Highlight:
Tanzania: Students Invent AI Robot for Heart Disease Treatment
Kenya: Vaccine Shortage Exposes Thousands of Babies to Polio
Rwanda: Reminder to Strengthen Measures to Prevent the Spread of Ebola Virus to Rwanda
South Sudan: A High-Level Delegation Led By South Sudan's Undersecretary of Health Visited Yei River State to Intensify Ebola Preparedness in the Country
Kenya: Nakuru MCAs Launch Campaign to Fight FGM, Early Marriages
Uganda: Concern Over High TB Prevalence in Prisons
Uganda: Mobilise Public to Join the Fight Against Hepatitis B
Tanzania: Mounting Cancer Cases in Lake Zone...JPM Orders Thorough Research
Rwanda: Featured - MKU Rwanda Medical Students to Benefit From New Multi-Million Lab
Uganda Clears All Suspects of Ebola
Rwanda: Ebola Case Confirmed in Goma
Kenya: Unplanned Pregnancies Hamper Progress
Kenya: Sulphites Not Allowed in Meat, Tests Underway - Health Ministry
Kenya: You'll Get Better Salaries, Roba Tells Mandera Health Workers
Rwanda: Police Month - RNP in Mass Campaign Against Illicit Drugs
Tanzania: Students Invent AI Robot for Heart Disease Treatment
15th July, 2019
By Tanzania Daily News (Dar es Salaam)

SAINT Joseph University in Tanzania (SJUIT) students have designed an Artificial Intelligence (AI) robot to increase performance in diagnosis and treatment of heart related diseases.

The innovation was revealed at the just ended 43rd Dar es Salaam International Trade Fair (DITF). The AI is the simulation of human intelligence processes by machines, especially computer systems.

The processes include the acquisition of information and rules for using information and rules to reach approximate conclusions and self-correction.

"We have proposed the measurement of seven prominent physiological parameters of a person who enters a doctor's clinic," said one of innovators, Mr. Mukrim Mmanga, a fourth year student, pursuing Bachelor in Electronics and Communication Engineering.

He added that the physiological parameters include oxygen saturation in the blood (SpO2), electrical activities of the heart (ECG), blood pressure, heart beats, weight, body temperature and height.

The parameters together with ECG wave forms will help the AI in diagnosis of common heart diseases like congenital heart, rheumatic heart and vascular (aneurysm) diseases, he said.

He further elaborated that, the AI will take inputs from the sensors and information like age and blood group from the hospital management supporting software designed with it and analyse the inputs with other information from the database.

According to him, the AI Robot will be capable of giving accurate diagnosis results and prescription to the patient’s heart without the need of a physician.

AI will also offer services to health centres in rural areas due to Internet of Thing (IoT) application by only placing the sensors and the supporting software.

The innovator added that production cost for the AI cardiologist is estimated at 11,300 US dollars (over 25m/-) which includes machinery cost, marketing and distribution as well as cyber security.
The group of innovators, which is composed of four students, told the 'Daily News' that, what drove them to come up with such an idea was the World Health Organisation (WHO) report, which estimated that 17.9 million people died from cardiovascular diseases in 2016, representing 31 per cent of all global deaths.

In 2017, coronary heart disease deaths in Tanzania reached 19,082, equal to 5.11 per cent of total deaths due to lack of cardiologist and lack of equipment for diagnosis and treatment of heart diseases, according to the group members.

They further explained that cardiovascular diseases are number one cause of deaths globally, with over three quarters of cardiovascular disease deaths taking place in third world countries like Tanzania.

It takes at least eight years in medical school to train the cardiologist at an estimated cost of 166,750 US dollars (about 400m/-).

**Kenya: Vaccine Shortage Exposes Thousands of Babies to Polio**

15th July, 2019

By The Nation (Nairobi)

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**In Summary**

- Private hospitals have been making big bucks as Kenyans pay Sh8,000 to Sh20,000 to have their children vaccinated.
- Polio is a crippling and potentially deadly infectious disease caused by a virus.
- Private hospitals stock government issued vaccines and baby friendly versions of the dose.

By the end of Monday, Kenya’s birth registry would have recorded about 3,154 newborns.

However, none of these infants will receive an oral polio vaccine as the shortage for this and two other vital boosters enters the second month.

This comes even as the government prepares for a four-day polio vaccination
campaign targeting 2.6 million children under the age of five in Mombasa, Tana River, Lamu, Kilifi, Marsabit, Isiolo, Turkana, Nairobi, Wajir, Garissa and Mandera.

Meanwhile, private hospitals have been making big bucks as Kenyans pay Sh8,000 to Sh20,000 to have their children vaccinated.

Based on the Kenya Expanded Programme on Immunisation (Kepi), the polio vaccine is given through the mouth in three doses and an injection at three and a half months.

POLIO VACCINE

The oral polio vaccine is given at birth and at six and 10 weeks. The babies then receive an injectable vaccine at 14 weeks.

The measles vaccine on the other hand is administered at nine and 18 months. Polio is a crippling and potentially deadly infectious disease caused by a virus.

The virus can attack person’s brain and spinal cord, causing paralysis.

"I took my son to hospital and he received all the other vaccines except polio. The doctor gave me the option going with him unvaccinated or paying Sh8,000 for the injection," a distraught parent told the Nation.

The shortage has seen private hospitals provide baby friendly vaccines at an extra cost as parents are left without a choice.

Private hospitals stock government issued vaccines and baby friendly versions of the dose.

Baby friendly vaccines usually address pain and the general discomfort children experience whenever they are vaccinated.

On April 6, 2018, Kenya Medical Research Institute (Kemri) scientists found live polio viruses in sewage samples from Eastleigh estate, Nairobi.

Health workers who spoke to the Nation yesterday said public hospitals have been experiencing a shortage of measles, mumps and rubella (MMR) and tetanus toxoid vaccines.

As a result, women with babies are usually turned away and requested to keep checking if the vaccines are available.

The shortages have been experienced since March, compelling doctors to exhaust all the doses in stock.

DEATH

The grim situation exposes the lives of millions of children to life-threatening conditions or even death.

"We receive very few doses whenever we place orders. Last week, for example, we dispatched a small package of 400 doses of the oral polio vaccine to two sub-counties in Makueni. These doses cannot last a week," a senior nurse at one of the sub-counties’ division of vaccines and immunisation told the Nation.

As a result of the shortage, only Level Five hospitals are getting the vaccines.

This is despite the Health Ministry saying it has put in place necessary measures to ensure the availability of the vaccines in all parts of the country.
In a statement issued last week, Health Cabinet Secretary Sicily Kariuki said there is enough supply of the vaccines in Kenya to last for two months.

IMMUNISATION

Efforts to reach concerned government officials were fruitless as our calls went unanswered.

Health workers say whenever they make inquiries, store managers remain non-committal.

"It is our duty to protect these children. It breaks my heart every time I turn away a mother without administering the vaccine to her child," a nurse told the Nation.

A prolonged health workers' strike last year cost the country its gains in immunisation coverage, with Kenya recording a 15-year low of 63 per cent.

According to the 2018 Economic Survey, the coverage dropped by eight per cent from 1,101,279 (69 per cent) immunised children in 2016 to 1,014,894 (63 per cent).

Rwanda: Reminder to Strengthen Measures to Prevent the Spread of Ebola Virus to Rwanda

18th July, 2019

By World Health Organization (Geneva)

The Ebola Virus Disease was confirmed on July 14, 2019 in Goma, North Kivu Province in the Democratic Republic of Congo by its Ministry of Health.

The Ministry requests the population to remain calm as no single Ebola case has been registered in Rwanda to date. The Country is taking the outbreak in the neighbouring countries seriously and continues to intensify the surveillance at all ports of entry as well at the community level.

However, the Ministry strongly reminds everyone to seriously consider the following preventive measures:

- avoid unnecessary travels to areas affected by an Ebola outbreak;
- immediately report to the nearest screening station if you are coming from an Ebola affected area;
- report any suspected case of Ebola via the Ministry toll free number 114, Police on 112, Community Health Workers or to any nearest health facility;
- in case you know someone who is from an Ebola-affected area, immediately
report to the Police on 112, to the Ministry of Health on 114, to the nearest local authorities or Community Health Workers;

- avoid contact with blood and body fluids, items that may have come in contact with an infected person’s blood or body fluids;
- avoid contact with body of an Ebola victim and/or meat from an unknown source;
- advise every person who has been in contact with a patient with Ebola symptoms or who attended a burial ceremony of a known case of Ebola to immediately report to the nearest health facility for urgent medical attention;
- always wash hands with soap and clean water.

Ebola is transmitted through an infected person’s body fluids like blood, vomit, sweat, tears, saliva, urine, excrement, sperm, breast milk, vaginal fluids etc. Ebola symptoms include fever, joint pain, headache, sore throat, fatigue, diarrhoea, vomiting, skin rash, red eyes, stomach ache and bleeding through different body parts. Ebola is not airborne.

All concerned stakeholders including the general public, local authorities, media houses, civil society, private sector such as local and regional transport companies and hotels to combine efforts to ensure that the disease does not spread to Rwanda.

Screening is being performed on all boarders and airports and the country is equipped with an Emergency Treatment Center (ETC) built in Rugerero Sector, Rubavu District to screen and treat Ebola in case of an outbreak. Simulation exercises took place in Gisenyi Hospital-Rubavu District, Rwanda Military Hospital-Kigali, Rugerero Health Centre-Rubavu and Kamembe Airport-Rusizi.

In partnership with WHO, The Ministry of Health for DRC and other partners, the Ministry of Health continues to strengthen the national capacity for early detection and containment in the event a case spreads into Rwanda. Rwanda has trained over 23,657 people including Doctors, nurses, hospital staff, Police, Red Cross Volunteers and Community Health Workers.

The Ministry also vaccinated about 3,000 healthcare providers and other frontline workers (safe burial teams, security guards and cleaners) in 15 high risk districts.

The Rwanda capacity in controlling Ebola also include the robust community awareness and mobilization, logistics, Ebola Treatment Center, establishment Ebola related work force development and capacity building in case management, infection prevention and control, contact tracing teams, burial teams, psycho-social teams and surveillance with national capacity to detect/test any suspected case identified in the country.

Public awareness and community mobilization are still ongoing on Ebola symptoms, prevention measures and steps to follow if an Ebola case is suspected though community meetings, outreach events and media. Billboards and posters with information on Ebola are hung at border areas, in hotels, schools, hospitals, health centres and other public places in high risk zones.
South Sudan: A High-Level Delegation Led By South Sudan's Undersecretary of Health Visited Yei River State to Intensify Ebola Preparedness in the Country
17th July, 2019

By World Health Organization (Geneva)


The objective of the visit was to among others reassure local authorities of the continued support of the development partners and the one UN in South Sudan; secure sustained commitment of the local authorities to the EVD preparedness efforts and publicize in the national press key messages to the general public regarding Ebola preparedness.

South Sudan is one of the four priority one countries (Burundi, Rwanda, South Sudan, Uganda) prioritized by WHO to enhance preparedness and operational readiness based on the proximity to the outbreak area as well as the capacity to manage Ebola virus disease (EVD) outbreaks in the Democratic Republic of Congo (DRC).

The risk of transmission of EVD into countries that share borders with DRC, including South Sudan, has been classified as "very high" by WHO. Cases of EVD have recently been confirmed in Uganda, Goma and in Ariwara, a town in DRC located just 70km from the border with South Sudan.

"Diseases such as Ebola don't respect boundaries, race or religion so all must ensure that they work together to prevent its cross border transmission into South Sudan", said Mr. Noudehou. He also reiterated the commitment of the UN to continue to support EVD preparedness in the country under the leadership of WHO.

As a priority one country for EVD preparedness, the Ministry of Health, National Task Force, WHO and partners are implementing the National EVD Preparedness Plan, including vaccinating front-line health workers, educating people about prevention and response measures, conducting screening at multiple locations to help with early detection of cases, training personnel in infection prevention and control as well as being preparing for safe and dignified burial processes if needed.

"Although South Sudan has not confirmed any EVD case, implementation of effective public health measures is critical to manage the risk posed by South Sudan's complex humanitarian context, the history of previous (EVD) outbreaks, increasing global travel and proximity to DRC", said Dr. Olushayo Olu, WHO Country Representative to South Sudan.

At the end of the visit, the Governor of the state, the state Health Ministry and partners on the ground reiterated their commitment to intensify key
interventions and increase public awareness by providing adequate information through all communication channels, religious and community leaders.

In his closing remarks, the Undersecretary, Dr. Makur appreciated WHO and other partners for the strong partnership and support rendered to enhance capacities to effectively implement the International Health Regulations (IHR, 2005) and address the threats of EVD and other infectious diseases.

Ebola Virus Disease (EVD) is one of the most fatal and highly infectious diseases known to the world. The on-going outbreak in the Democratic Republic of Congo (DRC) is the second largest outbreak reported globally. As of 13 July 2019, 2,489 confirmed cases and 1,665 deaths have been reported.

WHO is working in Jubek, Gbudue, Tambura, Maridi, Torit, Wau and Yei River states alongside their respective state health ministries and partners to provide strategic public health leadership and support required to ensure that all the high-risk counties are operationally ready and prepared to implement timely and effective EVD risk mitigation, detection, and response measures.

**Kenya: Nakuru MCAs Launch Campaign to Fight FGM, Early Marriages**

18th July, 2019

By The Nation (Nairobi)

Members of the Nakuru County Assembly Women caucus have launched an ambitious campaign to fight Female Genital Mutilation (FGM) and early marriages among schoolgirls in the region.

This comes at a time when seven students from a secondary school in Solai Ward dropped out of school after getting pregnant at the beginning of this year.

The MCAs have called for concerted efforts to tame the rising cases of teenage pregnancies in the region.

"As women MCAs, we are concerned by the huge number of girls dropping out of school due to pregnancies and early marriages in Solai and other parts of Nakuru County," said nominated MCA Doreen Jebiwott Korir.

**SANITARY TOWELS**

The leaders spoke when they distributed more than 1,000 sanitary towels to school girls in Solai Ward.

Other nominated MCAs who toured the ward included Alice Chepkirui Kering, Elizabeth Waceke Gichuki, Isabella Makori, Joyce Anyiso, Racheal Chepkorir Maru, Rose Gathoni Njoroge and Rose Karugi Njoroge. They were accompanied by the area MCA Melvin Kutol.

The institutions that benefited from the sanitary towels included Seet-Kobor Baptist, Solai Day Mixed and Lake Solai secondary schools. Others were Arus and Emarangishu primary schools.
The MCAs urged the girls to keep off early sex and marriages if they hope to succeed in life and accomplish their dreams.

In Kuresoi North, more than 10 girls aged between 14 and 16 years from one secondary school dropped out of school after falling pregnant in April this year.

**TEENAGE PREGNANCIES**

Last year, 52 cases of teenage pregnancies were recorded in Kuresoi North. The girls blamed boda boda riders for their woes.

The MCAs said that FGM was as an outdated cultural practice that had no place in modern society.

"If anybody including your parents, aunties, uncles force you to undergo FGM, report the matter to area chief or police," said nominated MCA Rose Gathoni from Gilgil.

Ms. Korir urged other well-wishers to support their initiative saying their initiative had been greatly boosted by Governor Lee Kinyanjui and Speaker Joel Kairu Maina who bought sanitary pads and donated Sh50,000 towards the project.

"Governor Kinyanjui has promised to support the Nakuru County Assembly Women Caucus achieve their objective of ending early marriages and FGM in the county," said nominated MCA Rose Gathoni.

"We owe this campaign to Governor Kinyanjui and we urge other donors to donate sanitary towels so that we can keep more girls in school," said Ms. Korir.

Ms. Kering told the girls to stop engaging in love affairs with their teachers saying they would be the losers.

Ms. Gichuki said the government was keen to ensure the girls get equal education opportunities like their male counterparts.

**Uganda: Concern Over High TB Prevalence in Prisons**

18th July, 2019

By The Monitor (Kampala)

Kampala — Prisons authorities have expressed concern over the high prevalence of tuberculosis (TB) among inmates due to overwhelming numbers.

Speaking yesterday during a tour of Luzira prison by the Parliamentary Committee on HIV/Aids, Dr. James Kisambu, the prisons' assistant commissioner for health, said TB is becoming a general problem in all prisons nationwide, with Mbarara prison having the highest number of TB patients.
"The transmission of TB in prison is very rampant because there is a lot of congestion and there are not enough facilities for the isolation of people with TB. They all keep in the area," Dr. Kisambu said.

"For now, only Mbarara prison has an isolation facility for people with TB because it has the highest number of multidrug resistant (MDR) TB cases," he added.

Ms. Florence Nambozo Wamala, the chairperson of the Parliamentary Committee on HIV/Aids, urged government to provide more funding for prisons to build more facilities.

"There is a need to decongest prisons, Luzira in particular, in order to prevent the spread of such diseases that are communicable," she said.

The current TB prevalence in the prison countrywide is 623 per 100,000 compared to 174 per 100,000 people for the whole country. The high figures are blamed on overcrowding, poor infrastructure and limited access to treatment.

Luzira prison, for instance, is supposed to accommodate about 1,000 inmates but the numbers can go up to 3,500 prisoners.

The female wing at the prison as of Tuesday had six TB patients who are responding to treatment and four of these are also living with HIV. Murchison Bay Hospital has 69 TB patients; six of whom have the multidrug resistant strain.

The prevalence of HIV/Aids is also high among both prison staff and the inmates.

Dr. Alex Kakoraki, the medical superintendent of Murchison Bay hospital, said the HIV/Aids prevalence is at 34.4 per cent among female inmates and 14.4 per cent in males. The prevalence for prison staff is 10.5 per cent for males and 14.5 for females (12 per cent average) against the country's 6.2 per cent.

"The prisoners on remand are hard to monitor because they can be in and out of prison any time. If by chance they are released, they do not pick their ART card on which they have been taking their ARVs," Dr. Kakoraki said.

Uganda: Mobilise Public to Join the Fight Against Hepatitis B (WHO MOBILIZED???)
19th July, 2019

By The Monitor (Kampala)

In 2016, deaths caused by viral hepatitis surpassed all chronic infectious diseases, including HIV/AIDS, malaria and tuberculosis, according to a Global Burden of Disease study. The prevalence of hepatitis B in Uganda stands at 4.1 per cent, which means that 1.75 million people are infected. This is according to a study carried out by the Ministry of Health in partnership with the Centre for Disease Control (CDC) and the World Health Organisation (WHO).

We do not have representative national data for Hepatitis C, but we have an estimate of 1.5 per cent. However, this
data comes from blood banks, which are highly restrictive about the blood donors they use so it likely does not paint an accurate picture.

In 2005, the prevalence of hepatitis B was 10 per cent, so the situation is improving. However, there are no clear indications of why this figure has declined; those factors need to be explored through research. An important milestone occurred in 2014 when the government committed $3m towards the hepatitis response annually. Most of it is used for hepatitis B interventions. More work needs to be done on hepatitis C, especially around awareness, even among health workers.

Viral hepatitis patients face a great deal of stigma and discrimination due to lack of knowledge in the general public. We also need to mobilise the community to respond positively to hepatitis eradication programmes.

An organisation, the National Organisation for People Living with Hepatitis B (NOPLHB), was established in 2012 by a group of people that had tested positive for hepatitis B, including myself. We decided to commit our entire lives to advocating that hepatitis be included in the national healthcare agenda. When we started, there was no hepatitis programme at the Ministry of Health, but today, there are dedicated offices for hepatitis B and C at the ministry.

A lot of advocacy has been done by civil society groups like my organisation to mobilise communities and cultural leaders to hold government accountable for the harm caused by hepatitis in Uganda. The harm is not just through infections, but also from the other problems the high prevalence of this virus has caused such as domestic violence and health complications such as liver cirrhosis, liver cancer and liver failure.

It was through the engagements of civil society groups that the Ministry of Health was moved to begin developing programmes that would raise the profile of hepatitis and allocate funds for fighting the disease.

We have been able to train more than 5,000 health workers through support of sponsors such as Gilead Sciences. Our training is very basic. We equip them with general knowledge to detect hepatitis and determine the appropriate treatment interventions for patients eligible for hepatitis B treatment.

The private sector has generally been quiet on hepatitis, but recently, we have started to see private companies integrating hepatitis B screenings into their health programmes, and even the insurance companies now include hepatitis B treatment in their coverage.

The majority of Uganda's population live in rural areas with limited access to healthcare. Therefore, as an organisation, we run community outreach drives. Most people in these areas do not like to go to the available public health facilities because they often find that services and medicines are unavailable.

So, we go to these communities and provide free hepatitis B screenings and affordable vaccinations. I believe that this is the best approach to helping us find the
"missing millions" because so many people living with hepatitis are unaware of their status.

We haven’t been able to raise enough funds to achieve this yet, but our ambition is for these outreach initiatives to provide a one-stop centre for all the hepatitis B and C services such as screening and linkage to care with a clear follow-up and monitoring mechanism.

We just hosted the first African Hepatitis Summit in Kampala from June 18 to 20 and government was exceptionally supportive of the event. The summit was important because it brought together high-level stakeholders like Ministry of Health officials from different countries, WHO representatives, pharmaceutical companies and other strategic organisations.

In all, we hosted more than 500 delegates from across Africa and beyond. Our ambition for the next two years is for all African WHO member countries to have created their own action plans to eliminate hepatitis and have some countries fund these domestically.

There was also a declaration that was signed by hepatitis patients' representatives engaging the WHO to provide technical support in the development of individual country action plans and strategies towards eliminating hepatitis. It also calls upon African governments to provide domestic funding, and for the African Union to provide political leadership and recognise hepatitis as one of the continent's most urgent challenges.

We are going to continue engaging all the programme officials that attended the summit on what action they are taking in their individual countries. We also want to host this event every two years and keep bringing together countries that have shown interest and review our progress in eliminating hepatitis on the continent.

Uganda needs to keep involving the patient communities in all the programmes because at the end of the day, these programmes are meant to better the lives of patients. We need to scale up testing services to rural communities and create a clear referral system to link those who will test positive for hepatitis B to proper care and management.

If we are to reduce the burden of hepatitis B in this country and Africa more broadly, our countries need to introduce the hepatitis B birth dose vaccination for all new-born babies in order to prevent mother to child transmission, which is a major route of transmission. If we do this quickly, we will have really protected the young generation from hepatitis B and will have helped out the country/continent for many years to come.

Mr. Kabagambe is the founding executive director of the National Organisation for People Living with hepatitis B.

Tanzania: Mounting Cancer Cases in Lake Zone...JPM Orders Thorough Research
16th July, 2019
PRESIDENT John Magufuli yesterday ordered abrupt scientific research to establish causes of cancer and heart related diseases in the Lake Zone regions.

Dr. Magufuli directed the Ministry of Health, Community Development, Gender, Elderly and Children to spearhead the research, saying available statistics show that 50 per cent of cancer patients come from the Lake Zone.

"There is need for the ministry to establish reasons behind the problem," President Magufuli said at the official launch of various medical services, including cancer treatment at Bugando Hospital in Mwanza.

"You can form a team of experts from different departments to research on this problem, we need to find out why many cancer patients come from the Lake Zone," he said.

He added: "I am talking from experience, my father and four aunts all died of cancer, there must be a reason for this."

President Magufuli further ordered speedy construction of the 3.5-kilometre Busisi Bridge to connect Mwanza city and Sengerema, hinting that the government has already allocated 700bn/- for the project.

The president gave the ministry of works, transport and communication a one-week ultimatum to sign the project contract. "I want you to sign the contract within seven days, and the mobilisation works should start within a month," he ordered.

He further directed Mwanza city council and Ilemela municipal council to allocate from their 2019/20 budgets 2.2bn/- and 1.8bn/-, respectively for the extension works on Mwanza International Airport's passenger building.

"The construction must start immediately, I want to see changes here," he noted.

Earlier, Tanzanians were asked to elect competent and honest leaders capable of working hard for the benefit of the public.

President Magufuli gave the remarks during the launch of 20 houses for police officers at Magogoni area in Geita region.

He said ahead of the imminent local government elections, there is need for wananchi to think critically before making decision in the ballot box.

"You must elect leaders who will be able to bring you development, we need leaders who will serve the public especially poor people," he said, adding:
"If they give you money, just take it but do not vote for them."

The Head of State said leaders who are elected on corrupt influence always consider their own benefits instead of serving the public.

Dr. Magufuli further said that the police force is responsible for ensuring peace and security before, during and after the elections.

On police housing, he said the government will continue to improve their accommodation to enable them perform their duties diligently.

Meanwhile, Inspector General of Police Simon Sirro said five people have been arrested in connection with the killings of 10 Tanzanians in Mozambique.

The police chief added that another person who was also involved in the murder has died. However, Mr. Sirro did not explain the causes or circumstances on his death.

On June 26, this year, 10 Tanzanians were brutally murdered in Mozambique by people who were wearing military uniforms.

The killers also set ablaze 30 huts and injured other eight people, including two Mozambicans.

He said the suspects have been arrested in Mozambique and investigation shows that the killing plan was worked in Tanzanian soil.

"The killers just crossed to Mozambique to kill, all plans were devised in the Tanzanian side," he noted. He added: "Police will not rest until all perpetrators are arrested, we will stand firm to protect our people and their properties."

Rwanda: Featured - MKU Rwanda Medical Students to Benefit From New Multi-Million Lab
16th July, 2019

By The New Times (Kigali)
Students at Mount Kenya University Rwanda in the health department have received new lab equipment that will help them during their learning, research and collaborative practices.

The equipment that was unveiled on July 11 at the Mount Kenya University Rwanda campus in Kagarama Sector in Kicukiro District by the university founder, Prof Simon Gicharu.

Gicharu handed the equipment to the university administration.

Dr. Consolata Mureithi giving a speech during the handover ceremony

The equipment will help train students doing nursing in safe delivery of babies and will also help them carry out research on different types of sicknesses.

MKU Rwanda vice chancellor Prof. Edwin Odhuno while receiving the equipment from the founder pointed that the equipment will be fully utilized in teaching/learning, research and collaborative projects.

He went on to say that among the strategies of the university’s 10 year-programme that started in 2016 and runs up to 2024 includes continuous adding of teaching equipment to help students in practical learning.

Dr. Consolata Mureithi giving a speech during the handover ceremony

"We realized that without these equipment, students cannot be able to get hands on skills that are required during their training so as management team, we decided to invest $200,000 to buy the equipment," said Odhuno.

According to Dr. Consolata Mureithi who was among those who travelled to the USA to outsource the equipment, it is imperative for health students at university to have the latest and high quality science lab supplies these days.

Some of the expensive equipment that was handed over (pics by Joseph Mudingu)

"Effective teaching and learning of science involves seeing, handling, and manipulating real objects and materials. The knowledge that students attain in lecture rooms would be ineffectual unless they actually observe the process and understand the relationship between action and reaction" said Mureith.
According to Modeste Mfitumukiza, a student in the school of health at MKU, the equipment is going to help them acquire practical skills that they can't get in lecture rooms.

"It is hard to practice on a real patient even after one has acquired the necessary theoretical skills. There is always the fear of making mistakes or hurting the patient while treating broken bones and other injuries. But with these dummies, we can learn better and later apply our skills on real patients" says Modeste Mfitumukiza

Mount Kenya University (MKU) is a fully fledged chartered university committed to a broad-based, wholistic and inclusive system of education. It has an overall goal of promoting human resource development for society's progressive good.

Uganda Clears All Suspects of Ebola
13th July, 2019

By The East African (Nairobi)

In Summary

- Uganda raised over $18 million for preparedness and control of the disease.
- The funds have been utilized to establish Ebola treatment centers and training of over 500 health workers.
- So far three Ugandans have been killed by the virus and countries, especially neighbours, remain on high alert.

Authorities in Uganda say the country's healthcare system has succeeded in stemming further spread of the deadly Ebola virus that killed at least three people in Kasese, a border district with the Democratic Republic of Congo, which has been battling it over the past 11 months.

The announcement came as the US government announced close to $100 million in aid to the DRC government to bolster efforts to contain the outbreak. The contribution raises hope that the epidemic will be controlled.

But concerns remain among other neighbours, especially South Sudan, Kenya and Rwanda that the risk the disease may still spread.

WHO Director-General Tedros Adhanom Ghebreyesus announced that DRC's Ebola funding needs amounted to $98 million, out of which $44 million had been received. He said funding was a major issue in the DRC Ebola control efforts.

"We will continue mobilising global and regional support to control this outbreak
as soon as possible. It is not clean until the outbreak in DRC is finished," said Dr. Tedros in Uganda on his way from DRC in June.

**Second-largest outbreak.**

In response, USAid last week bridged the gap that is expected to help curb the epidemic that has ravaged DRC since August 2018.

The Ebola Virus Disease Zaire subtype has claimed close to 1,600 lives while 2,244 cases confirmed among the Congolese as of July 5.

This is the second largest recorded outbreak of Ebola after the 2014 West Africa epidemic that killed more than 11,000 people.

USAid administrator Mark Green in June visited Ebola-affected areas in the DRC to observe programming and response, where he met local community leaders, visited health care systems and partner staff responding to the outbreak.

The USAid funds will support infection prevention and control activities, training for health care workers, community engagement interventions, promotion of safe and dignified burials, and food assistance for people and communities affected by Ebola.

This assistance is also bolstering preparedness efforts in Goma city for communities at risk of Ebola.

Owing to its infection rates, the Ebola virus presents a global threat to lives.

So far three Ugandans have been killed by the virus and countries, especially neighbours, remain on high alert.

"This outbreak presents a unique set of challenges, including insecurity and difficulty earning community acceptance for the response," reads a statement by USAid.

A robust, unified response by the government of the DRC, United Nations, other Great Lake countries, the United States, and the international community in partnership with local communities must occur and is critical to stopping the spread of the disease, according to USAid.

In September 2018, USAid deployed a Disaster Assistance Response Team comprising disaster and health experts from USAid and the US Centres for Disease Control and Prevention to the DRC to co-ordinate the US response to the outbreak.

"As we continue to scale up our assistance for the outbreak, we strongly encourage additional contributions from other donors to meet the needs of people affected by this outbreak and bring it under control as soon as possible," reads USAid statement.

**Uganda updates**

Meanwhile, Uganda raised over $18 million for preparedness and control of the disease.

The funds have been utilised to establish Ebola treatment centres and training of over 500 health workers. Uganda also vaccinated 4,419 frontline health workers against Ebola.
A joint advisory on Ebola Virus Disease in Uganda reported that no new case of Ebola has been confirmed.

All the 110 people who directly or indirectly came into contact with confirmed patients completed the mandatory 21 days of follow-up without developing any signs of the disease.

Rwanda: Ebola Case Confirmed in Goma
15th July, 2019
By The New Times (Kigali)

A map showing the location of the Democratic Republic of Congo city of Goma, with Rwanda on the right. The border between the two countries extends into Lake Kivu, bottom left.

A first case of Ebola has been confirmed in the DR Congo border town of Goma, where a cleric tested positive after he arrived in the city of one million by bus.

Goma shares borders with Rwanda's Rubavu District in Western Province.

According to the Congolese Ministry of Health, the cleric travelled 200 km (125 miles) to Goma by bus from an area called Butembo, where he had been with people with Ebola.

The health ministry reassured in a statement that: "Due to the speed with which the patient has been identified and isolated, as well as the identification of all passengers from Butembo, the risk of spreading to the rest of the city of Goma remains low."

The incident in DR Congo comes a month after Rwanda's Ministry of Health implored the public and concerned agencies to strengthen measures to prevent the spread of Ebola into Rwanda.

This was after a case of the Ebola virus was confirmed in Uganda's western district of Kasese by the World Health Organisation.

The outbreak in DR Congo's provinces of North Kivu and Ituri has persisted for 11 months.

Health officials in Goma have reportedly been preparing for an outbreak.

In June, the Ministry of Health said it was taking the Ebola outbreak in both neighbouring countries seriously and intensified the surveillance at points of entry, at health facilities and at community levels.

How to protect oneself and prevent the spread of Ebola
In order to protect oneself and prevent the spread of EVD, the Ministry earlier said, it is important to ensure the following:

- * Proper body hygiene by washing hands frequently;
- * Avoid travels to an area affected by an Ebola outbreak;
- * Avoid contact with blood and body fluids, items that may have come in contact with an infected person's blood or body fluids, body of someone who died of EVD and or meat from an unknown source.
- * Report via a toll-free (114) nationwide phone alert system, to community health workers, nearby health facility and or police station any suspected case with Ebola-like symptoms.

The notice said that the ministry of health in coordination with the Rwanda Biomedical Centre, WHO and other partners continues the work to strengthen national capacity for early detection and containment in the event a case spreads in Rwanda.

Ongoing work to strengthen national capacity for early detection and containment, it added, include robust community awareness and mobilisation, logistics, an EVD treatment centre, and surveillance.

The ministry called upon all Rwandans and visitors to Rwanda who develop symptoms of Ebola or have been in contact with a patient with its symptoms or who participated in a burial ceremony of a known case to seek medical attention immediately at the nearest health facility.

**Symptoms**

According to the WHO, the incubation period, that is, the time interval from infection with the virus to onset of symptoms, is from 2 to 21 days.

A person infected with Ebola cannot spread the disease until they develop symptoms.

Symptoms of EVD can be sudden and include: fever, severe weakness, muscle pain, headache, and sore throat.

This is followed by: vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (for example, oozing from the gums, or blood in the stools).

Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes.

**Kenya: Unplanned Pregnancies Hamper Progress**

16th July, 2019

By The Nation (Nairobi)
Teenage mother nurses ‘her’ baby in this picture posed by a model. Girls as young as 11 years are dropping out of school due to unplanned pregnancies.

**In Summary**

- The issues surrounding the unplanned pregnancies affecting tens of hundreds of thousands of young Kenyan girls yearly present difficulties on multiple levels that urgently require redress.
- Investment in universal health coverage will raise the standard of all efforts to improve health, including through family planning.

A report presented at the end of last week to the Senate Committee on Education revealed that more than 11,000 schoolgirls became pregnant last year -- 2,885 in primary schools and 9,065 in secondary schools.

An African Institute for Development Policy (AFIDEP) report estimates that one in five 15-19-year-olds in Kenya is pregnant, which has barely changed in the past 25 years. Yet the number of unreported teenage pregnancies is believed to be higher.

The issues surrounding the unplanned pregnancies affecting tens of hundreds of thousands of young Kenyan girls yearly present difficulties on multiple levels that urgently require redress.

There are health issues. And with a limited education, young parents will have fewer opportunities for work and the family is more likely to suffer from poor health, preventable diseases and malnutrition. Their children will, in turn, beget a new generation facing and suffering the same problems.

**DOOM AND GLOOM**

But all is not all doom and gloom. The solutions are not simple but clear. Moreover, in them lies a great opportunity to mobilise an immense resource and achieve an economic transformation in Kenya.

Investment in universal health coverage (UHC) will raise the standard of all efforts to improve health, including through family planning.

Strengthen primary healthcare and 90 per cent of people’s health needs can be met, affording them healthier, more productive lives and lifting them out of poverty.

Better schooling and finishing school can provide far greater opportunities for a woman to earn a decent living to support her children, who will, in turn, have the
prospect of a healthier, happier and brighter future. For every year a girl stays in school, she increases her future earnings by even 20 per cent.

Investing in young people is critical because 70 per cent of our people are under 30. Harness the ability and energy contained in them to reap the 'demographic dividend'.

GROW

However, Kenya’s prosperity will only grow sustainably when every family is better able to support their children, increase earnings and free up resources for saving and investing. But that requires family planning.

Investing in family planning makes economic sense. Every dollar (Sh100) invested in family planning can save $4 (Sh400) in areas like healthcare, education and sanitation.

For every additional dollar spent on contraceptive services above the current level, the cost of pregnancy-related healthcare will be cut by $2.20 (Sh220).

Delaying the first birth and spacing childbirth means parents can invest more in each child’s nutrition, health and education and give every child the best start in life to fulfil their potential.

No country in the last 50 years that has reaped the demographic dividend has done so without giving people the opportunity to have children at a time that is suitable to them.

Kenyans, especially the youth, are tech-savvy. Integrating Information and Communication Technology (ICT) into the healthcare system will help to drive the push for UHC. Seize the opportunity presented by the potential of the youthful population and we can realise the 'Big Four Agenda' and build a strong base to our economy.

Ms. Godia is the acting executive director/trustee of the African Gender and Media Initiative (GEM) Trust.

Kenya: Sulphites Not Allowed in Meat, Tests Underway - Health Ministry

16th July, 2019

By The Nation (Nairobi)

A butcher slices a piece of meat in butchery.

In Summary

- In a statement seen on Tuesday, Health Cabinet Secretary Sicily Kariuki said the samples will be
analysed at national public health laboratories.

- The ministry noted that the use of Sodium Metabisulfite (usually called sulphites) is "not permitted in meat and meat products, including poultry and game meat".
- CS Kariuki directed all county public health departments to heighten surveillance in all supermarkets, butcheries, meat processors and other food business operators.
- She also asked counties to scale up and and prioritise implementation of public health measures that will help keep the people safe, alongside enforcement of existing laws.

Following revelations that some meat sellers are harming buyers in their use of preservatives, the Health ministry has collected samples from random establishments for testing.

In a statement seen on Tuesday, Health Cabinet Secretary Sicily Kariuki said the samples will be analysed at national public health laboratories.

"The results of the analysis will be shared with the public immediately they are out," Ms. Kariuki said.

SULPHITES

An NTV exposé revealed the actions supermarkets and other establishments take to keep their meat looking fresh for long, thereby preventing losses.

The investigation raised questions regarding quality and safety controls within the country's food chain.

The most preferred chemicals belong to the sulphite family as they not only retard spoilage, but also keep meat looking fresh.

The ministry noted that the use of Sodium Metabisulfite (usually called sulphites) is "not permitted in meat and meat products, including poultry and game meat".

It said sulphites are food additives permitted for use in specified food categories.

SURVEILLANCE

The minister directed all county public health departments to heighten surveillance in all supermarkets, butcheries, meat processors and other food business operators.

"[This will] ascertain any presence of additives not permitted for use in meat and meat products," Ms. Kariuki said.

She also asked counties to scale up and and prioritise implementation of public health measures that will help keep the people safe, alongside enforcement of existing laws.

These measures include ensuring food safety, managing sewage and waste water and controlling pollution.

Others are surveillance on the safety of drinking water and prevention of all types of public health nuisances.
FORMALIN CASE

The ministry took note of a case in May 2016 that followed a public complaint on the use of formalin in meat.

Ms. Kariuki said the testing of random samples found the meat was not contaminated, but noted that the ministry remains vigilant when it comes to such complaints.

"We will ensure public complaints are addressed to their factual conclusion," said the statement dated July 15.

Ms. Kariuki warned food business operators that failure to comply with provisions will result in legal action including seizure and destruction of food items as well as closure of premises.

Kenya: You'll Get Better Salaries, Roba Tells Mandera Health Workers

17th July, 2019

By The Nation (Nairobi)

Mandera Governor Ali Roba flags off new county ambulances on July 16, 2019. He promised to ensure that grievances raised by medical staff in county are addressed.

In Summary

- Mr. Roba said his administration is always willing to address issues affecting medical staff.
- But he warned that his administration is not ready to give more than it can afford.
- Doctors in Mandera went on strike on July 5 and stayed away for six days.

Health workers in Mandera County have been promised better wages and have, at the same time, been asked to allow for negotiations instead of going on strike.

Speaking during the unveiling of six county ambulances on Tuesday, Governor Ali Roba said his administration is committed to addressing any issue raised by the medical professionals.

Governor Roba said the new ambulances will go a long way in helping locals in all sub-counties to access emergency services.

LEASE TERMINATED

Mandera County had earlier entered into an ambulance leasing agreement with Kenya Red Cross Society but it has since been terminated.

The governor assured health workers that their demands are being addressed.

"I want to confirm to all medical staff that all their demands will be attended to on
Mr. Roba said his administration is always willing to address issues affecting medical staff and appealed for patience.

MERIT

"I commit to ensure that we will address challenges that you have and I want you to understand that you are serving the people of Kenya. We will endeavour to address them where there is merit-based demand," he said.

But Mr. Roba warned that his administration is not ready to give more than it can afford to medical staff.

"We shall be addressing your issues in a way that it will not be too overbearing on the resources we have as a county," he said.

Doctors in Mandera went on strike on July 5 and stayed away for six days demanding for the implementation of a collective bargaining agreement signed in 2017.

**Rwanda: Police Month - RNP in Mass Campaign Against Illicit Drugs**

17th July, 2019

By The New Times (Kigali)

The Police Month activities continued on Tuesday with focus on narcotic drugs and psychotropic substances, one of the pressing issues affecting especially the youth and accessory to other crimes.

Rwanda National Police (RNP) was joined by other security organs, officials from the justice sector and local leaders in countrywide campaigns which were also characterised by disposing off of assorted illicit drugs.

Narcotic drugs and psychotropic substances worth over Rwf191 million seized in separate Police operations in the last three months in Northern Province districts of Burera, Gicumbi, Rulindo and Gakenke, were publicly destroyed.

A similar campaign was conducted in Gatsibo and Nyagatare districts, wherein of illicit substances worth over Rwf18 million, combined.

In Nyanza and Ruhango districts about 140kgs of cannabis and some 1700 litres
of a crude illicit gin locally known as Kanyanga, were disposed of.

While addressing thousands of residents of Burera on Monday, the State Minister in charge of Public and Primary Healthcare, Dr. Patrick Ndimubanzi said that drugs are destroying communities.

Illicit drugs worth Rwf182 million were seized in Burera alone in the last three months.

"It would be a hard and challenging but possible job for law enforcement officers to eradicate narcotics in Rwanda if you don't collaborate with police to defeat those who poison the young people with these substances and destroy communities," Ndimubanzi said.

Burera is mapped as one of the major trafficking routes, especially for illicit gin.

The State Minister thanked residents for their role in fighting the vice, and urged them to give no room for dealers to use their communities as hubs or transit routes.

The mayor of Rulindo Emmanuel Kayiranga, while addressing residents of Bushoki sector where over 7000 pellets of cannabis and 2940 sachets of Sky blue were destroyed, urged them to report drug dealers.

"When you see a drug dealer don't keep quiet, call the Police or local leaders," Kayiranga told residents.

The acting District Police Commander for Rulindo, Chief Inspector of Police Jean de Dieu Sibomana, recognized the role of residents in information sharing on drug dealers, which led to the seizure of the disposed of drugs, and arrest of dealers.

The awareness against drugs, which will continue throughout the first week of the Police Month, also involves educating the public on legal repercussions and their role in combating the vice.

Under the new law, the penalty was increased from the maximum seven-year sentence to life in prison.

The Police month is held under the theme "19 years of partnership in policing towards sustainable safety and better livelihood for Rwandans."