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Uganda: Government Launches Oral HIV Self-Test Kit
27th September, 2019
By The Monitor (Kampala)

In Summary

- Mr. Tasi said studies conducted showed no suicide cases and the ministry is confident that the potential of harm can be avoided because the test is voluntary.
- Dr. Atwine said apart from graphics and videos provided to educate the users, there should be toll free numbers always available to offer counselling in both government and private facilities, including all pharmacies.

Ministry of Health has launched an oral HIV self-test kit aimed at empowering citizens, especially men to carry out HIV testing.

The initiative is aimed at reducing new HIV/AIDS infections by 2020.

The oral HIV test kit dubbed, OraQuick HIV self-test, a product of Orasure technologies, targets young people aged 18 to 24 years, men and priority populations such as sex workers.

"Currently we are targeting young people 18 to 24 years. For the young people that’s the age bracket we are looking at but of course any one above 18 and it’s because we do not have evidence of children by the Constitution but as more evidence unfolds we are going to get there. For the men, we give the kit to the mother and they take it to the partner, key and priority populations such sex workers," Mr. Geoffrey Tasi, the technical officer-in-charge of HIV testing services, said yesterday.

Easy use

Initially, the self-test kits available involve the use of blood to detect the HIV, however, with oral HIV self-test kit, oral fluids are involved.

The test works by detecting antibodies, the body’s natural defenders against infection. If one is infected with HIV, these antibodies will be present in your blood and also in the saliva. The test will detect the antibodies in the mouth.

Data by the Uganda Aids Commission (UAC) shows that Uganda is registering 1,000 new HIV/AIDS infections and 500 deaths from the viral disease per week, translating into 53,000 new infections and 23,000 deaths annually.

Dr. Diana Atwine, the permanent secretary in the Ministry of Health, said this is timely and will enhance the fight against HIV/AIDS.

She, however, urged the men to take HIV testing as an important issue.

She added that there is still effort to reach the 14 per cent of the people, who are living with HIV but do not know their HIV status.

"Currently, 86 per cent people living with HIV know their status; that means it leave us with 14 per cent of those living with HIV and do not know their status. So how do we now utilise that additional innovation. Really for me this is it ... how
do we now move from this kit and create demand, especially for that 14 per cent that are sick and they need care and they are not getting care," Dr. Atwine said.

However, health officials warn one should not eat or drink within 15 minutes before starting the test.

Mr. Tasi said studies conducted showed no suicide cases and the ministry is confident that the potential of harm can be avoided because the test is voluntary.

Dr. Atwine said apart from graphics and videos provided to educate the users, there should be toll free numbers always available to offer counselling in both government and private facilities, including all pharmacies.

Research. According to the research, OraQuick HIV self-test detected more than 99 per cent of people, who were infected with HIV and people, who were not infected with HIV.

South Sudan Validates and Costs Its National Action Plan for Health Security

25th September, 2019
By World Health Organization (Geneva)

With support from the World Health Organization (WHO), South Sudan has developed and costed a National Action Plan for Health Security, which is a comprehensive, multisectoral blueprint to strengthen the country's core capabilities to manage health risks (as well as save lives and avoid interference to international trade and travel) during emergency situations, as required by the legally binding International Health Regulations (2005).

"Health security starts from ourselves as individuals, as family, as a community and as a society," says Dr. Makur Matur
Kariom, Undersecretary of the Ministry of Health, addressing the participants of the workshop. "We need to act fast to strengthen health systems and develop plans to make the country feel safe and contribute to the health security of the region."

In 2017, South Sudan carried out a Joint External Evaluation, which the International Health Regulations stipulate, to assess the country’s capacities to prevent, detect and respond to public health events that could spread globally.

The Joint External Evaluation showed that South Sudan had demonstrated capacities for surveillance, reporting, immunization, and zoonotic disease control but had limited to no capacity for the rest of the 15 technical areas.

"The country continues to be at risk of infectious disease outbreaks and public health threats", said, Hon. Dr. Martin Elia Lomoro, Minister of Cabinet Affairs. "It is our responsibility to keep the environment safe to prevent public health hazards".

The National Action Plan for Health Security responds to the gaps that the Joint External Evaluation assessed. The next step requires the reviewing and costing of the elements of that plan before they can be instituted or reformed, based on what the evaluation requires.

"Multisectoral consensus on priorities for health security is a crucial step for identifying resources from government as well as external sources to safeguard South Sudan by strengthening implementation of the IHR 2005", says Dr. Makur.

Preparedness, the Government of South Sudan recognizes, is urgent. Over the past few years, South Sudan has experienced outbreaks of cholera, yellow fever and measles, among other infectious diseases. WHO currently classifies the risk of Ebola virus disease transmission into countries that share borders with the Democratic Republic of the Congo (DRC), including South Sudan, as "very high". Ebola cases among persons who had travelled from the DRC were recently confirmed in Uganda, reinforcing the need for regional and global preparedness.

As a signatory to the International Health Regulations, South Sudan is committed to developing a robust, resilient and inclusive multisectoral health system.

"Investing in health security is not the responsibility of the Ministry of Health, it is the primary responsibility of the Government of South Sudan," says Dr. Lomoro.

"Attaining and maintaining country IHR capacities are vital for preventing and mitigating the risk of public health threats", said Dr. Guracha Guyo, the WHO Health Emergency Lead in South Sudan.

"The national action plan enables South Sudan to determine and address the country’s health security priorities to prevent, detect and respond to public health events that could spread globally", says Dr. Olu Olushayo, WHO Representative to South Sudan.
Hence it is important that we operationalize the plan through high-level multisectoral support and leadership, advocacy to develop long term robust, resilient and inclusive multisectoral health system while mobilizing resources to fill in gaps revealed through a Joint External Evaluation, added Dr. Olu.

WHO will continue to work with the Ministry of Health to ensure that the next steps are implemented as quickly as possible.

Under each of the 19 technical areas addressed by the JEE, specific activities were prioritized by a multi-sectoral group of stakeholders with realistic goals being set and informed by the current country context. Based on the diverse stakeholder consultations and engagement, the overall cost of implementing the plan for the next five years was derived and forms the basis for mobilizing requisite resources from Government and donors.

The development of the National Action Plan for Health Security is supported by 'Resolve to Save Lives'.

**Rwanda: RRA Employees Donate Rwf125 Million to Fight Hepatitis C**

24th September, 2019
By The New Times (Kigali)

RBC director-general Dr. Sabin Nsanzimana (left) receives the dummy cheque from Rwanda Revenue Authority boss Pascal Bizimana Ruganintwari. Courtesy.

Rwanda Revenue Authority (RRA) Monday donated Rwf124.8 million to Rwanda Biomedical Centre to be used in the fight against Hepatitis C in Rwanda.

This money was donated by RRA employees and will be used in the testing and treatment of up to 1,300 people.

The donation was part of the Ministry of Health's campaign dubbed 'Rwanda Cares', which was launched in December 2018 to eliminate Hepatitis C by 2024.

By doing so, Rwanda will become the first country in the sub-Saharan region to eliminate Hepatitis C, way ahead of the World Health Organisation's recommendation to eliminate the disease by 2030.
RBC's Director-General Dr. Sabin Nsanzimana, thanked RRA for being exemplary in giving back to society.

"I would like to thank the staff members of RRA for not only having done a great job in their duty of collecting taxes, but also worried about the plight of taxpayers and coming out to support them," he said.

Pascal Bizimana Ruganintwari, the Commissioner General of Rwanda Revenue Authority, said that it is part of the roles of such a large institution to pay attention to the needs of the societies they operate in. And since Hepatitis C is a big threat to the lives of many Rwandans, members of the tax body came together and donated whatever they could towards the social cause.

"Just as the President usually says that the country's biggest asset is its people, there is no way we can get taxes if people are not healthy. That is why we had to pay attention to this issue," he told The New Times.

Statistics from the Rwanda Biomedical Centre show that 4% of the country's population is estimated to be infected. Under the campaign (Rwanda Cares), at least four million Rwandans will be screened for the disease and 110,000 who are infected will receive treatment which will reduce the figure to 1% in 2024.

Dr. Sabin Nsanzimana also hinted on the need for other government and private institutions to learn from RRA's actions and come out to give back to society through supporting such issues that affect almost everyone.

Kenya: Crisis Looms as Hospitals Go Without Crucial Drugs
23rd September, 2019
By The Nation (Nairobi)

In Summary

- Head of Public Service Joseph Kinyua said that the new rules are meant to improve the cost of doing business and efficiency at ports of entry.
- But pharmaceutical firms have said the government neither consulted them nor prepared the industry for the new changes.

Kenyans are staring at a health crisis after it was revealed that hospitals have been operating without a number of essential medicines.

The country could be facing a nationwide shortage of drugs following a new government directive accompanied by
rules that have made importation of pharmaceutical products difficult.

Pharmaceutical firms that import and distribute the drugs have decried the directive, saying it has made the cost of doing business in the country costly and problematic.

The companies have warned that not only will the delays plunge Kenya into a crisis, but it will also raise the cost of drugs.

Some essential drugs, including cancer, painkillers, diabetes, hypertension, epilepsy, stomach ulcers, and even malaria drugs have already run out.

"You can imagine a situation where even drugs for treating mental disorders are missing," said an importer who sought not to be named for fear of being victimised.

Kenya has been grappling with recurrent scarcity of medicines, vaccines, and pharmaceutical products.

For instance in February, two private facilities could not offer dialysis services to patients after dialysis kits were depleted. In July, there was a shortage vital vaccines as well as anti-retroviral drugs.

EFFICIENCY

In a letter to Industry, Trade and Cooperatives Cabinet Secretary Peter Munya, representatives of about 35 pharmaceutical companies have request the government to exempt the importers from pre-shipment inspections, arguing that the Pharmacy and Poisons Board (PPB) is already conducting the checks.

"While we are cognisant of the fact that it is necessary to streamline and put into place measures and operations to ensure compliance to consumer safety and customs provisions in line with the Big Four agenda, the new systems being put in place have resulted in unintended negative consequences with potential to jeopardise sustained access to healthcare products," said Dr. Anastasia Nyalita, chairperson of Kenya Association of Pharmaceutical Industries (Kapi).

Head of Public Service Joseph Kinyua said in a June 4 circular that the new rules are meant "to improve the cost of doing business and efficiency at ports of entry".

He added that the rules are meant ensure that goods coming into the country adhere to regulatory requirements and conform to quality standards.

But pharmaceutical firms have said the government neither consulted them nor prepared the industry for the new changes. As such, some companies have their shipments stuck in manufacturer’s warehouses, Surgipharm Ltd Managing Director Vijai Maini said.

STREAMLINE SECTOR

He insisted that they were not opposing the new directive, but want the system streamlined.

"...the Kenya Bureau of Standards (Kemsa) shall be the lead agency for the purpose of coordinating inspection of goods at the country of origin and the issuance of enriched Certificate of Conformity," he said.
"To address the inefficiencies in the critical processes and factors contributing to increased processing time and costs, the government therefore directs," the circular reads.

But pharmaceutical companies have said that the government neither consulted them nor prepared the industry for the new changes.

As such, some companies have their shipments stuck in manufacturer's warehouses.

"We have orders in the pipeline which cannot be dispatched from the manufacturer's warehouses because of delays caused by this new rule," Surgipharm limited managing director Vijai Maini said, adding that available stock is fast getting depleted.

Dr. Maini insisted that they were not opposing the new directive but want the system streamlined.

Uganda: HIV Patients Abandon Drugs Over Lack of Food
25th September, 2019
By The Monitor (Kampala)

In Summary

- The HIV prevalence rate in the district, however, stands at 3.2 per cent and at the regional level, it stands at 5.2 per cent.
- Dr. Bonny Oryokot, the head of Medical Services at TASO Mbale branch, said many people refuse to take drugs due to stigma.

At least 1,400 people living with HIV/Aids in Mbale District have abandoned antiretroviral therapy (ART) treatment due to lack of food, health officials have said.

The district health officer, Dr. Jonathan Wangisi, on Monday said the people have been on treatment at various health centres.

"Reports indicate that they abandoned the drugs due to lack of food because those drugs are very strong and you cannot take them on an empty stomach. You need a meal," he said.
Dr. Wangisi noted that the district health team will use the existing village structures to trace them and educate them to continue with their treatment.

He added that skipping or abandoning treatment affects the reduction of the viral load and protection of the immune system.

The officer in-charge of the ART clinic at Busiu Health Centre IV, Ms. Lillian Nabafu, said of 600 people enrolled on drugs, half of them have abandoned treatment while others always skip medication.

"We have failed to trace them due to lack of transport. Some of them keep telling us that they cannot continue taking drugs because they don't have food," Ms. Nabafu said.

Mr. Innocent Khaukha, the data clerk at Bufumbo Health Centre IV, said about 400 people living with HIV/AIDS no longer receive treatment at the facility.

Ms. Scovia Akello, one of the persons living with HIV, said she lost her husband two years back for failure to take his medication.

"We didn't have enough food that would enable us to take drugs effectively. My health condition is also deteriorating drastically because I don't have food," she said.

Mr. Robert Wandwasi, the district HIV focal person, said acceptance and disclosure is one of the challenges affecting the HIV treatment process.

"HIV stigma is affecting the picking of drugs at ART clinic. When someone goes to pick drugs and sees someone he or she knows there, that will be the end of him or her picking drugs at the clinic," he said.

Mr. Wandwasi said lack of customer care and confidentiality at some ART clinics in the district is also making matters worse.

He explained that some people stop taking drugs when their health condition improves, something he said leads to drug resistance.

"When you take treatment and your health improves, it does not mean that the virus is no longer there," he said.

According to Mr. Wandwasi, the rate of multiple sexual partners in the district stands at 53.6 per cent, which he said is the main cause of the high prevalence of HIV/AIDS in the district.

Prevalence rate

He said 10 per cent of youth in Mbale District have sex before the age of 14, which he said is largely responsible for the 7 per cent HIV/AIDS prevalence among young people in the area.

The HIV prevalence rate in the district, however, stands at 3.2 per cent and at the regional level, it stands at 5.2 per cent.

Dr. Bonny Oryokot, the head of Medical Services at TASO Mbale branch, said many people refuse to take drugs due to stigma.

"Some of our adolescent girls do not want to disclose their HIV status because they
fear to lose their partners,” Dr. Oryokot said.

**South Sudan: Reproductive Health Rights Essential to Peace, Progress, Gender Equality - South Sudan's First Vice President**

27th September, 2019
By UNFPA East and Southern Africa (Johannesburg)

"At this point in South Sudan's history, we cannot deny that there can be no peace, no development and no equality without ensuring equal rights and full participation for women," Mr. Gai said. "The South Sudan Commitments on the ICPD Programme of Action will not and should never remain just a document that we are bringing to Nairobi, come November."

The commitments will be mainstreamed and considered in all programmes and undertakings by government ministries at the national, state, and county levels, as well as ensuring that the programmes are appropriately funded from the national budget, he added.

The endorsement came at the conclusion of a high-level meeting convened by the First Vice President on behalf of President Salva Kiir, together with UNFPA and the Embassy of Kenya in Juba on 12 September. The meeting was attended by representatives of government ministries, development partners and UN agencies.

The South Sudan commitments aim to intensify efforts for the full, effective and accelerated implementation of programmes related to the ICPD Programme of Action, including funding, as an integral part of the Agenda 2030 for Sustainable Development. It seeks to achieve the three transformative results of zero preventable maternal deaths, zero unmet need for family planning, and zero gender-based violence and other harmful practices.
Part of the commitments addressing the transformative results include:

Increase budget allocation for the health sector to 5 per cent in the 2020-2021 budget, graduating to 15 per cent by 2030, in accordance with the Abuja Declaration;

Increase family planning use from the current 4.5 per cent to 10 per cent in 2020;

Train 3,900 more midwives by 2030 to ensure that there is a midwife at every birth;

Implement age-appropriate comprehensive sexuality education for adolescents and youth by 2025;

Enact the Anti-Gender-Based Violence Law by 2020;

Enact the Youth Development Policy by 2020.

The draft commitments, presented by Dr. Samson Baba of the Ministry of Health, are a result of a series of consultations with stakeholders from non-governmental organizations (NGOs), youth and women's sectors, faith-based organizations, and members of the Parliament.

Deputy Special Representative of the UN Secretary-General Alain Noudehou spoke on behalf of the UN at the meeting and committed UN's support to the government to help achieve universal coverage of basic health services, especially in reproductive, maternal, newborn, child and adolescent health and intensify the implementation of the Joint Programme on Gender-Based Violence, which addresses the drivers and root causes of GBV in the medium to long-term.

At the global level, the Government of Kenya is hosting the ICPD25 Summit in Nairobi from 12-14 November. Kenyan Ambassador Chris Mburu said the Summit offers a great potential for new partnerships and new engagements for all governments, NGOs and civil society organizations, development partners, youth groups, and all other stakeholders to advance the ICPD agenda worldwide.

Christer Hermansson, Head of Cooperation of the European Union, reiterated the support of the European Union to women's reproductive rights. "Women's reproductive rights are central to their empowerment and their ability to contribute to peace and national development and participate fully in global economic progress," he said.

Tanzania: How Rapid Test Helps Tackle Malaria
22nd September, 2019
By The Citizen (Dar es Salaam)
In Summary

Apart from enabling medical practitioners to diagnose many patients at one time, surveys have shown that the introduction of the Malaria Rapid Diagnostic Test (MRDT) has helped addressing cases of clinical malaria countrywide.

Kigoma — Revania Bruno, 29, a mother of two from Kasulu District in Kigoma Region has always opted to consult a doctor whenever she experiences malaria-related symptoms before starting using anti-malarial drugs.

In July this year she immediately consulted a doctor at Kiganamo Health Centre after she suspected she had malaria.

"I experience fever, headache and vomiting," she told a doctor during the consultation session at the centre.

The doctor took finger prick blood for malaria test using the Malaria Rapid Diagnostic Test (MRDT)--the recommended device that detects specific antigens (proteins) produced by malaria parasites in the blood of infected individuals.

The results showed she had no malaria infection. She returned home, prescribed paracetamol to reduce the severe headache.

"I always undergo malaria test before using the malaria-treatment drugs" says Revania during a recent interview with The Citizen.

She added: "But I know many of my colleagues who tend to use antimalarial drugs without doctor's directive."

A month later, Revania, who is currently five-month pregnant experienced similar malaria-related symptoms. She re-consulted her doctor for the second diagnosis.

To her surprise, the second test results showed negative.

Revania's case is medically referred to as clinical malaria. It is when an individual shows all malaria-related symptoms like fever, chills, severe malaise, headache or vomiting, but he or she doesn't have the disease, instead requires a different treatment.

The medical policies recommend that health facilities should first diagnose malaria by assessing symptoms and a subsequent confirmatory blood test by microscopy or MRDTs. However, The Citizen understand that this has always not been the case in many health facilities.
Challenges such as delay in delivery of certain materials such as MRDTs or lack of laboratory technicians in some areas has frustrated the directive.

The situation limit malaria diagnosis to symptoms such as fever only which results into over-diagnosis of malaria cases and consequently, inappropriate use of antimalarial drugs says Dr. Hussein Iddi, a registered clinician at Kiganamo Health Centre.

"Treating patients with malaria first requires a confirmed diagnosis. It has recently come to light that some people undertake anti-malarial medication without undergoing the test," he told The Citizen.

He further acknowledges that the use of MRDTs has helped addressing clinical malaria cases at the centre.

The method has made it easier for laboratory technicians to diagnose many patients at very short time, he said.

"Prior to the introduction of MRDTs, the doctors were examining patients' blood sample using the microscope," says Dr. Hussein.

Dr. Hussein is among healthcare providers in Kigoma who received comprehensive training on Malaria prevention, diagnosis and treatment under USAID Boresha Afya project funded by USAID and implemented by Jhpiego, Engender Health and PATH.

Through the project, Jhpiego in partnership with the health ministry conducted other interventions for malnutrition and family planning. The interventions were in line with the national health policy guidelines, targeting mainly pregnant women and children.

How malaria RDTs work

MRDTs assist in the diagnosis of malaria by providing evidence of the presence of malaria parasites in human blood. RDTs are an alternative to diagnosis based on clinical grounds or microscopy, particularly where good quality microscopy services cannot be readily provided.

Malaria RDTs were introduced in Tanzania by the Ministry of Health in 2008. The diagnostic test does not require a laboratory setting and can be performed by minimally trained personnel who are not laboratory technicians.

"The MRDTs are very rapid as results can be obtained within 20 minutes," says Kiza Kiseka, the Acting Regional Medical Officer (RMO) for Kigoma.

"The policy for the deployment of MRDTs is that the devices should be available at all levels of health care delivery (dispensary to referral hospitals)," he adds. Since the introduction of MRDTs in the country, clinical cases have declined rapidly as only true malaria cases (confirmed with an MRDT or microscopy depending on the level of care) are treated, the RMO discloses. "The MRDTs are deployed at all levels of care. Therefore, it allows for the testing before treatment is administered to individuals who have tested positive."
This increases access to testing by the communities," says Mr. Kiza.

WHO recommendation on Malaria diagnosis.

The World Health Organization (WHO) recommends that early and accurate diagnosis of malaria is essential for both effective disease management and malaria surveillance. WHO further say high-quality malaria diagnosis is important in all settings as misdiagnosis can result in significant morbidity and mortality.

The WHO also recommends prompt parasitological confirmation of diagnosis either by microscopy or RDTs in all patients with suspected malaria before treatment is administered. This guidance has been adopted by the National Malaria Control Programme (NMCP).

"Antimalarial treatment should be limited to test-positive cases while negative cases should be thoroughly assessed for other causes of fever," says WHO country representative for Tanzania, Dr. Tigist Mengestu in a recent interview with The Citizen.

The medical sources further demonstrate that parasite-based diagnostic testing of malaria improves the overall management of patients with febrile illnesses, particularly by helping to identify patients who do not have malaria and consequently do not need an antimalarial medicine but a different treatment. It may also help reduce the emergence and spread of drug resistance by reserving antimalarials for those who actually have malaria, the sources indicate.

Parasite-based diagnosis for all age groups

According to the WHO data, the number of countries that have adopted and implemented policies for the parasite-based diagnosis of malaria is increasing. Ninety-five countries and territories have adopted a policy to test all patients with suspected malaria before treating with antimalarial medicines.

The proportion of patients suspected of having malaria who receive a malaria diagnostic test has increased substantially since 2010, when WHO recommended testing of all suspected malaria cases.

According to 58 surveys conducted in 30 sub-Saharan African countries between 2010 and 2017, the percentage of children with a fever who received a malaria diagnostic test in the public health sector hit a median of 59 per cent from 2015-2017, up from a median of 33 per cent for the period 2010-2012.

Malaria prevalence in Tanzania

According to the Tanzania Malaria Indicator Survey (TMIS) for 2017 conducted by the National Bureau of Statistics (NBS) indicates that the malaria disease prevalence rate dropped from 14.4 per cent in 2015 to 7.3 per cent in 2017.

The report said Kigoma was leading among regions with the highest rate of prevalence, at 24 per cent in children aged 6-59 months followed by Geita (17.3) and Kagera (15.4).
Referring to the malaria prevalence in Kigoma, the RMO highlights that the prevalence is attributable to the presence of refugees camps in the districts of Kakonko, Kasulu and Kibondo.

However, Mr. Kiza says the government has embarked on joint strategic plans with the UN High Commissioner for Refugees (UNHCR) to reduce the malaria burden at the camps.

"The problem is when we provide them with treated mosquitoes nets, they don't use, they sell them," says Mr. Kiza.

To further address the existing malaria burden in the country, the health minister Ms. Ummy Mwalimu was quoted recently saying that the government will allocate enough resources in the areas with high prevalence rates to ensure the prevalence is reduced by 2020.

According to her, the priority will be put in destroying mosquitoes breeding sites, intensify testing of disease infection and provision of mosquito nets.

**Tanzania Appeals for Help to Stop Ebola Spread**

21st September, 2019
By The East African (Nairobi)

**In Summary**

- Last week, Tanzania was thrown into a panic after unconfirmed reports of the death of one person from an unknown disease suspected to be Ebola.
- The WHO and the government confirmed that there was no reported Ebola case or death in the country.

As the region increases vigilance and preparedness to deal with a likely spread of Ebola in eastern DRC, Tanzania has already sought international support.

Permanent Secretary of Health Zainabu Chaula has written to the World Health Organisation, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the UK Department for International Development (DfID) and the World Food Programme, requesting $9.5 million to support the country's preparedness and operational readiness.

In the letter dated September 18 and seen by The EastAfrican, Tanzania says; "It is our expectation that you will help us to accomplish these tasks at the shortest possible time frame."

The government cites the free movement of people across the border to and from the country, "making Tanzania at a very high risk, since the affected health zones in DRC are all located to eastern and southern areas near the long borders of western Tanzania that has over 300 unofficial border crossings."

Last week, Dar es Salaam was thrown into a panic after unconfirmed reports of the death of one person from an unknown disease suspected to be Ebola.

The WHO and the government confirmed that there was no reported Ebola case or death in the country.
Kenya: 51% of the Population Not Listed in Health Insurance Schemes - Study
23rd September, 2019
By Capital FM (Nairobi)

The survey findings released by Infotrack Chief Executive Officer Angela Ambitho (pictured) on Monday shows that 51 per cent of Kenyans don’t own a medical insurance cover while 49 per cent have some sort of cover.

This means, majority of Kenyans dig into their pockets to pay for health services.

According to the research, National Health Insurance Fund (NHIF) was singled out as the medical cover with the widest coverage at 89 per cent.

Universal Health Coverage (UHC) card is held by about 8 per cent of Kenyans while 5 per cent have personal health cover.

Another 5 per cent have employer-provided medical covers. County government medical covers' penetration was reported at 1 per cent.

Four in ten Kenyans in the Universal Health Coverage pilot counties have registered for a UHC card translating to 42 per cent.

Notably, UHC registration is highest among those aged between 56 to 65.

Most Kenyan households were found to have spent at least Sh10,000 annually to cater for health services.

The surveyors went ahead to interview respondents on the provision of healthcare services.

From the findings, only 28 per cent of Kenyans feel that healthcare provision by both national and county governments is good.

40 per cent of Kenyans feel healthcare is poor while 32 per cent rated it at average.
The research established that Kenyans are aware that health is a devolved function, and therefore a responsibility of county governments, and in addition county governments should bear the responsibility for payment of healthcare services.

Poor medical services have been cited as the main reason for not accessing health services from health facilities by most Kenyans, followed by inadequate healthcare facilities.

Tanzania: Anti-Malaria Drugs That Rural Women Ignore - At Their Peril
23rd September, 2019
By The Citizen (Dar es Salaam)

A registered nurse, Ms. Semeni Khalfani (left), serves antimalaria tablets to a pregnant woman, Ms. Hidaya Mchombo, 29, at a health centre in Lindi Region recently.

In Summary

WHO recommends that antimalaria medicines must be given to pregnant women at routine antenatal care visits

Mtwara/Lindi — At the eighth month of her pregnancy, Asha Wemba, 37, made the first clinic visit to Ufukweni Dispensary. However, it was well past the recommended time.

Living in Lindi Region - one of the country's malaria-endemic areas – Ms. Wemba had no idea that she was putting her life (and that of unborn baby) at risk of death from Malaria in Pregnancy (MiP).

"MiP has led to many cases of maternal deaths in this region," says Dr. Silvia Mamkwe, the Mtwara Regional Medical Officer.

Medics say the risk of malaria infection in pregnant women increases due to changes in hormonal levels and immune system that is why they are required to prevent the disease to protect pregnant women and their unborn babies.

The World Health Organisation (WHO) recommends that antimalarial medicines - Intermittent Preventive Treatment in pregnancy (IPTp) - must be given to pregnant women at routine antenatal care visits whether they carry parasites or not.

"Many women tend to ignore or skip the visits, which is dangerous for both mother and unborn baby," says Dr. Mamkwe.

For Ms. Wemba, malaria did not pose any threat. She had headache, fatigue and fever, yet it took the effort of a Community Health Worker in her area to
advise her to go to the clinic, where she was diagnosed and treated for malaria.

Upon being informed on how untreated malaria during pregnancy could have caused serious complications including death, Ms. Wemba vowed to spread the message to other women.

"From now on, I will tell other women to go to the clinic as soon as they realise they are pregnant," she said.

Her case is not isolated. A number of women across the country are not generally aware of the importance of antenatal clinics and why malaria in pregnancy is fatal.

Yet, a study titled: Monitoring Compliance and Acceptability of Intermittent Preventive Treatment of Malaria Using Sulfadoxine Pyrimethamine after Ten Years of Implementation in Tanzania, said at times the drugs are unavailable to the women.

"We conclude that unavailability of Antenatal Care (ANC) drugs is the major reason hindering the implementation of IPTp-SP," said a 2017 study published in the Journal Malaria Research and Treatment.

The Tanzania National Malaria Movement (Tanam) says there is a pressing need to raise voices high for women across the country on the importance of attending early antenatal clinic visits and adhering to IPTp.

"But, as a country, we need to change how we are educating the youth: the males and females in the ages of 10 to 18 and 18 to 24," says the chief executive officer of Tanam, Ms. Beatrice Minja.

"A number of studies are telling us that less educated women can't make the right health choices," says Ms. Minja, adding: "A stronger campaign on early clinic visits could help awaken the women and help them to prevent malaria in pregnancy."

Pregnant women and children under five years of age are at high risk for malaria infections, studies show.

Ms. Minja - who has been involved in research and malaria community interventions for years across Tanzania - believes that the country's Coastal Belt, including Lindi and Mtwaras, is still highly vulnerable to malaria transmission.

"A large part of the country has reduced malaria. But, there are areas that need intensive work - such as the Coastal Belt," she says, referring to various studies.

A Community Health Worker in Mtwaras, Ms. Esther Mpinyi - who has been moving from household to household educating women on the importance of early antenatal care - cites the indifference that is facing women in accessing the services.

"There are women who simply ignore. But I have interacted with those who are completely unaware," says Ms. Mpinyi, who received training under the USAID Boresha Afya project.

In the neighbouring region, of Lindi, the Regional Coordinator for Mother and Child Health Care, Ms. Zainab Mathradas, says males involvement in promoting antenatal care is a key factor.
"Often, men contribute to social barriers. We can get more women attending the clinics if more men are brought on board," she says.

**Rwanda: PAC Orders Probe of Stalled Gicumbi Health Centre Project**

24th September, 2019
By The New Times (Kigali)

Jean Chrysostome Ngabitsinze, the chairperson of the Public Accounts Committee (2nd right), speaks during a hearing at Parliamentary Buildings in Kimihurura last week.

The Public Accounts Committee (PAC) has called for further investigation into the case of the construction of the Rwf620 million Nyamiyaga Health Centre in Gicumbi District that hit a snag.

The decision was made as the district appeared before the committee as part of the ongoing analysis of the 2017/2018 report by the Auditor General.

The construction, which started in 2015, was supposed to be completed in July 2016 but, until today, the hospital is yet to be completed and MPs suspect corruption in offering tenders to contractors who had no capacity.

While the prosecution representative and the legal advisor of Gicumbi District told PAC that some of the suspects behind the stalled project are being pursued in courts, Jean Chrysostome Ngabitsinze, the PAC Chairman, said they will continue to look into the issue and once again summon the district to get an update.

One of the members of the district's tender committee was thrown out of parliament after publicly telling lies while responding to PAC's queries.

"This issue is very serious. Even though some are being prosecuted, we recommend investigating the whole chain that played a role in the stalling of this project, including all staff that were part of the project and are still in their jobs," he said.

The firm had already been paid Rwf313 million, or 51 per cent of the total project cost.

The second contractor also abandoned the works and sub-contracted another firm that is currently trying to complete the project while the supervising company was also changed.

Anonciata Mukarugwiza, the Deputy Chairperson of PAC, asked why no
market intelligence was conducted to know real cost for incinerator before the contract was awarded.

"It is not understandable how the contractor had to set up an incinerator at Rwf2 million, which is impossible because a spot check we did showed that one requires at least Rwf70 million. This is a very big difference," she said.

She said that this implies two things; either incompetence of the tender committee, or tricks deployed by the contractor to be awarded the tender.

The worst mistake, MP Marie Médiatrice Izabiriza said, is that even after the first contractor abandoned the works, the tender was offered to the second contractor without renegotiating the incinerator yet it was the main trigger for the first contractor to abandon the project.

"As result, the second contractor also abandoned the works complaining about small budget which should have been addressed when they established the matter of contention.

MP Jeanne d'Arc Uwimanimpaye said corruption or poor planning in offering the tender must be further investigated.

"We suspect that the district favoured the first contractor. There might be a case of corruption among members of the internal tender committee which must be further investigated since technicians had estimated realistic cost but the tender committee distorted it," she said.

Other stalled projects include Mukarange Health Centre, also in the same district, that had to be completed in 2017, road construction projects and several other projects that were abandoned by contractors without paying workers.

Since many of the summoned employees never provided satisfactory answers to PAC, Felix Ndayambaje, the Mayor of Gicumbi District, committed to correct the mistakes and added that most of the employees that were present during the contract management have since resigned while others are being pursued in courts.

**School feeding**

Meanwhile, the district was also faulted for undermining the school feeding programme that is aimed at ensuring all students, including those from vulnerable families, can have a meal from school.

MPs said that the district disbursed Rwf80 million to boarding schools for the programme instead of Rwf223 million that had been earmarked.

"We wondered how these schools survived without the money reserved for them," MP Izabiriza noted.

**Kenya: A Stomach Bacteria Threatens Nairobi’s Residents. What Can Be Done to Stop It**

23rd September, 2019
By The Conversation (Johannesburg)

*The spread of Helicobacter Pylori (H.pylori) has been flagged as a public health concern in Nairobi due to poor urban sanitation and access to clean*
water. It's a concern because it's contagious, is present in the city's water systems and is hard to treat. If left untreated, it can cause inflammation and even cancer. Kimang’a Nyerere explains what H.pylori is and what needs to be done to better manage infection rates.

What is H.pylori and what are the dangers of having it? What does it do in one's stomach?

H.pylori is a type of bacteria that interferes with the process controlling how much acid is in the stomach.

It can cause a heavy acid load which leads to many issues including inflammation of the stomach lining (gastritis) and ulcers in the duodenum (the first part of the small intestine). It can even damage the stomach’s protective mucus layer, allowing certain cancers to develop.

In general, patients infected with H.pylori don't have any obvious symptoms. Signs may include an ache or burning pain in the abdomen - particularly when your stomach's empty - nausea, loss of appetite, frequent burping, bloating and unintentional weight loss.

How do people catch it and how prevalent is it in Kenya? How does this compare to other countries in the region?

People usually catch it from another person (through saliva) or if they eat food or drink water that's contaminated with faeces.

In 2016 my colleagues and I investigated the presence of H.pylori in the water of the Nairobi River basin, which has three major rivers - Ngong, Nairobi and Mathare. Currently about 56% of the city's residents live in highly congested informal and middle class settlements along the Nairobi River banks. The river is very polluted by garbage, human waste, industrial waste (including agrochemicals, petrochemicals and metals) and overflowing sewers.

This was evident in our tests. There was a high presence of faecal bacteria in the water samples and H.pylori was detected in two of the nine domestic wells sampled and one out of four rivers sampled. This finding is significant considering H.pylori is a serious pathogen that's categorised as a "definite" carcinogen by the World Health Organisation.

The presence of H.pylori can be attributed to a lack of sanitation. We found that 90% of the people who lived in the areas where H.pylori was detected didn’t have toilets connected to the main sewerage system. They mostly used long-drops or defecated openly.

This is worrying because as Nairobi's population continues to grow, if sanitation issues aren't resolved, the risk of spread will increase.

Studies in Kenya have put the prevalence of H.pylori at about 67.5% in all age groups. Though this might seem high, some African countries have shown higher infection rates: 91.7% in Egypt, 97% in The Gambia and 75.4% in Ghana. This is almost twice as high as the average rates in developed countries of 34.7%.

What can be done to treat it and reduce the risk of infection?
Those infected can be treated with antibiotics. Treatment is quite intensive and usually involves more than one antibiotic and antacids over a period of up to 10 days. Because it’s contagious, treating it properly is key to preventing the bacteria’s spread.

Unfortunately, treatment failures are frequently reported. That’s usually because people haven’t taken the medication properly, though there are also cases where the bacteria has become resistant to some of the drugs.

The treatment regime - which drugs are selected, the number and doses of medications used in a combination, dosing frequency, and treatment duration - is crucial in H.pylori eradication.

My colleagues and I recently investigated the effectiveness of a 10-day sequential therapy compared with the standard 10-day triple therapy for treatment of H. pylori infection in children.

Sequential treatment consists of four different medications given over a 10-day treatment in which a proton pump inhibitor (a drug that helps reduce stomach acid production), and amoxicillin (an antibiotic) is given for five days. This is followed by an inhibitor and a combination of two other antibiotics for another five days. Triple therapy consists of two antibiotics and a proton pump inhibitor running over a course of 10 days.

We saw a significant difference in H.pylori eradication between the two regimens. Patients on the 10-day sequential therapy had a much higher H.pylori eradication rate than patients who received conventional treatment: 84.6% versus 48.8%, respectively. This is in line with other studies that show the same.

Kenya should also consider using a test-and-treat strategy. In this approach groups of people who are thought to be at high risk are tested and those who test positive are given treatment. In other countries this strategy has had tremendous success in reducing infection rates.

A test-treat strategy won’t need much to roll out as it only needs a stool sample and a rapid five-minute test. It can be done in any health centre.

Aside from this, because H.pylori is primarily spread through contaminated food and water, it’s important that people have good hygiene practices and access to safe water drinking water. Most of Nairobi’s residents aren’t connected to the city’s sewage system or piped water. They are supplied water - that hasn’t been treated - from groundwater aquifers through private water vendors or private wells. This likely plays a big role in the spread of H.pylori.

Kimang’a Nyerere, Microbiology Lecturer, Jomo Kenyatta University of Agriculture and Technology

**Rwanda: Kigali City Authorities Examine Challenges for Cancer Patients**

24th September, 2019

By The New Times (Kigali)
The City of Kigali is undertaking an assessment of the most demanding needs for cancer patients in Kigali.

Alongside Rwanda Biomedical Centre (RBC), city authorities initiated a needs assessment earlier this year to find out the burning issues concerning cancer awareness, prevention, early detection, diagnostics, treatment, palliative care among others.

The assessment that was successfully completed in August saw a total of 126 professionals from 32 institutions and 80 cancer patients actively participate in data collection and preparatory working group meetings.

Its situation analysis report will be published by early October.

According to Dr. Francois Uwankindi, the Director of Cancer Programme at RBC, their assessment found out 52 needs that the city may have to look into in the fight against cancer.

These, he says, will be examined, and the ten most pressing ones will be selected by experts and the city will design an action plan on how to address them.

"If for instance, we find that the cancer drugs are expensive or that medics numbers are not satisfactory, or that people approach hospitals late; we will ask ourselves what we can do about it and as we work to come up with an action plan for solving such problems," he said.

The efforts are part of the City Cancer Challenge (C/Can), an international project that City of Kigali officially joined in May 2019 as the first African Challenge City.

Launched in 2017 under the auspices of the Union for International Cancer Control (UICC), the C/Can project has created a model that supports communities of cities to learn from each other and transform the way they tackle the ever-growing burden of cancer by crafting scalable solutions that can drive impact at the national level and expand access to cancer treatment and care.

It aims at building a fast-growing global community of cities where innovation is applied to improve the delivery of quality, equitable and sustainable cancer solutions.

The project takes a data-driven approach to identify key gaps and priorities and then mobilises the right partners to address city needs.

It advocates for an inclusive and transparent partnership approach that
brings together the public and private sectors, allowing us to work closely with a wide range of local stakeholders in our cities.

Nadine Umutoni, the Vice Mayor in charge of Socio-economic Affairs said that the need assessment was done to identify challenges and priorities which will guide the city in the fight against the disease.

"Through C/Can, the city of Kigali has the opportunity to deliver a more effective cancer treatment solution leveraging existing infrastructure at different levels of the healthcare system in the city, as well as a good partnership with key stakeholders, including the Ministry of Health and civil society, implementing cancer and NCD related activities," she said.

Umutoni, Monday met with the C/Can Regional Director for Africa Sophie Bussmann-Kemdjo who commended the strong commitment and engagement from high-level national authorities as well as key local stakeholders in the implementation of priority projects to achieve equitable access to quality cancer services in Rwanda.

"C/Can works with cities to make cancer a national priority. Thanks to this initiative, the public and private sector, civil society and, most importantly, cancer patients can sit down at the same table to join forces and work together."

An estimated 10,704 new cancer cases involving 4,520 males and 6,184 females were recorded in Rwanda last year, according to RBC.

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**Kenya: Collaborate in Ebola Fight**

24th September, 2019
By The Nation (Nairobi)

In Summary

- About 225,000 people have received the Ebola vaccine manufactured by German pharmaceutical giant Merck since August last year, but that remains insufficient.
- Ebola is an epidemic like no other. Lethal and highly contagious, the fight against it can only be successful with the concerted efforts and cooperation of everybody in the affected jurisdiction.

One of the biggest hurdles to tackling the Ebola outbreak that has ravaged DR Congo for more than a year has been lack of accurate information about the epidemic. Either due to ignorance or for fear of stigmatisation, many cases of infections have gone unreported, further fuelling the spread.

It is, therefore, unsettling that Tanzanian authorities have been less than enthusiastic in providing information on suspected cases of Ebola in the country, potentially hindering efforts to curb the spread. WHO says it learnt on September 10 of a suspected case of the disease in Tanzania’s commercial capital Dar es Salaam, and information emerged that the patient’s contacts had been hidden yet the person had tested positive for Ebola.
Two other suspected cases were also not reported. But on September 14, Tanzanian authorities officially reported there was no Ebola in the country but declined independent tests by WHO.

Also troubling is an accusation by the aid group Doctors Without Borders (MSF) against WHO for rationing the Ebola vaccine in DRC, where more than 2,100 people have died of the virus. It called for an independent international coordination committee to ensure transparency of stocks management and data sharing.

About 225,000 people have received the Ebola vaccine manufactured by German pharmaceutical giant Merck since August last year, but that remains insufficient. Ebola is an epidemic like no other. Lethal and highly contagious, the fight against it can only be successful with the concerted efforts and cooperation of everybody in the affected jurisdiction.

No person or group should sacrifice the anti-Ebola crusade at the altar of partisan interests. While we unequivocally sympathise and empathise with the affected persons, the havoc visited upon them by the epidemic could easily spread and harm more people.

**Tanzania: WHO Denies Reporting Ebola Case in Tanzania**

24th September, 2019
By The Citizen (Dar es Salaam)
During the talks between deputy minister of Foreign affairs and international cooperation Dr. Damas Ndumbaro, Dr. Mengestu insisted that WHO has never reported that there was an Ebola outbreak in Tanzania.

"WHO has never or has no evidence that there is Ebola outbreak in Tanzania," said Dr. Mengestu in a statement released by the ministry.

She reaffirmed WHO's commitment to continue to collaborate with the government on health issues.

The government summoned WHO country representative following recent speculations that there is Ebola outbreak in the country.

Recently there were unconfirmed reports of the disease, following a death of a woman with Ebola-like symptoms.

However, the government has since denied that a woman, who died at Tembeke Referral Hospital had died of the disease.

In an exclusive interview with The Citizen recently the United States secretary of health, Mr. Alex Azar, ahead of his visit to Tanzania said the organization was aware of the death of a woman with ebola-like symptoms.

However, Mr. Azar said Tanzania government, which revealed that the samples from the woman, which were taken to the government Chief Chemist was not shared with WHO.

"We call upon the government of Tanzania to comply with the international health regulations and call for transparent disclosure of information and strong cooperation with the international health community" he was quoted as saying in the interview.

However, the government through minister for health Ms. Ummy Mwalimu allayed fears over such reports.

The woman, a Tanzanian medical doctor, who was studying in Uganda had died of a viral infection akin to the deadly Ebola disease.

Health minister Ummy Mwalimu termed the reports which say six other people had developed Ebola-like symptoms as mere rumours.

She told journalists that there were two cases of people from Mwanza and Dar es Salaam, who had been suspected to have contracted the Ebola virus, but they tested negative.

The minister's assurance, which was issued on September 15, came just a day after WHO said it was investigating, "as a matter of urgency", a 'rumour' of death from an unknown illness in Tanzania. Some embassies also issued alerts over the WHO warning.

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

**Uganda: Cipla Recalls 20,000 Hepatitis B Drugs**
25th September, 2019
By The Monitor (Kampala)

The drugs are supplied to public health facilities by National Medical Stores (NMS).

In Summary

- Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease. When a person is first infected with the Hepatitis B virus, it is called an acute infection but this becomes a chronic infection if one is unable to get rid of the virus after six months.

The Cipla Quality Chemical Industries Ltd (CiplaQCIL), a pharmaceutical company in Uganda, has recalled at least 20,000 Hepatitis B doses from the market after they discovered a problem with packaging.

What Cipla has called 'voluntary' recall has, however, enraged people living with Hepatitis B with Hepatitis B (NOPLHB), as Cipla officials sought to calm the tempers.

There are also fears that some chronic Hepatitis B patients on life time treatment risk suffering severe liver complications and even death following the withdraw of [free] Hepatitis B drugs from the market.

The drugs are supplied to public health facilities by National Medical Stores (NMS).

In public facilities, NOPLHB get vaccines at no cost yet in private facility, a pack of the Texavir drugs costs between Shs25,000 to Shs35,000 depending on the place.

Daily Monitor understands that Cipla withdrew Texavir, a tenofovir based drug on the market in July, citing inconsistency in the closure system of the packaging material.

The company explained that it conducted a recall of the Hepatitis B batch of medicines due to a suspected inconsistency in the closure system of the packaging material of the Texavir batch and not due to concerns on its efficacy.

Mr. Nevin Bradford, the CiplaQCIL chief executive officer, yesterday said, the recall was voluntary, part of quality management systems for medicines and is an international practice required of every drug manufacturer as per good manufacturing practices (GMP).

"Upon the recall, additional tests were carried out to establish any potential impact of this inconsistency on the patient
safety and no impact on the patient safety has been established," Mr. Bradford said.

Mr. Bradford also promised that replacement of the recalled stock of tenofovir, [a hepatitis B virus reverse transcriptase inhibitor] is in-process and expected by the beginning of next month and those drugs that were withdrawn from the market would be destroyed.

But Mr. Kenneth Kabagambe, the founding executive director for NOPLHB, said currently, people living with Hepatitis B cannot refill from any of the public health facilities in the country supplied by the company.

"Of course there are people going for days [without taking the drugs]. Unless you are buying from the private pharmacies. As an organisation we don’t have money and our hands are tied," M. Kabagambe said.

Dr. Emmanuel Seremba, a specialist in treating Hepatitis B at Mulago Referral Hospital, said the effect of withdrawing from the drugs in a couple of days or weeks may be hard to determine but sometimes it may lead to aggressive or severe liver diseases in some people.

### About hepatitis B

Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease. When a person is first infected with the Hepatitis B virus, it is called an acute infection but this becomes a chronic infection if one is unable to get rid of the virus after six months.

Unlike acute Hepatitis B infection whose symptoms resolve over weeks to months and the patient is cured of the infection, chronic Hepatitis B is not curable but can be managed.

### Kenya: Wajir Health Officials Say Cholera Outbreak Contained

25th September, 2019  
By The Nation (Nairobi)

Wajir Health Services Chief Officer Ahmed Garaat who has revealed that the recent wave of cholera outbreak in the county has been contained.

#### In Summary

- Wajir Health Services Chief Officer Ahmed Garaat reported nine lives lost and at least 495 people infected with cholera.
- The epidemic was first reported in May and was suspected to have originate from neighbouring Kotulo in Mandera.
- The county has started health education on cholera in schools and market places.
The recent wave of cholera outbreak in Wajir County has been contained, according to Health Services Chief Officer Ahmed Garaat.

Mr. Garaat said the epidemic, first reported in May, has so far claimed nine lives and left at least 495 people infected.

"The situation across Wajir is calm compared to the recent past and since May when the disease was first reported in Tarbaj Sub-County," he said.

The killer disease claimed at least three lives over the weekend but Mr. Garaat said the victims died outside the established treatment centers.

"The recent deaths that happened three days ago happened outside the health facilities but we ensured we got all the sick and any suspected case to the treatment centers," he said.

**SITUATION UNDER CONTROL**

There are five cholera treatment centers in Wajir County set up in Tarbaj, Wajir East, Wajir West Wajir South and Habaswein sub-counties.

"We have standby ambulances within areas we perceive as hotspots at the moment but as we speak the situation is calm," he said.

The health official said due to the improved health situation, Tarbaj and Habaswein cholera treatment centers have remained idle.

"We don't have patients in some treatment centers but they remain operational until we are sure of the situation," he said.

He said that the disease originated from the neighbouring Kotulo in Mandera County.

"This is a cross-county situation that we are dealing with and we urge our people to observe high hygiene standards to deal with spreading the disease," he said.

**CHOLERA CAMPAIGN**

In Wajir, health education about cholera has been introduced in schools and market places to enlighten residents on the importance of sanitation and hygiene at home.

"Our health officials are visiting schools, market places and homes [and] organising public barazas just to ensure everyone gets to know the importance of high standards of hygiene," said Mr. Garaat.

He said radio talk shows in the local dialect have been organised to spread information on cholera.

"We are getting support from other health service providers in the country and I believe in the next few days we will have dealt with the situation completely," he said.

**CONTAMINATED WATER**

Mass water treatment has been launched in the county after it emerged that contaminated water sources were the leading causes of cholera in Wajir.

"Apart from home sanitation and hygiene, we are treating all water points..."
across the county as we seek to deal with the disease," said Mr. Garaat.

Cholera is an infectious disease that causes severe watery diarrhoea which can lead to dehydration and even death if untreated.

It is caused by eating food or drinking water contaminated with a bacterium called vibrio faeces.

The bacteria is usually found in food or water contaminated by faeces from an infected person.

**DEADLY DISEASE**

When a person consumes the contaminated food or water, the bacteria release a toxin in the intestines that causes severe diarrhoea.

Mr. Garaat said all food kiosks and open eateries will remain closed until authorities are sure of the situation.

Cholera symptoms can begin as soon as a few hours or as long as five days after infection and include watery diarrhoea and vomiting.

Other symptoms of cholera include rapid heart rate, loss of skin elasticity, dry mucous membranes, thirst and muscle cramps.

If not treated, dehydration can lead to shock and death in a matter of hours.

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**Tanzania: Measles, Rubella Vaccination Very Safe-Isles Authorities**

25th September, 2019
By Tanzania Daily News (Dar es Salaam)

AS Zanzibar joins other countries to observe vaccination week, authorities here have assured parents that the five-day Measles- Rubella- immunization exercise set to begin tomorrow (September 26), is a safe exercise.

"Our staffs are trained and the medicine is safe. Let us join hands to protect our children," said Mr. Fadhil Mohamed Abdalla, the Director, Prevention, who added that the exercise also includes vaccination against polio.

He asked parents with children at the age of nine months to 14 year to ensure their children are vaccinated during the period, saying "You should ignore rumours and speculations that the vaccination has negative impact on children."

" Dr. Abdalla said the exercise will be carried out in all public health facilities.
and in identified facilities in the country, as Ms. Marina Joel Thomas, the District Commissioner (DC), for Urban warned of stiff punishment to those who mislead parents by spreading rumours that the vaccination is unsafe.

"We will act tough against people trying to sabotage the exercise," she warned as she asked parents not to miss the opportunity that aims to protect children, and urged the media to help send the right message to the public.

The campaign also seeks to help the country progress towards global measles and rubella control and elimination goals, where some studies show that Rubella is a leading cause of congenital defects, with 100,000 cases being reported in developing countries annually.

Health experts say that deaths and disabilities from measles and rubella are completely preventable.

Rubella just as measles is a highly infectious disease and humans are the only reservoir.

Kenya: Sense of Relief As Families Embrace Malaria Vaccine Roll Out in Kenya

26th September, 2019
By World Health Organization (Geneva)

September 13, will forever be a memorable day for Noreen Koech, 22.

Recently, she watched with tears running down her face as her 6-month old son Elian Koech became a momentous sensation as he led the pack in receiving Kenya’s first dose of Malaria vaccine during the roll out.

Elian was the first of the 10 children lined up for the inaugural malaria vaccination in Kenya in Ndhiwa, Homa Bay County. When the vaccination began, numerous journalists and photographers rushed to get the rare shot, even as dignitaries and guests clapped and ululated in jubilation.

"I knew it was a significant event, but I did not expect all the jubilation and attention given to my son," she said, adding that her tears were those of joy and appreciation of the moment.

She further said she was elated by the promise that her child and others around him would benefit from the new vaccine which as had been explained to her, would reduce the malaria episodes and the threat malaria brings to the lives of
many children in her home and surrounding areas.

Noreen, who is a trained teacher waiting to find work, said as far as she could remember, malaria had been a cause for constant worry - for parents and adults in the area. She said Elan had suffered an episode of malaria a month before and that "almost all the time, someone around here is suffering from the disease".

This vaccination thus, brings great promise and relief for her child and all the children who get it, she added.

Her experience is not isolated. For many families at the malaria prone areas of western Kenya, coastal region and elsewhere, the disease is a constant source of worry and inconvenience among families.

"My grandchild has been admitted five times due to malaria-related illness since the year began," one grandmother at the Siaya Referral hospital said.

The grandchild was among several children at the pediatric ward of the county hospital recovering from malaria.

At Iguhu County hospital in Kakamega, one third of the under five children (33.8%) who were suspected to have malaria symptoms, were confirmed to have the disease, while at Khunyangu Sub-County hospital in Busia, more than half (51.2) of the suspected cases had malaria.

"We are very excited about this", Yvone Ingosi, a mother who watched the news of the launch said. I purposely came to the hospital to find out if it is being offered here and fortunately they have it." Her son Bayley, received it at Vihiga County Referral Hospital.

Malaria in almost all hospitals in the region is the top diseases that communities and health workers have to deal with.

"Malaria still remains one of the top 10 causes of death in the country, and a leading killer of children under 5, Cabinet Secretary Hon Sicily Kariuki told guest who had gathered at the launch. The prevalence has remained high, with an incidence of up to 27% among children aged less than 5 years, especially in the lake region, where the condition is endemic, she added.

The new malaria vaccine, RTS, S, which has already been introduced in Ghana and Malawi brings with it a relief that it will boost existing interventions like nets, insecticide sprays among others.

The vaccine will prevent 4 out of 10 malaria Infections and prevent severe malaria by more than 30 percent, WHO Representative in Kenya, Dr. Rudi Eggers said.

"The malaria vaccine introduction and programme, will help us learn more about the potential of this prevention tool to change the trajectory of malaria - a disease that has held Kenya and Africa, its grips for ages" Dr. Eggers said.

He said the historic 30-year work done towards achieving a vaccine, "represents a dream come true for many people - scientists, public health experts and leaders, health care workers, community
advocates, public and private partners, and the people, children and families who have suffered from the disease."

The phased introduction has been rolled out in selected eight counties of Homabay, Kisumu, Migori, Siaya, Busia, Bungoma, Vihigo and Kakamega countries. Within the 8 counties, some sub-counties are introducing the vaccine into their immunization schedules, while others expect to introduce the vaccine later. It will reach 120,000 young children per year, for the next 4 years.

"The phased introduction will inform decision makers about vaccine's impact in reducing child deaths, vaccine uptake, and vaccine safety in the context of routine use," Dr. Eggers added.

Evidence and experience from the phased introduction will inform WHO policy recommendations on the broader use of the RTS,S malaria vaccine in sub-Saharan African, he added.

It is administered in four doses which will be administered from 6 months and with the last dose given at 24 months.

The introduction of the vaccine, RTS,S as it is known, follows years of clinical trials in Kenya and six other countries in Africa in which the 4000 children who received the vaccine suffered fewer episodes of illness, including severe malaria.

He said the optimum protection from the disease will "demand a combination of tools and actions so we urge all of you to do your part because we won't achieve our vision for a malaria-free world without you"