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East Africa: EAC to Upgrade Underperforming E-Payment System
3rd August, 2019
By The East African (Nairobi)

Cyanika border post, a crossing point between Rwanda and Uganda. Linking payment solutions in Africa would boost trade among countries on the continent.

In Summary

- Currently, Kenya dominates transactions in the EAPS, which allows citizens of member countries to make and receive payments in regional currencies.
- The operationalisation of the EAPS was largely meant to enhance regional currency convertibility.
- South Sudan is yet to join the system, which links the RTGS systems of Kenya, Uganda, Tanzania, Rwanda and Burundi.

East African Community member states are working towards linking the regional electronic payment system to other payment solutions in Africa, to ease trade around the continent following the launch of the African Continent Free Trade Area (AfCFTA).

The performance of the East African Payment System (EAPS), which was launched in May 2014, has been hampered by the reluctance of member countries to trade in each other’s currency, leaving Kenya to control over 98 per cent of the transactions through the system. EAC central banks are now exploring ways of transforming the system by linking it with other payment solutions in Africa to enable seamless transfer of cash across the continent at both retail and wholesale levels.

Bank of Uganda’s deputy governor Dr. Louis Kasekende said the move will help boost intra-Africa trade and support the growth of regional firms.

Currently, Kenya dominates transactions in the EAPS, which allows citizens of member countries to make and receive payments in regional currencies -- the Kenyan shilling, Ugandan shilling, Tanzanian shilling, Rwandan franc and Burundian franc.

During the 2017/2018 financial year, Kenyans accounted for over 98 per cent of the transactions in this system amounting to $2.37 billion out of $2.41 billion, with a paltry $40 million being transacted by Uganda, Rwanda, Tanzania and Burundi.

Cash in real time
South Sudan is yet to join the system, which links the respective real time gross settlements (RTGS) systems of Kenya, Uganda, Tanzania, Rwanda and Burundi.

The operationalisation of the EAPS was largely meant to enhance regional currency convertibility.

The agreement to make all regional currencies tradable was also signed in 2014 by the EAC member states with a view to promoting intra-regional trade and as part of the preparation for a monetary union by the year 2024.

Although EAC central banks have so far opened reciprocal accounts with each other, the basket from which payments in different currencies will be made, member countries are still reluctant to pay as well as receive payments in regional currencies.

It is argued that the reluctance by EAC member countries to transact in regional currencies is likely to dampen the regional central banks' hopes of operationalising a system of tradable currencies ahead of a single currency regime in 2024.

It is also argued that regional currencies including the South Sudanese pound exhibit varying characteristics which are making it difficult to promote a freely convertible regional currency regime.

Other obstacles include the increased strength of the Kenyan shilling in comparison with its regional peers, the existence of parallel exchange rate markets in Uganda and South Sudan, difficulties inherent in repatriating Tanzanian and South Sudanese currencies and the difficulties in promoting the acceptability of regional currencies to member states.

Domestic currencies

Kenya's Central Bank is working in partnership with other regional central banks to facilitate the acceptance of the EAC domestic currencies as a way of enhancing regional trade and lowering transaction costs.

The bank, through its annual report (2018), said EAC central banks have arrangements for repatriating excess partner state central bank currencies, back to the issuing central bank.

Conversions

It is argued that allowing regional currencies to be freely convertible will enable traders to transact without having to convert national currencies into dollars and this will cushion them from the foreign exchange shocks associated with dollar movements.

In other regional blocs such as the Common Market for Eastern and Southern Africa, implementation of currency convertibility has been enhanced by grouping member states into clusters.

These are the Southern African subgroup, Northern African subgroup, Central and Eastern African subgroup and the Indian Ocean subgroup.

According to the Comesa Secretariat, there has been significant progress in the implementation of currency convertibility in the Central and Eastern African
subgroup while the Northern African subgroup has already agreed on an action plan for the implementation and has started quoting exchange rates of their neighbouring countries' currencies in their forex Bureaus.

In Comesa only nine central banks are live on the Regional Electronic Payments and Settlement System (REPSS). These are Democratic Republic of Congo, Egypt, Kenya, Malawi, Mauritius, Rwanda, Swaziland, Uganda and Zambia.

Over the two-year period until February 2018, the value of transactions processed through REPSS had reached nearly $35 million and one million euros, with the Central Bank of Kenya accounting for 91 per cent of the total value of dollar transactions while the Bank of Uganda accounted for 81 per cent of the value of euro transactions.

**Tanzania: Call to Amend HIV/AIDS (Prevention and Control), Act of 2008**

4th August, 2019

By Tanzania Daily News (Dar es Salaam)

THE government has been asked to make amendment of the HIV/AIDS (Prevention and Control), Act of 2008 on its section 15(2), so that it can allow children at the age of 6-14 years to go for HIV testing without first seeking their guardians and parents' consent.

The request was made by the Mwanza Youth and Children Network (MYCN), Chairman, Mr. Shaban Ramadhan yesterday when he was speaking to reporters, where he explained the effects on legislation's section.

According to Mr. Ramadhan, the current set up of the law serves as a stumbling block in the war against HIV/ Aids since children aged between 6 and 14 years must first get permission from their parents or guardians if they want to undergo HIV/ Aids testing.

"We call for the amendment of the Act because of various experiences we get.
For example, on World Aids Day, a significant number of teenagers or children have been turning up for HIV testing without a written or oral consent from their parents or guardians," he explained.

Mr. Ramadhan said due to the change in lifestyle, the child's genetic makeup is not as good as it used to be in the beginning, and it is very difficult for parents/guardians to give their children permission to go for HIV testing while some of the parents are afraid to go for HIV testing.

He said many Tanzanian families do not have a culture of talking openly to their children, especially girls about the effects of HIV, a situation which indicates that more education is still needed in the community.

He said the number of teenagers and children testing HIV/AIDS is lower in the country compared to the actual number of those groups, where most data suggests that HIV testing groups in the country are aged between 15-17, 15-24 and 15-49 "It is very difficult to get data of children aged 10-14 who have undergone HIV testing in our country," he said.

He said he recognizes the efforts taken by the government in changing the age of voluntary HIV testing for children under 18, but he advised the child's voluntary age should be 12 years old.

He said if a child will go for HIV testing at the age of 12 without his parent's consent, the government will accelerate the implementation of 90-90-90 world ambitious target of ending AIDS epidemic, which is currently 52.2 percent in Tanzania according to Tanzania HIV Impact Survey (THIS) of 2016-17.

"If children at the age of 12 will be allowed to go for HIV testing, the government will get the correct and accurate data (information) of the number of children who are infected and enable them to begin treatment early," he said, and requested the government to make an amendment of the Act so that it can enable children to go for HIV testing at the age of 12 freely without their parents’ consent.

He added that the move will allow children to know their health status early, claiming that some children start having sex at the age of 12 and others under that age.

"12 percent of girls and 13 percent of boys are involved in sexual acts before the age of 15," he said.

**South Sudan: Aiming for Zero Cholera**

4th August, 2019

By World Health Organization (Geneva)
Juba, South Sudan, 04 August 2019 - Over 120 health workers in South Sudan have been trained this past week with the aim to keep the country at zero cholera. The country is amid the rainy season, commonly known as cholera season due to frequent flooding contaminating drinking water and infecting people with the cholera bacteria.

With support from World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) the South Sudan Ministry of Health has trained health workers and rapid response teams on cholera case investigation and management, cholera sample testing and management, risk communication and community engagement, improving access to safe water and improved sanitation.

"Cholera is endemic in South Sudan with frequent seasonal outbreaks. The last reported outbreak started in June 2016 and was declared over in February 2018. This was the largest outbreak of cholera in the country’s history. A massive response was launched and in the following rainy season, focus shifted to prevention. No cholera was recorded the 2018 rainy season which is between April and November.

"The fact that there was no cholera case reported during the last rainy season shows the true power of prevention and teamwork," said Dr. Olushayo Olu, WHO Representative for South Sudan. "We need to continue along this path and push for a strategic shift from response to prevention across all relevant sectors, only then can we eliminate the disease which remains a serious health threat."

Poor access to clean drinking water, sanitation and hygiene practices are the main drivers for cholera. In South Sudan, only 50 per cent of the population have access to clean water, and only 10 per cent have access to improved sanitation. Among displaced people in makeshift camps and communities, the coverage is even lower, putting them more at risk.

"Access to clean water is a gamechanger in the battle against cholera. Together with promotion of good hygiene practices such as hand washing, we can prevent children
and their families from getting sick," said Andrea Suley, UNICEF South Sudan acting Representative. "Yet, too many are deprived of these fundamental rights causing unnecessary suffering especially among the youngest ones who are hit the hardest."

South Sudan is committed to eliminating predictable cholera epidemics and has endorsed the global roadmap of attaining a 90 per cent reduction of cholera deaths by 2030. Consequently, the National Cholera Response strategy is being updated to achieve these ambitious targets. As part of the ongoing national efforts, the Ministry of Health with support from WHO, UNICEF and other partners have biweekly meetings to update and align the cholera hotspots and monitoring of the implementation of the plan for cholera elimination.

**Rwanda, DR Congo Ministers Meet Over Ebola Prevention**

6th August, 2019  
By The New Times (Kigali)

More than 1,600 people have died of Ebola in DR Congo since the outbreak began in August 2018.

Rwanda's Minister of Health, Dr. Diane Gashumba and her Congolese counterpart, Pierre Kangudia Mbayi, met Tuesday to discuss joint strategies to prevent the spread of Ebola.

More than 1,600 people have died of Ebola in DR Congo since the outbreak began in August 2018.

The second-largest Ebola outbreak ever recorded has recently spread to DR Congo's border city of Goma close to the Rwandan border, prompting rapid response teams to swing into action to prevent further transmission.

Kangudia and his delegation, which is also comprised of World Health Organisation officials, arrived from Kinshasa earlier in the day and travelled to Rubavu by road from Goma.
Their meeting was held at Lake Kivu Serena Hotel in Rubavu.

"They are here after our Minister invited them, to discuss joint strategies to prevent Ebola from spreading in our two countries as well as the region. He [Kangudia] is here with a big delegation that includes senior WHO officials now based in North Kivu," Malick Kayumba, the Spokesperson of the Ministry of Health, said shortly before the meeting started.

Earlier, Kayumba said, the Ministers visited the main border crossings between Rubavu and Goma to assess for themselves measures put in place to prevent the spread of Ebola.

Kangudia's trip is a one-day visit, Kayumba said.

According to the WHO, the risk of national Ebola spread is high which why they have been doing intensive preparedness work in Goma so that any new case is identified and responded to immediately.

End last month, a few days after the first case of Ebola was detected in Goma, the WHO called the outbreak a Public Health Emergency of International Concern (PHEIC), urging the international community to step up its support.

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

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

Tanzania: How Mobile Clinic Has Facilitated Male Circumcision
4th August, 2019
By Tanzania Daily News (Dar es Salaam)

WHEN you look at a mountain from a distance, you are excited to reach the peak and see how big and beautiful it looks. When you think of climbing the mountain to the peak you are filled with excitement.

You can't wait to get to the top. However, when you start climbing, you can't see the peak anymore. Why? Because you are already at it. You can't tell how far you have gone, so you start guessing.
Am I halfway through? Is there a long way to go until I get to enjoy the magnificent view from the top?

All these happened to a team of journalists, who recently trekked several kilometres to meet a beneficiary of medical services provided through a mobile clinic unit.

We are talking about Mgaza Village, which is located in Kasanga Ward, Morogoro Urban District. The village is situated at the hills of Morogoro, about 25km from Morogoro Town.

It needs a courageous heart to plan for the journey to reach the people there. The location creates barriers for villagers to easily access health services.

The introduction of a mobile clinic unit in Morogoro Region is a great relief to all residents, including those living in rural areas. Mr. Joseph Anthony (21), a brick maker from Mgaza Village is among the beneficiaries of mobile clinic unit services in the region.

The mobile clinic unit worth 660m/- (about $300,000) provides various services such as HIV/Aids test, male circumcision, TB test, blood pressure test and family planning services.

It also provides services to victims of gender-based violence (GBV), sexual transmitted diseases test and other services.

The mobile clinic is part of the various health interventions done by Jhpiego through its two HIV/Aids projects namely, SAUTI and AIDS Free with support from USAID through PEPFAR. Mr. Anthony recounts his story that he was lucky to receive the good news about the mobile clinic unit, which has changed his life.

"Last week after we finished work, my boss, Samadu Abdul, told me about a nongovernmental organisation, whose staff members were administering free circumcision for males aged 20 years and above.

I was convinced to go for the service because it is something I was always planning to do," he said.

He said, his boss had convinced him and his younger brother and connected them to a voluntary community advocacy (VCA), officer, who later took them to the mobile clinic unit for free circumcision service.

"It all happened on July 20, this year. My younger brother and I were taken to the mobile clinic unit, where we were warmly received by professional health service providers. We were later circumcised and allowed to return home.

I now feel happy to have been circumcised," he explained. He added: "We were first counselled and later tested for HIV/Aids. After all this, we proceeded to a surgery room, which is well designed in the vehicle.

Everything went well." What delayed him Mr. Anthony said he had delayed to undergo circumcision because his parents had no money to pay for the service.
He said before the introduction of the free service, whoever wanted to be circumcised in private hospitals was supposed to pay between 35,000/- and 40,000/-.

"My parents were incapable of raising such money. Both my parents and my girlfriend were happy when I returned home and told them that I was already circumcised," said the brick maker.

Before hearing about the mobile clinic unit, Mr. Anthony had a plan to visit a health centre for the service. However, he kept on postponing it because he was less informed of it and hardly had he any money for it.

The brick maker said he could hardly rise up to 240,000/- per month from his business as a single mud brick was sold between 140/- and 150/-.

Importance of male circumcision Male circumcision helps prevent urinary tract infections, penile cancer in adult men and reduce the risk of sexually transmitted diseases.

"We were informed of the importance of male circumcision that it even reduces the risk of contracting HIV/AIDS, but we were also told clearly that it did not protect us from getting HIV/AIDS by 100 per cent," explained Mr. Anthon.

According to World Health Organisation (WHO), there is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV/AIDS infection in men by about 60 per cent.

Three randomised controlled trials have shown that male circumcision provided by well-trained health professionals in properly equipped settings is safe.

WHO/UNAIDS recommendations emphasise that male circumcision should be considered an efficacious intervention for HIV/AIDS prevention in countries and regions with heterosexual epidemics, high HIV/AIDS and low male circumcision prevalence.

Male circumcision provides only partial protection and, therefore, should be only one element of a comprehensive HIV/AIDS prevention package, which includes the provision of HIV/AIDS testing and counselling services, treatment for sexually transmitted infections, the promotion of safer sex practices, the provision of male and female condoms and the promotion of their correct and consistent use.

Challenges Mr. Anthony said he used to take a bath at the end after brick making so that friends shouldn't know that he wasn't circumcised.

"I felt ashamed of my foreskin, so I tried my best to hide behind trees or wait to the end for my turn to take a bath when everybody had finished," he said.

Father speaks out His father, Mr. Anthon Abili (59), expressed his gratitude to Jhpiego and the programme at large for providing the service to his two sons. "God has blessed me with nine children, eight of who are boys and one girl."
For a long time, I wanted my sons to be circumcised, but I did not have money for it. I am thankful to the project," he said.

Government commends the project Speaking during the launch of the mobile clinic unit at Sabasaba grounds in Morogoro, the Regional Commissioner (RC), Dr. Steven Kebwe, said there were many men especially in rural areas, who were yet to be circumcised due to various reasons. He asked them to effectively utilise the mobile clinic unit and be circumcised for it had many health advantages.

More than 800,000 people have so far been circumcised in Morogoro Region under the AIDSFree Project from 2009 to 2019, according to Dr. Silverius Kesanta, the project's technical adviser for voluntary medical male circumcision (VMMC) and early infant male circumcision (EIMC).

The AIDSFree programme was initially introduced to scale up voluntary medical male circumcision in Iringa, Njombe and Tabora regions.

In October 2017, in collaboration with USAID and the National AIDS Control Programme, AIDSFree expanded its support to Morogoro and Singida regions.

Kenyatta's Warning on Cancer - Here Are the Poor Lifestyle Choices He Meant
3rd August, 2019
By Nairobi News (Nairobi)

President Uhuru Kenyatta on Friday urged Kenyans to change their lifestyles even as the government increased funding on cancer treatment.

He announced plans to build cancer treatment centres to alleviate the suffering of people affected by the disease.

"Tabia zetu pia sio kama zile zilikuwa za zamani, lazima tuangalie what is it that we do today that our forefathers never did that is causing this disease to spread as fast as it is in our country," he told mourners at the requiem mass of Governor Joyce Laboso at Bomet Green Stadium.

Some of the lifestyle changes that can lower the risk of cancer include:

Reduced consumption of red and processed meat - The World Health Organization has classified processed meats including ham, bacon, salami and frankfurts as a Group 1 carcinogen (known to cause cancer) which means that there's strong evidence that processed meats cause cancer.

Eating processed meat increases your risk of bowel and stomach cancer.

Red meat, such as beef, lamb and pork, has been classified as a Group 2A carcinogen which means it probably causes cancer.

Alcohol consumption - Alcohol consumption is proven to increase risk of seven different types of cancer including mouth, throat, oesophagus, stomach, bowel, liver and breast cancer.
Alcoholic drinks contain ethanol, which irritates body cells. Over a prolonged period of time (even with moderate amounts), this cell irritation can lead to cancer. 

Alcohol can damage the lining of the mouth and throat causing cancer. Alcohol can also impact the levels of hormones that are linked to breast cancer.

Overweight - Being overweight can cause up to 11 different types of cancer. These include breast (post-menopause), bowel, kidney, liver, endometrial, ovarian, stomach, oesophagus, gallbladder, pancreas and prostate (advanced) cancers.

Excess body weight increases insulin resistance, which leads to the pancreas producing more insulin. Elevated levels of insulin-like growth factor 1 can promote the growth of cancer cells.

Excess body weight can also increase sex steroid hormones, which are linked to endometrial and post-menopause breast cancer.

Smoking - It is the biggest risk factor for preventable cancer. Cigarette smoke contains more than 7,000 chemicals including 69 that are carcinogens (known to cause cancer). When you inhale, these chemicals enter your lungs and spread through your body via blood and lymph systems. This can interrupt normal cell growth, causing cells to multiply too fast or develop abnormally, which can (and often does) result in cancer cells.

Exposure to second-hand smoke is a cause of lung cancer in non-smokers. When smokers expose non-smokers to second-hand smoke, they inhale many of the same cancer-causing chemicals that smokers inhale.

Kenya: KNH Seeks Fundraiser to Open Cancer Hostel
4th August, 2019
By The Nation (Nairobi)

Kenyatta National Hospital acting Chief Executive Officer Evanson Kamuri addresses the media on May 31, 2019 concerning the successful Bariatric surgery. The hospital wants to establish a cancer hostel

In Summary

- This fundraiser call however comes at a time when senior government officials, including some from the Ministry of Health, have been cited for looting.
- The project entails construction of a building with capacity to host
140 patients, a day respite area, a cancer resource centre, a restaurant and other support services.

Kenyatta National Hospital (KNH), the country’s largest medical facility is meeting an angry public in a bid to raise funds for a cancer hostel.

Coming in the wake of what seems to be a cancer crisis, the hospital announced it would be seeking contributions from the public to put up an accommodation hall for cancer patients travelling from upcountry.

This announcement is from a government-funded organisation, which not only receives money from the taxpayer but also raises its own revenue by charging every service it offers.

The appeal called on people "of goodwill" to help build a 140-bed hostel for cancer outpatients at a cost of Sh230 million.

It also called on an additional Sh200 million to be known as an 'endowment fund' to support operations at the hostel.

Many patients have died on the queues while waiting for treatment, others have slept on corridors waiting for treatment that often comes too late.

**PARTNERSHIPS**

Now the hospital is naming the proposed hostel 'Hope', which it claims could help lessen the blow from the country’s third-largest killer disease.

"This is a hostel that will be assisting the poor who have nowhere to live in Nairobi while they come for treatment," KNH acting Chief Executive Officer Evanson Kamuri told the Sunday Nation.

"The project is Wanjiku-driven, to help our patients who come from far and don't have somewhere to sleep while they undergo outpatient cancer services," he said.

The idea, he said, was developed by the hospital in conjunction with the American Cancer Society after research. "The national government, Nairobi County government, as well as the business community in Kenya are involved," he added.

**LOOTING**

Traditionally, Kenyans have often willingly jumped on these pleas to help, such as was the case of 'Kenyans 4 Kenya' seven years ago when they helped raise funds for the hungry up in the North, following drought.

They have also rallied to help distressed Kenyans seeking emergency surgery such as 'cancer warrior' Emmanuel Otieno Jadudi (who sadly died in March this year).

This fundraiser call however comes at a time when senior government officials, including some from the Ministry of Health, have been cited for looting.

Could the call be indicative of Kenya's failed health system? Or is it a sign that there is no alternative source of funding to finance key healthcare priorities?
"The government is already handling too many emergencies, yet this is not an emergency. We wanted Wanjiku to participate and own the project. We already have a lot of positive feedback from the public," Dr. Kamuri argued, without listing them.

**STATE FUNDING**

The KNH is not only the oldest hospital in Kenya but also a public, tertiary, referral hospital that is taxpayer-funded. The facility has been allocated Sh14.4 billion in the 2019/20 budget.

It cited data from the American Cancer Society which indicated that 29 per cent of patients missed or delayed cancer treatment, and the main barriers to treatment were accommodation while in Nairobi and transport to and from the Hospital.

Cancer treatment in Kenya is by policy offered at a subsided rate at the hospital, as an outpatient service.

This though makes it difficult for most patients who are referred from counties such as Mombasa, Marsabit, Kericho or Busia to honour appointments or even complete their treatment schedules.

Yet more than 3,000 new cancer patients begin treatment each year at the hospital.

Through an M-Pesa paybill number, the hospital asked for money from the public despite drawing funds from the exchequer.

**RESEARCH**

Initially, it had announced that it was going to construct a 62-bed three-storey hostel at a cost of Sh150 million.

The hostel, whose construction was to start two years back, was meant to host patients who often sleep in the corridors as they wait for tests, chemotherapy or radiotherapy.

It was to be built with support from the American Cancer Society. It is not clear whether or not the international organisation is still offering its support.

According to the hospital, the project entails construction of a building with capacity to host 140 patients, a day respite area, a cancer resource centre, a restaurant and other support services.

"A little will go a long way. Let us come together and give hope a home in Kenya," KNH urged the public.

In 2015, KNH, in partnership with American Cancer Society, conducted a study on cancer patients attending outpatient clinic to determine barriers to cancer treatment.

These findings inspired the idea of a 'Hope Hostel' that would accommodate cancer patients.

**Kenya: Mothers Have a Right to Breastfeed in Public, Officials Say On World Breastfeeding Week**

4th August, 2019  
By Capital FM (Nairobi)
Mothers demonstrate in Nairobi in support of the right to breastfeed in public

Nairobi — Kenya joined the rest of the World in marking the World Breastfeeding week, an annual global event that takes place every first week of August.

The celebrations which took place at Bondeni in Nakuru East Sub County seeks to raise awareness of the health and well-being outcomes of breastfeeding and the importance of supporting mothers to breastfeed for as long as they wish.

Although remarkable growth has been noted in exclusive breastfeeding for children less than six months old at 61 percent in Kenya, the target of 80 percent can easily be reached by fully scaling up the initiatives to create mass awareness of breastfeeding.

Health Cabinet Secretary Sicily Kariuki, in remarks read by the Acting Director of Medical services Pacifica Onyanja said the importance and benefits of breastfeeding cannot be elaborated enough.

With the theme of this year "Empower Parents, enable Breastfeeding" the CS said breastfeeding ensures basic nutrition rights of children and must be supported.

"Breastfeeding reduces infant mortality, increases intelligence and improves school achievement. It also supports a mother's physical and emotional health," she said.

Fathers, partners, families and workplaces were also urged to support nursing mothers.

"Breastfeeding has long been viewed as a no-go in the workplace. It seems as though the only option for working, nursing mothers is to either potentially sacrifice the health of their baby due to switching from breast milk to baby formula, or to sacrifice valuable time and money, or even their job," she said, adding "Breastfeeding in the workplace may be seen as inappropriate and unprofessional to some. However, the health benefits to both the child and the mother are undeniable, along with the potential benefits for the employer."

Nutritionist, Ministry of Health Caroline Kathiari explained that breastfeeding has both short-term and long-term nutritional benefits for children.

"Nutrition is central to sustainable development. Good nutrition in the first 1000 days of a child's life is critical for child growth, well-being and survival, and future productivity."
"Breast milk is nature's perfect food. It is universally available. Its benefits last a lifetime, for mother as well as child, Kathiari further highlighted, "Yet currently less than 40 percent of children worldwide less than six months of age are exclusively breastfed—that is, fed only breast milk with no additional foods or liquids, including water."

Exclusive breastfeeding levels remain low across Africa. According to UNICEF, West Africa has one of the lowest rates in the world, with countries such as Chad recording 2% and Côte d’Ivoire 4%.

Uganda Eliminates River Blindness but Struggles With Bilharzia

7th August
By The Monitor

The Health Minister, Dr. Ruth Jane Aceng on Tuesday said that government is on track to eliminate river blindness burden in the country by next year but worried that they are still struggling with Bilharzia. "Recent epidemiological and entomological assessments indicate that interruption of Onchocerciasis transmission in Madi mid-North may be possible by 2020. As of today, out of the 17 foci which were formerly endemic for Onchocerciasis covering 40 districts, only 16 districts are still implementing interventions while 24 have achieved and stopped mass treatment," Dr. Aceng reported during the Uganda Onchocerciasis Elimination Expert Advisory committee (UOEEAC) meeting at Sheraton Hotel.

However, she warned that Onchocerciasis transmission has remained a challenge in areas bordering South Sudan and Democratic Republic of Congo.

She added that they are mobilizing resources to commit to the fight against Bilharzia which is mainly affecting communities around Lakes; Victoria, Albert, George and Kyoga. Bilharzia is a water-borne disease also called schistosomiasis. It can damage the liver, kidney, cause infertility and bladder cancer.

"Bilharzia is a big burden in the country. Bilharzia continues to be a re-emerging public problem. We have been intervening but as long as we still have the vector and the worm in the water, it is difficult to eliminate because this worm is
transferred from one area to another through feaces," Dr. Aceng said.

Mr. Thomas Unnasch, the UOECA chairperson yesterday cited Budongo, Lhubirihia and Madi-mid North as their highest priority areas for surveillance this year before the country is declared free of Onchocerciasis.

Onchocerciasis, also known as river blindness is a parasitic disease caused by the filarial worm Onchocerca volvulus, according to World Health Organisation. It is transmitted through the bites simulism blackflies.

According to Dr. Aceng, neglected tropical disease programme is heavily supported by donors and cautioned district officials to be more accountable when dealing with their resources so that they achieve their intended reasons.

"Partners need accountability for them to mobilise more resources from those who donate. We have had challenges with some districts which don't give accountability on time while others don't give at all. That is a big challenge for us because when you go back to the donors, they are not willing to give the money to continue supporting the programme," Dr. Aceng noted.

She asked the public to ensure their sanitation improves in order to prevent the spread of these tropical diseases.

WHO estimates that 2.7million people in Uganda last year required preventive chemotherapy for Onchocerciasis and another 2.3million individuals were treated in 2017.

WHO representative, Dr. Yonas Tegegn Woldemariam yesterday said: "These gains recorded over the years come with inherent challenges including limited domestic financing. An increase in domestic funding will facilitate sustainability and prevent donor dependency. Another challenge is how to accelerate cross-border collaboration especially in the districts bordering our neighbor."

Mr. Patrick Karamura Mwira, Province of Ituri Minister of Health in DRC appealed for financial support to help eliminate the diseases in both countries.

"If it is not dealt with, Uganda can fight it but it will come back because the neighbouring countries have it and there are cross-border activities which we can't prevent," Dr. Mwira said in a separate interview at Sheraton.

Africa: Youth critical to attainment of sustainable development goals, says ECA's Chinganya

5th August, 2019

Addis Ababa, August 05, 2019 (ECA) – Africa’s youth are an important vehicle that should be harnessed to ensure the continent achieves sustainable development, says Mr. Oliver Chinganya, Director of the Economic Commission for Africa’s (ECA) African Centre for Statistics.
Speaking at the beginning of a life skills training programme for the youth in Ethiopia, Mr. Chinganya, who is also Officer in Charge of the Technology, Climate Change and Natural Resources Management Division of the ECA, said the youth can only have this positive impact provided they are given the right start in life.

The training, the seventh held in a row, focuses on the transition of boys and girls to adulthood.

According to recent UN statistics, there were 1.2 billion young people aged 15-24 years globally in 2015, comprising nearly 30 per cent of the world's population. Approximately 226 million of these young people live in Africa, making the continent the most youthful in the world. Children under age 15 accounted for 41 per cent of the population in Africa and young persons aged 15 to 24 accounted for a further 19 per cent. By 2030, the target date for the sustainable development goals, it is projected that the number of youth in Africa will increase by 42 per cent to 321 million.

"These numbers come with benefits and challenges, some of which might affect you," said Chinganya, adding this youth generation was the largest in human history.

He said this generation of youth faces major challenges in getting access to higher education, employment, lack of participation in social, economic and political decision making process, among many others.

Increasing numbers of young people is expected to put additional pressure on the already strained education and health care services, housing and employment across the continent raising the need for proper planning by the authorities.

"So, growing up in this challenging era, our youth need to have the necessary skills that equip them to grow into well-functioning adults," said Mr. Chinganya, adding the life skills training was crucial in ensuring the youth have abilities for adaptive and positive behaviour, that enables them to deal effectively with the demands and challenges of everyday life .

"You are growing up in an era where there are many influencers around, the most common being the social media and the internet. I hope this training touches on how you can use these to your benefit and not detriment," he warned the young people receiving the training.

Life skills include critical and creative thinking, decision-making, effective communication, as well as skills for developing healthy relationships and a positive self-concept. Life skills help young people make responsible and informed choices and can promote healthy lifestyles as well as career skills.

He applauded the Ethiopia UN Country Team and the UN Health Centre for the training, adding this initiative built on the UN Secretary-General's vision of empowering youth, in particular those in marginalized areas and young women and girls through capacity building, research, facilitating policy dialogue and assessing progress on implementing of the
World Programme of Action for Youth and youth charter.

"Let us all work for a 21st century that will see the full empowerment through education, skills, health and civil participation of youth, with a focus on your health, decision-making, economic empowerment and opportunities. As youth, you can claim the 21st century through life skills and make the world a better place for all. Please practice what you will have learnt here because you are the tomorrow and the future," said Mr. Chinganya.

The UN Country Team and the UNHCC have been giving life skills training in Addis Ababa for the past seven years.

**Uganda Starts Largest-Ever Ebola Vaccine Trial**

6th August, 2019
By Voice of America (Washington, DC)

A father holds his 5-year-old daughter as she gets the Ebola trial vaccine in Kasese district Uganda, June 16, 2019

Uganda has started its largest Ebola vaccine trial to date, health authorities announced Monday, in an apparent effort to prevent the disease from spreading.

An epidemic across the border in neighboring Democratic Republic of Congo has killed over 1,800 people, making this outbreak the second-deadliest to date, with fatality rates nearing 70%.

The experimental Johnson & Johnson vaccine will be administered to health care professionals, as well as ambulance drivers, burial teams and cleaners. The trial is expected to last two years and cover 800 people in the Mbarara district in southwest Uganda.

Vaccinations have already begun, according to Uganda’s Medical Research Council.

There are no licensed treatments for Ebola, but one vaccine, manufactured by Merck, was used effectively at the end of the 2013-2016 outbreak in the DRC and has been used during the current epidemic. Over 180,000 people have received this vaccine.

But the supply is sporadic, and vaccine administrators are typically 1,000 doses short of what they need, according to Doctors without Borders as reported by Bloomberg News. Health professionals have called for the use of both the Johnson and Merck vaccines to maximize
the number of people protected from Ebola.

Some people, including the DRC’s former health minister, opposed the move, arguing that another vaccine with a different administration schedule would stoke vaccine distrust in vulnerable areas.

While the Merck vaccine is administered through one shot and takes 10 days to be effective, the Johnson & Johnson vaccine requires two shots, two months apart.

Aside from sparking anti-vaccine fear, the Johnson & Johnson drug could be difficult to administer in practice, as violence in northeastern DRC hampers disease-control efforts.

Neighboring countries have been on high alert since three people died of Ebola in the DRC city of Goma, located on the border with Rwanda and just a few hours from Uganda.

Kenya: CS Magoha Puts Parents on the Spot over Teen Pregnancies

6th August, 2019
By The Nation (Nairobi)

Education Cabinet Secretary George Magoha during the 2019 Nairobi County Dialogue on Education Quality at Nairobi Primary School on July 31, 2019

In Summary

- Prof Magoha accused parents of abdicating their responsibility of advising their children on the dangers of engaging in early sex.
- Speaking at the University of Embu after launching the International Youth Week, the minister told parents to start mentoring their children as part of efforts to prevent these cases.
- CS Magoha noted that the government is committed to ensuring all children have access to education.
- On the matter of merging some universities, the CS said “politicians should leave me alone to do my work”.

@EAHP Health News-Cap East Africa 3rd – 9th August 2019
Education Cabinet Secretary George Magoha on Tuesday blamed the rising cases of teenage pregnancies on negligence by parents.

Prof Magoha accused parents of abdicating their responsibility of advising their children on the dangers of engaging in early sex.

Speaking at the University of Embu after launching the International Youth Week, the minister told parents to start mentoring their children as part of efforts to prevent these cases.

"When teenagers get pregnant they drop out of school and their life is wasted. Parents should be responsible enough and regularly advice their young ones," he said.

ACCESS

CS Magoha noted that the government is committed to ensuring all children have access to education.

"Children can't access education when they are forced out of schools due to early pregnancies," he said, further noting that some are impregnated by their teachers.

"It is a shame that teachers are also impregnating school girls. They will be roasted in hell forever."

QUALITY

On the new competency-based curriculum, the CS said the government is working hard to implement it.

"The curriculum is a good one so it must be fully implemented," he said.

On the matter of merging some universities, the CS said "politicians should leave me alone to do my work".

He accused some parliamentarians of misleading the public on the matter and told them to stop politicising education.

On July 29, Prof Magoha dismissed vice-chancellors of public universities who are opposed to the merging of institutions in the wake of financial crises.

While addressing media practitioners in Nairobi, he insisted that it is the quality of education that matters, not the number of institutions.

EMPOWERMENT

Public Service Cabinet Secretary Margaret Kobia advised youth to venture into agribusiness to earn a living.

"Youth should be aggressively involved in agribusiness to make money instead of idling," she said.

Embuj Governor Martin Wambora said his administration had set aside Sh10 billion to empower unemployed youths in the county.

He also said his government had established a youth empowerment centre for school leavers to nurture their talents.
Kenya: Breast Milk Bank in Nairobi Shows Impact

8th August, 2019
By Voice of America (Washington, DC)

Medical experts in Kenya are banking on human breast milk to save the lives of newborn babies.

Nairobi’s Pumwani Maternity Hospital has set up East Africa’s first breast milk bank the second in Africa — to provide donated milk to babies in need.

At the hospital it is feeding time as Mary Auma holds onto a bottle with one hand as the other supports her baby, who was born one month early.

Auma has been sick so she cannot breastfeed as recommended by the World Health Organization and would have been forced to use less healthy formula milk.

A first for region

In March, Nairobi’s Pumwani Maternity Hospital opened the region’s first human milk bank.

Auma said the milk bank has helped her because when she became ill, making her unable to nurse the child, the baby was given milk from the bank.

Kenya's Ministry of Health and PATH, a U.S.-based nonprofit health organization, launched the milk bank plan in March with the hope of reducing the number of newborn deaths which are currently at 39 per every 1,000 live births.

The milk bank is for premature babies, those born with low birth weight and those whose mothers may not be able to breastfeed them.

While only 58 babies have benefitted from the milk bank so far, hospital staff said more mothers are leaving with healthy newborns.

Mortality rate drops

"Though the project is still very young we have noted that the neonatal mortality rate is going down drastically..." said Keziah Njau, the head nurse at the hospital.

The breast milk bank is the first in East Africa and the second opened on the continent after South Africa.

The WHO says premature babies have a higher chance of survival if fed breast milk instead of formula.

Dr. Elizabeth Kimani-Murage, the senior research scientist at Nairobi’s African
Population and Health Research Center, led the push for the Nairobi milk bank.

"Research where human milk banking has been implemented has shown that neonates like pre-term babies and low birth weight babies or sick children, when they are given human donor milk instead of formula, they survive better,” Kimani-Murage said.

Donor happy to help

Donors are sourced among mothers within the hospital. Mary Ndinda, one of the donors, said she is happy to save lives.

She said she opted to donate to women who do not have milk or to babies who do not have mothers because her breasts were engorged and very painful just days after she gave birth.

Kenyan authorities plan to set up other milk banks across the country, if the one in Nairobi proves a success.