Canadian MDs deliver water to parched Ethiopia

Although a drought had a devastating impact on Ethiopia in 1984/85, it has also brought some long-lasting benefits to the water supply in this destitute African nation. Canadian physicians originally provided emergency health services in Ethiopia following that drought, but afterwards Canadian Physicians for Aid and Relief (CPAR) stayed on to help develop healthy rural communities. Because 80% of illness in Ethiopia is related to waterborne diseases, much of CPAR’s effort has been aimed at providing clean water and sanitation.

More than 75% of Ethiopians drink from unprotected water sources that are often contaminated by animal and human feces. The resulting — and preventable — waterborne problems that result include intestinal parasites, cholera and dysentery. Water quantity is also an important issue — when people do not have enough water to wash their hands, it is difficult to prevent diarrheal diseases.

More than half of Ethiopians must walk for more than 30 minutes to obtain water. In river gorges, women must often walk even further to find it, and the water sources are often located along the slopes of steep cliffs.

In 1989, CPAR began an integrated rural development program in an area 100 km north of Addis Ababa, where water and sanitation facilities were almost nonexistent. In the first 4 years it constructed 138 protected water points (130 springs and 8 wells dug by hand) that serve 50,000 people. To date, CPAR has ensured that 266 communities with a population of 104,400 have access to clean water, and it plans to add to these numbers. The provision of safe water is combined with the building of and promotion of the use of latrines, and the adoption of good hygiene practices. Participating communities are closely involved with construction, maintenance and hygiene education, and 2 community members from each water point are trained to provide maintenance and repairs; those using the water point pay a nominal charge to cover ongoing operation and maintenance.

CPAR is very pleased with the visible success of its water program. Community awareness of the need for clean water has increased tremendously and new requests for protected water points are building steadily.

— This article was written by Dr. Donald Payne, a Toronto psychiatrist who recently participated in a CPAR study tour of health care in Ethiopia.

CMAJ is Canada’s most cited medical journal

CMAJ’s impact ranking is continuing to rise, according to the Institute for Scientific Information’s (ISI) Journal Citation Reports. In 1996, the most recent year for which data are available, CMAJ ranked 19th among 98 medical and general and internal medicine journals. In 1995 it placed 25th among 106 journals. The latest rankings mean CMAJ continues its role as Canada’s most cited medical journal.

The impact factor is a measure of the frequency with which the average journal article has been cited in a particular year. It is based on the ISI database of 16,000 journals, books and proceedings, but is only one possible measurement of success for a journal.

It has been criticized because of the proliferation of self-citation, citation of work quoted in survey articles and the lack of citation of primary sources, which are often published in languages other than English. However, the data are considered a useful longitudinal tool and they do indicate that CMAJ has maintained its ranking among major journals. It now places in the top 10 among general medical journals.