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Health is a major challenge for Africa where HIV/AIDS, TB and Malaria, and a myriad of other diseases, kill millions of people each year. This terrible human cost is a major factor that impedes the continent’s efforts to escape poverty. Many deaths could be prevented with timely access to appropriate and affordable medicines.

As a matter of fact, health is a very important prerequisite to achieving the Millennium Development Goals (MDGs). Since the year 2000 substantive amounts of money have become available through international organisations such as The Global Fund to increase access to life-saving drugs. Very few of these drugs are currently procured from African producers. In a globalising world this might seem appropriate, but the specific realities in pharmaceuticals mean that further development of local manufacturing has the potential to positively impact the health outcomes in developing countries, as well as adding to economic growth.

In sub-Saharan Africa (SSA), where the overall pharmaceutical market size is worth US$ 20 billion annually, the production of life-saving medicines is furthermore concentrated in very few countries: 50 per cent of pharmaceutical manufacturing takes place in South Africa and an additional 40 per cent in Nigeria, Ghana, Kenya and Uganda combined.

These pharmaceutical markets are expected to have a compound annual growth rate of 12 per cent in 2018 according to IMS Health Reports. The Sub-Saharan Africa Pharmaceutical Yearbook (July 2011) also notes that pharmaceuticals alleviating chronic conditions such as hypertension and diabetes represent lucrative growth opportunities, as do those for the therapeutic segments including antiretrovirals, antimalarials and antibiotics, is expected to represent close to 45 per cent of sales, remaining the primary market due to the
high malaria burden. The cardiovascular segment represents 11.8 per cent of sales, and the central nervous system and oncology 4.3 per cent and 3.3 per cent respectively. However, oncology medicine is forecast to generate growth of 12.9 per cent per annum, driven primarily by an expanding middle class and underlying strong economic growth.

Therefore, Africa remains one of the fastest growing economies in the world. The recent signing of the African Continental Free Trade Area (AfCFTA) in Kigali this March will boost intra-Africa trading with a combined GDP of US$ 2.5 trillion; where 44 out of 55 countries have already signed the treaty.

The overall African Pharmaceutical sector is worth US$ 30 billion per annum and is expected to be worth US$ 65 billion by 2020. However, the pharmaceutical manufacturing sector in Africa contributes to only 25-30 per cent of the continent’s needs. The continent depends largely on imports from Asia, frequently with long lead times. The pharmaceutical sector is seen as a strategic sector, and high dependency on imports of essential medicines have raised security concern about the continuity of supply.

**Countering Counterfeits**

In addition to the low pharmaceutical production capacity, the African continent is confronted to an even bigger problem – counterfeits. Counterfeited medicines represent a US$ 1 billion industry worldwide where over 30 per cent of those medicines are sold in parts of Africa, Asia and Latin America. According to the World Health Organization (WHO), substandard and counterfeited anti-malarial medicines cause about 120,000 deaths every year in Africa.

African governments have become increasingly aware of the problems posed by counterfeiting and several initiatives have come to exist including the Anti-counterfeit Network Africa, which was launched in Uganda in February 2016. Also, a Customs Watch system, a surveillance request system that involves the recording of trademarks with Customs, is becoming more popular in Africa with countries such as Algeria, Côte D’Ivoire, Egypt, Kenya, Mauritius, Morocco, South Africa, Sudan and Tunisia already participating in the programme, while countries like Ghana and Egypt are providing an informal Customs Watch service. In 2008, the Anti-Counterfeit Act was passed by Kenyan lawmakers establishing an Anti-Counterfeit Agency.

In East Africa, the access to quality medicines is limited by the existence of a few pharmaceutical plants whereby a lesser number are WHO pre-qualified. This creates reliance in imported medicines with high prices.

The combined Pharmaceutical market size of the East African Community (EAC) in 2017 was about US$ 4 billion with a big volume spent on essential medicines, particularly Antibiotics, Antimalarials, Anthelmintics,
Disinfectants, Analgesics and Anti-Retroviral medicines. Another challenge for the African continent is the non-uniform registration requirements. The East African Community has come up with harmonized registration and inspection guidelines.

The African Medicine Regulatory Harmonization (AMRH) initiative aims to accelerate the access of medicines by improving the fragmented system of product registration in Africa, and in the East African Community in particular. The EAC was the first Regional Economic Community (REC) in Africa to launch Medicine Regulatory Harmonization (MRH) project in March 2012 with the purpose of harmonising medicines registration in the East African Community Partner States in order to increase the rapid availability of essential medicines in the region and to enable free movement of medicines within the region; with the ultimate goal to have a harmonised and functioning medicines registration system within the East Africa Community in accordance with nationally and internationally recognised best practices.

In 2012, the EAC designed a Regional Pharmaceutical Manufacturing Plan of Action (EACRPMPoA) to guide partner states of the EAC towards collective and synergistic evolution of an efficient and effective pharmaceutical production sector, capable of making significant contributions to meeting national, regional and international demand for medicinal products until 2027 and beyond. The action plan is closely aligned to the short, medium and long-term goals and policies of the EAC and individual member states and serves to complement past and present regional economic community and pan-African strategies.

The plan recommends strategic interventions to be applied at firm, institutional, national and regional levels to improve the business environment for pharmaceutical manufacturing, strengthen associated regulatory manufacturing, strengthen associated regulatory capacity and further develop human resource capacity through a programmatic approach. Specifically, the plan has set out the following primary strategic objectives:

1. Promotion of competitive and efficient pharmaceutical production regionally; through usage of incentives such as preferences of up to 15 per cent on tenders for locally manufactured products
2. Facilitation of increased investment in pharmaceutical production regionally; this is through restricting certain imported products that can be locally (regionally) manufactured
3. Strengthening of pharmaceutical regulatory capacity in the region;
4. Development of appropriate skills and knowledge on pharmaceutical production in the region;
5. Utilisation of TRIPS flexibilities towards improved local production of pharmaceuticals, and
6. Mainstreaming innovation, research and development within regional pharmaceutical industry.
The key ingredients to the successful medicine regulation harmonisation are:

- Strong leadership of the Regional Economic Community and prompt decision making exemplified by the East African Community
- Partner States expertise harnessed for capacity enhancement
- Strong Public Private Partnership
- Private sector engagement at all levels of the harmonisation process
- Training in regulatory skills
- Government commitment for continued participation of National Medicines Regulatory Authorities’ staff in harmonisation activities and beyond
- Advocacy by The New Partnership for Africa’s Development (NEPAD), the World Health Organization (WHO) and other partners

As of today, domestication and implementation of processes have commenced in the Partner States; the expansion to other regulatory functions such as Pharmacovigilance and Post Market Surveillance (PMS); the regulatory requirements are harmonised, joint inspections are conducted and decision making are streamlined among Partner States’ National Medicine Regulatory Authorities, which is ultimately an asset for investment.

Development of Regional Pharmaceutical Policy, Legal and Regulatory Frameworks and establishment of Central Agency are underway, which will lead to the establishment of a single regional Regulatory Agency.

Men have critical role in women’s reproductive health

NOVEMBER 10, 2018
By Daily Nation

Mombasa residents mark the World Contraception Day at Consolata Grounds in Likoni on September 26, 2018. Both men and women have a role to play in family planning

In Summary

- A man who does not take an interest in his partner’s reproductive health should ask himself why and then make a plan to be proactive moving forward.
- Involvement is also taking interest in one’s own sexual and reproductive health, knowing how to use male contraceptives properly and using them.

A recent Facebook post talked about a woman who sent her husband to buy sanitary pads. The woman spoke of how she sent her husband a photograph on
WhatsApp, showing him the name, colour and price of the pad she wanted.

Additionally, she told him the exact shelf he could find the brand and was on call just in case he got stuck. To her utter shock, when he got home, she discovered that he had bought diapers!

If you google the word “birth control”, you will come across a plethora of options available. However, if you look closely, more than 80 percent of the methods are for women.

While there are a few options for men, like condoms and withdrawal, if we were to be honest, these still put a woman at risk.

A husband can fail to withdraw, refuse to wear a condom, or wear it incorrectly. Of course, it can also break and if the partner does not have a backup method, the efficacy reduces to 73 percent for withdrawal and 82 percent for condoms.

CULTURE

That means there is between a 20 and 30 percent likelihood that she could get pregnant. Only one method is effective for both men and women: abstinence.

It is free, easy, risk-free and convenient. It is also not encouraged in marriages! So contraception is highly recommended.

These are just but a few examples to show how family planning and reproductive health issues are often portrayed as women’s responsibilities yet men play a critical role in women’s ability to seek out reproductive healthcare.

This has been going on from time immemorial. Women kept themselves pure for their husbands because their value could drastically increase or decrease due to a pregnancy.

Society made women believe that sexual pleasure was not important for them and the failure to conceive could only be a woman’s fault.

These occurrences set a precedent that women’s matters are women’s but men’s matters are for both of genders.

STAKEHOLDERS

As a result, most reproductive health programmes assume that men are neither interested in nor supportive of reproductive health.

When these issues are addressed, men are excluded. Case in point is a study published online in 2016 and titled Efficacy and Safety of an Injectable Combination Hormonal Contraceptive for Men, which says the method was discontinued after recommendations by a safety committee because the side effects were adverse.

Women’s contraceptive methods are laden with side effects and warnings but instead of the contraceptives industry looking to engage the men about this, women are encouraged to protect themselves. Here’s a
polite reminder: "Reproductive health" applies to both men and women.

Men are partners in reproduction and sexuality and must be involved. Their knowledge, attitudes and behaviours impact not only their own wellbeing but also that of the women and children in their lives.

PARTICIPATE

A man who does not take an interest in his partner’s reproductive health should ask himself why and then make a plan to be proactive moving forward.

Being involved means becoming intentional and supportive of women’s needs, choices and rights in sexual and reproductive health.

This could be knowing key reproductive health issues like how menstruation works, and what it entails; knowing what sanitary pad the women in their lives use and where they can get them, and being supportive.

It also involves understanding what contraception is and how it affects women so that the men can make a point of accompanying their wives to the clinic, as well as be in a position to give informed opinions on what could be best for their wives besides paying for it.

GUIDANCE

Involvement is also taking interest in one’s own sexual and reproductive health, knowing how to use male contraceptives properly and using them.

But women are also at fault. They don’t take the time to teach the men in our lives these things, thus we end up shutting them out.

We have layers of traditions to peel before it can be normal to speak openly so we should begin as early as possible. We might be surprised at men’s willingness to learn and participate.

Ms. Wanjohi is the founder of Mazingira Safi Initiative

Tanzania: Bukoba Referral Hospital Gets Cancer Screening Devices

By Tanzania Daily News (Dar es Salaam)
11 November 2018

BUKOBA Regional Referral Hospital has acquired essential devices to screen cervical and prostate cancer in efforts to improve health delivery to majority of the population.

The remark was made here yesterday by Bukoba Regional Referral Hospital acting
Medical Officer in-charge, Dr. Felix Otieno, adding that the milestone achievement would be a blessing to the residents.

"Usually, patients travelled long distances.....all the way to Muhimbili, KCMC and Bugando... it has been very expensive and only few people could afford that," he pointed out.

However, he appealed to the residents to invest in health by frequently checking their statuses, saying: "Investing in health is very crucial. Weak and sick people cannot contribute positively in nation building and other economic activities.

"I also urge people to join the Community Health Fund (CHF) to enable them to enjoy services rendered by the Fund." Dr. Otieno hinted that about five doctors have been sponsored and were currently undergoing further studies to qualify as specialists in Orthopaedic, Psychiatric, Internal Medicine, Oculists and Paediatric. "After the training, the hospital will have a good number of specialist doctors to fill the vacant posts," he added.

The Medic further said that until recently, about 1,191 patients were registered to get treatment when a team of 27 specialist doctors from Muhimbili National Hospital (MNH), Bugando Medical Centre (BMC), Kilimanjaro Christian Medical Centre (KCMC), Jakaya Kikwete Cardiovascular Hospital and Mbeya Referral Hospital visited them and still providing treatment to the residents.

"About 1,648 patients received treatment while 263 others would get treatment today morning (Friday)," he said. The specialists included Obstetricians and Gynecologists, Urologists, ENT and OT Surgeons, Paediatricians, Ophthalmologists, Dermatologists, Radiologists and Anesthesiologists.

According to Dr. Otieno, most of the children who were screened were diagnosed with Congenital Heart Diseases (CHD), while 20 of them had to be referred to Jakaya Kikwete Cardiovascular Hospital for specialised treatment.

He also said due to increasing number of patients, the specialist had agreed to extend treatment for three more days.

**Tanzania: MNH to Commemorate World Diabetes Day on November 14**

11 NOVEMBER 2018

By Tanzania Daily News (Dar es Salaam)

MUHIMBILI National Hospital (MNH) will commemorate the World Diabetes Day on
November 14 by offering free health screenings to the public.

The screening exercise would include blood glucose test, cholesterol panel, blood pressure, body mass index, and personalised education to prevent diabetes.

"In recognition of the day, MNH through Mloganzila healthy facility... we will provide free screening to Dar es Salaam residents and neighbouring regions for five consecutive days from 12 to 14 November as from 2 am to 4 pm," said MNH spokesman, Mr. Aminieli Aligaesha.

Mr. Aligaesha said regular health screening was crucial as most people have no tendency to do so, adding that it would be time for them to utilize the opportunity to know their health statuses as diabetes concerns every family.

According to International Diabetes Federation, there are over 425 million people living with diabetes worldwide and this will increase to 629 million by 2045.

He further noted that every year, the World Diabetes Day campaign focuses on a dedicated theme that runs for one or more years, saying that the theme for World Diabetes Day 2018-19 would be Family and Diabetes.

The spokesperson said diabetes concerns every family so spotting the warning signs and knowing what to do was vital.

Tanzania: MNH Seeks Affordable Hepatitis B Diagnosis and Medication

11 November, 2018
By Tanzania Daily News (Dar es Salaam)

The Muhimbili National Hospital (MNH) is working on possibilities to adopt alternative means for diagnosing Hepatitis B and medication that will be affordable to majority of the population in need of the services.

The national health facility is currently administering a five-year Hepatitis B treatment programme funded by the Centre for Diseases Control and Prevention (CDC) and Gilead Sciences which covers diagnosis and treatment cost, but the service is offered to a limited number of people.

"We are currently looking for possibilities of using GeneXpert machine for testing Hepatitis B and affordable medication for the viral infection," said MNH Head of Gastroenterology Unit Dr. John Rwegasaha. Dr. Rwegasaha said that if adopted, the
machine will help to lower diagnosis cost and many people will have access to the service.

He noted that the current PCR diagnostic kits for detecting the disease are expensive and cannot be afforded by ordinary citizens.

According to the health expert, the cost for PCR package is 500,000/- while the drugs for treating the viral infection cost USD 100 per month noting that "although the prices were going down but it was still out of the reach of majority Tanzanians," said Dr. Rwegasha who doubles as Principal Investigator of Hepatitis B Project.

He said if the government will succeed to adopt the GeneXpert machine, the cost for diagnosing the viral disease will drop from 300 and 200 USD to USD 20 and 10 USD which he said would be very cheap since the machine conducts multiplier diagnostics.

"If this plan is well managed at government level, the diagnosis cost using PCR kits may drop and people will be diagnosed at affordable rates compared to the present situation where the kits are monopolised in private retails," he said.

He further detailed that process was underway to access affordable medical drugs for treating Hepatitis B from Uganda-based pharmaceutical manufacturing company- Cipla.

Dr. Rwegasha noted that the hospital was using expensive drugs known as tenofovir for treating the disease which cost up to 50 US dollars per month, but if talks with the company will be successful the hospital will access the drugs at 5 US dollars per month.

"Hepatitis B patients use the medication for not less than two years, therefore if they start using expensive drugs they will not afford them as they proceed with their dose.

If we will make bulk procurement from the company we can buy the medical drugs at affordable prices," Dr. Rwegasha said. According to Dr. Rwegasha, so far 1,200 patients have been registered under the programme, with most of them developing immunity against the disease.

According to World Health Organisation (WHO), Hepatitis B prevalence burden in Tanzania ranges between five and eight per cent.

Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease. The virus is transmitted through contact with the blood or other body fluids of an infected person.

It says an estimated 257 million people are living with hepatitis B virus infection (defined as hepatitis B surface antigen positive) and in 2015, hepatitis B resulted in 887,000 deaths globally, mostly from complications (including cirrhosis and hepatocellular carcinoma). According to WHO website, most people do not experience any symptoms during the acute infection phase.
However, some people have acute illness with symptoms that last several weeks, including yellowing of the skin and eyes (jaundice), dark urine, extreme fatigue, nausea, vomiting and abdominal pain.

A small subset of persons with acute hepatitis can develop acute liver failure, which can lead to death. In some people, hepatitis B virus can also cause a chronic liver infection that can later develop into cirrhosis (a scarring of the liver) or liver cancer.

**Indian surgeon to conduct children’s heart clinic in Kampala**

NOVEMBER 12, 2018

By Daily Monitor

![Indian cardiologist Mr. Suresh Rao](image)

Renowned Indian cardiologist Mr. Suresh Rao, who is also the director of Children's Heart Centre and Consultant, Pediatric and Congenital Heart Surgeon at Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute, Mumbai will on November 15th and 16th conduct a children’s heart clinic at the Le Memorial Hospital off the Munyonyo section of the Entebbe Expressway.

This will be at a health camp organised by MagnusMedi, a global medical value travel facilitator headquartered in Mumbai, India and in Uganda. In association with Kokilaben Dhirubhai Ambani Hospital, one of India’s top 10 hospitals and Le Mémorial Hospital in Uganda, the two-day camp will focus on pediatric cardiology, cancer and orthopedics.

According to Ms. Judith Komuhangi Sheenah, the Country Manager MagnusMedia, the camp brings together medical specialists from India and Uganda, who will carry out Free Consultations on all types of cancer, heart problems for children as well as bone, muscles and spine-related conditions and complaints.

Other doctors are Dr. Imran Nisar Shaikh a consultant in medical oncology and Dr. Abhijit Pawar an orthopedics and advanced spine surgeon.

“Our choice of doctors was informed by the level of need in the country, because according to the World Health Organization - Non-communicable Diseases (NCD) country profiles 2018; 33 percent of all deaths in Uganda are caused by NCDs while 13 percent is due to accident-related injuries.

“Of the NCD-related deaths, 10 percent is due to cardiovascular diseases and 9 percent is due to cancers,” Ms. Komuhangi says.
According to Mr. Mihir Vora, founder & CEO of MagnusMedi, the medical camp is targeted at “serving patients who have been diagnosed and are undergoing treatment for any of the above cases and require a second expert opinion and or require information about affordable advanced treatment options in India.”

“Our doctors will also examine and offer free consultation to those that have been on treatment before but are in need of expert reviews. All participants are requested to carry their previous personal medical files for reference,” he said.

Policymakers, experts root for greater access to contraceptives
By The NewTimes
November 12, 2018

Prime Minister Edouard Ngirente officiates at the opening of the 5th International Conference on Family Planning at Kigali Convention Centre yesterday. Nadege Imbabazi.

Leaders gathered at the on-going fifth edition of the International Conference on Family Planning (ICFP) have called on governments and other partners around the world to improve access to quality family planning services.

The meeting, which kicked off yesterday in Kigali, was officiated by Prime Minister Edouard Ngirente, who joined other global leaders gathered here in calling for more access to reproductive health services.

Ngirente said that family planning shouldn’t be left to women alone, urging every global citizen to contribute to its success.

“Quality family planning services are strong means of improving lives of women, children and families; therefore family planning is not a women issue, it affects all of us,” he said at the launch of the meeting.

He then urged the nearly 4,000 participants to share their experiences and best practices in family planning during the four days they will spend at the summit and also suggest how concrete actions to improve future family planning can be taken.

At the centre of the meeting will be deliberations on identifying next steps toward reaching the goal of enabling an additional 120 million women across the world to access voluntary, quality contraception by 2020.

The conference is being co-hosted by the Bill & Melinda Gates Institute for Population and
Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and Rwanda’s Ministry of Health.

The country, which is being touted at the meeting as a good example of a place where family planning gains have been made in Africa, has provided long-acting contraceptives through an operational network of 58,286 community health workers at all village levels.

Rwanda, which reduced the fertility rate from 5.8 to 4.2 per woman between 2000 and 2015, has also established community based health insurance (Mutuelle de Santé) across the country which benefits 90 per cent of its population.

But Ngirente said that, for family planning programmes to succeed, they need to be complemented with other critical factors such as better planning, good governance, good attitude towards work, and serious human capital development, especially early childhood development programme (ECDP).

“Our challenge as leaders is to think about other factors that complement family planning programmes bearing in mind that quality population is also an economic asset,” he said.

With “Investing for a Lifetime of Returns” as its theme, the conference seeks to highlight how investments into family planning help improve lives, with returns being seen in economic development as a result of better education, economic growth, and environmental protection, among other results.

Many participants at the meeting urged different stakeholders to work together to ensure that every pregnancy is wanted and safer births are secured for every child.

Many experts at the meeting said that, to succeed in family planning, governments and other actors need to invest in empowering the girl child and ensure that more people are aware of it.

“Our politics puts women and girls front and centre. Let’s be champions of women and girls’ rights. Let’s all use our collective powers to make sure all pregnancies are wanted and all births are safe,” said Marie-Claude Bibeau, Canada’s Minister for International Development.

The Executive Director of the United Nations Population Fund (UNFPA), Natalia Kanem, agrees that good family planning is at the centre of sustainable development and needs to be a human right.

“The right to family planning enables individuals and couples to choose whether or when to have children, and how many they will have. Upholding this right is not only a moral imperative. It is also a path to shared prosperity and sustainable development,” she said.

Delegates at the meeting, who include political leaders, scientists, researchers,
religious leaders, policymakers, advocates, and youth representatives, will share best practices and discuss next concrete steps to achieve global family planning goals.

**Advanced CT scanners to ease medical costs**

NOVEMBER 12, 2018
By Daily Nation

The radiographers and radiologists on their return from a month’s training in China on November 11, 2018. They will be deployed to the counties where the ultra-modern scanners have been installed

In Summary

- Long wait for diagnosis of some diseases and high cost of treatment will come down considerably.

- The government will install a total of 37 advanced CT technologies in public health facilities to complement the existing 90 CT scanners countrywide.

Kenyans can breathe a sigh of relief after the Ministry of Health confirmed that ultra-modern CT scanners, and qualified personnel to handle them, are now available in public health facilities.

Director of Medical Services Jackson Kioko on Sunday said Kenyans no longer have to travel abroad for positron emission tomography (PET) scans since they are now available locally. This will reduce medical costs considerably.

**RADIOACTIVE**

The National Cancer Institute says a PET scan as a procedure in which a small amount of radioactive glucose (sugar) is injected into a vein and a scanner used to make detailed, computerised pictures of areas in the body where the glucose is taken up.

Since cancer cells often take up more glucose than normal cells, the images can be used to detect them.

**MILESTONE**

“The availability of PET scanning is a major milestone in the country,” Dr Kioko said.

“Travelling abroad has been a financial burden to Kenyans, and some of the households and families have been reduced to poverty because they spent a lot of money on treatment. The availability of the services in the country means that they can now access them at more affordable prices,” he added.
EMERGENCY

The scan will help diagnose, not just cancer, but other complicated diseases as well. The equipment will also come in handy during emergency surgery, especially those involving victims of road accidents.

They will show the surgeons exactly where to operate, information that could make the difference between life and death.

TREATMENT

"This will enable doctors to identify health threats at the cell level, giving them the best view and time of treatment for complex diseases such as cancer, heart diseases, brain and other central nervous system problems. This will improve the outcome of treatment," he said.

Data from the Ministry of Health released early this year showed that 116 patients suffering from non-communicable diseases travel to India annually for treatment. Of these, cancer patients accounted for 57.8 per cent, those with renal diseases (16.8 per cent), cardiovascular diseases (7.8 per cent) and skeletal disorders (3.4 per cent).

RADIOGRAPHERS

Dr. Kioko said the return of the radiographers and radiologists who attended a month’s training on using the machines is also a major step forward, since they can interpret the results and give accurate diagnoses.

Health Principal Secretary Peter Tum said with the machines and trained personnel, diseases can be diagnosed early, leading to quick intervention and quick recovery of patients.

“With the machines, we will not be treating patients without accurate diagnoses. At least we now have people who will be able to interpret the results and recommend quick interventions,” Prof Tum said.

RENAL

He said with equipment and staff, cases of patients — especially those with cancer and renal problems — waiting for long periods for treatment will be a thing of the past.

More than 50 radiographers and radiologists who returned from China on Sunday will be dispatched to county hospitals where the scanners have been installed.

The radiographers and radiologists will also be able to send images abroad for referrals without the need for a patient to travel, eliminating the burden of fares.

FUNCTIONAL

The government will install a total of 37 advanced CT technologies in public health facilities. Dr. Kioko said they will complement the existing 90 CT scanners countrywide. There is one machine for two million Kenyans. So far, 18 are in public hospitals and 16 in the counties.
The fully functional CT centres at the moment are at the Thika Level Five Hospital (Kiambu County), the Iten County Referral Hospital (Elgeyo Marakwet County), the Kakamega County Referral Hospital, the Narok County Referral Hospital and Voi Level Five Hospital (Taita-Taveta County).

Lamu, Mombasa and Kapsabet counties are ready to officially launch the services.

**Free medical scheme pilot project gathers steam in four counties**

NOVEMBER 12, 2018

BY DAILY NATION

*Health Cabinet Secretary Sicily Kariuki during an interview at her office in Nairobi on November 9, 2018*

**In Summary**

- Committees made up of deputy county commissioners and other administrators to spearhead campaign.
- Four counties chosen in the universal healthcare scheme based on evidence of their disease burden.
- The Ministry of Interior through administrators and police officers will provide security during the door-to-door registration.

A door-to-door campaign to register Machakos County residents for cover that will enable them get free medical services has begun.

County officials said those without National Health Insurance Fund cards would be registered.

The campaign, launched at Kavaani Hospital by Health Cabinet Secretary Sicily Kariuki on Saturday, will take two weeks.

**DIGITAL**

The devolved government has formed teams to spearhead the campaign as it gears up for the launch of the universal health coverage.

The committees are made of deputy county commissioners, chiefs and their assistants, medical health officers, political and church leaders.

The registration is spearheaded by PharmAccess, a digital platform contracted by NHIF.

**INFORM**

“I urge you to take this opportunity to get registered for this programme. This will help
to identify you or your family members whenever they visit public hospitals,” Ms. Kariuki said.

“I also encourage you to take advantage of services offered. Community health promoters will inform you of the services.”

The minister told leaders to stop trivialising the scheme but ensure as many people as possible are enrolled.

**BENEFICIARIES**

“There will be no universal health coverage if we allow politics in the programme. It is the ordinary people that are most affected,” the CS said.

"Politicians will run to big private hospitals in Kenya or abroad when they get sick. Let us register in big numbers and get the services.”

Machakos, which is among the four counties chosen for the pilot phase of the free healthcare project, was the first to officially launch it and begin registering beneficiaries.

Other counties in the phase are Isiolo, Kisumu and Nyeri.

**EXPENSES**

The Cabinet Secretary said national and county government officials want to reduce medical expenses of more than a million Kenyans.

She added that the beneficiaries are at a risk of being driven below the poverty line because of huge medical bills.

Government officials say the coverage will focus on a primary healthcare approach and would include improving immunisation, maternal and child health services.

It is also expected to prevent waterborne, vector-borne, sexually transmitted infections as well as tuberculosis and HIV/AIDS.

**PREVENTION**

“These actions will help achieve universal health coverage and ensure efficient spending of the country’s resources. In essence, we shall implement the adage, ‘prevention is better than cure’,” the minister added.

The Cabinet Secretary which diseases would be covered in the programme, she said President Uhuru Kenyatta would make that public early next month.

The CS said the package would contain "a new bouquet of services accessible in public hospitals".

**600 POSITIONS**

Machakos Health executive Naomi Mutie said the county government has advertised 600 more positions for medics "as part of the ongoing efforts to get the department ready for the pilot phase of the universal health coverage".

“We have upgraded 32 health centres to excellent status. The county government is getting eight additional ambulances for
advanced trauma life support,” the executive said.

“We also want to ensure an increase in our drugs budget to Sh400 million in order to realise the dream.”

PROGRAMME

More than three million Kenyans in the four pilot counties are to start enjoying universal health coverage on December 1, when it is launched.

The launch will coincide with the World Aids Day, whose theme this year is “Know Yourself”.

Ms. Kariuki said the pilot programme would cost the government around Sh3.17 billion.

PARTICIPATING

She added that the government will give every participating county government Sh800 million, with an additional Sh800 million for referral cases.

Governors are expected to contribute a similar amount towards the programme, the Cabinet Secretary said.

The success of the pilot programme in the four counties will clear the way for the national rollout, which will mark the beginning of a new era in public health service provision, she added.

ACCIDENTS

According to the government, the decision to pilot the programme in the four counties was based on existing evidence on their disease burden.

Kisumu was identified because it leads in the infectious diseases category, especially HIV/Aids and tuberculosis, while Machakos records the highest number of injuries mostly from accidents occurring on the busy Mombasa-Nairobi highway.

Nyeri was selected because it leads in non-communicable diseases, especially diabetes.

NOMADIC

In Isiolo, the government will seek to establish how the package is suited for nomadic and migratory populations.

Isiolo, Nyeri, and Kisumu have activated the registration process to allow residents to benefit from the medical cover.

Isiolo Governor Mohamed Kuti, who is also the Council of Governors Health Committee chairman, said the UHC agenda seeks to improve healthcare.

40,000 HOUSEHOLDS

In Isiolo, at least 40,000 households are set to benefit from the scheme.

The registration is expected to be completed before President Kenyatta officially launches the UHC programme on December 1.
In Isiolo, the household-based registration for the medical cover will be facilitated by Living Goods, a non-profit organisation that will serve as a registration agent.

DOOR-TO-DOOR

The two-week exercise, where only Isiolo residents will be issued with UHC cards in order to benefit from free healthcare, will end on November 30.

The Ministry of Interior through administrators and police officers will provide security during the door-to-door registration. Messages will be spread through public barazas.

Governor Kuti said 70 per cent of the funds set aside for the pilot project will go to Kenya Medical Supplies Authority, where the four counties will take care of pharmaceuticals and non-pharmaceuticals, while 30 per cent is for operation and maintenance.

Juba on the lookout to avert Ebola spread from DRC

N O V E M B E R 1 6 2 0 1 8

By The East Africa

A health worker wearing protective gear at a facility treating Ebola cases in West Africa. UNHCR fears the epidemic could spread to South Sudan from DR Congo

In Summary

- The hunter from Lanya County in Yei River State, reportedly died of Ebola-like symptoms
- WHO confirmed that the samples from the deceased turned negative at the Kampala Virus Research Institute
- UNHCR warned that the Ebola epidemic could spread to South Sudan due to the influx of South Sudan has intensified the Ebola epidemic surveillance at the border with DR Congo following the suspicious death of a hunter in the region.

The Director of the Public Health Emergency Operations Centre, a unit coordinating the South Sudan Ebola surveillance, Mr. Mathew Tut, said the samples from the deceased were taken to the Kampala Virus Research
Institute for further examination, after preliminary tests in Juba turned negative.

The hunter from Lanya County in Yei River State, reportedly died of Ebola-like symptoms.

The man, whose name was not disclosed to the media, was said to have suffered from general body pain, fever and headache, passed watery diarrhoea and vomited blood.

The samples

He reportedly fell sick on November 6, and continued vomiting blood and passing watery diarrhoea until he died on November 11 at Lanya hospital

Lanya is near the border with Uganda and the DR Congo.

The World Health Organisation (WHO) Country Representative for South Sudan, Dr. Olu Olushayo, confirmed that the samples from the deceased turned negative at the Kampala Virus Research Institute.

“We are sending more personnel to Yei and Yambio to do more awareness,” Mr. Tut said.

Latest outbreak

Refugee agency UNHCR recently warned that the Ebola epidemic could spread to South Sudan due to the influx of Congolese refugees.

UNHCR has also joined the government on sensitisation and awareness raising on Ebola prevention, transmission and the importance of high vigilance on arrivals from DRC.

It said 42 Congolese new arrivals were already in Yei River State, but did not disclose whether they were Ebola free or not.

An Ebola outbreak in 2014 in Guinea, Liberia and Sierra Leone killed more than 11,000 people.

DRC has been repeatedly struck by the deadly Ebola and was still battling the latest outbreak since early this year.

Kenya-US NGOs offer free health care to low-income families

NOVEMBER 13, 2018
By Daily Nation

Organisers of the Imara Daima medical camp offer counselling to a patient in Imara Daima estate, Nairobi

In Summary
- Rarieda resident Dickens Wara who has been suffering from malaria expressed his
de-light after receiving free medication at Kisumu.

The ever skyrocketing cost of living in Kenya has pushed more low income earners in urban areas to the wall, forcing them to abandon paying for National Health Insurance Fund monthly premiums.

The Sh500 fee a month has now been directed to other household needs, leaving them vulnerable and uncovered by the government’s medicare scheme.

It is this gap that has motivated non-profit organisations to penetrate into Kenya’s urban slums to offer free medical checks and treatments.

Two such organisations are Jubilant Stewards of Africa (JSA) and International Health Operations Patients Education and Empowerment (IHOPEE) from the United States that have partnered to offer free medical care to thousands of low income settlement dwellers in Nairobi and Kisumu.

Addressing the press at their Mombasa Road offices, officials from both organisations promised to ride on the spirit of helping the needy, having already provided healthcare to over 1,200 patients at Imara Daima, Nairobi and Agoro, Kisumu.

As residents confessed, the program has given them more access to healthcare.

Rarieda resident Dickens Wara who has been suffering from malaria expressed his delight after receiving free medication at Kisumu.

“I have been sick for a while but I lacked money for treatment. The free medical camp has come at the opportune moment. Since I began taking drugs, am now feeling better and I hope to recover soon,” he said.

John Odoro’s life has been chained by pneumonia, Kenya’s number one killer disease but since he visited doctors at the camp, he is now recovering gradually.

“I would plea to the organizers to go countrywide as there are thousands of Kenyans who cannot afford these services but they’re in dire need,” said Mr. Odoro.

Ihopee’s Kenyan representative Mr. Silas Kanali said the medical camps shall be held in Nairobi’s Kayole on November 14th and 15th, then Mukuru kwa Njenga before returning the generosity to Kisumu’s slums.

“Our objective is to reach people of all walks of life who cannot afford expensive medical attention,” he said.

Health services being offered include cancer screening, baby vaccinations, surgery, and HIV/AIDS testing besides treating malaria, pneumonia, diabetes, arthritis and blood pressure.

“We would like to see a society where the poor, the middle class and the rich have equal access to medicare. These medical camps are open for everyone who has been
turned away in hospitals for lack of finances.”

The cooperation framework targets to eventually go countrywide and flush out diseases from villages and reduce the prevalence of infections in Kenya’s low per capita regions.

“We have a team of 15 doctors most of them from USA, Canada and Egypt who will attend to about 600 patients per day,” said Jubilant Stewards of Africa’s head of communications Jared Oundo.

**Ebola vaccination kicks off in Rwenzori Sub-region**

NOVEMBER 13, 2018

By Daily Monitor

Equipped. Vaccination of all health workers against the deadly Ebola disease has kicked off in the Rwenzori Sub-region

In Summary

- Vaccination. Health ministry says 2,100 doses of the Ebola vaccine will be administered.
- The Ebola virus belongs to the Filoviridae family (filovirus) and is comprised of five distinct species: Zaïre, Sudan, Côte d’Ivoire, Bundibugyo and Reston.

Vaccination of all health workers against the deadly Ebola disease has kicked off in the Rwenzori Sub-region.

This comes as a preventive measure against the disease that has hit neighbouring Democratic Republic of Congo (DRC). The exercise is targeting frontline health workers in the five risk districts of Kabarole, Bunyangabu, Kasese, Bundibugyo and Ntoroko.

According to health authorities, the vaccination exercise started last Wednesday in Ntoroko District, one of the high risk border districts in the region. The Ntoroko District health officer (DHO), Dr. Rogers Mugisha, told Daily Monitor yesterday that the vaccination exercise has been moving on smoothly.

“The vaccination is voluntary. Our health workers have responded positively and the exercise is still ongoing,” Dr. Mugisha said.

According to the Bundibugyo Resident District Commissioner (RDC), Ms. Grace Kakwenza, who is the head of the district Ebola task force, after Ntoroko the exercise will be rolled out to Bundibugyo and Kasese district.

The Kasese District health officer, Dr. Yusuf Baseke, said he expects the vaccination team...
in his area next week. In Bunyangabu, the district health officer, Dr. Richard Obeti, revealed that they have selected eight health facilities where health workers will be vaccinated.

These include Rwimi Health Centre III, Kibiito Health IV, Rwimi Health Centre III, Kabonero Health Centre III, Kateebwa Health Centre II, Rwagimba Health Centre III, Kibaate Health Centre III, Labya III and Mitandi Health Centre III. Mr. Obeti said they have also trained health workers in the district on how to manage Ebola cases.

A fortnight ago one person from Kasenda Sub-county in Kabarole District was confirmed to have Crimean Congo Haemorrhagic fever and has since been admitted to Fort Portal Regional Referral Hospital in an isolation unit. The Kabarole Ebola task force chairman, Mr. Steven Asiimwe, on Monday called for the need to emphasise hand washing in all health facilities.

According to Dr. Jane Ruth Aceng, the Health minister, a total of 2,100 doses of the rVSV-Ebola vaccine will be administered to the health workers in the sub-region. Mr. Martin Watsisi, the regional WASH adviser at IRC International water and sanitation centre Uganda, urged officials’ in-charge of various health centres in Kabarole District to ensure availability of hand washing facilities and soap at their units.

According to Mr. Watsisi, there is continued spread of preventable diseases due to inadequate water, soap and hand washing facilities at health centres.

A recent research conducted by the centre in Kabarole District indicates that 89 per cent of the health care workers had knowledge about hand hygiene and infection prevention.

In July 2017, a research centre aimed at equipping medical staff with skills to handle filo virus outbreaks such as hemorrhagic fever, Cueva, Marburg and Ebola was established at Fort Portal Regional Referral Hospital.

The centre that is a pilot in the country among others finds treatment solutions on the outbreaks. The centre was established by Makerere University Walter Reed Project in partnership with the Infectious Disease Institute for clinical research capabilities in Fort Portal.

About Ebola

The Ebola virus belongs to the Filoviridae family (filovirus) and is comprised of five distinct species: Zaïre, Sudan, Côte d’Ivoire, Bundibugyo and Reston. According to the World Health Organisation the Ebola virus is transmitted by direct contact with the blood, secretions, organs or other body fluids of infected persons. The incubation period is two to 21 days. Ebola is characterised by the
sudden onset of fever, intense weakness, muscle pain, headache and sore throat.

Uganda-IGG goes after officials for selling health centre land

NOVEMBER 14 2018
BY DAILY MONITOR

In Summary

- According to documents seen by this newspaper, an agreement cementing the deal was signed on July 31, 2017, between Mr. Twahirwa’s lawyer, JK Ssewanyana and Kibalinga Sub-county officials. In March this year, Mr. Twahirwa said he legally acquired the land after applying to the sub-county chief’s office expressing interest to develop it.

Mubende, The deputy Inspector General of Government (IGG), Ms. Mariam Wangadya, has directed Mubende District officials to take disciplinary action against three of their staff implicated in giving away a piece of land belonging to a health centre without following proper procedures.

This followed a dispute raised by a section of Kibalinga Sub-county councillors opposed to the giveaway of part of Kibalinga Health Centre III last year to a private developer. Ms. Flavia Rukundo Bahamire and other representatives for Persons with Disabilities, led a team that petitioned the IGG after finding excavators clearing the land without their knowledge.

Information submitted to the IGG indicates that the LCIII chairperson of Kibalinga, Mr. Venansius Mbonye, and Mr. Julius Matovu, the former Kibalinga Sub-county chief, entered into an agreement with Mr. John Twahirwa, a businessman in Mubende Town, to allow him utilise part of the health centre land without the council approval. The health centre is on the Mubende –Fort Portal highway, about 11km from Mubende Town.

In a September 26 letter to Ms. Lillian Nakamatte, the chief administrative officer of Mubende District, Ms. Wangadya said her investigations had revealed that the land was wrongly parcelled out to Mr. Twahirwa.

“The signing of the private–public partnership (PPP) agreement was irregular in that it was not done in line with the principles of the Public Private Partnership Act 2015, the Land Act and Regulation 16 of the Land Regulations, 2004. In addition, 15 of the 17 sub-county councillors were opposed to the lease,” Ms. Wangadya said in a three-page letter.

She directed the district service commission to take appropriate disciplinary action.
against Mr. Matovu and Mr. Emmanuel Ssempala, the acting deputy chief administrative officer for irregularly leasing out public land.

In the same letter, Ms. Wangadya also instructed the district speaker, Mr. William Museveni, to ensure that the district council takes appropriate disciplinary action against Mr. Mbonye, for irregularly leasing out government land.

She further instructed the district officials to inform her office of the action taken within 60 days.

“Immediately cause the cancellation of the illegal private public partnership agreement signed with M/S Mubende Agro Supply and Processor Limited and regularise it following the right procedure,” the same IGG letter read in part.

Ms. Wangadya stressed that during investigations, her team discovered that Mubende District was the registered proprietor of the land in question on Block 199, plots 242 and 243 at Lusasira Ward, Buwekula County, with freehold title issued on June 28, 2017 and measuring 4.6690 hectares.

**Background**

According to documents seen by this newspaper, an agreement cementing the deal was signed on July 31, 2017, between Mr. Twahirwa’s lawyer, JK Ssewanyana and Kibalinga Sub-county officials. In March this year, Mr. Twahirwa said he legally acquired the land after applying to the sub-county chief’s office expressing interest to develop it.

“Our request was granted and we later entered into a memorandum of understanding with the sub-county which now gives us the mandate to use the land. In case of any grievances, let them be handled by the sub-county because for us we passed through the proper channels,” Mr. Twahirwa said.

He added: “I paid Shs3m as premium and I will be paying annual nominal ground rent to the sub-county for the next 49 years of my lease.”

**Rwanda-Have your say on family planning, First Lady tells women leaders**

By The NewTimes

November 14, 2018
L-R: Alma Golden, Snr Deputy Assistant Administrator, USAID Bureau for Global Health, Her Excellency Mrs. Martine Moise, First Lady of Haiti, Her Royal Highness Sarah Zeid, Princess of Jordan, Her Excellency Toyin Saraki, Founder of the Wellbeing Foundation, during a panel discussion at Kigali Convention Centre yesterday.

Rwanda’s First Lady, Jeannette Kagame, has rallied women in leadership to use their positions to voice concerns on family planning services if they are to make a critical contribution to sustainable development in their societies.

Mrs. Kagame used the platform of the ongoing International Conference on Family Planning (ICFP) in Kigali to highlight some of the critical challenges that mothers still face when it comes to family planning.

At the high-level panel titled ‘Women of Impact: Leading Ladies Leading Positive Change’, Mrs. Kagame said that child-bearing has come with a heavy cost to mothers’ health, which is why it is imperative to allow a conducive environment for women to voice their opinion on reproductive health and their concerns be considered if the world is to thrive.

“Since time immemorial, women have held roles that are vital, yet that have often been taken for granted, in child-bearing, nurturing, educating, feeding and raising the world. Every so often, this comes with a heavy cost to their health and wellbeing,” the First Lady said.

She urged women to use their leadership positions, collective knowledge, skill and experience, to help in innovating solutions, challenge norms and standards that do not promote equality, in all sense of life.

“We are often called upon to become the face of diverse causes, because the public sees in us, our abilities to multitask. In one stroke, we become the Advocate; the Catalyst; Facilitator; Convener; Coordinator; Applauder of others in their roles.

On the panel, Her Excellency, Mrs. Martine Moise, First Lady of Haiti, said that the
woman’s involvement in issues that matter to them, such as reproductive health – and putting into account their concerns relating to family planning – means their progress; which is directly proportional to everyone’s progress.

“It is unanimous to recognize that the girls’ progress means everyone’s progress, equally, the adolescents progress has to go through the reinforcement of the human capital, with these two ingredients: education, which include sexual education; and health,” First Lady Moise said.

She added that governments should put in place special interventions for the young people to access family planning and reproductive health programmes.

First Lady Moise also argued that such special sexual reproductive efforts should be more aggressive in the rural areas for bigger impact.

Her fellow panellist, Her Royal Highness, Sarah Zeid, Princess of Jordan, emphasised the fact that without women at the centre of everything, growth and development will never be sustained.

She said that sustained action toward sexual reproductive health and family planning rights has to be everyone’s priority.

Her Excellency Toyin Saraki, Founder of the Wellbeing Foundation, in her intervention, tipped participants towards collective efforts to find the right solutions, such as primary health care.

“If we invest in primary health, it gives us a platform to push through everything else that we want to push through,” she explained.

According to the WHO report of 2017, approximately 830 women die from preventable causes related to pregnancy and childbirth, which totals 302,950 deaths a year.

However, the Bill & Melinda Gates Foundation, one of the organisers of the conference, estimates that approximately 1 in 4 women could be saved if they had global access to contraception.

Simply meeting the unmet need for family planning services would also prevent 1.1 million infant deaths. Family planning remains out of reach for many couples in low-income settings – more than 200 million couples in the developing world are unable to control the number and spacing of their births.

Julia Bunting, the President of the Population Council told The New Times that each year, an estimated 85 million pregnancies are unplanned worldwide.

The 5th edition of the ICFP, taking place in Kigali until the 15th November, seeks to promote quality access to family planning, and sexual reproductive health services.
Tanzania-Government finalises drafting health insurance bill

NOVEMBER 14 2018
BY THE CITIZEN

In Summary

- The government yesterday revealed in Parliament that it was finalising preparation of a draft of a bill that is seeking to make mandatory for every person to be covered by the health insurance services. Dodoma.

The government yesterday revealed in parliament that it was finalising plans to draft a bill, which will ensure that all people have health insurance cover.

The bill, which is set to be tabled in the forthcoming parliament for debate and deliberation, was also meant to provide free health insurance cards to elders.

This was revealed by minister for Health, Community Development, Gender, Children and Elderly Ummy Mwalimu during a question and answer session.

She was reacting to the supplementary question asked by the Tunduma lawmaker (Chadema), Mr. Frank Mwakajoka, who wanted to know the government’s position in providing free medical services to the patients who were suffering from non-epidemic diseases.

“The government could not provide free medical services to every patient suffering from diseases like heart, cancer, diabetes, kidney, to mention but a few. However, when all citizen get their insurance cards, it will be a huge relief,” he said.

In his question, Mr. Mwakajoka claimed that majority of Tanzanians were suffering at home due to lacking money to access treatment at big hospitals.

“This puts our manpower and economy at large at risk,” warned Mr. Mwakajoka.

However, the minister said the government was committed to ensuring that every ‘Mwananchi’ enjoys health insurance and eventually achieve universal health coverage.

She reminded the public of the need to feed properly and take physical exercises daily to avoid non-communicable diseases.

Ms. Mwalimu pointed out that non-communicable diseases were on the rise,
blaming the rise on poor diet and lack of physical exercises.

“It is high time people changed their lifestyles if they want to avoid health complications,” she opined.

Her sentiments were echoed by the deputy speaker, Dr. Tulia Ackson, calling on the government to consider Tanzanians with low income, especially, those in rural areas.

“My request to the government is to come up with a special system that will allow citizens with low income to afford health insurance services,” said Dr. Tulia.

The Minister of Health, Honourable Dr. Riek Gai Kok and his entourage visited the Ebola Treatment Unit constructed by WHO in Juba, South Sudan

By WHO
Juba 13 November 2018
The Honourable Minister for Health of South Sudan, Dr. Riek Gai Kok and his entourage which included a 1976 Ebola survivor, Samaritan Purse and ICRC visited the WHO supported Ebola Treatment Unit (ETU) in Juba.

“Thanks to WHO, South Sudan now has a place to isolate and treat Ebola patients in a conducive environment which protects them from infecting their family and community”, said Dr. Kok, after visiting the unit which was constructed with the support of WHO. Visibly impressed with the design and quality of the unit, the Minister said that the unit will not only be used for treating Ebola but as ‘a training and treatment unit for other infectious diseases’.

The cost-effective 24-bed capacity unit which was built using prefab containers has suspected/confirmed cases wards, a patient disinfection area, a mortuary, triage and a nursing station, will also contribute to wider epidemic preparedness and response activity in the country.

This unit was built as part of the ongoing Ebola preparedness and will be used for training and simulation in real-time, isolation of alerts from Juba and its environs and treatment of cases.

Given the high risk of cross border transmission of the disease into South Sudan from the Democratic Republic of Congo (DRC), WHO and partners are working to support the Ministry of Health to scale up and test operational readiness for a potential Ebola Virus Disease (EVD) response.

Conducting the entourage around the unit, Mr. Alex Freeman, the WHO Logistician stressed that it was built using appropriate materials and systems to ensure maximum infection prevention and control. This will ensure adequate protection of staff, patients and prevention of environmental contamination.

“The establishment of the ETU is based on lessons learnt from the West Africa outbreak and the need for us to prevent the mistakes of the past” said Dr. Olushayo Olu, WHO Representative for South Sudan.
As part of its efforts to scale up the preparedness activities, WHO also deployed over 15 experts in the area of Ebola coordination, risk communication, case management, laboratory, infection prevention and control as well as vaccine management to the high risks states of Yambio, Yei, Torit (Nimule) and Wau in response to the re-classification of South Sudan to “very high risk” from “high risk” status.

Dr. Olu also reiterated WHO’s commitment to support the Ministry of Health to ensure an enabling environment to prevent and control Ebola in South Sudan.

At the end of the tour, the Minister (through the Undersecretary, Dr. Makur Matur Kariom) thanked WHO and all partners for their support to the Ebola preparedness efforts of the country.

**Tanzania: Deputy Minister Touts Protection of Premature Babies**

14 NOVEMBER 2018
By Tanzania Daily News (Dar es Salaam)

*DEPUTY Minister for Health, Ms. Harusi Said Suleiman, has called for maximum protection of premature babies, saying giving birth prematurely is not a curse*

Speaking at a press conference organised as one of the events to mark this year's 'World Prematurity Day,' she said members of the society are not accepting premature babies due to false impression and superstition that it is the family curse.

"We have many people in the world, including Zanzibar who were born prematurely but are now great people in the country and some are even leaders. Therefore when you give birth to premature baby, do not abandon it and the mother should not be abandoned by the husband," Ms. Suleiman said.

She asked members of the society and male parents to love pregnant mothers before and after delivery, arguing that studies have
proved family relation has great impact on pregnant mother to safe birth giving.

Health experts say stress which may be caused by discrimination or any abuse like beating or abandonment can lead to premature delivery. Other problems that are linked to giving birth prematurely include use of narcotics, cigarettes, diabetes, scare, poor diet and inheritance.

Flanked by paediatricians and local experts in maternal and diseases preventions, the deputy Minister said good relations of both parents including visiting clinics together is important in the health of children, especially premature babies.

Talking on behalf of their colleagues, Dr. Ali Omar from the Ministry and Dr. Mariam Hemed from UNICEF said premature babies are a global problem and the leading cause of infant mortality.

Dr. Omar said, "It is unfortunate that we have no statistics on the level of the problem in the past, but last year (2017) we recorded 3,054 premature babies of which 2,982 were nurture in Kangaroo centres. From January to September this year, premature babies were 1,413."

Premature birth happens between 28 and before 37 weeks of pregnancy and according to the World Health Organisation (WHO), premature birth is the leading cause of deaths among children under the age of five worldwide.

Prematurity Day, marked on every November 17, raises awareness of this serious health crisis and without a major push to reduce deaths, countries will hardly attain the global goal, endorsed by 193 countries, to end all preventable newborn and child deaths by 2030.

Uganda-Campaign to raise Shs10b for HIV fight launched
NOVEMBER 14 2018
By Daily Monitor

Mr. Vinand Nantulya, former Uganda AIDS Commission chairman doubles as One Dollar HIV&AIDS Initiative chairperson

In Summary

- In early 1980s, annual HIV infection stood at 230,000 but was reduced to 80,000 after President Museveni launched several interventions against the disease.
- However, the figures shot up in 2000s due to complacence and Uganda AIDS Commissions had to review efforts which have since reverted the numbers to 50,000.
More than 20 health workers and manufacturers have launched a campaign to raise Shs10b for HIV/AIDS treatment and national wide sensitization programmes.

Speaking at the launch of the campaign dubbed One Dollar HIV&AIDS Initiative (ODI), Mr. Vinand Nantulya, former Uganda AIDS Commission chairman, doubling as ODI chairperson, said the initiative that is private sector-led aims at rising resources to support HIV/AIDS national response.

Mr. Nantulya said ODI is driven by recognition of the socio-economic impacts of HIV and AIDS on national development whereby money that could have been used to invest in enterprises is spent on treatment.

“HIV/AIDS does not only affect consumption and profitability of business but also destabilises the overall business environment in the country. It is time that Ugandans take part in raising their own funds to fight against HIV/AIDS since donor funds have reduced,” Mr. Nantulya said.

Mr. Nantulya said one of the initiatives to kick-start raising funds for ODI will be an HIV/AIDS walk and run scheduled for December 9, 2018 under the slogan ‘Until It’s Over’ in which (UIO) targets 10000 people. It will be flagged off by Mr. Patrick Bitature, chairperson Private Sector Foundation Uganda (PSFU) and Ms. Maggie Kigozi, the former Uganda Investment Authority (UIA) executive director.

Estimates of adults and children of all ages living with HIV in Uganda is at approximately 1,324,685 of which 1,141,489 about 86 percent are on life-long ART treatment. The rate of new HIV infections stands at 962 people per week which translates to 137 being infected on daily basis.

Uganda is estimated to be spending $276m annually on treating HIV/AIDS patients including costs of drugs, equipment used for diagnosis and follow ups to assess the treatment success.

Mr. George Tamale, ODI coordinator, said Shs10b if raised annually, would reverse 50,000 annual HIV infections and resources currently being spent on treatment would be shifted to development. He said there was complacency in the public a reason why the fight against the scourge seems stagnated.

“We have stagnated with the fight against HIV for 38 years and we need to reverse our strategies as citizens by raising our own funds and being involved in measures to fight this epidemic. We can only achieve this if we raise our own money so that when donors pull out we are not caught unaware,” Mr. Tamale said.

In early 1980s, annual HIV infection stood at 230,000 but was reduced to 80,000 after President Museveni launched several interventions against the disease. However, the figures shot up in 2000s due to complacency and Uganda AIDS Commissions had to review efforts which have since reverted the numbers to 50,000.
Tanzania: Kongwa Hospital Seeks to Save Preterm Infants
15 NOVEMBER 2018
By Tanzania Daily News (Dar es Salaam)

KONGWA District Hospital is set to introduce a Neonatal Intensive Care Unit (NICU) to provide healthcare for ill and premature infants, a move that will help reduce infant mortality in the area.

The Kongwa District Medical Officer (DMO), Dr. Margaret Kegashe, while launching the unit on Tuesday evening, noted that mothers who previously gave birth to premature infants at the hospital were referred to Dodoma Regional Hospital.

"Some premature babies would die while on the way to Dodoma Regional Hospital, about 84 kilometres from here," said the DMO after receiving donation of equipment for the NICU from Doris Mollel Foundation (DMF).

DMF donated equipment worth 11m/- thanks to support from Diamond Trust Bank (DTB) Tanzania Limited. The donation includes incubators, mechanical ventilation, gastronomy tube (Gastric feeding tube) and special beds.

Dr. Kegashe said urgent action was always needed to address preterm birth cases, posing a serious challenge for the hospital as it lacked the NICU, saying prematurity was a risk factor of early labour. Kongwa MP, Mr. Job Ndugai, expressed gratitude to DMF for the donation, saying the unit would save life of premature infants delivered at the hospital which serves the population of 350,000 in the area.

"The oldest hospital in the area has experienced the challenge of provision of health service to premature babies after its equipment at Neonatal Intensive Care Unit was moved to the then St Margaret Hospital (Muhimbili National Hospital) in the 1940s," observed the Kongwa MP-cum National Assembly Speaker.

Marketing Officer of DTB-Tanzania, Mr. Sylvester Bhati, said the support was part of his bank's Corporate Social Responsibility (CSR), saying DTB-Tanzania sets aside two per cent of funds from its profits for the programme.

"The programme is aimed at supporting efforts by the government in healthcare, education services and environment," he said.

Founder of DMF, Ms. Doris Mollel, said the donation was part of celebrations to mark World Prematurity Day (WPD), which is observed on November 17, saying "I am
delighted to take part in the event because I was born prematurely too."

"Today (Tuesday), we are in Kongwa for donation of healthcare equipment, tomorrow (yesterday) we'll be at the Regional Hospital for the same event before conducting a seminar with women MPs on Friday," she said.

The WPD was introduced to raise awareness of preterm births and concerns babies and their families worldwide.

Parents' groups, families, health professionals, politicians, hospitals, organisations and other stakeholders involved in preterm births observe this day through media campaigns, local events and other activities.

**Tanzanians Observe Diabetes Day Amid Awful Statistics**

15 NOVEMBER 2018
By Tanzania Daily News (Dar es Salaam)

TANZANIANS yesterday joined the rest of the world to commemorate World Diabetes Day, with statistics on sufferers from the disease casting an appalling image.

Addressing reporters at Mlonganzila Hospital in Dar es Salaam, Muhimbili National Hospital (MNH) Executive Director, Professor Lawrence Museru, said nine out of 100 Tanzanians are diabetic.

Prof Museru noted that 6,000 patients were attending diabetes clinic at MNH annually, adding that one in every three adults were suffering from high blood pressure.

He charged that unfortunately most of the victims were unaware of their health status until their health deteriorates.

Prof Museru called on Tanzanians to conduct regular health checkups as diabetes and other related non-communicable diseases had no any immediate identifiable symptoms.

He said the diseases were expensive to treat and are eroding the country's labour force. "When delayed to treat, diabetes and associated non-communicable diseases reaches the chronic stage at which the patient requires intensive medical attention like kidney transplant that goes in hand with renal dialysis at 900,000/- weekly until the transplant is done," he said.

He added that even after the kidney transplant, the patient will still have to rely on some expensive medications for some months before the health gets back to normal.
According to Prof Museru, MNH runs diabetic and other non-communicable diseases free of charge at Mloganzila branch that started on November 12 through 16, with 760 city residents from all walks of life having already benefited from the services.

President of Lions Club of Dar es Salaam Shabbirhusein Khalfan whose organisation partnered with MNH is commemorating the Diabetic Day called for citizens' awareness on the importance of avoiding diabetes and related non-communicable diseases. He said his club is tirelessly striving to help citizens to avoid the critical effects of the disease.

"People must know that diabetes terrifies one's life, apart from causing deaths, it damages large and small blood vessels, lead to heart attack, stroke and problems with kidneys, eyes, feet and nerves."

He charged that Lions club's crusade against diabetes and other non-communicable diseases in the country goes beyond commemorations.

"After this commemoration, the club will organise a charity walk that will supply brochures and offer free education to citizens in the fight against the disease," he said.

MNH Nutritionist, Mariam Nyamwaira, explained that apart from frequent checkups, people must carefully observe their eating pattern and lifestyles, reminded people to avoid excessive food consumption.

"Consumed extra starch and fats are easily transformed into sugar and fats that in turn are deposited either at the fat skin or inside the body's internal organs that will lead to noncommunicable disease," she said, emphasising on frequent exercising as the best remedy.

Prof Museru said as of last year, there were 425 million people suffering from diabetes globally.

The number is likely to increase and affect more people unless serious measures are taken against the disease.

Cancer patients still waiting for drugs
November 15, 2018
By Daily Monitor

Cancer patients and their caretakers sit outside a ward at the cancer institute in Mulago, Kampala, yesterday. The health facility has been hit by drug stock-out

Kampala. The Uganda Cancer Institute (UCI) has run out of essential drugs and cancer
patients have been told to wait a little longer for treatment. Some cancer patients and caretakers Daily Monitor interviewed yesterday said they had been told by the medical personnel to wait until yesterday when the drug shortage was expected to be resolved. “I have been told to return for drugs on Wednesday [yesterday] because they are currently out of stock,” a patient, who preferred anonymity for fear of victimization, said. When Daily Monitor visited the hospital at Mulago yesterday, there was no sign of treatment as desperate patients waited.

The crisis

“The scarcity was due to lack of clearance from NDA (National Drug Authority) officials but now that we have got it, we hope to have the drugs in the facility in a day or two,” the UCI spokesperson, Ms. Christine Namulidwa, said in a telephone interview yesterday. Asked what implications there were for patients who said they had waited for a week, Ms. Namulindwa said: “They could face some issues due to delayed intake or use of drugs but we are going to ensure that once the drugs are here, we distribute them quickly.” She said the drug shortage affected mainly adult patients.

Asked why NDA had delayed to clear the drug consignment resulting in the crisis, Ms. Namulidwa said she did not know why but said UCI had done their part.

The NDA senior spokesperson, Mr. Fredrick Ssekyana, said a lot of things have to be considered before drugs are allowed into the market. He said he appreciates the plight of the cancer patients and would not deliberately hold their drugs unjustifiably. He said the public should appreciate that all imported drugs must be subjected to the verification procedure to ensure compliance with NDA import requirements before they are released for use. Mr. Ssekyana said the rigorous procedure is done to ensure the highest possible standard of healthcare.

“Now that their drugs have been released, it can only mean that they have fulfilled NDA importation guidelines,” he reasoned. “I am very confused about the state of affairs here. I have not got medicine since November 7 and I am back with the patient hoping to get the drugs they need. However, I have not seen any one giving out medicines. I am still waiting,” Mr. Ceaser Augustus Oduca, a patient caretaker, said yesterday.

Universal Health Coverage set for launch in December
November 15, 2018
By Capital News
Kariuki announced that President Uhuru Kenyatta is set to launch the program immediately after Jamhuri Day celebrations thus need to register nonmembers into the health scheme.

She says the pilot counties of Kisumu, Nyeri, Isiolo and Machakos must be ready for the roll out of the scheme funded by World Bank.

Speaking in Kisumu when she presided over the launch of the registration campaign, the CS says nobody should be left out during the registration.

She further announced that her ministry will for the next three days train Community Health Workers (CHWs) in the county to help in the mass registration.

Kariuki says the remaining period before the launch is short and the CHWs must ensure that they comb every home to ensure nobody is left out in the registration process.

She told the CHWs to prepare for much work ahead in promoting preventive health care.

The pilot program will run for 6 months before it is rolled out to the entire country if it proves successful.

**CJ Maraga calls for laws on medical technology**

By Daily Nation

The Chief Justice said the duo had made a gallant contribution in writing the multidisciplinary book, which took seven years to be completed and published.

He also pointed out that bioethics should be considered as a learning topic in institutions of higher learning.

Justice Lenaola said that judges always face difficulties in handling cases that involve issues like surrogacy, homosexuality,
transgender, assisted fertility and lesbianism since there are no laws in the country about them.

Chief Justice David Maraga has asked MPs to formulate laws that address ethical issues in advancement of medical technologies that include genetic manipulation.

Speaking during the launch of a book authored by Supreme Court judge Isaac Lenaola and Kabianga University’s deputy vice-chancellor, Prof Marion Mutugi, Justice Maraga said advanced technology has resulted in grey areas on what is ethically right or wrong as well as legal.

“I wish to challenge the legislators to come up with appropriate legislation to bridge this gap because medical technology is advancing faster,” said Mr. Maraga. The book authored by Prof Mutugi, who is a biomedical researcher, and Justice Lenaola, is titled Bioethics of medical advances and genetic manipulation.

It focuses on legal and ethical issues raised by scientific advances as well as emerging procedures in the medical field. It also raises questions on the issue of technology used in solving problems of human reproduction and fertility, therapeutic genetic engineering and the production of genetically modified organisms (GMOs).

The question of sex orientation, transsexuals, transgender and individual human rights has also been discussed in the book while being related to legal, philosophical and moral aspects of the country as well as the rest of the world.

The Chief Justice said the duo had made a gallant contribution in writing the multidisciplinary book, which took seven years to be completed and published.

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Justice Lenaola said that judges always face difficulties in handling cases that involve issues like surrogacy, homosexuality, transgender, assisted fertility and lesbianism since there are no laws in the country about them.

However, he pointed out that the issues raise ethical questions and the right to information yet some of them are supported by the advancement in technology.

All Supreme Court judges and a majority of lawyers as well as family of the two authors were present during the book launch in Nairobi.

**Alarm as TB testing gadgets run out of stock in public hospitals**

NOVEMBER 16, 2018

By Daily Nation
A procession during a past World TB Day. The country has run out of cartridges used for printing out results for TB patients in public hospitals

In Summary

- There are fears that many people could have been infected since it is difficult to follow up on those who have tested positive.

- According to WHO, Kenya has recorded about 8,000 deaths from TB in the past one year.

- TB remains a global public health threat especially in Sub-Saharan Africa. The country has run out of cartridges used for printing out results for tuberculosis (TB) patients in public hospitals.

The gadgets are normally used as an advanced technology in TB diagnosis.

A spot check by the Nation revealed that for five months now, patients have been waiting for long for their results with others giving up, with no immediate plans to ensure stocks are replenished.

The shortage of cartridges has forced health facilities to revert to microscopy testing, a process that takes long for suspected patients to know their TB status.

ASSOCIATED STIGMA

Previously, it took three or four days for results to come out, unlike in the technology which gives results almost immediately.

Already there are fears that many people could have been infected since it is difficult to follow up on those who have tested positive for the airborne disease.

This is for various reasons including time and distance for the hard-to-reach majority, cost of transport and the associated stigma as explained by TB crusaders.

According to the World Health Organisation (WHO), Kenya has recorded about 8,000 deaths from TB in the past one year.

This is about 3.15 per cent of the total deaths with a death rate of 39.16 per 100,000 of the population. This justifies the country's ranking in the fight against the disease at number 44 in the world.

TB remains a global public health threat especially in Sub-Saharan Africa. Most patients are also infected with HIV.

WHO recently ranked TB number seven out of 20 highest killer diseases in Kenya after diarrheal diseases, pneumonia, HIV and Aids,
stroke, coronary heart diseases and road traffic accidents.

TB is traditionally diagnosed by a combination of chest X-rays, the staining of sputum with special dyes followed by microscopy (the growth of mycobacterium tuberculosis in culture). The sputum smear microscopy is easy to do and is cheap. It has been used alongside X-rays for a long time by TB control agencies worldwide.

However, the sputum smear microscopy test has some problems and might not detect real cases of TB. It is not so efficient in children since it is difficult to get their sputum.

But the modern geneXpert test exhibits high sensitivity and specificity for detecting pulmonary TB. It contributes to the rapid diagnosis of TB and drug resistance in two hours hence helping in selecting relevant treatment and making infection control decisions fast.

**EFFECTIVE DIAGNOSIS**

According to Mr. Jeremiah Okari, who is the geneXpert coordinator, there are currently 70 geneXpert machines in Kenya.

He said that with the installation, validation and training on the use of the machines, Kenya can now guarantee quick and effective TB diagnosis, particularly among the vulnerable groups: the children, multi-drug resistant clients and those living with HIV and Aids.

Since inception, there has been an increase in the uptake of the technology. As a result, many more cases have been diagnosed — 15,000 in 2015 — with reduced turnaround time for TB diagnosis.

Ms. Evaline Kibuchi, chief national coordinator of STOP TB Partnership — Kenya, confirmed that there have been cartridge stockouts since July and that a number of health facilities with TB desks either use the traditional way or send away patients.

“This situation has been complicated by a sudden government directive restricting a consignment of imported cartridges from entering the country. The National TB Programme directed that the cartridges be inspected and certified before being allowed into the country. For six months now, they are still inspecting,” she said.

She adds: “We don’t understand why this sudden change of policy, yet it is not the first time the country is procuring cartridges.”

She termed the directive weird, and one that has never been there before.

Worse still, Ms. Kibuchi says, she has tried to get in touch with top Afya House officials to explain the situation, in vain.

When the Nation contacted the Health department on the same, the calls and short messages went unanswered.
“This is a national crisis that requires immediate attention,” Ms. Kibuchi told the Nation on phone.

The matter has been complicated for patients whose sputum samples had already been taken and referred to centres with geneXperts for testing, she said.

This, she said is even more depressing owing to the fact that no one is following up the patients, and they could be infecting unsuspecting Kenyans.

FURTHER SCREENING

“The situation is complex as most of the patients won’t understand that there is a shortage of cartridges since they were not told to give sputum again for further screening. Above all it is the time being taken to clear the cartridges because we are losing many people,” she explained.

For instance, she said that in Makueni, the situation is serious because the cartridges ran out much earlier. Mr. Peter Ng’ola, a TB advocate in the county has raised this issue before and even reported deaths.

At a sub-county health facility in Kangemi, Westlands, Nairobi and at the Rhodes Chest Clinic in the City, advocates operating in those institutions have reported similar challenges.

According to Steve Anguva in Kangemi, the geneXpert stopped functioning in June forcing facilities to revert to microscopy testing. “We briefly relied on borrowed cartridges but since August there was none,” he said.

There could also be unrecorded deaths besides infection concerns. Amid it all, the Health ministry is silent going by the slow response to emerging concerns.

Ministry to probe teenage pregnancies

NOVEMBER 16 2018
By Daily Nation

Labour Cabinet Secretary Ukur Yatani who has formed a team of senior Ministry officials to investigate teenage pregnancies in Kilifi County where 13,624 cases were reported this year among learners aged 15 to 19

In Summary

- Mr. Wario said it was alarming that 13,000 young girls got pregnant during this year’s KCPE examinations.
- Mr. Yatani told the National Assembly committee of Labour that the team will be dispatched to the county next week.
• Last week, Education CS Amina Mohamed decried the high number of teenage pregnancies. Labour Cabinet Secretary Ukur Yatani has formed a team of senior Ministry officials to investigate teenage pregnancies in Kilifi County where 13,624 cases were reported this year among learners aged 15 to 19.

Mr. Yatani Thursday told the National Assembly committee of Labour that the team will be dispatched to the county next week.

“I have constituted a team of officials from the children's department in the ministry to get to the bottom of this matter and we will share the report with you in order to get a way forward,” Mr. Yatani told the committee.

The team will also extend their investigations to Kwale County before visiting other affected counties.

“The problem is not only in Kilifi but shared across other parts of the country and we need to take action,” Mr. Yatani told the MPs. The CS said the national government should work with county governments to address the issue of teen pregnancies.

ALARMING

The committee chairman Hassan Wario said it was alarming that 13,000 young girls got pregnant during this year’s KCPE examinations.

“We have concentrated so much in building the infrastructure until we forgot the social issues, these figures of teen pregnancies are scary,” Mr. Wario said.

“The picture is gloomy and something should urgently be done at the national level to address the problem,” Mr. Wario added. Nominated MP and Knut Secretary-General Wilson Sossion asked the ministry team to also address young girls working as commercial sex workers at the Coast.

Last week, Education CS Amina Mohamed decried the high number of teenage pregnancies reported and ordered the quality assurance team in the Education ministry to investigate and file a report of all cases of pregnancies among school girls.

The CS noted that the move will enable the ministry to outline measures to curb such cases.