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Tanzania: Join Health Schemes to Control Finances, Govt

8th September, 2019
By Tanzania Daily News (Dar es Salaam)

THE Minister for Health, Community Development, Gender, Elderly and Children, Ummy Mwalimu, has called on Tanzanians to join health insurance schemes to be able to receive healthcare services any time without straining their finances.

She said in Parliament yesterday that the health insurance schemes, such as the National Health Insurance Fund (NHIF), offer affordable packages of up 50,400/- for children, which is easily affordable to many people.

She said if Tanzanians join health insurance schemes, there will be fewer cases of complaints due to failure to pay hospital bills.

The minister also clarified that hospitals do not charge bills on dead bodies but on services a patient had received, and noted that hospitals cannot hold hostage bodies of patients who have died on grounds of unpaid medical bills.

She said relatives of a patient who had died in a hospital and could not afford the bill should go to social welfare offices at the hospital to get alternative arrangements for payment.

Earlier, the Deputy Minister for Health, Community Development, Gender, Elderly and Children, Dr. Faustine Ndugulile, said there was no hospital which will decline to hand over a dead body of a patient over payment disputes.

He said relatives should visit the offices of social welfare located in the hospital to present their case, where they will be assisted with alternative means of payment or a waiver.

He said for Temeke Hospital in Dar es Salaam, the ministry waived over 500m/- charges to relatives of deceased patients who could not afford the bills.

For June, July and August, the ministry received 4,949, 4,816, and 4,809 waiver requests respectively, he said, noting that the death of a patient in hospital does not mean that relatives will be spared the responsibility of footing the medical bill.

Dr. Ndugulile was reacting to a supplementary question from Suzan Lyimo (Special Seats, Chadema), who wanted to know what the government plans to support relatives of dead patients who cannot afford to pay medical bills.
Kenya: Agency in New Plan to Boost Vaccine Supply

10th September, 2019
By The Nation (Nairobi)

A global agency has announced a plan to increase the number of vaccines in Kenya and other countries to save lives.

The Global Alliance for Vaccines and Immunisation (Gavi) will increase the number from six to 18 by 2025.

This means that Gavi will help Kenya buy rabies, multivalent meningococcal vaccines, yellow fever, cholera as well as funding for an Ebola vaccine stockpile once the World Health Organisation pre-qualifies it.

To ensure that the target is met, the agency has launched a fundraising drive with a target of US$ 7.4 billion.

The agency called on donors to back plans to immunise an additional 300 million children in developing countries between 2021 and 2025, saving up to eight million lives.

"Over the past two decades, the vaccine alliance has helped to protect a generation against some of the world's deadliest diseases," said Dr. Seth Berkley, chief executive officer.

REWARDS

Dr. Berkley said 1.5 million people are dying every year from preventable diseases; while climate change, conflict and urbanisation are combining to make it easier for outbreaks to spread.

He said that each dollar invested in immunisation gives a return of up to $54 in wider societal benefits.

"Children who are vaccinated are more likely to go to school. Their relatives aren't forced to give up work to look after their sick children or fall into poverty, thanks to often-debilitating healthcare costs," the CEO said.

Currently, Gavi helps Kenya procure its vaccines through a co-financing model, where Kenya caters for 10 per cent of its vaccine budget (about Sh400 million) and Gavi pays the rest yearly.

The money is used to purchase pentavalent, pneumococcal vaccine, rotavirus and yellow fever vaccines.
Tanzania: The Reality of Challenges in Malaria Elimination

10th September, 2019
By World Health Organization (Geneva)

The United Republic of Tanzania is among 11 countries that contribute 55 percent of new malaria cases globally according to WHO Malaria report published in 2018. The national HMIS data showed that malaria related deaths decreased from 20 per 1000 cases in 2014 to nine per 1000 cases in 2018. However, this has not taken Tanzania from the list of high burden countries.

Tanzania provides malaria diagnosis and medication for free in public health facilities. The Government is implementing direct health facility financing to ensure smooth running of services at the ward level. Usually a ward has three to five villages. In most cases public health facilities are the only affordable option. In Kilwa district 322 kms from Dar es Salaam city, transmission is at 12 percent, which is a moderate transmission setting.

Community members in Kilwa know that diagnostic and medication for malaria are available without paying, except for registration.

"Yes, malaria services are free but sometimes we get no medication because supplies are not available," said Joseph Mpili, a villager in Rufiji district.

At the core, in the fight against malaria, is poverty. Villagers in Rufiji District, another project district, say the average household income is US$ 0.8/day.

"Things get worse during the farming season because we have used most of the food and have not harvested. At that time families could barely afford even TZS 2,300 (US$ 1) cost sharing for registration at public health facility," says Mohamed Mkwambe. They opt for traditional herbs and would only go to a health facility when the health condition worsens.

WHO’s Strategic Advisory Group on Malaria Eradication (SAGme) report released in August 2019 advises that accelerated research and development (R&D) in new tools for malaria prevention and treatment is key if the world is to eradicate malaria in the foreseeable future. This is because there are still numerous challenges toward malaria eradication.

In this context, WHO is evaluating the performance of this novel malaria intervention that intensifies community
surveillance and antimalarial treatment in the foci with the highest incidence to fight malaria in Tanzania.

The China--Tanzania malaria project is implemented in the districts with high and moderate malaria transmission in Tanzania. In its first phase (April 2015 to June 2018,) the project achieved a malaria reduction of 70 percent. It provided screening and antimalarial services in 18 villages of nearly 60,000 population in Muhor and Ikwiriri within Rufiji District. The project conducted weekly focused screening and treatment (mRCT) which is reactive community testing by community health workers through mobile health teams in hot spot areas identified based on stratification using recent weekly data from the facilities.

The project's second phase began in July 2019. A visit to the project areas puts the challenges to eliminate malaria in Tanzania in perspective. The major challenge--access to health services--amidst other challenges such as affordability, availability and quality of malaria services.

Another issue on the ground is insufficient knowledge about prevention. In Nahama village in the Coast region of Tanzania, Fatuma Magunga, village leaders say, struggles to convince people eliminate mosquito breeding areas near their homes. "Most people understand conditions that facilitate mosquito breeding. They also believe that individual households cannot deal with that problem," said Magunga.

The global data shows that only one in five pregnant women living in areas of moderate to high malaria transmission in Africa can obtain the drugs for treatment should she be diagnosed with malaria. Half the people at risk of malaria in Africa sleep under an insecticide-treated net and just 3% are protected by indoor spraying with insecticides.

Malaria affects the most vulnerable populations in countries where it endemic. Children under five account for 61% of all malaria deaths. More than 90% of the world's 400,000 annual malaria deaths occur in sub-Saharan Africa.

WHO emphasizes the urgent need for countries to advance towards universal health coverage and improve access to services, and better surveillance to guide a more targeted malaria response.

In an effort towards universal health coverage, the Government has instituted Community Health Fund as an affordable health insurance. In addition, the Ministry of Health, Community Development, Gender, Elderly and Children and partners are pooling together resources to jump start progress in malaria elimination. Tanzania committed to eliminate malaria by 2030. The China--Tanzania project is one of these interventions.

"WHO is making sure that the quality of interventions in the project adheres to international standards and conforms to the national guidelines. The results of the project are important to determine if the approach of the project will be suitable to
be replicated in other areas with similar malaria levels," said Dr. Ritha Njau, Malaria Program Lead at WHO Tanzania.

Tanzania: New Programme Set to Revolutionise Health Delivery System

11th September, 2019
By Tanzania Daily News (Dar es Salaam)

THE government through the Ministry of Health, Community Development, Gender, Elderly and Children is set to open more hubs to facilitate the implementation of a medical education and care management model with the aim of improving health service delivery in the country.

Dubbed Extension for Community Healthcare Outcomes (ECHO), the platform is set for practice-based education and training, service delivery, and outcomes research.

It is a hub-and-spoke educational model that allows subject matter experts in any field of concern to share their knowledge with frontline providers in underserved communities.

Opening a three-day training on Project ECHO in Dar es Salaam yesterday, the Ministry’s Assistant Director for Diagnostic Services, Dr. Alex Magesa said that the government was working towards opening more hubs in all zonal hospitals and teaching institutions how to reach more participants.

Dr. Magesa said that currently there are three hubs, which are Kibong’oto, Bugando and National Health Laboratory Quality Assurance and Training Centre "With this rapid expansion, we need to maintain quality of information and programmes offered, that is why we have identified the need of having this training in the country," he said.

He said that the project was in line with the government intention to promote the use of technology to communicate rather than travelling long distances seeking for information.

"This initiative is a lifelong learning and guided practice model that revolutionises medical education and exponentially increase workforce capacity to provide best-practice specialty care and reduce health inequalities," he said.

Dr. Magesa said although it had started as a training model for non-laboratory HIV Rapid testers, currently there were more than five ECHO models in the country focusing on HIV care and treatment, Tuberculosis (TB), safe surgery, HIV rapid testing training and Emergency Operation Centre (ECHO).

He said Tanzania decided to embark on the programme because it was cost effective, reaches many professionals at a short time, a learn by doing modes, a mentoring model and to support President John Magufuli’s vision of utilising resources effectively.

Dr. Magesa further explained that one class of 25 to 30 participants who travel from four to five districts to the region for a three day training costs about 14m/-, but
through project ECHO the training could cost US dollars 3500 only.

He noted that the difference between the two was that equipment of Project ECHO can be used repeatedly, hence widening the support.

**Experts convene to chart a roadmap towards malaria elimination**

7\(^{th}\) September, 2019
By WHO

The National Malaria Control Programme in Tanzania with support from WHO and the Roll Back Malaria Partnership organized a five-day stakeholders meeting to chart out a roadmap towards elimination of malaria in the country.

The meeting was conducted against the backdrop of the recently launched High Burden High Impact (HBHI) approach by WHO and the RBM partnership which strives to bring the malaria high burden countries on track to achieve the Global Technical Strategy for Malaria 2016 – 2030 milestones.

Tanzania is among ten African countries with the highest burden of malaria, according to the WHO World Malaria report published in 2018. In line with the current malaria strategic plan, Tanzania aims to reach zero transmission rate by next year. From 2007 progress in the prevalence of the diseases has varied from 18% in 2007, 9.5% in 2012, 14% in 2016 and 7.3% in 2017.

The week-long meeting convened policy makers, researchers, officials from the NMCP, the Ministry of Health, United States Agency for International Development (USAID) and Centers for Disease Prevention and Control (CDC), US Presidential Malaria Initiative (PEPFAR), RBM, President’s Office Regional Administration and Local Government (PORALG) and the University of Dar es Salaam.

Other stakeholders at the meeting were the Tanzania Parliamentarians against Malaria Disease (TAPAMA) and staff from the World Health Organization.

“This is an avenue to analyze critically best practices, where we did not do well, threats and opportunities available. A good example of political will is the involvement of TAPAMA in the fight against the disease and 100 percent government funding of larval source management that the President of the
United Republic of Tanzania personally directed,” said Dr. Anna Nswila, Assistant Director of Health Services in the PORALG.

As an outcome of the meeting, participants developed a roadmap highlighting key priority interventions to be implemented to advance malaria elimination in the country.

**EALA resumes sitting in Arusha today**

*Press Release by EALA 16th September 2019*

*East African Legislative Assembly, Arusha,*

The East African Legislative Assembly (EALA) resumes its 1st Meeting of the 3rd Session in Arusha, Tanzania, today, Monday, 16th September, 2019. The Plenary Sitting is expected to continue until October 5th, 2019.

The Assembly shall at this Sitting debate and enact the EAC Youth Council Bill, 2017, thereby befitting the youth who make a significant percentage of the populace in the EAC region a great deal. The Bill moved by Hon Susan Nakawuki, is premised on Article 120 of the EAC Treaty and seeks to implement the EAC Youth Policy 2014, which is an integral part of the 4th EAC Development Strategy 2011/2012 – 2015/2016. The Bill which sailed through the First Reading on 31st May 2017, recognises that Partner States have diverse laws and policies regarding the youth in their territories. The Bill thus seeks to harmonise the laws and regulations pertaining to youth in the Community while providing for a suitable legal framework. For the purpose, the Bill seeks to establish the East African Youth Council within the EAC to provide for the composition, objects and functions, administration, finances and to provide for other related matters.

Also on the agenda for consideration at this session, are a number of reports that emanate from workings of various Committees. The report of the Committee on Regional Affairs and Conflict Resolution on the oversight for proliferation of small arms and light weapons is set to be considered. This follows an activity of the Committee undertaken on August 25th -29th 2019, in Nairobi, Kenya in collaboration with the International Committee of the Red Cross (ICRC). Similarly, to be presented to the House for debate, is a report of the Committee on Legal, Rules and Privileges, on the consideration of establishing the panel of Chairpersons for the House. This is among the amendments to be included in the Rules of Procedure of the Assembly.

The Committee proposes for further amendments to the Rules of Procedure to include and provide for matters which are currently not addressed or provided for by the same, remove redundant or inapplicable rules and to clarify certain regulations in a bid to facilitate its easy application and use. The Committee on Communications, Trade and Investments on its part, is expected to report on the findings of the oversight on the status of the EAC Trade Remedies Committee. The Committee conducted the oversight activity from 1st to 4th September 2019, in the EAC Partner States. In addition, a report of the Committee on Agriculture, Tourism and Natural Resources on the
performance of the Tourism sector in the region is also to be tabled.

Within the health sector, as the region puts out all arsenal in containing the deadly EBOLA virus, the Assembly is set to receive a report by the Committee on General Purpose on the oversight activity that sought to assess the level of preparedness of Partner States in management of EBOLA and Dengue Fever outbreaks. The assessment took place in the Republics of Rwanda and Uganda and in the United Republic of Tanzania between September 12-16th, 2019.

Other significant issues at the forthcoming Plenary are key meetings with different stakeholders including an interactive session with the Lake Victoria Fisheries Organization.

About the East African Legislative Assembly:

The East African Legislative Assembly is the Legislative Organ of the East African Community. Its Membership consists of a total of 62, of whom 54 are elected Members (9 from each Partner State) and eight ex-officio members (the Ministers responsible for EAC Affairs from the Partner States, the Secretary General of the Community and the Counsel to the Community).

The East African Legislative Assembly has legislative functions as well as oversight of all East African Community matters. The enactment of legislation of the Community is put in effect by means of Bills passed by the Assembly and assented to by the Heads of State, and every Bill that has been duly passed and assented to become an Act of the Community and takes precedent over similar legislations in the Partner States. EALA has to date passed 80 pieces of legislation.

13th September, 2019
By World Health Organization (Geneva)

The World Health Organization (WHO) congratulates the Government of Kenya for launching the world’s first malaria vaccine today in Homa Bay County, western Kenya.

The malaria vaccine pilot programme is now fully underway in Africa, as Kenya joins Ghana and Malawi to introduce the landmark vaccine as a tool against a
disease that continues to affect millions of children in Africa.

The vaccine, known as RTS.S, will be available to children from 6 months of age in selected areas of the country in a phased pilot introduction. It is the first and only vaccine to significantly reduce malaria in children, including life-threatening malaria.

Malaria claims the life of one child every two minutes. The disease is a leading killer of children younger than 5 years in Kenya.

"Africa has witnessed a recent surge in the number of malaria cases and deaths. This threatens the gains in the fight against malaria made in the past two decades," said Dr. Matshidiso Moeti, WHO Regional Director for Africa. "The ongoing pilots will provide the key information and data to inform a WHO policy on the broader use of the vaccine in sub-Saharan Africa. If introduced widely, the vaccine has the potential to save tens of thousands of lives."

First vaccination: a day to celebrate

Distinguished health officials, community leaders and health advocates gathered in Homa Bay County - one of eight counties in Kenya where the vaccine will be introduced in selected areas - to mark this historic moment with declarations of support for the promising new malaria prevention tool and to demonstrate a ceremonial first vaccination of a 6-month-old child.

Speaking at the event, WHO Representative to Kenya Dr. Rudi Eggers said: "Vaccines are powerful tools that effectively reach and better protect the health of children who may not have immediate access to the doctors, nurses and health facilities they need to save them when severe illness comes. This is a day to celebrate as we begin to learn more about what this vaccine can do to change the trajectory of malaria through childhood vaccination."

Thirty years in the making, the vaccine is a complementary malaria control tool - to be added to the core package of WHO-recommended measures for malaria prevention, including the routine use of insecticide-treated bed nets, indoor spraying with insecticides and timely access to malaria testing and treatment.

Malaria vaccine implementation in Kenya

The Ministry of Health, through the National Vaccines and Immunization Programme, is leading the phased vaccine introduction in areas of high malaria transmission, where the vaccine can have the greatest impact.

The aim is to vaccinate about 120,000 children per year in Kenya across the selected introduction areas, including Homa Bay, Kisumu, Migori, Siaya, Busia, Bungoma, Vihiga and Kakamega counties. Within the eight counties, some sub-counties will introduce the vaccine into immunization schedules while others are expected to introduce the vaccine later.

More about the vaccine pilot programme

The WHO-coordinated pilot programme is a collaboration with the ministries of health in Ghana, Kenya and Malawi and
a range of in-country and international partners, including PATH, a non-profit organization, and GSK, the vaccine developer and manufacturer, which is donating up to 10 million vaccine doses for this pilot.

Financing for the pilot programme has been mobilized through an unprecedented collaboration among three key global health funding bodies: Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and UNITAID.

Notes to editors:

Proven results: Phase 3 clinical trials were conducted between 2009 and 2014 through a network of African research sites, including three sites in Kenya (Kombewa, Siaya and Kilifi) involving more than 4 000 Kenyan children. Children receiving four doses of RTS, S experienced significant reductions in malaria and malaria-related complications in comparison to those who did not receive RTS,S. Health benefits of the vaccine were in addition to those already seen through the use of insecticide-treated bed nets; prompt diagnosis; and effective antimalarial treatment.

Child vaccination schedule in Kenya: The vaccine, where available, will be given in four doses: three doses between 6 months and 9 months of age, and the fourth dose at 24 months (age 2).

Pilot countries: Kenya is one of three countries selected from among 10 African countries for the phased introduction of RTS, S following a request by WHO for expressions of interest. Key criteria for selection included well-functioning malaria and immunization programmes and areas with moderate to high malaria transmission.

Tanzania: MPs New Move to Eliminate Malaria

13th September, 2019
By The Citizen (Dar es Salaam)

Dodoma — Tanzania Parliamentarians against Malaria (Tapama) on Wednesday commenced a major initiative to enhance political will and support legislators engagement to eliminate malaria come 2030.

The project will strengthen political engagement, data-driven accountability and action at the constituency and national level. The project is set to broaden Tapama, an all parties
parliamentary group, against malaria's role and support institutionalisation of accountability and action through an enhanced malaria scorecard, which uses existing routinely collected data from the District Health Information Systems.

There has been significant progress in reducing the burden of malaria with prevalence dropping drastically from 14.4 per cent in 2016 to 7.3 per cent by 2018, thanks to the coordinated action by the National Malaria Control Programme (NMCP).

"To avoid back-tracking and accelerate the response we need increased action, more resources, increased partnerships, multisectoral action and greater accountability. As parliamentarians we have a greater role in supporting this vision towards achieving the goal of zero malaria by 2030" said Ms. Riziki Lulida, the Tapama chairperson.

The project will support the development of a malaria scorecard app for smartphones and tablets. The initiative will also see the development malaria advocacy and communication strategy and provide guidelines for parliamentarians on key actions.

Under the initiative, parliamentarians will be trained on using the scorecard tools. Routine scorecard review meetings to drive accelerated action will be conducted in four high malaria burden regions (Kigoma, Geita, Kagera, Lindi/Mtwara).

Tapama will further engage in regional advocacy including playing a major role in the Sadc Malaria Day event in November 2019. Parliamentarians can play a major role at the constituency level in advocating for service provision and enhancing participation through sharing information, role modelling, intervening with traditional structures and service providers at constituency level and spearheading oversight and accountability for malaria.

At the national level parliamentarians can support the malaria agenda through expenditure tracking, creating a conducive policy environment, effectively advocating for an effective response as well as promoting accountability for results, sufficient resources and transparency of decisions and resource use.

Tapama is working closely with the national malaria control programme and the African Leaders Malaria Alliance.

This eighteen-month project in Tanzania is being financed by Comic Relief GSK Partnership (UK), a UK based Organization.

**Uganda: 'Trust and Empower Us' - Young Ugandans On Their Sexual and Reproductive Health and Rights**

10th September, 2019
By UNFPA East and Southern Africa (Johannesburg)
The teenage pregnancy rate in Uganda is high, at 25 per cent of girls aged 15 to 19 years. © UNFPA Uganda

Kampala — Young people in Uganda are experiencing a pushback and backlash regarding their sexual and reproductive health and rights (SRHR), particularly in regards to sexuality education, contraception and gender equality.

This indicates the often-politicized nature of SRHR and young people's health, which impedes progress and, in some cases, even threatens a regression.

This was stated by young people in a position paper handed to officials from the Ministry of Health, the National Population Council, UNFPA, and the Embassy of Denmark at an ICPD25 Youth Satellite event.

The aim of the event was to share experiences on what the International Conference on Population and Development (ICPD) agenda means for them and how it has impacted their lives, and also how they can learn from each other to play a critical role in advancing the agenda.

Young people across Uganda, represented by 180 participants, passionately articulated their concerns regarding access to SRHR information and services at the satellite session.

In a conversation between young people, government leaders, policy makers and legislators, Hon. Baguma Spellanza Muhenda, Member of Parliament and Chairperson of the Network for African Women Ministers and Parliamentarians (NAWMP), said that a day before the Youth Satellite event, Uganda's Parliament presented a motion demanding that the government implement key policies that would impact the lives of young people.

The policies include the National Sexuality Education Framework 2018, the Adolescent Health Policy Guidelines and Service Standards, and the School Health Policy. According to Parliament, all of these policies are in draft form or have been finalized but not yet operationalized.

"Uganda women Parliamentarians are also working on the Sexual Offences Bill as one of the measures to address teenage pregnancy," said Hon. Muhenda.

"One key aspect of engaging young people is to co-create solutions for our future. We want to show you that we know what we are doing. All we want is for you to trust and empower us to
advance sexual and reproductive health and rights for young people," said Patrick Mwesigye, Team Leader at Uganda Youth and Adolescents Health Forum (UYAHF).

**ICPD25 Summit a forum for leaders to make concrete commitments for youth**

The upcoming ICPD25 Summit that will take place in Nairobi, Kenya from 12-14 November is the kind of forum where world leaders are expected to make concrete commitments that show that this time, they are serious about ensuring that young people everywhere are empowered to make informed choices about their bodies, their lives, and their futures.

"At the ICPD Summit in Nairobi, young people will be front and centre, sharing their hopes and perspectives and contributing their ideas, their leadership, their energy and creativity under the theme: My Body, My Life, My World!" said Mareledi Segtso, UNFPA Uganda Deputy Representative, a.i.

According to the Ugandan government, the recommendations by young people that were presented in their position paper will be considered during the national high-level symposium on ICPD25 that will take on October 2 in preparation for the ICPD25 Summit in Nairobi.

"I support what the young people have said. Can we provide accountability for what we have done since 1994 at the ICPD in Cairo?" asked Dr. Betty Kyadondo, the Director of Family Health at the National Population Council.

Supported by UNFPA, the National Population Council (NPC) under the Ministry of Finance is the coordinating government agency for the advancement of the ICPD agenda.

**Rwanda: 500,000 to Be Screened for Hepatitis C in Eastern Province**

12th September, 2019
By The New Times (Kigali)

At least 500,000 people in Eastern Province will get free screening for Hepatitis C Virus (HCV) in the next 10 days as government accelerates efforts to eliminate the virus.

The exercise is part of the government’s five-year ambitious plan to eliminate the virus in the country.
During the five years, at least four million people will be screened countrywide, while 110,000 others will receive treatment.

The campaign was launched in the Eastern Province on Wednesday by the Minister for Health, Dr. Diane Gashumba.

Sabin Nsanzimana, the Director-General of Rwanda Biomedical Centre (RBC), said that since July this year, at least one million people have been screened across the country. In the Eastern Province, 24,000 people will receive treatment over the next 10 days.

If not treated, Nsanzimana said, Hepatitis C can be a major cause of liver cancer.

Billed as the second-largest contributor of cancers in the country, the virus is prevalent among 4 to 8 per cent of Rwandan adults.

Fred Mufulukye, Governor of Eastern Province, said there are many projects in the pipeline that are designed to improve people's lives.

"Together we can do more and better, that is why we have to eradicate this disease," he noted.

Dr. Gashumba described the exercise as a fulfilment of the commitment by President Paul Kagame to eradicate the disease in Rwanda.

"This disease is curable but one can live with the various for 20 or 25 years without knowing," she said.

The five-year plan is estimated to cost $44 million (approximately Rwf40 billion), and according to the ministry, it will mainly focus on investing in new technologies to enable more effective and affordable care, and innovative models of service delivery to reach affected populations.

**Optimism**

Josiane Tumugire, 23, from Gatsibo District, said she was found negative, but urged other residents to participate in the screening exercise.

"With this campaign, I have understood that we have a government that cares about its people," she added.

Badru Mbonyabagabo, from Kiramuruzi Sector in Gatsibo District, said that; "I also heard that there's another type of hepatitis... if we can be vaccinated or cured, that is good."

**Tanzania: Hygiene and Protecting Children Against Preventable Diseases**

11th September, 2019
By Tanzania Daily News (Dar es Salaam)
People should take a holistic approach in eliminating preventable diseases that proper growth of children. People should also get correct information on efforts taken by the government in controlling the diseases.

Effective control can be achieved when selected public health approaches are combined and delivered locally. More people especially children aged five years and below, die every day in thousands as a result of contracting preventable diseases.

Washing hands with soap before eating and after using the toilet can prevent many diseases which are spread through bacteria absorbed into the body by putting dirty hands into the mouth. Bacteria from filth, standing water and human excreta are especially dangerous thus improving access to sanitation is a critical step towards reducing the impact of these diseases.

It also helps physical environment that enhance safety, dignity and self-esteem.

Weak and sick people cannot contribute positively in the nation’s development. About 500 people die every year in Tanzania due to diseases which can be prevented in safe sanitation.

As of November last year about 27,554 people were reported with diarrhea infections where 432 of them died.

Having access to clean water and practicing effective hygiene regularly are both necessary to stay healthy. Improving sanitation facilities and promoting hygiene in schools benefits both learning and the health of children.

Child-friendly schools that offer private and separate toilets for boys and girls, as well as facilities for hand washing with soap, are better equipped to attract and retain students, especially girls.

Where such facilities are not available, girls are often withdrawn from school when they reach puberty. In health-care facilities, safe disposal of human waste of patients, staff and visitors is an essential environmental health measure. This intervention can contribute to the reduction of transmission of health-care associated infections which affect 5 per cent to 30 per cent of patients.

Unsanitary conditions also invite dysentery and typhoid which are surefooted killers. It important on improving sanitation, toilets and hand washing facilities at household and public places particularly in schools and health facilities.
Worms make pupils to fall sick often... as a result they would not be able to attend classes and concentrate in the class rooms. If they missed classes it comes in the way of pursuing their education.

The tablet removed the growth hook worm, whip worm and round worm in the body. The growth of those worms in the body of children resulted in anaemia.

The worms cause malnutrition among children and curtailed growth of children. The worms especially suck vitamin A in pancreas. The symptoms of prevalence of worms in the body were severe stomach ache, lack of appetite, diarrhoea, loss of energy and tiredness.

There are chances that if there are very few worms, children may not have these symptoms. Worms infect more one third of the world's population, with the most intense infections in children and the poor.

Neglected tropical diseases (NTDs), a diverse group of communicable diseases that prevail in tropical and subtropical conditions in 149 countries affect more than one billion people and cost developing economies billions of dollars every year.

People living in poverty, without adequate sanitation and in close contact with infectious vectors and domestic animals and livestock are those worst affected.

Kagera Regional Commissioner (RC). Brig Gen Marco Gaguti explained that Soil Transmitted Helminthis (STH) prevalence rate was high adding that the government would distribute Albendazole anti-worm tablets for children aged between five years and 15 years free of cost.

NTDs Regional Co-ordinator, Gerase Ishengoma, revealed that during 2017/18 about 547,008 children were administered with Albendazole tablets while 545,520 children were administered Praziquantel tablets implying 90 per cent achievement.

In Biharamulo District about 60,229 children got Albendazole tablets and 59,419 children were administered Praziquantel tablets. In Bukoba District about 76,631 children got Albendazole tablets while 75,825 got Praziquatet tabs.

In the poorest countries, children are likely to be infected from the time they stop breast-feeding and to be continually infected and re-infected for the rest of their lives.

School-age children typically have the highest intensity of worm infection of any age group.

In addition, the most cost-effective way to deliver deworming pills regularly to children is through schools because schools offer a readily available, extensive and sustained infrastructure with a skilled workforce that is in close contact with the community.

All the common worm infections in school-age children can be treated effectively with two single-dose pills: one for all the common intestinal worms (hookworms, roundworms and whipworms) and the other for schistosomiasis (bilharzia). The treatment
is safe, even when given to uninfected children.

The most commonly used drugs for the treatment of common intestinal worms are Albendazole (400 mg) or Mebendazole (500 mg).

In May 2013, the 66th World Health Assembly resolved to intensify and integrate measures against Neglected Tropical Diseases (NTDs) and to plan investments to improve the health and social well-being of affected populations.

Twenty neglected tropical diseases were prioritized by the World Health Organization (WHO). Chromoblastomycosis and other deep mycoses, scabies and other ectoparasites and snakebite envenoming were added to the list in 2017.

These diseases are common in 149 countries, affecting more than 1.4 billion people, including more than 500 million children and costing developing economies billions of dollars every year. They resulted in 142,000 deaths in 2013—down from 204,000 deaths in 1990.

Of these 20, two were targeted for eradication of (dracunculiasis (guinea-worm disease) by 2015 and yaws by 2020) and four for elimination (blinding trachoma, human African trypanosomiasis, leprosy and lymphatic filariasis by 2020).

Neglected tropical diseases (NTDs) are a diverse group of tropical infections which are especially common in low-income populations in developing regions of Africa, Asia and the Americas. They are caused by a variety of pathogens such as viruses, bacteria, protozoa and helminths.

These diseases are contrasted with the big three diseases (HIV/AIDS, tuberculosis and malaria), which generally receive greater treatment and research funding.

In sub-Saharan Africa, the effect of these diseases as a group is comparable to malaria and tuberculosis. NTD co-infection can also make HIV/AIDS and tuberculosis more deadly.

Kenya: Kisumu Health Workers Down Tools Over Pay

11th September, 2019
By The Nation (Nairobi)

Health workers in Kisumu County in a past demonstration. The workers are protesting over their July and August salaries.

In Summary
The boycott comes after an expiry of a seven-day notice to the county and the health workers have vowed to tighten the rope if their demands are not met.

The workers claim they are caught in the middle of a blame game within the county leadership that has led to the delay of passing of the county budget.

Devolved civil servants in the county have also joined the boycott due to the pending pay of July and August salary and failure in remittance of NHIF deductions.

Kisumu is staring at a crisis after county staff and health workers' downed their tools Wednesday.

The health workers have already cautioned the public from seeking services in public health facilities stating that all health professionals have downed their tools.

"We are warning the public to stay away from public hospitals. Whoever will attend to you is not a professional, all professionals are away from work. If you have a sick relative take them to a private hospital," said Kenya Union of Clinical Officers Kisumu branch chairman Mr. Vincent Owaa.

MOTHER OF ALL STRIKES

The boycott comes after an expiry of a seven-day notice to the county and the health workers have vowed to tighten the rope if their demands are not met.

They are demanding pay of full July and August salaries, remittance of loan and statutory deductions to banks and the implementation of promotions.

"This will be the mother of all strikes. We will not be cowed to resume duties until our demands are met," said Kenya National Union of Nurses' (KNUN) branch Secretary Mr. Maurice Opetu.

WORK WITHOUT PAY

He went on: "It is not in our liking to go on strike but the county leaders we elected have imposed the strike on us. It is very painful that we have worked for two months without pay."

True to their word, patients in hospitals within the county queued up in agony to no services with many opting to leave the hospitals unattended.

A resident of Kisumu town who spoke to the Nation expressed disappointment in the manner in which the county is run.

"It is unfortunate that my son has been ailing for over a month. I spent a lot of money last month visiting private hospitals and just when I thought I had gotten relief, the health workers boycott started. Why is this county punishing us?" questioned Maurine Awino.

EMPTY PROMISES

According to the workers, the County had promised through earlier talks, to have a positive feedback claiming that the budget would be passed on Tuesday morning.

The workers claim they are balancing on a pendulum due to the shifting of blames.
within the county leadership that has led to the delay of passing of the county budget.

**NO HOPE FOR PAY**

"There is no guarantee of salaries any sooner because of the supremacy wars between the executive and the assembly and considering the chaos in the assembly we have no hope," added Mr. Opetu.

Devolved civil servants in the county have also joined the boycott due to the pending pay of July and August salary and failure in remittance of NHIF deductions.

"Civil servants in all ministries attached to the counties have not received their pay too and it is a bad feeling to share an office with civil servants in the national government who have received their pay," said the Union of Kenya Civil servants Kisumu Branch secretary Mr. Peter Oluoch.

**Kenya: Bad Habits Drive Health Risks Among Kenya's Urban Poor**

12th September, 2019
By The Conversation (Johannesburg)

There's a rise of cardiovascular diseases in developing countries which is linked to changes in diet, physical activity and obesity.

The Kenyan urban population, including low-income settlements, are part of this trend. Like residents in other low-income settlements, the rise in diseases can be linked to their surroundings. Poverty and stress is prevalent in Kenya's low-income settings which increases the behavioural risk factors for cardiovascular diseases - like smoking and drinking. In addition, many residents have a diet which doesn't include the amount of fruits and vegetables they need as they're too.

Cardiovascular diseases affect the heart (cardio) and blood vessels (vascular). People are more prone to them if they are overweight or obese, have high blood pressure, smoke, drink large amounts of alcohol, don't do enough exercise and have a poor diet.

My colleagues and I wanted to know what people living in informal settlements in Nairobi, Kenya's capital city, knew about cardiovascular disease, the risks and how this affected the medical treatment they sought.

We found that there's a real lack of knowledge about the disease risks and even when the risks are known, societal pressures make it hard for them to change their ways.

As Nairobi grows and develops, more people will move into low-income areas and the number of people that need healthcare support for these diseases will get bigger. We hope that our findings inform strategies for and enhance the effectiveness of prevention and treatment programmes.

**Poor knowledge**

To carry out our research we held nine focus group discussions with healthy people aged 20 years and above in
Korogocho and Viwandani slums. A total of 65 people were involved.

During the interviews, cardiovascular diseases were defined as disorders of the heart and blood vessels, namely heart disease (angina), heart attack and heart failure and stroke. Risk factors were listed as hypertension and raised blood pressure, diabetes and raised blood sugar, overweight and obesity, physical inactivity, smoking and harmful alcohol consumption.

Generally, there was poor knowledge of cardiovascular diseases and the risk factors involved.

A small number of respondents said that some of their family members discovered "only by chance" that they suffered from conditions, such as diabetes and hypertension, which mostly happened when they had a stroke or heart attack and were hospitalised. In most instances, it was too late to treat the conditions.

The magnitude of the cardiovascular disease burden in the community was not obvious among many of the study respondents, because in their own opinion, "these conditions were discrete and considered private".

Most respondents couldn't identify people who were likely to suffer from cardiovascular diseases or relate common risk factors - like smoking and excessive alcohol consumption - with increased risk of developing a heart attack and/or stroke.

There were views, based on "observed trends" in the community that "anyone" could be at risk. This opinion was formed because of situations where "even children" were diagnosed with diabetes and hypertension.

According to a few of the study respondents, independent of their age, people who harboured worry and suffered stress were more likely to develop cardiovascular diseases. Women were especially singled out in this.

**Behaviors**

When looking at the link between behaviour and risk factors in Nairobi's slums, there were worrying signs.

Despite participants understanding that food rich in fat led to the blockage of blood vessels, and therefore stroke and heart attacks, they argued that it was difficult to avoid fat when cooking.

Women "whose role was to prepare food for the family" were said to be under pressure to satisfy the tastes of their family members, especially their husbands - and fats were key.

Also, although sugary drinks were mentioned as a cause of cardiovascular, respondents that were involved in heavy manual labour said that it was okay for them to consume a lot of sugar (sometimes up to five teaspoons in a cup of tea) because of their high energy requirements.

Very few respondents knew or understood how harmful smoking or excessive alcohol consumption was. The participants linked alcohol consumption to stress, but not necessarily disease.
Most participants thought that slum residents had become less physically active. They attributed this to new and cheap forms of transportation, like the boda boda (motorcycle taxi). They also said that widespread crime meant there weren't enough safe spaces for children and adults to play.

What can be Done

A major issue is that there are few specialised health facilities and care providers that can help residents. But there are ways to help residents from home.

Mobile health interventions (specifically text-messaging) have been shown to work in high income countries. Based on this, the African Population and Health Research Center is currently rolling out interventions that provide blood pressure monitors and meters to measure glucose levels to patients. Text message reminders are then sent on days when people are meant to take their medication or go to a clinic.

Community health volunteers will help by spreading information on risk factors for cardiovascular diseases, how to prevent them, the benefits of early screening and detection and treatment for diabetes, obesity, high blood cholesterol and high blood pressure.

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