# HEALTH NEWS-CAP EAST AFRICA

17th – 23rd August 2019

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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.

**Rwanda: WHO Allays Fears Over Mosquito Aerial Spraying**

23rd August, 2019
By The New Times (Kigali)

Rwanda has turned to drones in spraying mosquito prone areas as it steps up efforts to eliminate malaria, a move that has attracted public scrutiny.

According to Rwanda Biomedical Centre (RBC), the pilot exercise is beginning in Gasabo District before being rolled out to other parts of the country by the end this year.

When this was revealed in media, many Rwandan raised concerns about likely effects of the insecticide to be applied.

Dr. Emmanuel Chanda, the Project Officer of Vector Control Operations at the World Health Organisation (WHO) Regional Office for Africa has allayed those fears.

A non-insecticide intervention

Dr. Chanda told The New Times that if a country is to use such an approach, it has to be based on a non-insecticide (non-
chemical) interventions, for example, microbial larvicides (bacteria that are registered as pesticides for control of mosquito larvae in outdoor areas).

Rwanda is getting that one right. The spraying will employ biological rather than chemical components.

Rwanda Biomedical Centre (RBC) says they will use Bacillus thuringiensis serotype israelensis (Bti) - a group of bacteria used as biological control agents for larval stages of certain insects.

Bti produces toxins which are effective in killing various species of mosquitoes, fungus gnats, and blackflies while having almost no effect on other organisms.

**A solution to insecticide resistance**

According to Chanda, the WHO is advising countries to use non-insecticide interventions because the effectiveness of the traditional insecticide based methods like Indoor Residual Spraying (IRS) seem to be compromised by factors like insecticide resistance in vector populations.

The efficacy of mosquito nets is as well limited by the fact that some mosquito populations have adopted the behaviour of feeding (biting) from outdoors due to genetic mutations.

"With that, countries are encouraged to make sure that they approach vector control using an integrated system where interventions that are not affected by insecticide resistance are part and parcel of the package. That brings on board the use of larvicides," he said.

He said that WHO is working around the clock with academia, industry, and research institutions to come up with more effective and innovative ways of dealing with vectors.

It is said that a few African countries, including Malawi, have successfully deployed the drones in mapping and spraying mosquito breeding areas.

The drones and manual spraying initiatives come to as an additional measure to other strategies against malaria, among which is the mass distribution of bed nets, malaria case management in communities where community health workers are equipped to screen and treat malaria, free malaria treatment for Rwandans in Ubudehe 1 and 2 social clusters, and indoor residual spraying in malaria-prone districts.

The latest official statistics on malaria in Rwanda point to increased home-based management rate managed by community health workers from 50 per cent in 2018 to 57.1 per cent in 2019.

Malaria incidence also decreased from 394 per 1,000 people in 2018 to 328 per 1,000 in 2019.

Globally, according to the WHO, in 2017 there were an estimated 219 million cases of malaria in 87 countries.

**Tanzania: New Serengeti District Hospital Starts Services**

23rd August, 2019
By Tanzania Daily News (Dar es Salaam)
THE new Serengeti District Hospital has started offering medical services after the construction of major buildings. This will bring relief to residents, who used to travel long distances in search of medical services.

The government gave Serengeti District Council 800m/- for finishing hospital buildings.

"Vaccination and mother and child clinic are among others the services offered at the new health facility," Serengeti District Council Executive Director (DED) Juma Hamsini told 'Daily News' in Mugumu recently.

"Soon pregnant mothers too will access maternity care at this hospital. Our plan is to finish the maternity ward and put in place requisite medical equipment as soon as possible," he said.

He thanked President Magufuli and his government for supporting the construction of the health facility.

"So far, we have received 800m/- from the government and more than 680m/- has been spent on the buildings as you can see for yourself with electricity," Mr. Hamsini noted.

The district council also expects to receive 500m/- more during this fiscal year to finish the construction of new buildings, according to him.

"As we continue getting support from the government, this is going to be a modern hospital offering better services," the Serengeti DED said.

The construction of the hospital started in 2009, but stalled in 2012 due to lack of funds before it resumed in 2016 after new Serengeti leaders appointed by the President launched a special campaign called "build district hospital with 1,000/-". The campaign, which was led by Serengeti District Commissioner (DC) Nurdin Babu, was successful after Serengeti residents and other stakeholders donated cash money and building materials to support the health project.

"After seeing the efforts we have managed to construct the new hospital, President Magufuli gave 400m/- and after some time our council also received 400m/- more from the government. We are really grateful to the President for his support," Mr. Hamsini explained.

Serengeti District has been without a district government hospital for decades. Thus, the construction of the hospital is expected to improve medical services in
Rwanda is set to acquire 100,000 doses of an Ebola vaccine for a mass vaccination campaign.

Rwanda is in talks to acquire at least 100,000 doses of an Ebola vaccine for a mass vaccination campaign that targets traders around the country's border with DR Congo, according to reports.

The Ministry of Health confirmed to The New Times that the government is currently fast tracking negotiations to buy doses of an Ebola vaccine.

Without divulging details, Malick Kayumba, the Spokesperson of the Ministry of Health, said Tuesday that negotiations are still ongoing.

"This is still under negotiations but Rwanda is doing everything possible so that the process moves fast because this is one way of preventing Ebola," he said. "And Rwanda is ready to do whatever is possible to protect its citizens."

We will give more information soon, he said when pressed for further comments.

The BBC reported on Tuesday that more than 60,000 traders in eastern DR Congo who cross the border regularly into Rwanda and Uganda are to be vaccinated.

Jean Jacques Muyembe, the Co-ordinator of the Ebola response in DR Congo, was quoted by the BBC saying that the disease has killed more than 1,900 there in the last year.

It is not clear when the mass vaccination campaign will start and the cost associated as well as the type of vaccine to be used.

However, media reports suggest that the experimental vaccine to be used is backed by international health experts, including the World Health Organisation.

The vaccine in question, the BBC reported, is produced by Johnson & Johnson, an American multinational medical devices, pharmaceutical, and is different from the single dose Merck vaccine that has been used over the past year in DR Congo.
The WHO Director-General Dr. Tedros Adhanom Ghebreyesus on Monday announced that they now have an Ebola vaccine that is more than 97 percent effective and treatments that are more than 90 percent effective if used early enough.

Dr. Tedros said in tweet that "Ebola is preventable and treatable. We need to make sure everyone in the affected area knows that."

The latest development comes after the UN health agency last week announced that the co-sponsors of the Ebola therapeutics trial in the DR Congo had announced advances that will bring patients a better chance of survival. Two out of the four drugs being tested were found to be effective in treating Ebola.

No case of Ebola has been reported in Rwanda where the government has intensified preventive measures.

**East Africa Hopes in Regional Health Centres**

21st August, 2019
By The Citizen (Dar es Salaam)

Experts perform a surgery at the Jakaya Kikwete Cardiac Institute (JKCI) in Dar es Salaam. In a new regional plan to curb costs of sending patients to India, Tanzania will be the regional centre for treating heart diseases while Kenya will host a facility for kidney diseases.

Dar es Salaam — The number of East Africans travelling for costly treatment abroad may go down following investment in quality health care facilities within the region.

Currently, East Africans are spending billion of shillings each year on treatment in India, mostly on non-communicable diseases.

The deputy Minister for Health, Community Development, Gender, Elderly and Children, Dr. Faustine Ndugulile, said in Dodoma yesterday that the government has been spending at least Sh100 million to treat one person of such diseases like cancer as well as on kidney transplants and heart related complications in India.
But the East African Community (EAC) secretariat is optimistic that the ongoing establishment of regional centres of excellence for high quality health care across the region will soon see all patients being treated within the six-member bloc. Under the ongoing projects, Tanzania will be a regional champion for heart diseases among others while Kenya will host a facility for kidney diseases.

Uganda will host a facility for cancer while similar centres for e-health and vaccines will be set up in Rwanda and Burundi respectively.

"These centres will reduce the huge numbers of East Africans travelling to India for specialised medical care," said the EAC deputy secretary general Christophe Bazivamo.

He made the remarks at the EAC headquarters in Arusha last week when he received three senators from the Kenya Senate Committee on Regional Integration.

He said the regional centres of excellence were being established or expanded specifically to deliver high quality medical services and reduce the traffic to India. Tanzania is ranked second in Africa after Nigeria and is among the top seven countries in the continent with the highest number of patients sent to India annually for treatment.

For instance, out of the 23,345 Tanzanians who travelled to India in 2013, 20 per cent went for medical treatment.

According to medical sources, the majority of them are going for treatment of heart complications, including surgery. Other chronic diseases that has seen the East Africans seeking medical refuge in the South Asian country include cancer and kidney complications.

The medical 'tourism' in India has also gone with the high cost of treatment, often funded from the state coffers for the public or retired officials.

Health industry sources say it was four times cheaper to treat patients with heart complications locally than seeking treatment abroad.

An open heart surgery, for instance, carried out at the Jakaya Kikwete Cancer Institute (JKCI), would cost only Sh4 million compared to Sh16 million abroad. Development of the regional centres of excellence in East Africa are being spearheaded by the East African Health Research Commission (EAHRC), an institution of EAC.

EAHRC executive secretary Prof. Gibson Kibiki said recently that when fully operationalised, the designated centres can treat a number of the chronic diseases like cancer, and heart and kidney failure.

Rwanda: RSSB to Phase Out Health Insurance Cards

22nd August, 2019
By The New Times (Kigali)
If you are a subscriber to Rwanda Social Security Board (RSSB) medical insurance, soon you won't be required to carry a medical insurance card while seeking healthcare services from health facilities.

This because the Board is shifting to fingerprint or facial recognition technology as a replacement for health insurance cards for all subscribers, including community based health insurance, mutuelle de santé).

Facial recognition is a method of identifying or verifying the identity of a person using their face, such in photos, video, or in real-time.

Fingerprint technology uses a mark made by an impression of the friction ridges in the skin of a finger, such as through digital scanning, in order to provide unique or distinctive pattern that produces unambiguous evidence of a specific individual.

Richard Tusabe, the Director General of RSSB, said that the process could take 18 months and is expected to cost Rwf4 billion.

The move is part of RSSB's efforts to improve efficiency in its medical insurance division, which is vulnerable to fraudulent practices from healthcare providers.

The health insurance card, commonly known as Mutuelles de Sante. Net photo.

Dubious healthcare providers have in the past taken advantage of the weak system by RSSB to bill for medical services they never provided to patients plus duplicating medical bills from other health facilities.

"The benefits are huge when you look at the money we have been losing and inefficient services. We can break even (on the Rwf4 billion investment) within one year," Tusabe said.

RSSB is in talks with the National Identification Agency (NIDA) and the Rwanda Information Society Authority (RISA) to support in the process, he disclosed.

"There are technologies such as face recognition, and fingerprint. But today, people are still carrying (RAMA) medical insurance cards with them to get treated. We want to shift from that," he disclosed.

RSSB says that ascertaining the value of medical bills from all health facilities manually is tedious, time consuming and prone to errors.
As a result, even settling the medical bills has been taking long - with an average of three months.

Dr. Violette Ayingeneye, the Director General of Kibuye District in Karongi District, said that paying bill is five months after a medical bill has been submitted.

"Currently, a person comes with their medical insurance card and we treat them. The use of fingerprint technology to access medical services is a new thing for us. I don't know about it." she said. 

In the 2018/19 financial year, RSSB spent Rwf100.9 billion on paying benefits to members to all schemes it manages including pension, maternity leave benefits, community-based health insurance, and medical scheme.

That disbursement represents 109 per cent of the Rwf95.4 billion that was expected to be spent in the same year, according to figures from RSSB.

**Uganda: UK Minister Impressed By Ebola Work Done in Uganda**

22nd August, 2019
By World Health Organization (Geneva)

Kasese, 22nd August 2019:- The United Kingdom (UK) through its Department for International Development (DFID) has provided eight million pounds to assist countries bordering the Democratic Republic of Congo (DRC) to prevent Ebola Virus Disease (EVD) from crossing borders in the region.

This was announced by Honorable Alok Shama the UK Secretary of State (DFID) while visiting Kasese district yesterday. "We have a good working relationship with the government and that is a relationship we want to continue building. Ebola is a huge issue in this region and obviously for the United Kingdom. We will, therefore, continue working with you and your government on this" he said.

"The good news is that in the last month Uganda has been declared free of Ebola in Kasese district. But the reality is that we cannot be complacent. There are 800,000 crossing between these two countries every month and therefore the
risk of Ebola crossing borders is higher” he added.

"The UK has been playing a leading role in combating the spread of Ebola. UKaid has been giving support in terms of vaccines, screening systems, ambulances and protective clothing. We have been helping local communities to combat the stigma that comes with vaccination and convalescing people. It is absolutely vital that we continue this work to prevent Ebola from spreading" Hon Shama noted.

At Mpondwe border crossing, Hon Shama accompanied by the WHO Country Representative and Dr. Yonas Tegegn Woldermariam, the British High Commissioner to Uganda HE Peter West and the Acting Director-General of Health Services Dr. Henry Mwebesa observed the screening process conducted by volunteers and health workers. He particularly sought to know how health workers deal with possible EVD importation into Uganda given the long and porous border between the two countries.

"The main approach has been to ensure that communities are sensitive and that community surveillance and risk communication actually work so that people are able to identify and report suspected cases. We hold community dialogues and regular engagements with community leaders, volunteers, religious and cultural leaders," explained WHO Innocent Komakech is.

"We are also using radios and distributing IEC materials in local languages in all communities which have raised community awareness. We have procured and distributed telephone sets through which people report to health workers. Training of health workers in government and private health units on infection prevention and control has been emphasized as well, added Dr. Yonas.

Indeed, through such approaches, over 920 alerts have been reported to health workers from communities in one year. On average, weekly nine alert cases are reported and responded to in Kasese district alone.

Fortunately, most of these have turned out negative for EVD. This level of community sensitivity leads health workers to conclude with reasonable confidence that there is no active EVD transmission in the community.

The in-charge of Bwera Ebola Treatment Unit (ETU) Dr. Luise Kabyanga explained to Dr. Shama the history and operation of the ETU that was constructed by WHO and MSF with support from UKaid. "This is the only ETU in the District. Other places have small holding units. When they get alert cases, they only hold them in the isolation units. It’s our responsibility to pick them from there and manage them from here" she explained.

Since June 2019, the Bwera ETU has treated over 68 alert cases with four deaths. The deaths include two confirmed Ebola cases. Others have been due to other causes.

At Isango sub-county Hon Shama and his delegation interacted with local leaders, Village Health Teams and community members who they found in a community
meeting. He was impressed by their enthusiasm, the invaluable messaging through songs and dramas and their tremendous contribution to Ebola work in the communities.

"It's when you come out here that you realize how serious this is. I take this opportunity to thank you very sincerely for the work you do in the community. You are at the frontline of all this and I am humbled to be standing in front of you," he concluded.

**SADC Declares Kiswahili Its Fourth Official Language**

18th August, 2019
By Tanzania Daily News (Dar es Salaam)

THE Southern African Development Community (SADC) yesterday declared Kiswahili its fourth official language after English, French and Portuguese.

Outgoing Chairman of the regional bloc and Namibian President, Dr. Hage Geingob, declared it before he handed over the Chairmanship to Tanzanian President John Magufuli.

"As outgoing Chairman I announce it so that he (the new chairman) doesn't have the trouble to announce it. Kiswahili is going to be the official language of SADC," President Geingob said during the opening session of the 39th Ordinary Summit of SADC Heads of State.

The news came after the ministers from member states had deliberated on the language as one of the official tools of communication in the SADC region.

The Council of Ministers on Wednesday this week proposed Kiswahili to be among the languages of SADC meetings.

In his speech, Dr. Geingob said: "It gives me great pleasure to pass the baton to the incoming chairperson, His Excellency and my dear brother, Dr. John Joseph Pombe Magufuli.

I believe that given his wisdom and dedication to the acceleration of development and welfare of the citizens of our region and continent, he will advance our regional integration agenda to higher heights."

Speaking on the achievements the region had so far made, he said democracy had continued maturing in the region, as demonstrated by the fact that some member countries had successfully held peaceful elections.

"Join me in congratulating their Excellencies Felix Tshisekedi of DRC, Andry Rajoelina of the Republic of Madagascar, Prof Perter Mutharika of
Malawi, Azali Assoumani of the Union of Comoros and Cyril Ramaphosa of the Republic of South Africa," he stated.

On the other hand, Dr. Geingob said one of the challenges facing the Southern African countries was climate change. Between January and April 2019, the region faced several cyclones, namely, Tropical Cyclone Desmond, Enawo, Idai and Kenneth.

"As a result of these events, we witnessed extensive flooding in Comoros, Mozambique, Tanzania, Madagascar, Malawi and Zimbabwe. Heavy rain also affected Kwazulu Natal in South Africa," he said.

The cyclones killed over 1,000 people and about 3,000 others were injured. It also damaged economic infrastructure, education and health facilities and destroyed over 800,000 hectares of farms as well as crops and seed stocks.

Over 3.3 million people were affected and required immediate humanitarian assistance, including food, shelter, clothing, water, sanitation and medical supplies.

In response to these disasters, the SADC region took several measures, including making disaster risk reduction a regional priority, as it is clear that natural disasters can have a significant negative impact on economies and people.

Kenya: Coast Health Workers Vow to Keep off Work until They're Paid

19th August, 2019
By The Nation (Nairobi)

Coast Provincial General Hospital in Mombasa. Hundreds of patients seeking health services, some critically ill, have been left stranded at the largest hospital in the Coast region as doctors and nurses continue to boycott duties.

In Summary

- The boycott has paralysed health services in Mombasa.
- CPGH, which attends to more than 700 patients in a day was Monday deserted with only watchmen keeping an eye.
- But the KMPDU has told residents to brace for tougher times.
Hundreds of patients seeking health services, some critically ill, have been left stranded at the largest hospital in the Coast region as doctors and nurses continue to boycott duties.

The boycott has taken a toll on patients who have urged the Mombasa County administration to resolve the stalemate that has led to the total shutdown of most of the public hospitals.

The Coast Provincial General Hospital (CPGH), Port Reitz, Tudor, Jomvu, Likoni and Kisauni sub-county hospitals are mostly affected as doctors and nurses have boycotted duties since Friday.

PARALYSED

The boycott has paralysed health services in Mombasa.

The Port Reitz Hospital’s mental health and substance abuse department is the second-largest mental health institution in Kenya after Mathari Mental Hospital in Nairobi.

Random checks by the Nation in some of the hospitals revealed patients reporting from as early as 6am only to find no doctors or nurses to attend to them.

CPGH, which attends to more than 700 patients in a day was Monday deserted with only watchmen keeping an eye.

The Nation found critically ill patients lying in their beds at the intensive care unit, a few expectant mothers in the maternity ward and some in the general wards.

"My son was admitted on Thursday last week after he was involved in an accident and until now he has not received any medical attention. I am waiting for doctors or nurses to come and help my child. Governor Hassan Joho, we are pleading with you to ease our sufferings," said Mr. Sharti Tangayo.

He said the hospital caters for the poor.

ONE NURSE

"But those who are rich like the governors who have refused to pay the health workers seek medical attention abroad. But remember it is all vanity. One day God will rescue the aggrieved," he said amid tears.

He said only one nurse was doing rounds in the hospital.

"She is equally overwhelmed. My son is in critical state," he added.

However, some patients opted to seek medical services elsewhere.

A parent, Ms. Latifa Hamim, said her two children need urgent medical attention.

"No health worker has attended to my children one of whom has an ear problem and the other one is suffering from pneumonia. I rushed them to the emergency ward only to be met by a strike. I was expecting all will be well since it is the main referral hospital but my children have not been admitted and they are very sick," she said.

TOUGHER TIMES
But the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) has told residents to brace for tougher times.

"We have not been paid our dues. How will I report to work without fare or money to buy lunch?" asked Dr. Niko Gichana a Mombasa KMPDU official.

Speaking to the Nation by phone, Dr. Gichana blamed the county administration for refusing to pay health workers their duties.

Dr. Gichana said a meeting to resolve the stalemate did not bear any fruit after the over 4,000 county workers realised that the county was making false promises.

"They are telling us to go to work but they are not giving us a timeline on when we will be paid. They are being disingenuous on whether they want to pay people. If you feel like we are not so important let us stay at home," insisted Dr. Gichana.

**PAY WORKERS**

The union asked the county to pay the workers using the 50 percent revenue collected under the Public Finance Management Act.

Dr. Gichana accused the county of politicising the matter.

"Why is it only Mombasa County that has not paid? Why has Kwale paid?" wondered the union's official.

The health workers will Tuesday take stock of the boycott and its effects.

The Kenya County Government Workers Union (KCGWU) Mombasa Branch Secretary Hajj Mwinyi and Kenya National Union of Nurses Mombasa Branch Secretary Stanley Mwailogho said the work boycott will continue until the workers get their July salaries.

**LIFE UNBEARABLE**

"Life is unbearable, we have bills to pay. We met at the governor's office but the one-and-a-half hour meeting ended without anything," he insisted.

Mr. Mwinyi said the county government, led by the Devolution executive who is acting as the Health CEC, Dr. Seth Odongo, said they will send a circular Monday explaining why the salaries have been delayed.

"They further promised to pay our salaries on Wednesday or Thursday next week but we told them we can't force people to go to work," insisted Mr. Mwinyi.

But he said anyone willing to go to work is free to do so and those who are staying put should not be victimized.

"We are working on alternatives to pay the workers as the national conversation and discussion [goes] on. We have even explained to the union officials [that] we understand their plight but they should be patient," County Communications Director Richard Chacha said.
Kenya: MPs Question Education PS Kipsang Over Sanitary Pads Tender

20th August, 2019
By The Nation (Nairobi)

In Summary

- Committee chairman Opiyo Wandayi directed that the PS provide all documents showing the directors of the company.

Members of Parliament have questioned how six companies which did not present the lowest bids were awarded tender to supply sanitary towels to school girls, leading to a loss of Sh25 million.

In a meeting with Education Principal Secretary Belio Kipsang on Monday over audit queries, the lawmakers questioned how a company such as Konyipad Construction, which emerged number six and quoted Sh23 million, was awarded the tender against the lowest bid of Sh19 million.

The MPs linked the Dr. Kipsang to Konyipad Construction, which they claimed share the same address to Belion Construction, an Eldoret-based company associated with the PS and which bagged a tender worth Sh23 million.

Committee chairman Opiyo Wandayi directed that the PS provide all documents showing the directors of the company.

FAULTY APPROVALS

The matter was raised by Mavoko MP Patrick Makau who said he googled about the two companies and found the similarities.

"How come two companies - Konyipad and Belion Construction - share the same address and box number?" Mr. Makau queried.

The six companies that were awarded the tender despite not quoting the lowest price include Nexhom Africa, Imani Holdings, Paula Services, Rossaby Enterprises and Hossib Investments.

Nexhom Africa, which emerged number three during the evaluation of tender, quoted Sh23 million while the lowest bidder quoted Sh21,406,027 leading to loss of Sh1,946,002 by taxpayers.

Imani Holdings, which came second, quoted Sh32,11,125 and won the tender against the lowest bidder, which quoted Sh30,173,202 leading to a loss of Sh1,937,923.

Paula Services Company, which emerged number three during evaluation, was picked despite quoting Sh50,092,454 while the lowest bidder quoted the price of Sh40,185,590, leading to loss of Sh6,699,267.

ILLEGAL MOVE

Rossaby Enterprises quoted Sh49,574,575 and was awarded the tender while the lowest bidder in the same category quoted Sh42,875,308.
Hassib Investments also got the tender having quoted Sh23,952,150 against the lowest bid of Sh23,179,500, leading to taxpayers' loss of Sh772,650.

In his report for the financial year 2016/2017, the Auditor-General said the move by the Ministry of Education to award the tender to the six companies was against the Public Procurement Asset and Disposal Act.

Dr. Kipsang’ told the MPs that the tender was divided into eight lots in order to reserve some slots for the youth, women and persons with disability.

He further explained that Triple was awarded Lot Eight, which had the highest quantity of packets amounting to Sh46,865,610 million.

Uganda: Government Accuses Medics of Fleeing From Ebola Patients

20th August, 2019
By The Monitor (Kampala)

Kampala — Most health workers, who have received specialised training on handling of Ebola management, are the first to run away when suspected cases are booked at a health facility, a senior official in the Ministry of Health has revealed.

Dr. Bernard Opar, a principal medical officer at the Health ministry headquarters, yesterday said medics rush to attend Ebola case management trainings because of the expectation of allowances but shun the cases once in the field.

"I keep asking myself when I say we are organising a training on Ebola case management, everybody runs in that direction [saying] 'I must attend, why have I been left out'? Now let an (Ebola) case come, everybody wants to run away," Dr. Opar said.

He added: "It is happening in most places. I know of an Ebola Treatment Unit (ETU) in a certain facility where Ebola case management case training was done then..."
when we got cases of Ebola, the place is being managed by the people who did not attend the training, but they read [about Ebola case management] and the people who attended the training would stand... and see: are they bringing another one? They would keep checking to run way. This is not right. This is what is happening in this country. Very unfortunate."

Dr. Opar did not mention the health facility, but said health workers need to think provision of services before reward. He made the remarks yesterday in Kampala during refresher training of health workers from 23 Ebola high-risk districts.

Yesterday, district health officers and their emissaries gathered at Hotel Africana in Kampala to discuss better response to the deadly disease.

Some complained that their areas lacked isolation centres while many reported stock-out of personal protective equipment (PPEs) such as gloves, gum boots, aprons and face mask.

"We do not have an Ebola treatment unit neither do we have an isolation centre, we do not have the necessary PPE that we need such as gloves, face masks, gum boots... we need to protect ourselves... this means we are at risk. But people are trained," Dr. Seth Tibenda, the Rubirizi District health officer, said.

Dr. Charles Olaro, the director for Clinical Services in the Ministry of Health, said they are working on ensuring that every facility has the equipment.

Meanwhile Japan International Cooperation Agency has injected $46,000 (Shs170m) to support Uganda’s preparedness and response to Ebola.

**Background**

Ebola broke out in eastern DRC last August and has killed more than 1,800, according to the World Health Organisation. Uganda has had episodes of Ebola outbreaks in the past, which were all relatively controlled. In June, Ebola patients from DRC crossed into Kasese District, where three died. Ugandan officials subsequently discharged and repatriated the other recovering patients back to Congo. Health ministry officials say they have received 760 Ebola alerts this year, which all turned out negative.

**Kenya: TSC Enhances Teachers' Medical Insurance**

22nd August, 2019  
By The Nation (Nairobi)

**In Summary**

- In the new improved scheme, TSC has increased in-patient cover to between Sh750,000 and Sh2.5million from the current Sh500,000 to Sh1.5 million.
- Optical services will now be at Sh45,000 up from between Sh10,000 and Sh25,000, dental is at Sh35,000 up from between Sh10,000 and Sh25,000.
- Maternity will be between Sh100,000 to Sh200,000 up from a previous Sh75,000.
Group life cover will be between Sh450,000 to Sh1,000,050 while the last expense will be between Sh200,000 to Sh600,000.

The more than 318,000 teachers across the country have a reason to smile after their employer enhanced their medical cover.

The Teachers Service Commission, which has received an additional Sh3 billion from the government, has already invited bids for provision of the services which is in addition to Sh6 billion it has been collecting from teachers as their contribution to their medical cover.

In the new improved scheme, TSC has increased in-patient cover to between Sh750,000 and Sh2.5 million from the current Sh500,000 to Sh1.5 million.

**FRESH BIDS**

Optical services will now be at Sh45,000 up from between Sh10,000 and Sh25,000, dental is at Sh35,000 up from between Sh10,000 and Sh25,000, while maternity will be between Sh100,000 to Sh200,000 up from a previous Sh75,000.

Group life cover will be between Sh450,000 to Sh1,000,050 while the last expense will be between Sh200,000 to Sh600,000.

Tender documents by TSC indicate that evacuation cover for teachers and their families will also be separate from in-patient, unlike in the past where it was within the in-patient cost.

Overseas evacuation has been given an extra Sh1 million while Sh200,000 will be provided to a relative accompanying the patient over above in-patient cost.

The move by TSC is a major boost to teachers across the country who have been pushing for a better medical cover.

Children eligible to benefits are aged zero to 18, while those in the 19 - 25 age bracket must prove evidence that they are in school to access the benefits.

At the moment, in-patient cover ranges from Sh500,000 to Sh1.5 million, while maternity is Sh75,000.

Group life cover is between Sh300,000 and Sh700,000 while the last expense is Sh100,000.

The current deal with an insurance brokerage firm expires end of next month and the commission has already called for fresh bids from interested insurance firms.

TSC contracted AON Minet in July 1, 2015, to manage the multi-billion shilling medical scheme.

The commission had at first sought to have the National Hospital Insurance Fund (NHIF) run the teachers' scheme but it seems to have back-pedalled on the proposal, and opted to re-advertise.

**DEPENDANTS**

The teachers' medical scheme covers inpatient medical care, outpatient services, dental and optical medical care.
Data from the TSC shows that some 1,006,673 beneficiaries have been registered under the scheme, with 313,333 being teachers, 178,272 being their spouses and 515,068 being their children.

Kuppet in a proposal to TSC wants an improvement in medical scheme for teachers with in-patient cover being increased from Sh900,000 to Sh2.5 million. At the moment it ranges from Sh500,000 to Sh1.5 million.

Other benefits Kuppet wants are; an annual medical check which will entail examinations such as full haemogram, cholesterol, blood sugar, urinalysis, Pap smear for women, prostate specific antigen(PSA) for men, mammogram and family planning services.

Others are; exclusions for instance the treatment from non-accredited health facilities, vaccines such as Rota virus vaccine, anti-rabies, anti-venom, yellow fever and rehabilitation services for alcoholic teachers.

Teachers also want to participate in identification of health service providers through their representatives and the scheme to revise the number of dependants to five from the current four.

In-patient treatment to include government facilities such as referral hospitals and continuous sensitisation of teachers about the healthcare, group life and last expense incorporating the trade unions.

### Uganda: Nurses Protest Eviction From Hospital Quarters

21st August, 2019
By The Monitor (Kampala)

**In Summary**

- Mr. Jackson Turyahabwa, the acting general secretary UNMU, said reapplying for the houses is unfair.
- “It is not clear why health workers are being asked to reapply for the houses yet they are still serving staff. We have asked the hospital management to swiftly address this issue or else we will be forced to mobilise the nurses to lay down their tools in protest,” he said.
- However, Dr. Nathan Onyachi, the hospital director, said the nurses who were asked to reapply no longer stay within the hospital.
- He said many staff houses are occupied by relatives of nurses and other retired staff while others have been abandoned.

Uganda Nurses and Midwifery Union (UNMU) officials have protested the impending eviction of some nurses from Masaka Regional Referral Hospital staff houses.

This comes after the hospital administrators early this month ordered all nurses living in staff quarters to re-apply for the houses or their rooms would be allocated to other members.
Mr. Justus Nsabimana, the head of nurses and midwives' union at Masaka hospital, said at least 20 nurses have been ordered to leave the houses over failure to re-apply for them.

"Surprisingly, we did not get any communication from the hospital management explaining the need for us to re-apply for the houses. We consider this as mistreatment by the hospital authorities and that is why we sought the intervention of the union leadership," Mr. Nsabimana said on Monday.

He said management should have instead reduced the monthly accommodation fees.

The health workers claim they pay at least Shs200,000 as rental fees which also cover maintenance and utility bills, among other charges, but they say it is too high.

"Why should we pay that money yet it is the responsibility of the employer to offer housing facilities to the employees?" Mr. Nsabimana asked.

Mr. Jackson Turyahebwa, the acting general secretary UNMU, said reapplying for the houses is unfair.

"It is not clear why health workers are being asked to reapply for the houses yet they are still serving staff. We have asked the hospital management to swiftly address this issue or else we will be forced to mobilise the nurses to lay down their tools in protest," he said.

However, Dr. Nathan Onyachi, the hospital director, said the nurses who were asked to re-apply no longer stay within the hospital.

He said many staff houses are occupied by relatives of nurses and other retired staff while others have been abandoned.

"This is what prompted us to ask all staff to re-apply for the houses so that we establish which are occupied and those that are vacant. We have no intention to evict our own staff. This issue has been blown out of proportion by self-seekers," Dr. Onyachi said.

On the exorbitant rental fees, he said the rates were provided for under the Public Service Standing Orders.

"If they want to sleep in staff quarters without paying any penny, I do not think that is possible in the current circumstances," he added.

**Housing facilities**

The hospital has more than 286 health workers, but management can only provide housing facilities to 42 per cent of the staff. Currently, the hospital can only provide accommodation to 98 staff in the existing 54 housing units and other old houses at the hospital.

To address shortage of accommodation, the management in 2017 started constructing another complex to house at least 40 senior staff members. However, the works recently stalled after management decided to use the available funds to complete a new maternity ward at the facility.
Rwanda, DR Congo Agree on Joint Mechanism to Fight Ebola Outbreak

22nd August, 2019
By The New Times (Kigali)

Students put up Information posters about Ebola.

Rwanda and Congo on Wednesday discussed and agreed on joint mechanisms for prevention and control of Ebola virus.

This follows a visit by Théo Ngwabidje, Governor of the Southern Kivu Province in the Democratic Republic of Congo, and Alphonse Munyantwali, Governor of the Western Province to Bukavu region in Congo on Wednesday.

The visit was part of efforts to strengthen cross border cooperation in regards to Ebola surveillance and continue ensuring free movement of people between both provinces.

According to a joint communique signed by both parties, Rwanda and Congo agreed to increase regular communication aimed at addressing issues of mutual interests.

This includes sharing lists of people who have been in contact with Ebola victims or suspected cases.

The two countries further committed to ensuring free movement of people and goods between the two provinces as well as ensuring that epidemic surveillance measures are implemented in order to prevent the spread of the Ebola Virus as specified by the joint technical teams.

On August 6th, the two countries through the respective ministries of health agreed to set up a joint roadmap for cross-border activities aimed at combating the Ebola virus disease (EVD) epidemic.

This was in response to the death of more than 1,600 people Ebola in DR Congo since the outbreak began in August 2018.

Among the aspects of the joint roadmap was establishing a cross-border consultation framework, common mechanisms for the prevention and case management of including surveillance, sharing information, vaccination and case management.

This would allow for the smooth movement of people and goods across the borders without raising their vulnerability.

Ebola was in July declared a Public Health Emergency of International Concern
(PHEIC), calling on the international community to step up its support.

PHEIC 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.

Beyond the measures set up by the joint mechanism, Rwanda is in talks to acquire at least 100,000 doses of an Ebola vaccine for a mass vaccination campaign that targets traders around the country's border with DR Congo.

The World Health Organisation last week announced that they now have an Ebola vaccine that is more than 97 per cent effective and treatments that are more than 90 per cent effective if used early enough.