr Teshale has completed and published a great number of scientific studies. Most of his work was on different infectious diseases in the country and includes malaria, HIV, cryptococal meningitis, tetanus, relapsing fever, anthrax and brucellosis. He was always in the upfront in outbreak investigations in the country among which are veno-occlusive liver disease in Tigray region, adult measles (unpublished) and epidemic dropsy syndrome in Addis Ababa, and ergotism. He also worked on health systems and non-infectious diseases in the country such as SLE, byssinosis and other respiratory diseases, epidemiology of gynecological tumors, skins diseases and diabetes. His legacy is significantly more than the numerous publications

he authored (several of which predate the era of subscriptions to electronic databases); his legacy is in the students he mentored, the patients he cared for, the teams he built, and the energy he brought to every endeavor.

The authors of this piece would like to pass their condolences to his family, the whole Ethiopian medical community, and the global infectious disease community. May his soul rest in peace!

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Yewondwossen Tadesse, MD Nephrologist and Head of Department of Internal Medicine at Addis Ababa University School of Medicine, Addis Ababa, Ethiopia.

1973 Kinfe- pediatric rounds with HO students PHC

1982-83 pathology students with Prof Taubert

1980s Interns

1980s Students Picture at Photo Shop

1983 Anatomy-lab

1983 Anatomy-lecture

1983, Second-year Students with Physiologist Dr. Robine

1983, Second year Students with Biochemist Dr. Peters

1985, 5th year medicine soccer team

1988 Graduation-group- stairs

1985, 4th Year Soccer-Club

1986 Graduation-third-batch

1986 interns, among others the renown scientist Dawit, Ambasado

2012 Alumni Steering Comittee Visiting Gondar

2012 Alumni Steering Committee Visiting Gondar

Alumni of 1988 in USA with Families

Alumni of 1988 in USA

The victorious 2002 Women Vallyball team of Gondar College

Happy faces as Gondar won all games of the Gondar-Bahir Dar tornament 2002

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Contact Us: For any further information, please contact Maraki Merid, Managing Director at maraki.merid@chshealthsolutions.org and mobile: +971 501043554

Congratulations to the University of Gondar and all those affiliated on the occasion of your 60th anniversary

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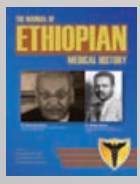

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