**HEALTH NEWS-CAP EAST AFRICA**

14th – 20th September 2019

**Highlights:**

Africa: Kenya Joins Ghana and Malawi to Roll Out Landmark Malaria Vaccine ........................................ 2
East Africa: Lawmakers Want EAC to Develop Common Policy against Epidemic Diseases ............. 3
Africa: Rwanda's Lessons on Universal Health Coverage ................................................................. 4
Tanzania Govt Defuses Ebola Scare As Doctor Dies in Dar es Salaam ............................................. 7
Rwanda: U.S., Rwanda Officials Discuss Public Health ................................................................. 9
Tanzania: 'No Cause to Worry over Condoms Supply' ........................................................................ 10
Rwanda: We Are Determined to Increase the Quality and Quantity of Doctors in Rwanda - SDA Boss ......................................................................................................................... 11
Uganda: District Leaders Worry Over Rising Cases of TB .............................................................. 14
Kenya: Women MPs Want All Women to Get HPV Vaccine ............................................................ 16
Uganda: Us Lauds Uganda On Ebola Preparedness ...................................................................... 18
Rwanda: DR Congo, Rwanda Ministers Upbeat Over Joint Ebola Fight Roadmap ..................... 19
Rwanda: Kibungo Hospital Hit By Shortage of Medical Specialists, Ambulances ..................... 21
Uganda: Minister Asks Health Workers to Apply for Jobs in Villages ........................................... 22
Rwanda: Govt to Eliminate Viral Hepatitis C By 2024 ................................................................. 23
Uganda Hunting Contacts After Suspected Ebola Patient Dies .................................................. 25
Rwanda: Medics Want Palliative Care Scaled Up in Rural Areas ............................................... 27
Rwanda: PAC Seeks Answers for Losses in Health Facilities ..................................................... 29
Kenya: Doctors Reject Call for Adoption of New Strategic Plan ............................................. 30
**Africa: Kenya Joins Ghana and Malawi to Roll Out Landmark Malaria Vaccine**

14th September, 2019
By Capital FM (Nairobi)

The vaccine is a complementary control tool – to be added to routine use of insecticide-treated bed nets, indoor spraying and timely access to malaria testing and treatment.

Homa Bay — The World Health Organization (WHO) congratulates the Government of Kenya for launching the world's first malaria vaccine today in Homa Bay County, western Kenya.

The malaria vaccine pilot programme is now fully underway in Africa, as Kenya joins Ghana and Malawi to introduce the landmark vaccine as a tool against a disease that continues to affect millions of children in Africa.

The vaccine, known as RTS.S, will be available to children from 6 months of age in selected areas of the country in a phased pilot introduction. It is the first and only vaccine to significantly reduce malaria in children, including life-threatening malaria.

Malaria claims the life of one child every two minutes. The disease is a leading killer of children younger than 5 years in Kenya.

"Africa has witnessed a recent surge in the number of malaria cases and deaths. This threatens the gains in the fight against malaria made in the past two decades," said Dr. Matshidiso Moeti, WHO Regional Director for Africa. "The ongoing pilots will provide the key information and data to inform a WHO policy on the broader use of the vaccine in sub-Saharan Africa. If introduced widely, the vaccine has the potential to save tens of thousands of lives."

**First vaccination: a day to celebrate**

Distinguished health officials, community leaders and health advocates gathered in Homa Bay County - one of eight counties in Kenya where the vaccine will be introduced in selected areas - to mark this historic moment with declarations of support for the promising new malaria prevention tool and to demonstrate a ceremonial first vaccination of a 6-month-old child.

Speaking at the event, WHO Representative to Kenya Dr. Rudi Eggers said: "Vaccines are powerful tools that effectively reach and better protect the health of children who may not have
immediate access to the doctors, nurses and health facilities they need to save them when severe illness comes. This is a day to celebrate as we begin to learn more about what this vaccine can do to change the trajectory of malaria though childhood vaccination."

Thirty years in the making, the vaccine is a complementary malaria control tool - to be added to the core package of WHO-recommended measures for malaria prevention, including the routine use of insecticide-treated bed nets, indoor spraying with insecticides and timely access to malaria testing and treatment.

**Malaria vaccine implementation in Kenya**

The Ministry of Health, through the National Vaccines and Immunization Programme, is leading the phased vaccine introduction in areas of high malaria transmission, where the vaccine can have the greatest impact.

The aim is to vaccinate about 120,000 children per year in Kenya across the selected introduction areas, including Homa Bay, Kisumu, Migori, Siaya, Busia, Bungoma, Vihiga and Kakamega counties. Within the eight counties, some sub-counties will introduce the vaccine into immunization schedules while others are expected to introduce the vaccine later.

**More about the vaccine pilot programme**

The WHO-coordinated pilot programme is a collaboration with the ministries of health in Ghana, Kenya and Malawi and a range of in-country and international partners, including PATH, a non-profit organization, and GSK, the vaccine developer and manufacturer, which is donating up to 10 million vaccine doses for this pilot.

**East Africa: Lawmakers Want EAC to Develop Common Policy against Epidemic Diseases**

15th September, 2019
By The New Times (Kigali)

Aden Omar Abdikadir is the Chairperson of the Committee on General Purpose of the East African Legislative Assembly.

Members of the East African Legislative Assembly (EALA) who held a meeting in Kigali on Friday to discuss regional countries' preparedness for Ebola and Dengue fever are concerned that there is no common regional policy, practice or guidelines on responding to an outbreak of epidemic diseases.

Aden Omar Abdikadir, Chairperson of the Committee on General Purpose, said
this after his team wrapped up a meeting of the Committee on oversight of EAC countries' preparedness for Ebola and Dengue fever.

The lawmakers want the six-member East African Community (EAC) to develop a common policy on the preparedness and response to epidemics such as Ebola and dengue fever.

"This is an issue of great concern. We will be tabling a report to the house in the coming session. Without a common policy or response guideline, it's difficult to counter major outbreaks of such diseases."

As it is today, the lawmaker noted, every country has its own plan but these plans need to be synchronized "so that we have one common EAC countries' coordination approach" to such disasters if they occur.

"We know that the EAC might grow very soon as DR Congo has shown interest in joining the bloc; this brings a good opportunity for the people of EAC but also a threat because, with free movement of people, such diseases can be spread quickly thus a common approach is always good.

In June, DR Congo put in a formal request to join the EAC.

According to the World Health Organization (WHO), the vast country is currently grappling with the world's second-largest Ebola epidemic on record, with more than 2,000 lives lost and 3,000 confirmed infections since the outbreak was declared on August 1, 2018.

Abdikadir said his committee was going to propose to the Assembly to urge the Council of Ministers to establish such a policy or a regional agency for that purpose.

During their three-day session in Kigali, the regional lawmakers interacted with various health officials who acquainted them with Rwanda's readiness to counter epidemic diseases, including Ebola.

In Rwanda, the government embarked on robust community awareness and mobilization, vaccination of front-line workers, creating Ebola treatment centers, and robustly stepped up surveillance.

The WHO has commended Rwanda on its Ebola preparedness efforts.

**Africa: Rwanda's Lessons on Universal Health Coverage**

19th September, 2019

By AllAfrica.com
Health Minister Dr. Diane Gashumba vaccinates a child against measles and rubella in 2017.

Rwanda, the land of a thousand hills, is clean, orderly and blessed with great weather. It also has achieved universal health coverage. During a recent visit there as part of my Atlantic Fellows for Health Equity at George Washington University, I learned more about what this looks like in their country. As a physician who advocates for health in my country of Nigeria, I was very interested to learn about the lessons they could offer.

Of course, the people of Rwanda have gone through deep trauma in their national development - particularly the 1994 genocide against the Tutsis. Over one million Rwandans were killed, thousands fled the country and victims were intentionally infected with HIV. Rape was a weapon of the genocide. This year, Rwanda celebrates 25 years since the genocide - Kwibukab25. The theme is, "remember, unite, renew". It is commendable that the nation speaks about it and there is a museum to educate people so they can remember and prevent a recurrence.

Rwanda has come a long way in 25 years and their health statistics are among the best in Africa. For instance, above 96% of Rwandans have health insurance, qualifying it as universal health coverage; routine immunization coverage is 99%; and under five mortality rate is 37.9 per 1000 live births.

Mother to child transmission of HIV is 1.5%. Further, the country is clean and has stable electricity. I was pleasantly surprised when groceries I bought were packaged in paper bags - there is a ban on use of plastic bags in Rwanda.

My cohort and I were hosted by Butaro communities, Staff of Partners in Health and faculty of the University of Global Health Equity (UGHE) in Butaro. The drive from Kigali to Butaro was a foray through nature with great views. It was like driving right up into the clouds, with the campus located on hills at an altitude of over 6,700 feet. It was beautiful there. Across my education there, I took note of the lessons that other countries like mine can learn from Rwanda's achievement of universal health coverage.

First, I observed that achieving universal health coverage is about political will and not how rich a country is. Rwanda's leadership understood early on that without health there is limited economic growth. Therefore, Rwanda's vision 2020 document articulates health as a precursor for economic development. Rwanda
demonstrates that political will for universal health coverage even with a GDP of $9.5 billion compared to other African countries such as Nigeria, South Africa, Egypt with GDPs of $397 billion, $366 billion and 88 billion respectively.

Second, universal health coverage means taking healthcare right to communities where people reside. Community health workers are the backbone of healthcare in Rwanda. There is a network of community health workers - 45,000 of them. I had the privilege of visiting one to learn about the work they do. He took us to one of his clients, a 45-year old widow on mental health treatment. It was a very emotional experience and I cried listening to her narrate her experience. I imagined what it must have been like for her as a widow looking after six children and dealing with mental health disease. I cried because I know there are many women like her without any mental health support across villages globally. At the end of the visit, I was happy because the widow is now stable, on treatment and receiving support from her village health worker and the district hospital.

Third, partnerships are paramount in the successes achieved by Rwanda in healthcare. The partnership between "Partners in Health" and The Government of Rwanda, for instance, should be emulated across by other countries. This partnership led to the establishment of the University of Global Health Equity (UGHE) and Butaro Hospital. The university brings medical education to the community. I met and was inspired by young African medics supported by their international colleagues saving lives.

Lastly, technological advances can complement existing knowledge and infrastructure. The Government of Rwanda, for example, is equipping District Hospitals and Health Centers with 4G internet to improve quality of healthcare delivery. I now understand why the world's first drone delivery of blood, drugs, vaccines and other commodities is operational in Rwanda. A company called Zipline is providing this drone delivery service. While at UGHE, I watched drones deliver blood to the Butaro hospital close by. Zipline recently opened shop in Ghana where it would be supplying drugs and commodities to 2,000 health facilities.

Overall, Rwanda's work culture is captured in this statement made by one of the health sector leaders who lectured my group at UGHE, "We are not here to complain but to find solutions".

There are still challenges in Rwanda, of course. The country deals with social issues such as poverty, increasing mental health needs and the West questioning President Kagame's leadership style. Despite these, massive positive changes have taken place since the end of the genocide and that should be an inspiration to us all. If they can achieve universal health coverage, then we in other countries can, too.
Tanzania Govt Defuses Ebola Scare As Doctor Dies in Dar es Salaam

15th September, 2019
By The Citizen (Dar es Salaam)

In Summary

- Health minister Ummy Mwalimu said samples of two people from Dar es Salaam and Mwanza who had been suspected to have contracted Ebola tested negative.

Dar es Salaam —The government yesterday allayed fears over reports that a Tanzanian medical doctor who was studying in Uganda had died of a viral infection taken to the deadly Ebola disease.

Health minister Ummy Mwalimu termed the reports which say six other people had developed Ebola-like symptoms as rumours. But she told journalists that there were two cases of people from Mwanza and Dar es Salaam who had been suspected to have contracted the Ebola virus.

"We took samples of those two cases and I can confirm that the patients were not infected with the Ebola virus," said Ms. Mwalimu at a press conference, emphasising that she was the only authority mandated to announce an outbreak of diseases such as Ebola and other life-threatening epidemics.

The minister's assurance came a day after the World Health Organization (WHO) said it was investigating, "as a matter of urgency", a 'rumour' of death from an unknown illness in Tanzania. Some embassies also issued alerts over the WHO warning.

There is heightened vigilance across East Africa over Ebola due to an outbreak of the viral disease in Democratic Republic of Congo (DRC) and a reported case in Western Uganda at the border with the DRC.

DRC is grappling with the world's second largest Ebola epidemic on record, with more than 2500 lives lost and 3000 confirmed infections since the outbreak was announced on August 1, 2018.

Countries neighbouring DRC including Tanzania, are taking steps to mitigate the risk of spread. Ebola is known to spread from country to country via cross border activities.

"I urge the public to take precautions. We have enhanced screening for suspected cases at key border areas with Uganda
and DRC and ports," said Ms. Mwalimu in Dar es Salaam.

A WHO document which The Citizen learnt had been leaked, detailed a case of a 34 year old Tanzanian woman studying in Uganda who had travelled between Mwanza, Dar es Salaam, Mtwara and Songea regions.

She later died, on September 8, in Dar es Salaam where she had been brought back for treatment and her burial was supervised a team of public health workers from the Tembeke District, according to the report.

On 28 August, 2019, she developed headache, fever, rash, bloody diarrhoea, reveals the report. "... ... following a suspicion of viral haemorrhagic fever, she was transferred to an isolation unit in another referral hospital -Temeke Ebola Treatment Unit- for further management, and samples were collected. On 8 September 2019, the patient died, and a supervised burial was performed on the same day," said the report.

On Friday, the WHO officially said in a press statement that it had deployed a technical team in Tanzania to cooperate with the health ministry in investigating a death but did not specifically point to the case in the leaked document.

Reuters quoted the Director for Communication and Policy at the Nairobi office of the US Center for Disease Control and Prevention, Mr. Justin Williams, who said the woman who died in Dar es Salaam on September 8 presented symptoms common to several diseases, including dengue or malaria, both endemic in East Africa. He ruled out the possibility of Ebola.

Until yesterday, the medical community in Tanzania was mourning the death of a medical doctor who was studying at Makerere University. She was a medical staff of Bugando Medical Centre in Mwanza.

She travelled back to Tanzania from Uganda through Mwanza, to Dar es Salaam, then Songea where she was carrying out her field work for postgraduate studies. She died in Temeke on September 8 and her burial was immediate and supervised by the health authorities, said sources close to The Citizen.

The President of the Medical Association of Tanzania (Mat), Dr. Elisha Osati, told The Citizen the death of their colleague has left a lot of questions. He urged health workers across the country to remain vigilant as they handle their patients and take all necessary precautions.

"Until now, we don't really know what led to her death, but what I can say is that all medical staff should remain cautious as they go about treating their patients," he said.

However, the manner in which the medic died and was buried is not new in Tanzania. In 2016, The Citizen witnessed health workers at Muhimbili National Hospital (MNH), wearing personal protective gear aboard a special vehicle carrying two caskets bearing the bodies of the deceased, headed for burial in Kinondoni.
Authorities said the patients had been diagnosed with Viral Hemorrhagic Fever Syndrome which includes a class of diseases like Severe Dengue Fever, Ebola and Zika fever. But, Ebola was ruled out after the deceased tested negative for the virus.

**Rwanda: U.S., Rwanda Officials Discuss Public Health**

16th September, 2019
By The New Times (Kigali)

The United States Secretary of Health and Human Services, Alex Azar, has praised Rwanda's achievements in the fight against HIV, malaria, and infant mortality.

Secretary Azar made the remarks yesterday in Kigali.

He is leading a U.S delegation on a visit to the Democratic Republic of Congo, Rwanda, and Uganda to learn about the situation on the ground, meet with national and international counterparts, as well as reiterate the U.S' commitment to bringing the Ebola outbreak in the region to an end.

"I want to commend Rwanda for its overall public health accomplishments by achieving tremendous progress on important Millennium Development Goals pertaining to Infant and Maternal Health, HIV, and Malaria," he said during a meeting with Dr. Diane Gashumba, Rwanda's Minister for Health.

Azar speaks after the meeting with Dr. Gashumba in Kigali on September 15, 2019. / Courtesy

For more than a decade, Rwanda has kept the prevalence of HIV at 3 percent.

Infant mortality declined from 86 deaths per 1,000 live births in 2005 to 32 in 2014-15, according to the ministry. During the same period, under-5 mortalities sharply declined from 152 to 50 deaths per 1,000 live births.

There has also been an estimated reduction in the country's malaria burden with 430,000 fewer cases recorded in 2017 than in 2016, according to the World Health Organisation report released last year.

These achievements are attributed to several factors, including the outstanding role played by Community Health Workers, with information from Rwanda Biomedical Centre indicating that more than 50 percent of malaria cases are treated by Community Health Workers.
Malaria treatment is given free of charge to the poorest people (Ubudehe 1 and 2) at the community level, a key factor that has greatly contributed to increased services seeking.

Dr. Gashumba thanked the US government for its support to Rwanda as the country is building a strong health system from the community level up to the central level,

"It is very meaningful to us and has contributed to the high level of preparedness regarding Ebola," she said.

Meanwhile, Secretary Azar, on Saturday visited in Butembo, DRC, where he toured an Ebola treatment center near the center of the outbreak.

Together with a delegation, he was leading, they observed the detection, infection prevention, and control measures; and spoke to the healthcare providers about how they provide care for patients, and also witnessed patients being successfully discharged from the center.

"The U.S.A. is here for you not just for Ebola, but also healthcare after Ebola," he told the community meeting.

"The U.S. recognizes that health challenges in the DRC extend past Ebola and also supports efforts to fight measles, malaria, HIV, tuberculosis, cholera, and other diseases."

The delegation also heard from officials and healthcare workers about the challenges they face in providing care due to mistrust and the conflict in the region.

Azar shared his gratitude for the hard work and dedication all personnel has shown in the face of this health crisis

**Tanzania: 'No Cause to Worry over Condoms Supply'**

15th September, 2019
By The Citizen (Dar es Salaam)

Arusha — Health workers and stakeholders in the sector should not be much worried on the reported shortage of condoms in the country. The issue is being fully addressed by the relevant authorities and hundreds of cartons have been procured for distribution, a senior health official has said.

Dr. Leonard Maboko, the executive director of the Tanzania Commission for Aids (Tacaids) said here early this week that condoms supply would be sustained given they reach the targeted groups," he told the just ended HIV Dissemination Conference which attracted all players in the fight against the epidemic. Without giving details, the Commission's boss hinted that the reported shortage may have been due consignments of the protective gear not reaching the intended groups.

Shortage of condoms, deemed to be one of the major weapons against HIV/AIDS, emerged during the conference attended by health experts and aid organisations involved in the fight against the epidemic.

Although officials at the meeting distanced themselves on the statistics, it is estimated that the annual demand for
condoms in Tanzania is in the region of 30 million.

The stocks are imported and sold at subsidized prices or distribute free of charge by organizations involved in HIV/Aids programmes as well as the health institutions.

It is the same organizations and the donor supported health programmes which do the marketing of condoms in an effort to reduce the infection rates.

According to Dr. Maboko, 72,000 people are being newly infected with HIV in Tanzania annually while the deaths from HIV/AIDS related ailments is estimated at 24,000 a year.

"Prevention strategies need to be strengthened and this has to include effective condom programming to make sure that those who are negative maintain their negative status," he said. Deogratius Rutatwa, the chief executive officer of the National Council of People Living with HIV said it was true there has been a shortage of condoms in the pharmacies and ordinary shops.

**Rwanda: We Are Determined to Increase the Quality and Quantity of Doctors in Rwanda - SDA Boss**

16th September, 2019
By The New Times (Kigali)

Hesron Byiringiro, the president of the Seventh-day Adventist Church in Rwanda, during the interview in Kigali.

The Seventh-day Adventist Church in Rwanda recently celebrated 100 years of existence. As part of the celebrations, they inaugurated a medical school during an event that attracted the country's top leadership and the Church's top brass as well as other dignitaries.

The New Times' Edwin Ashimwe spoke to Hesron Byiringiro, the Church's president, about a range of issues including the milestones, goals, and controversies related to religion.

**Below are the excerpts:**

It is 100 years for the Rwandan Seventh-day Adventist (SDA) Church. That is a great milestone. Congratulations. What would you say are the major achievements you are proud about?

There is a lot to be proud of.
The first missionaries who came to Rwanda faced a number of challenges, they started from scratch but when you see where the Church has been able to reach today, it should give us the motivation that there is nothing we can’t achieve as long as we aim for it.

It has been a long journey that has seen very many people contributing without giving up and this can be witnessed by the growing number of church members.

President Paul Kagame and the First Lady joined senior leadership of the Church at the launch of the magnificent Medical school. Tell us more about this facility.

First of all, as the SDA Church in Rwanda, we were honored to have the Head of State and the First Lady join us to inaugurate the Medical school.

We were delighted to receive the President because it demonstrated that the country supports our vision and our works. As a Church, we have a vision that aligns with the nation’s strategic plan.

We believe that such a facility has a big contribution to the nation’s development. When you compare the country’s population and the number of doctors available, there is still a gap.

Seeing such an institution established here then demonstrates that the nation would record an increase in the quantity and quality of doctors. But most importantly we hope to see this facility reduce the number of Rwandan nationals fly overseas for medical training.

This activity also compliments the message taught by the Adventist church. We have four pillars and one of them is health and social welfare, so the establishment of this school comes in line with this.

You can have a state-of-the-art facility but what matters most is the skills and quality of graduates. One of the biggest challenges with a quality education is having a pool of qualified instructors and faculty members. What plan does the medical school have to ensure that the quality of teachers is top of the range?

The SDA Church has a way of recruiting teachers, this includes a selection of teachers from all around the globe, not just Rwanda. Whereas this is not easy, we always make this possible through the organization of the church.

There is another facility ‘Doctor’s plaza’ that was constructed mainly to facilitate [visiting] doctors from all around the world. We have a way in which some of these will be recruited because we want to ensure a good standard for the university alongside quality education.

How much is this project worth and who is financing it?

This project will be funded by the church leadership. Normally the church budget is negotiated from the general conference, and there is a criterion when it comes to payments and provisions.

Several employers say that graduates from the Adventist educational institutions easily integrate into working environments and perform better on the
job. What is the trick? What is it your training about?

Discipline is key, I disagree with the fact that having a qualified teacher will ensure a student with quality education. Discipline is the most important lesson for education. We encourage our students to use their time efficiently. We don’t tolerate absenteeism and we also assess the schools on a church level, going even deeper than what the government asks for.

Secondly, our teaching style of grouping students plays a big part in this. Without discussions, students miss out on a lot of things. We also follow them up and not teach for the sake of teaching.

We read a lot about conflicts between the Church and other institutions. For example, some religions do not believe in artificial family planning yet it’s key to the welfare of citizens or some go to church on Saturday and will not show up at work, end up getting fired or miss exams. We have also heard of others who refuse to immunize their children. How can we get all players aligned without compromising one’s faith, school or job?

First of all, I believe that this all goes down to an individual’s belief. It is upon a Christian to decide whether they should do something or not, whether to compromise their faith or not. But this should not deprive them of their life.

Yes, it’s true that some religions do not agree with these policies but as for the Adventist church, we believe in family planning and immunization. Family planning helps someone to organize and plan for the future. You can choose to give birth to very many children as long as you’re able to cater for them but it’s very sad to give birth to children when you’re not able to cater for them, when you’re not able to educate them, such children will have a reckless life. It shouldn’t be about belief, we should be able to assess and see what’s best for society.

Some use the bible as an excuse for example where it says that “God blessed them and said to them; Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground. This also zeros down to someone’s thinking but consider that you are not the only one living on earth and do what you are able to do, and let others do their part as well.

The youth make up over 60 percent of the Rwandan population. As an institution involved with nurturing young Rwandans, what are you doing to ensure we have an upcoming generation of responsible citizens?

The church and the nation have a role to nurture the youth in becoming good citizens. I believe that the youth should first of all be taught the country’s history and be guided on the different aspects that can lead to the development of the country.

The church has a special program for the youth where they are encouraged to be active in different useful activities. We
believe that young people can be easily distracted when they are idle.

Let us talk about the Adventist version of being strict. Apparently, students are not allowed to enter campus if they are wearing earrings, or “above knee” clothing. Please explain to us what this is all about?

It is not only the Church’s belief. I believe that it is the country’s culture that should be respected.

There is a lot we imitate from abroad and this makes the youth feel like it’s what is best for them.

Teachers and parents as well are not supposed to accept this. There are others who tattoo their bodies but this doesn’t add any value to someone, yes we have the freedom to do what we want but let’s not forget that how we choose to display ourselves is how society will depict us.

God created us in his image, wearing earrings is not only against the Adventist belief but the culture as well.

The Church should guide people on preserving the Rwandan culture.

If you check other countries, people have lost their identities and if we don’t ban such practices, we may soon witness the same.

That’s where the Church has the responsibility of teaching or nurturing society.

The Adventist Church in Rwanda has about half a million members. We see new denominations springing up and aggressively recruiting members, especially with the popular prosperity gospel. What would you say is your value proposition that helps retain existing members and attract new ones?

The SDA has a structure and organization that governs it. If you follow the philosophy of the church you will realize that nothing should shake your faith. We believe that a person has the right to come and leave the church. But our responsibility is to teach the gospel, we have campaigns, crusades, morning devotions, we give out books, build education and health outreach programs, organize charity funds and all of this displays Christianity. People can be inspired by the way the church serves them.

Is there anything else you would like to share with our readers?

I believe that the church has a responsibility - not just the Adventist church - to change citizens into followers of Christ. The Church also has a responsibility of enhancing love and unity.

When you see the population of Rwanda you will notice that 90 percent are followers of different denominations. Therefore, if church leaders worked together to change the mindset and people’s characters, the nation would change for the better.

Uganda: District Leaders Worry Over Rising Cases of TB
17th September, 2019
By The Monitor (Kampala)

"We are concerned over the alarming cases of tuberculosis. The district is being taken by surprise and we need to immediately focus on preventive measures," Mr. Kasolo said.

He explained that an assessment conducted by the district health team, discovered that many people, who are suffering from the disease are ignorant about its symptoms.

"There is an urgent need to sensitise the local communities about the current wave of TB-related cases and we have adopted to using burial ceremonies, school activities and trading centres to disseminate these messages as a strategy to scale down the spread of TB," he said.

TB is spread through the air from one person to another. The TB bacteria is put into the air when a person with the disease of the lungs or throat coughs, sneezes, speaks or sings. People nearby may breathe in these bacteria and become infected.

The district Woman MP, Ms. Pamela Nasiyo Kamugo, however, noted that majority of residents fear to turn-up to be diagnosed at the health centres because they feel they may be isolated in the community.

"Most of the health centres have TB drugs but there is a challenge of stigmatisation in the communities because people think when you have TB, you also have HIV/Aids, which might not be the case," Ms. Kamugo said.

The district LC5 chairperson, Mr. Sam Mulomi, said people suffering from TB
prefer self-medication to seeking treatment at health centres.

Mr. Robert Mwemeke, 47, a resident of Bwase Village in Budaka Town Council, said the disease is silently killing many people in their rural areas because of ignorance.

**TB prevalence survey**

Ms. Linda Ruvwa, a community coordinator for TB and leprosy in the Ministry of Health, said the national TB prevalence survey of 2014 to 2015, indicated that the rate was about 253 per 100,000 people, translating to about 86,000 Ugandans, who are infected. She added that four out of every 10 persons with TB were not diagnosed.

"Their stay within the community without seeking medical attention continues to spread the disease," Ms. Ruvwa said.

The Health ministry permanent secretary, Dr. Diana Atwine, in February, blamed the increasing cases of TB in the country on failure by patients to seek proper treatment.

"Although we now have facilities at all general hospitals that can be used to test TB in the blood, many people with the disease use antibiotics to treat the disease. This has caused TB resistance to drugs," she said.

Statistics at World Health Organisation estimated that about 1.4 million TB deaths were recorded in 2015.

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**Kenya: Women MPs Want All Women to Get HPV Vaccine**

17th September, 2019

By The Nation (Nairobi)

The human papillomavirus (HPV) vaccine reduces cases of cervical cancer, researchers say

Criticism of the government's move to vaccinate girls aged 10 against the virus that causes cervical cancer continue to grow even as the Health ministry draws closer to rolling out the vaccine.

Some women politicians said that by targeting only girls of 10 years, the Health Ministry was discriminating against the rest of the population who also need it. The government is set to vaccinate school-going girls against cervical cancer across the country.

‘FREE DOSES’

It is also targeting girls who are not in school but also fall in this age group to reduce the prevalence of the disease.
girls will get two free doses of the human papillomavirus (HPV) vaccine, six months apart, at about 9,000 public, private and faith-based facilities countrywide.

The World Health Organisation (WHO) recommends vaccination of all girls and screening, at least once every year, for older women to reduce cancer risk, and the vaccine is most effective when administered between the ages of nine and 14.

But some lawmakers like Nandi MP Dr. Tecla Tum have argued that by targeting young girls, the government was locking out other women who may need the vaccine.

"There are many poor women who cannot afford the Sh4,000 for screening. So why lock them out from receiving this vaccine and even have access to screening," she asked during a sensitization forum for Members of Parliament.

The Ministry however, argued that it is following international standards set out by the World Health Organisation (WHO) which recommends vaccination of all girls and screening, at least once every year, for older women to reduce cancer risk, and the vaccine is most effective when administered between the ages of nine and 14.

Further, Dr. Rose Jalang’o from the Ministry’s department of immunisation said that the cohort was selected following a global shortage of the HPV vaccine.

"There is a global shortage of the vaccine supply, therefore we had to prioritise. For us, we chose to protect girls of this age before they are exposed to the virus," explained Dr. Jalang’o.

In Kenya, the Age of sexual debut among girls is also less than 15 years, making the vaccine, which is the first of its kind to be developed specifically targeting the prevention of cervical cancer effective.

HPV vaccines do not prevent all forms of cervical cancer, and as such, it does not replace the need for cervical cancer screening. The United Nations Children's Fund (Unicef) in a 2018 status report said it did not have sufficient vaccines to meet the increased needs, which it projected could reach 50 million doses in 2019.

There are about 100 types of HPV, of which at least 14 cause cancer. Two HPV types (16 and 18) cause 70 per cent of cervical cancers and cervical lesions.

On Thursday, the Kenya AIDS NGOs Consortium (KANCO), a regional membership network of non-governmental organisations met with women MPs in preparation for the HPV national launch set for the end of the month.

"Cervical cancer kills nine women every single day in Kenya, thus a call to invest resources and voices into this cause," said Kanco’s executive Director, Mr. Allan Ragi.

Two HPV vaccines are currently prequalified by WHO - a bivalent and a quadrivalent vaccine. In Kenya, the vaccine that will be given Gardasil, also
known as Gardisil or Silgard or recombinant human papillomavirus vaccine [types 6, 11, 16, 18], is a vaccine for use in the prevention of certain strains of human papillomavirus, specifically HPV types 6, 11, 16 and 18.

Gardasil is made by Merck Sharp & Dohme, an American multinational pharmaceutical company.

"We will incorporate the vaccine into the country's routine immunisation programme," said Dr. Jalang'o.

The World Health Organisation (WHO) recommends countries to include HPV vaccination into national immunization programmes as part of a coordinated and comprehensive strategy that includes education, access to quality screening, and treatment.

Human papillomavirus (HPV) infection is very common with most people--about nine in 10--estimated to get an HPV infection at some point in their lives. HPV is a group of more than 100 viruses, of which 13 can cause cancer. Nearly all cases of cervical cancer are attributed to HPV.

Globally, cervical cancer is the second most common form of cancer in women, with an estimated 530,000 new cases a year, resulting in an estimated 266,000 deaths.

Health ministry targets to reduce cases of cancer of the cervix -- the second most common in Kenya after breast cancer, according to recent statistics released by the International Agency for Research on Cancer.

The disease claims about nine women in Kenya every day, about 3,000 per year, according to statistics from the Health ministry. There are about 40,000 new cervical cancer cases annually.

Immunization should primarily target girls aged 9 to 14 years of age, prior to becoming sexually active; and secondarily, to target girls aged 15 and above, the WHO notes.

Cost and access remain the greatest impediments towards early screening and treatment of cancer in Kenya to date.

Screening costs from about Sh3,000. Treatment too is costly with charges ranging from Sh172,000 ($1,720) to Sh759,000 ($7,590) to treat cervical cancer without surgery in Kenya and Sh672,000 ($6,720) to Sh1.2 million ($12,500) if an operation is carried out, says the National Cancer Control Programme.

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Uganda: Us Lauds Uganda On Ebola Preparedness

17th September, 2019
By The Monitor (Kampala)

The US government has lauded Uganda's effort in containing Ebola outbreak that is currently ravaging the Democratic Republic of Congo.

The US government has lauded Uganda's effort in containing Ebola outbreak that is currently ravaging the Democratic Republic of Congo.

The disease has killed more than 2,000 people and more than 3,000 are infected.

Mr. Alex Azar, the US secretary for health and human services, during a joint press briefing with the Minister for Health, Dr.
Jane Ruth Aceng, at the ministry’s headquarters in Kampala said Uganda has made a remarkable feat in containing the threat of Ebola across borders.

"I am here to recognise the incredible hard work the Ugandan government and its Health ministry have done to prevent the spread of Ebola outbreak from the eastern DR Congo. Uganda has a large and highly active border with a country that is now facing the most complex Ebola outbreak we have ever seen," Mr. Azar said.

**Efforts**

He said there is much work that has been done both in terms of preparedness and response capacities, screening those crossing the border and managing those that have been discovered.

"Uganda, particularly Ministry of Health and minister Aceng have risen to the occasion, providing a model for the region and any other country that is seeking to develop its capabilities to respond to infectious disease to prevent and respond. I would like to give a huge credit to minister Aceng, I would say the minister is a terrific manager of a formidable team."

Mr. Azar also singled out Uganda's success in organising the Martyrs Day celebration at the height of the Ebola outbreak, saying this showed that Uganda has managed to pull up its level of preparedness.

Mr. Azar said the US will continue to support the efforts towards the fight against Ebola and other infectious diseases on the African continent.

**Urges Tanzanian government to open up**

Mr. Azar also urged Tanzania to open up about the suspected cases of Ebola outbreak in the country. One woman died in Tanzania and the government came out to deny the claims that she had succumbed to suspected Ebola.

"Tanzania needs to be more transparent on these deaths. We have heard about the reports but we need to act fast to get to the fact. The facts cannot be got when government keeps quiet so they need to be more transparent on this,' he said.

Dr. Yonas Tegegn Woldemariam, the World Health Organisation country representative to Uganda said WHO is investigating the cases in Tanzania.

Dr. Aceng thanked the US government for helping Uganda to achieve better health service delivery to its people.

She said a number of interventions by the US government has helped to reduce HIV infections, reduction in malaria prevalence, among others.

Ms. Deborah Malac, the US ambassador to Uganda, said while US has continued to provide funding, particularly to the health sector, Uganda must do more to sustain the funded programmes.

**Rwanda: DR Congo, Rwanda Ministers Upbeat Over Joint Ebola Fight Roadmap**

18th September, 2019
By The New Times (Kigali)
The Minister for Health, Dr. Diane Gashumba, and her Congolese counterpart Dr. Eteni Longondo, have commended the progress that the two countries have made in implementing a joint roadmap for cross-border efforts meant to combat the spread of Ebola Virus Disease (EVD) epidemic.

The two officials met on Monday evening in Rubavu District on the Rwandan side of the border to assess the progress of a joint mechanism for prevention and control the Ebola Virus that the two countries discussed and agreed last month.

A strategy to strengthen cooperation, particularly in the field of public health, is part of the roadmap that the two countries signed.

According to officials from the two countries, a lot has been done to curb the spread of Ebola that has recently been recorded in the Congolese city of Goma which is close to the Rwandan border, prompting rapid response teams to swing into action to prevent further transmission.

As part of the roadmap implementation, joint cross-border Ebola prevention and response action plan and technical meetings have been held in Goma and Bukavu (in DR Congo) to strengthen prevention and surveillance measures in the cross-border communities.

Officials from the two countries have also met in Congo Brazzaville for an advocacy meeting attended by the Director-General of the World Health Organisation (WHO) Dr. Tedros Adhanom Ghebreyesus, and the WHO African Regional Director, Dr. Matshidiso Moeti to discuss the implementation of the cross-border plan.

Dr. Longondo reiterated his country's commitment toward eliminating Ebola as well as curbing the epidemic spread across its neighbours.

"The Democratic Republic of the Congo is very concerned with this Ebola epidemic and remains committed to eliminating it and ensure most of the epidemic diseases are controlled," he noted.

Longondo went on to say that besides Ebola: "We should capitalise on the partnership between our two countries in order to make a joint strategy to fight against any other potential epidemics".

Dr. Gashumba said Rwanda was grateful to DR Congo for efforts the later invested in preventing the epidemic from spreading inside and outside the country as well as effectively managing confirmed cases.

"I commend efforts made by the DRC Government in controlling Ebola in terms of surveillance and particularly the fact that cases confirmed in Goma were successfully managed and the very good progress made in the implementation of the roadmap signed between our two countries," She said

Minister Gashumba said she was satisfied with the outcome of the meeting and reaffirmed her commitment to collaborate with her counterpart in the fight against Ebola Virus.
WHO in July called the Ebola epidemic in DR Congo a Public Health Emergency of International Concern (PHEC), urging the international community to step up its support.

PHEC is a formal declaration by the UN agency in charge of world health matters of an extraordinary event, which is determined to constitute a public health risk to other states through the international spread of disease.

Rwanda has embarked on robust community awareness and mobilization, vaccination of frontline workers, creation of EVD treatment centres, and stepping up surveillance.

Rwanda: Kibungo Hospital Hit By Shortage of Medical Specialists, Ambulances

19th September, 2019
By The New Times (Kigali)

Dr. William Namanya, the Director-General of Kibungo Referral Hospital. Jean de Dieu Nsabimana.

Kibungo Referral Hospital has said that a combination of a shortage of medical specialists and dysfunctional ambulances is hurting delivery of healthcare services in Ngoma District.

The hospital, which is supposed to serve more than 400,000 residents of Ngoma and beyond, has only two specialists and three ambulances.

Yet in order to function well, according to hospital management, it requires 11 medical specialists, and at least 12 ambulances to transport patients from 15 health centres operating in the district.

Dr. William Namanya, the Director-General of the hospital, said that the shortage of specialists was the reason many patients from the district were still being transferred to Kigali.

"It is a blessing to have two major hospitals in the province, Kibungo Referral Hospital and Rwamagana Provincial Hospital. Residents in this province would be getting good services without having to make long journeys to Kigali Military Hospital, CHUCK or elsewhere...," he said.

"If every service department is given two specialists there would not be that many referrals to Kigali."

The hospital has 12 ambulances but nine of them broke down.
"Our ambulances are too old to return on the road. Patients might lose lives because of lack of ambulances to transport them," he pointed out.

Contacted for a comment, Ngoma District Mayor Aphrodise Nambaje said they were not aware that the ambulances were not functioning, but promised to fix them.

He said buying new ones would take long.

Speaking at a provincial meeting recently, Dr. Patrick Ndimubanzi, the Minister of State in charge of Public Health and Primary Health Care, said the shortage of medical specialists was a national issue, adding that government was working on addressing the issue.

"Currently there are 300 who are in school. This year, 71 are finalising their studies. They will be deployed in hospitals around the country," he said.

As for ambulances, Ndimubanzi said there 250 ambulances in the whole country.

"But one thing we have decided is that every district will buy at least one ambulance every year. You will consider this in your budget planning, as a district, or even a hospital," he revealed.

Service delivery is a key element in the evaluation of health facilities when seeking for an upgrade.

Kibungo Referral Hospital is at level three. The hospital is seeking for an upgrade and international accreditation.
"Serve in low communities, don't stay in Kampala. Jobs are in the village but you find them (graduates) in the city saying 'no jobs'. We train you to serve Ugandans, go out there and serve," Mr. Muyingo said.

Rise

Of the 4,672 candidates that were assessed by UAHEB, 3,953 passed compared to 3,418 in the previous academic year 2017/2018.

During the semester examination, 30 cases of examination malpractices were registered and some will face cancellation of their results for the entire semester.

The deputy executive secretary of the board, Mr. Joseph Agondua, said: "Candidates smuggled in unauthorised materials in the examination rooms. Other candidates wrote on the palms of their hands, and on examination cards."

Mr. Steven Aisu, the UAHEB board chairman, said currently health training institutions are faced with the problem of inadequate tutors, and teaching and learning materials, which has a direct effect on smooth running of examinations.

Mr. Muyingo said his ministry has already allocated a wage bill of Shs1.6 billion for more recruitment of tutors.

"The ministry has already taken a number of measures to address the problems, including recruitment of tutors for the health training institutions who are ready for deployment. A wage bill of Shs1.6 billion is available," Mr. Muyingo said.

All students studying allied health courses are to sit the UAHEB board examination to produce quality and standard health workers.

Some of the allied health programmes include: Certificate in Medical Theatre Techniques, Diploma in Clinical Medicine, Diploma in Pharmacy, Higher Diploma in Ear Nose and Throat Surgery.

Rwanda: Govt to Eliminate Viral Hepatitis C By 2024

19th September, 2019
By The New Times (Kigali)

In December 2018, Rwanda announced the country's firm decision to eliminate viral Hepatitis C (HCV) by 2024. By doing so, Rwanda will become the first country in the Sub Saharan region to eliminate Hepatitis C, way ahead of WHO's

Photo: Faustin Niyigena/ The New Times
A nurse vaccinates a person during World Hepatitis Day celebrations in Kigali

In December 2018, Rwanda announced the country's firm decision to eliminate viral Hepatitis C (HCV) by 2024. By doing so, Rwanda will become the first country in the Sub Saharan region to eliminate Hepatitis C, way ahead of WHO's
recommendation to eliminate Hepatitis C worldwide by 2030.

Globally, 71 million people are infected by Hepatitis C. In Rwanda, a total of 4% of the population is estimated to be infected.

Unlike Hepatitis B which only has a vaccine but no effective cure, Hepatitis C can be treated and cured only in three months. However, delayed diagnosis and treatment lead to more complicated cases including liver cancer and death.

Rwanda has taken the biggest stride and decided not only to treat people who are infected but also to eliminate Hepatitis C in Rwanda by 2024.

A national campaign named "Rwanda Cares" aiming at Hepatitis C Elimination in Rwanda was launched in December 2018.

Under this campaign, at least 4 million Rwandans will be screened for the deadly disease and a total of 110,000 of them who are suspected to be infected will receive treatment which will reduce the current prevalence of Hepatitis C from the current 4% to a mere 1%.

The First Lady, Jeannette Kagame joins officials at the campaign to eliminate Hepatitis C and increase local government ownership.

After the Launch of Hepatitis C Elimination, a lot has been accomplished. Efforts led by the President of the Republic to ensure every Rwandan has access to quality drugs have resulted in a price record for quality hepatitis drugs for Rwanda. The drug price was reduced from $1000 to $60. In the framework of securing necessary funds towards this noble cause, the First lady of Rwanda during an event gathering different players including the Private Sector Federation, Religious Representatives, and different NGOs operating in Rwanda reminded the audience that everyone's contribution is needed for Rwanda to achieve this important goal.

At the Ministry of Health's level, infrastructures have been put in place; more than 350 health care providers have been trained to manage hepatitis across the country, and case finding efforts have been strengthened. Presently, case finding efforts have been mainly conducted through mass campaigns and they focused initially on high risk groups including people leaving with HIV, prisoners, and all Rwandans with 45 years and above. These efforts resulted in 1,000,000 Rwandans that have been screened and 15000 have been treated.

However, there is a need to increase access to hepatitis services and ownership from the community. It is in this regard that the Ministry of Health together with its implementing arm Rwanda Biomedical Center decided to decentralize the Elimination of Hepatitis C and increase local government ownership. This was launched during an event held in Gatsibo, last Wednesday 11, 2019, where the Minister of Health accompanied by different stakeholders emphasized that both the community and local leaders role are instrumental to the success of this campaign and they were all called to support the government in raising
awareness about the disease and embracing planned activities towards Hepatitis C Elimination in Rwanda.

However, the President intervened and made advocacy from the manufacturer of the drugs and he was successful. It is because of that that the current prices for one to get medication for Hepatitis C is only $90 which is approximately Rwf 81,000

Various measures have been taken to see that people found to be having Hepatitis C receive treatment even if they really can't afford the medical bills. Some of these have been financial donations from different institutions such as the Catholic Church, Bank of Kigali, Rwanda Revenue Authority, the Private Sector Foundation as well as the Civil Society.

Campaigns to screen people for the disease have started and the first one was held where residents of Gatsibo District in the Eastern province of the country were tested in order to help curb the deadly disease.

Among made significant achievements towards elimination of Hepatitis C Rwanda have been able to train 324 health professionals and doctors on treatment of hepatitis C and have been conducting outreach campaigns to increase awareness prevention, diagnosis and early treatment of the disease.

The Ministry of health through Rwanda Biomedical Centre (RBC) has also provided Hepatitis C screening to more than 1,000,000 people with more attention on the needy and older people and, among those tested, more than 15,000 have been treated and have successfully cured.

In an interview with The New Times has interviewed Mukadereva Esther, a sixty five year old Mukadereva Esther who has recently suffered from Hepatitis C and benefited from the free treatment is one of the Rwandans that at one time was diagnosed with Hepatitis C but because of receiving early treatment, she was able to recover and is now healthy and happily living.

Uganda Hunting Contacts After Suspected Ebola Patient Dies

19th September, 2019
By The Monitor (Kampala)

Left to tight: US Ambassador to Uganda Deborah Malac, President Museveni, US Secretary of Health and Human Services Alex Azar and Minister of Health Jane Ruth Aceng at State House in Entebbe yesterday
Uganda has started tracing contacts associated with a Tanzanian doctor who died of suspected Ebola disease.

President Museveni made the revelation during a joint press briefing with the visiting US secretary for Health and Human Services at State House in Entebbe.

Mr. Museveni said health officials have started tracing all those who came into contacts with the suspected case before she went back to Tanzania for examination and possible isolation.

The 34-year-old Tanzanian, whose identity has not yet been revealed, had been studying a postgraduate degree at Makerere University.

She succumbed to Ebola-like sickness last week, raising fears that she had contracted the disease while in Uganda.

However, the Tanzanian government dismissed the claim, saying she died of a different disease, although they could not confirm the disease.

"The case that went to Tanzania, I am sure we shall defeat it. Here locally, we have already started following up that person, the contacts she had here, and where she was staying in the hostel to examine them," Mr. Museveni said.

The President said Uganda is well prepared to contain any Ebola threat because of its past experience in containing the epidemic and also high level of motivation by the health workers.

He thanked the US government for providing both technical and financial support to combat the DR Congo Ebola outbreak and for working closely with Uganda and other frontier countries, bordering the DR Congo.

"We always stump the Ebola outbreak quickly because somehow we have some experience. We are grateful to the American government for their role in combating this disease. In the past, we didn't have facilities to quickly diagnose such diseases so we had to take the samples to Atlanta. However, CDC (Centers for Disease Control and Prevention) helped us in building a modern laboratory where we can actually test the samples and where found negative can start the management programmes," he said.

The President also said while Ebola infects and kills faster, it is not a big threat like other diseases such as cancer which take long to detect. He said with Ebola, within seven to 21 days, it can be detected and such cases can be isolated for proper management.

"This one here is not a big threat. In fact, it is easier than these other ones that hide within the body systems for a long time and by the time they show, it is difficult. With Ebola, it is aggressive and a sprinter and within 100 metres it is already tired, so we can easily deal with it," he said.

Mr. Alex Azar, the visiting US secretary for Health, hailed Uganda for its commitment, saying with one of the best laboratories and virus research institutes in the world, Uganda has become a
model for many countries in research on infectious diseases.

He said annually, the United States government contributes more than $500m for healthcare in Uganda, which he said is one of the largest healthcare commitment the US makes within a country.

"There is a reason for that because it is money well spent. Uganda performs, it delivers. It has one of the finest laboratories, one of the finest viral research institutes in the world. It serves as reference laboratory not only for Uganda, but for the region, highly respected. It is Uganda that discovers so many of the emerging infectious diseases," Mr. Azar said.

He said the US will continue to procure Ebola vaccines from the manufacturers to vaccinate communities in Uganda, DR Congo and other neighbouring countries to prevent further spread of the epidemic.

**Tighter border security**

Dr. Jane Ruth Aceng, Uganda's minister of Health, said a combined multi-sectoral team has been deployed at all the entry points and some porous border points to monitor and screen all those coming to Uganda. She said the team comprises medical officials, village health team members, soldiers from Uganda People’s Defence Forces, police and immigration officers, among others.

Dr. Aceng said with the team in place, Uganda is well placed to manage all emergencies that may arise. At least four people have died of Ebola in Uganda, although all the cases originated from the DR Congo.

"We have a multi-sectoral team that works day and night on the designated entry point and also what you would call porous border entry points. These teams use both walk-in scanners and portable devices to screen all people entering the country from DR Congo, so we have a very effective monitoring team on the ground," Dr. Aceng said.

**Rwanda: Medics Want Palliative Care Scaled Up in Rural Areas**

19th September, 2019
By The New Times (Kigali)

*From left to right - Rwanda Biomedical Centre director-general Dr. Sabin Nsanzimana chats with Dr. Zuberi Muvunyi, the director-general of Clinical and Public Health Services at the Ministry of Health, and Dr. Solange Hakiba, the*
Medics say that there should be efforts to upgrade palliative care in villages.

Palliative care is an approach that improves the quality of life of patients and their families facing problems associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial or spiritual.

Rwanda started making gains in palliative care in 2011 when the Ministry of Health, through the Rwanda Biomedical Centre, adopted the implementation of the World Health Assembly Resolution of Integrating Palliative Care into the existing Health System.

Later in 2014, a morphine production programme was commenced, in a bid to reduce dependence on importing the important pain killer from foreign countries so as among other things to boost access of the drug for patients in the country - a good development towards the progress of Palliative Care.

Delegates interact during a break at the 6th International African Palliative Care Conference at Kigali Convention Centre on Tuesday. Sam Ngendahimana.

With these and more developments, medics see many positives; however, some say there is need for efforts to make such services more accessible to rural patients as they are to their urban counterparts.

In an interview with The New Times, Scholastic Ngizwenayo, the in-charge of Social Affairs at the Rwanda Palliative Care and Hospice Organisation, a Non-Governmental Organisation comprising of medics with interest in palliative care, said that despite the fact that a lot has been done in integrating such services in hospitals across the country, people in rural areas still lag behind mainly due to lack of adequate information about the programs.

"The ministry has reached out to hospitals in rural areas training medics concerning palliative care. But I think more efforts are needed in the form of going deeper in the villages telling citizens about palliative care, so that patients, wherever they are, get that kind of care so as not to suffer pain and desperation," she said.

Cancers, cardiovascular diseases, cirrhosis of the liver, congenital anomalies (excluding heart abnormalities), blood and immune disorders, kidney diseases, neurological disorders and neonatal conditions, drug-resistant AIDS may lead to situations of patients requiring palliative care.

Of the 54.6 million deaths recorded in 2011, 66 per cent of those were due to NCDs and life-limiting disease.

According to the World Health Organisation, 40 million people worldwide could benefit from palliative care and yet less than 14 per cent receive it.
Among those in need of palliative care at the end of life, 78 per cent are in low and middle-income countries, yet, according to Diane Mukasahaha, the National Coordinator of Palliative Care under the Rwanda Biomedical Centre that kind of care sounds new, not only to Africa but even to the rest of the world.

Countries previously put a lot of efforts on prevention and treatment of diseases, paying little attention to the care that a person may need when it has been ascertained that is going to die.

In an interview with the media, Dr. Patrick Ndimubanzi, the State Minister in Charge of Public Health and Primary Healthcare, sounded a call to Rwandans to learn that palliative care services exist in the country and they should make use of them.

"What we request Rwandans is to know that these services are available and they should ask for them when they need them," he said.

"Patients should not be abandoned by their caretakers, there is a way now to care for them".

Rwanda: PAC Seeks Answers for Losses in Health Facilities

20th September, 2019
By The New Times (Kigali)

James Kamanzi, the deputy director-general of Rwanda Biomedical Centre (left), addresses members of the Public Accounts Committee as Dr. Jean Pierre Nyemazi, the Permanent Secretary of the Ministry of Health (centre), and RBC director-general Dr. Sabin Nsanzimana look on at Parliamentary Buildings in Kimihurura yesterday.

Some hospitals across the country have been faulted by the Public Accounts Committee (PAC) for carelessness in preparing medical bills covered by insurance companies.

This came up on Thursday as officials from the Ministry of Health, and Rwanda Biomedical Centre and Bushenge, Butaro, Kinihira, Gihundwe, Ngarama, Nyagatare hospitals appeared before the committee to explain shortcomings indicated by 2017/2018 Auditor-General Report.

MP Jean-Chrysostome Ngabitsinze, the PAC Chairperson, explained that the losses were caused by various
malpractices and gave an example of Bushenge Hospital in Nyamasheke.

"The hospital incurred losses of Rwf51.9 million in one year due to medical bills that were rejected by insurance companies because health insurance covers had expired and the hospital had to foot the bill."

He also noted that other medical bills were prepared under 'wrong tariffs', invalid cardholders and other errors.

Vedaste Tuganeyezu, the Director of Bushenge Hospital, admitted the mistake and explained that the issue was caused by many factors.

"We admit that staff committed errors of accepting expired health insurance cover but there are other errors that largely contributed to the losses.

They include cases where a patient requests laboratory test which is immediately recorded in the Electronic Medical records and gets billed, but if the patient doesn't undergo the test, it triggers issues while sending invoices to insurance companies," he said.

Other issues include unnecessary medical equipment supplied to hospitals that have led to Rwf322.4 million worth of equipment lying idle in hospitals.

James Kamanzi, the Deputy Director-General of RBC, said that in order to reduce the mistakes, there is an ongoing of capacity building for hospital employees.

Dr. Jean-Pierre Nyemazi, the Permanent Secretary at the Ministry of Health, explained that the issue was caused by studying whether they needed the equipment, hospitals in need of them as well as lack of monitoring equipment provided by donors.

The Auditor General’s report also found that there were delays in the construction of five Voluntary Counselling and Testing (VCT) Laboratories worth Rwf300 million in Karongi district.

The works were supposed to start in 2014 and be completed by 2015 but the handover took place in March 2019.

MP Ngabitsinze said considering that the contractor abandoned the works without even paying the workers, RBC should have reported the contractor to the public procurement authority for blacklisting but it was not done.

MP Jean-Claude Ntezimana also asked why Rwf63 million was given to districts and Rwf300 million to Munini hospital for screening Ebola but there were no reports of how the money was spent.

Kamanzi said that reports were never submitted to RBC on time due to a lack of management capacity on the part of hospitals and added that the issue will soon be resolved.

### Kenya: Doctors Reject Call for Adoption of New Strategic Plan

20th September, 2019
By The Nation (Nairobi)

Kenya Medical Association President Jacqueline Kitulu with Kenya Medical Practitioners and Dentists Union (KMPDU) Secretary-General Ouma Oluga.

In Summary

- The strategic plan, a 179-page document, is designed to provide a framework for national and county governments on how to manage health workers.
- If adopted the document, drafted by IntraHealth International will guide practitioners on planning, management and development of human resources at the national and county government levels.

Doctors have threatened to reject a strategic plan set to be adopted by the Health ministry because they were not involved in its development.

Healthcare professionals, led by the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU), Thursday turned down the ministry's invitation to validate the strategic plan.

HEALTH WORKERS

In a letter addressed to Dr. Wekesa Masasabi, the Director-General for Health. Ministry of Health, KMPDU secretary general Ouma Oluga cited two reasons for declining the invitation.

He said the document was not shared for them to interrogate it before the meeting, and that they were not consulted during the drafting phase.

The letter read in part: "We will distance ourselves from the set of documents to be validated ... and any policy affecting training, development and deployment without the input of doctors through their recognised body."

The strategic plan, a 179-page document, is designed to provide a framework for national and county governments on how to manage health workers.

If adopted the document, drafted by IntraHealth International -- an American NGO the Health ministry contracted -- will guide practitioners on planning, management and development of human resources at the national and county government levels.

CRITICAL

"To better align the health workforce to the universal health coverage aspirations, the interventions in this strategic plan are..."
informed by a theory of change anchored on three key strategic drivers namely efficiency, adaptability and innovation," notes Health Cabinet Secretary Sicily Kariuki in the document.

The strategic plan says it will address "the most critical human resource for health challenges across multiple intervention areas through four strategic investment priorities namely, re-engineered health workforce management for universal health coverage; transformative health workforce capability building; strengthened human resource for health database through national health workforce accounts; and responsive leadership and management systems."

Dr. Oluga insists that health workers should be part and parcel of developing any document touching on the management of the sector. "We were not consulted in the development of the document, so we have not interrogated it," he said.

"There's no way NGOs can be given priority in drafting bad policies that keep harming the health workforce. Especially because we have always wanted MoH to solve the problem of specialists training," he said.

**STRIKES**

The meeting is scheduled to take place Friday.

The Health ministry indicated that the strategy "was ready for finalization".

The invitation letter, signed by Dr. Masasabi, said the document had "engaged several stakeholders".

Mr. Gibore Maroah, the Kenya Union of Clinical Officers (Kuco) chief executive, said he had agreed to attend the meeting although he knew nothing about the document.

"I've asked them to send me a copy since noon, it has been coming I suppose," he told the Nation.

Doctors have since 2015 called for the government to set up a health service commission to address employment, deployment and the discipline of health sector professionals.

The call was sparked by devolution of the health sector, a move that has seen county bosses deal with numerous strikes, pay disputes and absenteeism.