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Burundi: Wednesday's Daily Brief - Fear Rampant in Burundi, WHO on Nutrition, Hurricane Dorian Latest, Cyberbullying Poll, Bachelet, One Year On

4th September, 2019
By UN News Service

A recap of Wednesday's main stories: UN rights experts warn 'climate of fear' rampant in Burundi; New health report on proper nutrition; One in three young people say they've been bullied online; and UN's top rights official on world's crises

'Climate of fear everywhere' in Burundi, warn rights experts

A "climate of fear" exists "everywhere" in Burundi ahead of elections in 2020, that's from UN-appointed rights investigators on Wednesday, highlighting killings, arbitrary arrests and the torture of political opponents of the Government.

Unveiling its third report, the Commission of inquiry on Burundi alleged that serious rights violations--"including crimes against humanity"--have continued to take place in the Great Lakes State since May last year--its latest investigating period.

Speaking in Geneva, panel expert Françoise Hampson insisted that youth activists known as "Imbonerakure" who are linked to President Pierre Nkurunziza's ruling party, were responsible for much of the abuse: "They are present everywhere, and they are able to intimidate, terrify", she noted.

In their report, the investigators also compared the situation in Burundi with the UN's framework of analysis for atrocity crimes and found that eight common risk factors for criminal atrocities were present.

3.7 million lives could be saved by 2025, through better nutrition

If health services boost their focus on how to eat better, 3.7 million lives could be saved by the year 2025. That's according to the World Health Organization's (WHO) latest report on ways of improving nutrition, released on Wednesday.

The report, Essential Nutrition Actions: mainstreaming nutrition throughout the life course, stresses the role of primary health care as the foundation of universal health coverage.
Secretary General pledges UN solidarity with Bahamian people

Following the devastation caused by Hurricane Dorian in the northern Bahamas, the Secretary-General remains "deeply concerned for the tens of thousands of people affected in the Grand Bahamas and Abaco."

In a statement attributable his spokesman, Stephan Dujarric, Secretary-General António Guterres offered his condolences to the families of those who lost their lives in the disaster, wishing a speedy recovery to those injured.

A third of young people polled by UN, report being a victim of online bullying

Around one-in-three young people across 30 countries say they have been bullied online, while one-in-five report that they have skipped school because of it.

Those are some the key findings in a new poll released on Wednesday by the UN Children's Fund (UNICEF) and the UN Special Representative on Violence against Children.

Speaking out anonymously through the youth engagement tool, U-Report, almost three-quarters of young people said social networks, including Facebook, Instagram, Snapchat and Twitter, are the most common place for online bullying.

Human rights are everyone's business, amid relentless crises around world: UN's Bachelet

The relentless outbreak of crises around the world - from the fires in the Amazon to "carnage" in Syria and demonstrations in Hong Kong, Russia, Indonesian Papua and elsewhere - risk pushing the world "further and further away from global solutions to global problems", the UN's top rights official said on Wednesday.

Briefing journalists one year since she took office, High Commissioner for Human Rights, Michelle Bachelet, appealed for greater international cooperation.

In our increasingly interconnected world, human rights violations in one part of the planet can have serious repercussions on another, she maintained.

Tanzania: Why Malaria Fight in Tanzania Must Be People-Centred

1st September, 2019
By The Citizen (Dar es Salaam)
Top: A woman and her baby sleeping under an insecticide-treated bed net. Anti-malaria campaigners say the fight against the disease must be seriously extended to community and households level. Below: Tanzania National Malaria Movement (Tanam) CEO Beatrice Minja during an interview with The Citizen in Dar es Salaam this week.

In Summary

- As countries marked World Mosquito Day—an annual event aimed at raising awareness about the causes of malaria and its prevention last week, the question remained as to what needs to be done to end malaria.

In Tanzania, stakeholders believe that if good health systems are put in place, enough funding for prevention is guaranteed and leaders are fully committed, then the war on malaria is bound to be won.

On another front, the Tanzania National Malaria Movement (Tanam) says the fight against malaria needs to be taken to the people or rather communities.

Tanam CEO Ms. Beatrice Minja who has been in the malaria fight for over two decades explains to The Citizen’s Assistant News Editor Syriacus Buguzi why people-centered or community-based collaborations are touted as workable models for building trust in campaigns that require the uptake of malaria interventions. Excerpts...

Question: You have been on the campaign against malaria for over the past 20 years. What has it been like to fight a disease that’s still rife even today?

Answer: In the year 2002, malaria was a serious problem but its profile was low. By then, there was very little investment in ending it. But after years of advocacy and convincing the government as well as other actors, today we are seeing more investment pouring in to support malaria interventions. This is actually how the plans for malaria elimination process started. So, the situation in terms of efforts being invested to tackle the disease has been improving over the years. The fight must continue if we really want to eliminate the disease. I think it’s now important that we start engaging communities in scaling up the fight.

Have the communities not been fully engaged in the fight against malaria in Tanzania?

I won’t say the community is not wholly engaged. It’s partial. There has been some engagement. Most of the malaria interventions in place are not community-based. They have in some sort been imposed on people. Such malaria programs don't originate from the people themselves. If communities don't own the anti-malaria programs that means their commitment to fight the disease is very low.

So, what involving the communities will mean in eliminating malaria?

If you engage the communities, they will develop their innovations of eliminating malaria and they will start understanding
the new knowledge on malaria interventions and utilize it. If it's not community-owned, it's like someone bringing something new to them. The seriousness about taking the best practices on malaria treatment and prevention is lacking. This is also manifested in vector control, whereby people tend to wait for the government to go and carry out interventions in their localities. The community must be the first actors as much of the success of programs depends on the willingness of the households to take up the responsibility.

The communities must be made to understand that they have a crucial role to play in combating malaria. They need to understand that it's their responsibility to tackle their health problems and not to wait for someone else. So, we need to improve community systems.

You have been involved in malaria control programs through Tanam. What have you done to reduce the malaria prevalence in the country?

Our focus, right from the beginning, has been on eliminating malaria. We understood that as a single organization, we couldn't do it. So, we mobilised NGOs, community-based organisations (CBOs), faith-based organizations and other groups to get one voice that we need to push the malaria agenda. Through that voice, we have managed to advise the government on which way to take in the malaria fight. For instance, we understood that by relying on CBOs, we could reach out to households and this could reduce the government's burden. That way, it was possible to mobilise resources through CBOs to reach the people affected by malaria at community level. We owe the biggest part of our successes in empowering communities. Our advocacy wasn't only about mobilising resources through CBOs, but also it was about advising the government to make use of local products to build sustainability. For example, we advocated for the A to Z factory. You see, we as a country used not to have permanent substances to treat bed nets. We used not to have nets that were not rered in the factory. That was tedious business. So, we advocated for transfer of technology that gave rise to the A to Z factory. We went ahead to advocate the use of larvicides.

What is it that Tanam hasn't yet done that you still need to do in malaria fight?

The next thing that we want to do is to advocate the first line treatment for malaria to be manufactured right here in Tanzania. We haven't had this chance and I do believe, as a country, we can do it. By having our own products, we create employment for our people, we make use of our own natural resources. For stance, Arthermther, which is one of the components used in making the malaria combination therapy is grown in Iringa Region. It's time to use our own chemical products to make malaria drugs.

What do you think is impeding the efforts to use our own resources to make anti-malaria drugs?

The challenge here is lack of investment into it. If the government will seriously look into it, perhaps seek partners to
make it possible that can be much better. There is huge competition in that area, I know, but all can be done. The investors can be called in to do it in our own country. That is, the private sector. All this will depend on whether the government will make it a priority.

Taking an example of the Kibaha Biolarvicide plant which was launched about 3 years ago here in Tanzania, do you think we, as a country, have utilized it fully?

No. The country hasn't utilized it fully because we are not seeing the products in the market. We, as Tanam, went to the factory when it was launched and we wanted to establish how its marketing strategy would be and also know its market share that can be available for Tanzania. But, since that time, we haven't seen the product on the market even as we have our market share in it. Why aren't we utilizing the products? Well, we learned that there was no marketing strategy and when you don't have this, it means the distributor is not known, it means that there are logistical challenges.

We also went ahead to test if the communities had the ability to make use of it, and assume the responsibility of controlling malaria vectors by using the bio-larvicides, we realized that the community was ready. The community is ready and can indeed make use of it. It's only that the authorities in the country have to create a good marketing strategy for it and find how best they can put the product in the market.

As a civil society, you advise the government and complement its efforts in such programs as malaria control. Do you think the government is currently employing the right approach in dealing with malaria?

Theoretically, the government has a good malaria strategy that is guiding the programmes. But within the strategy, there are few malaria innervations that are currently running. There are those which are not. For example, currently there is more push for the use of Insecticide Treated Nets (ITNs). It has helped, but ITNs cannot eliminate malaria. There has been the use of ACT that's combination therapy—we are seeing achievements in this. But we need a combination of strategies now. There is still a gap and some other strategies are yet to be implemented.

As we look forward to eliminate malaria by 2030, the government needs to review the model of how we engage people, partners, and other sectors. We need to use a multi-sectoral approach in dealing with malaria so that we can tap into every opportunity and all interventions can be rolled out.

You have worked on malaria in Zanzibar. What do you think puts the Isles ahead of the Mainland in malaria control?

Zanzibar is an Island. It's a small area compared to the mainland where the malaria issue can be very complex. The mainland has also done quite a lot.

A larger part of the country has reduced malaria but there are areas that need intensive work, such as the Coastal Belt.
We seriously see that the coastal belt is very vulnerable. Why don't we put more intensive work there? There is the Lake Zone. Why are we not putting more resources there? It appears to me that the transmission actually comes from these coastal areas and the lakes because of people's movements.

There are campaigns going on in those areas on ITNs and other interventions such as Indoor Residual Spray. These are helping. We hope much more will be done. In Lindi, Ruvuma, Mtwara and Pwani; in the Coastal belt generally much effort is highly needed. But again, I would say it's not only about investing in malaria tools. There is a question of behavioral change and an issue of gender and human rights barriers.

My experience in our assessment as Tanam shows that where there are gender and human rights issues, malaria is also high. Where there are many community barriers, there is high malaria prevalence. If there is child abuse or domestic violence, you will not see the use of bed nets-people sleep outside! If we don't address community gaps, it will be difficult to make it.

If a policymaker approached you and asked you to propose one best way to tackle the malaria situation in the country today, what would you advise?

I would tell him/her to consider seriously the vector control strategies— that is dealing with the mosquitoes. I would indeed ask them to take it even more seriously.

What if the policymaker tells you the government has started doing that already? In fact, it has been reported that such strategies are being implemented in Dar es Salaam.

Those are just pieces. Doing it in one area and that's it is not enough. We need to comprehensively look at it as a countrywide issue. What can best be done is to set up a policy that will guide how this can be done in urban settlements and where there is a high concentration of the vectors. Vector control initiatives should be taken seriously and use all the by-laws and the community is addressing the issues. If community behaviors and barriers are not put in line with this strategy, we won't make headway. This is where the community must actually be engaged more strongly.

What if the authorities say it's very expensive to roll out such a program countrywide? That the government has many competing priorities?

I don't think the problem is the cost. The issue here is priority. If the intervention is made a priority, it will sail through. But remember, the government is not alone. Communities can do a lot. If they are mobilised and made to understand what it means, they will do it. The local leaders can then push the agenda forward through the communities.

And, how best can the government deal with vectors?

That's why I have always been an advocate of the fact that the government should set up a department at the health
ministry which will deal with human vectors.

That will help us save resources. Because if there is a department, it means that there will be a group of experts who are committed and assigned to carry out interventions that will help get rid of the vectors instead of having a small vector control desk. This desk can't work it out well because it cannot coordinate other stakeholders in other ministries for example agriculture, industry and the rest. We need a department that is capable of mobilising everyone to carry out interventions against vectors.

Kenya: Sh40m Cancer and Research Centre Opened in Machakos

1st September, 2019
By The Nation (Nairobi)

Machakos Governor Alfred Mutua, his wife Lilian and County Speaker Florence Mwangangi listen to doctor at the newly-opened Machakos Cancer and Research Centre on August 29, 2019 during its official launch. The centre was built at a cost of Sh40 million.

In Summary

- Dr. Mutua said that the residents will receive quality screening, diagnosis, counselling and treatment.
- He said that the initiative is meant to ensure that cancer treatment is for all of and not just a few who can afford high medical fees.
- The centre can do high quality diagnosis and provide chemotherapy treatment and advanced surgery.

Machakos residents will benefit from free cancer treatment after Governor Alfred Mutua opened the Machakos Cancer Care and Research Centre.

The first of its kind, the cancer centre was opened at the Machakos Level Five Referral Hospital and it was set up at a cost of Sh40 million.

The centre will see patients get surgical oncology, chemotherapy, radiotherapy, cryotherapy, nutritional support and transfusion medicine.

FREE TREATMENT

Speaking during the launch on Thursday, Dr. Mutua said that with the opening of the centre, Machakos residents who are registered in the Universal Health Care Programme will get free treatment.
He said that the residents will receive quality screening, diagnosis, counselling and treatment.

"Others from the South Eastern Kenya Economic Bloc region will receive special rates and all citizens from the entire country will pay a subsidised price - the cheapest in Kenya," Dr. Mutua said.

**TREATMENT FOR ALL**

Dr. Mutua said that the initiative is meant to ensure that cancer treatment is for all of and not just a few who can afford high medical fees.

The governor hailed his wife Lillian, saying she helped make the cancer centre a reality.

"I wish to commend our Machakos First Lady Lillian who has been to basically every corner of Machakos County in the last six years, running cancer screening sessions. However, after all these sessions, she would come home slightly sad. Sad not just because the sessions identified people with cancer but because that was just it - identification," he said.

**EQUIPMENT**

He added that the Machakos cancer centre has been set up with equipment purchased by the county government.

Dr. Mutua revealed that his wife Lillian also sourced equipment from friends and well-wishers including Dr. Ng'ang'a of the Kenya Cancer Association.

"This is a Machakos government project, fully funded by my government and is not funded by the national government. It has cost us over Sh40 million to set up what we have today," he added.

**DIAGNOSIS**

The centre can do high quality diagnosis and provide chemotherapy treatment and advanced surgery.

The facility will next year get a facelift which will include the purchase of a Sh300 million radiotherapy machine.

He added that the county plans to partner with hospitals and institutions of higher learning and research so that experts from all over the world can work at the Machakos cancer centre.

**TELEMEDICINE**

"We will also utilise telemedicine for consultations between our doctors and experts in the Americas, Australia, New Zealand, Asia, Europe and our African continent," Dr. Mutua said.

Speaking at the same event, Health CEC Ancent Kituku said they will visit all villages to screen residents.

Dr. Kituku said that they are also going to sensitise residents and create awareness.

Machakos Speaker Florence Mwangangi said that the assembly will ensure that they will approve the healthcare budget.
Rwanda: Kagame Opens State-of-the-Art Adventist Medical School

2nd September, 2019
By The New Times (Kigali)

President Paul Kagame and First Lady Jeannette Kagame are joined by other officials at the ceremony to inaugurate the School of Medicine of the Adventist University of East-Central Africa in Gasabo District.

President Paul Kagame and First Lady Jeannette Kagame on Monday joined the inauguration of the School of Medicine of the Adventist University of East-Central Africa in Gasabo District.

Pastor Ted Wilson, the leader of the governing body of the Seventh-day Adventist (SDA) Church, also joined the unveiling of the state-of-the-art medical facilities that will host the Adventist School of Medicine of East-Central Africa (ASOME).

"Congratulations on this milestone which is a most valuable addition to Rwanda's education and health system," Kagame told the hundreds of church leaders and members from the region and elsewhere across the world who had gathered to witness the launch of the school.

The school was launched at a time the SDA community in Rwanda is celebrating a hundred years of existence.

The Head of State took the opportunity to salute the Church for "marking one hundred years of serving the spiritual and social needs of Rwandans."

During this time, he said, the Church has been a valued partner of the Government in the provision of healthcare and education, and that a century of Adventist activity in Rwanda has demonstrated the positive impact of shared vision and good collaboration.

The medical school, located at the Adventist University of Central Africa (AUCA) at its Masoro Campus, is one of the projects through which the Church was looking to bolster its impact in Rwanda and the region.

"By fulfilling your pledge to establish a medical school serving East and Central Africa, you have reaffirmed your commitment to a productive partnership that benefits not only Rwanda but the entire region," Kagame said.
The President added that the achievement which was being celebrated was aligned with Rwanda's goals.

"Education, particularly in science and technology, as well as good affordable healthcare, are the foundation of the well-being and prosperity of our citizens. This requires qualified professionals, trained in high-quality universities such as this one, which are equipped with the latest technology," he noted.

Kagame also highlighted that medical students at the new school will benefit from the extensive network of Adventist institutions around the world, as well as association with a brand that stands for excellence.

The newly inaugurated medical school is one of the networks of academic institutions that the Adventist Church runs across the world.

It is the second of its kind in Africa after Babcock University in Nigeria.

The development makes Rwanda the seventh country in the world to have an Adventist medical school after Argentina, Mexico, Nigeria, Peru, Philippines, and the United States.

The campus

The school was the first phase of a bigger project that the Church was undertaking in Rwanda. The four-phased project will also see the construction of a university teaching hospital and other facilities.

Blasious Ruguri, the President of the East Central Africa Division, which covers 11 countries, said the new school was the result of the commitment of the Adventist Church.

"This is only the first phase," he added, highlighting that the vision is to position the learning centre as a facility that will make a pivotal impact across the region.

Ruguri particularly mentioned that they were looking for more land and financial resources to expand their reach and realise that vision, to which President Kagame pledged Government support.

"We will find land, as well as money to add to what is already there. I think we all need this befitting hospital sooner rather than later. We will do it," Kagame told church members, adding that the Government will play its part by continuing to invest in infrastructure, vocational skills and a conducive policy environment.

The medical school sits on 22 hectares of land. It is designed to become a centre of excellence in the region, serving eleven countries, including Rwanda, Kenya, Ethiopia, Tanzania, Uganda, Somalia, Eritrea, South Sudan, Democratic Republic of Congo, and Djibouti.

It has several facilities, like the Adrian Paul Cooper Science Complex, which will host nine laboratories of anatomy, physiology, immunology, microbiology, parasitology, biochemistry and histo-pathology.

The facilities also comprise of a simulation and skills lab as well as research and innovation labs.
Stronger focus on nutrition within health services could save 3.7 million lives by 2025

4th September, 2019
News release by WHO

Health services must integrate a stronger focus on ensuring optimum nutrition at each stage of a person’s life, according to a new report released by the World Health Organization (WHO). It is estimated that the right investment in nutrition could save 3.7 million lives by 2025.

“In order to provide quality health services and achieve Universal Health Coverage, nutrition should be positioned as one of the cornerstones of essential health packages,” said Dr. Naoko Yamamoto, Assistant Director-General at WHO. “We also need better food environments which allow all people to consume healthy diets.”

Essential health packages in all settings need to contain robust nutrition components but countries will need to decide which interventions best support their national health policies, strategies and plans.

Key interventions include: providing iron and folic acid supplements as part of antenatal care; delaying umbilical cord clamping to ensure babies receive important nutrients they need after birth; promoting, protecting and supporting breastfeeding; providing advice on diet such as limiting the intake of free sugars[2] in adults and children and limiting salt intake to reduce the risk of heart disease and stroke.

Investment in nutrition actions will help countries get closer to their goal of achieving universal health coverage and the Sustainable Development Goals. It can also help the economy, with every US$1 spent by donors on basic nutrition programmes returning US$ 16 to the local economy.

The world has made progress in nutrition but major challenges still exist. There has been a global decline in stunting (low height-for-age ratio): between 1990 and 2018, the prevalence of stunting in children aged under 5 years declined from 39.2% to 21.9%, or from 252.5 million to 149.0 million children, though progress has been much slower in Africa and South-East Asia.

Obesity, however, is on the rise. The prevalence of children considered overweight rose from 4.8% to 5.9% between 1990 and 2018, an increase of over 9 million children. Adult overweight and obesity are also rising in nearly every region and country, with 1.9 billion people overweight in 2016, of which 650 million (13% of the world’s population) are obese.

Obesity is a major risk factor for diabetes; cardiovascular diseases (mainly heart disease and stroke); musculoskeletal disorders (especially osteoarthritis – a highly disabling degenerative disease of the joints); and some cancers (including endometrial, breast, ovarian, prostate, liver, gallbladder, kidney, and colon).
An increased focus on nutrition by the health services is key to addressing both aspects of the “double-burden” of malnutrition. The Essential Nutrition Actions publication is a compilation of nutrition actions to address this “double burden” of underweight and overweight and provide a tool for countries to integrate nutrition interventions into their national health and development policies.

Tanzania: Ebola Simulation Drills in Tanzania Trade Worry for Calm At Border Entry Points
4th September. 2019
By World Health Organization (Geneva)

A wooden boat sways idyllically in a marsh of the Malagarasi River where it begins from an eastern mouth of the great Lake Tanganyika, Africa’s deepest lake and the world’s longest lake. Along the river, muscled men pull loaded bicycles under the scorching sun. This port in Ilagala village in Kigoma Region idles in daytime and bustles with activity at night.

It is one of the unofficial points of entry into the United Republic of Tanzania from the Democratic Republic of the Congo (DRC).

And its everyday air belies newly floating worries.

"Local traders export to DRC, and we also have arrivals from the DRC," says Asina Malinde, a Village Executive in Ilagala. From the DRC, boats come loaded with cargo. Malinde now worries that these boats can import the Ebola virus disease because of the ongoing outbreak in their departure vicinity.

Ilagala village is one among many communities in Kigoma Region facing the threat of Ebola importation due to the informal cross-border movements of people for social and economic activities. Within 12 hours of crossing Lake Tanganyika, which borders four countries, Tanzanian traders dock in DRC.

"Our people sail to the DRC and Congolese come here to bring business, and some stay briefly. Because there is an Ebola outbreak in the DRC, we know our village is at risk," Malinde says.

No Ebola case has been recorded in Tanzania. But considering the huge threat
of possible importation, the Government is stepping up its preparedness efforts in the high-risk border regions, in line with the World Health Organization's regional road map for Ebola response.

For two weeks, the Ministry of Health, Community Development, Gender, Elderly and Children, with support from WHO and partners, organized table-top exercises and field drills in the Kagera and Kigoma Regions.

"We have included Ebola as a permanent agenda on our village meetings to inform our people to notify village leadership whenever they receive visitors or patients referred from the DRC regions that are affected by Ebola," says Malinde. "We are very grateful for the Government and development partners for designating a facility in our village to provide Ebola treatment services."

The current Ebola outbreak in the DRC remains precarious, with infection transmissions continuing to occur in communities and health facilities. As of 30 August, a total of 3 004 cases and 2 006 deaths had been recorded.

Mimicking real-life situations

The simulation exercises reflect real-life challenges of managing an Ebola outbreak. In Ilagala village, for example, actors arrived with Ebola symptoms at the health facility, seeking medical attention. In total, 15 drills took place at various health facilities and four official point of entry in Kagera and Kigoma regions. During the simulation drills, emergency response teams at designated health facilities and border points of entry responded to dummy Ebola cases. The exercise management team noted strengths and weaknesses. Subsequent debriefing sessions were used to give feedback and propose remedial where needed.

The exercises tested the level of preparedness and response to assess the operational capabilities at the regional and district levels, including the ability to apply preparedness and response frameworks for Ebola virus disease and front-line workers' knowledge and skills in disease detection and case management, in line with national and international clinical guidelines and protocols.

Coordinated by the Department of Disaster Management (in the Prime Minister's Office), the week-long exercises involved officials from the Ministry of Health, the Prime Minister's Office, the Ministry of Livestock Development, WHO, the Food and Agriculture Organization of the United Nations, the World Food Program of the United Nations, the United Nations Refugee Agency, the United Nations Children's Fund, the United States Agency for International Development (USAID), Chemonics-HRH2030, the Global Health Supply Chain, the Tanzania Red Cross, Médecins Sans Frontières, East Central and Southern Africa Health Community, International Rescue Committee, local and international media houses including BBC Media Action.

WHO, as the lead technical agency responsible for the design and implementation of such preparedness
exercises, ensured that a One Health approach was used - that all relevant sectors from the regional, district and health facility levels were involved to ensure a well-coordinated response. This, then, included epidemiologists, clinicians, laboratory experts, communication officers, social mobilization experts, refugee experts, logisticians, point of entry focal points and infection prevention and control experts.

These exercises were made possible with financial support from USAID, through the HRH2030 Programme of Chemonics International.

**What the drills revealed**

"This exercise has been useful to point out gaps we had. The feedback informed us of areas for improvement. We are going to work on these gaps to make sure our response framework at all levels can properly manage an [Ebola] case," says Peter Nsanya, Kigoma District Medical Officer.

Among the positive points the drill underscored, all involved districts had a designated Ebola treatment centre. The adequacy of some of them came up short as treatment centres but sufficient as holding units. The drills indicated an urgent need for a review and reclassification of the standards for each facility, its function in the first 24-72 hours after a suspected Ebola case is identified and the minimum equipment and supplies that must be on hand for each facility.

Other strong points included the multi-sector collaboration at the border points of entry, community engagement, staff trained in Ebola case management and access to courier services to transport samples.

"We also found areas that needed improvements at the [Ebola treatment centres], temporary holding facilities and the overall emergency response framework at the district level and the facility level. We have worked with facilities, district and regional level to rectify or escalate preparedness where necessary," says Dr. Faraja Msemwa, Public Health and Disaster Management Specialist in the Ministry of Health, Community Development, Gender, Elderly and Children.

Similar simulation exercises are planned for the remaining high-risk regions of Mwanza, Dodoma, Dar es Salaam, Mbeya, Songwe, Katavi and Rukwa. The simulation exercises are expected to enhance operational readiness and capacity of subnational response teams to respond optimally in a health emergency.

**Kenya: Kisumu County Health Workers Issue Seven-Day Strike Notice Over Delayed Pay**

3rd September, 2019
By Capital FM (Nairobi)
Kisumu — Medical practitioners in Kisumu County have issued a joint seven-day strike notice to the county government over a myriad of challenges including delayed payment of salaries.

Speaking on behalf of the medical practitioners, Kenya National Union of Nurses (KNUN) Deputy General Secretary Maurice Opetu on Tuesday announced that health workers in all public institutions under the county government will go on strike should the Governor Anyang’ Nyong’o-led administration fail to address their concerns.

"We the Kenya Medical Practitioners and Dentists Union (KMPDU), KNUN, Kenya Union of Clinical Officers (KUCO), Kenya National Union of Medical Laboratory Officers (KNUMLO) and Union of Kenya Civil Servants (UKCS) hereby jointly issued a 7-day strike notice," said Opetu.

He said county employees have been going without salaries for several months with others raising concerns over erroneous deduction of loan payments.

Opetu also said workers have gone without enjoying critical services due to failure by the county government to remit statutory deductions.

The strike notice was signed by branch secretaries of KMPDU, KNUN, KUCO, KNUMLO and UKCS.

Opetu said some workers are still waiting for their July salary as some banks have failed to adhere to the request by the county government to pay overdrafts.

"The reason is the county government of Kisumu does not hold any account with these banks and it is difficult for these banks to give any overdraft to the county government for payment of salaries," he said.

The union leader said the situation is putting workers in a difficult situation at a time primary and secondary schools are opening for third term.

Opetu said the workers in the health sector are demoralized and warned the residents of Kisumu to consider seeking medical services to the private health facilities.

Uganda: Nursing School to Teach Degree Courses

2nd September, 2019
By The Monitor (Kampala)
Play time. The students of Masaka School of Nursing and Midwifery during break time last year. The school, whose request to teach degree courses has been granted by Mbarara University of Science and Technology, will commence next year.

In Summary

- Addition. This is aimed at enabling those with diplomas upgrade without going very far from their workstations.

Mbarara University of Science and Technology (MUST) management has cleared Masaka School of Comprehensive Nursing and Midwifery to start offering degree programmes.

"We are glad to inform you that your request to be affiliated to Mbarara University of Science and Technology (MUST) was approved by the university council..." an August 14 letter written by the university Secretary, Mr. Melehoir Byaruwanga, and addressed to the principal of the school, Mr. Mark Kalanzi, reads in part.

Mr. Kalanzi on Saturday said the clearance followed his letter to the university management in February seeking affiliation.

He said their demands to the Ministry of Education to clear the institution to start enrolling students on degree programmes had always been frustrated by delays to get clearance from MUST to allow the school get affiliated to the institution.

Mr. Kalanzi said they were optimistic that they was going to start admitting students in the next intake expected to start in August next year.

He added that the development is going to improve teaching of nursing and midwifery disciplines in greater Masaka.

He said a big number of students, who complete their diploma courses in midwifery and nursing, could not upgrade because Masaka lacks a degree awarding institution in both disciplines.

Next step

"Our next step is to lobby government to increase the number of tutors since we are going to admit more students," he said.

Currently, the school has only 13 tutors teaching more than 300 students and only seven are on government payroll.

The current students have greatly welcomed the development saying the
clearance by MUST was a relief to them since many were still contemplating where to go for upgrading after completing their diplomas this December.

Mr. Ivan Zanga, the guild president of Masaka School of Comprehensive Nursing and Midwifery, said the affiliation to MUST is going to help the school's status grow since it is likely to get more financial support from government and from students that will enrol for degree programmes.

The school

Ownership: Masaka School of Comprehensive Nursing is a government founded health training institution located in Katwe-Butego, a Masaka Town suburb and adjacent to Masaka Regional Referral Hospital.

Founded: It was established in 1946 to train dressers for X men who were cleaning dressers. In 1966 it started training certificate nurses on enrollment level, but closed due to some unavoidable circumstances.

Expansion: It later reopened to teach certificate in comprehensive nursing. Currently, the school trains diploma in comprehensive nursing both direct and extension, diploma in midwifery and general nursing.

Kenya-Cuba Doctors Training Deal in the Mire

3rd September, 2019
By The Nation (Nairobi)

Kenya Medical Practitioners and Dentists Board (KMPDU) Nairobi branch Secretary-General Thuranira Kaugiria addresses his colleagues on February 13, 2017 at Kenya Railways Club in Nairobi. He says that family medicine courses in Kenya encompass surgical disciplines.

In Summary

- The Cuban course takes 4,494 hours and is supposed to mirror the Kenya Master in Family Medicine programme.

The absorption of 48 Kenyan doctors on State-sponsored training in Cuba is likely to face hurdles after it emerged that the medical board cannot licence them after they graduate.

The students, who are studying general comprehensive medicine, a two-year course that is not available in the country, were informed they will have to do an additional year of surgical disciplines in
order to comply with the Kenyan set standards.

The Nation has established that two Kenya Medical Practitioners and Dentists Board (KMPDU) members travelled to Cuba in July to, among other things, align the course with the Kenyan Family Medicine curriculum.

Board chairperson Eva Njenga and Dr. Nelly Bosire, a member, are expected to present their findings to the board during a meeting mid this month.

HIGH COST

A student in Cuba who spoke anonymously, said the board proposed that the one-year surgery discipline be done in Cuba or Kenya.

"We're waiting for Health Administrative Secretary (Dr. Rashid Aman) to give a way forward," he said.

Efforts to reach Dr. Aman, the technical person in charge of the Cuban deal, was futile after messages and calls went unanswered.

The additional year would cost the government Sh2,360,500 per student should they stay in Cuba. This is based on the initial clearance letter by the Head of Public Service Joseph Kinyua to former Principal Secretary Peter Tum on September 21, 2018.

The Cuban course takes 4,494 hours and is supposed to mirror the Kenya Master in Family Medicine programme, which is covered over 7,680 teaching hours.

DEFICIENT

Doctors Union Nairobi branch Secretary-General Thuranira Kaugiria said family medicine courses in Kenya encompass surgical disciplines, and therefore the course does not measure up.

He added that the general comprehensive medicine, which is tailor-made for Cuba, does not meet this criteria and does not incorporate the surgical disciplines.

"The ministry needs to speedily resolve this issue because it is causing unnecessary panic among the doctors," he said.

The curriculum in Moi University and in other medical schools takes at least three years as per KMPDU recommendations.

Kenya: Battle Against Flu Gets a Boost With Sh1.2 Billion Grant

4th September, 2019
By The Nation (Nairobi)
The World Health Organisation in a recent report indicates that Kenya’s efforts to keep a healthy population are being hampered by the often-ignored ailments like seasonal influenza (flu)

In Summary

- The funding for the desired vaccine will be given as a maximum grant of $2 million (Sh200 million) and stretched over two years.
- The announcement was made last week at the world’s largest scientific conference on flu held in Singapore, an international health news website, STAT reported.

However, new research could change this, after scientists receive $12 million (Sh1.2 billion) from the Gates Foundation in partnership with Flu Lab, a philanthropic organisation, a year after the foundation originally intended to release the money.

The world could get a universal vaccine that is effective against all strains of influenza viruses. This is after eight scientists received funding from the Bill & Melinda Gates Foundation to develop a flu vaccine that does not require frequent modification like the ones currently available.

HIGH-RISK GROUPS

The current flu shots against respiratory infection caused by influenza viruses are not effective against all of them, making it mandatory for vulnerable people like children, the elderly, and healthcare workers to be vaccinated annually.

Estimates place their effectiveness at 40 per cent, meaning the jab only reduces the risk of someone seeking influenza-related treatment by two-fifths.

Influenza (commonly referred to as flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. Viral infections can be deadly, especially among high-risk groups.

As the weather begins to cool down, cases of the flu begin to rise. This is referred to as the “flu season.” This season is said to be likely go on until October.

ECONOMIC BURDEN

According to the World Health Organisation (WHO), the influenza virus is transmitted primarily by droplets of respiratory secretions of infected persons. Influenza occurs all over the world, with an annual global attack rate estimated at five to 10 per cent in adults and 20 to 30 per cent in children.

It spreads rapidly around the world during epidemics or pandemics and imposes a considerable economic burden.
While it is estimated that 1 million people die from the disease globally, in Sub-Saharan Africa, a study published in 2013 noted that little data exists, and poor disease surveillance makes the region ill-prepared to detect a new influenza strain.

The WHO, in its Global Influenza Strategy 2019-2030 published earlier this year, said another global influenza pandemic is inevitable, and will carry an enormous economic burden of up to $500 billion.

"Therefore, better tools for the prevention, detection, control, and treatment of influenza are needed and both global and particularly national preparedness for pandemic threats are essential," it said.

Three types of influenza viruses (A, B, and C) are widespread globally and infect a significant number of children and adults every year.

**PANDEMIC**

An influenza vaccine that offers protection against a wide variety of viruses that infect people every winter and those in nature that could emerge to trigger a disruptive and deadly pandemic is nowhere in sight just yet.

"It became quite clear, looking at what we received, that this was too optimistic," said Keith Klugman, director of the pneumonia programme at the Gates Foundation during an interview with STAT.

"And so that was the reason for a shift to a more basic science approach. There is literally nothing at the moment close enough that we saw that we thought we could pursue," he said.

Two months ago, two people succumbed to the disease and three others, including two doctors who attended to the patients, were treated for severe acute respiratory illness (SARI) caused by the influenza virus (type A/H3N2).

The patient who died barely 24 hours after going to the hospital was admitted to MP Shah Hospital, with flu-like symptoms, chest pain, and difficulty in breathing.

**CONTAGIOUS**

Typically, flu seasons that are dominated by H3N1 are more severe, particularly among at-risk groups such as the elderly and young children. This strain is similar to swine flu and people living with chronic conditions, and whose immune systems are weak, should be vaccinated against the flu.

The WHO reviews the world epidemiological situation twice every year and, if necessary, recommends new vaccine strain(s) in accordance with the available evidence.

"In general, seasonal influenza vaccines are trivalent, containing a mixture of influenza A and B strains, thought most likely to circulate in the coming season," notes the health agency's website.

There are two types of influenza vaccine available at the moment: an inactivated (killed) preparation that is injected, and an attenuated one normally administered through the nose.
Influenza (commonly referred to as flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs.

**Uganda: 13 Admitted As Govt Confirms Cholera Outbreak in Busia**

5th September, 2019  
By The Observer (Kampala)

13 cases of Cholera have been confirmed in Busia district in eastern Uganda.

The affected areas are Busia Municipality in the villages of Kisenyi, Arubaine, Madibira, and Solo. 12 cases were registered in one family after they were admitted last week at Dabani hospital and another case was registered on Tuesday.

Benna Nanyama, the acting district health officer says that the samples of blood from the victims which were taken to Mbale regional hospital tested positive of cholera.

Nanyama said that the district has delegated the health team to alert community members about the cholera outbreak and also create awareness and behavioural change to fight the disease.

Fred Ouma, the manager Uganda Red Cross Busia Branch says that they are working together with the district health team to create awareness and they will ensure the facilities and the home of cholera victims are disinfected before they are discharged.

**Uganda: Hospital Sets Fees for Mortuary Fridges**

6th September, 2019  
By The Monitor (Kampala)

On duty. The director of Masaka Regional Referral Hospital, Dr. Nathan Onyachi, inspects some of the mortuary fridges on Tuesday. The hospital has set fees for mortuary fridge services.

In Summary

- Masaka Regional Referral Hospital serves eight districts of Masaka, Rakai, Lyantonde, Lwengo, Ssembabule, Bukomansimbi, Kalungu, and Kalangala, providing medical treatment to more than two million people.

The management at Masaka Regional Referral Hospital has come up with fees for mortuary fridge services.
In April, government delivered six mortuary fridges to the hospital to prevent dead bodies from rotting.

The fridges can accommodate up to 18 corpses at a time.

Dr. Nathan Onyachi, the director of Masaka Regional Referral Hospital, said they will charge Shs50,000 per night for a body of a person who dies from the hospital wards and Shs100,000 for those who die from outside the facility.

"We would have made this service [mortuary fridge service] free, but we have to meet the costs of electricity and water," he said on Tuesday.

Last year, the hospital adopted a pre-paid electricity billing system. Dr. Onyachi said the service now requires timely payments in order to maintain regular power supply at the facility.

He, however, declined to reveal how much money they spend on both electricity and water bills every month.

Many public hospitals across the country have been switched to prepaid electricity billing system to avoid overshooting electricity budgets.

Masaka Regional Referral Hospital, which has been in existence for 92 years, has been lacking its own mortuary and relied on a structure owned by Masaka Municipality.

But last weekend, the hospital management officially unveiled its new mortuary facility.

Dr. Onyachi said the structure that houses the mortuary fridges has been refurbished at a tune of Shs30m.

"We receive between three to five unclaimed bodies per day besides patients who die from the facility and I am sure the fridges can accommodate all the bodies," he said.

But Mr. Swaibu Makumba, a local social critic, faulted the management for charging money on mortuary services, insisting that being a government facility, such services should be free of charge.

"Our people are overburdened, sometimes they are charged money on X-ray services which are for free. If someone loses a relative, why do you go ahead to ask him money? That is a bad idea and we are going to oppose it," he said.

**Background**

Masaka Regional Referral Hospital, which was established in 1927, was elevated to a referral level in 1995 to offer services to the greater-southern-region districts. Since then, the hospital management has been grappling with many challenges ranging from lack of space to accommodate the overwhelming numbers of patients, inadequate drugs to irregular power supply.

To address the problem of space, the Japanese government, a few years ago, constructed a multi-billion building.

The hospital also received funding from the Pakistani University of Lahore to build a diagnostic and imaging centre, which will offer services such as dental care and
treatment, artificial teeth manufacturing and cardiac services.

The construction of the four-storeyed diagnostic centre is nearing completion and a medical college of Equator University of Science and Technology, which will use the hospital as a teaching facility, is yet to commence.

A maternity complex estimated to have costed Shs10.6 billion is also near completion.

The facility will have a gynaecology unit, antenatal and neonatal centres, labour and post-natal wards. It will also have a paediatric and nutrition unit and an adolescent health unit, all fully equipped with modern equipments.

Service delivery

Masaka Regional Referral Hospital serves eight districts of Masaka, Rakai, Lyantonde, Lwengo, Ssembabule, Bukomansimbi, Kalungu, and Kalangala, providing medical treatment to more than two million people.

Consequently, the hospital's average daily contact with patients is about 2,000.