I. Introduction: The Scourge of Malaria

In 1956, the World Health Organization (WHO) embarked upon an ambitious malaria eradication program. Although the program resulted in a significant decline in the incidence of the disease between 1956 and 1968, an increasing resurgence of the disease has been witnessed in recent years and continues to pose a major threat to public health in many tropical and sub-tropical areas. Approximately 300 million people worldwide are affected by malaria each year. In Africa alone, some 200 million people are affected by it and the continent accounts for the majority of the estimated 2 to 3 million people who die from the disease.

Malaria is currently a major leading cause of mortality in Ethiopia second only to tuberculosis in the numbers it kills. It has been a major public health problem for decades: Ethiopia was hit by malaria epidemics in 1958, 1965, 1973 and 1981/1982 and recently in 1995/1996. Recently there have been reports of outbreaks of malaria epidemics claiming many lives in different parts of Ethiopia.

Approximately, 75% of the total topographic area of Ethiopia is suited for the transmission of malaria, primarily areas below an altitude of 2,000 meters. The gradient of the Ethiopian highlands is such that it causes rapid run-off which precludes the creation of standing waters in areas above 2,000 meters, thereby denying the mosquitoes niches in which to breed. If one looks at the pattern of settlement in Ethiopia, one observes that the majority of the Ethiopian population is concentrated in the densely populated highland regions where exposure to malaria is less likely. Unable to protect themselves against deadly tropical diseases in the lowlands, the majority of Ethiopians have been forced to live in the highland regions, thus bringing heavy pressure to bear upon sometimes fragile environmental conditions of the highlands. The proliferation of deadly vector-borne diseases such as malaria has thus indirectly contributed to the ecological degradation, in some places irreversibly, of the highland regions of Ethiopia.

At the same time, the increasing desertification of the highland regions in recent decades has brought with it demographic expansion into malarious areas. Presently, approximately 64% of the Ethiopian population live in malarious regions.

Following the successful efforts to control malaria and other vector-borne diseases in the last four decades, many Ethiopians from the densely populated highland regions began to move and settle in the lowlands (the Awash valley, Humera, the Rift Valleys, etc.). Therefore the current outbreaks of malaria epidemics in many regions of Ethiopia signal a serious decline in the efficacy of the efforts to control malaria and other vector-borne diseases. There is a political cause to this decline. To understand this regression, it is necessary to provide some background information.

II. Background Notes on the Genesis and Demise of the National Malaria Control Program in Ethiopia

The establishment of the National Malaria Control Program in Ethiopia dates back to the early 1960s when the Malaria Eradication Service was established with the assistance of the US government and World Health Organization (WHO). The Malaria Eradication and Control Unit was established as a separate entity within the Ministry of Public Health of Ethiopia. Later, having failed to realize the ambitious program of "totally eradicating malaria" and recognizing the growing resistance to anti-malarial drugs worldwide, the task of the Malaria Eradication and Prevention Service was changed into one of Malaria Control and Prevention Services under the Imperial Government. Later during the Derg regime, this department was reorganized so as to deal not only with malaria but also other vector-borne diseases. It has functioned in this capacity until the incumbent Tigrean regime saw fit to dismantle the organization in the name of "restructuring" -- a euphemism for dismantling institutions built over the last 60 years. This restructuring program is supported by both the International Monetary Fund (IMF) and the World Bank. Some of the measures taken by the Tigrean regime in the name of restructuring the Malaria Control and Prevention Office include:

1. Laying off experienced health workers, epidemiologists, laboratory technicians, microbiologists and other employees on account of their ethnic background. All those dismissed were non-Tigreans, particularly Amhara, dubbed "chauvinists, Nefegegas", and the like.

2. Forcing employees of this department to take long "leaves of absence". On return, such employees were told that they were no longer employees. This is by now a common tactic used by the TPLF government to dismiss experienced non-Tigrean employees of long-standing service to their people and country.

3. Dismantling the relatively well organized of-
III. Background to the Outbreak of the Current Malaria Epidemic in Ethiopia

Sometime in 1995, a public notice was posted on the premises of the Ministry of Public Health instructing malaria employees of the Malaria Control and Prevention Department to hand over all government property under (in the presence of auditors) their responsibility to the officials within the ministry. The purported restructuring sought to replace the Malaria Control Service with a small unit to be organized under the AIDS prevention unit. All this dismantling in the name of restructuring was conducted at a time when a malaria epidemic was taking a heavy toll on the people of Wello, Ogdaden, Gonder, Gojjam, Wolaita, Gurage, Gambella, Sidamo, Gamu Gofa, Afar and other areas. Although the Ethiopian Malaria Control Office has a big store of anti-malarial drugs, it has never been put to use after its dismantling. The large laboratory that used to serve as a research center to the whole nation is no longer operating. No one knows for certain what happened to it. In most likelihood, parts of the laboratory equipment may have been moved to Tigrai as has happened to similar institutions which have been dismantled in the past 6 years. Highly qualified and trained specialists have been prevented from going to the regions affected by the malaria epidemic, though it was expected to break out during the rainy season. Some 90 malaria control program employees working as epidemiologists, malarialogists, microbiologists and laboratory technicians were laid off from the head office in Addis Ababa, and the national Malaria Control Program Office dismantled overnight. Although the TPLF government dismantled the National Malaria Control Program Office in Addis Ababa and its branch offices in the various regions, this process did not affect Tigrai.

Far from being dismantled, the already existing Malaria Control Office of Tigrai has been graced with the establishment of a second regional malaria control office. Both regional offices are staffed by experts and dispose of necessary equipment, drugs, logistical support and technical facilities (such as laboratory equipment). These two regional offices and their branch offices are taking all the necessary measures to prevent and fight malaria epidemics in Tigrai. It is because such organizational readiness and adequate logistical support systems are in place that the Malaria Control Offices in Tigrai were able to spray houses in 49 localities in three districts of western Tigrai in 1995. No such activities of spraying have taken place in other parts of Ethiopia outside Tigrai.

The catastrophic consequences of this deliberate dismantling are there for all to see. This is ethnic favoritism at work: while the existing regional malaria control offices in other parts of Ethiopia are being dismantled and closed in the name of "restructuring", the already existing regional malaria control offices in Tigrai are bolstered by the opening of a second regional malaria control office and branch offices. A disproportionate part of the scarce resources of the country are invested in Tigrai at the expense of the rest of Ethiopia. It is quite obvious why the current malaria epidemic rages only outside Tigrai.

IV. Structure of Malaria Control Program in the Pre-1994 Period

To acquaint readers with the set-up and working of the now defunct national Malaria Control Program Office, the following is in order. Within the Ministry of Public Health there was a separate body known as the Ethiopian Malaria Control Program Office. Next in line came the provincial malaria control offices which used to serve as chief regional malaria control centers. Then came the sub-provincial, district and sub-district malaria control program offices. To illustrate the structure and set-up of the malaria control program I will discuss the setup of one such program in what was once known as the Wello Administrative Region (now parceled out between the so-called Amhara, Oromia and Tigrai ethnic regions). Before 1991, there was a regional Malaria Control Office based in Dessie with branch offices in the following areas:

1. Alamata sub-regional malaria control office which used to cover the northern regions of Wello, such as Lasta, Raya and Kobo sub-regions.
2. Weldia sub-regional malaria control office
used to cover Yeju and parts of Ambassel sub-regions.
3. Bati/Asayta sub-region -- used to cover Awssa, parts of Ambassel and parts of Kallu sub-regions.
4. Sekota sub-region - used to cover the Wag region of Wello.
5. Kembolcha sub-regional malaria control office -- used to cover parts of Kalu and parts of Dessie Zuria regions.

With these five sub-regional posts, the malaria control office used to spray houses with anti-malarial drugs (DDT). This spraying took place twice a year in malaria infested areas or in areas vulnerable to malaria epidemic outbreaks. This program was conducted on a continuous basis for more than 30 years until the TPLF dismantled the Malaria Control Office in 1995. The Malaria Control Program had the following departments with its many sub-departments:

Technical Service Department

IV.1. Epidemiological Section. Collected data about the incidence, transmission and spread of the disease. This section in turn had three divisions which were:
IV.1. A. Blood Examination. Took blood samples from patients and examined them for possible malaria infection.
IV.1.B. Vector Study Unit. Studied the spread of the various sorts of mosquitoes in a particular region. The study and compilation of facts about the types of mosquitoes identified as the transmitters of malaria parasites was the main activity of this unit.
IV.1.C. Statistical Unit. Compiled data about blood samples examined in a particular period of time, recorded the number of houses sprayed with DDT; documented whether or not the planned targets have been achieved. It also recorded the number of patients that were treated in connection with malaria each year.

IV. 2. Organizational Department:
This department had two sections:
IV.2.1. Mapping Unit. Mapped out all the houses which were to be sprayed in a particular locality. As new houses were built, these new houses were mapped out and included in the list of houses to be sprayed with DDT.
IV.2.2. Spraying Unit. Charged with the task of spraying houses with DDT. This unit was further divided into three parts:
IV.2.2.A. Normal or routine spraying. Routine spray took place once or twice a year depending on the data collected by the Epidemiological Unit. The spraying took place in the months of January-February and June-July.

IV.2.2.B. Follow-up Spray. This spraying was done at various times in houses that were not sprayed before for whatever reason. This kind of spraying was meant to wipe out the incidence of malaria in a particular area.

IV.2.2.C. Focal Spraying. This was done whenever malaria epidemics broke out. This focal spray was undertaken when the incidence of malaria was ascertained on the basis of examined blood samples and whenever there was an outbreak of malaria. The goal of such focal spray was to contain or wipe out the malaria epidemic by a combination of the spraying of houses with DDT and the administration of anti-malaria drugs (such as chloroquine, primaquine, and Fansidar) to patients.

V. The Demise of the Early Warning System
Malaria Control Service had a nation-wide network workers who always tried to reach the outlying parts of Ethiopia by car, train, air, on mule or horse back and even on foot. Radio and telephone also played a decisive role in the transmission and relaying of information between the head office and the various regional and provincial stations. The central epidemiological unit of the Malaria Control Service based in Addis Ababa used to receive weekly up-to-date reports on the state of malaria incidence in Ethiopia from the various stations and offices located in all corners of Ethiopia. The telephone was a very important instrument of communication in relaying information about malaria incidence and outbreak and was instrumental in mounting a quick and organized response to affected areas.

All of these efforts came to an end in a letter dated March 23, 1994: the head of the Malaria and other Vector-borne Diseases Control Office (an Eritrean national from the neighboring independent state of Eritrea) issued a circular letter which instructed the employees of this organization not to place or make telephone calls any longer without prior permission and authorization from the head of the Malaria Control Unit in Addis Ababa.

This administrative red-tape, unheard of in the long history of this institution, has effectively obstructed the smooth and efficient functioning of the organization and severely hampered the ability of employees to relay information about the incidence of malaria in the country. This fact, along with the decision of the Tigrean regime to dismantle the organization altogether, has contributed to the outbreak of the malaria epidemic that is currently killing thousands of people all over the country.
VI. Recent Outbreaks of Malaria in Ethiopia

Recent outbreaks of malaria have been reported from Gojjam (Bahir Dar, Motta), Gonder (Debre Tabor), Shoa, Gamu Gofa, Sidamo, Ogaden, Harrarghe and other areas. And the toll is high: in a matter of days, more than 200 people lost their lives in the Bahir Dar area and up to 5 people were dying every day in this area in 1996. Even the official newspaper of the Amhara killil known as Mahitot has admitted the fact that some 90 people died of malaria in the Gonder area.

Quoting a medical doctor working at the Kemisse health Station in North Shoa, the Ethiopian News Agency (ENA) wrote the following about the malaria epidemic in the area. “The health station is receiving and treating 120 patients daily of whom several were seriously affected by the plague. The most affected ones, according to the doctor, are children, pregnant women and elders”. According to the ENA, the doctor “attributed the spread of the malarial disease to the failure in taking precautionary measures by concerned bodies, e.g. by spraying DDT” and added, “the health station will face a shortage of medicine as its annual budget is being expended prior to the end of the year”. According to this same ENA report, 15,000 malaria patients were given medical treatment in the Northern Omo region alone while in the Mekoy district of Northern Shoa, 4,000 malaria patients were treated. Despite being the conservative figures of the government news agency, these figures tell us a lot about the dimension and ferocity of the malaria epidemic in these areas. It is my contention that had the Malaria Control and Prevention Program Office still been in operation, it would have been possible to avert the outbreak of this malarial epidemic and, at the worst, minimize its adverse and deadly effects. I do not think that the TPLF government was unaware of such potential disasters when it completely dismantled the Malaria Control and Prevention Offices in areas south of Tigray. The proof is that it expanded the hitherto existing malaria control and prevention offices in Tigray in order to prevent such an outbreak.

Recently between 200 and 300 people suffering from malaria (see Tobiya Newspaper, Vol. IV, No. 1, December, 1997) have been desperately flocking to the hospital located in the southern Ethiopian city of Awassa. This hospital is now the only health institution with laboratory facilities in the region. In the past (during the Imperial and Derg regimes) malaria control offices were set up in regional, zonal, district and sometimes even subdistrict level, making them easily accessible to the local population. Now after the closure of the malaria control offices by the EPRDF government, the Awassa hospital has been forced to serve people coming from as far as Bulbula, Alaba, Siraro, Jido, Langano, Ziway and Shashemene. This has added an extra burden on the hospital which has also to deal with other ailments.

The current outbreak of malaria epidemic is not limited to the lowland regions. In the summer of 1996, many people lost their lives in southern Ethiopia due to heavy rains. Following the rainy season, the proliferation of undrained standing waters provided a propitious environment for malaria vectors so that even the highland regions were affected. In particular, the damage done in the Dilla area of southern Ethiopia has been enormous, where malaria still continues to claim many lives. The severity of the epidemic was such that since October 1996 any one traveling in the lowland areas of southern Ethiopia could not fail to witness malaria patients being carried on stretchers every 500 meters (on the main road). In public transport buses, it was not unusual to witness between 3 to 5 malaria patients being taken to urban areas like Awassa in search of doctors. An elderly man, whose son was afflicted with malaria, and who had to travel 115 km. to reach Awassa to obtain medical help, related the following:

In the past malaria control (health) workers used to come to our villages to spray our houses with DDT. They did this by traveling long distances. Today things have been reversed and it is us who have to travel long distances in search of medicine and malaria control health workers. We have to travel tens of kilometers carrying patients on stretchers. For example I traveled 25 km. to Bulbula town from where I had to board a bus to Awassa town. To do this I had to first take my malaria-affected child from our village called Jodo to Bulbula town with the help of a pack animal (as there was no modern transport). To take my child from Bulbula to Awassa I had to pay Birr 50 (a sum meant to cover the travel expense of 5 people). In the past, we need not travel more than 30 km. to receive health care and seek the help of a health station. Today we hear that the Malaria Control Office and the laboratory that used to be in our area and served us have been closed or demolished. By the way has the current TPLF government closed
the malaria control offices thinking that malaria has disappeared or gone away with the defunct Ethiopian dictator Mengistu Haile Mariam?

The cause of this massive health crisis is the total dismantling of the malaria control system under the pretext of devolution of power to the newly carved ethnic homelands. The truth is, however, the so-called killil or regional health bureaus could not even solve the other public health problems let alone tackle the added burden of controlling and preventing outbreaks of malaria epidemics. The task of controlling and preventing and eventually treating malaria patients should have been left in the hands of the experience-tested and successful malaria control and prevention institutions. One hardly hears of malaria outbreaks in Tigrai affecting so many people and with such ferocity as is the case in areas south of Tigrai. This is one more glaring case of the current discriminatory policies of the incumbent government against its own citizens - those who happen to come from the “wrong” ethnic groups are deliberately exposed to the ravages of malaria epidemics.

VII. Who are the Beneficiaries/Victims of Ethnic Regionalization?

Following the seizure of power by the TPLF in May 1991, Ethiopia was divided into 14 (now 9) ethnic-based regions locally known as killils. This happened with the enthusiastic support of the so-called ethnic movements that participated in the creation of the Transitional Government of Ethiopia on July 1, 1991. From the start this ethnicization was designed to serve the narrow political interest of the various ethnic elites. Having used the various ethnic movements to project an image of democracy and pluralism for itself, the Tigrean regime swiftly created puppet ethnic organizations, under the disguise of representing the various ethnic groups of Ethiopia, with which to impose its political interest in areas south of Tigrai. The various political, economic and social organizations in areas south of Tigrai are now run by incompetent ethnic loyalist yes-men who dare not defend the interests of the region and the people they claim to represent.

These ethnic loyalist political appointees (such as OPDO and ANDM) have no independent political existence: they are political appointees of the Tigrean regime; they draw no legitimate support from the respective ethnic constituencies and they are not in any way accountable to them. In fact, far from promoting the interests of their region, they block any initiative by competent professionals working in these areas. Competent professionals are subjected to periodic purges, pressures, and slated for dismissals and layoffs. International organizations such as the UNICEF and NGOs such as CARE that want to start projects in areas south of Tigrai are discouraged from doing so through various administrative measures. They are indirectly forced or pressured to go elsewhere (read Tigrai) where the regional administration and the local political leaders readily cooperate with them. (For details, see my book, The Pillage of Ethiopia and Tobiya Newspaper, vol. IV, no. 21, May 1997.)

Equally the much-vaunted devolution of power has only accentuated the skewed distribution of resources in the various parts of Ethiopia. If anything what we have witnessed in the last six years is the following: The Tigrean government puts in power puppet and loyalist Amharas, Oromos, Somalis and southerners in the so-called Amhara, Oromia, Somali, southern killils, respectively. These loyalists, who are hand-picked not so much for their competence as for their incompetence and political loyalty, compromise the interests of the ethnic regions they claim to represent in the following ways:

1. These loyalist cadres lack the requisite professional competence to run institutions such as health bureaus.
2. They are not accountable and responsive to the needs of the ethnic region they claim to represent.
3. They frequently misappropriate and embezzle the allocated budget (Tobiya Newspaper, vol. IV, no. 20, 97) or fail to use it thereby damaging the interest of the ethnic region or constituency they claim to represent.

In many cases even the allocated budget is not used for the project for which it was intended. It is alleged that the “lack of trained manpower” in the so-called Amhara, Oromo, Southern Peoples and Somali ethnic killils or/and the “activities of chauvinists and narrow nationalists” of ANDM and OPDO, have blocked the implementation of the project. Though appointed by the TPLF, the ethnic leaders also serve as a convenient foil for dumping the responsibilities for the lack of development in Ethiopia south of Tigrai, and the TPLF conducts show-case purges of its ethnic appointees. At the same time, the above reasons are used to justify the return of the unused budget to the central treasury. In fact the parliament of the TPLF government now backs a new policy which stipulates that the allocated budget for a given project which is not timely used would be transferred from...
regions which under-utilize their budget to killils that implement their projects before the planned date (for details over this subject, see Meles Zenawi's speech to the Ethiopian parliament which appeared in Yekkatit 2, 1989 Eth. Cal. issue of the official Addis Zemen Amharic language newspaper). According to Meles Zenawi's report to parliament, as of 1996, capital and budget were transferred from regions which were behind schedule in their implementation of their planned projects to regions which have implemented their projects on time or before the scheduled time, in other words, to Tigrai.

As we all know, the only region which is currently sufficiently politically autonomous to genuinely work in the interest of its people is Tigrai (a region which has its own de facto government). This region gets preferential treatment in everything. The regional government in Tigrai is autonomous to the extent of entering into bilateral relations with donor governments; it designs and implements development plans in its area. In addition to this political autonomy, giant development organizations such as Tigrean Development Association (TDA), Endowment Fund For the Rehabilitation of the Tigrai (EFFORT) and Relief Society of Tigrai (REST) are currently building clinics, hospitals, health centers, schools, roads, and dams at breakneck speed. I need only mention the fact that of the 83 schools and 62 clinics which the TDA is currently constructing in various parts of Tigrai, 33 schools and 12 clinics have already been completed. Of the 754 elementary schools currently existing in Tigrai, the majority have been built since the TPLF's seizure of power.

With its 250,000 members and more than 1000 construction professionals which it employs and its more than 120 branch offices world-wide (in London, USA, etc., see again Tobiya Vol. IV, No. 21, May 1997), TDA has been able to meaningfully contribute to the well-being of millions of Tigreans. Add to this the efforts of the other development organizations, not to speak of the hundreds of millions of dollars being channeled into Tigrai by the incumbent government. It is certain that, given the political, financial, economic power and the real autonomy of action that is at the disposal of the Tigrean regional government and its institutions, Tigrai will continue to be the only region in Ethiopia by the TPLF regime.

Groups like the TAND (see Aregawi Berhe's and Hailu Mengesha's interviews in 1996 with Tobiya Amharic magazine and the Ethiopian Review magazines respectively) and the EPRP have been telling us that Tigreans are by no means beneficiaries of the current ethnocratic regime (see EPRP's Melekte EHAPA, July 1994). The facts on the ground contradict these claims. Let me hasten to add that at no time in the annals of recorded modern Ethiopian history has a particular ethnic group or a particular ethnic region got so much from the central government in such a short span of time as the region of Tigrai did in the last 6 years. The records of the last 6 years amply support this claim and the onus is on those who claim otherwise to present evidence to the contrary.

VIII. Conclusion: The Silence of the Tigreans and the Anguish of Ethiopians

For the moment it suffices to say that Ethiopians south of Tigrai have today no government which takes care of their needs and problems. Far from building Ethiopia south of Tigrai, the ethnocratic government is dismantling hitherto existing institutions like the Malaria Control Program office knowing all too well that by so doing it is exposing millions of Ethiopians to the scourges of deadly diseases. One should not blame every single Tigrean for what is happening in Ethiopia today. But I do hasten to add that the disproportionate benefit Tigreans are presently enjoying at the expense of some 54 million non-Tigreans can have disastrous consequences for the future coexistence of Tigreans in what is today Ethiopia. Tigreans cannot escape and shirk their responsibility of defending the common interest of Ethiopia by not feeling responsible for the actions of the TPLF. They can only claim that they are not responsible for the actions of TPLF when they have visibly withdrawn their support for TPLF and struggle against this group. And so far this is not happening.

If one is to take human rights abuses in different parts of Ethiopia as a measure of resistance to the anti-TPLF ethnocratic rule, then the sheer volume of the human rights abuses in areas south of Tigrai, in Gonder, Gojjam, Shoa, Wellega, Hararghe and Ogaden, sharply contrasts with that in Tigrai. And so far we have not seen even a significant group of Tigreans opposing the policies of TPLF by coming out to defend the collective interests of Ethiopia which the TPLF has been undermining since 1991. If Tigreans were able to

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pose such a huge resistance to the highly militarized Ethiopian state of the Derg, why do they fail to show a fraction of such resistance to the TPLF which has not only been killing individuals and groups but also destroying Ethiopia by imposing the cancerous, exclusive and divisive policy of ethnonationalism? After all, is it not the Tigreans who call themselves the cradle and origin of Ethiopia? (look at for example Aregawi Berhe’s claims to such effect in his recent interview with AEND Ethiopia radio of Washington DC on 1, June 1997).

The Tigrean regime has accused the now defunct Derg government for its “genocidal war” against the people of Tigrai and Eritrea and for “deliberately starving” those areas. Being myself a victim of the Derg government who suffered in prison, I do not for a second think that the Derg’s acts of repression against the people of Tigrai and Eritrea were motivated by ethnic considerations as much as by its dogged concern to cling to power by suppressing any one that challenged its authority. Otherwise, how do we explain the destruction that the Derg unleashed, inter alia, on the people of north Shoa (Menz, Merhabete), Gojjam (Kolla Dega Damot, Bitchena), Gonder (Gayinet, Debre Tabor), and Wello (Lasta, Sekota, Mersa) all of whom are inhabited by the “chauvinist Amharas” with which the Derg is currently identified? How do we explain the atrocities perpetrated by the Derg on all the Ethiopian people south of Tigrai? If the TPLF and its ethnic constituency perceive the atrocities of the Derg’s army in their area as an act of “genocide” motivated by ethnic hatred (“Amhara regime”), what should we say about the deliberate policy of exposing millions of non-Tigreans to the scourges of malaria epidemics?

Although I only discussed malaria, the impact of ethnic politics on other health problems of Ethiopian society need to be studied seriously by all those who have access to information on the subject. I would conclude by acquainting readers of this article with Amharic couplets coined by peasants of northwestern Ethiopia. I believe that these couplets express the common anguish of the millions of non-Tigreans who have been dispossessed during the last 6 years of Tigrean rule. They encapsulate the sense of marginalization, pauperization and powerlessness non-Tigreans experience under the Tigrean regime. Moreover, these couplets express the sense of bitterness felt by non-Tigreans in regard to the glaring inequality and ethnic discrimination reigning in present-day Ethiopia.

Nidad fejegn bileh Gojjam attakurf
Kinin attahu bileh Gojjam attakurf
Menged attahu bileh Gonder attakurf
Korenti attahu bileh Shewam attakurf
Timihirt attahu bileh Wellom attakurf
Limat nesugn bileh Oromo atakurf
Yisetun yelem wey ke ennesu siterf

Do not be sullen Gojjam, for being decimated by malaria
Do not be sullen, Gojjam, for wanting of (medical) tablets
Do not be sullen, Gonder, for wanting roads
Do not be sullen, Shoa, for wanting electricity
Do not be sullen Wello, for wanting education
Do not be sullen, Oromo, for wanting development
Would not they give us what is left over from them!

Amharic poem (coined by the urban people of Ethiopia) gives the solution in these few words:

Tiro tetatiro zufan lay kalwetu
Siltan yet yigegnal, sira yet yigegnal,
Limat yet yigegnal; kutch belew biyafetu!

Unless one ascends the throne by all means,
Where can one get authority, where can one get work; where can one get development.
By just sitting idly and staring?

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