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EAC Centres of Excellence in Health to build local capacity in healthcare
Press Release by EAC

East African Community Headquarters, Arusha, Tanzania, 19th August, 2019: The East African Community has expanded the region’s capacity to deliver high quality health services through the establishment of Regional Centres of Excellence (RCoEs) in the Partner States.

EAC Deputy Secretary General in charge of the Productive and Social Sectors, Hon. Christophe Bazivamo, further disclosed that the RCoEs would also provide quality education, vocational training and research to students and practitioners in the health sector.

Hon. Bazivamo named the RCoEs as those for Kidney Diseases (Kenya); Heart Diseases (Tanzania); Cancer (Uganda); e-Health, Biomedical Engineering and Health Rehabilitation Sciences (Rwanda), and; Vaccines, Immunization and Health Supply Chain Management (Rwanda).

“We cannot develop skills adequately in these areas at the national level, but we can do so through these Centres of Excellence in the Partner States,” said Hon. Bazivamo.

Hon. Bazivamo said it was anticipated that the Centres of Excellence in health would reduce the huge numbers of East Africans travelling to India to seek specialized medical care.

Hon. Bazivamo was speaking at the EAC Headquarters when he received three Senators from the Kenya Senate Standing Committee on National Cohesion, Equal Opportunity and Regional Integration. The Senate Committee is undertaking a fact-finding mission to engage EAC Organs and Institutions from 18th to 30th August, 2019. On the team were Senators Judy Pareno, Mercy Chebeni and Christine Zawadi.

The Deputy Secretary General briefed the Senators on the progress made by the Community in the four stages of integration, namely: The Customs Union, Common Market, Monetary Union and Political Federation.

He cited some of the achievements made by the EAC over the past two decades as: increased intra-regional trade, reduction of non-tariff barriers, infrastructure development, harmonisation of education systems and curricula, development of the EAC international e-passport, signing of Mutual Recognition Agreements, payment of tuition fees at local rates by EAC nationals studying in...
other Partner States, and increased cross-border investment.

He singled out the tendency by Partner States to prioritise national programmes as opposed to those agreed upon at the regional level saying this posed challenges to the implementation of EAC projects and programmes.

In her remarks, Senator Judy Pareno said that the Committee was on a fact-finding mission to enable them understand the EAC and the role of the Community’s Organs and Institutions in the implementation of the EAC Treaty, in addition to their achievements and challenges.

The Senators noted that there was lack of awareness among East Africans on the EAC integration process, adding that Partner States governments and the EAC should do more to sensitise people at the grassroots on the Community and its role in their lives.

**SADC Summit 2019 - All Is Set for MSD to Supply Drugs to SADC Countries**

11th August 2019
By The Citizen (Dar es Salaam)

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**Health minister Ummy Mwalimu and Foreign Affairs and East African Cooperation minister Palamagamba Kabudi displaying medicines that were donated to Mozambique and Zimbabwe in the aftermath of cyclone that hit the countries in March.**

**In Summary**

- After being appointed to procure drugs in SADC countries, the Medical Stores Department says it will use a digitalised procurement system to do the job

Dar es Salaam — In November 2017, the Medical Stores Department (MSD) was appointed to procure drugs including medical supplies and lab equipment to Southern African Development Community (SADC) member countries.

The move was the outcome of a meeting of health ministers from the 16-member countries of the bloc who were satisfied with MSD’s capacity in procurement, storage and distribution of drugs, medical supplies and lab equipment.
MSD then signed a Memorandum of Understanding (MoU) with the SADC Secretariat on October 19, 2018 to that effect.

Primary preparations commenced and a meeting between SADC member states took place in Tanzania to agree on the distribution system.

The procedures included advertising tenders to SADC and start picking suppliers to the SADC member countries, a process that is still ongoing.

MSD Director General Laurean Bwanakunu told The Citizen that other procedures that were undertaken included preparing an electronic system that would enable easier access to the procurement process in SADC, which also would enable MSD to switch to a digital system.

He said MSD will use a participatory procurement system (Pooled Procurement Services - SPPS).

"In order to avoid an expensive system, our internal experts prepared a system that meets the set standards by empowering producers to distribute the drugs directly to member countries without the products having to pass through Tanzania for storage and distribution," he said.

He noted that the system is expected to reduce the cost of managing and supervising the procurement process.

Bwanakunu explained how they would be providing the products to the member countries through the digital procurement system.

"We will be using the digital system in all the countries and our major responsibility is to receive the orders and procure through our producers who will directly distribute the drugs to countries according to their requirement," he said.

He said MSD will manage all the statistics and information required for official data procurement of the drugs and other medical supplies for the countries through the value chain distribution.

"Our responsibility will be to issue expert services and to set indicative prices, issue expert advice as well as starting planning segment inside the procurement directorate for SADC," he said.

According to him, MSD has for the past 11 months been collaborating with SADC to prepare a draft implementation plan for SPPS.

Bwanakunu said they had already advertised the tenders on May 20, and currently were doing a study which has identified 80 industries both in and outside the country, and therefore they were awaiting the finalisation of the study.

"Tenders go through a long process, some would want to take the drugs to the country headquarters while another will say they will take the drugs to the port and therefore it was imperative they reach a consensus," he said.

He noted that there are at least four steps to follow including understanding the
requirements, identifying and announcing the winners and hear and determine complaints from losers, if any.

He further noted that once the tender process is finalized a producer who feels he was unfairly disqualified is allowed to take the matter to court.

He further noted that the Attorney General from Tanzania alone must go through the entire process using the Tanzania laws for at least another month after the tender process is completed.

Asked about local industries, he said MSD, in collaboration with the Ministry of Health, has involved and sensitized them to increase capacity as well as to participate in the tender.

About the quality of drugs produced locally for exports, he said while dialogue continues in the Sadc, the responsibility remains between member countries to control the quality of own drugs before starting to use them.

He noted that for Tanzania investors have shown interest in building large factories which will ensure enough drugs and medical supplies in the Sadc market.

Last year when signing the agreement, Sadc secretary general Dr Stergomena Tax said that Tanzania will be the main supplier of drugs to Sadc member countries and said it was a good thing for the country to be trusted due to quality services through the entire drug process.

"Tanzania meets all the requirements and won the tender which is an opportunity for the country. I, therefore, urge MSD to ensure it completes all the procedures as quickly as possible so that the work can start," she said.

Dr Elias Kwesi, from the Ministry of Health, Social Development, Gender, Elderly and Children, said they have already held a meeting with 34 different countries including those of Sadc member states. According to him, the annual meeting saw at least 150 producers from 34 countries in the world.

Uganda: Ministry of Health and Partners Commit to Improving the Quality of Care for Reproductive, Maternal, Neonatal, Child, and Adolescent Health Services in Uganda

14th August, 2019

By World Health Organization (Geneva)

Kampala, 14 August 2019: - The Ministry of Health (MoH) convened the Third Annual National Assembly on Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)
Services where government and partners committed to scaling up RMNCAH services to reach the most vulnerable populations.

Held under the theme- 'Better accountability and coordination for RMNCAH - progress towards ending preventable maternal, perinatal and child deaths', the assembly was aimed at strengthening coordination and accountability for effective and efficient implementation of RMNCAH policies and program interventions at the national, regional, district and community levels.

During the assembly, delegates committed to reducing RMNCAH related deaths and morbidities with a focus on reducing facility-based Maternal and Newborn deaths. They also emphasized the need to revise staffing norms, focusing on increasing midwives, anaesthetists and doctors in Health Centre IVs and monitor staff attendance.

Regarding equitable provision of services, the delegates underscored the need to establish adolescent responsive services at both facility and community level in liaison with other relevant players such as Civil Society Organizations (CSOs) and schools. Furthermore, they also pledged to strengthen Male Involvement programs for RMNCAH, HIV and Gender-Based Violence.

The assembly also called for increased and optimized use of health-sector financing through an increased national budget to the health sector including the wage bill, fast-tracking of the enactment and implementation of the National Health Insurance Scheme (NHIS) and expansion of Results-Based Financing. In the same spirit, government and donors were also implored to increase domestic resources for RMNCAH interventions and use the nationally agreed mechanisms for accountability and tracking of results of the investment case for RMNCAH.

The Minister of Health, Honourable Dr Jane Ruth Aceng presided over the assembly representing the First Lady as Guest of Honour and informed the delegates that the current Health Sector Development Plan (HSDP 2015/16-2019/20) prioritizes RMNCAH interventions to achieve a productive and healthy human capital for wealth creation. "When the status of maternal, newborn, infant and child health is good, the Health Sector is then considered as performing well," she said.

"Working with partners, the Ministry of Health has registered progress over the past years reducing Maternal Mortality Rates from (MMR) 438/100,000 in 2011 to 336/100,000 in 2016," she said. "We continue to see significant improvement in institutional MMR where we reduced 2016/17 MMR by 30% in 2017/18 from 148/100,000 to 104/100,000, however, we need to do more to achieve our national and international targets and commitments," she added.

A multi-sectoral approach geared towards promoting maternal and child health and nutrition, early childhood care and development, as well as a positive environment for adolescent development and health, was also advocated for.
addition, a commitment to strengthen the existing community structure for health promotion, service provision and referral linkages was also made.

The World Health Organization (WHO) Representative in Uganda, Dr Yonas Tegegn Woldemariam called for more commitment to adolescent health, noting that during this stage, individuals face environmental influences which can lead to health-risk behaviours and poor related outcomes. "These include alcohol or tobacco use, physical inactivity, intimate relationships coupled with unprotected sex, unintended pregnancies, injuries and exposure to violence which can jeopardize their health," he said.

He added, "This period is marked with several behaviour patterns and changes which, if not well attended to, can lead to long-lasting negative consequences on the health and well-being of adolescents."

The assembly was attended by different players in the health sector including officials from the Ministry of Health, all District Health Officers in Uganda, development partners including the United Nations Family, Civil Society Organizations, Academia and the media who are key partners in promoting health in the general public.

**Kenya: 22 People Diagnosed With Cancer Following Week-Long Screening**
11th August, 2019
By Capital FM (Nairobi)

Mama Lucy Medical Superintendent Musa Mohamed said the cases can be stopped from escalating to dangerous levels if relevant treatment is administered in time.

Nairobi — At least 22 people have been diagnosed with cancer following free screening at Mama Lucy and Mbagathi Hospitals in Nairobi.

Doctors have referred two suspected cases for further analysis following an exercise in which over 300 people have been screened so far since Monday.

Seven women were found to be with breast cancer while one man was diagnosed with prostate cancer at Mama Lucy Hospital another twelve women were found to have cervical cancer at Mbagathi. Health officials say the cases are however at manageable stages.

Nairobi Governor Mike Sonko commended the residents saying the fight against cancer starts with the individual. "The numbers that we have seen turn up
for screening is encouraging. It shows we are all ready to tackle the monster," said Sonko.

He said early diagnosis of the killer disease is the first weapon against it.

Mama Lucy Medical Superintendent Musa Mohamed said the cases can be stopped from escalating to dangerous levels if relevant treatment is administered in time.

"We found eight cases but we want to tell the victims that they can control their situation because it is not at advanced stage," he said. The screening exercise is ongoing at the two facilities. Mohammed said the county has adequate machines for screening.

Sonko said the screening will be a continuous process at the county facilities. He called on city residents to avail themselves for the free exercise which is being conducted in collaboration with the Kenyatta National Hospital.

Meanwhile, the county is set to embark on a serious cancer sensitization program that seeks to highlight preventive measures. The program, which will focus more on lifestyle and diet, will be launched by the Governor.

Nairobi County Health Executive Mohamed Dagane said with the hard-hitting reality that cancer treatment is not easily achievable, the focus has to be on preventive rather than curative measures.

Dagane said the county will work with relevant stakeholders to create maximum awareness on preventive measures.

"We have been told it’s more lifestyle and the food we eat, the environment we stay in and other minor factors and that’s why we have to go back to the drawing board and address these issues head on," Dagane said.

**East Africa: Doctors Pound the Pavement As the Health Sector Ails**

10th August, 2019
By The East African (Nairobi)

**In Summary**

- Reforming East Africa’s healthcare will be a complex but not impossible task. A starting point would be to take back ownership of the sector through realistic budget allocations that address the input and output sides of the equation.

In any talk about East Africa’s economic prospects, bureaucrats and politicians tend to take pride in the region’s swelling population, which is often presented in terms of the notional market it represents.
The youth bulge is presented as a labour reserve, available to drive the dreams of the investor looking for quick wins. The flipside of that coin--minimal social investment--is rarely spoken about in black and white.

Perhaps nowhere else are the results of this selective amnesia more vivid than in the health sector. With the exception of Tanzania and Rwanda, the rest of the region is caught in the odd asymmetry of unemployed health professionals walking the pavements while hospital floors remain critically understaffed.

In Kenya and Uganda, where a thriving private medical practice has developed, adequate social nets to give the poor access to quality care outside the public system are missing.

Ravaging the world for the better part of three decades, in East Africa, the HIV pandemic has had the unexpected effect of insulating lax and mostly corrupt governments from responsibility, first because of the shortened life expectancy, which has erased the health problems associated with a normal population curve.

Because they provided the basic commodities to address emerging issues such as HIV/Aids, the intervention of donors allowed governments to skimp on 360-degree investment in the sector.

The gospel of economic liberalisation that gained currency at the start of the 1990s also provided governments the perfect cover to abdicate their responsibility to think for and invest in the sector in a comprehensive way.

Now, as populations swell and live longer, the bubble is bursting. In addition to common killers like malaria and bacterial infections, the health system now has to cope with a growing burden of non-communicable diseases.

Low on the merit order for decades, the capacity to treat these diseases that were perceived as ailments of privilege, is near absent.

Access to diagnosis, let alone treatment, is a tall order for a people who are increasingly exposed to the risk of suffering diseases because of poor regulation and monitoring of the market. Without the urgency of HIV/Aids, the cost of treatment remains prohibitive.

Reforming East Africa's healthcare will be a complex but not impossible task. A starting point would be to take back ownership of the sector through realistic budget allocations that address the input and output sides of the equation.

Overdependence on donors gives them the power to determine what we do with the scarce resources. And, as experience shows, they have not always been infallible.

Resolving the human resource question in health is necessary to remove the current wastage on training people we are not willing to employ.

Without people, critical areas like research and development of solutions and even manning and maintaining critical equipment will continue to manifest in gaps at the patient care level.
Cases of expensive medical hardware wasting away because technicians to operate them were not hired are all too common across the region.

Without new thinking at the policy level, and a culture of ethical responsibility, East Africa’s health sector will continue to waste resources.

**East Africa: Timelines for EAC Single Currency to Be Revised**
10th August, 2019
By The East African (Nairobi)

Kenya, Tanzania, Burundi, Rwanda and Uganda currencies. Mistakes and a bad experience with a single currency in the European Union have seen EAC take a cautious approach.

**In Summary**

- Several challenges stand in the way of fully implementing the East African Monetary Union Protocol.
- The Protocol for the establishment of the EAMU was signed in November 2013 by the EAC member states, setting up a 10-year roadmap for attaining a single currency regime in 2024.
- This means the EAC member countries now have five years to implement a single currency regime and two year to comply with key macroeconomic convergence criteria.

EAC member states are set to start discussions on revising the timelines for the start of the single currency regime, after realising that it would be difficult to set up the necessary institutions and achieve the set macroeconomic benchmarks with only five years to the 2024 deadline.

Bank of Uganda Governor, Emmanuel Tumusiime-Mutebile said several challenges stand in the way of fully implementing the East African Monetary Union Protocol.

He said it is important for the region to assess the practicability of the current timelines, which require member countries to comply with macroeconomic convergence criteria at least three years before the single currency regime starts.

He said there has been significant progress towards the EAMU Protocol in terms of harmonisation of monetary policy frameworks, exchange rate policies, rules and practices governing bank supervision, and payment systems.

"However, there have been delays in realising targets set out in the EAMU roadmap and there are several challenges that could further impede the full
implementation of EAMU Protocol. It is therefore imperative that we assess the realism of the timelines,” Mr. Tumusiime-Mutebile said at the 23rd Ordinary Meeting of the EAC Monetary Affairs Committee in Kigali last month.

The Protocol for the establishment of the EAMU was signed in November 2013 by the EAC member states, setting up a 10-year roadmap for attaining a single currency regime in 2024.

This means the EAC member countries now have five years to implement a single currency regime and two years to comply with key macro-economic convergence criteria on inflation, fiscal deficits, forex reserves and public debt.

Under the Protocol, partner states agreed on the creation of key institutions and for member states to attain and maintain a set of four primary convergency criteria for at least three years before joining the bloc's planned single currency.

These are the East African Financial Services Commission, East African Monetary Institute, East African Statistics Bureau and the East African Surveillance, Compliance and Enforcement Commission.

The EAC countries are expected to attain headline inflation of a maximum of eight per cent, a fiscal deficit, including grants, of not more than three per cent of GDP, public debt-to-GDP ratio of 50 per cent, and forex reserves of at least 4.5 months of import cover. Every member country must meet these requirements for at least three years before the official launch.

EAC Director of Monetary and Fiscal Affairs Pantaleo Joseph Kessy said compliance has been slower than expected.

East Africa: In East Africa, a Cancer Diagnosis Means a Death Sentence
12th August, 2019
By The East African (Nairobi)

In Summary

- Routine screening for prostate cancer for men over 40 years would help in diagnosing the disease early and being able to manage it.
- Women on the other hand should also be screened regularly for breast and cervical cancers.

At just 20 per cent, Uganda has one of the lowest cancer survival rates in the world, according to statistics from the Ugandan Cancer Institute. But, as the burden of the disease continues to grow in East Africa, experts say that addressing challenges of late diagnosis, a poor understanding of the disease and inadequate health infrastructure, including human resources, should be a key focus for governments.

Dr. Peter Eriki from the African Centre for Global Health and Social Transformation in Uganda, said that ageing, social and economic determinants — including where and how people live, what they eat, urbanisation and industrialisation — have all contributed to the problem of cancer, and therefore, the approach,
should aim at ensuring these risk factors are reduced.

He advocates the approach on Ebola: "We should tackle cancer the way we tackle Ebola: Present the message to the people in a language that they understand. We need to show them how the disease presents so that when people experience any abnormal symptoms, they are able to get care on time. What is happening now is that many people still cannot tell when they develop symptoms."

Promoting routine screening for prostate cancer for men over 40 years would also go a long way in diagnosing the disease early enough and therefore being able to manage it. Women on the other hand should also be screened regularly for breast and cervical cancers.

"Now we have the technology to test. So if we catch the disease early, when it is still localised in one place, we are able to manage it," said Dr. Eriki.

He added that East Africa needs to develop common policies and messages on cancer and other communicable diseases. This way, experts across the region can help in drawing a common roadmap and campaign on managing the disease.

"The Uganda Cancer Institute was designated as a centre of excellence for cancer care in the region. We could use this status to work together and come up with the best way we want to tackle the disease," he said.

According to Dr Samuel Guma, the vice-chairperson of the Uganda Cancer Society, a big part of Uganda's cancer problem can be easily addressed by ensuring routine and regular screening because most of the common cancers are caused by viruses -- which also mean that they are easily preventable and treatable.

Kenya

In Kenya, cancer (all types) is the third leading cause of death, accounting for seven per cent of the overall national mortality. Cancer of the oesophagus has overtaken cervical, breast, stomach and prostate cancers to become the leading killer, according to recent data from the National Cancer Control Programme. In 2017, breast cancer was the leading killer, followed by cervical, prostate and oesophagus cancer with experts blaming this on late diagnosis.

Dr Anne Ng'ang'a, head of Kenya's National Cancer Control Programme, says that in 2018, 4,351 deaths resulted from oesophagus cancer, followed by cervix uteri cancer at 3,286, breast cancer at 2,553, stomach (2,068), prostate (1,663), colorectal (1,463) and liver cancer (1,331).

Data shows that more Kenyan women than men die of cancer. The International Agency for Research on Cancers Globocan 2018 data shows that the disease claimed 18,772 women, compared with 14,215 men in 2018.

Dr Sitna Mwanzi, chair of Kenya Society of Haematology and Oncology, however, also said that more women go for screening than men, and thus lead in
new cancer cases, with breast and cervix uteri cancers.

"Most women are not breadwinners and their husbands control the finances, so they may be sick but not have money to go to the hospital early. Also because these cancers affect private body parts, most women are still shy to seek treatment," she explained.

Among men, prostate cancer is the leading killer, followed by oesophagus and colorectum cancers.

Among children aged zero to 19, leukaemia is leading at 16 per cent, followed by non-Hodgkin's lymphoma at 15 per cent, kidney 6.4 per cent and others at 44 per cent.

In the next five years, Globocan data projects the incidence of cancer in Kenya will increase twice as fast in women as in men.

**Tanzania**

In Tanzania, 50,000 women are diagnosed with cervical cancer annually, with statistics from the Ocean Road Cancer Institute (ORCI) showing that there has been an increase in cancer patients year on year: In 2015 there were 5,764; 6,338 in 2016; 7,091 in 2017, and 7,649 recorded in 2018.

According to the Health Ministry, cervical cancer accounts for 36 per cent of all cases, followed by breast cancer (12.9 per cent), cancer of the oesophagus (9.8 per cent) and Kaposi Sarcoma (9.3 per cent).

Dr. Crispin Kahesa, director of cancer prevention services at ORCI, says that around 52,000 people are diagnosed with cancer annually, and 70 per cent of them visit the hospital when the cancer is at advanced stage.

Dr. Kahesa said cervical cancer is the leading killer in women, followed by breast cancer, while Kaposi sarcoma leads among men, followed by cancer of the oesophagus.

Tanzania's Minister for Health Ummy Mwalimu said the ministry is focusing on awareness campaigns to have more people go for screening. Tanzania plans to launch the National Cancer Treatment Guidelines this year, to guide cancer testing and treatment services.

The government will also establish centres at the Mbeya Zonal Referral Hospital in Mbeya region and at the Benjamin Mkapa Hospital in Dodoma to supplement the work already being done in Kilimanjaro Christian Medical Centre and at the Bugando Medical Centre in Mwanza.

Tanzanian offers free cancer care, including screening, hospitalisation and treatment.

Statistics from the World Health Organisation show that the disease killed 7,662 Rwandans in 2018 and 10,700 new cancer cases were diagnosed. Breast cancer is the most prevalent, followed by prostate, cervical, liver and colorectum.

Dr. Sabin Nsanzimana, head of Rwanda Biomedical Centre, told The EastAfrican
that health officials are concerned about the growing number of cancer cases.

Uganda: In Uganda, Doctors Believe They Are Winning War On Cancer Despite Rising Numbers
11th August, 2019
By The East African (Nairobi)

Nurse treating a young patient at the Uganda Cancer Institute.

To many people, being diagnosed with any type of cancer is equated to receiving a death sentence. Not so for Dr Jacinto Amandua. He speaks about his cancer diagnosis as though it is an ordinary health problem.

"I am a beneficiary of the cancer treatment in Uganda. The services are good that is why I do not go abroad for treatment. I have lived for five years with the cancer and I see many other nationals seeking treatment in Uganda," said Dr Amandua, a former commissioner of clinical services at the country's Ministry of Health.

Dr. Amandua, who is also a senior palliative care expert, named countries like DR Congo, Eritrea and Ethiopia, whose citizens seek treatment at Uganda's Cancer Institute (UCI). UCI offers specialised services in areas of treatment, research and prevention.

CANCER MANAGEMENT

Even though wealthy Ugandans shun UCI for treatment abroad, experts said Uganda remains a centre of excellence for cancer management and treatment in the region.

"Treatment models for cancer are equal everywhere in the world and so we are striving to maintain quality that is accessible to all calibre of citizens," said Jackson Orem, the director of UCI.

Availability of diagnostic facilities and free access to cancer treatment has made Uganda attractive to cancer patients, according to Dr Orem. The UCI, for example, has three radio therapy machines and morphine drugs in stock.

According to data at the UCI, cancer affects all age groups, with children making up to 40 per cent of new cases. On average, UCI receives 1,700 cases annually implying that 700 of them are children. Common cancers among children occur in the developing cells like bone marrow, blood, kidneys and nervous system tissues. Burkitts lymphoma (a cancer that causes rapid enlargement of the head) is the most
common in children’s. However, the causes of most children cancers remain unknown.

With only 20 oncologists, Uganda is grappling with the growing numbers of cancer cases. New cases stood at 150 per 100,000 population between 2010 and 2012. "Between 2017 and 2018, we have registered 350 new cases per 100,000 population. So there is incidence of increase in cancer in the country," said Dr Orem.

These patients and many more who do not have access to the health systems, need diagnostics, therapeutic and rehabilitative services and only robust scientific research can control the scourge.

The mortality rate of cancer also remains high at 80 per cent.

Dr Orem explained that cancer encompasses 130 conditions. "There is no one size-fits-all method of management because these are complex conditions.

TRAINING

In a bid to grow the human resource, UCI, which was appointed East Africa’s Centre of Excellence in Oncology will enhance the management of cancer through improved research, creation of highly specialised professionals in diagnostics, treatment and care of cancer cases.

The institute is expected to start offering training at the post-graduate level in masters’ programmes, doctorates and post-doctoral programmes through Makerere University College of Health Sciences.

"We have the challenges of getting human resources because medicine is wide and many people take interests in different fields," said Dr Jackson Amone, the Commissioner of Services at the Ministry of Health.

The UCI has also established five cancer regional centres around the country. Three out of the five centres are operational and offer treatment of simple cancer-related illnesses.

Following three deaths of high-profile Kenyans due to cancer recently, Kenyan technocrats will be visiting Uganda on a study tour to learn how the country is managing its cancer programme.

The UCI has developed a cancer information guide in the form of a booklet for health workers as a means to facilitate a comprehensive cancer community programme

Tanzania: Overcoming Breastfeeding Challenges for Working Mothers
13th August, 2019
By Tanzania Daily News (Dar es Salaam)

WORLD Breastfeeding Week is celebrated every year from 1st to 7th August to encourage breastfeeding and improve the health of babies around the world. Breastfeeding promotes better health for mothers and children alike.

Studies show that increasing breastfeeding to nearuniversal levels could save more than 800,000 lives every year, the majority being children under 6 months.
Breast milk is the perfect food for the baby since it saves lives, money and time. The cells, hormones and antibodies in breast milk protect babies from illness. This protection is unique and changes every day to meet your baby's growing needs.

Research shows that breastfed babies have lower risks of; asthma, leukemia (during childhood), obesity (during childhood), ear infections, diarrhoea and vomiting, lower respiratory infections and Type 2 diabetes among others.

Breastfeeding also helps a mother's health and healing following childbirth. It leads to a lower risk of Type 2 diabetes, breast cancer and ovarian cancer and osteoporosis among mothers.

It is estimated that increased breastfeeding could avert 20 000 maternal deaths each year due to breast cancer.

Though Tanzania has made progress by getting the number of children who breast-feed to increase, many mothers still have to choose between their jobs and breastfeeding.

Those who can't afford to quit their jobs or face other barriers have to introduce formula milk or supplementary feeding before their babies are ready for weaning.

Whether you're going back to work, want to have extra help with feedings, or want to make sure you have breast milk for your baby if you are away for a few hours, you will need to pump and store your breast milk.

If you are unable to breastfeed your baby directly, make sure to pump during the times your baby would normally eat. If you need help to get your milk to start flowing without your baby there, you can apply a warm, moist cloth to your breasts, gently massage your breasts, gently rub your nipples and the milk will start flowing down. After each pumping, you can keep milk at room temperature.

Note that breast milk is OK for up to 4 hours after pumping at room temperature and is also OK in the refrigerator for up to 4 days.

If you're not going to use refrigerated breast milk within 4 days of pumping, freeze it right after pumping. Breast milk does not need to be warmed but if you decide to warm it, keep the container sealed while warming, hold it under warm, not hot, running water, or set it in a container of water that is warm, not hot. Never put a bottle or bag of breast milk in the microwave. Test the temperature before feeding it to your baby by dropping some on your wrist.

The milk should feel warm, not hot. Remember to eat healthy while breastfeeding and drink plenty of fluids to stay hydrated.

A common suggestion is to drink a glass of water or other beverage every time you breastfeed; limit drinks with added sugars, such as sodas and fruit drinks; drinking a moderate amount of coffee or other caffeinated beverages does not cause a problem for most breastfeeding babies.
Too much caffeine can make a baby fussy or have trouble sleeping. Some breastfeeding women may need a multivitamin and mineral supplement.

Note that when your baby gets all of his/her food from breastfeeding, they also get what you eat, drink, and breathe. If you wouldn’t want your baby to smoke, drink, or do drugs then you should not smoke, drink too much, or do drugs while pregnant or breastfeeding. Remember, planning ahead for your return to work can help ease the transition since it can help you continue to enjoy breastfeeding your baby long after your maternity leave is over.

Some important tips include: Practice expressing your milk by hand or with a breast pump several days or weeks before you go back to work.

It can feel very different to pump breast milk compared to breastfeeding your baby but help your baby adjust to taking breast milk from a bottle or cup.

It may be helpful to have someone else give the bottle or cup to your baby at first. Wait at least a month after birth before introducing a bottle to your infant.

Your baby may be able to drink from a cup at 3 or 4 months old, give yourself some time off and when you arrive to pick up your baby, see if you can take time to breastfeed your baby right away to give your baby time to reconnect and adjust.

Note that some babies eat less during the day when they are away from their mothers and then nurse more often at night. This is called "reverse-cycling." Or babies may eat during the day and still nurse more often at night.

This may be more for the closeness with you that your baby craves. If your baby reverse-cycles, you may find that you do not need to pump as much milk for your baby during the day.

The World Health Organization (WHO) recommends feeding babies on breast milk exclusively (no formula, juice, or water) for the first six months and later for a year or two at least with other foods which should be started at 6 months of age, such as vegetables, grains, fruits, proteins.

Note that Exclusive breastfeeding has been shown to help infants recover faster from major illnesses such as pneumonia, with shorter hospital stays and decreased need of antibiotic changes than formula-fed babies, so let’s advocate and enhance for breastfeeding to protect and guard our children who are the upcoming generation.

In the next article we will take a closer look at some of the common challenges with breastfeeding and what to do to overcome these challenges.

Kenya: In Kenya, a Stagnating Fight Against Malaria Calls for New Strategies
13th August, 2019
By The New Humanitarian (Geneva)
A doctor in Siaya, Kenya attends to a child with malaria

Nairobi — Kenya seemed to be on track to win the fight against malaria. It distributed millions of insecticide-treated bed nets. It fumigated countless homes. It made drugs and diagnostic testing cheap and available.

For several years, it was also rewarded with a fall in malaria cases. But now progress has stalled. Last year, there were 10.7 million malaria cases, up from 7.9 million in 2017.

According to the Kenya National Bureau of Statistics, malaria is still the second biggest cause of reported deaths after respiratory infections, with nearly 70 percent of the country’s 46 million people at risk from the disease.

So what has gone wrong?

For one, growing resistance among mosquitoes to the commonly used pyrethroid-based insecticides, especially in high-prevalence areas around Lake Victoria in western Kenya.

Frontline approaches such as bed nets and indoor spraying - key to Kenya’s scaled-up response - are "reaching their limits" because of resistance, according to Fredos Okumu, director of science at the Ifakara Health Institute, a Tanzania-based research outfit.

Yet Kenya plans to distribute 15 million treated bed nets this year. According to a multi-country World Health Organisation study, insecticide-treated nets can still be highly effective - but only in areas with "moderate levels" of resistance to pyrethroids.

Another problem for Kenya is that its historical success against the Anopheles mosquito, which transmits the malaria parasite between humans, has been uneven.

For example, Baringo County on the western edge of the Rift Valley has one of the country’s highest prevalence rates. Like other remote semi-arid regions, it suffers from a weak health system that struggles to attract staff, hampering the detection and treatment of malaria cases.

The county government has also been slow to respond to the local conditions that exacerbate malaria - water pans and man-made water tanks synonymous with a pastoralist-based economy that also serve as mosquito larvae breeding grounds.

Follow the money

Sustained and predictable funding is key to tackling malaria. But falling investment - both by the Kenyan government and international bodies - has impacted the
fight against malaria, and not just in East Africa.

"We need increased investment in applying the currently mandated interventions evenly and to a high standard," said Philip Bejon, of KEMRI Wellcome Trust, a Nairobi-based health research institution.

The WHO's 2018 World Malaria Report again warned (it first raised the alarm in 2017) that funding levels are too low, and said "we are off course" to meet two critical 2020 milestones - reducing case incidence and death rates by at least 40 percent from 2015 levels.

In Kenya, the Global Fund to Fight AIDS, Tuberculosis and Malaria - the biggest funder of local malaria programmes - has cut its 2018-20 spending by more than half, to $63 million.

The Roll Back Malaria initiative, the largest global platform for coordinated action, estimates that Kenya actually needs more than $427 million over the same period.

Yet the Kenyan government itself, responding to the fall in prevalence, cut its spending on malaria by 20 percent between 2014 and 2017.

Any let-up in the anti-malaria response could see the disease rebound as a more dangerous drug-resistant version, warned Desmond Chavasse, senior vice president at Population Services International, an NGO that specialises in health solutions around the world.

"Once you are on this road, there is no going back," Chavasse told The New Humanitarian. "Once you ease a bit, you get a backlash that is worse than where you started."

A change in strategy?

According to the WHO's 2018 report, when antimalarial action stumbles, new tools and strategies are needed - especially as the problem of resistance looms larger.

Among those new approaches is what is called Mass Drug Administration, or MDA. This involves giving a full dose of antimalarial drugs to everybody in a given area, irrespective of whether they have symptoms of malaria.

The goal is to wipe out not the malaria-carrying mosquitoes but the parasites in the human bloodstream they transmit.

A 2015 report by the WHO said MDA can rapidly reduce the prevalence and incidence of malaria in the short term. But it recommended that MDA be used in areas where there is good access to treatment, effective implementation of vector control and surveillance, and where the risk of re-introduction is minimal.

MDA has been used in Kenya's Ngodhe Island in Lake Victoria, a highly endemic area. It cut prevalence to just 0.21 percent in 120 days (national prevalence is eight percent) using bed nets plus the antimalarial drugs artemisinin-piperaquine and primaquine.
Even though this trial was on an island, reducing the chances of transmission, the study concluded that the importation of malaria by travellers still posed a challenge in keeping Ngodhe malaria-free.

A Chinese company is now laying the groundwork for a far more ambitious MDA pilot programme among 10,000 people in Kenya’s coastal city of Mombasa.

The company, New South, has already trialled its approach in the Comoros. It says it eliminated malaria from two of the three islands of the Indian Ocean archipelago using artemisinin-based combination therapy (ACT) - the most commonly recommended treatment.

But Mombasa is a different proposition: an endemic area with a busy, highly mobile population - the risk is that people would be arriving in the city unvaccinated and could reintroduce the malaria parasite.

Repeated doses of ACT could also trigger the other worry regarding MDA, the potential for the build-up of resistance.

Nevertheless, Bernhards Ogutu, a researcher at the Kenya Medical Research Institute, supports New South’s strategy. “The Chinese should be bold enough and go to endemic countries and get MDA going so as to prove it works,” he told TNH.

A vaccine trial

Less controversially, Kenya is one of three countries where a new vaccine is about to be tested. Mosquirix, the brand name for "RTS,S" will be administered as part of routine child immunisation programmes in nine endemic counties in western Kenya, although its planned launch this week was delayed.

RTS.S provides a partial defence against the first stages of the disease shortly after the malaria parasite enters the bloodstream. Doses will be administered to children at six, seven, nine, and 24 months of age, and the four-stage course is expected to provide a protection rate of 40 percent.

Manufactured by GlaxoSmithKline, it acts only against the most common and dangerous pathogen, "Plasmodium falciparum". The WHO regards it "as a complementary malaria control tool that could be added to (and not replace) the core package" of recommended preventive, diagnostic, and treatment measures.

New classes of insecticides for use in bed nets and sprays are on their way, as well as bait devices that attract and kill mosquitoes.

But for Okumu there is no silver bullet. A successful response needs to be full-spectrum, from drugs to bed nets, as well as old-fashioned environmental management and public education, he said.

Chavasse agreed, and added: "If there isn't any new money, then we need to use the money we have more carefully."
Uganda: Students Ask for Contraceptives
13th August, 2019
By The Monitor (Kampala)

A section of female students have called upon the Education ministry to allow them access contraceptives.

Gladys Namawejje, a Senior Five student of Kawaala High School in Kawempe, reasoned that once they use contraceptives, they will avoid unwanted pregnancies.

"Some female students are very sexually active, so my appeal to the ministry is to give them contraceptives and condoms to avoid getting pregnant and remain in school," Ms. Namawejje pleaded on Saturday during a dialogue to mark the international youth day at Makerere University.

Ms. Namawejje alongside her colleague, Ms. Jane Peace Kaayi from Alliance Secondary School in Kibuku, outlined some of the challenges that they face at school as female students.

Some of the challenges included lack of pads, water shortage, defilement and other forms of sexual harassment.

Support

Mr. Derrick Alter Ndahiro, the president for School of Women and Gender Studies at Makerere University, told the Education ministry officials at the dialogue to listen to the plea of the female students and avail them with contraceptives.

Mr. Henry Semakula, the senior education officer, guidance and counselling/ assistant coordinator health-HIV unit, however, said the ministry's

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Education. A medical staff demonstrates to school girls the use of female condom at a Health camp in Masaka District in 2015.

In Summary

- The 2014 Uganda population census faults this on the immense sexual reproductive health problems.
- Child pregnancies increased to 25 per cent as reflected in the 2016 Uganda Demographic Health Survey report. The report states that 24 per cent of female teenagers are either pregnant or have given birth.
policy cannot allow students to use contraceptives.

"The ministry can't allow that. We are fond of doing the right things, at the right time, place and for the right people. What you are asking is much under the Ministry of Health," Mr Semakula said during the dialogue.

He added: "The ministry of Education is working to have the remaining processes of finalising the policy as fast as possible and it's believed that it will be a remedy to the numerous health challenges that young people face in school today.

"Majority of them are founded by the Church and Muslim community; so don't just introduce anything much as it might be beneficial, it might be out of context."

Mr. Semakula said the pending school health policy if passed, will solve majority of reproductive health issues that the students grapple with.

Ms. Annah Kukundakweh, a programme associate at Center for Health, Human Rights and Development, called upon government to invest in sexual reproductive health and rights of the youth as the country celebrates the International Youth Day.

"Investing in sexual reproductive health and rights of young people is the only sure way of transforming the education sector and harness the demographic dividend," Ms. Kukundakwe said.

The newly crowned Miss Uganda, Ms. Oliver Nakakande, who was one the panelists, expressed dissatisfaction with Parliament and other leaders who promise the girl-child sanitary pads and other treats but do not fulfill their promises.

The chair of Parliamentary Health Committee, Mr. Micheal Bukenya, one of the panelists, promised to ensure that the school health policy is passed by the House.

Youth celebrations

The United Nations international youth day is celebrated on August 12 every year to recognise efforts of the world's youth in enhancing global society.

This year's theme is "Transforming education" with highlights on different efforts to make education more inclusive and accessible for all the youth.

About 68 per cent of Uganda's population comprises young people below the age of 30 years.

Statistics

Teenage pregnancies. Uganda has the highest rate of teenage pregnancy in sub-Saharan Africa with more than 25 per cent pregnancies among teenagers registered every year.

The 2014 Uganda population census faults this on the immense sexual reproductive health problems.

Child pregnancies increased to 25 per cent as reflected in the 2016 Uganda Demographic Health Survey report. The report states that 24 per cent of female
teenagers are either pregnant or have given birth.

**Uganda: Minister Cautions On Hepatitis B Screening**

13th August, 2019

By The Monitor (Kampala)

Treatment. Men and women line up for free healthcare services during the launch of the Rotary Family Health Week at Ruhaama Health Centre III in Ntungamo District on Saturday.

**In Summary**

Infection. Hepatitis B virus is highly contagious and is transmitted through contact with the blood or other body fluids of an infected person.

The State minister for Health in-charge of general duties, Ms. Sarah Opendi, has cautioned organisations carrying out medical camps against screening for hepatitis B without providing vaccination, urging that this may cause complacency about the disease and lead to loss of lives.

Ms. Opendi said: "I am cautioning you, you should not do screening when there are no vaccines. You may screen an individual and find that they have no hepatitis, but they may get it even before they leave the screening point, in the evening or tomorrow.

"What would you have done to the individual, it's useless, you must screen when there are vaccines, it's not about knowing whether you are positive or not like in HIV scenarios," Ms. Opendi said.

She was speaking at the launch of the Rotary Family Health Week at Ruhaama Health Centre III on Saturday.

During the Rotary Family Health Week, rotary members hold medical camps in various parts of the country to identify and treat common infections in communities.

Medical camp activities kicked off on Monday and will end on Sunday in all areas with Rotary clubs.

Ms. Opendi said the infection levels of hepatitis B are increasing day by day and no one should take chances if proper prevention and treatment is to be achieved.

She hailed non-governmental organisations for their support rendered to government towards health service delivery.

"Fifteen years ago, only 47 per cent of Ugandans were getting services from government facilities, today we have moved on and at least 86 per cent are now getting services from government..."
facilities. And because of this life expectancy has improved," she said.

The Rotary district governor, Mr. Francis Xavier Ssentamu, said the Rotary society organises medical camps to complement government services.

Ntungamo Woman MP Beatrice Rwakimari said medical camps are very important to rural communities because they are vulnerable to diseases that are not always detected in most of the rural health facilities.

More than 500 people were diagnosed and treated for various illnesses including hepatitis B and HIV/AIDS as well as teeth, throat, nose and ear infections.

Last year, a 17-year-old Christine Birungi was sent home from school after she tested positive for Hepatitis B. The school administration required that she returns home to seek treatment.

Birungi's elder sister Brenda Nyamaizi said the test results caused panic among family members, who believed the disease was incurable and Birungi would die.

Others accused Birungi of engaging in premarital sex since they believed she had contracted the disease through unprotected sex.

Ms. Nyamaizi said she immediately had to part with Shs240,000 for Birungi to conduct other tests recommended by the medical doctor.

Earlier warning

The Ministry of Health in June cautioned doctors to take all necessary tests before administering treatment to suspected patients of hepatitis B.

During the fundraising dinner for Africa Hepatitis Summit in Kampala in June, the Ministry of Health permanent secretary, Dr Diana Atwine, said not everyone who tests positive needs treatment.

"If you test and find out the person is positive, don't rush to administer the medicine. Sometimes hepatitis particles found in the blood sample need to be re-examined. Some of the people might have particles of the virus in their body when they actually defeated the virus," Dr Atwine said.

Hepatitis B disease

According to the World Health Organisation, viral hepatitis B is an inflammation of the liver caused by a viral infection which attacks the liver and can cause both acute and chronic disease.

It is a major global health problem. It is estimated that about 780,000 people die each year due to effects of hepatitis B such as liver cirrhosis and liver cancer.

Kenya: Six With Cholera Admitted to Takaba Hospital in Mandera

13th August, 2019
By The Nation (Nairobi)
Mandera County Chief Officer for Health Rahama Abdullahi speaks at a past function. She has said that at least six people are being treated for cholera at Takaba Sub-County Hospital.

In Summary

- Two more patients with cholera-related symptoms were received at the hospital on Sunday.
- Mandera West public Health Officer Ibrahim Karim declared all eateries closed.
- He warned that legal action will be taken against anybody who will fail to comply with the directives.

At least six people are receiving treatment at the Takaba Sub-County Hospital in Mandera West after several cases of cholera were confirmed.

The County Chief Officer for Health Rahama Abdullahi said four samples sent to the Kenya Medical Research Institute (Kemri) laboratories turned positive for cholera.

"Four patients were admitted to Takaba Sub-County Hospital on Friday and samples taken tested positive but the situation is under control," she said.

Two more patients with cholera-related symptoms were received at the hospital on Sunday.

According to Ms. Abdullahi, water sources in Bula Elwak and Dikduro villages in Mandera West are believed to be the cause of the deadly disease.

SOURCE

"We are suspecting water contamination at a borehole in Bula Elwak and a dam in Bula Dikduro as the cause of the problem but our response teams are on the ground already," she said.

Mandera West public Health Officer Ibrahim Karim, in a public notice dated August 11, declared all eateries closed.

Also closed in the town are miraa kiosks, milk bars and butcheries. Food hawking has also been banned.

"I advise those travelling in and out of Takaba town to take cholera prophylaxis at the nearest healthy facility," reads the notice signed by Mr. Karim.

He warned that legal action will be taken against anybody who will fail to comply with the directives.
The county health chief officer said already, disinfection is underway at all water sources in the county.

**WATER SUPPLY**

She denied reports that the unclean water was supplied in the two villages by the county government under the water trucking programme as a drought mitigation measure.

For almost two months - between April and June - the Mandera County government battled cholera in parts of Mandera South that claimed one life and left at least 188 others infected.

Ms. Abdullahi said the death was due to delayed treatment.

"We have continued to sensitise our community on symptoms, dangers and the need for proper sanitation measures to curb cholera in Mandera and we are making good progress," she said.

The worst cholera outbreak to be recorded in Mandera in recent times was in June 2016 which claimed 19 people with another 1,200 people infected.

**Kenya: Govt Defers Mega Pilot Test for Malaria Vaccine**

13th August, 2019
By The Nation (Nairobi)

Kenya has postponed a large-scale pilot test for a malaria vaccine that could reduce the burden of the disease.

The World Health Organisation (WHO) chose Malawi, Ghana and Kenya to vaccinate 360,000 children per year; and while the two nations began the rollout in April, Kenya is yet to start.

The introduction in Kenya, planned for this Thursday, was postponed by the Ministry of Health.

"I regret to inform you that the stakeholders breakfast meeting planned for this Tuesday, August 13, and the launch planned for Thursday, August 15, have been postponed to a later date to be communicated to you shortly. This is due to the upcoming Health Summit scheduled on August 14 and 15," head of the National Vaccines and Immunisation Programme, Dr Collins Tabu, said.
The vaccine is the first to show promise in reducing mortality and morbidity of malaria and will complement existing interventions.

Inadequate funding has been flagged as one of the biggest threats in eliminating malaria in Kenya. For years, interventions have relied heavily on donor funding.

**FUNDING**

For instance, a WHO report showed that the Global Fund was the biggest funder on anti-malaria campaigns in Kenya, contributing Sh6 billion in 2017, followed by USAID (Sh3.5 billion) and the UK (Sh240 million). Contrastingly, the government only allocated Sh100 million towards the campaign.

Research conducted by Roll Back Malaria initiative on funding requirements revealed that Kenya will need about $427,860,536 (Sh42.8 billion) between 2018 and 2020 to fight the disease, yet the money is not readily available.

Past studies found that the disease costs Kenya about Sh10.9 billion annually. This amount shoots to Sh25 billion when costs associated with losses due to malaria deaths are captured.

Poor funding for programmes is not restricted at the national level, it is replicated in counties.

**VACCINE**

As at April 2018, only Busia and Kwale had established budget lines for malaria control. Money allocated to fight the disease in the two counties is Sh10 million and Sh5 million, respectively.

The Mosquirix vaccine will be administered as part of routine childhood immunisation.

Mosquirix, the brand name for RTS, S vaccine, triggers the immune system to defend itself against the first stages of the disease.

**Rwanda: Two Pensioners On a Mission to Tackle Malaria**

14th August, 2019
By The New Times (Kigali)

Mukakabano talks about mosquito repellent products including candles in different colours, cream and bottled spray during an interview at Nice Dream Candle Company in Ndera Sector, Gasabo District.

A mosquito bite is one of the unpleasant incidents that people want to avoid as it can result into a malaria infection, but
new products developed by two pensioners seems to have a response.

People in bars, shops, homes, students attending classes, as well as security guards on duty, among others, are susceptible to mosquito bites in evening and night hours.

Now they can apply repellent sprays and creams to keep mosquitoes at bay.

The products, according to Virginie Mukakabano, one of the developers, repel female anopheles mosquitoes, which transmit malaria.

Workers at the Nice Dream Candles Ltd engage in the production of mosquito repellent candles. One can light for between six and seven hours and costs Rwf250 (Emmanuel Ntirenganya)

"When someone is set to travel through an area with a large mosquito population, they can put it in their pocket, and spray or apply it on their body or around them," said the former employee of the City of Kigali.

The 69-year old partnered with Guido Kiloha, a retired molecular biologist to make candles that, when lit, will chase mosquitoes away.

In 2013, the duo partnered to form the Ndera based Nice Dream Candle Company, which currently produces 480 candles every day by using semi-automated equipment.

Their first candles were produced and certified by Rwanda Standards Board (RSB) in 2016.

They use paraffin (which is imported) as one of their inputs while other essential oils are locally produced.

Last year they started producing a mosquito repellent spray and cream. The two items are produced from the essential oils from locally grown herbs such aromatic eucalyptus species, geranium, and lemongrass, as well beeswax (for the cream), as active ingredients.

"We want to teach many young people about this activity so that they can get jobs, and support the development of their country," Mukakabano said, adding they currently employ five people.

They say that their aim is to support the country in its fight against malaria.

"I wondered what I could do in my retirement because I did not want to remain idle. Then, I thought about products that can save people from malaria," Kiloha said, adding that at first they intended to venture into manufacturing soap that can tackle skin diseases as well as anti-malaria drugs.

To start their business, they secured a Rwf30 million loan through Business Development Fund (BDF) thanks to a support from the ministry of trade and industry.

Effectiveness

A 60-millilitre bottle of the spray costs Rwf3000. It can be used for one month.

For the cream, a bottle goes for Rwf2000 and can also be used for up to one month.
They say one of the challenges they face is the high cost of packaging material, citing an empty bottle of spray which they buy at Rwf1000.

A recent joint report by the National Industrial Research and Development Agency and Rwanda Biomedical Centre (RBC), which assessed the effectiveness of plant-based mosquito repellent, show that the products prevent human-mosquito contact at between 77.4 per cent and 94 per cent depending on the type of mosquito and their malaria transition ability.

The products come and at a time the government is also implementing methods to fight malaria, among them, distribution of insecticide treated mosquito nets and indoor residual-spraying of mosquitoes.

Rwanda is also set to start using drones in spraying mosquito prone areas in a bid to scale up efforts to eliminate malaria.

Annual malaria cases in Rwanda decreased from 4.6 million in 2018 to 3.9 million in 2019, according to information from the Rwanda Biomedical Centre (RBC).

There was also a decline in malaria incidence from 394 per 1,000 people in 2018 to 328 per 1,000 in 2019.

**Tanzania: Heart Disease, Ncds On the Rise, JKCI**

15th August, 2019
By Tanzania Daily News (Dar es Salaam)

CARDIOVASCULAR specialists have warned of increasing cases of heart-related complications in the country, identifying the main five risk factors for heart diseases.

A Cardiologist and Head of Research and Training at JKCI, Dr Pedro Pallangyo told the 'Daily News' in Dar es Salaam at the just-ended fourth SADC industrialisation week and exhibition that heart diseases were on the rise and mainly contributed by unhealthy life choices.

He said that although changes in life system have improved life standards on one hand, on the other side it has fueled the risk of getting Non-Communicable Diseases (NCD), such as heart-related complications.

Dr. Pallangyo said that the main five risk factors for heart complications and other cardiovascular diseases included smoking, excess body weight, poor nutrition, excessive alcohol use and lack of body exercise.

He explained that the number of people who smoke has increased compared to
the past 15 to 20 years, thus posing health risk such as cardiovascular to the group.

Dr. Pallangyo said that smokers can prevent themselves from heart-related complications by quitting the habit completely and not reducing it.

On excessive alcohol use, he said such a group can reduce the use of alcohol by drinking the recommended alcohol consumption while controlling their body weight.

"In the past, the main concern in the society was underweight, but today the situation has changed, and people are having excess body weight, which is not good for their health," he said.

Dr. Pallangyo further explained that in the past, people were faced with the problem of poor nutrition, which resulted in malnutrition, but today people are taking a high-fat diet which results in excess body weight.

According to the health specialist, the recommended ratio between body weight and height was 18.5: 24.9, therefore people who don't fall under the recommended ratio should seek medical advice on how they could attain the said proportion.

He, however, said that people should also build a culture of doing regular body exercise in order to improve their health. Dr. Pallangyo noted that according to health expert recommendation, people should be extra careful in using salt, sugar and fat in their food.

According to JKCI, the health facility has so far attended to more than 200,000 patients since it was established in September 2015. Among the patients, more than 1,000 underwent major and minor heart surgeries at the institute.

At more than 1,000 heart surgeries, Tanzania is the second country in Sub-Saharan Africa after Namibia, apart from South Africa, to have conducted such a big number of operations, Prof Janabi explained.

Last year, the institute performed 1,356 heart operations, making it a record high among all cardiac facilities in the continent.

According to International Heart Federation (IHF) and Tanzania Cardiac Society (TCS), at least 80 per cent of the cardiovascular premature deaths caused by cardiovascular diseases and cerebrovascular diseases like stroke can be prevented by controlling main risk factors such as unhealthy diet, tobacco and alcohol use, lack of physical activity, obesity, high blood pressure, poorly or untreated diabetes, and abnormal cholesterol.

Speaking during the International World Heart Day, Dr Robert Mvungi, Super Specialist of heart diseases and president of TCS, said cardiovascular diseases are the number one cause of deaths globally, where 17.7 million people die every year from cardiovascular diseases, which is 31 per cent of all global deaths.

"Sadly enough, majority of them come from low and middle-income countries," he said.
Kenya: STI Rate in Women on Birth Control High - Study
15th August, 2019
By The Nation (Nairobi)

In Summary

- The reason, the study states, is that long-acting contraceptives do not require repeated healthcare visits and are probably the most convenient preventive modalities.
- The trial released last month was conducted over three years in Kenya, eSwatini, Zambia and South Africa.
- chlamydia, gonorrhoea, trichomoniasis and syphilis four of the most common venereal infections account for more than a million new cases of curable STIs daily.

Kenyan women on long-acting contraceptives recorded higher rates of sexually transmitted infections, compared to the general population, a new study reveals.

The study done in four African countries, Kenya included, showed that a high number of women in the study who went for modern family planning methods, had gonorrhoea and chlamydia.

Most affected are girls aged 16 to 24 years.

THREE YEARS

The reason, the study states, is that long-acting contraceptives do not require repeated healthcare visits and are probably the most convenient preventive modalities.

The trial released last month was conducted over three years in Kenya, eSwatini, Zambia and South Africa.

The highly publicised Evidence for Contraceptive Options and HIV Outcomes (Echo) trial, confirmed hormonal contraceptives do not increase women’s risk of becoming infected with HIV.

The Echo study began in December 2015, enrolling and following 7,829 sexually active, HIV-negative women aged 16 to 35 years across 12 clinical trial sites in the four countries.

In Kenya, 900 women in Kisumu took part in the study, locally coordinated by the Kenya Medical Research Institute.

It was meant to establish whether the use of hormonal contraception, particularly
Depo, may increase women's risk of HIV acquisition.

The Echo trial included sexually active, HIV-negative women aged 16-35 years, seeking effective contraceptives and willing to be randomly assigned one of the three hormonal contraceptive methods.

Women were followed for 12-18 months across nine sites in SA, three in Kenya, eSwatini and Zambia.

"Few studies had examined whether hormonal implants or IUDs affected users' risk of HIV acquisition," said Nelly Mugo, head of the sexual, reproductive, adolescent and child health research programme at Kemri.

The randomised, open-label clinical trial conducted compared HIV risk women on the three most commonly used methods of hormonal contraception: the DMPA-IM shot, a copper intrauterine device (IUD) and a levonorgestrel (LNG) implant.

**WAKE-UP CALL**

According to the findings, chlamydia infection was 18 per cent at baseline (start of the study) and 15 per cent at last visit. Overall, gonorrhoea stood at five per cent; this is despite treatment during follow-up visits.

"There is lack of progress in stopping the spread of STIs worldwide. This is a wake-up call for those concerned. We should ensure everyone, everywhere can access the services needed to prevent and treat these debilitating diseases," Dr Peter Salama, the executive director for Universal Health Coverage and the Life-Course at WHO, said.

Experts also recommended STI testing should now be offered at family planning clinics. Dr James Kiarie, coordinator of WHO's human reproduction team, said the number is huge and a wake-up call to provide a way forward.

"We need a truly integrated and comprehensive care, this means that every woman should be able to receive effective and quality contraceptive counselling, STI and TB screening and HIV care under one roof," Lucy Stackpool-Moore, International AIDS Society Director of HIV Programmes and Advocacy, said during the release of the results.

Experts also recommended STI testing should now be offered at family planning clinics.

Dr James Kiarie, coordinator of WHO's human reproduction team, said the number is huge and a wake-up call to provide a way forward.

"Women seeking family planning had high rates of gonorrhoea and chlamydia. Chlamydia infection was 18 per cent at baseline (start of the study) and 15 per cent at last visit. Overall gonorrhoea was five per cent," said Jen Dees, an epidemiologist with FHI 360.

More than a million people around the world would have acquire a sexually transmitted infection daily, the World Health Organisation says, expressing
concern over lack of progress in stopping their spread among 15-49-year olds.

**CURABLE STIs**

In a report, WHO said chlamydia, gonorrhoea, trichomoniasis and syphilis four of the most common venereal infections account for more than a million new cases of curable STIs daily.

The agency said more than 376 million new infections are recorded every year despite cures.

"There is lack of progress in stopping the spread of STIs worldwide. This is a wake-up call those concerned. We should ensure everyone, everywhere can access the services needed to prevent and treat these debilitating diseases. "Dr Peter Salama, the executive director for Universal Health Coverage and the Life-Course at WHO said.

"We need a truly integrated and comprehensive care, this means that that every woman should be able to receive effective and quality contraceptive counselling, STI and TB screening and HIV care under one roof." Lucy Stackpool-Moore, International AIDS Society Director of HIV Programmes and Advocacy, said during the release of the results.

Experts also recommended STI testing should now be offered at family planning clinics.

Dr James Kiarie, coordinator of WHO’s human reproduction team, said the number is huge and a wake-up call to provide a way forward.

"STIs have been forgotten. These were women participating in a clinical trial and had access to treatment, yet STI prevalence was still high," he said.

"We must be careful we don’t turn family planning solely into HIV prevention services. WHO is looking at the evidence and synthesising it and on July 29 we will come with guidelines on the use of contraceptives for women with a high risk of HIV," he said.

**Rwanda: Relief for Cancer Patients as Butaro Hospital Gets Oncology Support Centre**

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By The New Times (Kigali)

Cancer patients from across the country and beyond who travel to Butaro Hospital for their daily chemotherapy can now breathe a sigh of relief following the launch of the oncology support centre.

The facility will provide accommodation and psychological support among other services for patients at the hospital, who have been commuting to the hospital - some daily - for treatment.

The centre was inaugurated on Wednesday at Butaro Hospital premises in Burera District and it was built by Partners in Health in collaboration with three other American-based partners at a tune of $350,000 (approximately Rwf320m).

According to officials, the facility will provide a wide range of services to cancer patients that they did not previously get
because the existing facility was too small to accommodate all the patients.

Some of them who came from far had to spend nights on the veranda and in the hospital compound because they could not commute to return for treatment the next day.

"Some patients who came for their daily chemotherapy have to spend two nights and our ward in the hospital was not enough," said Dr. Joel Mubiligi, the country director, Partners in Health.

The oncology programme at Butaro Hospital has different departments that include laboratory which provides diagnosis and an infusion centre that provides chemotherapy.

"This support centre as its name suggests will support all these systems; it provides accommodation, mental health support, counselling and psycho-social support for the patients who come here for their daily chemotherapy," he noted.

Mubiligi promised improved services in the cancer treatment centre thanks to the new facility.

The oncology support centre can accommodate up to 70 patients.

Cancer patients who are currently under medical treatment at Butaro Hospital have welcomed the facility stressing that it comes to solve the many inconveniences they faced.

"All services here (at the hospital) are good except accommodation where we sometimes sleep on concrete due to a shortage of beds, but with this new centre we are happy that we will all be accommodated during our treatment," said Appolinalie Mbarushimana, a breast cancer patient from Nyanza District.

Speaking at the event, the Partners in Health co-founder Dr. Paul Farmer said the only way to reduce cancer deaths is to integrate prevention, diagnosis and treatment, stressing that the family members' role is crucial in the process.

"This work is hard and it's impossible without partnership; it is so hard under patients and their families to go through even uncomplicated cancer care," He noted.

Farmer commended those who contributed towards the new facility, saying that this goes a long way to help cancer patients cope with the disease.

"This building itself is beautiful and can positively influence the outcome of their (patients') treatment. This can bring a difference to what happens to a patient after diagnosis. Any successful intervention has to involve this collaboration between the builders and caregivers," he said.

The Director-General of Rwanda Biomedical Centre (RBC), Dr. Sabin Nsanzimana pointed out that the country aims to eradicate in the next five years the HPV and HBV viruses that respectively cause cervical and Hepatitis cancers, whose prevalence now stand at eight per cent.
He commended the contribution of Partners in Heath towards the country's effort to combat cancer.

"The Government of Rwanda appreciates chemotherapy services that are offered here with accommodation that is rendered to patients at free of charge," said Nsanzimana.

Figures from RBC indicate that 10,000 of Rwandans get new cancer infection on an annual basis with cervical cancer, breast cancer, Hepatitis (B&C) and prostate cancer emerging at the top. It is while 7,000 cases go unscreened.

"We are calling on the Rwandans to prevent lifestyles that expose them to cancers, mainly eating appropriately the balanced diet and doing routine physical exercises," he said.

Butaro Hospital receives about 400 cancer patients on a monthly basis and over 8,700 were received at the hospital since 2012.

According to figures from the hospital, ten per cent of the patients come from outside the country, with the majority coming from Burundi and the Democratic Republic of Congo.